

Item 3.4A

Equality Act 2010 Workforce Equality Monitoring Report 2015/16

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

1. Background	3
2. The Trust	4
3. Staff Survey	4
4. Policies and Procedures	4
5. Collection of Data	4
6. Workforce Data	5
<i>i. Gender</i>	7
<i>ii. Full time/part time comparison</i>	Error! Bookmark not defined.
<i>iii. Age</i>	7
<i>iv. Ethnic Origin</i>	8
<i>v. Sexual Orientation</i>	10
<i>vi. Religious Beliefs</i>	10
<i>vii. Disability</i>	11

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 Duty¹ which came into force on the 6th 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 and civil partnerships are protected characteristics under the Act however under the Duty organisations only have to have due regard to the need to eliminate discrimination.

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

¹ <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/>

- 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 2014 to 31st March 2015.

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 to 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

3. Staff Survey

In the 2015 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.

4. 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.

5. Collection of Data

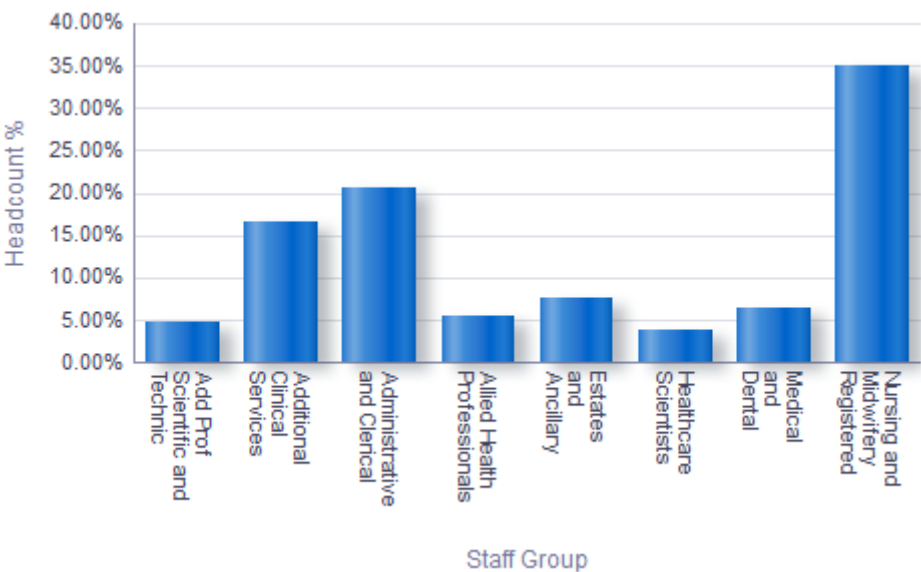
Workforce equality monitoring data is collected when an individual starts working at LHCH although staff can opt out of this. This information is then stored in our

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 has recently implemented a rolling data cleanse programme with the aim of improving the quality of demographic data held within the ESR system.

6. Workforce Data

As at 31st March 2016, LHCH employed 1496 staff this figure excludes Bank Staff 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).

Workforce Breakdown by Staff Group

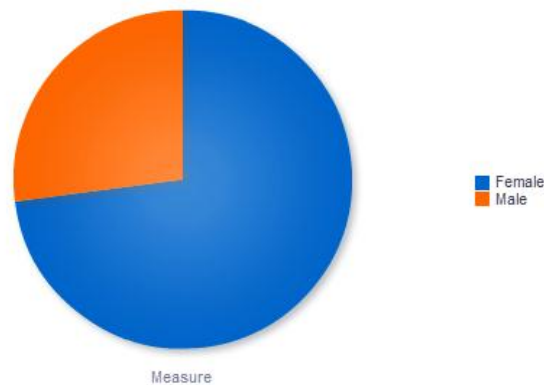


Workforce Breakdown by Grade



i. Gender

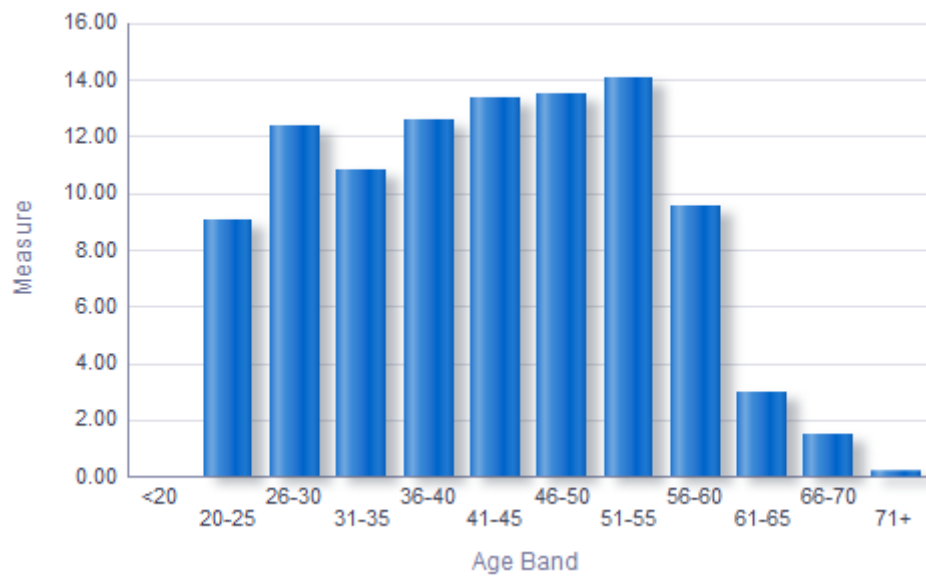
LHCH employs significantly more women than men however this is consistent with the NHS generally. The Office for National Statistics reports that 78.8% of staff employed by the NHS in England and Wales is female.² Of the 1496 staff currently employed by LHCH, 1091 are female and 405 male. This equates to 72.9% female employees and 27.1% male.



ii. Age

The UK has an ageing population and research shows that by 2020, 36% of the working population will be aged over 50³ and the number of people aged 90 and above will triple by 2035. 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.

³ Government Actuary's Department



The CIPD state that through being proactive in addressing the challenges of the ageing workforce, organisations will gain a significant competitive edge, both in terms of recruiting and retaining talent, but also through supporting the well-being and engagement of employees of all ages⁴.

iii. Ethnic Origin

The chart below displays the ethnic origin breakdown of LHCH employees. The 2001 Census⁵ found that within the North West region 92.2% of people were of White – British origin, with Asian or Asian British making up 3.4% of the population. This was followed by Asian or Asian British – Pakistani 1.7% and White – Irish 1.2%.

⁴ CIPD <http://www.cipd.co.uk/pressoffice/press-releases/ageing-workforce-essential080312.aspx> 2012

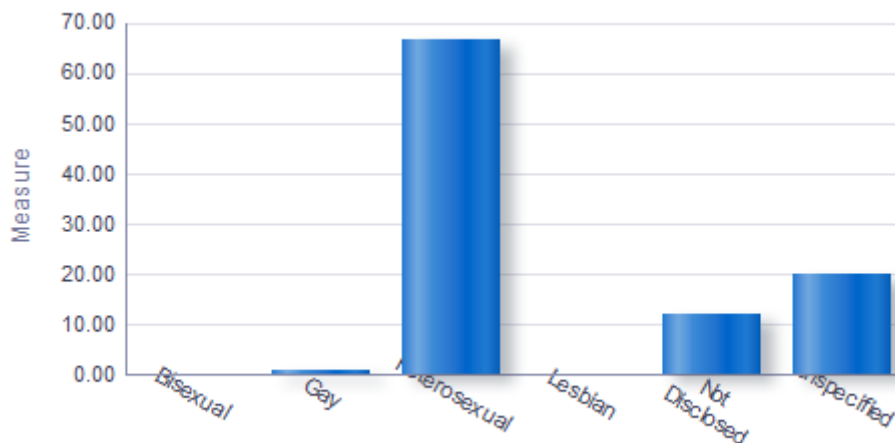
⁵ <http://www.neighbourhood.statistics.gov.uk>



iv. Sexual Orientation

A recent report published by the Office for National Statistics⁶ found that 0.9% of the population identify as being gay or lesbian and 0.5% as bisexual.

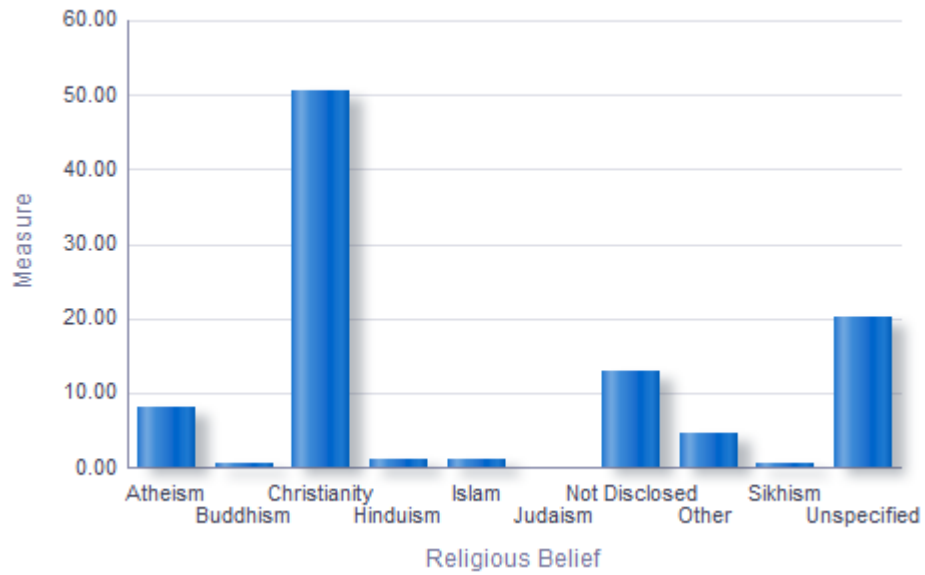
At LHCH, 1.26% of staff stated gay, lesbian or bisexual for sexual orientation. However it should be noted that over 30% of record fields within ESR are 'undefined' which gives an incomplete overview. Further work will be carried out to ensure this data is captured in the future



v. Religious Beliefs

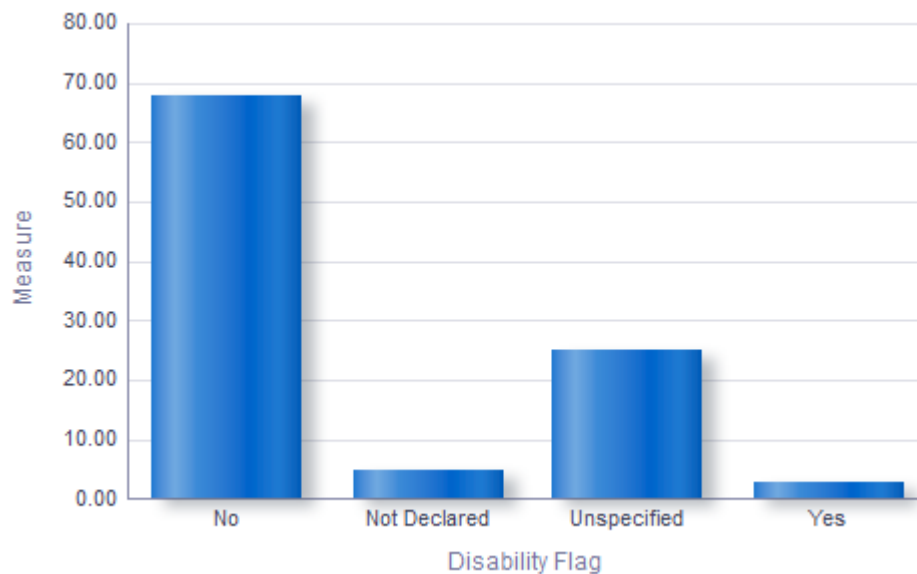
The graph below shows the religious beliefs of employees. As with Sexual Orientation, a significant proportion of records within ESR are 'undefined'. Of those employees that have a complete record 50% stated Christianity as their religious belief with Atheism second with 8% followed by Other with 4%. The 2012 Census breakdown of religious beliefs within the North West is as follows; Christianity 67.3%, Islam 5.1%, Hindu 0.5%, Jewish 0.4% and Buddhist 0.3%.

⁶ 'Measuring Sexual Identity' 31st March 2011, Office for National Statistics



vi. Disability

The Office for National Statistics has produced data showing that in the North West 20.6 % of 16-64 year olds has a disability⁷. Currently 3% 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.



7. Conclusion

The Trust has refreshed its strategic operational approach to advancing equality, diversity and human rights across the Trust. The work streams being developed will

⁷ ONS Labour Force Survey 2011

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 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