

## Board of Directors

### Item 6.6

**Subject:** Single Equality Scheme Annual Report  
**Date of meeting:** 26<sup>th</sup> May 2015  
**Prepared by:** Sarah Dixon – Workforce Analyst  
**Presented by:** Debbie Herring - Director of Strategy & Organisational Development

## Board Report

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating?
Silver	7	None

### 1. Executive Summary

The Trust is in the process of revising and updating its strategic and operational approach to advancing equality, diversity and human rights across the Trust. This work is being undertaken to ensure that LHCH 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 overarching scope for the review is based around four goals and a number of aligned outcomes. These are currently outlined as performance indicators with the EDS2 framework and are defined as:-

- ✓ *Better health outcomes*
- ✓ *Improved patient experience*
- ✓ *A representative workforce*
- ✓ *Inclusive leadership.*

The following objectives have been identified to support the achievement of these outcomes.

- Development of a high level strategy / framework which supports both patients and workforce in line with quality contract and EDS2 framework
- The development and embedding of equality impact assessment process and documentation which are user friendly and fit for purpose
- Development of training and education with a focus on Board level training and the design of an E&D package which will link to our leadership programme.
- Steering Group created with the relevant people across the organisation

This report focuses on the area of 'a representative workforce', analysing the current diversity of LHCH employees against the Equality Duty protected characteristics.

## 2. 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 6<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 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.

What this means in practice is that the following 3 aims should be considered as part of any decision making process e.g. delivering services, developing policies etc.

- 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

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.

## 3. Issues

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.

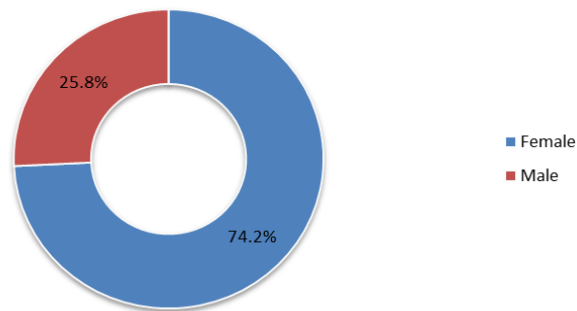
### *i. Gender*

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. Of the 1421 staff currently employed by LHCH, 1056 are female and 365 male. This equates to 74% female employees and 26% male.

---

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

Workforce breakdown by Gender



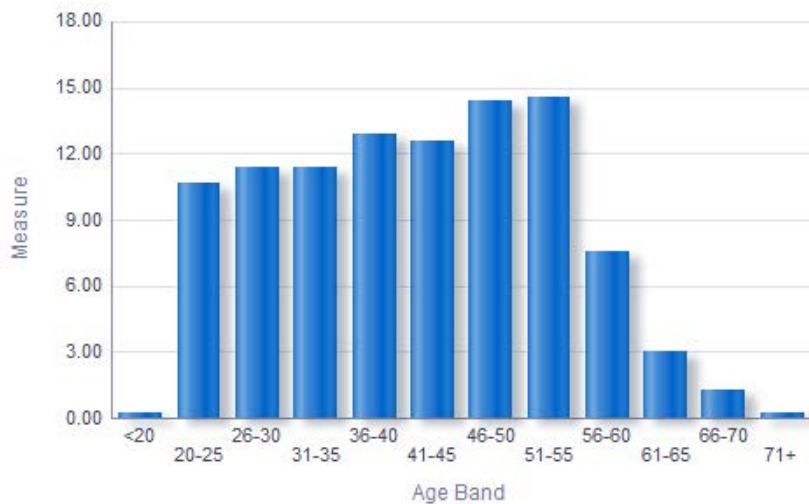
## ii. Full time/part time comparison

The graph below shows the breakdown of staff based on gender and contracted hours of work. LHCH currently has a range of flexible working options available for all staff which includes part-time hours, term time contracts, job share and flexi-time. A previous report on healthcare workers in England and Wales found that 45% of female NHS employees worked part time compared to 10% of males. At LHCH 12% of male staff currently work part-time and 57% of the female workforce is employed on a part-time basis.



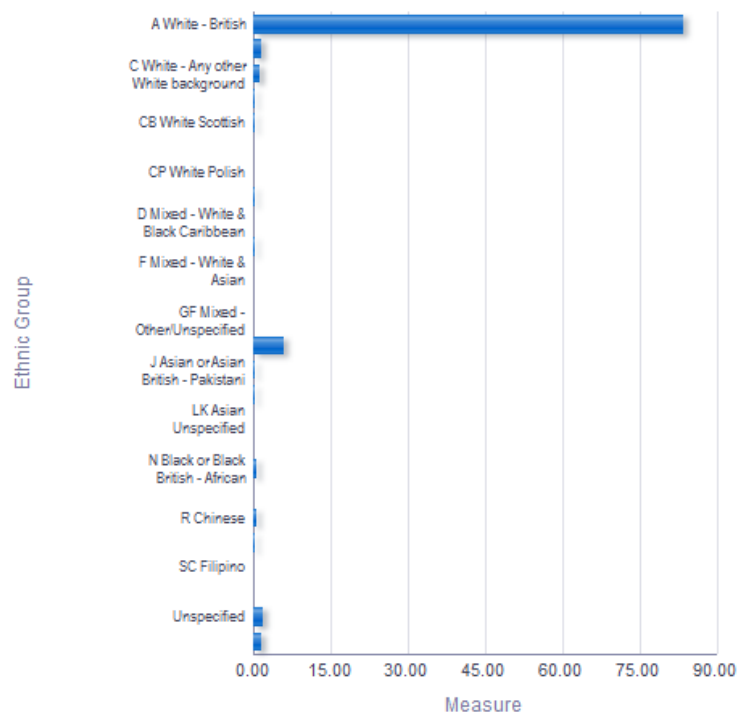
## iii. Age

The UK has an ageing population and research shows that by 2020, 36% of the working population will be aged over 50 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. 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 ages.



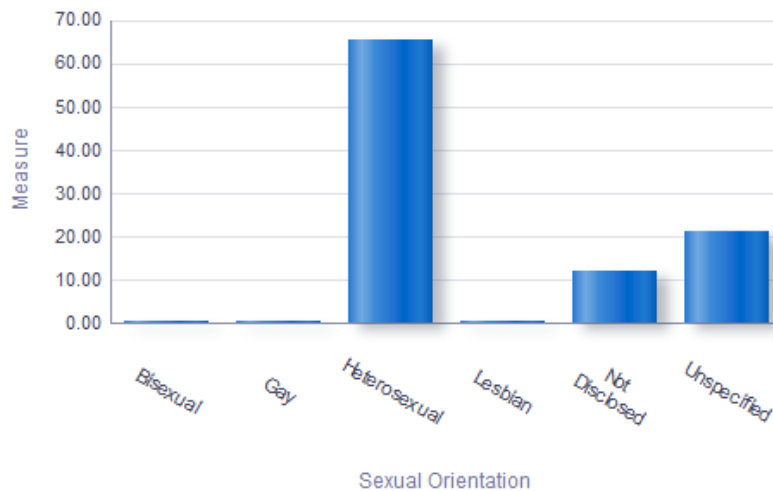
#### iv. ***Ethnic Origin***

The chart below displays the ethnic origins of our current employees. The 2001 Census 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%.



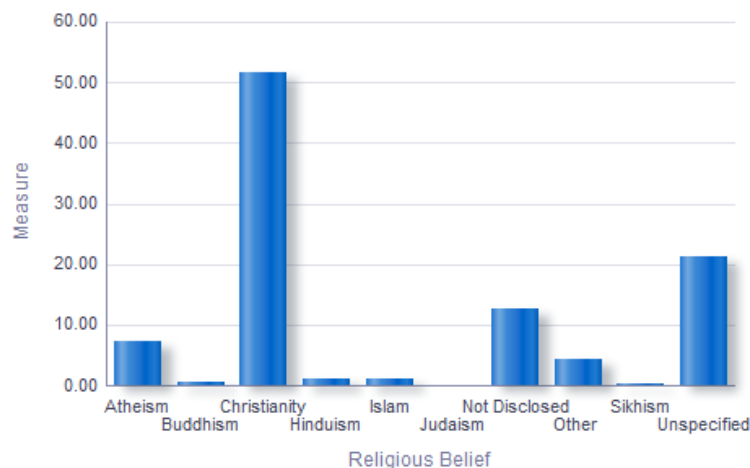
#### v. ***Sexual Orientation***

A recent report published by the Office for National Statistics 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



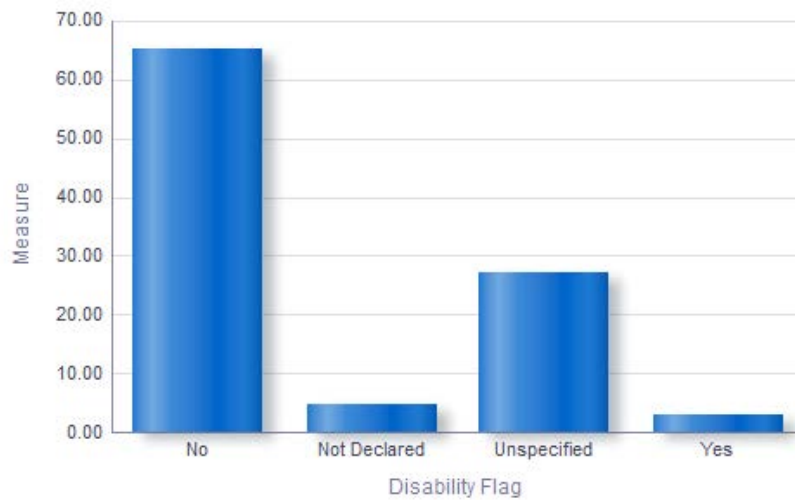
#### vi. **Religious Beliefs**

The graph below shows the religious beliefs of employees. As with Sexual Orientation, a significant proportion of records within ESR is '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%.



#### vii. **Disability**

The Office for National Statistics has produced data showing that in the North West 20.6 % of 16-64 year olds has a disability. Currently 3% of LHCH staff state that they have a disability however this information is only captured at recruitment stage and is not routinely updated to reflect any changes to employee status. As with sexual orientation and religious belief, a high percentage of ESR records remain undefined.



#### 4. Conclusion

Following the analysis of the workforce data, two key areas of development have been identified to support the Trust in achieving the outcomes and objectives stated above

- Undertake a full data cleanse of workforce data currently held within ESR to ensure a complete and accurate picture of the workforce is available
- Development of an Equality and Diversity Policy and KPI Dashboard to provide timely, relevant information for Board Reporting/Annual Report/Steering Group.

#### 5. Recommendations

The Board are asked to note the contents of this report and the proposed actions to improve the Trust's performance as an Equality Employer.