

# Meeting the general equality duty

## **Title: Employee Relations**

### **Which of the three aims is this information relevant to?**

**Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.**

**Advance equality of opportunity between people who share a protected characteristic and those who do not.**

**Foster good relations between people who share a protected characteristic and those who do not.**

### **How does this information help us to show we are paying due regards to advancing equality?**

By focusing on our employee relations casework we can analyse the number of cases by protected characteristic group in order to see any patterns or trends. The Trust continues to improve data interpretation and quality checks for possible trends in our casework. On-going monitoring and analysis of this type of information can help to inform our actions and help us to advance equality for the different groups.

### **Any other comments/actions**

This report illustrates employee relation cases in accordance with our annual PSED reporting duties. Reporting reflects all staff groups (medical and non-medical) with the exception of Disciplinary/Conduct and Capability cases; this is split between the two groups as different procedures are used. All other employee relation cases - i.e. Dignity and Respect, Grievance and Formal Sickness Hearings - medical and non-medical numbers are combined, as governed under the same policies.

## **Disciplinary Cases – Non Medical Staff**

The following analysis relates to non-medical staff disciplinary cases managed through the Trust's Disciplinary Policy & Procedure.

From April 2015 to March 2016, there were a total of 51 formal disciplinary cases representing 1% of the total non-medical workforce; a decrease from 78 cases reported from the previous 12 month (2014-15) reporting period.

<b>Band</b>	<b>Disciplinary cases by Band non-medical staff</b>
Bands 1 to 5	39
Bands 6 to 7	11
Bands 8 and above	1
<b>Total</b>	<b>51</b>

### **Gender**

Of the above cases, 19 (37%) involved male staff and 32 (63%) involved female staff. The gender split shows some disproportionality when comparing the total workforce gender profile: 18% male and 82% female. Further analysis of the statistics will be carried out to provide assurance that the correct processes have been followed and that they are fair and equitable.

### **Disability**

Of the cases above 1 (2%) member of staff declared themselves to have a disability. The numbers are small and are proportionate with the total workforce with a declared disability of 2%.

### **Ethnicity**

Of the 51 disciplinary cases:

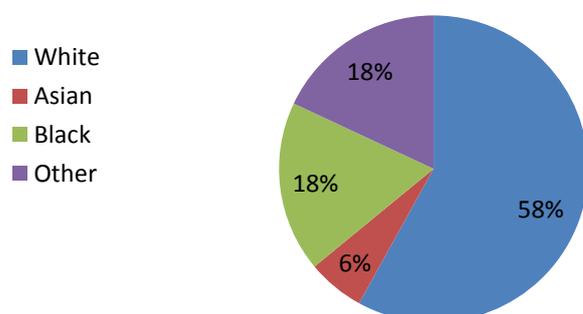
30 (58%) of cases involved staff of a 'white' background; the percentage of the total workforce declaring themselves as 'white' is 74%.

3 (6%) of cases involved staff of an Asian background; the percentage of the total workforce declaring themselves as Asian is 10%.

9 (18%) of cases involved staff declaring themselves as 'black': the percentage of the total workforce declaring themselves as 'black' is 5%.

9 (18%) of cases were recorded as 'other' (mixed background, not stated or any other ethnic group); this broadly reflects the percentage of the total workforce in this category 11%.

### **Disciplinary Cases by Ethnicity - Non Medical**



The figures show disproportionality when the ethnicity of staff involved in disciplinary cases is compared to the ethnic background of the workforce population as a whole, in particular the proportion of black staff involved in disciplinary cases. Further analysis will be carried out as part of the Trust's work on the NHS Workforce Race Equality Scheme (WRES).

### **Conduct Cases - Medical Staffing (excluding Medical and Dental Trainees)**

The cases below relate to medical staff managed through the Trust's 'Maintaining High Professional Standards Policy' (medical staffing policy).

There were 6 conduct cases for the period April 2015 to March 2016 - this represents 1% of the medical staff profile of 390 staff (excl. medical and dental trainees). As the numbers are small, it is not possible to draw conclusions as to whether the policy has a disproportionate impact on staff with protected characteristics.

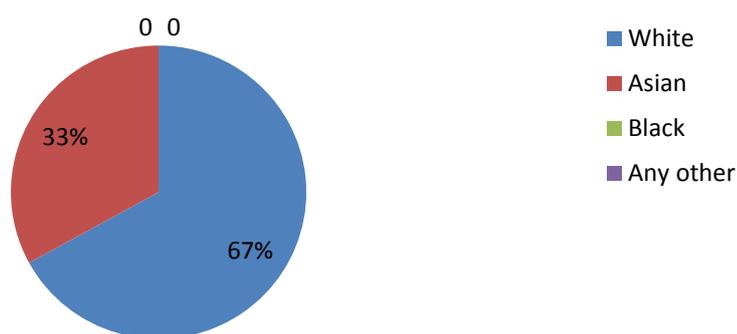
#### **Gender**

All of the above cases involved male staff and no cases were reported for female staff; a disproportionate number when compared to the workforce gender split for medical staff which is 60 % male and 40 % female. However, as the numbers are small, it is not possible to draw any conclusions to whether the policy has a disproportionate impact on staff with protected characteristics.

#### **Ethnicity**

Of the above cases, 4 (67%) involved staff who declared their ethnicity as White, 2 (33%) as Asian and no cases were reported for Black and any other ethnicity. The numbers are broadly proportionate to the workforce profile. As the numbers are small, it is not possible to draw any conclusions to whether the policy has a disproportionate impact on staff with protected characteristics. However, our WRES work in 2016-17 will consider how all aspects of the Trust's employee relations work impacts on our BME staff.

#### **Conduct Cases by Ethnicity - Medical Staff**



Medical Workforce Profile by Ethnicity	White	Asian	Black	Other
Total workforce – medical staff	49%	36%	4%	7%
Conduct cases	67%	33%	0	0

#### **Disability**

No medical staffing conduct cases had a declared disability.

## **Capability Cases (Non-Medical Staffing)**

There were 2 capability cases for the period April 2015 to March 2016 for the non-medical workforce; a decrease from 8 cases reported for the previous 12 months (2014-15) reporting period. As the numbers are small, it is not possible to draw any conclusions to whether the policy has a disproportionate impact on staff with protected characteristics.

### **Gender**

Of the 2 cases 1 (50%) was female and 1 (50%) was male.

### **Ethnicity**

Both cases involved staff declaring themselves as of 'White' background. As the numbers are small, it is not possible to conclude whether these figures represent any disproportionality. However, our WRES work in 2016-17 will consider how all aspects of the Trust's employee relations work impacts on our BME staff.

### **Disability**

Both cases involved staff that declared having no disability.

## **Capability Cases - Medical Staffing (excl Medical & Dental Trainee)**

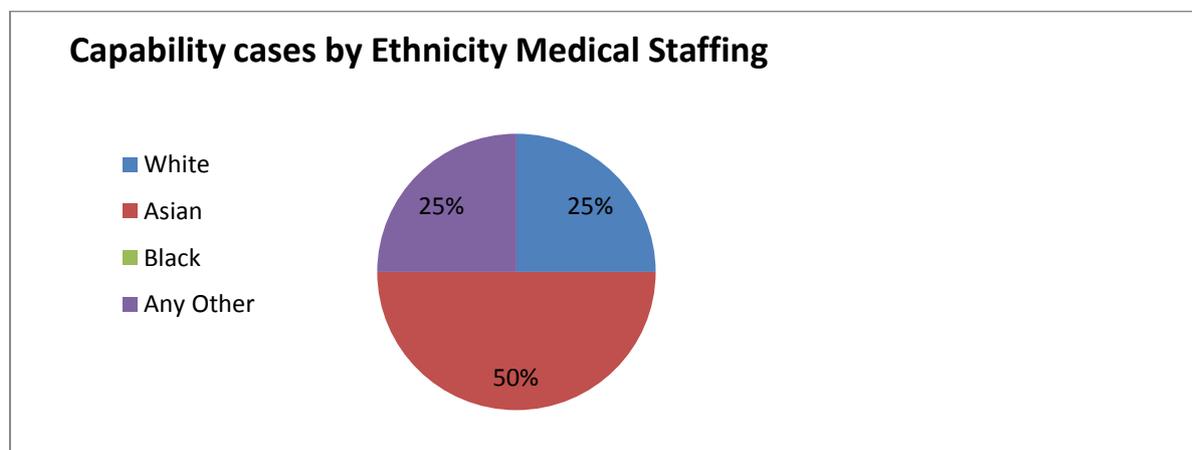
There were 4 formal capability cases for the period April 2015 to March 2016 out of a total medical workforce of 390 staff (excl. medical and dental trainees) – representing 1% of staff.

### **Gender**

All of the above cases involved male staff. Further analysis of the statistics will be carried out to provide assurance that the correct processes have been followed and that they are fair and equitable.

### **Ethnicity**

Of the above cases, 1 (25%) involved staff who declared their ethnicity as 'White', 2 (50%) as 'Asian' and 1 (25%) declared as 'any other ethnic group'. As the numbers are small, it is not possible to draw any conclusions to whether the policy has a disproportionate impact on staff with protected characteristics. However, our WRES work in 2016-17 will consider how all elements of the Trust's employee relations work impacts on our BME staff.



## **Other Employee Relations Casework**

All Trust employees (medical and non-medical) are managed under the same policies and procedures for Dignity and Respect, Grievance, Sickness and Flexible Working as reported below:

### **Dignity and Respect**

Across the workforce of 5654 staff (excluding Medical & Dental Trainees) there were a total of 5 Dignity and Respect cases between April 2015 and March 2016. Of these cases, where the protected characteristics of the complainants are known, the breakdown is as illustrated. The numbers are small and it is not possible to draw any conclusions as to whether the policy has a disproportionate impact on staff with protected characteristics.

#### **Gender**

Of the above cases, 4 (80%) were female and 1 (20%) male. The workforce gender split 82% female and 18% male.

#### **Ethnicity**

Of the above cases, 4 (80%) staff declared their ethnicity as 'White' and 1 (20%) as 'Asian'. This shows some disproportion when reflected against the workforce ethnicity profile. As the numbers are small, it is not possible to draw any conclusions to whether the policy has a disproportionate impact on staff with protected characteristics. However, our WRES work in 2016-17 will consider how all elements of the Trust's employee relations work impacts on our BME staff.

#### **Disability**

Of the above cases, 1 (20%) staff member had a declared disability, 3 (60%) reported as not having a disability and 1 (20%) undefined.

### **Grievance Cases**

Across all staff groups, there were 6 formal grievance cases between April 2015 and March 2016.

#### **Gender**

All formal grievances raised were by female staff; this shows disproportion when compared to the workforce of 82% female and 18% male staff.

#### **Ethnicity**

Of the 6 formal grievance cases, 4 (66%) involved staff of a 'White' background, 1 (17%) Asian and 1 (17%) unstated. This is against the workforce profile of 75% 'White', 10% Asian, 5% 'Black' and 10% 'other' (i.e. unstated, mixed background or any other ethnic group). As the numbers are small, it is not possible to draw any conclusions to whether the policy has a disproportionate impact on staff with protected characteristics. However, our WRES work in 2016-17 will consider how all elements of the Trust's employee relations work impacts on our BME staff.

#### **Disability**

Of the 6 cases, 1 (17%) declared no disability and 5 (83%) were undefined.

## **Formal Sickness Hearings**

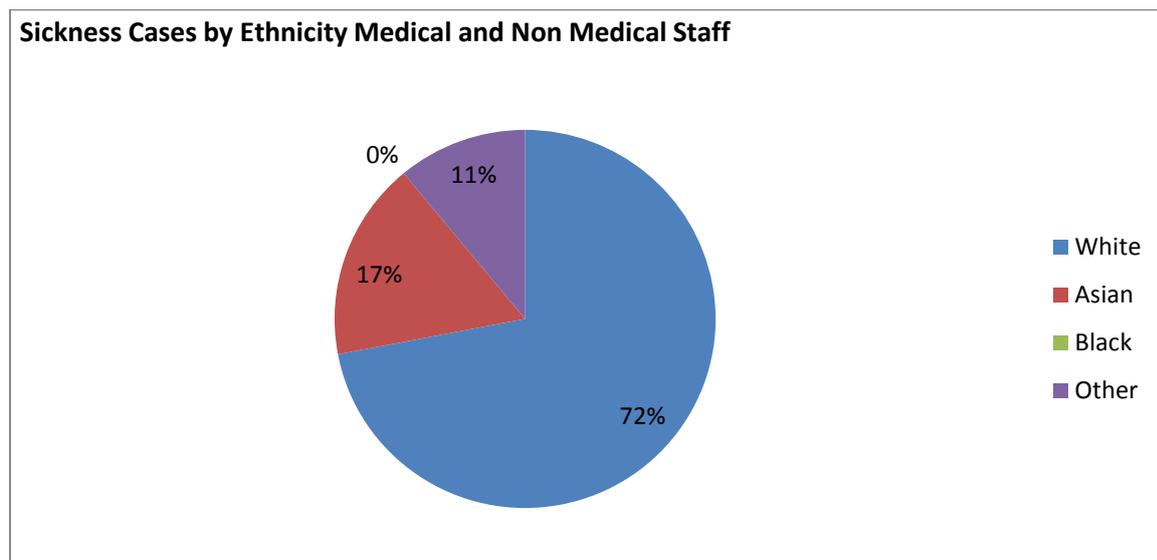
There were a total 18 sickness hearings between April 2015 and March 2016. Of these 18 cases the breakdown by protected groups is set out below. As the numbers are small when compared to the total workforce it is challenging to draw any conclusions as to the whether the policy has a disproportionate impact on staff with protected characteristics.

### **Gender**

10 (55%) cases were female and 8 (45%) cases were male. Despite being very small numbers this would appear to show a slightly higher representation of males when looking at the overall workforce, which has an 82% female and 18% male gender split; this will be considered through further analysis.

### **Ethnicity**

13 (72%) cases involved staff of the 'White' background, 3 (17%) cases of 'Asian' background and 2 (11%) cases as 'other' i.e. Mixed, unstated and any other ethnic background. As the numbers are small, it is not possible to draw any conclusions to whether the policy has a disproportionate impact on staff with protected characteristics. However, our WRES work in 2016-17 will consider how all elements of the Trust's employee relations work impacts on our BME staff.



### **Disability**

Of the 18 sickness hearings only 1 (5%) staff member had a declared disability; 4 (22%) reported as not having any disability and 13 (72%) were undefined. This is a small number although when compared to the workforce profile is higher and will be looked into.

## Flexible Working

The Trust is committed to improving the working lives of staff and to help them achieve a balance between the demands of their job and personal responsibilities. The Trust's Flexible Working Policy allows for staff and managers to develop local working practices which meet the needs of patients and the workforce.

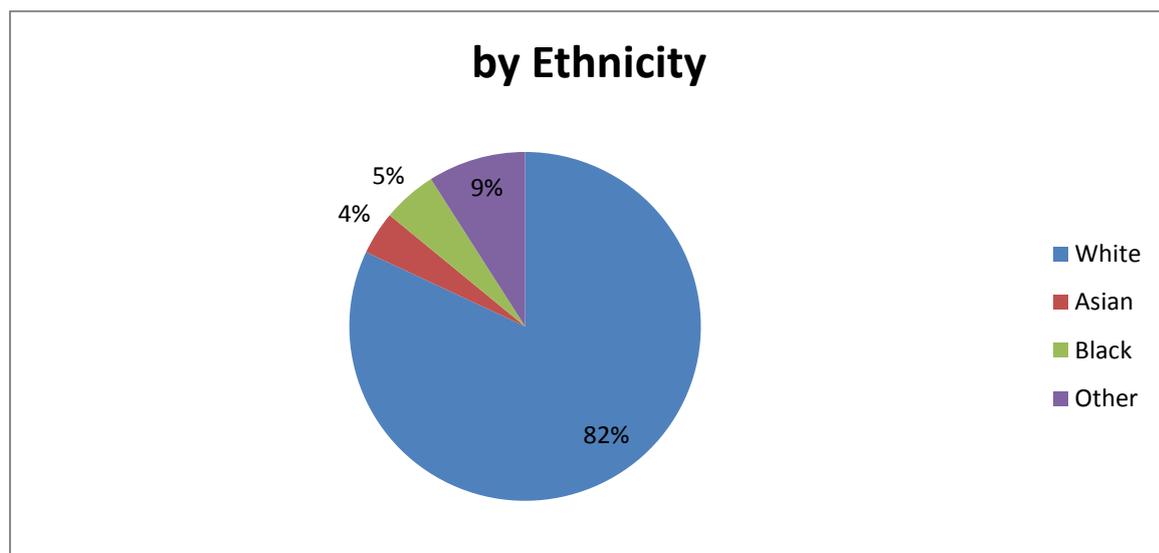
During the year Apr 2015 – Mar 2016, 564 staff changed their working hours: 27 male and 537 female staff.

### **Flexible Working by Gender:**

<b>April 2015 – March 2016</b>	<b>Male</b>	<b>Female</b>
Total Workforce	18 %	82%
Staff who changed hours	5%	95%

A greater proportion of female staff have changed their hours than male staff. Flexible working is open to all staff, however a much higher proportion of female staff – 46% - work part time compared to male staff - 14%.

### **Flexible Working by Ethnicity**



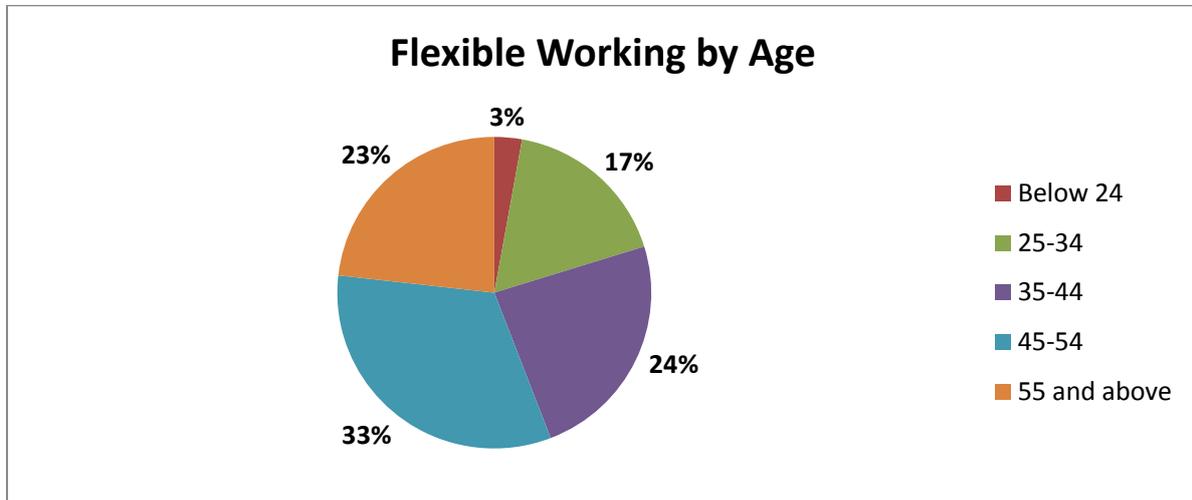
<b>Ethnicity</b>	<b>White</b>	<b>Asian</b>	<b>Black</b>	<b>Other*</b>
Total Workforce	74%	10%	5%	11%
Hours change	82%	4%	5%	9%

\* Other = Mixed, Not Stated and any other ethnic background

There is some difference in the proportion of Asian staff changing their hours during 2015-16. Our WRES work in 2016-17 will consider how all elements of the Trust's employee relations work impacts on our BME staff.

### Flexible Working Applications by Age:

Age range	Below 24	25-34	35-44	45-54	55 and above
Hours change	3%	17%	24%	33%	23%



The age breakdown of staff changing their hours is proportionate in broad terms to the overall breakdown of the Trust.

### Flexible Working Applications by Disability:

Of the 564 Flexible Working Applications 11 (2%) were from staff members with a declared disability this is proportionate to the 2% of the total workforce who have declared a disability.

Disability	Percentage of staff who changed their hours
Declared - Yes	(2%)
Declared - No	(49%)
Not Declared	(4%)
Undefined	(45%)

