

# 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 check for possible trends in our casework. Ongoing 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 as required by the Public Sector Equality Duty. Where non-medical and medical staff are managed under separate policies/procedures, reporting is split to reflect this i.e. Disciplinary/Conduct and Capability. For all other employee relation cases, where staff work to the same policies, i.e. Dignity and Respect, Grievance and Formal Sickness Hearings reporting is joint.

### **Conduct Cases (Medical Staffing)**

The cases below relate to Medical staff who are managed through the Trust's Maintaining High Professional Standards policy.

There were 9 conduct cases for the period April 2016 to March 2017 - this represents 2.3% of the medical staff profile of 383 staff. As the numbers are small, it

is not possible to draw any conclusions as to the whether the policy has a disproportionate impact on staff with a protected characteristic.

**Gender**

Of the above cases 9 involving male staff; a disproportionate number of cases involved males when compared to the workforce gender split for medical staff is 234 male and 149 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

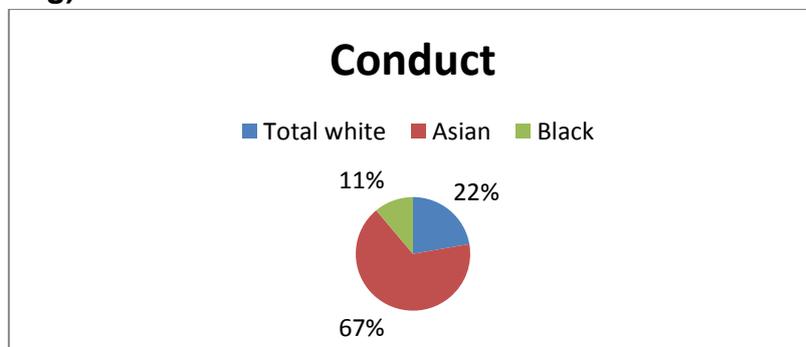
**Ethnicity**

Of the above cases, 2 involved staff who declared their ethnicity as ‘white’, 6 Asian and 1 Black. The percentage of the total medical workforce declaring themselves as ‘white’ is 45, Asian 38 and ‘black’ is 4. The numbers are small, but through the work for the Workforce Race Equality Scheme we will carry out further analysis and assurance processes.

**Disability**

Of the cases above none of conduct cases staff had a declared disability. Of the general medical workforce, 3 declared to have a disability/impairment.

**Table 1 – Pie Chart illustrating the breakdown of conduct cases by ethnicity (medical staffing)**



Medical Workforce Profile by Ethnicity	White	Asian	Black	Other
	45%	38%	4%	13%

**Capability Cases (Medical Staffing)**

There was 1 formal capability cases for the period April 2016 to March 2017 out of a total medical workforce of 383 staff – 0.3% representative.

**Gender**

This case involved a member of male staff.

## **Ethnicity**

The above case involved staff who declared their ethnicity as 'white'. The number is small, but through the work for the Workforce Race Equality Scheme we will carry out further analysis and assurance processes.

## **Dignity and Respect**

Across the entire medical workforce of 383 staff there were a total of 7 Dignity and Respect cases between April 2016 and March 2017, 6 of which were carried forward from April 2015 to March 2016. Of these cases the breakdown is set out below. However, as the numbers are small, it is not possible to draw any conclusions as to the whether the policy has a disproportionate impact on staff with a protected characteristic.

### **Gender**

Of the above cases, 1 was female (0.3% of medical staff) and 6 male (1.6% medical staff). The workforce gender split 39% female and 61% male.

### **Ethnicity**

Of the above cases, 2 staff declared their ethnicity as 'white' (0.5%) and 4 asian (1%) and 1 other ethnic group (0.3%). This broadly reflects the workforce profile of 45% 'white', 39% Asian, 4% 'black' and 11% other (i.e. unstated, mixed background or any other ethnic group).

### **Disability**

Of the above cases, no staff member declared as having a disability.

## **Formal Sickness Cases**

There were a total of 6 formal sickness cases under long term sickness management between April 2016 and March 2017. Of these 6 cases the breakdown by protected group is set out below. However, as the numbers are small, once again it is more challenging to draw any conclusions as to the whether the policy has a disproportionate impact on staff with a protected characteristic.

### **Gender**

1 case involved a female (0.3%) and 5 cases involved male staff (1.3%). Despite being very small numbers this would appear to show a slightly higher representation of males when looking at the overall workforce which has a 39% female and 61% male gender split.

### **Ethnicity**

4 cases involved staff of a 'white' background (1%), 1 of 'asian' background (0.3%) and 1 of 'black' background (0.3%).

### **Disability**

Of the above cases, no staff member declared as having a disability.