

# 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 followed. 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.

## **Commentary**

The period of 2016 – 2017 has seen a decrease in the overall number of employee relations cases when compared to the previous year. There is a significant reduction in the number of formal disciplinary cases and sickness hearings, whereas dignity and respect cases have increased. The reduction in disciplinary cases is partly reflected in a decrease in staff categorised as ‘black’ undergoing disciplinary, now proportionate with the workforce profile.

A number of pro-active measures have been put in place which may be attributable to this shift:

- All HR policies place greater emphasis on early informal intervention; an equality and diversity statement reflects the Trust’s commitment; adherence to the Trust’s values and behaviours is a thread running through all HR policies and HR practices.

The on-going progress and monitoring of a comprehensive Workforce Race Equality (WRES) action plan, in particular:

- Roll out of the leadership programme, including coaching for positive behaviours and unconscious bias training.
- Mentoring for managers/staff where there has been a higher incidence in disciplinary affecting BME staff.

The WRES action plan details further initiatives and it is hoped that, when implemented, the positive trend will continue.

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

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

From April 2016 to March 2017, there were a total of 37 formal disciplinary cases; this represents 0.7% of the total non-medical workforce; a decrease from 51 formal cases reported for the previous 12 month (2015-16) reporting period.

<b>Band</b>	<b>Disciplinary cases by Band non-medical staff</b>
Bands 1 to 5	26
Bands 6 to 7	9
Bands 8 and above	2
<b>Total</b>	<b>38</b>

#### **Gender**

Of the above cases, 14 (38%) involved male staff and 24 (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 figures 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 2 (5%) members of staff declared themselves to have a disability. The number of cases is small; however, the proportion is higher than the overall 2% of the total workforce with a declared disability.

#### **Ethnicity**

Of the 38 disciplinary cases:

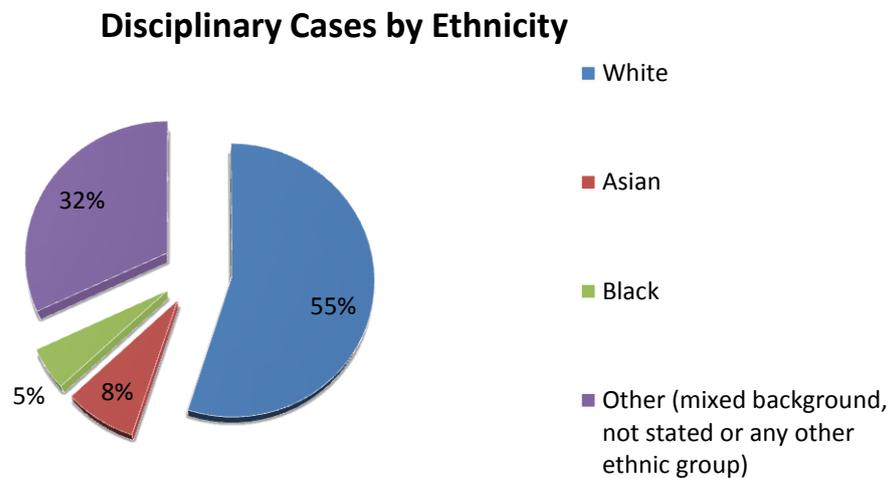
21 (55%) of cases involved staff of a 'white' background; the percentage of the total workforce declaring themselves as 'white' is 73%.

3 (8%) of cases involved staff of an Asian background; the percentage of the total workforce declaring themselves as Asian is 11%.

2 (5%) of cases involved staff declaring themselves as 'black': the percentage of the total workforce declaring themselves as 'black' is 5%.

12 (32%) of cases were recorded as 'other' (mixed background, not stated or any other ethnic group); this is higher than the percentage of the total workforce in this category 11%.

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



The disciplinary case percentages by ethnicity broadly reflect the ethnic breakdown of the total workforce population, with the exception of staff categorised as ‘other’, further analysis is required to understand this disproportionality.

There has been a marked decrease in the percentage of staff categorised as ‘black’ when compared to the previous reporting period; the current percentage reflects the workforce population recorded as ‘black.’

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

The cases below relate to medical staff managed through the Trust’s ‘Maintaining High Professional Standards Policy.’

There were a total of 9 formally managed conduct cases for the period April 2016 to March 2017 - representing 2.3% of the medical staff profile of 383 (excludes medical and dental trainees), an increase on the 6 cases reported for last year.

#### **Gender**

All of the 9 (100%) cases were male staff; this is disproportionate when compared to the workforce gender split for medical staff which is 61% male and 39% female. Further analysis will be carried out to understand the disproportionality and to provide assurance that the correct processes have been followed in a fair and equitable manner.

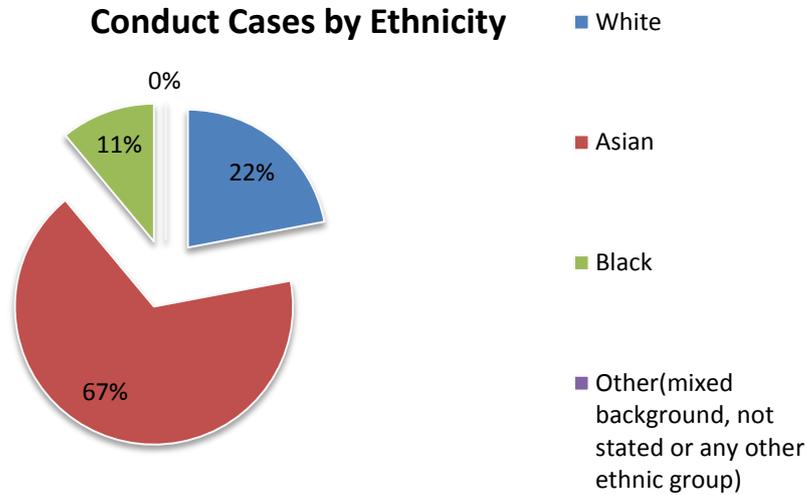
#### **Ethnicity**

Of the above cases, 2 (22%) involved staff who declared their ethnicity as White, 6 (67%) as Asian and 1(11%) as Black. Although the numbers are small, there is disproportionality in cases recorded for Asian staff when compared to the workforce profile as a whole. Further analysis is required to understand why and to provide assurance that the correct processes have been followed in a fair and equitable manner. This work will be monitored through the Trust’s Workforce Race Equality Standard (WRES) action plan.

#### **Disability**

No staff involved in medical staffing conduct cases declared a disability.

**Table 2 – Pie Chart illustrating the breakdown of conduct cases by ethnicity (medical staffing)**



By Ethnicity	White	Asian	Black	Other
Medical Workforce	45%	38%	4%	13%
Medical Conduct cases	22%	67%	11%	0

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

There were 5 formal capability cases for the period April 2016 to March 2017 for the non-medical workforce and increase when compared to cases recorded last year. 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 5 cases 3 (60%) were female and 2 (40%) male.

**Ethnicity**

All 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. The WRES work in 2017-18 will consider how all aspects of the Trust's employee relations work impact staff.

**Disability**

4 cases involved staff that declared having no disability and 1 undefined.

**Capability Cases (Medical Staffing)**

There was 1 formal capability case for the period April 2016 to March 2017 out of a total medical workforce of 383 staff (excl. medical and dental trainees) representing 0.3% of staff. 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.

**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 5995 staff (including Medical & Dental Trainees) there were a total of 16 Dignity and Respect cases between April 2016 and March 2017. 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 the whether the policy has a disproportionate impact on staff with protected characteristics.

**Gender**

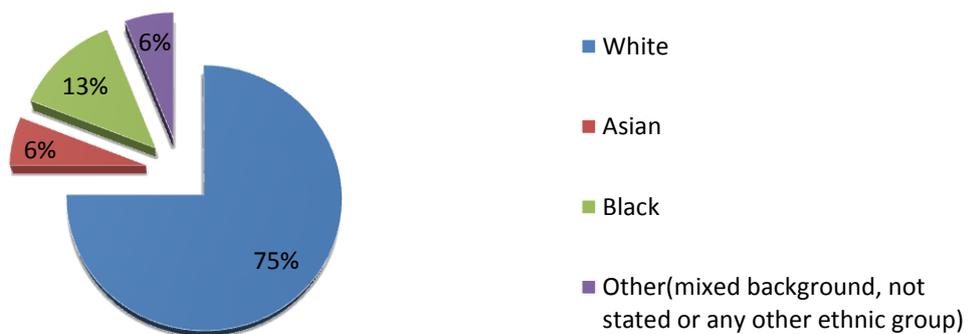
Of the above cases 13 (81%) were female and 3 (19%) male. This reflects the workforce gender split 82% female and 18% male.

**Ethnicity**

Of the above cases, 12 (75%) staff declared their ethnicity as ‘White’ and 1 (6%) as ‘Asian’, 2 (13%) Black and 1(6%) ‘Other’. Although there is disproportion, it is not possible to draw conclusions to whether the policy has an unbalanced impact on staff with protected characteristics. However, our WRES work in 2017-18 will consider how all elements of the Trust’s employee relations work impacts on our BME staff.

**Table 3 – Pie Chart illustrating the breakdown of Dignity & Respect cases by ethnicity (non-medical staffing)**

**Dignity & Respect Cases by Ethnicity Non-Medical staffing**



**Disability**

Of the above cases, 1 (6%) staff member had a declared disability, 6 (38%) reported as not having a disability, 1(6%) not declared and 8(50%) undefined. 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.

### **Grievance Cases**

Across all staff groups, there were 7 formal grievance cases between April 2016 and March 2017 and 1 collective group grievance. Where the protected characteristics are known they are reported as below. As a small number, it is not possible to draw conclusions as to whether the policy has a disproportionate impact on staff with protected characteristics.

#### **Gender**

Of the above cases 6 (86%) were female and 1 (14%) male. This broadly reflects the workforce gender split 82% female and 18% male (this excludes the collective group grievance).

#### **Ethnicity**

All of the 7 cases reported involved staff from a White background (this excludes the collective group grievance).

### **Formal Sickness Hearings**

There were a total 10 sickness hearings between April 2016 and March 2017. Of these 10 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.

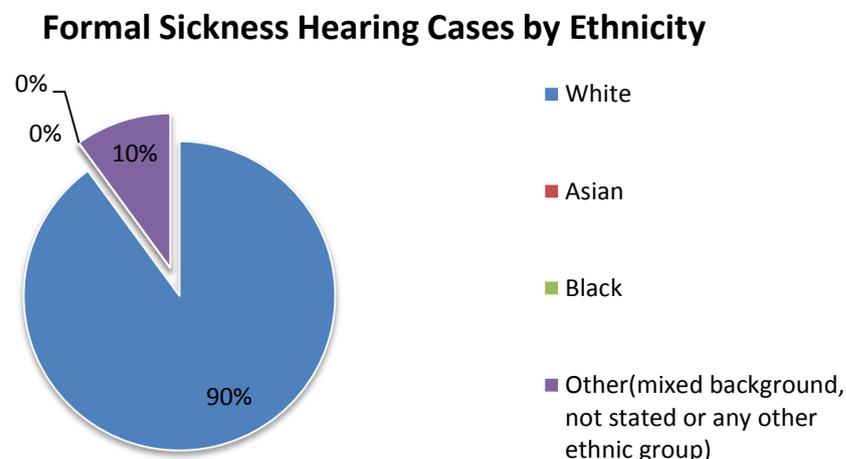
#### **Gender**

8 (80%) cases were female and 2 (20%) cases were male; this split broadly reflects the workforce gender profile.

#### **Ethnicity**

9 (90%) cases involved staff of the 'White' background, 1 (10%) other. As the numbers are small, it is not possible to draw any conclusions as to whether the policy has a disproportionate impact on staff with protected characteristics. However, our WRES work in 2017-18 will consider how all elements of the Trust's employee relations work impacts on our BME staff.

**Table 4 – Pie Chart illustrating the breakdown of Formal Sickness Hearing cases by ethnicity.**



### Disability

Of the 10 sickness hearings no staff had a declared disability; 7 (70%) formally recorded no disability and 3 (30%) had not declared. The numbers do not appear to show any disproportionality.

### 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 2016 – Mar 2017, 662 staff changed their working hours: 46 male and 616 female staff.

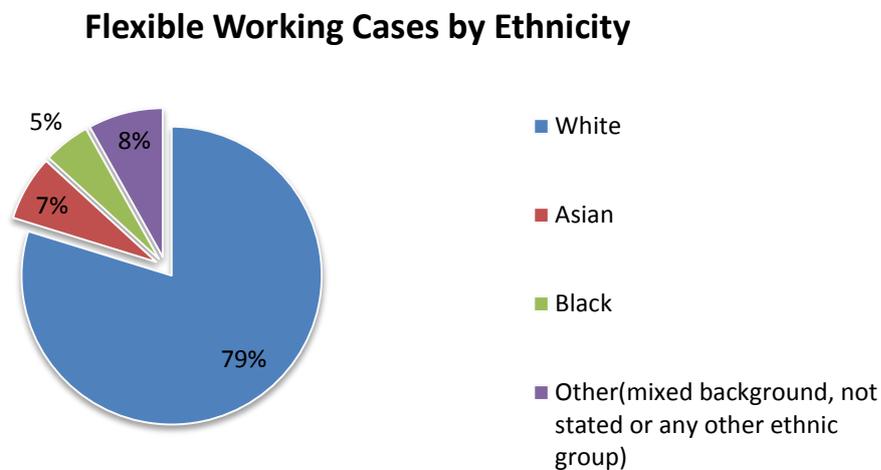
### Gender

April 2015 – March 2016	Male	Female
Total Workforce	18%	82%
Staff who changed hours	7%	93%

Flexible working is open to all staff, however a greater proportion of female staff have changed their hours than male staff.

### Ethnicity

**Table 5 – Pie Chart illustrating the breakdown of Flexible Working Requests by ethnicity**



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

Ethnicity	White	Asian	Black	Other*
Total Workforce	73%	11%	5%	11%
Hours change	79%	7%	5%	8%

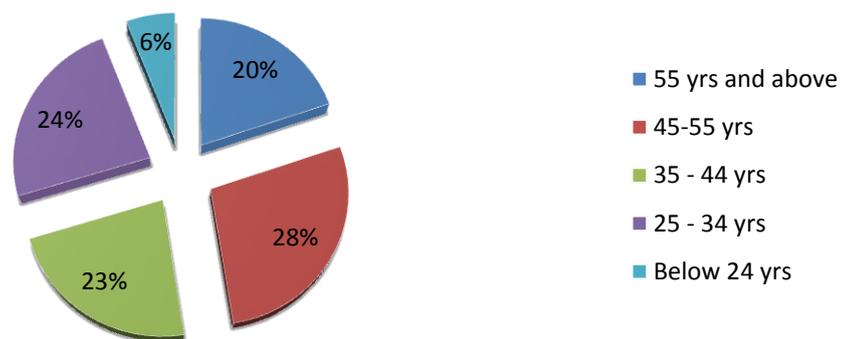
There is some difference in the proportion of Asian staff changing their hours during 2016-17. Our WRES work in 2017-18 will consider how all elements of the Trust's employee relations work impacts on our BME staff.

### Age

Age range	Below 24	25-34	35-44	45-54	55 and above
Hours change	6%	24%	23%	28%	20%

Table 6 – Pie Chart illustrating the breakdown of Flexible Working Requests by Age

### Flexible Working by Age



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

### Disability:

Of the 662 Flexible Working Applications 13 (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	59%
Not Declared	8%
Undefined	32%

### Flexible Working by Disability

