

# Meeting the general equality duty

**Title: Employee Relations: 2017 - 2018**

**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 sets out details of 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; the reporting is split between the two groups as different policy/procedures apply. For all other employee relation cases – i.e. Dignity and Respect, Grievance and Formal Sickness Hearings - the case numbers are combined as they are managed under the same policies.

## Commentary

The period of 2017 – 2018 has seen an increase in the overall number of employee relations cases when compared to the previous year. Of particular note is the increase in the number of formal disciplinary and grievance cases and a decrease in the number of formal sickness hearings.

This is partly attributable to a number of factors:

- New management training programs in place strengthening leadership/management competence, including policy training workshops.
- A fully resourced and integrated HR Adviser/Business Partner Team providing closer coaching/mentoring in management interventions in the treatment of employment related matters.
- An increase in the number of grievance cases, a possible counter response to managers formally managing conduct/capability issues.
- The Trust's values and behaviours fully embedded into working practices empowering staff to challenge what they view as unacceptable behaviour.
- An improved awareness of employment rights, including the abolishment of employment tribunal fees and a prerequisite to exhaust internal processes.

The Workforce Race Equality Scheme (WRES) action plan details initiatives in relation to the promotions of equality and diversity matters.

**Disciplinary Cases involving Non Medical Staff**

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

For the period April 2017 to March 2018 there were a total of 59 formal disciplinary cases; this is an increase from the 37 formal cases reported for the same period last year and similar to levels seen in previous years.

| <b>Agenda for Change Band</b> | <b>Disciplinary cases by Band non-medical staff</b> |
|-------------------------------|---|
| Bands 1 to 5                  | 41  |
| Bands 6 to 7                  | 15  |
| Bands 8 and above             | 3   |
| <b>Total</b>                  | <b>59</b>   |

**Gender**

Of the above cases 20 (34%) involved male staff and 39 (66%) involved female staff. Although the number is relatively small as a proportion of the total staff number, the gender split shows some disproportionality when comparing the total workforce gender profile of 18% male and 82% female.

**Disability**

Of the above cases 4 (7%) members of staff had a declared disability, 50 (85%) did not have a declared disability and 5 (8%) preferred not to say. Although the numbers are small, there is some disproportionality when comparing staff with a declared disability against the workforce profile of 2%, this is an increase in the disciplinary cases for this group and when compared to the figures reported last year (2 cases).

Considering the above, 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.

**Ethnicity**

Of the 59 disciplinary cases:

41 (70%) of cases involved staff of a ‘white’ background; the percentage of the total workforce declaring themselves as ‘white’ is 72%.

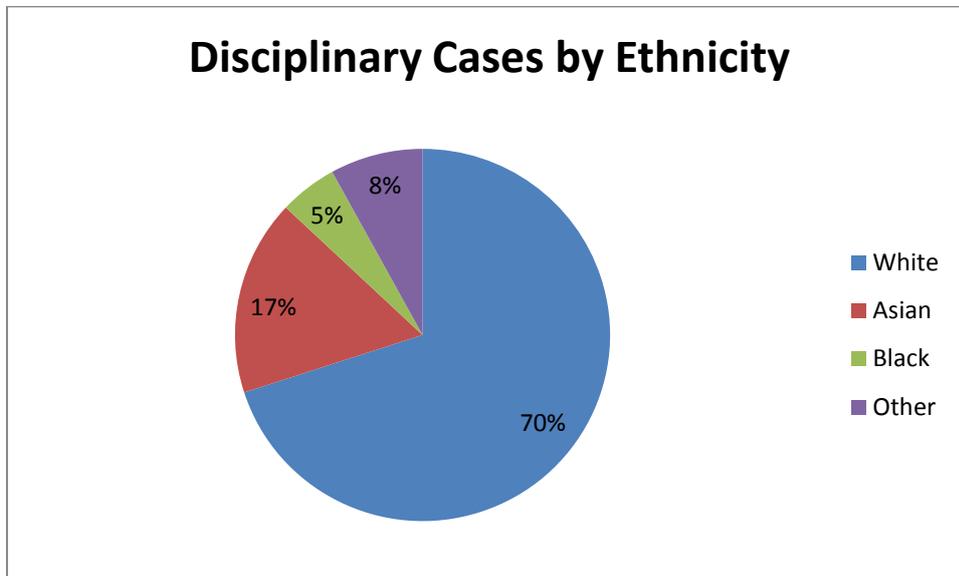
10 (17%) of cases involved staff of an Asian background; the percentage of the total workforce declaring themselves as Asian is 12%.

3 (5%) of cases involved staff declaring themselves as ‘black’; the percentage of the total workforce declaring themselves as ‘black’ is 5%.

5 (8%) of cases were recorded as ‘other’ (mixed background, not stated or any other ethnic group) compared to the workforce profile in this category of 11%.

The above disciplinary cases by ethnicity broadly reflect the workforce ethnicity profile, with a wider variation in non-medical staff of an Asian ethnicity.

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



### **Conduct Cases Involving Medical Staffing**

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

There were a total of 6 formally managed conduct cases for the period April 2017 to March 2018, representing 1.6% of the medical staff profile of 366 (excluding medical and dental trainees) a decrease in number from the 9 cases reported for same period last year.

#### **Gender**

All of the 6 cases (100%) involved male staff; although the number is small it 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 this disproportionality and to provide assurance that the correct processes have been followed in a fair and equitable manner.

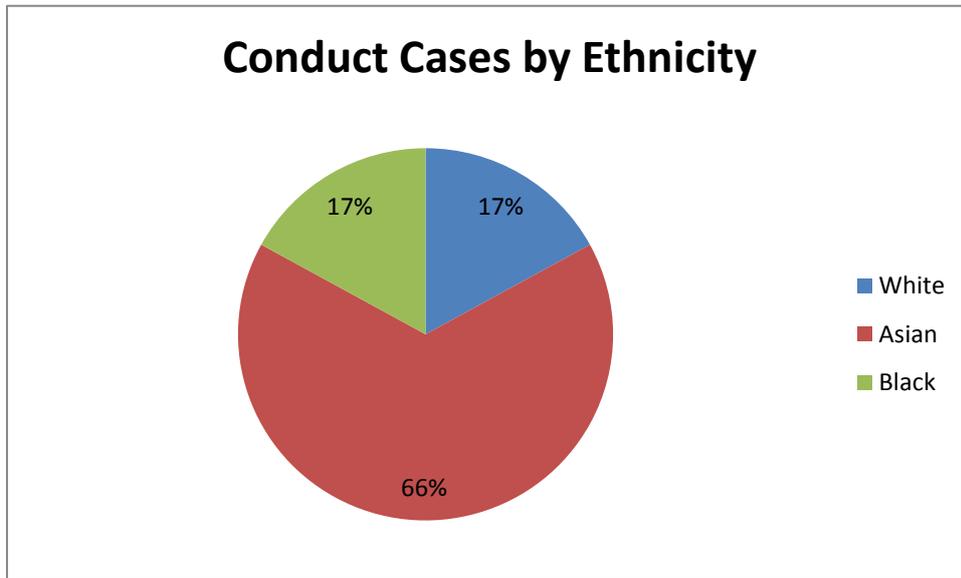
#### **Ethnicity**

Of the above cases 1 (17%) involved staff who declared their ethnicity as white, 4 (66%) as Asian and 1 (17%) 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 (see below). 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**

Of the above cases 4 (67%) declared no disability, 2 (33%) did not declare.

**Table 2 - Pie Chart illustrating the Breakdown of Conduct Cases by Ethnicity (Medical Staffing)**



| Medical Staffing by Ethnicity              | White   | Asian   | Black   | Other* |
|--|---------|---------|---------|--------|
| Medical Workforce Profile (incl. trainees) | 48%     | 38%     | 3%      | 11%    |
| Number of Conduct Cases                    | 1 (17%) | 4 (66%) | 1 (17%) | 0%     |

\*Other category: mixed ethnicity, not stated or any other ethnic background

### **Capability Cases - Non-Medical Staff**

There were 6 formal capability cases for the period April 2017 to March 2018 for the non-medical workforce, an increase in number from the 2 cases reported for the same period last year.

#### **Gender**

Of the 6 cases 4 (67%) involved male staff and 2 (33%) involved female staff.

Although the numbers are small there is disproportion in the gender split when comparing with the workforce profile of 18% male and 82% female.

#### **Ethnicity**

Of the 6 cases, 5 involved staff declaring themselves as of 'white' background and 1 case recorded as 'other' (either mixed background, not stated or other ethnic group).

The numbers are small, with the exception of gender; it is not possible to conclude whether these figures represent any disproportionality. However, the WRES work in 2018-19 will consider how all aspects of the Trust's employee relations work impact on staff.

#### **Disability**

Of the above cases, 5 did not have a declared disability and 1 had a declared disability.

**Capability Cases – Medical Staffing**

There was 1 formal capability case for the period April 2017 to March 2018 out of a total medical workforce of 366 staff (excluding medical and dental trainees) this is the same number as the previous 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 the named protected characteristics.

**Other Employee Relations Casework**

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

**Dignity and Respect**

Across a total workforce of 6,105 staff (including medical and dental trainees) there were a total of 9 Dignity and Respect cases between April 2017 and March 2018. Of these cases, where the protected characteristics of the complainants are known, the breakdown is as illustrated. As the numbers are small, it is not possible to draw any conclusions to whether the policy has a disproportionate impact on staff.

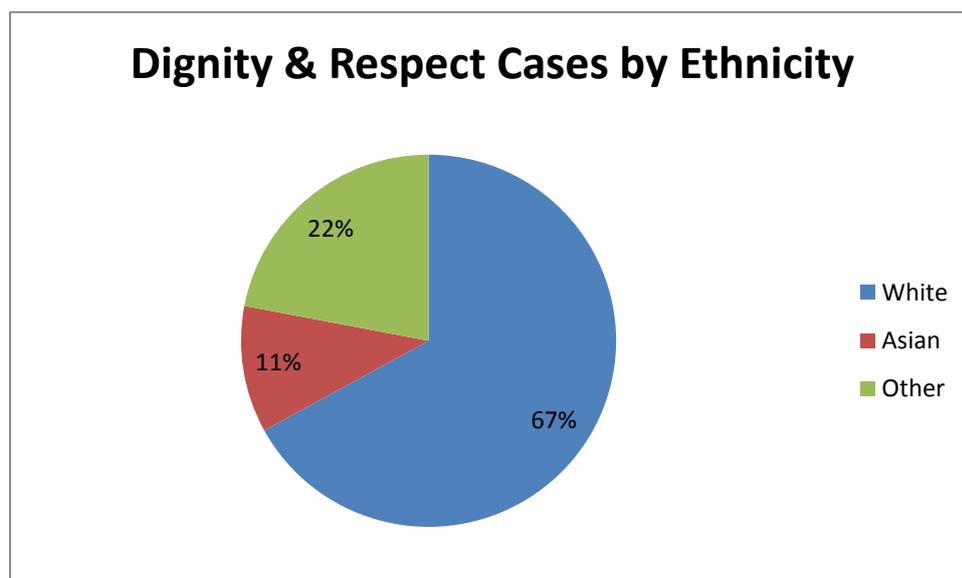
**Gender**

All 9 Dignity and Respect cases (100%) were raised by female staff.

**Ethnicity**

Of the above cases, 6 (67%) staff declared their ethnicity as white and 1 (11%) as Asian and 2 (22%) categorised as other. The WRES work in 2018-19 will consider how all elements of the Trust’s employee relations work impacts staff.

**Table 3 - Pie Chart illustrating the breakdown of Dignity & Respect cases by Ethnicity (medical and non-medical staff)**



### **Disability**

No Dignity and Respect cases involved staff with a declared disability.

### **Grievance Cases**

Across all staff groups, there were 16 formal grievance cases between April 2017 and March 2018; an increase from the 1 case reported for the same period last year.

### **Gender**

Of the 16 cases reported, 14 (88%) were female, 1 was male (6%) and 1 (6%) preferred not to state.

### **Ethnicity**

Of the above 16 cases, 13 (88%) were raised by staff categorised as white, 1 (6%) black, 1 (6%) not stated and 1 recorded as other (ie any other ethnic group or not stated).

### **Disability**

Of the above 16 cases, 13 (81%) did not have a declared disability, 2 (13%) preferred not to say and 1 (6%) had a declared disability.

### **Formal Sickness Hearings**

There were a total of 5 sickness hearings between April 2017 and March 2018, this is a marked decrease from number of cases last year of 18 cases. Of the 5 cases, the breakdown by protected groups is set out below. As the numbers are small it is not possible to draw any conclusions as to whether or not the policy has a disproportionate impact on staff with any protected characteristics.

### **Gender**

3 (60%) cases were female and 2 (40%) cases were male.

### **Ethnicity**

All 5 cases involved staff of a white background; the Trust WRES work in 2018-19 will consider how all elements of the Trust's employee relations work impacts on staff.

### **Disability**

Of the 5 sickness hearings, 4 staff did not to have a disability and 1 would prefer not to say..

### **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 to meet the needs of patients and the workforce.

During the course of the year April 2017 – 2018, 587 staff changed their working hours.

### **Gender**

The right to consider flexible working is open to male and female employees; a greater proportion of female workers changed their hours.

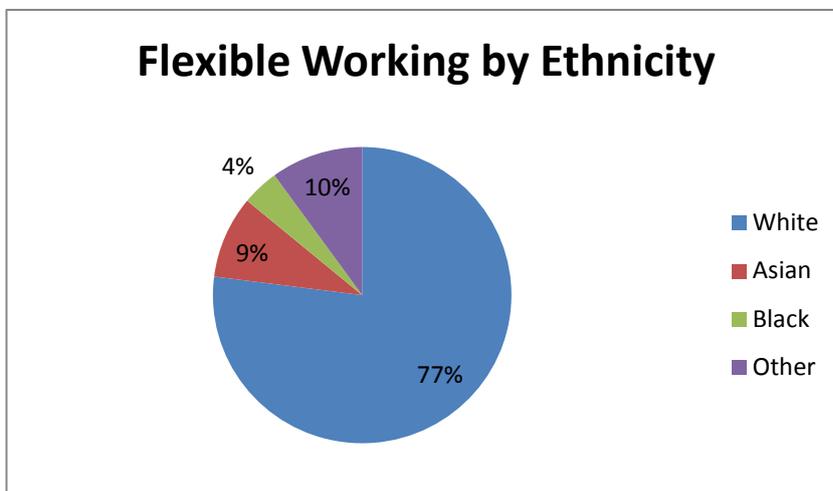
| April 2017 - March 2018     | Male | Female |
|-----------------------------|------|--------|
| Change of Hours             | 9%   | 91%    |
| Workforce profile by gender | 18%  | 82%    |

### Ethnicity

| Ethnicity                    | White | Asian | Black | Other |
|------------------------------|-------|-------|-------|-------|
| Total workforce by ethnicity | 72%   | 12%   | 5%    | 11%   |
| Changed their hours          | 77%   | 9%    | 4%    | 10%   |

Staff who have changed their hours broadly reflect the workforce profile by ethnicity.

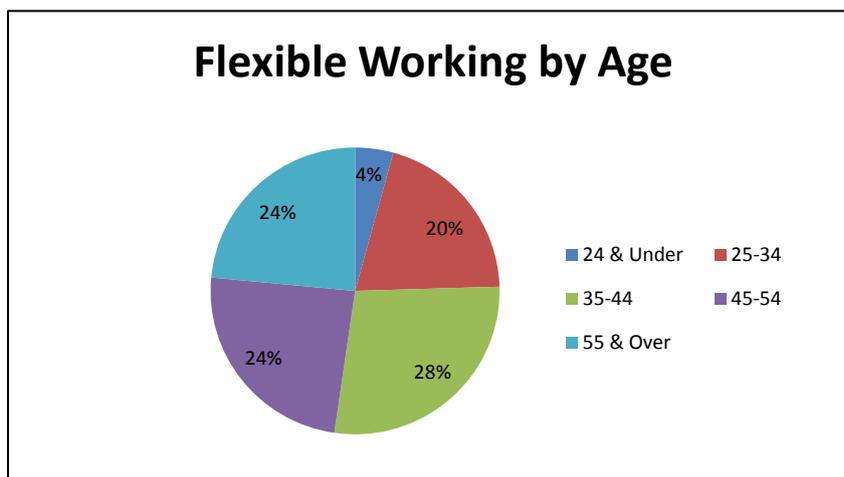
**Table 4 - Pie Chart illustrating the breakdown of Flexible Working Requests by Ethnicity (medical and non-medical staff)**



### Flexible Working by Age

| Age range    | Below 24 | 25-34 | 35-44 | 45-54 | 55 & above |
|--------------|----------|-------|-------|-------|------------|
| Hours change | 4%       | 20%   | 28%   | 24%   | 24%        |

**Table 5 – Pie Chart illustrating the breakdown of Flexible Working Requests by Age (medical and non-medical staff)**



The age range 35-44 represents the largest category of staff to have changed their hours.

### Flexible Working by Disability

Of the 587 staff that changed their working hours 2% of staff had a declared disability, this is proportionate with the workforce profile of 2% with a declared disability.

| Disability     | %   |
|----------------|-----|
| Declared - Yes | 2%  |
| Declared - No  | 62% |
| Not Declared   | 10% |
| Undefined      | 26% |

**Table 5 – Pie Chart illustrating the breakdown of Flexible Working Requests by Disability (medical and non-medical staff)**

