



Southport and  
Ormskirk Hospital  
NHS Trust

# Equality, Diversity & Inclusion

Annual Report 2021-2022



youMATTER  
to us

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## 1. FOREWORD

Welcome to the Southport and Ormskirk NHS Trust Equality Diversity & Inclusion Report for April 2021 to March 2022. This document includes information about our patients, workforce and our local population and outlines the Trust's commitment to promoting equality in all its functions and valuing the diversity of staff, patients and the local communities.

The provision of high-quality patient care is our key driver, and the principles of equality, diversity and human rights are intrinsic to the Trust's core business. We are committed to delivering high quality services that are accessible, responsive, and appropriate to meet the needs of all our patients. In this respect, patient pathways have been designed to reduce variations in care and improve outcomes, whilst recognising the needs of individual patients.

We aim to be an employer of choice and ensure that all our staff have equality of access to jobs, promotion, and training opportunities.

The Trust is committed to creating an environment where everyone is treated with dignity, fairness, and respect and developing a culture of support and inclusion for all our employees and for those patients who access our services.

## 2. ABOUT US

### 2.1 Our Hospitals

Acute care is provided at Southport and Formby District General Hospital and Ormskirk District General Hospital. This includes adults' and children's accident and emergency services, intensive care, and a range of medical and surgical specialties, Women's and children's services, including maternity, are provided at Ormskirk hospital.

The Northwest Spinal Injuries Centre at Southport hospital provides specialist care for spinal patients from across the Northwest, North Wales and the Isle of Man.

### 2.2 Our Vision and Values

The Trust aims to establish and embed exemplary healthcare. Our values are expressed through "SCOPE", developed from what staff told us was important to them about the Trust. They are: **S**upportive, **C**aring, **O**pen and honest, **P**rofessional and **E**fficient

### 2.3 Our Trust Strategic Objectives

The Trust's corporate strategy (2022/23) contains six objectives:

1. Improve clinical outcomes and patient safety to ensure we deliver high quality services
2. Deliver services that meet NHS constitutional and regulatory standards
3. Efficiently and productively provide care within agreed financial limits
4. Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated
5. Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values
6. Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire

### 3. OUR POPULATION

Southport and Ormskirk Hospital NHS Trust provides healthcare to a population of 258,000 people across Southport, Formby and West Lancashire.

After a review of the 2011 census for the local demographics of Sefton and West Lancashire the following information is available that covers ethnicity and commonly used languages.

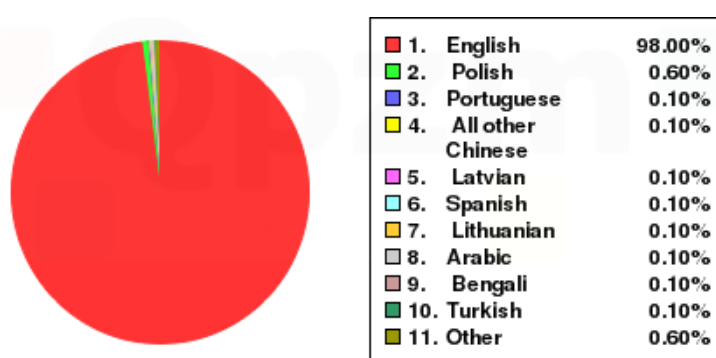
#### 3.1 Sefton: Ethnicity Population Summary: Census 2011

Ethnicity	% Percentage of the population in Sefton
White	97.40%
Mixed	1.1%
Asian	0.5%
Black	0.3%
Other	0.7%
<b>Total</b>	<b>100%</b>

**Source: ONS, 2011 Census:** Note: BME includes all other ethnicities besides White. Within Sefton, 97.4% of the population has a White ethnic background and 2.6% of the Sefton population has a Black, Minority Ethnic background (BME).

#### 3.2 Sefton's most used languages

98.0% of people living in Sefton speak English. The other top languages spoken are 0.6% Polish, 0.1% Portuguese, 0.1% All other Chinese, 0.1% Latvian, 0.1% Spanish, 0.1% Lithuanian, 0.1% Arabic, 0.1% Bengali, 0.1% Turkish.



#### 3.3 West Lancashire: Ethnicity Population Summary: Census 2011

Ethnicity	% Percentage of the Population in West Lancashire
White	98.10%
Mixed	0.7%

Ethnicity	% Percentage of the Population in West Lancashire
Asian	0.9%
Black	0.1%
Other	0.2%
<b>Totals</b>	<b>100%</b>

**Source: ONS, 2011 Census:** Note: BME includes all other ethnicities besides White. Within West Lancashire, 98.1% of the population has a White ethnic background and 1.9% of the West Lancashire population has a Black, Minority Ethnic background (BME).

**3.4 West Lancashire’s most used languages**

98.0% of people living in West Lancashire speak English. The other top languages spoken are 0.5% Polish, 0.3% Latvian, 0.3% Portuguese, 0.1% Hungarian, 0.1% Slovak, and 0.1% Russian.



**4. THE LEGAL CONTEXT**

**4.1 The Equality Act 2010**

The Equality Act 2010 (“the Act”) provides the legislative framework to protect the rights of individuals and advance equality of opportunity for all. The Act harmonises and simplifies previous equality legislation with the aim of delivering an accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The Act consolidated 116 separate pieces of equality legislation, principally:

- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995

The Act introduced the new terminology of “protected characteristics” to which it then applies, in a consistent way, the traditional elements of direct and indirect discrimination, victimisation and harassment.

The protected characteristics are as follows:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity

- race (includes ethnic or national origins, colour or nationality)
- religion or belief (Including lack of belief)
- sex
- sexual orientation

## 4.2 Public Sector Equality Duty

The Equality Duty is a duty on public bodies and others carrying out public functions. It ensures that public bodies consider the needs of all individuals in their day-to-day work – in shaping policy, in delivering services, and in relation to their own employees.

The Equality Duty supports good decision-making – it encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people’s needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open people’s opportunities, public bodies are better placed to deliver policies and services that are efficient and effective. The Equality Duty therefore helps public bodies to deliver the Government’s overall objectives for public services.

The Equality Duty has three main aims. It requires the Trust, in the exercise of all its functions, to have “due regard” to the need to:

- eliminate discrimination, harassment, victimisation, and other conduct prohibited by the Act
- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- foster good relations between people who share a relevant characteristic and those who do not share it

*(In respect of the protected characteristic of marriage and civil partnership, only the duty to eliminate discrimination applies)*

Having “due regard” means that the Trust must always consciously think about the three aims of the Equality Duty as part of process of day-to-day decision-making. This means that consideration of equality issues influences the Trust’s decision-making process in how we act as employers; how we develop, evaluate and review policy; how we design, deliver, and evaluate services and how we commission and procure from others.

## 4.3 Equality Impact Assessment (Analysis)

Equality Impact Assessment/Analysis (EIA) is a requirement for all policies and is part of the Cost Improvement Programmes (CIPs) process which contains both a quality impact assessment and an equality impact assessment. The responsible manager must complete both sections. These steps will help the Trust to ensure that it pays due regard to its obligations under the Public Sector Equality Duty of the Equality Act 2010.

In 2023, the Trust will launch a revised Equality Impact Assessment Template which will increase the level of guidance in the template and develop training to increase staff understanding of completing the EIA.

Further information about the Equality Act 2010 can be found at the Equality and Human Rights Commission. <http://www.equalityhumanrights.com/>

## 4.4 Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council agreed in July 2014 that action across the NHS needs to be taken to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Following a period of consultation, the NHS Equality and Diversity Council agreed two measures that complement each other whilst being distinct to improve equality across the NHS and these would be mandatory requirements embedded within the NHS Contract from April 2015.

1. The Workforce Race Equality Standard (WRES)
2. NHS Equality Delivery System 2022 (EDS2022)

There are nine WRES metrics. Four of the metrics specifically focus on workforce data and four of the metrics are based on data derived from the national NHS Staff Survey indicators. The latter will highlight any differences between the experience and treatment of white staff and BME staff in the NHS, with a view to closing the gaps highlighted by those metrics. The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve. The CQC will take this into account within the 'Well Led' domain.

## 5. WRES HIGHLIGHTS

The information below provides a comparison for the WRES reports for 2021-22 and 2020-21. The information provides the Trust figures compared to the average for combined acute and community hospitals. All figures are self-populated taken from the WRES template provided by NHS England.

### **BME staff increase in clinical and non-clinical bands:**

The 2021-22 WRES report highlights:

- Non-clinical roles have seen an increase in bands 2,3,4 and 5
- Clinical roles have seen an increase in bands 3,5 and 6

### **Relative likelihood of BME and white staff being appointed from shortlisting across all posts:**

- 1557 BME staff were shortlisted and 70 were appointed
- 2433 white applicants were shortlisted and 542 appointed

### **WRES data highlights that there has been a 5.09% increase in BME staff being successful at interview and being hired by the Trust.**

- 22.00% in 2021-22
- 16.91% in 2020-21

### **Relative likelihood of BME and white staff entering the formal disciplinary process**

- The number of BME staff entering the disciplinary process in 2021-22 is 0 this is equal to 20/2021.
- 1.3 white staff entered the formal disciplinary process in 2021-22
- 1 record for ethnicity unknown for 2021-22.

## 5.1 NHS staff survey responses specific to WRES questions

### **The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

- +6.1% increase for BME staff
- +3.7% increase for white staff



The Trust figures compared to the average combined acute and community Trusts is **-0.4%** lower for white staff and **equal** for BME staff.

**Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

- +0.2% increase for BME staff
- -0.9% decrease for white staff

The Trust figures compared to the average combined acute and community Trusts is **-0.6%** lower for white staff and **-2.6%** lower for BME staff.

**Percentage of Trust staff believing that the Trust provides equal opportunities for career progression or promotion**

- +1.1% increase for BME staff
- +0.9% increase white staff

The Trust figures compared to the average combined acute and community Trusts is **-7.7%** lower for white staff and **+3.9%** higher for BME staff.

**In the last 12 months have you personally experienced discrimination at work from any of the following manager/team leader or other colleagues?**

- +10.96% increase for BME staff
- +1.3% increase for white staff

The Trust figures compared to the average combined acute and community Trusts is **-0.5%** lower for white staff and **+8.1%** higher for BME staff.

## 5.2 Staff Data – non-clinical & clinical staff

<b>1/ Non-Clinical</b> <b>Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:</b>  <ul style="list-style-type: none"> <li>• Non-Clinical staff</li> <li>• Clinical staff – of which</li> <li>- Non-Medical staff</li> <li>- Medical and Dental staff</li> </ul> <b>Note: Definitions are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</b>	<b>Non – Clinical</b>				
	<b>2021-2022</b>			<b>2020-21</b>	
	<b>Band</b>	<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>
Band 2	5.64%	79.90%	5.06%	85.57%	
Band 3	2.79%	82.12%	2.73%	91.26%	
Band 4	1.19%	88.69%	1.18%	91.13%	
Band 5	1.54%	84.62%	0%	94.20%	
Band 6	0.00%	82.26%	1.78%	89.29%	
Band 7	0.00%	86.00%	4.17%	89.58%	
Band 8a	0.00%	54.55%	0%	85.71%	
Band 8b	0.00%	92.59%	0%	100%	
Band 8c	0.00%	50.00%	0%	75%	
Band 8d	0.00%	62.50%	12.50%	75%	
Band 9	50.00%	50.00%	0%	0%	
VSM	0.00%	60.00%	0%	100%	
<b>Clinical</b>					
<b>2021-2022</b>			<b>2020-21</b>		
<b>Band</b>	<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>	
Band 2	6.32%	72.63%	7.24%	78.90%	
Band 3	2.87%	85.17%	1.91%	77.01%	
Band 4	6.10%	74.39%	8.40%	76.33%	
Band 5	13.45%	56.80%	6.78%	82.85%	
Band 6	6.29%	82.47%	5.53%	88.37%	
Band 7	2.33%	85.21%	3.40%	89.36%	
Band 8a	10.53%	69.74%	10.77%	84.62%	
Band 8b	0.00%	81.82%	0.00%	95.83%	
Band 8c	0.00%	85.71%	0.00%	75%	
Band 8d	0.00%	100.00%	0.00%	50%	
VSM	0%	100%	0%	0%	
WHO3	0%	100%	0%	100%	
WHO7	0.00%	66.67%	16.67%	83.33%	

**PLEASE NOTE WERE THE % RATE DOES NOT EQUATE TO 100% THIS IS DUE TO INFORMATION- NOT STATED**

Med & Dental Consultant			
2021-22		2020-21	
<b>BME</b> 42.24%	<b>White</b> 34.48%	<b>BME</b> 45.37%	<b>White</b> 40.74%
Med & Dental Consultant Non –Consultant Career Grade			
2021-22		2020-21	
<b>BME</b> 49.45%	<b>White</b> 20.88%	<b>BME</b> 50.53%	<b>White</b> 29.47%
Medical & Dental Trainee Grades			
2021-22		2020-21	
<b>BME</b> 27.94%	<b>White</b> 50.00%	<b>BME</b> 26.87%	<b>White</b> 59.70%
Board			
2021-22		2020-21	
<b>BME</b> 0.056%	<b>White</b> 94.44%	<b>BME</b> 14.29%	<b>White</b> 85.71%

### 5.3 Recruitment

Relative likelihood of white staff being **appointed from shortlisting** compared to BME staff is.

2021-2022	2020-21	Difference
times more likely 2.2 Auto calculated	times more likely 1.38 Auto calculated	<b>+0.82</b>

2021-22	Headcount		Relative likelihood of white staff appointment from shortlisting
	Shortlisted	Hired	Hired%
BME	1557	158	10.00%
White	2433	542	22.00%
Unknown	86	39	45.00%
2020-21	Headcount		Relative likelihood of appointment from shortlisting
	Shortlisted	Hired	Hired- %
BME	343	58	16.91%
White	1731	405	23.40%
Unknown	65	30	46.15%

### 5.4 Disciplinary process

Relative likelihood of BME staff entering **formal disciplinary process** compared to white staff

2021-2022	2020-21	Difference
times more likely 0.01 Auto calculated	times more likely 2.04 Auto calculated	<b>+2.03</b>

2021-22	Head Count	Relative likelihood of BME staff entering into formal disciplinary process compared to white staff
BME	0	0.00%
White	3	0.00%
Not Stated	1	0.00%
<b>Total</b>	<b>4</b>	
2020-21	Head Count	Relative likelihood of BME staff entering formal disciplinary process compared to white staff
BME	1	0.19%
White	5	0.38%
Not Stated	0	0.00%
<b>Total</b>	<b>6</b>	

### 5.5 Non mandatory training & CPD

Relative likelihood of white staff accessing **non-mandatory training & CPD** compared to BME staff is:

2021-22	2020-21	Difference
White staff 0.98 times more likely Auto calculated	White staff 0.95 times more likely Auto calculated	+0.03

2021-22	Head Count	Enrolment Head Count	Ratio
BME	301	290	96.00%
White	2376	2229	94.00%
Not Stated / Not Given	607	580	96.00%
2020-21	Head Count	Enrolment Head Count	Ratio
BME	260	219	84.23%
White	2649	2110	79.65%
Not Stated / Not Given	322	252	78.26%

### 5.6 NHS Staff Survey

The 2021 NHS Staff Survey was completed by **1,335** staff, this is a response rate of **42%**, the average combined percentage for combined acute and community trusts in England is **46%**.

For each of these four staff survey indicators, the standard compares the metrics for each survey question response for white and BME staff.

#### NHS staff survey responses that are specific to WRES questions:

Indicator 5:

Figures in bold highlight BME figures

**The percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months**

- BME staff have seen a **6.1% increase**
- White staff have seen a 3.7% increase

The Trust figures compared to the average combined acute and community Trusts is **0.4%** lower for white staff and **Equal** for BME staff.

Data for reporting year 2021	Data for previous year 2020	2021 Average (median) for
BME staff <b>28.8%</b>  White staff 26.1%	BME staff <b>22.7%</b>  White staff 22.4%	Combined Acute and Community Trusts BME staff - <b>28.8%</b> White staff - 26.5% <b>SOHT– Equal below average for BME staff</b>

**Indicator 6:**

**Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

- White staff have seen a 0.9% reduction
- BME staff have seen a **0.2% increase**

The Trust figures compared to the average combined acute and community Trusts is +0.7% higher for white staff and **1.8% higher** for BME staff.

Data for reporting year 2021	Data for previous year 2020	2021 Average (median) for
BME staff <b>31.9%</b>  White staff 24.2%	BME staff <b>30.9%</b>  White staff 25.1%	Combined Acute and Community Trusts BME staff- <b>28.5%</b> White staff– 23.6% <b>SOHT– 0.9% above average for BME staff</b>

**Indicator 7:**

**Percentage of Trust staff believing that Trust provides equal opportunities for career progression or promotion**

- BME staff have seen a **1.1% increase**
- White staff have seen 0.9% increase

The Trust figures compared to the average combined acute and community Trusts is -7.7% lower for white staff and **+3.9% higher** for BME staff.

Data for reporting year 2021	Data for previous year 2020	2020 Average (median) for
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BME staff <b>48.5%</b>  White staff 50.9 %	BME staff <b>71.9%</b> *1 BME staff <b>47.4%</b> *2  White staff 84.0 %*1 White staff 50.0 %*2	Combined Acute and Community BME staff <b>72.5%</b> *1 BME staff <b>44.6%</b> *2 White staff 87.7% *1 White staff 58.6% *2 <b>SOHT +1.1 Higher average for BME staff</b>
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\*1 = Data from 2021 Staff Survey result March 2022

\*2 = The data has been calculated differently this year from previous years. In previous years, the percentage was reported as those saying 'yes' as a proportion of all staff excluding those who said 'don't know'. This approach has been applied to the historical data in the 2021 reports, which explains the difference you can see.

**Indicator 8:**

**In the last 12 months have you personally experienced discrimination at work from any of the following manager/team leader or other colleagues?**

- BME staff have seen a **11.00% increase**
- White staff have seen 1.3% increase

The Trust figures compared to the average combined acute and community Trusts is 0.5% lower for white staff and **+8.1 higher** for BME staff.

Data for reporting year <b>2021</b>	Data for previous year <b>2020</b>	<b>2020 Average (median)</b> for
BME staff <b>25.4%</b>  White staff 6.2 %	BME staff <b>14.4%</b>  White staff 4.9 %	Combined Acute and Community Trusts BME staff - <b>17.3%</b> White staff– 6.7% <b>SOHT +8.1 higher average for BME staff</b>

**Indicator 9:**

Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

The information below provides information on the headcount and percentage difference between the organisations board membership and its overall workforce for BME and white Staff

By executive and non-executive board membership =

**BME: 0.056%    White: 85.70%**

## 2021-21

Headcount		Headcount %	Board Headcount	Board Headcount %
BME	301	9.11%	1	0.056%
White	2382	72.09%	17	94.44%
Not Stated	621	18.80%	0	0 %

## 2020-21

Headcount		Headcount %	Board Headcount	Board Headcount %
BME	260	8.0%	2	14.30%
White	2649	82.0%	12	85.70%
Not Stated	322	10.00%	0	0%

% Difference Total Board - Overall Workforce

BME:	6.00%
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## 6. WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and will apply to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of disabled staff in the NHS.

The WDES comprises of a set of Metrics. All the Metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, HR data) except for one; Metric 9b asks for narrative evidence of actions taken, to be written into the WDES annual report.

The annual collection of the WDES Metrics will allow NHS Trusts and Foundation Trusts to better understand and improve the employment experiences of disabled staff in the NHS.

### 6.1 Workforce Disability Equality Standard (WDES) Highlights

The information below provides highlights of the WDES report for 2021-22.

#### a/ Recording a disability:

Trust figures on ESR highlight **3.28%** staff out of **3,319** staff have a disability

NHS Staff Survey highlights **23.7%** of staff out of the **1,335** who completed the NHS Staff Survey highlighted they have a disability.

**b/** Percentage of disabled staff being appointed from shortlisting is **15.33%** for disabled compared to **13.67%** for non-disabled staff.

Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is **1.12** (A figure below 1:00 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.)

**c/** ESR data highlights the relative likelihood of staff entering the formal capability process for disabled is **0%** which is the same as last year.

**d/** Disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public is **11.00% higher** than for non-disabled staff.

**e/** Disabled staff experiencing harassment, bullying or abuse from managers is **7.1% higher** than non-disabled staff.

**f/** Disabled staff experiencing harassment, bullying or abuse from other colleagues is **8.5% higher** than non-disabled staff.

**g/** Percentage of Trust staff believing that the Trust provides equal opportunities for career progression or promotion is **43.0%** for disabled staff, 52.6% for non-disabled staff, a difference of **9.6%**

## 6.2 Staff Profile

As of March 2022, Southport and Ormskirk Hospitals NHS Trust employed **3,319** staff of whom **3.28%** of the workforce has disclosed that they consider themselves to have a disability, **74.30%** of staff have told us they don't consider themselves to have a disability with the remainder **22.42%** either not declaring, preferring not to say and the others are unspecified.

Disability	Headcount	Percentage %
No	2466	74.30% of staff do not consider themselves to have a disability
Not Declared & Other	744	22.42% of staff have not declared preferred not to say or unspecified
Yes	109	3.28% of staff have highlighted they have a disability
<b>Grand total</b>	<b>3319</b>	

## 6.3 Workforce Metrics

Three workforce metrics compare the data for both disabled and non-disabled staff.

**Note:** Definitions for these categories are based on Electronic Staff Record occupation codes except for medical and dental staff, which are based upon grade codes.

### Workforce Disability Equality Standard Indicators:

For each of workforce indicators, the standard compares the metrics for disabled and non-disabled staff where the figures do not equate to 100% this is due to the information not stated / not given

**1/** Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

### Clusters:

Cluster 1 (Bands 1 - 4)

Cluster 2 (Band 5 - 7)

Cluster 3 (Bands 8a - 8b)

Cluster 4 (Bands 8c - 9 & VSM)

Cluster 5 (Medical & Dental Staff, Consultants)

Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)



Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)

**Current Year 2021 – 22**

Non – Clinical		
<b>Cluster</b>	<b>Disabled</b>	<b>Non-Disabled</b>
Cluster: 1	3.6%	67.2%
Cluster: 2	6.6%	73.6%
Cluster: 3	0%	73.0%
Cluster: 4	0%	100.0%
Clinical		
<b>Cluster</b>	<b>Disabled</b>	<b>Non-Disabled</b>
Cluster: 1	3.1%	76.8%
Cluster: 2	3.4%	77.7%
Cluster: 3	2.1%	72.9%
Cluster: 4	0.0%	88.9%
Cluster 5: Medical & Dental Consultant		
	<b>Disabled</b> 1.7%	<b>Non-Disabled</b> 73.5%
Cluster 6: Med & Dental Consultant Non –Consultant Career Grade		
	<b>Disabled</b> 2.2%	<b>Non-Disabled</b> 73.9%
Cluster 7: Medical & Dental Trainee Grades		
	<b>Disabled</b> 0.0%	<b>Non-Disabled</b> 77.9%

**Indicator 2/** Relative likelihood of non-disabled staff to disabled staff being appointed from shortlisting across all posts

WDES Category	Head Count		Relative likelihood of staff shortlisted / appointed
	Shortlisted	Appointed	
Disabled	108	17	0.16 15.47%
Non-Disabled	1968	443	0.23 22.30%
Not declared	83	37	0.45 44.57%
Relative likelihood of relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff.			<b>1.43 times more likely</b>

**Indicator 3/** Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

*Note: This metric will be based on data from a two-year rolling average of the current year and the previous year.*

## 2020-2021 & 2021-2022

Average over 2 years	Entering formal capability Process	Trust Headcount & %	Relative likelihood of staff entering the formal capability process
Disabled	0	109 - 3.28%	0
Non-Disabled	0.5	2466 – 74.30%	0
Not declared	0	744 – 22.42%	0
Prefer not to answer	0		
Unspecified	0		
<b>Total</b>	<b>0.5</b>	<b>3319</b>	
Relative likelihood of Disabled staff compared to non-disabled staff			0

### 6.4 NHS Staff Survey Responses

The 2021 NHS Staff Survey was completed by **1,335** staff this is a response rate of **42%** with an average of **46%** for combined acute and community trusts in England and compares with a response rate in the Trust in 2020 of **45.4%**

**Indicator 4a/** Percentage (%) of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months from Patients/Service users, relatives or other members of the public their managers and colleagues.

Category	2021	2020	Average from Trusts
<b>Non-disabled</b>	24.2% <b>2% increase</b>	22.2%	25.2% <b>1% below average</b>
<b>Disabled</b>	35.2% <b>10.1% increase</b>	25.1%	32.4% <b>2.8% below average</b>

The results from the latest staff survey in 2021 indicate that disabled staff are more likely to have experienced harassment, bullying or abuse from Patients/Service users, relatives, or other members of the public their managers and colleagues than non-disabled staff.

**Indicator 4b/** Percentage of disabled staff compared to non – disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Category	2021	2020	Average from Trusts
<b>Non-disabled</b>	42.6% <b>7.4% reduction</b>	50%	46.2% <b>3.6% below average</b>
<b>Disabled</b>	51.1% <b>10.7% increase</b>	40.4%	47% <b>4.1% below average</b>

The result from the latest staff survey could indicate that staff with or without a disability could have an issue with reporting an experience of harassment, bullying or abuse at work.

**Indicator 5/** Percentage believing that trust provides equal opportunities for career progression or promotion

Category	2021	2020	Average from Trusts
Non-disabled	52.6% <b>1.4% increase</b>	51.2%	56.8% <b>4.2% below average</b>
Disabled	43.0% <b>1.0% increase</b>	42%	51.4% <b>8.4% below average</b>

The results show a reduction in disabled staff believing the Trust provides equal opportunities or career progression or promotion compared to last year, there has been an increase for non-disabled staff.

**Indicator 6/** Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

Category	2021	2020	Average from Trusts
Non-disabled	21.0% <b>2.6% increase</b>	18.4%	23.7% <b>2.7% below average</b>
Disabled	34.1% <b>6.9% increase</b>	27.2%	32.2% <b>1.9% below average</b>

The results highlight that disabled staff are **MORE** likely to feel pressure from their manager to come to work than none disabled staff.

**Indicator 7/** Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

Category	2021	2020	Average from Trusts
Non-disabled	40.5% <b>4.5% reduction</b>	45.0%	43.3% <b>2.8% below average</b>
Disabled	30.0% <b>3.6% reduction</b>	33.6%	32.6% <b>2.6% below average</b>

The results of the latest survey highlight that disabled staff are **LESS** likely to feel satisfied with the extent to which the Trust values their work.

**Indicator 8/** Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Category	2021	2020	Average from Trusts
Disabled	74.5% <b>7.1% decrease</b>	77.6%	75.5% <b>1% below average</b>

**Indicator 9a/** The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

Category	2021	2020	Average from Trusts
Non-disabled	6.9% <b>0.1% reduction</b>	7.0%	7.0% <b>0.1% below average</b>
Disabled	6.2% <b>0.2% reduction</b>	6.4%	6.4% <b>0.2% below average</b>
Trust average	6.7% <b>0.2% reduction</b>	6.9%	

**Indicator 9b/** Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes)

NHS Staff Survey	Disability Staff Network
Disability Confident Employer Scheme	Shielders Support Group
Reasonable Adjustment Disability Passport	Health & Wellbeing Programme

**Indicator 10/** Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated

	2021-22	2020-21
<b>Non-disabled</b>	25.08%	28%
<b>Disabled</b>	-3.28%	-3%
<b>Not Stated</b>	-21.8%	-25%

Disability	Headcount	Headcount %	Board Headcount	Board Headcount %
No	2466	74.30%	17	100.0%
Not Declared & Other	744	22.42%	0	0.0%
Yes	109	3.28%	0	0.0%

## 7. EQUALITY GOVERNANCE

The Equality Act 2010 and the Human Rights Act 1998 provide the legal framework within which the Trust operates its equality governance. Additionally, the Health & Social Care Act 2008, NHS England, the Operating Framework and the NHS Constitution all highlight the need to reduce discrimination in services, improve accessibility and reduce health inequalities for all.

The refreshed Equality Delivery System 2022 (EDS22022) is the framework by which the Trust can demonstrate how it is performing on issues of equality and health inequality to its patients, staff, communities and commissioners.

At Board level the lead accountability sits with the Director of HR & OD and there is a Non-Executive Director who also acts as an Equality Champion.

The Trust’s Valuing People & Inclusion Group reports through the Workforce Committee and ensures that the Trust complies with externally set standards and establishes, monitors and reviews content and methods of assurance to the Workforce Committee and Patient Experience Groups in relation to all areas of Equality and Diversity.

### Governance Structure: Fig 1.



## 8. THE EQUALITY DELIVERY SYSTEM 2022 (EDS2022)

The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight.

The third version of the EDS was commissioned by NHS England and NHS Improvement with, and on behalf of, the NHS, supported by the NHS Equality and Diversity Council (EDC). It is a simplified and easier-to-use version of EDS2. To take account of the significant impact of COVID-19 on Black, Asian, and Minority Ethnic community groups, and those with underlying and long-term conditions such as diabetes, the EDS now supports the outcomes of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) by encouraging organisations to understand the connection between those outcomes and the health and wellbeing of staff members. The EDS provides a focus for organisations to assess the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

The EDS comprises eleven outcomes spread across three Domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership.

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement.

The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

Southport and Ormskirk NHS Trust are in the process of understanding, review and collocating the information required for each of the domains:

### a) Domain One

For this domain the Trust is working with the NHS Cheshire and Merseyside ICB (ICB) to collaborate with out trust to learn form good practices and see where we learn from each other.

Through the 5 key clinical area (Maternity, Severe Mental Illness, Chronic respiratory disease, Early cancer diagnosis and Hypertension case-finding) of health inequalities areas within the 'Plus 5' of the Core20Plus5, the Trust has for its main service review under the Hypertension case-finding section to look at Stroke services. The Trust has been partnered with Liverpool University Hospitals NHS Foundation Trust and Wirral Community Health and Care NHS Foundation Trust. For the secondary service the Trust is taking a service review of the Patient-Initiated follow-up Appointments (PIFU), within Outpatient Therapies. PIFU is a way of putting the patient in control of their care. PIFU enables the patient to make your own follow-up appointment at your convenience, providing you with guidance when you need it most. PIFU removes the need for routine follow-up appointments. Through both reviews the will focus on the health inequalities that can affect this service and the outcomes below:

Domain 1: Commissioned or provided services

1A: Service users have required levels of access to the service

1B: Individual service user's health needs are met

- 1C: When service users use the service, they are free from harm
- 1D: Service users report positive experiences of the service

## **b) Domain Two**

This should be actively tested through structured engagement with staff, staff networks, Human Resources, Health and Wellbeing, Chaplaincy staff and trade unions with reference to evidence and insight. These groups should work together to lead and conduct engagement sessions with staff wherever possible.

Domain 2: Workforce health and well-being

- 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions
- 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
- 2C: Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source
- 2D: Staff recommend the organisation as a place to work and receive treatment

## **c) Domain Three**

Within NHS organisations, it is the senior leadership that usually sets the culture and tone and determines quite how inclusive the organisation is. Domain 3 comprises three outcomes that are a real test of commitment and 'inclusive leadership'. All scoring in Domain 3 should be independently tested, that is, by a third party with no direct involvement in managing or working for the organisation(s), alongside trade union staff.

Domain 3: Inclusive leadership

- 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
- 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed
- 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

For each of the domains, an action plan set out by the ICB to be completed against the criteria with the guidance. The documentation needs to be submitted by the 28<sup>th</sup> February 2022 to the ICB, and published on the Trust website by the 31<sup>st</sup> March 2022.

EDS2022 will carry on through 2023, where the Trust can investigate further within the 3 domains and start to embed it with the ethos of the Trust, as whole.

## **9. CARING FOR OUR PATIENTS & CARERS**

### **9.1 Learning Disability**

The Trust has a Learning Disability and Autism Practitioner, who supports care of a patients with a Learning Disability and/or Autism in several ways. The practitioner can be contacted by patients, families, carers, and community teams regarding any reasonable adjustments required to support access to health services within the Trust i.e., quiet waiting areas (I've taken out the bit that said in outpatients because we should provide quiet waiting space everywhere), specific appointment times, and facilities for carers/ family to stay

with patient. The Trust has purchased several beds through its charitable funds that can be accessed by family/carers who wish to stay overnight to support the hospital admission.

Patients with a learning disability and/or Autism can be assessed to have their own funded carer to stay with them throughout admission (all funding requests need to be approved by the matron for the area). This supports familiarity in a strange environment, support with nutritional needs and compliance with treatment which contributes to a positive patient experience and outcome for the patient. The use of careflow alerts allows us to identify patients who have a learning disability and/or Autism and benefits the patient by allowing the communication of any necessary reasonable adjustments, the use of the LD health/hospital passport also supports the sharing of information of the needs of the patient. The service also has a strong relationship with both West Lancashire and Sefton Community LD teams, which enhances care and communication for both planned and unplanned admissions of a patient with a learning disability and/or Autism.

## **9.2 Accessing Trust Services**

The Trust is legally obligated under the Public Sector Equality Duty 2010 to ensure that our services are fully accessible for all people who access Trust services, and the provision of a high-quality communication service is an essential element that demonstrates compliance with the act.

The Trust aim to actively promote information on the Accessible Information Standard which was implemented on 31 July 2016; the Accessible Information Standard will begin to address any disparity in the care received by disabled people. It will ensure that information is provided to all people who access Trust services in a way they can understand. The Trust has added the 'Recite Me' tool which supports access to the Trust website allowing 'talk aloud', translation, increased size in fonts etc.

Southport and Ormskirk Hospital NHS Trust aim to provide a full range of interpreting and translation services to ensure that the services provided by the Trust are equally and easily accessible to the diverse communities it serves.

The Trust offers the following interpretation and translation services and will provide other services as requested:

- Foreign language translation of Trust documents
- Braille translation of Trust documents
- Face-to-face and telephone interpretation
- British Sign Language interpreting
- Easy-read or large font translation of Trust documents
- Moon Literacy

The Trust has an Interpretation and Translation Service Policy CORP 30 (Appendix A) that provides general guidance for staff on the process and organisations they should use for interpretation & translation.

The Trust has been an active member of the Translation & Interpretation collaborative group that has consisted of all Merseyside NHS Trusts and CCG's and the group have compiled a best practice guidance for translation and interpretation.

Monitoring and analysing quarterly translation / interpretation use across the Trust for the Trust to understand who is using our services and to obtain an understanding of the various languages used by carers and patients who access Trust services, quarterly translation and interpretation usage is compiled by the Trust. The information allows the Trust to analyse what languages are most frequently used. We are then able to cross reference the information against the local demographics of the various localities.



### **9.3 Mental Capacity Act 2005 and Deprivation of Liberty Safeguards**

The Mental Capacity Act (MCA) 2005, covering England and Wales, provides a statutory framework for decision-making in relation to people who lack capacity to make decisions for themselves.

The MCA applies to everyone involved in the treatment, care, or support of someone who lacks capacity (including carers and family carers). The Trust staff providing care and treatment to these individuals have a legal obligation to comply with the MCA and associated Mental Capacity Act 2005 Code of Practice. The Trust has a policy which outlines the working practice to embed the requirements of the Act into usual custom, practice and commissioned contracts.

The Mental Health Act 2007 has amended the MCA to introduce a system known as the “Deprivation of Liberty Safeguards” (DoLS). The safeguards came into force on 1 April 2009. The manager must look at all the circumstances of the individual’s case and consider all relevant information, in deciding whether an individual is being deprived of their liberty as a result of their admission to hospital for care and treatment.

The Trust has a named clinical lead for MCA & DOLS.

### **9.4 Patients with Mental Health Needs**

The Trust recognises the evidence that one third of all inpatients are likely to have some sort of mental illness. This means that managing patients with mental health needs is a mainstream part of Trust activity.

Within the Accident and Emergency department there is a designated room for mental health patients under 136 mental health section. The clinical team in the department work closely with Mersey Care NHS Trust to ensure timely assessments and plans for care are implemented. The frail elderly unit have an in-reach service from a mental health practitioner to support/advise on the care of patients on the ward. The wards work closely with the mental health liaison nurses from Mersey Care completing timely referrals for mental health assessments.

The mental health liaison nurses are integral part of the MDT when best interest meetings are held. Patients are assessed as individual and care is tailored to their needs, additional support with close or continuous supervision is available. Side room facilities are available, with open visiting for relatives / families to support the patient as required.

### **9.5 Carer Support**

The Trust continues to promote John’s Campaign to welcome carers whenever they are needed (this is currently risk assessed in line with COVID restrictions). The campaign recognises the rights of carers to always stay with people with dementia. Pre-Pandemic the Trust purchased a number of beds through its charitable funds that can be accessed by family/carers who wish to stay overnight to support the hospital admission. There are also several areas in the Trust which have facilities for carers to utilise to have some quiet space away from the patient bedside. There is a relative’s room on critical care, Ward 15a has developed a room for carers to rest and make refreshments, and there is the OASIS room to support family members of patients who are receiving end of life care.

For patients on the Regional Spinal Unit, carers who are not residents are supported in finding local accommodation, for individual cases the Spinal Unit Action Group may also offer an amount of financial support towards this. On the Paediatric unit there is a parent’s room where they store food and make refreshments. Comfort bags are available with showering facilities for parents who have children admitted as an emergency.



## 10. PATIENT INFORMATION

### 10.1 Patient Profile Highlights

This section of the report looks at the demographics of the patients who accessed the services the Trust provided during the 12-month period from 1st April 2021 to 31<sup>st</sup> March 2022.

As at 31<sup>st</sup> March 2022, Southport and Ormskirk Hospital NHS Trust provided services to 91,542 AED patients, 51,090 Inpatients and 80,550 Outpatients. This equates to 113,577 individual patients.

**Gender:** 54.74% of patients are Female 45.23% Male and 0.01% Not Known

**Age:** 38.46% of the patients are aged 35yrs and under, 18.32% of patients are 36yrs to 55yrs of age and 43.21% are aged 56 years of age and over

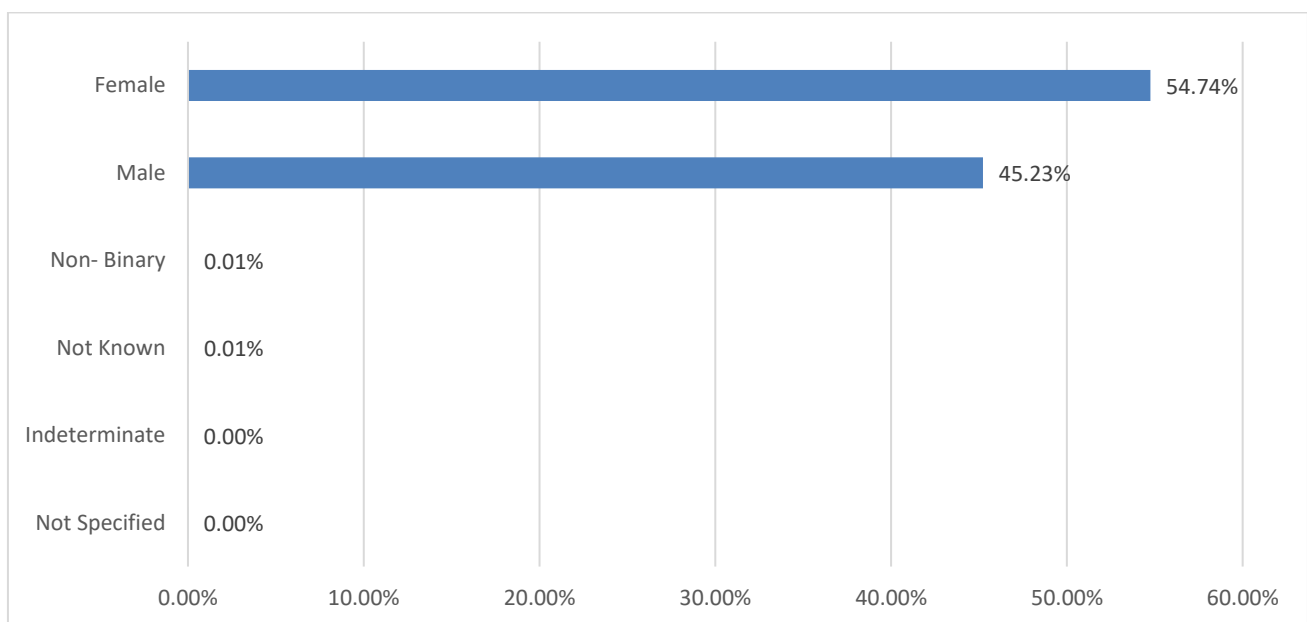
**Ethnicity:** The ethnicity of patients accessing Trust services are 2.72% from Black Minority and Ethnic groups 88.76% White staff and 8.52% Not Specified.

**Religion & Belief:** the 4 highest religions & beliefs for patients accessing Trust services are as follows 32.63% Church of England, 16.51% Roman Catholic, 3.45% Christian, 1.6% Methodist 14.36% all others 31.45% Unknown / Not set

**Marital Status:** 32.89% of patients are Married or in a Civil Partnership, 43.63% Single, 5.32% Widow / Surviving Civil Partnership, 4.55% Divorced/Dissolved Civil Partnership, 12.92% Unknown / Not Disclosed / Not Set and 0.7% Separated

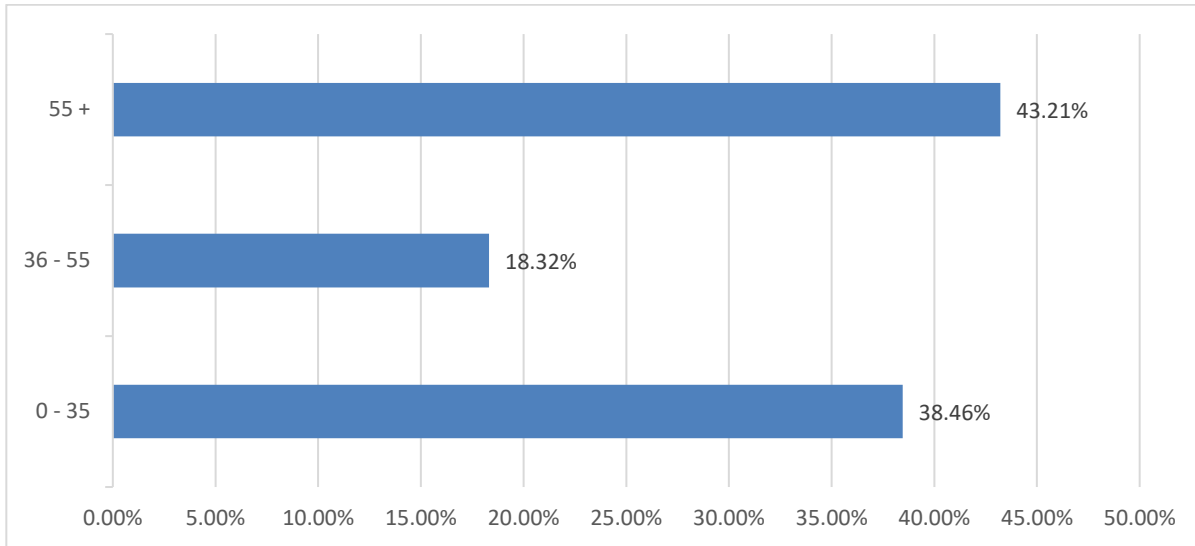
Patient data below provides a general overview of patient gender, age, ethnicity, religion and belief, marital status. Data figures in the various graphs are rounded up to the nearest point.

**Gender:** 54.74% of patients are Female 45.23% Male and 0.01% Not Known



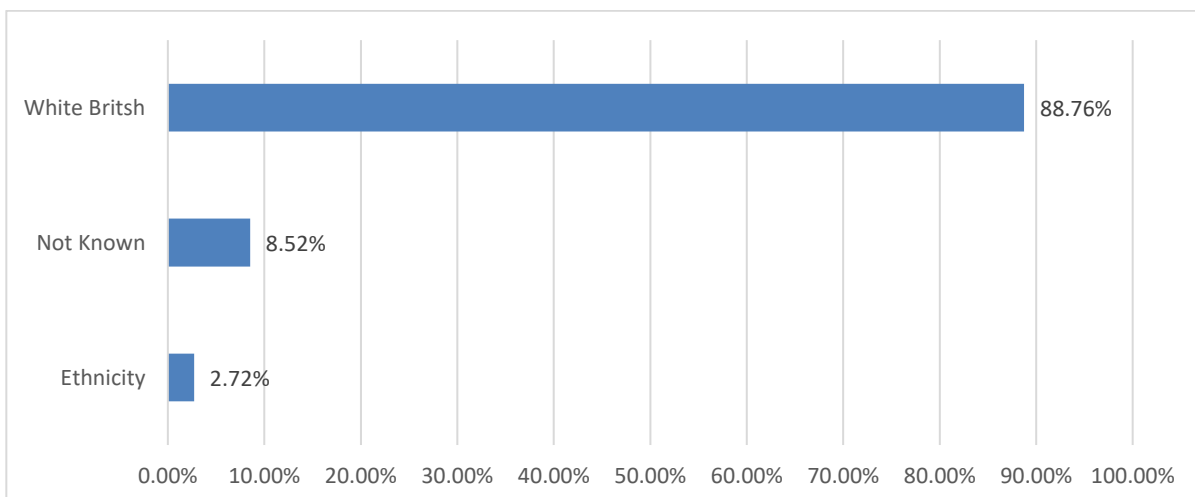
Gender	Count	Percentage
Female	62,177	54.74%
Male	51,370	45.23%
Non- Binary	16	0.01%
Indeterminate	2	0.00%
Not Known	11	0.01%
Not Specified	1	0.00%

**Age:** 38.46% of the patients are aged 35yrs and under, 18.32% of patients are 36yrs to 55yrs of age and 43.21% are aged 56 years of age and over



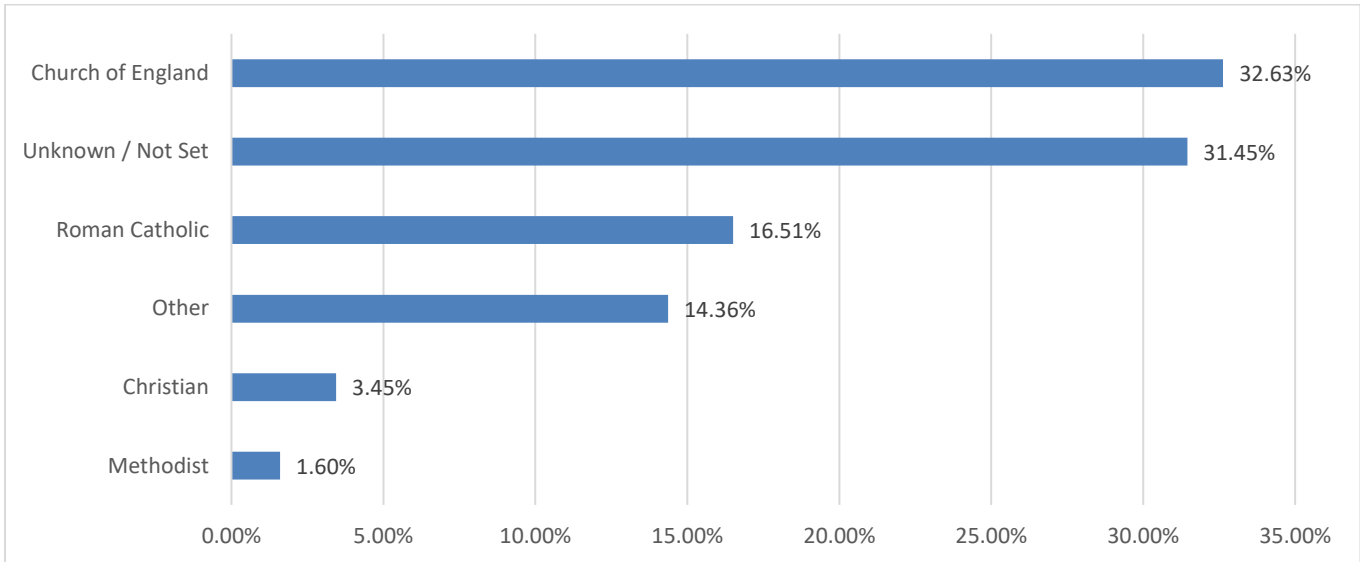
Age Band	Count	Percentage
0 - 18	26,722	23.53%
19 - 24	5,417	4.77%
25 - 34	10,447	9.20%
35 - 44	9,888	8.71%
45 - 54	10,745	9.46%
55 - 64	14,233	12.53%
65 - 74	14,227	12.53%
75 +	21,898	19.28%

**Ethnicity:** The ethnicity of patients accessing Trust services are 2.72% from Black Minority and Ethnic groups 88.76% White staff and 8.52% Not Specified.



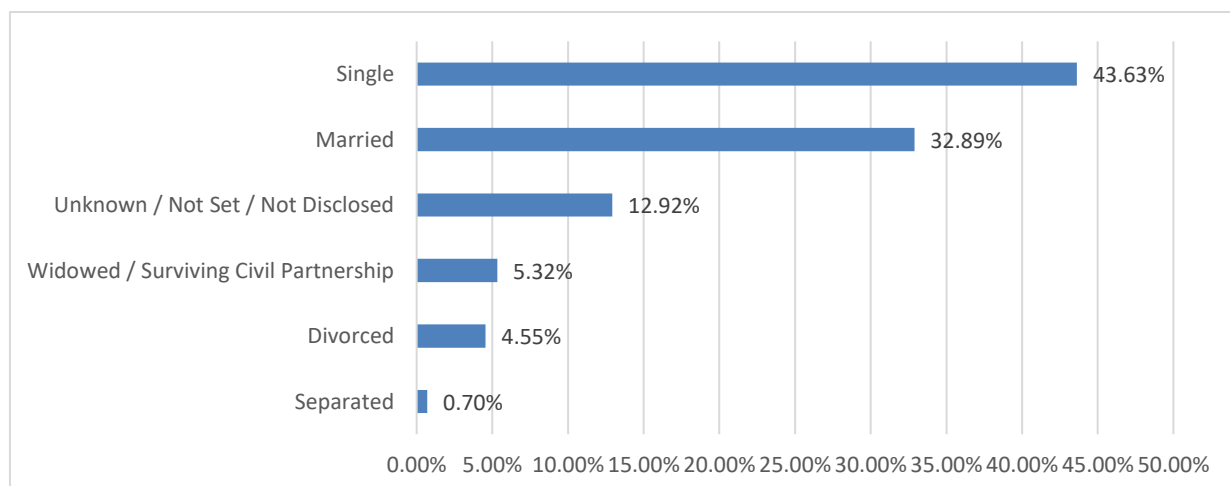
Ethnicity	Count	Percentage
Ethnicity	3,091	2.72%
White British	100,808	88.76%
Not Known	9,678	8.52%

**Religion & Belief:** the 4 highest religions & beliefs for patients accessing Trust services are as follows 32.63% Church of England, 16.51% Roman Catholic, 3.45% Christian, 1.6% Methodist 14.36% all others 31.45% Unknown / Not set



Religion	Count	Percentage
Church of England	37,059	32.63%
Roman Catholic	18,747	16.51%
Christian	3,915	3.45%
Methodist	1,821	1.60%
Other	16,313	14.36%
Unknown / Not Set	35,722	31.45%

**Marital Status:** 32.89% of patients are Married or in a Civil Partnership, 43.63% Single, 5.32% Widow / Surviving Civil Partnership, 4.55% Divorced/Dissolved Civil Partnership, 12.92% Unknown / Not Disclosed / Not Set and 0.7% Separated



Marital Status	Count	Percentage
Married	37,350	32.89%
Single	49,551	43.63%
Widowed / Surviving Civil Partnership	6,043	5.32%
Divorced	5,167	4.55%
Unknown / Not Set / Not Disclosed	14,671	12.92%
Separated	795	0.70%

## 11. OUR WORKFORCE

### 11.1 Staff Profile Highlights

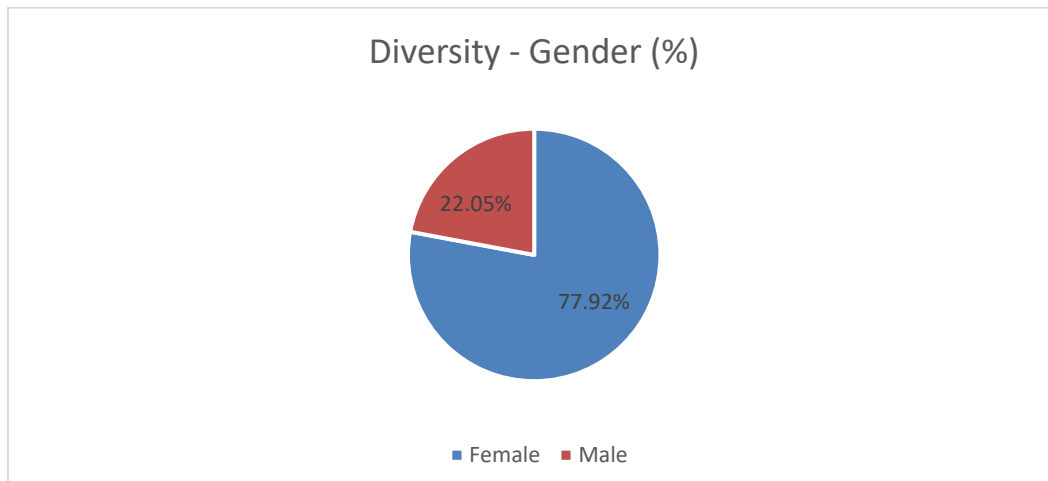
Headlines: As of March 2022, Southport and Ormskirk Hospital NHS Trust employed 3374 people of which:

- **Gender:** 77.92% of the workforce are Female and 22.05% are Male
- **Age:** 27.65% of the workforce are aged 35yrs and under, 46.71% of staff are 36yrs to 55yrs of age and 25.61% are aged over 55 years of age
- **Ethnicity:** The Trust workforce consists of 9.45% from Black, Minority and Ethnic groups, 74.72% are White and 15.83% not stated, unspecified or prefer not to answer.
- **Disability:** 4.21% of the workforce have disclosed that they consider themselves to have a disability. 73.53% of staff have told us that they don't consider themselves to have a disability with the remainder 22.26% either not declaring or other.
- **Sexual Orientation:** 84.41% of staff have disclosed their sexual orientation as heterosexual or straight, 1.57% as lesbian or gay, 0.56% bisexual, 5.51% not stated and 7.94% unspecified.
- **Religion & Belief:** Religions & beliefs at the Trust are as follows: 61.97% Christian, 9.87% Atheist, 1.99% Muslim, 1.93% Hindu, 4.62% other religions and 19.62% unspecified or not disclosed.
- **Employment Status:** The workforce consists of 56.97% full time staff and 43.04% part time staff
- **Length of service:** The highest proportion of the workforce has been employed by the Trust for between 1-5 years 32.28%, under 1 year 15.38% and 30 years and above 3.59%.

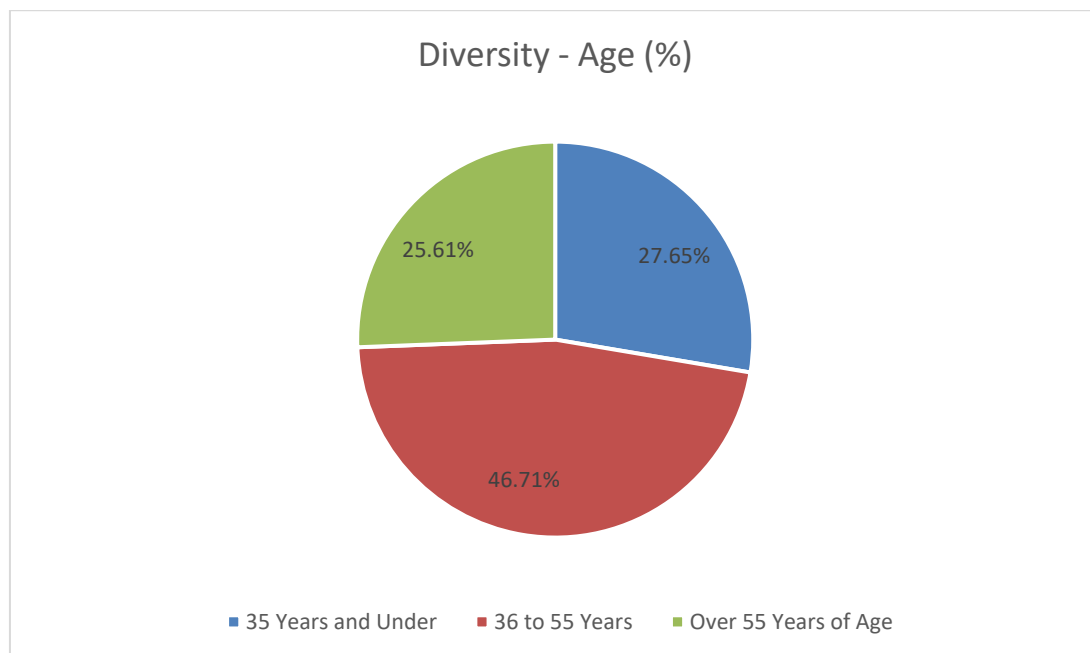
The workforce data below provides a general overview of staff ethnicity, gender, religion and belief, sexual orientation, disability, employment status, length of service and recruitment.

Data figures in the various graphs are rounded up to the nearest point, the exact data figures are highlighted within the graph.

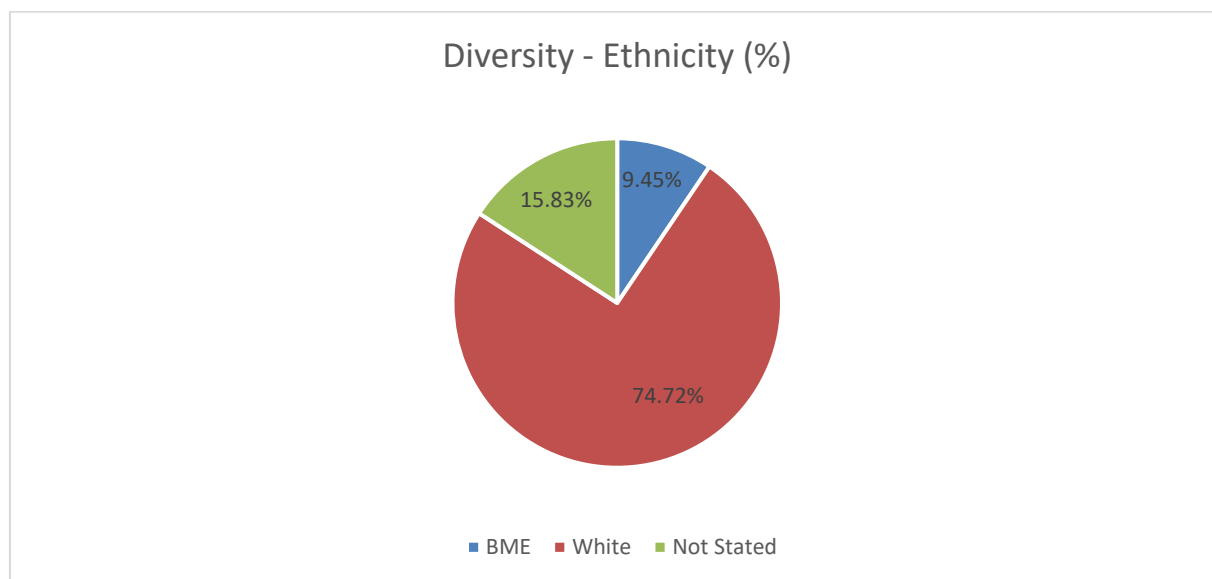
**Gender:** 77.92% of the workforce is Female and 22.05% are Male



**Age:** 27.65% of the workforce are aged 35yrs and under, 46.71% of staff are 36yrs to 55yrs of age and 25.61% are aged over 55 years of age



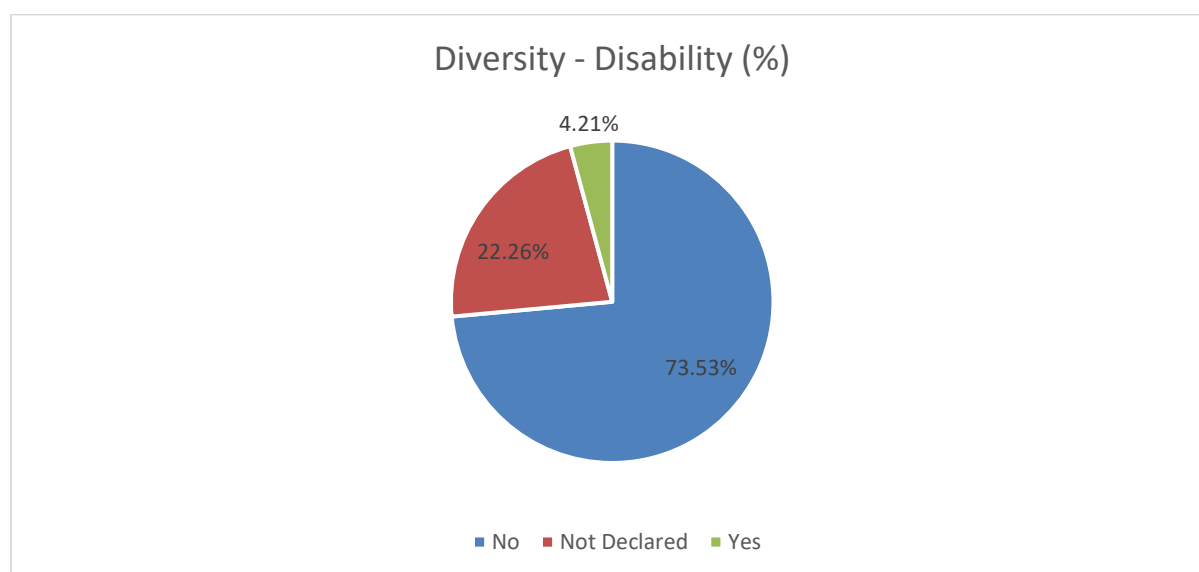
**Ethnicity:** The Trust workforce consists of 9.45% from Black, Minority and Ethnic groups, 74.72% are White and 15.83% not stated, unspecified or prefer not to answer.



Ethnic Origin	Headcount	Percentage
A - White British	2398	74.72% White staff (2,424)
B - White Irish	26	
C - Any Other White	97	
D - Mixed White/Black Caribbean	8	
E - Mixed White/Black African	6	
F - Mixed White/Asian	10	
G - Mixed Other	9	
H – Indian	128	

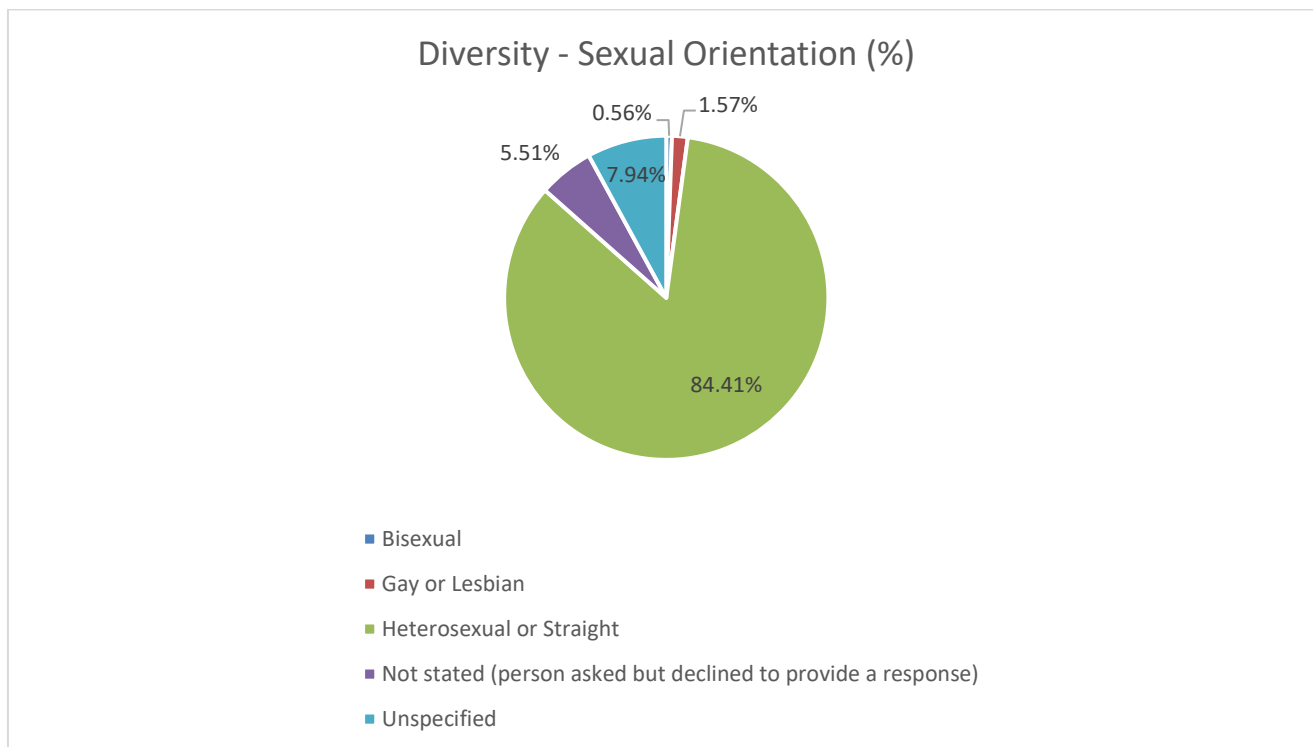
Ethnic Origin	Headcount	Percentage
J – Pakistani	26	9.45% from Black Minority and Ethnic groups (416)
K – Bangladeshi	1	
L - Other Asian	52	
M - Black Caribbean	3	
N - Black African	22	
P - Black Other	7	
R – Chinese	5	
S - Other Ethnic Group	40	
Not states / Unspecified	534	15.83% Not Stated or Unspecified (534)
<b>Grand Total</b>	<b>3298</b>	

**Disability:** 4.21% of the workforce have disclosed that they consider themselves to have a disability. 73.53% of staff have told us that they don't consider themselves to have a disability with the remainder 22.26% either not declaring or other.



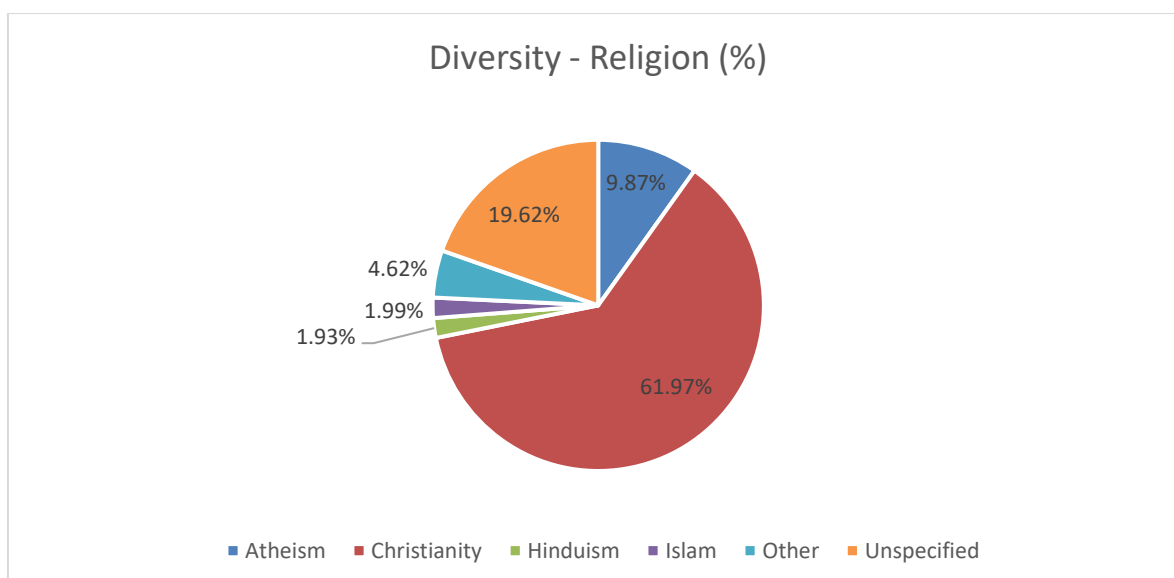
Disability	Headcount	Percentage %
No	2481	73.53% of staff don't consider themselves to have a disability
Not Declared - Other	751	22.26% not disclosed
Yes	142	4.21% of staff consider themselves to have a disability
<b>Grand Total</b>	<b>3374</b>	

**Sexual Orientation:** 84.41% of staff have disclosed their sexual orientation as heterosexual or straight, 1.57% as lesbian or gay, 0.56% bisexual, 5.51% not stated and 7.94% unspecified.



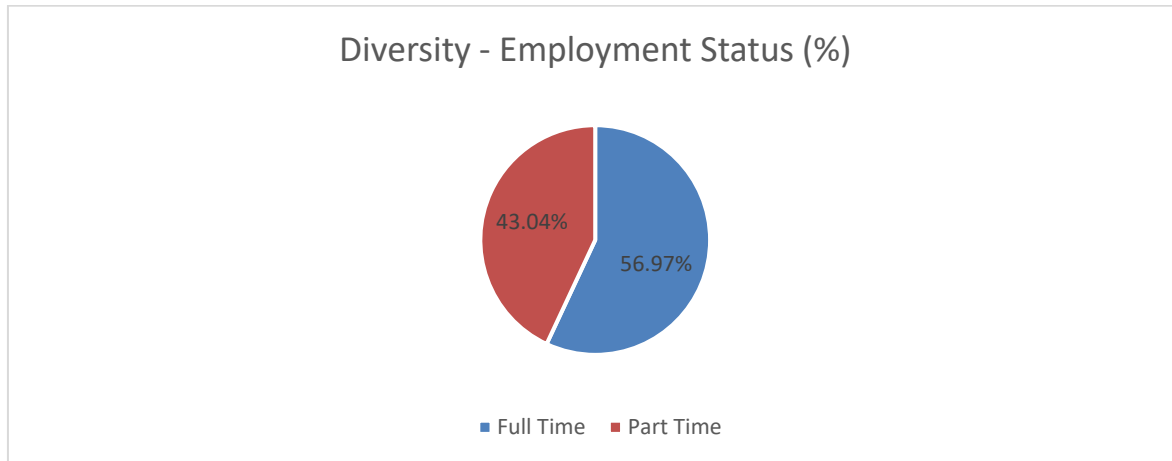
Sexual Orientation	Percentage %
Heterosexual or straight	84.41%
Lesbian or Gay	1.57%
Bisexual	0.56%
Not Stated	5.51%
Unspecified	7.94%

**Religion & Belief:** Religions & beliefs at the Trust are as follows: 61.97% Christian, 9.87% Atheist, 1.99% Muslim, 1.93% Hindu, 4.62% other religions and 19.62% unspecified or not disclosed.



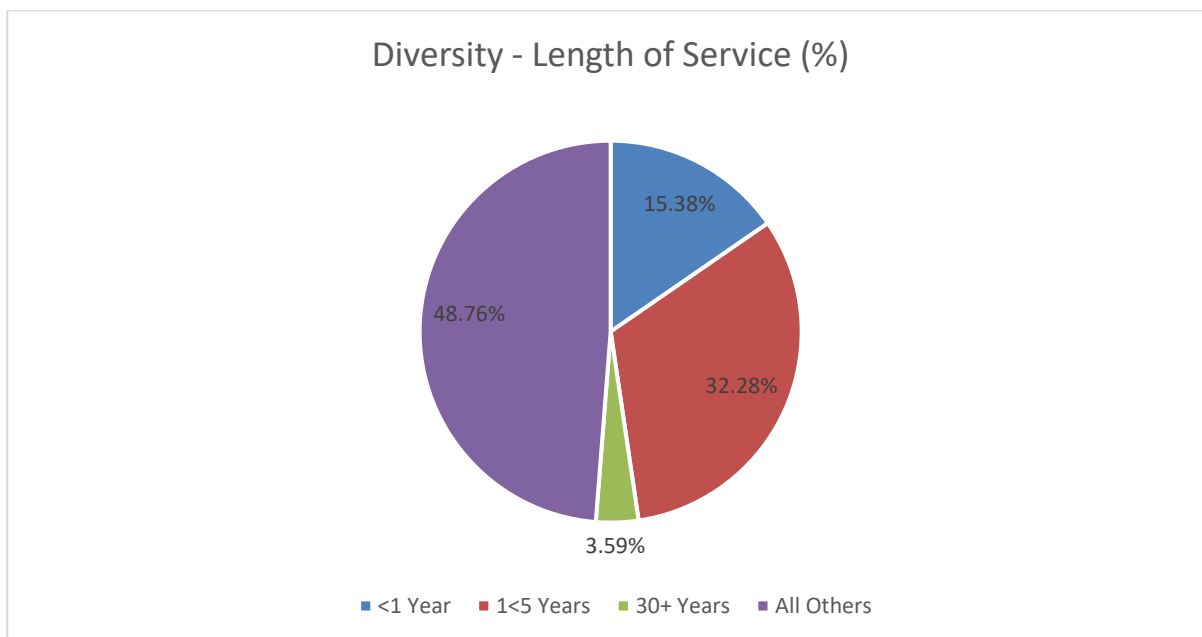
Religion & Belief	Percentage %
Christian	61.97%
Atheists	9.87%
Islam	1.99%
Hinduism	1.93%
Other Religions	4.62%
Unspecified or Not Disclosed	19.62%

**Employment Status:** The workforce consists of 56.97% full time staff and 43.04% part time staff



Employee Category	Female%	Male %
Fulltime	39.06%	17.90%
Part Time	38.86%	4.15%
<b>Grand Total Workforce %</b>	<b>77.92%</b>	<b>22.05%</b>

**Length of service:** The highest proportion of the workforce has been employed by the Trust for between 1-5 years 32.28%, under 1 year 15.38% and 30 years and above 3.59%.





Length of Service Band	Percentage of Staff in Age Bands
<1 Year	15.38%
1<5 Years	32.28%
5<10 Years	18.11%
10<15 Years	10.91%
15<20 Years	9.69%
20<25 Years	7.02%
25<30 Years	2.99%
30+ Years	3.59%

## 12. RECRUITMENT SHORTLISTING

Ratio of BME, White Staff and long-term conditions being appointed from short listing; please note this refers to both internal and external posts

Relative likelihood of White staff being appointed from shortlisting compared to **BME** staff is.

2020-21	Headcount		Relative likelihood of appointment from shortlisting
	Shortlisted	Hired	Hired- %
BME	489	64	13%
White	2205	542	24.5%
Unknown	126	45	35.7%
Relative likelihood of white staff being appointed from shortlisting compared to BME staff is.			<b>1.88 Times more likely</b>

Relative likelihood of non-disabled staff to **disabled** being appointed from shortlisting across all posts

WDES Category	Head Count		Relative likelihood of staff shortlisted /appointed
	Shortlisted	Appointed	
Disabled	174	27	15.5%
Non-Disabled	2573	582	22.6%
Not declared	73	42	57.5%
Relative likelihood of relative likelihood of non-Disabled staff being appointed from shortlisting compared to Disabled staff.			<b>1.45 times more likely</b>

## 13. OTHER TRUST EQUALITY INFORMATION

### 13.1 NAVAJO Chartermark (LGBT+)

The NAVAJO Chartermark was first achieved in March 2015 the Trust was reassessed at the beginning of 2018 and was awarded the NAVAJO charter mark for another year. The NAVAJO Merseyside & Cheshire LGBT+ Charter Mark is an equality mark sponsored by In-Trust Merseyside & Sefton Embrace and supported by the LGBT+ Community networks across Merseyside– a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing lesbian, gay, bisexual, trans and other (LGBT+) people in Merseyside.

The Trust's latest assessment took place at the end of August 2022. An action plan was submitted before the assessment, with all the great work the Trust has participated in and is planning to organise in the coming year (2023). The Trust attended the awards ceremony in October 2022 to receive the Charter mark.

### **13.2 Disability Confident Employers Scheme**

The Disability Confident scheme is an initiative which shows employers how to commit to recruiting, retaining, and developing disabled people. Through Disability Confident, the Government aims to work with employers in the UK to challenge attitudes towards disability; increase understanding of disability. The Trust signed up to the Scheme in 2017.

### **13.3 Partnership Working**

The Trust has been actively involved with the N/W, Cheshire & Merseyside and Merseyside Equality Leads forums that consist of Equality Leads from the NHS local councils and 3rd sector organisations.

## **14. OUR PEOPLE PLAN**

The fundamental purpose of Our People Plan is to identify the Trust's people priorities and to ensure that everyone connected to the Trust understands the contribution they make. There are a number of people priorities, with specific emphasis on the culture and behaviours we are working towards.

The diversity of our workforce is a key indicator of an inclusive culture by setting the right cultural and behavioural tone by celebrating difference, empowering others to make their own unique contribution, and actively listening and then taking supported action cannot be understated.

The following key actions have been identified for the next 12 months to increase the diversity in our workforce, promote an inclusive and supportive culture and improve the experience of colleagues with protected characteristics. The impact of these actions will be measured by improvements to the WRES indicators.

### **We will promote inclusion**

The Trust will increase understanding to tackle inequalities by promoting cultural awareness through a Trust diversity calendar of events, observing religious, holy days and festivals together, engaging with national and international days of importance, and supporting key campaigns such as Black History Month, Hate Crime Awareness Week.

### **We will embed a Just and Learning culture**

The Trust will continue to embed a just and learning culture to create an environment where staff feel supported and empowered to learn when things do not go as expected and treating each other with civility and respect.

### **We will build a cohort of Cultural Ambassadors (CA) across the Trust**

The Trust has recently trained a number of staff through the RCN Cultural Ambassador (CA) programme, which equips staff to participate in processes, where a BME member of staff is involved. The CA role is to identify and explore further issues of culture, behaviour to prevent staff being treated less favourably, potential discriminated against through unconscious or conscious cultural bias.

### **We will proactively support career development and training for staff from underrepresented groups**

Specific training on cultural and unconscious bias will continue to be rolled out, and career development opportunities and support will be aimed at staff from BME staff. For example, a bespoke offer is being developed for our recently recruited International Nurses to ensure they are not just integrated into the Trust

but are given every opportunity to build their career here.

**We will engage in key initiatives to support inclusion**

The Trust will encourage staff from BME backgrounds to become more actively involved in shaping more inclusive practices across the Trust. For example, opportunities to be active members of various Trust committees and groups to share lived experiences of working here, developing the staff networks to identify initiatives or help prioritise areas for improvement and involvement in process review groups such as Recruitment and Selection and policy development.

**15. NEXT STEPS**

It is acknowledged by Southport and Ormskirk NHS Trust that positive actions to support Equality, Diversity and Inclusion underpin the principles of positive staff engagement.

The Trust has developed an action plan to address the areas of shortfall identified. The objectives are attached at Appendix 1 and are monitored through the Valuing Our People Group, HR Governance and Workforce Committee which is a subcommittee of the board of directors. The Trust has separate WRES and WDES objectives which are monitored through the same governance structure.

### 16. Appendix 1 Equality Diversity & Inclusion: Five-year action plan (Year 3)

EDI SIG strategic objectives	Actions agreed	Lead(s)	Progress in 2021/22 (Year 2)
<b>To embed accountability and make workforce diversity an organisational priority</b>	<b>Establish EDI Special Interest Group</b> <i>reporting to sub-Board Committee (chaired by an Executive Sponsor)</i>	<b>Director of Finance / Director of HR &amp; OD / Deputy Director of HR &amp; OD</b>	<ul style="list-style-type: none"> <li>SIG established with representation from the senior executive leadership team, subject matter specialists and staff with lived experience, aiming to increase membership with Chairs of Staff Networks</li> <li>EDI SIG reviewed the Trust's data against key equality indicators and triangulated with other key indicators and staff feedback to determine the Trust's strategic EDI objectives</li> </ul>
	<b>Consistent and regular communication to and from the Board</b>		<ul style="list-style-type: none"> <li>Consistent communication of the importance of EDI from Executives through Team Brief and Trust Newsletter</li> <li>CORE 20 plus 5 priorities being determined at Exec Level and progress to be regularly reported to Quality &amp; Safety Committee</li> </ul>
<b>To improve the chances of getting on a shortlist when applying for a job or moving up the career</b>	<b>Improve staff equality monitoring</b>	<b>Head of Resourcing</b>	<ul style="list-style-type: none"> <li>Data cleanse on ESR planned in Q2 2022-23 engaging staff in updating their records.</li> </ul>



EDI SIG strategic objectives	Actions agreed	Lead(s)	Progress in 2021/22 (Year 2)
	<p><b>Improve career development</b></p>	<p><b>Professional and practice development team</b></p> <p><b>L&amp;OD Manager</b></p> <p><b>HR Business Partners</b></p>	<ul style="list-style-type: none"> <li>• Bespoke programme developed for International Nurses (Apr-Jun '22) to strengthen sense of belonging and develop confidence to progress at the Trust. Programme to be rolled out to other staff groups</li> <li>• Career pathways - improve career development, job satisfaction and support individuals to learn new skills and take on extra responsibilities that enable them to progress within the organisation.</li> <li>• Continue to promote the Trust's commitment towards more agile, flexible working and raising awareness of the opportunity for staff to request flexible working from day 1 of employment</li> </ul>
<p><b>To strengthen a sense of belonging to the S&amp;O community, whether a new or existing member of staff</b></p>	<p><b>Increase participation and number of staff networks</b></p>	<p><b>EDI Team</b></p>	<ul style="list-style-type: none"> <li>• Promotion of staff networks and their benefits, including establishing groups for men's health and women in leadership</li> </ul>
<p><b>To improve how supported staff feel as a member of the S&amp;O community</b></p>	<p><b>Staff voice partnership to increase confidence amongst staff to speak up</b></p>	<p><b>Head of Education and Training</b></p>	<ul style="list-style-type: none"> <li>• Phase 1 completed through Staff Voice Partnership to help improve lived experiences, including feeling able to disclose their protected characteristics</li> <li>• Phase 2 launched in September 2022.</li> </ul>