

# EQUALITY, DIVERSITY & INCLUSION ANNUAL REPORT 2019-2020



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## **1.FOREWORD**

Welcome to the Southport and Ormskirk NHS Trust Equality Diversity & Inclusion Report for 2019/2020. This document includes information about our patient's workforce and our local population and outlines the Trust's commitment to promoting equality in all its functions and to 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, to promotion and to training opportunities.

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

## **2. ABOUT US**

## Our Hospitals

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

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

## 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:

Supportive

Caring

Open and honest

Professional

Efficient

## Objectives of the Trust strategy

The Trust's corporate strategy contains five objectives or "strategic domains":

- Work with our partner organisations to provide lifelong, integrated care across the local health economy
- Ensure excellence in treatment and care
- Deliver performance, within resources, comparable with the best the NHS can offer
- Empower and develop staff to achieve their objectives
- Maintain organisational sustainability

## 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:

### 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>Totals</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).

**Sefton's most commonly 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.



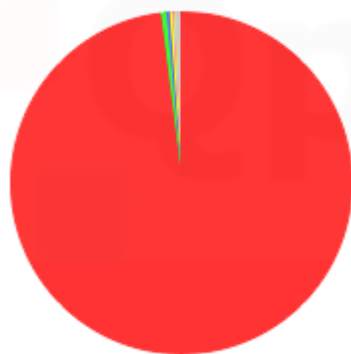
1.	English	98.00%
2.	Polish	0.60%
3.	Portuguese	0.10%
4.	All other Chinese	0.10%
5.	Latvian	0.10%
6.	Spanish	0.10%
7.	Lithuanian	0.10%
8.	Arabic	0.10%
9.	Bengali	0.10%
10.	Turkish	0.10%
11.	Other	0.60%

**West Lancashire: Ethnicity Population Summary: Census 2011**

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

**West Lancashire's most commonly 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.



1.	English	98.00%
2.	Polish	0.50%
3.	Latvian	0.30%
4.	Portuguese	0.30%
5.	Hungarian	0.10%
6.	Slovak	0.10%
7.	Russian	0.10%
8.	Other	0.60%

**4. THE LEGAL CONTEXT**

## **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

## **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 up 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.

### **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.

The Trust in 2020-2021 aims to develop in partnership the Equality Impact Assessment Template which will increase the level of guidance in the template and will increase staffs 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/>

### **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 2 (EDS2)

There are nine WRES metrics. Four of the metrics are specifically 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.

### **WRES Highlights:**

The information below provides a comparison for the WRES reports for 2018-19 and 2019-20, the information also provides the Trust figures compared to the average for combined acute and community hospital. All figures are self-populated off the WRES template provided by NHS England

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

The 2019-20 WRES report highlights that BME staff in non-clinical roles has seen an increase in bands 2, 4, 7. BME staff in clinical roles has seen an increase in bands 4, 7, 8a

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

15.22% of BME staff were hired from those shortlisted compared to 24.84% of white applicants hired from shortlisting in 2019-20.

The 2019-20 WRES data highlights that there has been an increase in BME staff being successful at interview and being hired by the Trust. 2019-20 = 15.22% compared to 3.70% in 2018-19 this is an increase of 11.52%

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

The number of BME staff (1) entering the disciplinary process in 2019-20 is the same as the 2018 - 19 WRES figures.

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

**Q1/ The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.**

In the last 12 months Trust figures for white staff has seen a decrease of -1.4% and a +2% increase for BME staff.

The Trust figures compared to the average combined acute and community Trusts is -1.2% lower for white staff and +1.5% higher for BME staff.

**Q2/ Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

Experiences of Trust staff experiencing harassment; bullying or abuse from staff in last 12 months has seen a -2.1% decrease for white staff and a decrease of -0.9% for BME staff.

The Trust figures compared to the average combined acute and community Trusts is 2.2 lower for white staff and -3.2% lower for BME staff.

**Q3/ Percentage of Trust staff believing that Trust provides equal opportunities for career progression or promotion.**

Experiences of white staff have seen an increase of +2.8% and a decrease of -2.1% for BME staff.

The Trust figures compared to the average combined acute and community Trusts is -3.4% lower for white staff and +3.9% higher for BME staff.

**Q4/ In the last 12 months have you personally experienced discrimination at work from any of the following manager/team leader or other colleagues?**

Experience of white staff has seen a 0.6% decrease from 2018 and there has been an decrease of 1.8% from 2018 for BME staff

The Trust figures compared to the average combined acute and community Trusts is 0.4% higher for white staff and 2% lower for BME staff.

**Staff Data: Clinical & Non-Clinical Workforce:**

1/  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: • Non-Clinical staff • Clinical staff - of which - Non-Medical staff - Medical and Dental staff	Non – Clinical				
	2018-19			2019-20	
	Band	BME	White	BME	White
Band 1	7.17%	84.75%	.0%	0%	
Band 2	1.29%	93.89%	4.20%	87.61%	
Band 3	4.0%	86.40%	1.84%	88.96%	
Band 4	0.61%	95.09%	1.23%	93.87%	
Band 5	1.96%	90.20%	1.56%	92.19%	
Band 6	1.96%	94.12%	1.85%	88.89%	
Band 7	3.45%	86.21%	4.88%	87.80%	
Band 8a	4.76%	90.48%	3.70%	85.19%	
Band 8b	0.00%	100%	0.00%	92.86%	
Band 8c	0.00%	100%	0.00%	100%	
Band 8d	14.29%	85.71%	0.00%	100%	
Band 9	0.00%	100%	0.00%	0.00%	
<b>2017-18</b>					
VSM	16.67%	83.33%	16.67%	83.33%	
CQIR	0.00%	100%	0%	0%	
IRPM	0.00%	100%	0%	0%	
WCOO	0.00%	100%	0%	0%	
	Clinical				
	2018-19			2019-20	



<p>Note: Definitions are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p> <p>PLEASE NOTE WERE THE % RATE DOES NOT EQUATE TO 100% THIS IS DUE TO INFORMATION- NOT STATED</p>	<b>Band</b>	<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>	
	Band 2	9.68%	80.24%	6.41%	79.72%	
	Band 3	2.97%	91.82%	2.51%	92.05%	
	Band 4	0.00%	96.08%	3.70%	91.36%	
	Band 5	7.10%	87.33%	6.87%	82.82%	
	Band 6	5.32%	90.05%	5.16%	89.67%	
	Band 7	1.35%	91.89%	2.65%	88.94%	
	Band 8a	8.62%	86.21%	9.84%	88.52%	
	Band 8b	0.00%	91.30%	0.00%	92.59%	
	Band 8c	0.00%	100%	0.00%	100%	
	Band 8d	0.00%	100%	0.00%	50%	
	VSM	0.00%	100%	0.00%	100%	
	WHO3	0.00%	100%	0.00%	100%	
	WHO7	16.67%	66.67%	16.67%	66.67%	
	<b>Med &amp; Dental Consultant</b>					
	<b>2018-19</b>			<b>2019-20</b>		
	<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>
	42.06%	42.99%	45.45%	40.40%		
	<b>Med &amp; Dental Consultant Non –Consultant Career Grade</b>					
	<b>2018-19</b>			<b>2019-20</b>		
<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>	
56.38%	28.72%	55.95%	28.57%			
<b>Medical &amp; Dental Trainee Grades</b>						
<b>2018-19</b>			<b>2019-20</b>			
<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>	
23.91%	66.30%	31.57%	61.90%			
<b>Board- Ex- Non Exec</b>						
<b>2018 -19</b>			<b>2019-20</b>			
<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>	<b>BME</b>	<b>White</b>	
18.18%	84.62%	14.29%	78.57%			

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

2	2018-2019		2019-20		Difference
	times more likely		times more likely		0.02
	1.61		1.63		
	Auto calculated		Auto calculated		

2019 -20	Headcount		Relative likelihood of appointment from shortlisting
	Shortlisted	Hired	Hired- %
BME	335	51	15.22%
White	1727	429	24.84%
Unknown	84	10	11.90%

2018 - 19	Headcount		Relative likelihood of white staff appointment from shortlisting
	Shortlisted	Hired	Hired%
BME	432	16	3.70%
White	2515	150	5.96%
Unknown	80	9	11.25%

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

	2018-2019	2019-20	Difference
3	times more likely 0.45 Auto calculated	times more likely 2.72 Auto calculated	2.27

2019-20	Head Count	Relative likelihood of BME staff entering into formal disciplinary process compared to white staff
BME	1	0.42%
White	4	0.15%
Not Stated	1	0.38%
<b>Total</b>	<b>6</b>	

2018-19	Head Count	Relative likelihood of BME staff entering into formal disciplinary process compared to white staff
BME	1	0.41%
White	23	0.90%
Not Stated	1	0.52%
<b>Total</b>	<b>25</b>	

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

	2018-2019	2019-20	Difference
4	White staff 0.91 times more likely Auto calculated	White staff 0.99 times more likely Auto calculated	0.08

2019-20	Head Count	Enrolment Head Count	Ratio
BME	240	240	100%
White	2612	2589	99.12%
Not Stated / Not Given	263	263	100%

2018-19	Head Count	Enrolment Head Count	Ratio
BME	245	243	99.19%
White	2551	2315	90.75%
Not Stated / Not Given	191	176	92.15%

#### NHS Staff Survey:

The 2019 NHS Staff Survey was completed by **1,348** staff this is a response rate of **47.1%** which is average for combined acute and community trusts in England (**47.5%**) and compares with a response rate in the Trust in 2018 of (**40%**) ,

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

Key Findings KF25, KF26, and KF21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

Note that for question Q17, the percentage featured is that of "Yes" responses to the question.

Key Finding and question numbers are the same in 2019 as 2018.

**Figures in bold highlight BME figures**

**Indicator 5:**

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

Experiences of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has seen the figures for white staff decrease by 1.4% and a **2% increase for BME staff**

Data for previous year 2018	Data for reporting year 2019	2019 Average (median) for
White staff 28.4 %  BME staff : 29.4%	White staff 27.0 %  BME staff : 31.4%	Combined Acute and Community Trusts White staff– 28.2% BME staff- 29.9% <b>SOHT– 1.5% above average for BME staff</b>

**Indicator 6:**

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

Experiences of experiencing harassment, bullying or abuse from staff in last 12 months has seen a 2.1% decrease for white staff and a **decrease of 0.9% for BME staff**.

Data for previous year 2018	Data for reporting year 2019	2019 Average (median) for
White staff 25.7 %  BME staff : 26.5%	White staff 23.6 %  BME staff : 25.6%	Combined Acute and Community Trusts White staff– 25.8% BME staff- 28.8% <b>SOHT– 3.2% below average for BME staff</b>

**Indicator 7:**

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

Experience of white staff has seen an increase of 2.8% increase for white staff and **an increase decrease of 2.1% for BME staff**.

Data for previous year 2018	Data for reporting year 2019	2019 Average (median) for
White staff 80.5 %  BME staff : 80.4%	White staff 83.3 %  BME staff : 78.3%	Combined Acute and Community White staff– 86.7% BME staff- 74.4% <b>SOHT+ 3.9% above average for BME staff</b>

**Indicator 8:**

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

Experience of white staff has seen a 0.6% decrease from 2018 and there has been a **decrease of 1.8% from 2018 for BME staff**

Data for previous year 2018	Data for reporting year 2019	2019 Average (median) for
White staff 7.0 %  BME staff : 13.6%	White staff 6.4 %  BME staff : 11.8%	Combined Acute and Community Trusts White staff– 6.% BME staff- 13.8%

		<b>SOHT – 2.% below average for BME staff</b>
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**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: 14.29% White:78.57% Not Stated: 7.14%

**2019-20**

	Headcount	Headcount %	Board Headcount	Board Headcount %
<b>BME</b>	246	7.70%	2	14.29%
<b>White</b>	2791	83.88%	11	78.57%
<b>Not Stated</b>	310	8.44%	1	7.14%

**2018-19**

	Headcount	Headcount %	Board Head count	Board Headcount %
<b>BME</b>	258	8.18%	2	14.29%
<b>White</b>	2679	84.97%	11	78.57%
<b>Null</b>	23	0.73%	0	0.00
<b>Not Stated</b>	193	6.12%	1	7.14%

**Workforce Disability Equality Standard (WDES)**

**Introduction**

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

The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS. Research has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to non-disabled staff. The ten Metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England, and by Disability Rights UK on behalf of NHS Employers.

**Workforce Disability Equality Standard (WDES) Highlights**

The information below provides highlights of the WDES report for 2019-20.

**3a/ Recording a disability:**

Trust figures on ESR highlight 2.63% staff out of 3115 staff have a disability

NHS Staff Survey highlights 22.5% of staff out of the 1,348 who completed the NHS Staff Survey highlighted they have a disability.

**3b/** Disabled staff being appointed from shortlisting is 3.81% for disabled compared to 12% for non-disabled staff.

**3c/** ESR data highlights the relative likelihood of staff entering the formal capability process for disabled or non-disabled staff is the same at 0%

**3d/** Disabled staff experiencing harassment; bullying or abuse from patients, relatives or the public is 6.3% higher than for non-disabled staff.

**3e/** Disabled staff experiencing harassment, bullying or abuse from managers is 10.8% higher than non-disabled staff.

**3f/** Disabled staff experiencing harassment, bullying or abuse from other colleagues is 7.8% higher than non-disabled staff.

**3g/** Percentage of Trust staff believing that Trust provides equal opportunities for career progression or promotion is 76.3% for disabled staff and 84.7% for non-disabled staff,

### Staff Profile

As of March 2020 Southport and Ormskirk Hospital NHS Trust employed 3115 people of whom **2.63%** of the workforce has disclosed that they consider themselves to have a Disability, **69.30%** of staff have told us they don't consider themselves to have a Disability with the remainder **28.05%** either not declaring, preferring not to say and the others unspecified

Disability	Headcount	Percentage %
No	2159	69.30% of staff don't consider themselves to have a disability
Not Declared	108	28.05% of staff have not declared preferred not to say or unspecified
Prefer Not To Answer	1	
Unspecified	765	
Yes	82	2.63% of staff have highlighted they have a disability
<b>Grand total</b>	<b>3115</b>	

### Workforce Metrics

Three workforce Metrics, compares the data for both Disabled and non-disabled staff.

**Note:** Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of 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 were the figures don't equate to 100% this is due to the information not stated / not given

**Workforce Indicator 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 2019 - 20**

Non – Clinical		
<b>Cluster</b>	<b>Disabled</b>	<b>Non-Disabled</b>
Cluster 1	3.72%	59.64%
Cluster 2	3.77%	66.03%
Cluster 3	2.43%	63.41%
Cluster 4	0%	100%
Clinical		
<b>Cluster</b>	<b>Disabled</b>	<b>Non-Disabled</b>
Cluster 1	2.16%	72.27%
Cluster 2	2.46%	73.46%
Cluster 3	2.27%	68.18%
Cluster 4	0%	92.30%
<b>Cluster 5:</b>	<b>Med &amp; Dental Consultant</b>	
	<b>Disabled</b> 0%	<b>Non-Disabled</b> 63.63%
<b>Cluster 6:</b>	<b>Med &amp; Dental Consultant Non –Consultant Career Grade</b>	
	<b>Disabled</b> 2.23%	<b>Non-Disabled</b> 66.66%
<b>Cluster 7</b>	<b>Medical &amp; Dental Trainee Grades</b>	
	<b>Disabled</b> 0%	<b>Non-Disabled</b> 100%

**Indicator 2/** 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	50	6	0.12	3.81%
Non-Disabled	1188	111	0.09	12%
Not declared	229	2	0.01	0.87%
Relative likelihood of relative likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled staff.			0.78 times more likely	

**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.*

**2018-19 and 2019-20**

Average over 2 years	Entering formal capability Process	Trust Headcount	Relative likelihood of staff entering the formal capability process
Disabled	0	82	0%
Non-Disabled	0	2160	0%
Not declared	0	873	0%
Prefer not to answer	0		
Unspecified	0		
<b>Total</b>	<b>0</b>	<b>3115</b>	<b>0%</b>
Relative likelihood of Disabled staff compared to Non-disabled staff			0

### NHS Staff Survey Responses::

The 2019 NHS Staff Survey was completed by **1,348** staff this is a response rate of **47.1%** which is average for combined acute and community trusts in England **47.5%** and compares with a response rate in the Trust in 2018 of **40%**

**Indicator 4a/** Percentage (%) of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months from:

Category	Question	2018	2019	Average from Trusts
Non-disabled	Patients/service users, relatives or public	26.7%	25.9% 0.8% <b>Reduction</b>	27.3% <b>1.4% below average</b>
	Manager	11.5%	11% 0.5% <b>Reduction</b>	11% - <b>Same</b>
	Other colleagues	15.9%	16.3% 0.4% <b>Increase</b>	18.4% <b>2.1% below average</b>
Disabled	Patients/service users, relatives or public	37.3%	32.2% = <b>5.1% reduction</b>	33.9% <b>1.7% below average</b>
	Manager	24.4%	21.8% <b>2.6% reduction</b>	19.7% <b>2.1% above average</b>
	Other colleagues	30.8%	24.1% <b>6.7% reduction</b>	28.1% <b>4% below average</b>

The results from the latest staff survey in 2019 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 and from their managers 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	2018	2019	Average from Trusts
Non-disabled	46.5%	48% <b>1.5% increase</b>	45.6% <b>2.4% above average</b>
Disabled	52.8%	48.5% <b>4.3% reduction</b>	46.7% <b>1.8% above 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	2018	2019	Average from Trusts
Non-disabled	80.9%	84.7% <b>3.8% increase</b>	85.6% <b>0.9% below average</b>
Disabled	78.5%	76.3% <b>2.2% reduction</b>	79.1% <b>2.8% 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	2018	2019	Average from Trusts
Non-disabled	19.7%	17.9% <b>1.8% decrease</b>	22.4% <b>4.5% below average</b>
Disabled	31.8%	32.1% <b>0.3% increase</b>	32.7% <b>0.6% 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	2018	2019	Average from Trusts
Non-disabled	37.8%	44.4% 6.6% increase	49.5% 5.1% below average
Disabled	26.9%	31.0% 4.1% increase	37.4% 6.4% below average

The results of the latest survey highlight that disabled staff are LESS likely to feel satisfied 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	2018	2019	Average from Trusts
Disabled	76.2%	70.5% 5.7% decrease	73.3% 2.8% below average

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

Category	2018	2019	Average from Trusts
Non-disabled	6.6%	6.9% 03% increase	7.1% 0.2% below average
Disabled	6.2%	6.2% Same	6.6% 0.4% below average
Trust average	6.5%	6.7%	

**Indicator 9b/** Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (**Yes**) or (No)

Staff & Family Friends Test	NHS Staff Survey
Big Brew / Conversation	Setting Up of a Disability Staff Network
So Proud Pulse Check	Disability Confident Employer Scheme
Reasonable Adjustment Disability Passport	

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

Disability	Headcount	Headcount %	Board Headcount	Board Headcount %
No	2160	69.34	14	100.00
Not Declared	108	3.47	0	0.00
Prefer Not To Answer	1	0.03	0	0.00
Unspecified	765	24.56	0	0.00
Yes	82	2.63	0	0.00

## 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 (EDS2) 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 and there is a Non-Executive Director who also acts as an Equality Champion.

The Trust's Valuing People 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: Fig1.**



**THE EQUALITY DELIVERY SYSTEM (EDS2)**

The EDS2 is a public commitment of how NHS Organisations plan to meet the needs and wishes of local people and staff, and meet the duties placed on them by the Equality Act 2010. It also sets out how, they recognise the differences between people, and how they aim to make sure that any gaps and inequalities are identified and addressed.

The EDS2 is split into four measurable areas:

1. Better Health Outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

Against these four areas there are a set of 18 outcomes. These range from service quality to how staff, are managed in the Trust.

In February 2019 the Trust undertook its EDS2 assessment against the EDS2 goals 1 & 2 and invited key stakeholders to the assessment process Healthwatch Lancashire and representatives from Sefton CCG attended

The Trust continues to be an active member of the Equality Delivery (EDS2) collaboration group that consist of Merseyside NHS Trust and the CCG and the Trust will update on the 2019 assessment in 2020-21

The Trust will continue to be active members of the EDS2 Merseyside Collaborative Group that consists of NHS Merseyside organisations who aim to work together on implementing the EDS2 toolkit to develop robust and effective equality objectives across the area jointly and collectively on a number of key priority areas that advance equality of opportunity. The Trust will aim to update on the 2019 assessment in 2020-21

**The EDS2 partner’s assessment graded the Trust as follows:**

Equality Delivery System 2: Goal 1		Verified by: Stakeholders	
1. ‘Better health outcomes for all’			
individual Outcome grades for Goal 1:		2017-18	2018-19
<b>EDS2 Outcome 1.1</b> Services are commissioned, procured, designed and delivered to meet the health needs of local communities		Developing	Achieving

<b>EDS2 Outcome 1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways	<b>Developing</b>	<b>Achieving</b>
<b>EDS2 Outcome 1.3</b> Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<b>Developing</b>	<b>Achieving</b>
<b>EDS2 Outcome 1.4</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>Developing</b>	<b>Achieving</b>
<b>EDS2 Outcome 1.5</b> Screening, vaccination and other health promotion services reach and benefit all local communities	<b>Developing</b>	<b>Achieving</b>

<b>Equality Delivery System 2: Goal 2</b>		
<b>2. 'Improved patient access and experience'</b>	<b>Verified by: Stakeholders</b>	
<b>Individual Outcome grades for Goal 2:</b>	<b>2017-18</b>	<b>2018-19</b>
<b>EDS2 Outcome 2.1</b> People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<b>Developing</b>	<b>Achieving</b>
<b>EDS2 Outcome 2.2</b> People are informed and supported to be as involved as they wish to be in decisions about their care	<b>Developing</b>	<b>Achieving</b>
<b>EDS2 Outcome 2.3</b> People report positive experiences of the NHS	<b>Developing</b>	<b>Developing</b>
<b>EDS2 Outcome 2.4</b> People's complaints about services are handled respectfully and efficiently	<b>Developing</b>	<b>Achieving</b>

<b>Equality Delivery System 2: Goal 3</b>		
<b>Goal 3. 'Empowered, engaged and well-supported staff'</b>	<b>Verified by:</b>	<b>Staffside 2019</b>
<b>Individual Outcome grades for Goal 3:</b>	<b>2017-18</b>	<b>2018-19</b>
<b>EDS2 Outcome 3.1</b> Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<b>Developing</b>	<b>Achieving</b>
<b>EDS2 Outcome 3.2</b> The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	<b>Developing</b>	<b>Developing</b>
<b>EDS2 Outcome 3.3</b> Training and development opportunities are taken up and positively evaluated by all staff	<b>Developing</b>	<b>Developing</b>
<b>EDS2 Outcome 3.4</b> When at work, staff are free from abuse, harassment, bullying and violence from any source	<b>Developing</b>	<b>Developing</b>

<b>EDS2 Outcome 3.5</b> Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	<b>Developing</b>	<b>Developing</b>
<b>EDS2 Outcome 3.6</b> Staff report positive experiences of their membership of the workforce	<b>Developing</b>	<b>Developing</b>

<b>Equality Delivery System 2: Goal 4</b>		
<b>4. 'Inclusive Leadership'</b>	<b>Verified by:</b>	<b>Staffside 2019</b>
<b>Individual Outcome grades for Goal 4:</b>	<b>2017-18</b>	<b>2018-19</b>
<b>EDS2 Outcome 4.1</b> Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<b>Developing</b>	<b>Achieving</b>
<b>EDS2 Outcome 4.2</b> Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	<b>Developing</b>	<b>Achieving Board Only</b>
		<b>Developing Other committees</b>
<b>EDS2 Outcome 4.3</b> Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	<b>Developing</b>	<b>Developing</b>

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

### **Learning Disability**

The Trust has a learning disability liaison service which supports care of a patient with a learning disability in a number of ways. The service can be contacted by patients, carers, and community teams regarding any reasonable adjustments required to support access to health services within the Trust i.e. quiet waiting areas in out-patients, specific appointment times, and facilities for carers/ family to stay with patient. The Trust has 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.

Patients who have moderate to severe learning disability can be assessed to have their own funded carer to stay with them throughout admission. 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 Medway alerts allows us to identify patients who have a learning disability 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.

### **Accessing Trust Services**

The Trust are 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.

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  
In order 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.

### **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<sup>st</sup> April 2009. The manager must look at all the circumstances of the individual's case and take into account 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.

### **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.

### **Carers Support**

The Trust has signed up to John's Campaign to welcome carers whenever they are needed. The campaign recognises the rights of carers to stay with people with dementia at all times. This may be during the day or night. The Trust has 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 a number of 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 local 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.

The Trust Patient Experience Strategy – 'Developing The Experience of Care' is a two year strategy which was launched in July-17. The strategy was co-produced and used themes from complaints, listening events and results from National Surveys to develop and implement eight pledges which aim to improve the patient, family and carer experience. The pledges include implementation of a carer/family charter, improving access to information, improving the collection and profile of patient feedback within the Trust and reviewing discharge processes

## **PATIENT INFORMATION**

### **Patient Profile Highlights**

Headlines: As of March 2020 Southport and Ormskirk Hospital NHS Trust provided services to 88,166 AED patients **60,941** Inpatients and **258,437** Outpatients a total of **407,544** :

**Gender:** 58.01% of patients are Female **41.97%** Male and **00.02%** Not Known

**Age:** **33.30%** of the patients are aged 35yrs and under, **16.16%** of patients are 36yrs to 55yrs of age and **53.79%** are aged 56 years of age and over

**Ethnicity:** The ethnicity of patients accessing Trust services are 4.75% from Black Minority and Ethnic groups 90.32% White staff and 4.93% Not Specified.

**Religion & Belief:** the 4 highest religions & beliefs for patients accessing Trust services are as follows **39.79%** Church of England, **18.31%** Roman Catholic, **3.91%** Christian, **2.21%** Methodist 15% all others **20.78%** unknown

**Marital Status:** 39.69% of patients are Married or in a Civil Partnership, 37.73% Single, 7.97% Widow / Surviving Civil Partnership, 5.46% Divorced/Dissolved Civil Partnership, 8.39% Unknown / Not Disclosed and 0.76% 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:** **58.01%** of the patients are Female **41.97%** are Male and **00.02%** Not Known

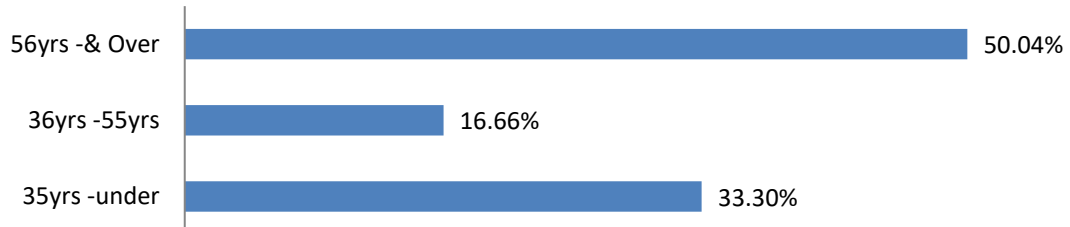
## Gender



Gender	Headcount	Percentage %
Female	236,427	58.01%
Male	171,082	41.97%
Not Known / Specified	35	00.02%
<b>Grand Total</b>	<b>407,544</b>	<b>100%</b>

**Age Profile:** 33.30% of Patients are aged 35yrs and under, 16.66% of patients are 36yrs to 55yrs of age and 50.04% are aged 56 years of age and over

## Age



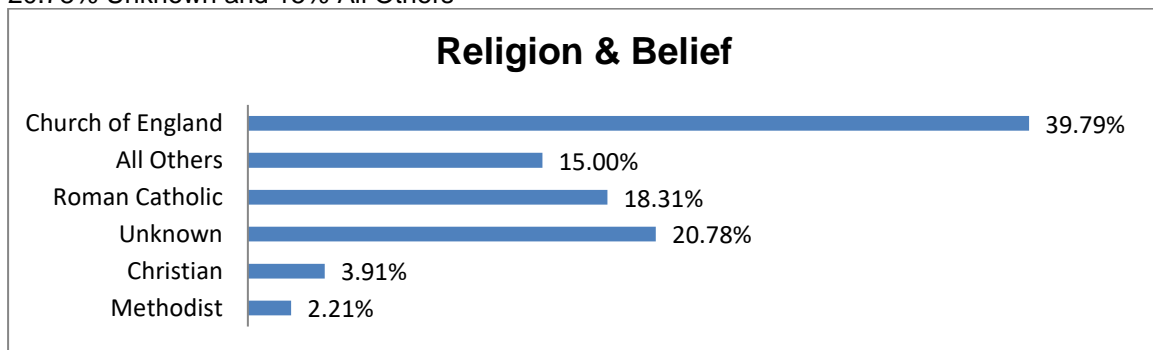
Age Band	AED	Headcount Outpatients	Headcount Inpatients	Total Patients
<=18 Years	30711	23836	7785	62568
18-24	5220	13520	2366	21106
25-34	6577	40780	4859	52226
35-44	5690	22697	4015	32402
45-54	7139	23048	5291	35478
55-64	7915	33428	7649	48992
65-74	8417	43145	10358	61920
75 +	76	57983	18625	93045
<b>Total</b>	<b>88166</b>	<b>258437</b>	<b>60941</b>	<b>407544</b>

**Ethnicity:** The ethnicity of patients accessing Trust services are 4.75% from Black Minority and Ethnic groups 90.32% White staff and 4.93% Not Specified.



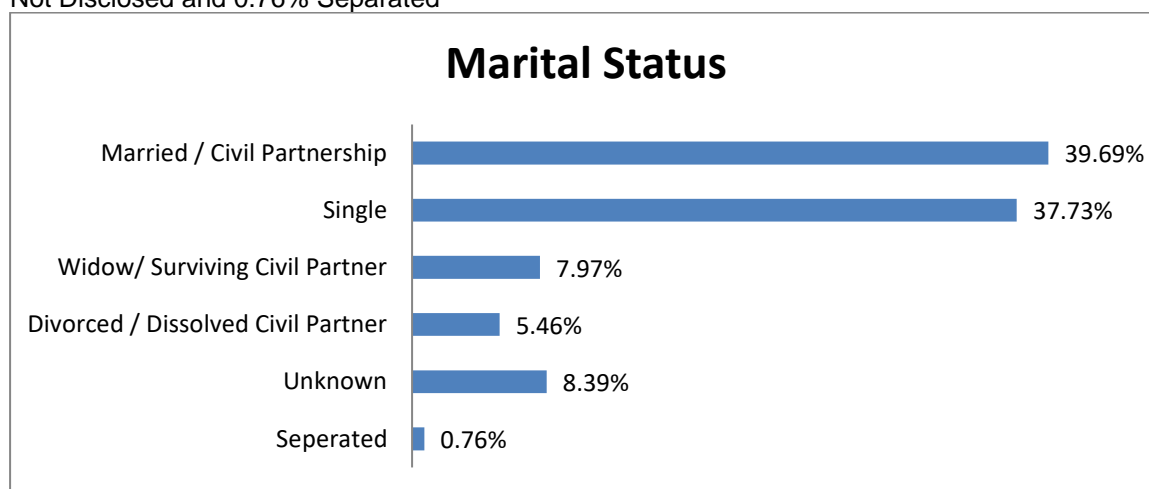
Ethnic Group	Headcount	Percentage %
White	368,110	90.32%
Not Specified	20,080	4.93%
BAME	19,354	4.75%
<b>Total</b>	<b>407,544</b>	<b>100%</b>

**Religion & Belief:** The 4 highest religions & beliefs for patients accessing Trust services are as follows 39.79% Church of England, 18.31% Roman Catholic, 3.91% Christian, 2.21% Methodist, 20.78% Unknown and 15% All Others



Religious Belief	Headcount	Percentage %
Church of England	162,179	39.79%
Roman Catholic	74,609	18.31%
Christian	15,923	3.91%
Methodist	8,996	2.21%
Unknown	84,674	20.78%
Others	61,163	15.00%
<b>Total</b>	<b>407,544</b>	<b>100%</b>

**Marital Status:** 39.69% of patients are Married or in a Civil Partnership, 37.73% Single, 7.97% Widow / Surviving Civil Partnership, 5.46% Divorced/Dissolved Civil Partnership, 8.39% Unknown / Not Disclosed and 0.76% Separated



Marital Status	Headcount	Percentage %
Divorced/Dissolved Civil Partnership	22,238	5.46%
Married/Civil Partnership	161,776	39.69%
Not disclosed / Unknown	34,222	8.39%
Separated	3,131	0.76%
Single	153,744	37.73%
Widow / Surviving Civil Partnership	32,443	7.97%
<b>Grand Total</b>	<b>407,544</b>	<b>100%</b>

## 9. OUR WORKFORCE

### Staff Profile Highlights

Headlines: As of March 2020 Southport and Ormskirk Hospital NHS Trust employed 3115 people of which:

- **Gender:** 78.9% of the workforce are Female and 21.1% are Male
- **Age:** 24.5% of the workforce are aged 35yrs and under, 49.69% of staff are 36yrs to 55yrs of age and 25.81% are aged over 55 years of age
- **Ethnicity:** The Trust workforce consists of 10.62% from Black Minority and Ethnic groups 80.93% White staff and 8.44% not stated unspecified prefer not to answer.
- **Disability:** 2.63% of the Workforce have disclosed that they consider themselves to have a Disability, 69.30% of staff have told us they don't consider themselves to have a Disability with the remainder 28.05% either not declaring - other.

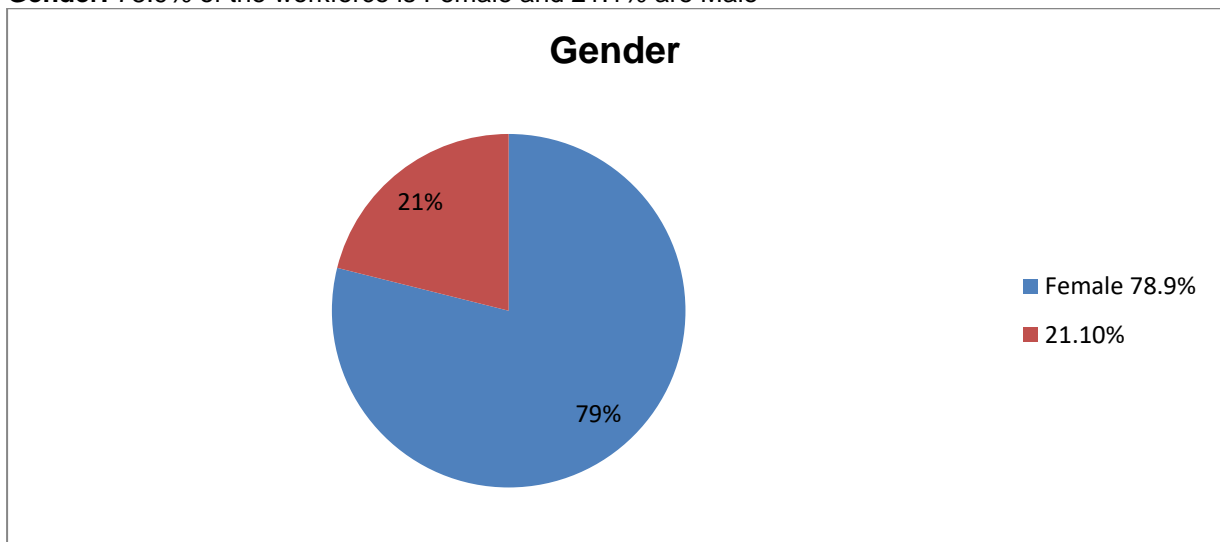


- **Sexual Orientation:** 81.57% of staff have disclosed their sexual orientation as Heterosexual or Straight, 1.12% as Lesbian or Gay, 0.39% Bisexual with the remainder Not disclosed 7% and 9.92% Unspecified.
- **Religion & Belief:** 62.40% Christian, 8.57% Atheists, Islam 1.66%, Hinduism 1.44% with Not Disclosed 21.86% and all other 4.04%
- **Employment Status:** the workforce consist of 54.67% Fulltime Staff and 45.33% Part time Staff .
- **Length of Service:** The highest proportion of the workforce have been employed by the Trust between 6-29 years 52.55%, 1 to 5 years 27.80%,15.70% of the workforce have been with the with the Trust for under 1 year and 3.95% of the Trust have been employed by the Trust for 30 years and over

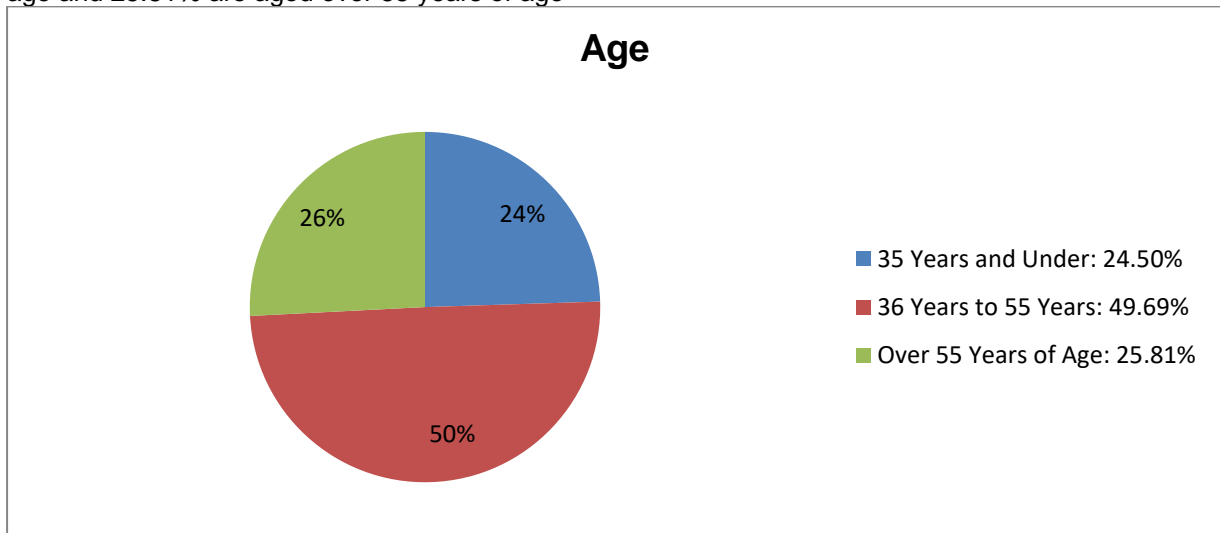
Workforce data below provides a general overview of staff ethnicity, gender, religion and belief, sexual orientation, disability employment status, length of service and recruitment.

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

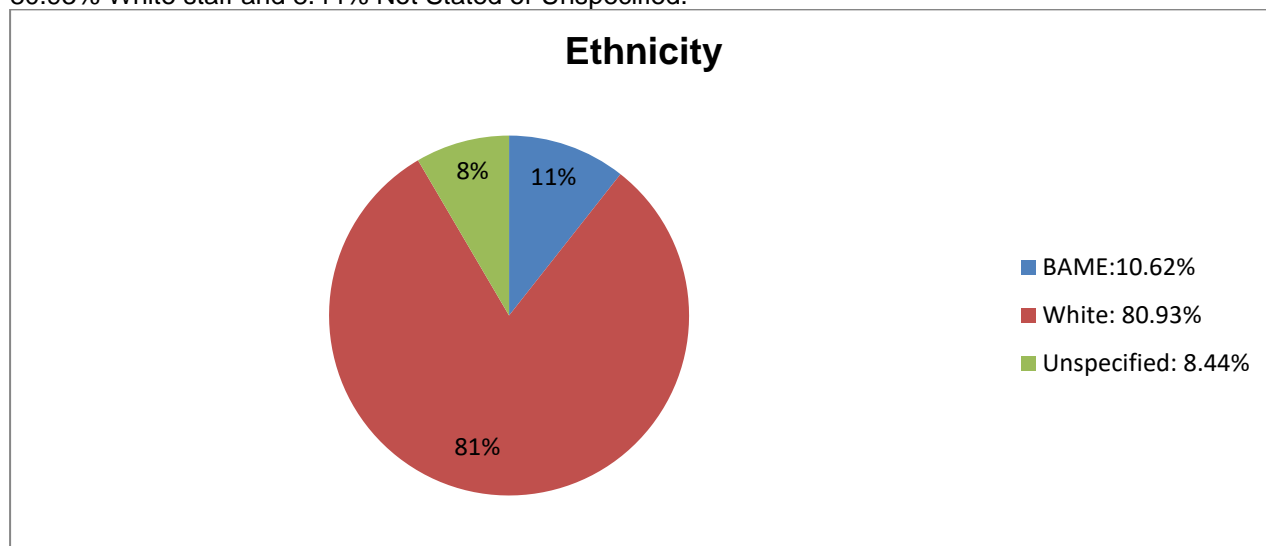
**Gender:** 78.9% of the workforce is Female and 21.1% are Male



**Age Profile:** 24.50% of the workforce is aged 35yrs and under, 49.69% of staff are 36yrs to 55yrs of age and 25.81% are aged over 55 years of age

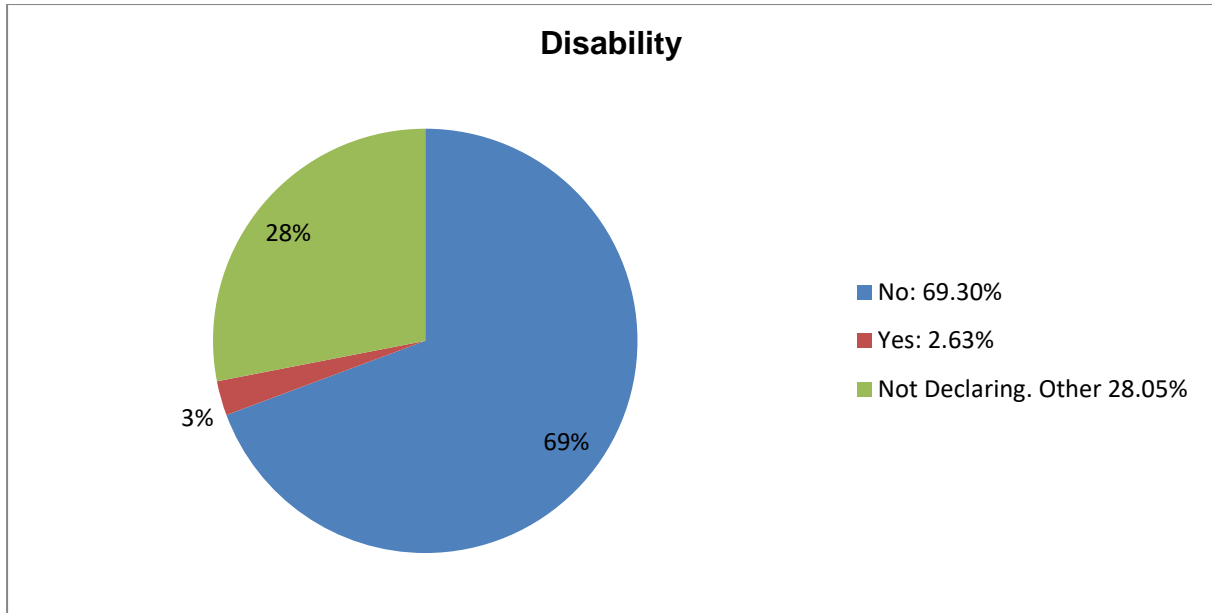


**Ethnicity:** The Trust workforce consists of 10.62% from Black Asian and Minority Ethnic groups 80.93% White staff and 8.44% Not Stated or Unspecified.



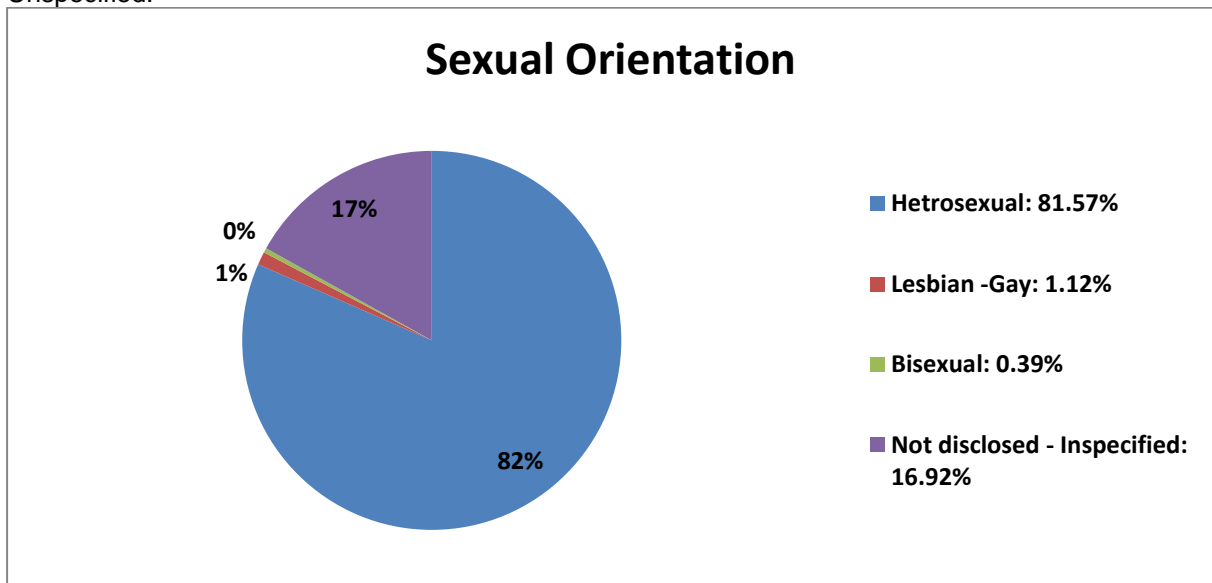
Ethnic Origin	Headcount	Percentage
A - White British	2496	80.93% White staff (2,521)
B - White Irish	25	
C - Any Other White	91	
D - Mixed White/Black Caribbean	6	
E - Mixed White/Black African	6	
F - Mixed White/Asian	5	
G - Mixed Other	7	
H – Indian	79	
J – Pakistani	20	
K – Bangladeshi	1	
L - Other Asian	49	
M - Black Caribbean	1	
N - Black African	18	
P - Black Other	7	
R – Chinese	5	10.62% from Black Minority and Ethnic groups (331)
S - Other Ethnic Group	36	
Unspecified	102	
Z - Not Stated	161	8.44% Not Stated or Unspecified (263)
<b>Grand Total</b>	<b>3115</b>	<b>100%</b>

**Disability:** 2.63% of the Workforce informed the Trust that they consider themselves to have a disability, 69.30% of staff have told us they don't consider themselves to have a disability with the remainder 28.05% either not declaring – other.



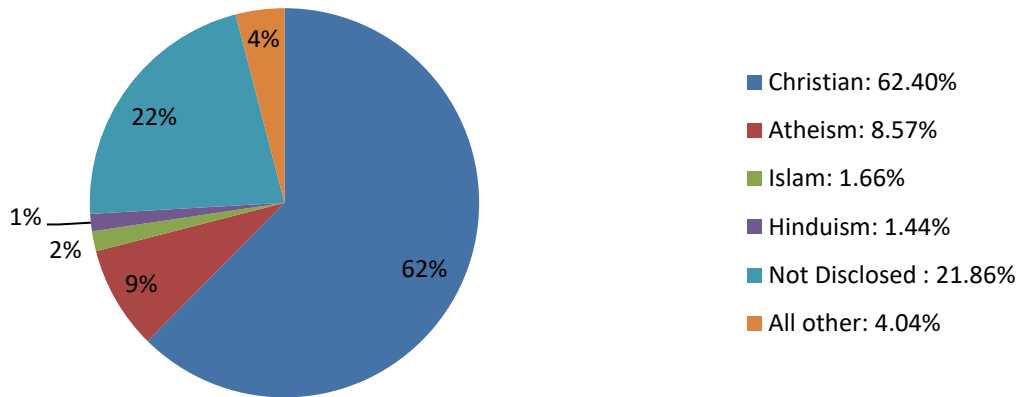
Disability	Headcount	Percentage %
No	2059	69.30% of staff don't consider themselves to have a disability
Not Declared - Other	974	28.05% not disclosed
Yes	82	2.63% of staff consider themselves to have a disability
<b>Grand Total</b>	<b>3115</b>	

**Sexual Orientation:** 81.57% of staff have disclosed their sexual orientation as Heterosexual or Straight, 1.12% as Lesbian or Gay, 0.39% Bisexual with the remainder 16.92% Not disclosed - Unspecified.



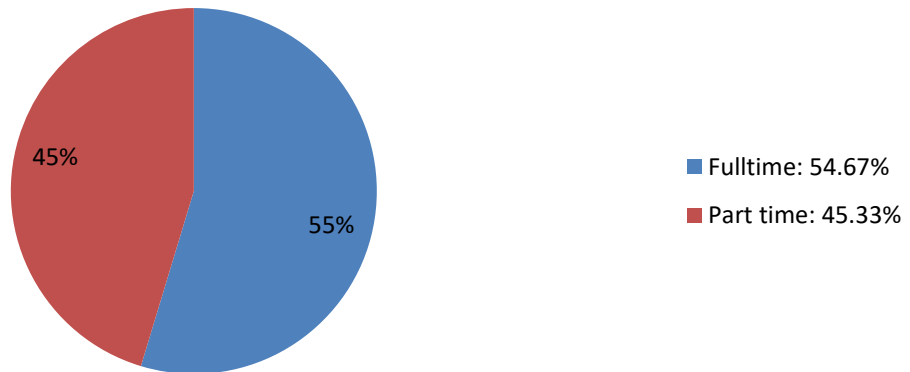
**Religion & Belief:** the 4 highest religions & beliefs at the Trust are as follows 62.40% Christian, 8.57% Atheists, Islam 1.66% Hinduism 1.44% with Not Disclosed 21.86% and All Other 4.04%

### Religion & Belief



**Employment Status:** The workforce consist of 54.67% Fulltime Staff and 45.33% Part time Staff

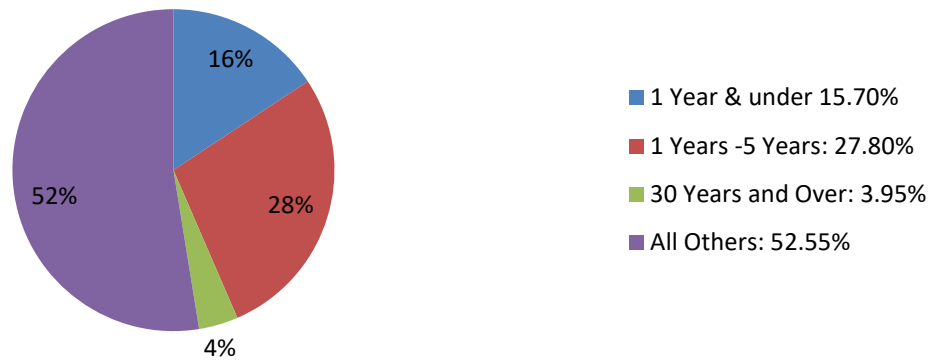
### Employment Status



Employee Category	Female%	Male %
Fulltime	37.43%	17.21%
Part Time	41.48%	3.88%
<b>Grand Total Workforce %</b>	<b>78.91%</b>	<b>21.09%</b>

**Length of service:** The highest proportion of the workforce have been employed by the Trust for between 1-5 years 27.80%, 15.70% of the workforce have been with the with the Trust for under 1 year and 3.95% of the Trust have been employed by the Trust for 30 years and above

## Length of Service



Length of Service Band	Percentage %
<1 Year	15.70%
1<5 Years	27.80%
5<10 Years	17.405
10<15 Years	12.23%
15<20 Years	13.42%
20<25 Years	5.46%
25<30 Years	4.04%
30+ Years	3.95%
	<b>100%</b>

### 10. Recruitment Shortlisting: BAME and Staff with a Disability / Long-term Condition being appointed from Shortlisting

Ratio of BME and White Staff 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.

WRES Category	Head Count		Percentage %
	Shortlisted	Appointed	Relative likelihood of staff shortlisted /appointed
BME	335	51	15.22%
White	1727	429	24.84%
Unknown	84	10	11.90%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff is.			1.63 times more likely Auto - calculated

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	50	6	0.12	3.81%
Non-Disabled	1188	111	0.09	12%
Not declared	229	2	0.01	0.87%
Relative likelihood of relative likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled staff.			0.78 times more likely	

## 11. GENDER PAY GAP

The Trust is passionate about creating a fulfilling, diverse and inclusive place to work, with equality and fairness at the heart of our values, policies and everyday practices. That is why we are committed to be an employer of choice and work hard to ensure that our staff have equality of access to jobs, promotion and training and why we highlight to all our staff strategies to overcome Unconscious Bias in all manner of decisions. This and other supportive policies are making SOHT a more inclusive place to work.

As from 30 March 2018 we must publish on our website and on a government website, the following:

mean gender pay gap  
median gender pay gap  
mean bonus gender pay gap  
median bonus gender pay gap  
proportion of males and females receiving a bonus payment  
proportion of males and females in each pay quartile

The Trust has met its Gender Pay Gap reporting obligations and the results are published on the Trust's website.

## 12. OTHER TRUST EQUALITY INFORMATION

### 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, transgender and other (LGBT+) people in Merseyside.

### 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.

### Partnership Working

The Trust have been actively involved with the N/W, Cheshire & Merseyside and Merseyside EQUAITY Leads forums that consist of Equality Leads from the NHS local councils and 3<sup>rd</sup> sector organizations.

## 13. NEXT STEPS

### Action Plan and 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 Action Plan is attached as Appendix1 and is monitored through the Valuing Our People Group, HR Governance and Workforce Committee which is a subcommittee of the board of directors. The Trust has a separate WRES and WDES Action Plan which is monitored through the same governance structure.

## **Equality Objective Plan 2018 - 2021**

### **Equality Objective Themes:**

- 1. Improving our Intelligence**
- 2. Developing our Staff**
- 3. Working within our Communities**

## Southport & Ormskirk Hospital NHS Trust Equality Objectives 2018-2021

### Southport & Ormskirk Hospital NHS Trust Values: SCOPE Supportive    Caring    Open & Honest    Professional    Efficient

Improving our Intelligence	Developing our Staff	Working within our Communities
<ul style="list-style-type: none"> <li>• Develop a Trust-wide approach to collecting equality information</li> <li>• Review current patients accessing Trust services data/information in order to address gaps in equality and diversity information reporting.</li> <li>• Develop in partnership with representatives of local community group processes and information sessions for improving staff collection of equality data / information</li> <li>• Work with patients and carer representatives who access the Trust to assist the Trust in developing its E&amp;D objectives and action plan</li> <li>• Formalise relationship with Local Authority, third sector and other statutory bodies to enable greater sharing of data and intelligence information in relation to equality groups and health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Provide training and development opportunities for all staff across the Trust and provide a summary of mandatory and non - mandatory training by ethnic groups providing data for the Trustwide Valuing Peoples Group</li> <li>• The Trust to develop a diverse workforce in the various bandings and attract minority staff across the range of job opportunities and in particular into senior roles.</li> <li>• Develop a range of successful community and staff engagement events and activities that highlight different communities and demonstrate the Trusts commitment to being a personal, fair and diverse organisation</li> <li>• Develop successful Staff Network Groups and a Equality Champions Network that plays a meaningful role within the Trust and local community</li> </ul>	<ul style="list-style-type: none"> <li>• Corporately and locally develop robust partnership working with third sector providers including the sharing of information and intelligence, partnership service delivery and shared training events</li> <li>• Develop leaflets with partnership organisations to ensure they are reflective and meet the needs of our targeted communities and ensure our website is truly reflective of our personal, fair and diverse services we deliver</li> <li>• Invite representatives from the various diverse community to present information and training sessions on issue relating to their specific group,</li> <li>• Support local community events across the Trusts footprint</li> </ul>



