



Warrington & Halton Hospitals NHS Foundation Trust
Annual Workforce Equality Analysis (2012)



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This report is available in alternative formats upon request, such as large print, electronically or community languages. Please contact the Equality & Diversity Specialist on 01925 275229.

1. Introduction

1.1 About this report

This report looks at the profiles of people accessing workforce and employment related opportunities at Warrington and Halton Hospitals NHS Foundation Trust (WHH), based on requirements defined within the new single equality duty and related elements within other equality and employment legislation. It accompanies the Single Equality Scheme (2011-2014)

Recommendations from this report will help inform the inaugural equality strategy, as directed by the requirements of the new public sector single equality duty, which came into effect from 5th of April 2011, as the second tranche of legislation emanating from the equality Act 2010. This report refers to the period January 2012 to December 2012 (unless otherwise indicated).

1.2 About the organisation

Warrington and Halton Hospitals NHS Foundation Trust (WHH) manage Warrington Hospital and Halton General Hospitals in the North West of England. We also operate a step down care facility at Houghton Hall. The two hospitals work together to provide high quality health care services across the towns of Warrington, Runcorn, Widnes and the surrounding areas.

In December 1st 2008 we became an NHS Foundation Trust and our name was changed from North Cheshire Hospitals NHS Trust. This allowed us to better involve our patients and the public in how we are managed. Only the best performing and best run NHS hospitals are granted Foundation Trust status.

We are a good performing trust and our quality of services has been rated as 'good' by the Healthcare Commission for the last two years. At Warrington and Halton hospitals we have some of the lowest waiting times in England which means you can be seen quickly for your care.

The trust manages over 3,800 staff and provides access to care for over 300,000 patients. The workplace is an important place and our employees are our greatest asset.

Warrington and Halton Hospitals NHS Foundation Trust is committed to improving the health and wellbeing of the people we serve and employ. Warrington and Halton Hospitals NHS Foundation Trust aim to be a leading organisation for promoting Equality and Diversity (E&D).

1.3 Single Equality Scheme

The Trust has published a three year single equality scheme (SES) for the period 2011-2014. This clearly defines how the Trust is adhering to its statutory obligations under the Equality Act (2010) and the Human Rights Act (1998). Within the scheme is an overview of how the workforce is a valued and diverse asset and the policy and functions in place, to support equality and employment legislation in the workplace. The key drivers for the SES are:

- Developing a coherent framework that addresses all diversity strands.
- Promoting partnership working with internal and external stakeholders.
- Preventing duplication and encouraging thinking across equality schemes.
- Identifying clear priorities for the organisation on diversity.
- Maximising resources (time and money) for example, consulting across all strands together.
- Encouraging thinking across all strands.
- Providing an opportunity to address multiple-discrimination.

1.4 Drivers for workforce monitoring

The key drivers behind monitoring workforce related opportunities are:

- Reducing Inequalities, within national, regional and local policy;
- Statutory, meeting the legal requirements governing public bodies;
- Meeting the Care Quality Commission outcomes for quality and safety;
- Equality and Human Rights Commission (EHRC) codes of practice compliance.
- Guidelines and directives from the Government Equalities Office (GEO)

1.5 Key Principles

The diversity of our workforce enriches everyone and allows the Trust to deliver high quality services. There are three overall key principles when considering and delivering employment related opportunities:

1. Our employees have diverse needs shaped through circumstance and resource (e.g. a low-income carer may require more flexible working);
2. Our role as an employer gives us powers to tackle wider accumulation of disadvantage through targeted interventions ('positive action'), e.g. mentoring programmes for under-represented groups; and
3. Our employees should not experience unlawful disadvantage because of their age, disability status, sex, race, religion and beliefs, or sexual orientation.

2. Data and Reporting Principles

2.1 Measurement and Indicators

This report sets out the measurements from various indicators based on requirements of the equality Act 2010, which replaced the previous duties for race, disability and gender, when the new single equality duty came into effect from 5th of April 2011. The indicators used are presented below. The headings in bold indicate the legal requirements and the sub-headings indicate how we present the information:

- **Numbers of staff in post;**
 - By salary pay band
- **Applicants for employment;**
 - NHS Jobs equality monitoring on applications
 - NHS Jobs equality monitoring on short listing
- **Staff who benefit or suffer detriment as a result of performance assessment procedures;**
- **Staff who are involved in grievance procedures;**
 - Grievance policy usage
 - Bullying and Harassment policy usage
- **Staff who are the subject of disciplinary procedures;**
 - Disciplinary policy usage

2.2 General Reporting Principles

In December 2012, the ONS 2011 census data sets were disaggregated into reports for Local Authority domains in Cheshire, which include Halton and Warrington, by the online demographics portal 'DORIC' (Data Observatory Research & Intelligence Collaborative).

Workforce demographics in this report will be compared to the local populations (where known) of Warrington and Halton across the protected characteristics. Where the ONS census results on different groups are not available, then there may be different sources used, e.g. Local Authority resident population estimates, National Charities / Research.

(1) ONS National Census 2011; Source - DORIC Local Authority interim overview profiles [DORIC Online](#) (Dec. 2012)

2.3 Overall staffing levels

The overall staff headcount for the reporting is **3,948**.

These numbers include all those on Permanent and Fixed Term contracts and those employed jointly with other organisations.

2.4 Data Sources

The data used in this report is sourced from:

- Electronic Staff Record (ESR),
- NHS Jobs records
- OLM (Oracle Learning Management)
- NHS Staff Survey

Within ESR certain protected characteristics may have data quality gaps, where staff have been given the option not to disclose. This is a common dynamic across most NHS organisations. With regard to formal procedures, in particular where the total number will be low, it may be imprudent to assess these as being statistically significant or a viable source for comparative analysis.

2.5 Data Presentation

Data presentation generally includes a comparison with baseline information.

- Baselines for staff categories (whether pay band, job-type etc.) is usually against the overall Trust staff profiles.
- The baseline for overall Trust profile is the Warrington and Halton Borough Council domain populations at large.
- In certain cases, national data sets or estimations based on commissioned research into protected characteristics may be utilised.

3. Workforce Profiles

3.1 Ethnicity Profiles

Black and Minority Ethnic (BME)

The term black and minority ethnic (BME) is used in this report to refer to people from the following ethnic groups:

- **Asian or Asian British:**
(Indian, Pakistani, Bangladeshi, Any other Asian Background);
- **Black or Black British:**
(Caribbean, African, Any other Black Background);
- **Chinese or any other ethnic group;**
- **Mixed:**
(White and Black Caribbean, White and Black African, White and Asian, Any other Mixed background).
- **White Irish, White European, Other White background** ⁽¹⁾

White British

As per '16+1' census ethnicity classification, the term 'White' used in this report refers to 'White British'. Although other ethnic groups such as 'White Irish' or 'White European' are referenced as 'White', these ethnic groupings are classified as Black and Minority Ethnic (BME) groupings, under the definitions of the Race Relations (Amendment) Act (2000).

3.2 Headcount - Please note

Any Headcounts of 5 or less is shaded, with the number deleted, to avoid individuals being identified. In most cases in this report, percentages will be presented to further promote staff confidentiality and sound information governance standards.

(1) These ethnic groupings are classified as Black and Minority Ethnic (BME) groupings, under the definitions of the Race Relations (Amendment) Act (2000).

Headcount ⁽¹⁾

Part one

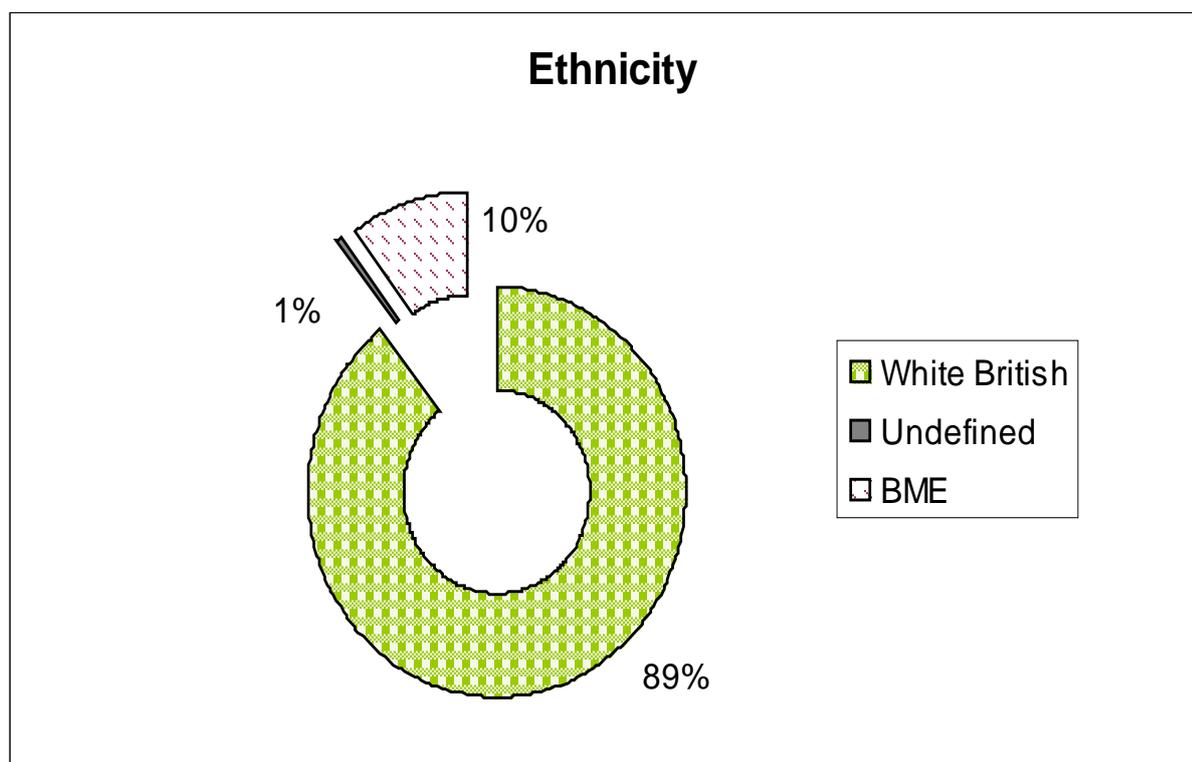
	Headcount		Headcount
Payscale Description		Payscale Description	
Associate Specialist		Non Review Body Band 1	329
Associate Specialist - Disc Pnts		Non Review Body Band 2	345
Associate Specialist New Contract	11	Non Review Body Band 3	220
Consultant (Medical)		Non Review Body Band 4	207
Consultant (post 31 Oct)	64	Non Review Body Band 5	47
Consultant (pre 31 Oct) - 10yrs Snr		Non Review Body Band 6	40
Consultant (pre 31 Oct) - 11yrs Snr		Non Review Body Band 7	40
Consultant (pre 31 Oct) - 12yrs Snr	6	Non Review Body Band 8 - Range A	17
Consultant (pre 31 Oct) - 13yrs Snr		Non Review Body Band 8 - Range B	13
Consultant (pre 31 Oct) - 14yrs Snr		Non Review Body Band 8 - Range C	9
Consultant (pre 31 Oct) - 15yrs Snr		Non Review Body Band 8 - Range D	
Consultant (pre 31 Oct) - 16yrs Snr		Non Review Body Band 9	
Consultant (pre 31 Oct) - 17yrs Snr		Other Med/Dental Practitioner	

1. Headcount is recorded as at the end of December 2012. This figure relates to all primary assignments i.e. all staff in employment across all medical and non-medical staff groupings and staff employed in training.

Part two:

	Headcount		Headcount
Consultant (pre 31 Oct) - 18yrs Snr		PT Med Off/Gen Dental Pract (Sessional)	
Consultant (pre 31 Oct) - 19yrs Snr		PT Med Off/Gen Dental Practitioner	
Consultant (pre 31 Oct) - 21-29yrs Snr		Personal Salary	51
Consultant (pre 31 Oct) - 2yrs Snr		Review Body Band 1	27
Consultant (pre 31 Oct) - 4yrs Snr		Review Body Band 2	465
Consultant (pre 31 Oct) - 5yrs Snr	9	Review Body Band 3	160
Consultant (pre 31 Oct) - 6yrs Snr	8	Review Body Band 4	71
Consultant (pre 31 Oct) - 7-8yrs Snr		Review Body Band 5	742
Consultant (pre 31 Oct) - 9yrs Snr		Review Body Band 6	529
Foundation House Officer 1	37	Review Body Band 7	361
Foundation House Officer 2	36	Review Body Band 8 - Range A	83
Hospital Practitioner (1 Session)		Review Body Band 8 - Range B	19
Locum Consultant	6	Review Body Band 8 - Range C	
Senior House Officer (Medical)		Review Body Band 8 - Range D	
Specialist Registrar (Medical)		Support Carer Level 2	
Specialty Doctor	39	NULL	
Specialty Registrar FTSTA	10		
Staff Grade Practitioner			
Employee Category Total	3,948	Total	3,948

Ethnicity:



Analysis:

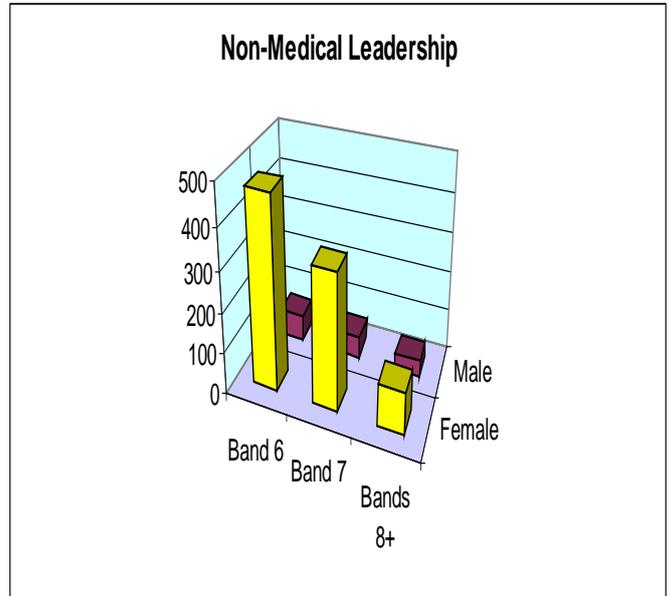
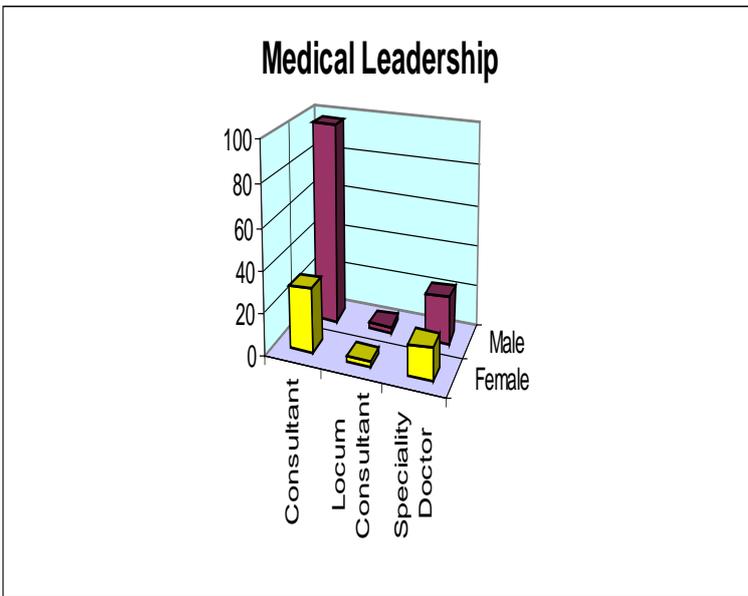
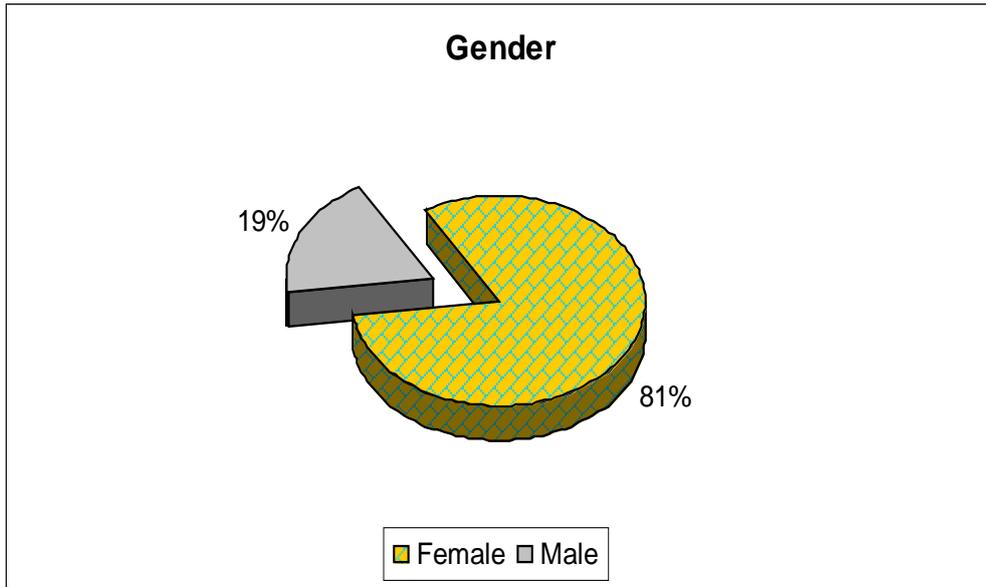
The known ethnicity profile of the Trust is recorded at an extremely creditable 99.5%. This record will help in facilitating high quality and accurate workforce analysis. The number of applicants not stating their ethnicity on the NHS Jobs recruitment portal was 1.00% in 2012, indicating that the Electronic Staff records (ESR) held for the established workforce, are better than those received from NHS Jobs. This is quite a rare occurrence.

The highest ethnicity is '*White British*' at 89.5%. The total percentage for '*BME*' (Black and Minority Ethnic) staff in WHH is 10%. '*Undefined*' is very low at only 0.5%. The BME population in Warrington is recorded at 7.1% and for Halton is 3.6%. This is according to the Office for National Statistics (ONS) 2011 Census ⁽¹⁾. The BME staff population when compared to the Warrington BME population is just over 20% higher. When compared to Halton, the BME workforce is two and a half times higher. The Trust can clearly demonstrate that it is more than representative of the local population with regard to ethnicity.

BME leadership is found mostly in medical posts across the Trust, especially across the range of Consultant pay scales. In the Speciality Doctor pay banding, BME account for 84% of the total positions. The predominant ethnicity regarding Non-medical leadership fields is '*White British*'. The only exceptions being in the Review Body Bands 6 and 8a, where BME staff account for 5%. In lower pay banding Non-review band 1, BME staff account for 12% of posts.

(1) ONS National Census 2011; Source - DORIC Local Authority interim overview profiles [DORIC Online](#) (Dec. 2012)

Gender

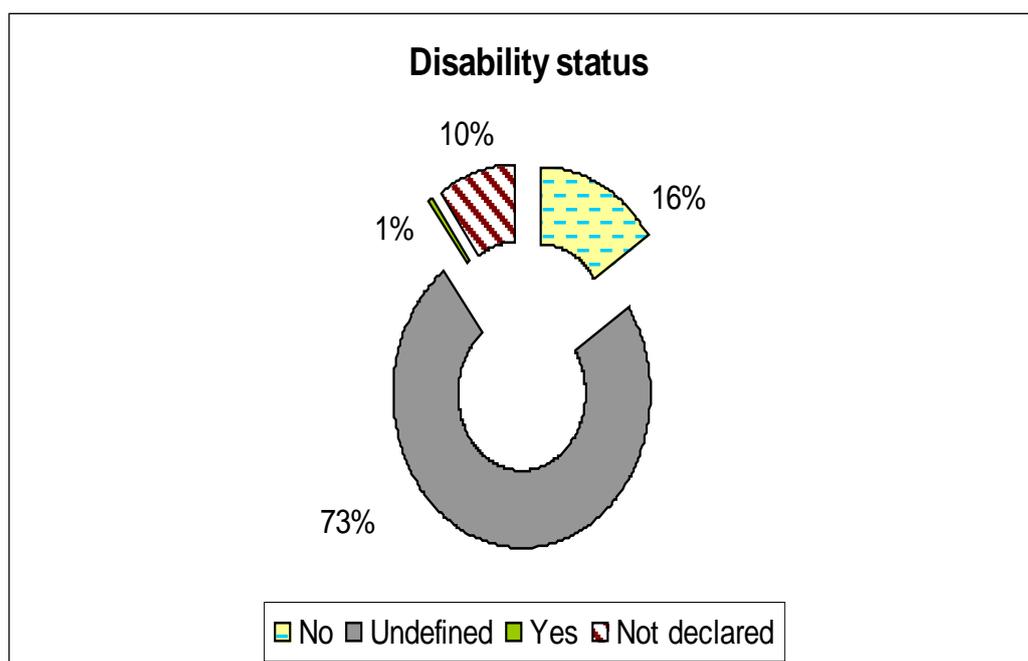


Women account for 81% of the workforce. There is a higher male representation in pay bands 6 to 8c, although the number of posts is fewer than many other pay bands. Overall with regard to non medical leadership positions, women in the Trust workforce represent more than the local female population census accounts for Warrington at 50.4% and Halton at 51.2% (1)

In medical staffing, men account for approximately 70% of all Consultant positions. Women are more represented at other medical pay bands accounting for around 50% of total posts (excluding Consultants) across this range.

(1) ONS National Census 2011; Source - DORIC Local Authority interim overview profiles [DORIC Online](#) (Dec. 2012)

Disability



The ESR profile for disability status in the workforce shows that there are very significant gaps in the data that can be analysed. The known disability status of employees is just 17%. 'Undefined' status, stands at a very high 73% and 'not declared' accounts for 10%. Where disability status has been declared, 16% of employees stated 'No' i.e. that they do not have a disability and only 1% of the staff stated 'Yes', that they are disabled.

The figures for people living in Halton who are claiming Disability Allowance and related disability benefits is very high at 8.9% ⁽¹⁾. In Warrington's local population the same cohort amounts to 5.65% ⁽¹⁾. In residential estimates, the population who record as being disabled/living with life limiting illnesses for Halton is 21.5% of the local population and for Warrington 18% ⁽²⁾.

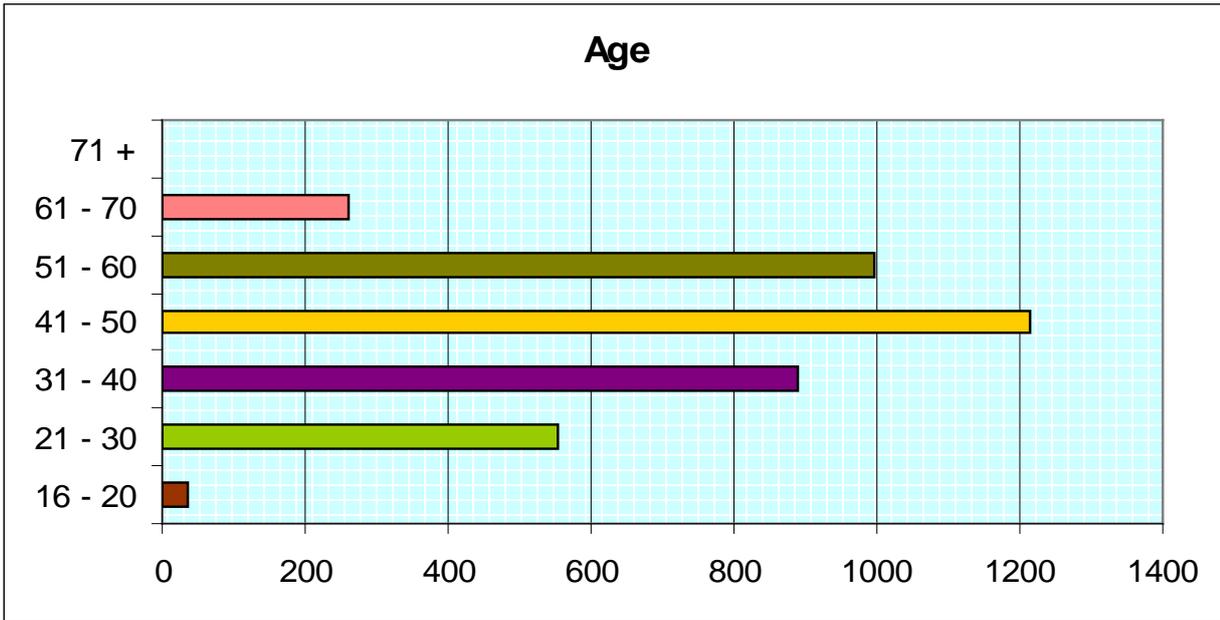
It is important to look at improving the disability status workforce profile in 2013, as there are currently large gaps in the knowledge base of the Trust. Given that there are extended legislative powers around disability and discrimination within the Equality Act (2010) and specific requirements under the public sector equality duty (2011) to be in a position to know your workforce profile across the protected characteristics, steps should be taken to encourage staff to declare their disability status in subsequent ESR updates, with an accompanying rationale as to what are the benefits to the Trust and employees in doing so. It is important for disabled employees to disclose their disability to their employer, in order for them to fall under the full protection of the Equality Act (2010).

On a positive theme, due to its fair and equitable policies and recruitment functions, the Trust retained the 'Two Ticks' symbol accreditation for commitments to disabled people in August 2012.

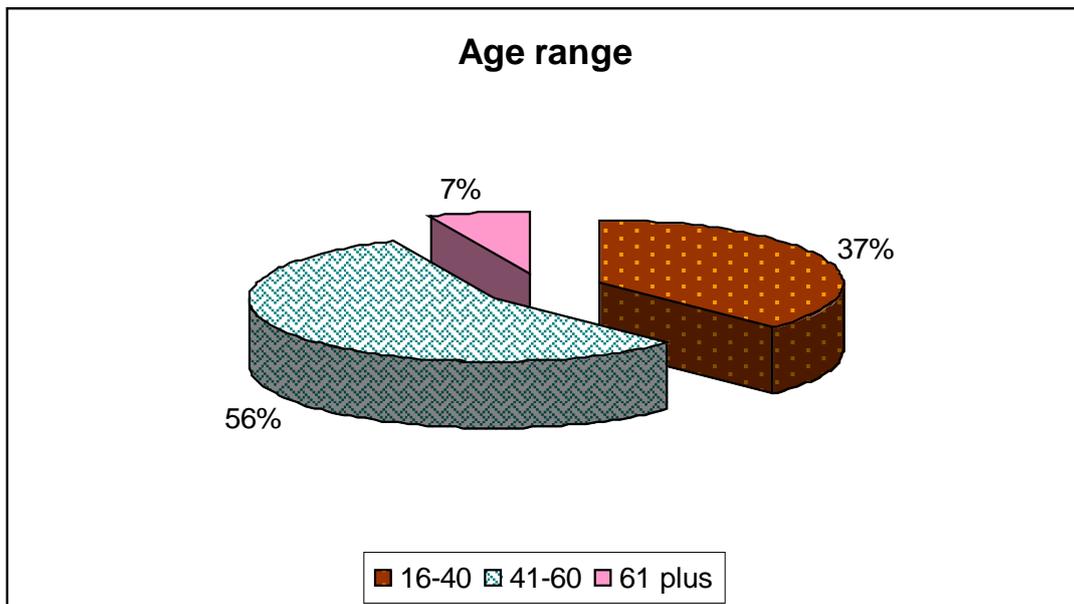
(1) ONS National Census 2011; Source - DORIC Local Authority interim overview profiles [DORIC Online](#) (Dec. 2012)

(2) Halton and Warrington disability profile; Neighbourhood statistics.gov.uk , (August 2010)

Age



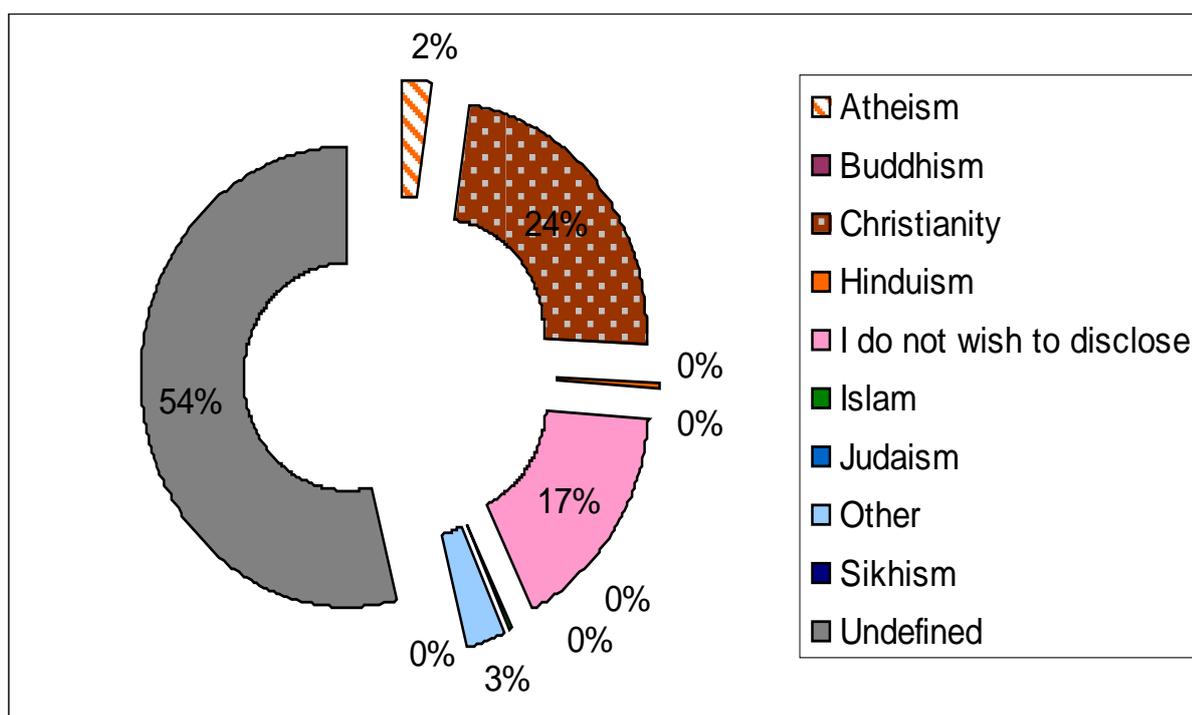
The age group representing the highest percentage is age band 41 to 50 years which is recorded at approximately 31%, with age range 51-60 years accounting for 25% of the total workforce. Age bands 71 plus and 16 to 20 years are the lowest at 0.07% and 0.9% respectively.



The age range profile indicates that employees aged 40 years and above account for 63% of the workforce. The range consisting of ages 60 years and above totals 7%. In 2011, the Employment Equality (Repeal of Retirement Age Provisions) Regulations came into force ⁽¹⁾. This repealed the default retirement age of 65 years and provides protection for those aged 65 years and over from default retirement based on their date of birth. In line with the amendments in law, the Trust can demonstrate clearly that it is adherent to age equality in employment.

(1) Employment Equality (Repeal of Retirement Age Provisions) Regulations (2011)

Religion or Belief



The known status for any religion or belief was set at just 30%. Such a figure does not provide assurance of accuracy in this domain. 'Undefined' is at 54% and the number of staff who *did not wish to disclose* their religion or belief amounts to 17%.

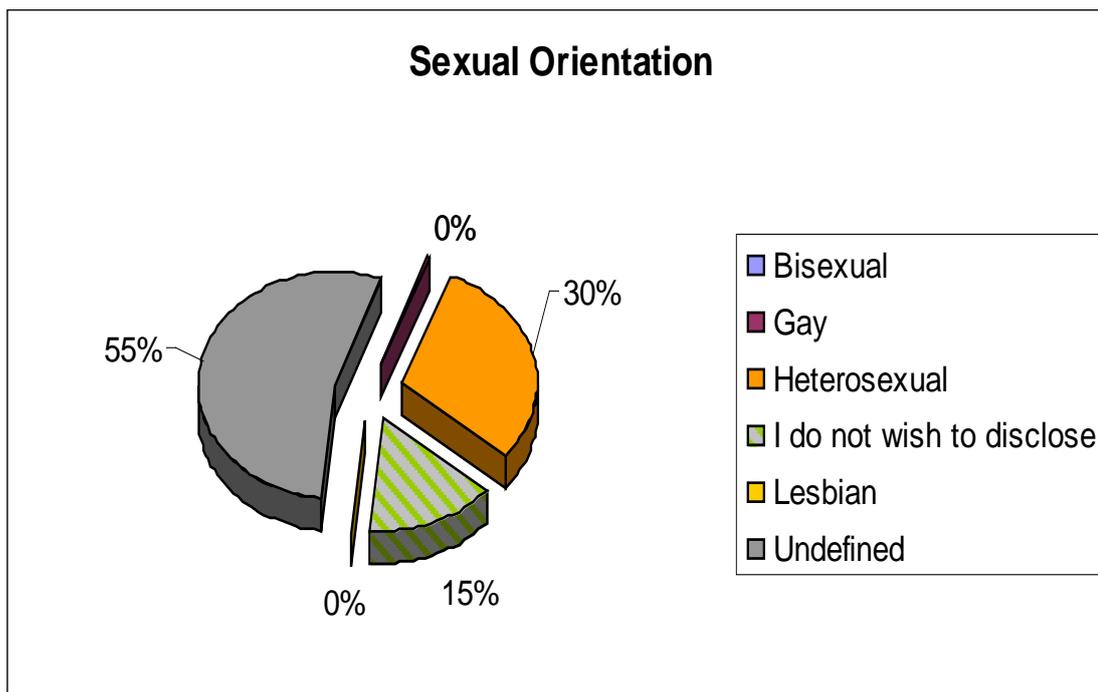
'Christianity' is the predominant known religion or belief but this is only 24% of the total workforce. The other statistically significant figures are for 'Atheism' recorded at 2% and 'Other religion' at 3%. The figures for the populations of Warrington and Halton recorded in the 2011 census are indicated in the table below (1):

Religion/Belief %	Halton	Warrington
Christianity	75	71.4
Hinduism	0.2	0.6
Islam	0.2	1
Judaism	0	0.1
Other	0.2	0.3
Sikhism	0	0.2
Not stated	5.4	5.9
Atheism	18.7	20.4
Buddhism	0.2	0.2

There needs to be work undertaken to try to improve on the current the low level of awareness of the religion or belief status in the Trust workforce in 2013, to move towards a more definitive picture regarding this protected characteristic.

(1) ONS National Census 2011; Source - DORIC Local Authority interim overview profiles [DORIC Online](#) (Dec. 2012)

Sexual Orientation



The *known status* with regard to sexual orientation in 2011 was just over 30% of the total workforce. This figure does not provide adequate assurance for subsequent workforce analysis with regard to formal procedures or comparison to recruitment records. The national estimation for people identifying as Lesbian Gay and Bisexual (LGB) is between 5-7% (1). There are no population census records for the Local Authority domains and the national 2011 ONS census did not ask for sexual orientation status.

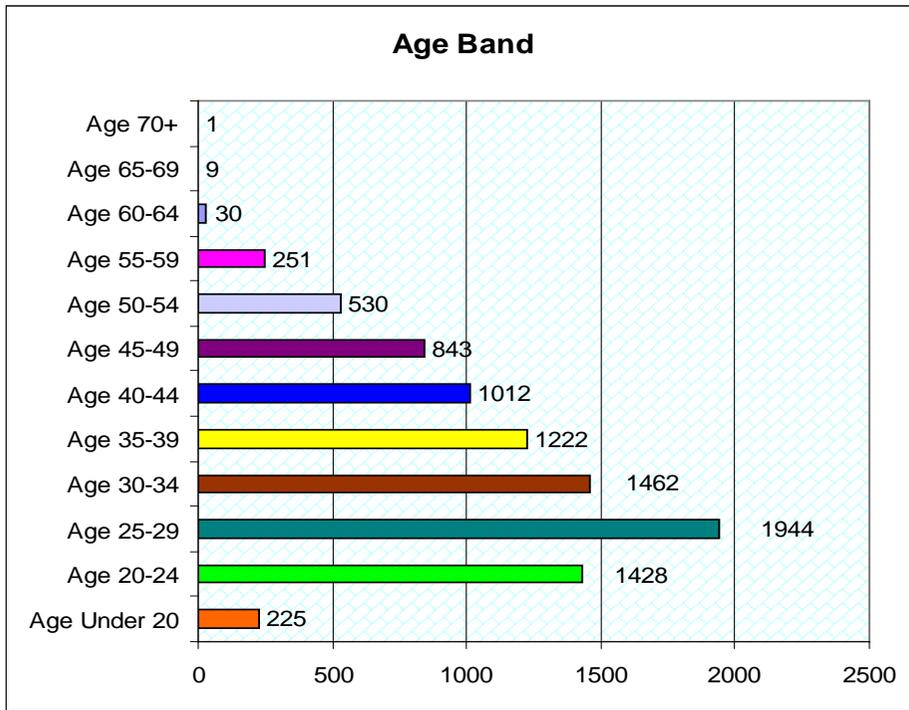
'Undefined' status records are very high at 55%. 15% of staff *did not wish to disclose* their sexual orientation status. This indicates that the 15% of staff considered that they did not want to declare their sexuality but does not give a reason as to why they chose this option. 30% of employees identify as *heterosexual* or straight. Figures for *Lesbian Gay* and *Bisexual* combined, amounted to just under 0.5%. The number of LGB applicants in 2012 amounted to 1.9% of the total. The percentage who did not disclose was just 6%. This indicates that LGB and heterosexual staff applying for positions through the NHS Jobs portal, feel more able to identify their sexuality.

Work should be undertaken to consider options to provide assurance to all employees to disclose their sexual orientation status and on how the information can be used to support LGB staff and others in policies and functions. This should inform any subsequent ESR updates sent out to employees and provide a more likely increase in the known status of employees at the Trust.

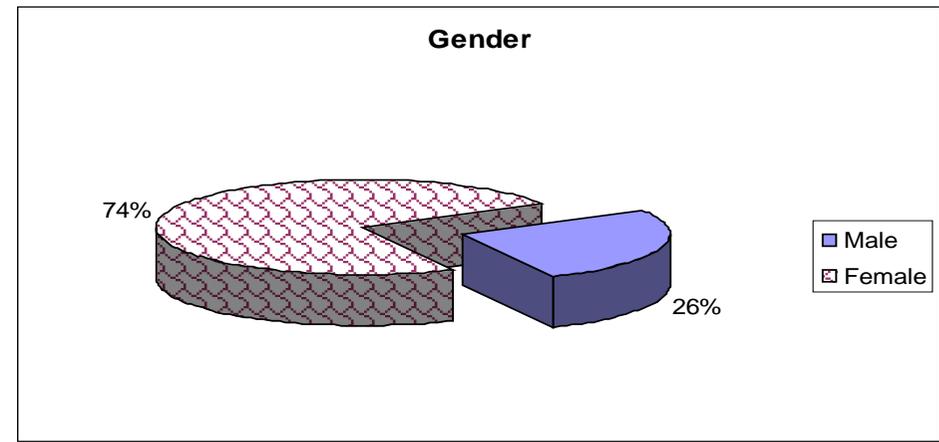
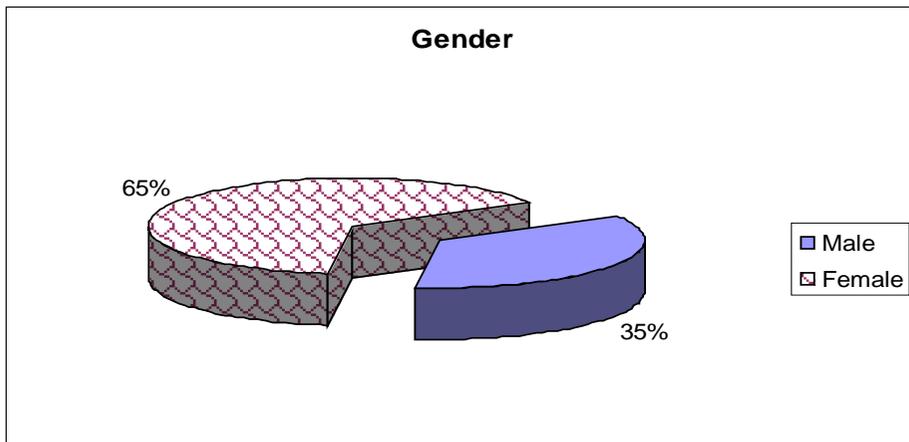
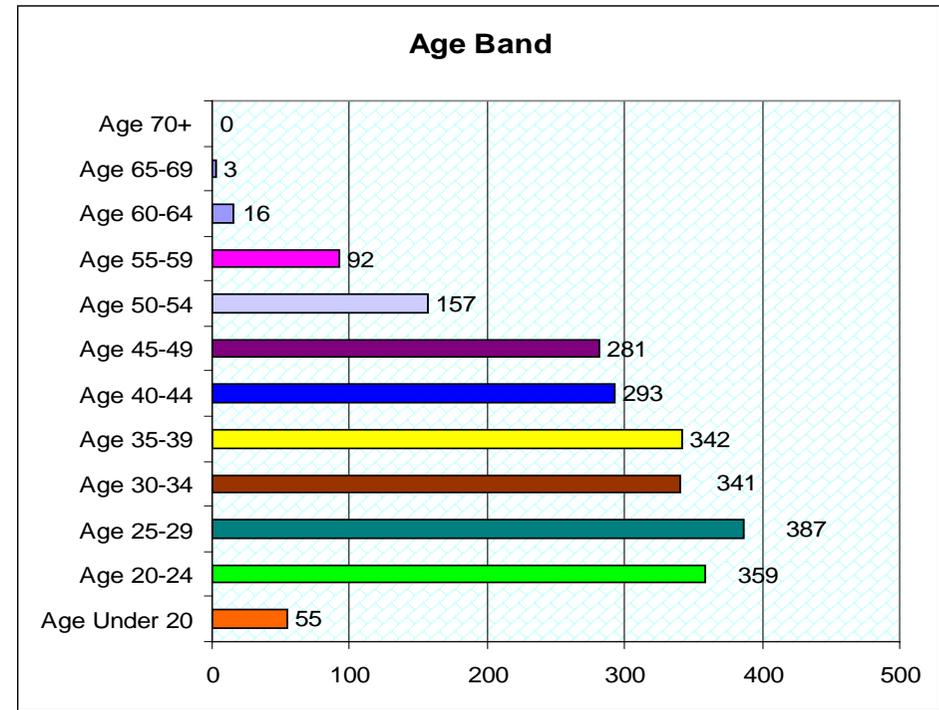
(1) Government LGB population estimates; Stonewall.org.uk (2011)

Section two Workforce dynamics

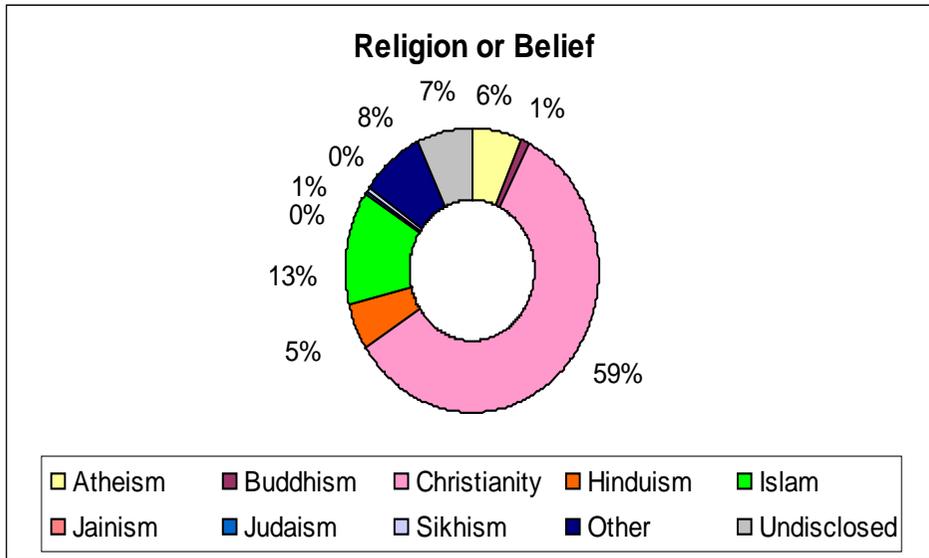
Applications:



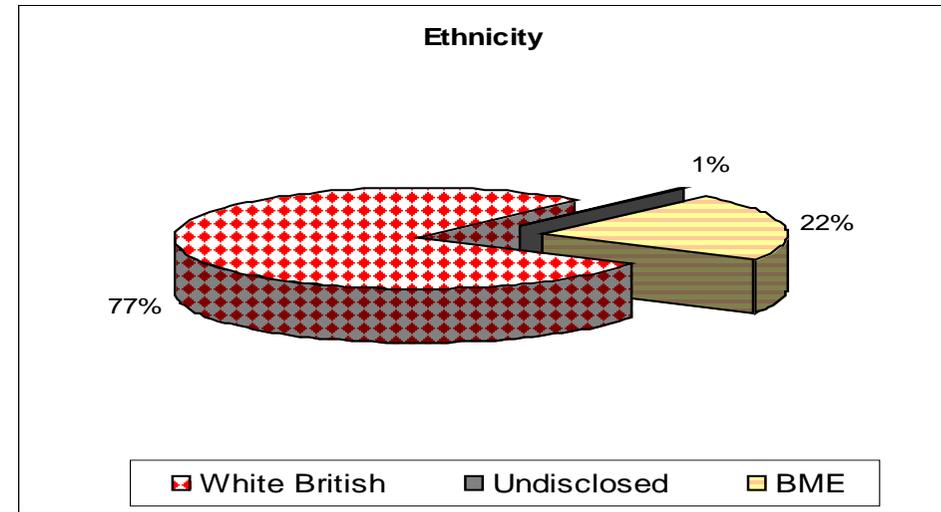
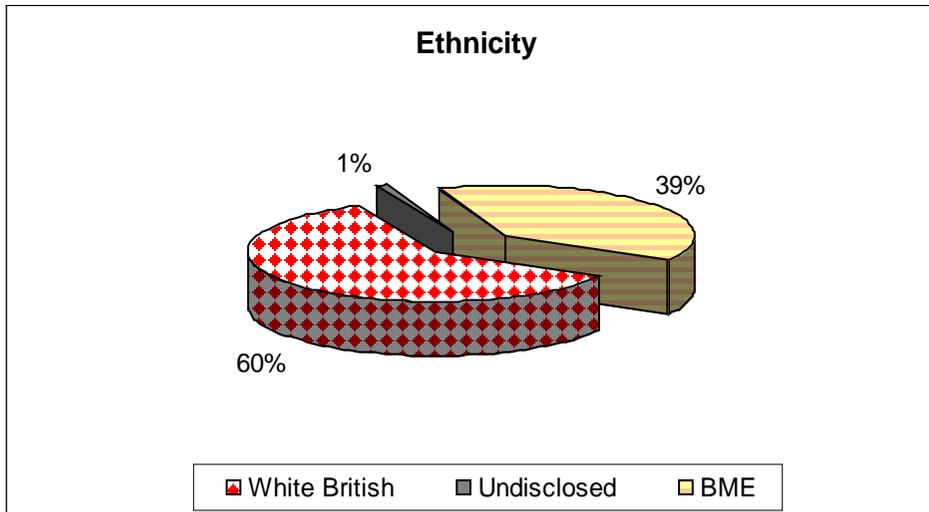
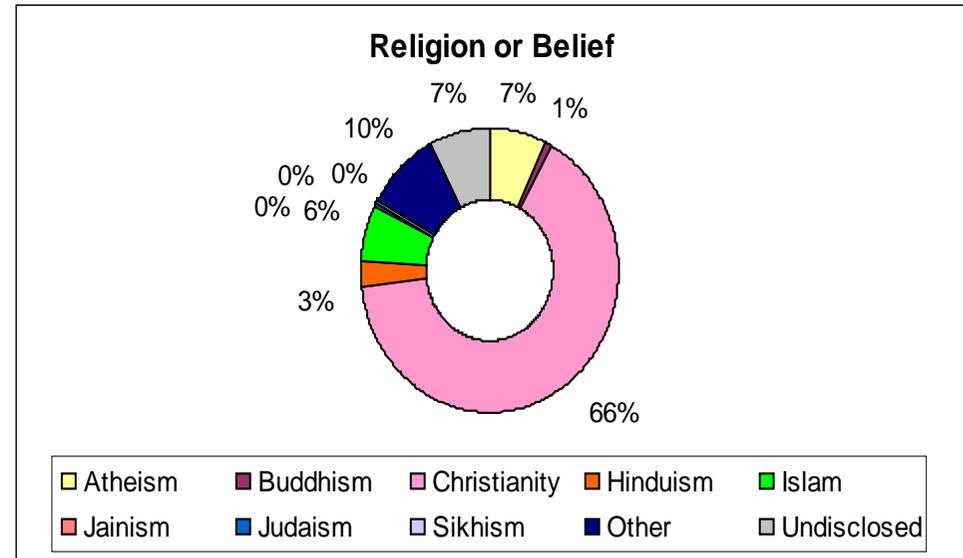
Shortlisted:



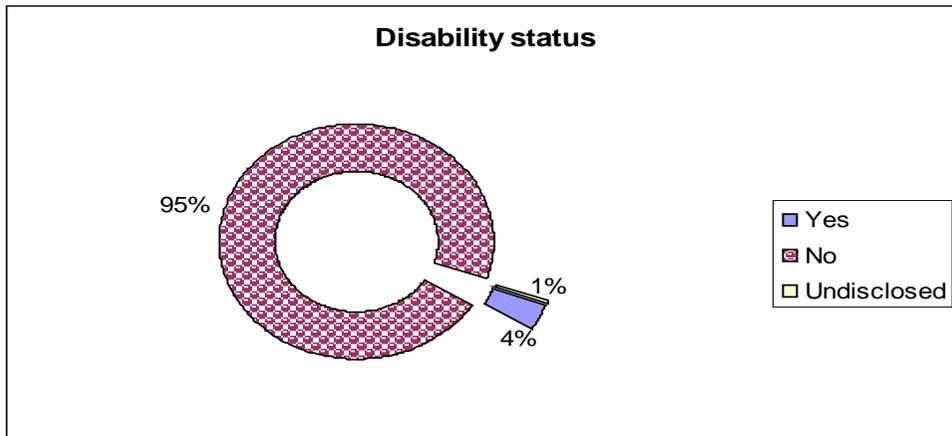
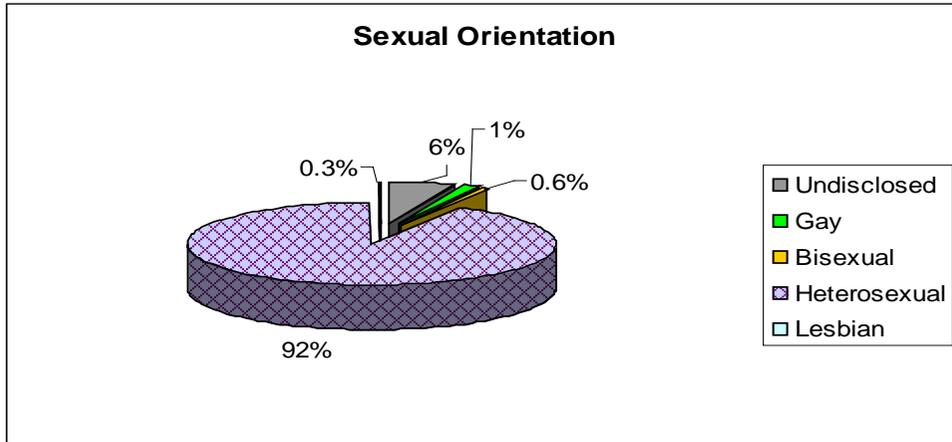
Applications:



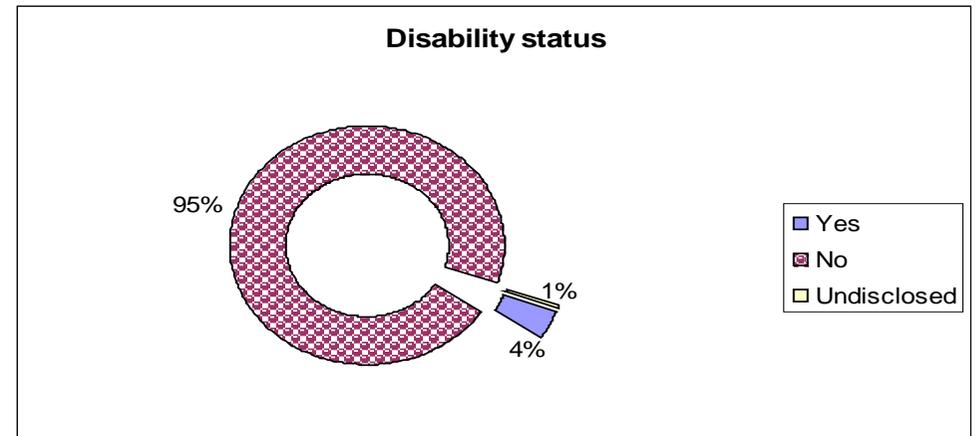
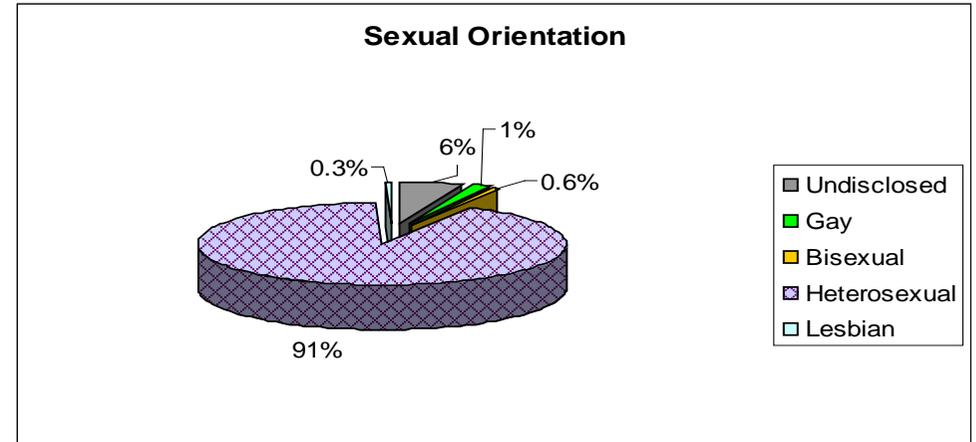
Shortlisted:



Applications:



Shortlisted:



As the charts indicate, there are no identified adverse patterns regarding applications and short listing in recruitment, across the protected characteristics in 2012. Age ranges 35-39, 45-49 and 20-24 achieved a slightly higher success in being shortlisted than other groups but no age discrimination is indicated. Ethnicity shows a slight reduction in BME applicants being shortlisted. However, two positions in June 2012 accounted for approximately 20% of all year applications, with more than 60% of applicants for these two posts being BME by ethnicity. It is important to note that no information relating to any applicant's protected characteristics is seen by those short listing, unless a disabled applicant indicates their status (1). In proportion to applications, both 'disabled' and 'non-disabled' were equally shortlisted in 2012. The Trust regained its 'two ticks' accreditation and is seen demonstrating how it is meeting disability equality obligations. LGB applicants were slightly more likely than Heterosexuals to be shortlisted and women were more likely to be shortlisted than men in 2012.

(1) Disabled applicants are identified where *reasonable adjustments* for interviews are required, although disabled applicants need not disclose a disability before an offer of employment

Formal Procedures (by %)

Capability		Grievance		Bullying & Harassment		Disciplinary	
Ethnicity		Ethnicity		Ethnicity		Ethnicity	
White British	0	White British	50	White	50	White British	67
Undisclosed	0	Undisclosed	25	Undisclosed	50	Undisclosed	15
BME	0	BME	25	BME	0	BME	18
Gender		Gender		Gender		Gender	
Female	0	Female	63	Female	100	Female	77
Male	0	Male	37	Male	0	Male	23

Disciplinary

No disabled staff came under disciplinary procedures in 2012, although known disability status accounted for only 17%. No one identifying as LGB was in evidence but the total known sexual orientation fields amounted to just 30% in the total workforce returns (p15). BME staff who came under disciplinary procedures were more in evidence when compared to their percentage of the workforce as whole. The numbers of Men were represented slightly higher in this domain than women. No adverse dynamics are present in these figures.

Bullying & Harassment

There were few alleged instances noted in 2012. This is a very low number, indicating the Trust has positive policies and procedures for protecting staff from protected characteristics. With regard to this *disability, religion or belief* and *sexual orientation* status were not known. All employees alleging bullying and harassment were women, with '*White British*' or *undisclosed* ethnic status. There is no evidence of bullying and harassment relating to race.

Grievances

There were only eight invocations of grievance procedures in 2012. This low number provides assurance that there are comprehensive policies and functions to support and protect employees in the workplace. The protected characteristic break down in this area is statistically insignificant, given the relatively few instances of grievances in the year.

Performance

There were no cases of performance related procedures in 2012.

Other factors

In the NHS Staff survey, the Trust was in the top 20% of NHS Acute Hospital Trusts with regard to its *commitment to work life balance, equal opportunities, (low) experience of bullying and harassment or discrimination, (low levels of) work related stress and being valued*, which may indicate that the Trust is working to eradicate discrimination and promote staff wellbeing. These indicators may also be linked to how staff from protected characteristics group may perceive the working environment and whether they feel supported by policies and senior management.

6. Recommendations:

1. Develop a set of actions to encourage more definitive self-declaration by staff against all the protected characteristics, with particular emphasis on improving staff declaration of **disability**, **religion or belief** and **sexual orientation** status. This should inform any ESR updates.
2. Consider an anonymous staff survey, to try to ascertain a more accurate sexual orientation profile across the workforce.
3. Where staff profiles are inaccurate and or under representative, seek interim measures to engage with partner agency staff networks and or charitable / independent organisations, where consultation and or engagement planning are indicated. This will follow the advice of the Government Equalities Office, regarding engagement and objective setting in the general duty guidance paper (June 2011).
4. Ensure staff from the protected characteristics are involved with the NHS Equality Delivery System (EDS) grading phase.
5. Ensure staff engagement initiatives in 2013 involve staff from across the protected characteristics, to help inform equality objective setting.
6. Ensure key findings of the Workforce Equality Analysis Report 2012 are referenced within section three of the Equality Delivery System and help inform the Equality strategy 2013.
7. Consider establishing a virtual staff equalities network, to provide capacity for all staff who want to become involved within the equality and human rights domain and to advise the Trust with regard to policies, functions and services, equality objective setting and equality analysis.
8. Continue to ensure all **reasonable adjustments** required by disabled staff fall in line with the Equality Act 2010 directives.
9. Ensure all procedures relating to retirement comply with the new requirements indicated under the Employment Equality (Repeal of Retirement Age Provisions) Regulations (2011).
10. Refresh ESR reporting mechanisms in the Human Resources department, to aid more comprehensive equality analysis and inform Formal procedures.