

Workforce Equality Monitoring Report 2017



Staff Summer Garden Party "Bake off" 2017

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Table of Contents

	Page
1. Executive summary	2
2. Introduction	2
3. Profile of The Christie NHS Foundation Trust	3
4. Profile of our Staff	3
5. The NHS Equality Delivery System 2	4
6. Our workforce equality objectives	4
7. Gender	4
8. Ethnicity	5
9. Disability	6
10. Age	7
11. Religion or belief	7
12. Sexual orientation	8
13. Gender reassignment/Trans	9
14. Marriage and civil partnership	9
15. Recruitment and selection	9
16. Part-time working	10
17. Promotions	10
18. Development	10
19. Appraisals (Performance Development Reviews)	11
20. Maternity leave	1
21. Disciplinarys	12
22. Grievances	12
23. Leaving the Trust	12
24. NHS Staff Survey 2015	13
25. Staff engagement: The Christie Commitment	13
26. Workforce training in equality	14
27. Equality impact analysis	14
28. NHS Equality, diversity and human rights week	15
29. Conclusion	15
Appendices	16

1. Executive Summary

The purpose of this report is to demonstrate the Trust's compliance with the Equality Act 2010 general duty across our employment functions. It summarises the equality employment monitoring data for staff at The Christie NHS Foundation Trust for the period 1 November 2016 to 31 October 2017, using data taken from the Trust's Electronic Staff Record and NHS Jobs.

At The Christie, we are determined to ensure that we offer equal access to health care and employment opportunities to all. The data in the 2017 report suggests that the Trust is performing well in the following areas of equality in employment:

- In the NHS Staff Survey 2016, 91% of staff believed that the Trust provides equal opportunities for career progression or promotion.
- We completed our 2015-16 workforce equality objectives (to introduce a range of interventions to mainstream mechanisms for staff to raise concerns at work, including any concerns of harassment or bullying and to demonstrate progress against indicators within the NHS Workforce Race Equality Standard). We have also published new equality objectives for 2016-17.
- We continue to monitor and encourage our workforce to complete their equality data. Information about this has continued to increase in respect of sexual orientation and religion or belief.
- We have been confirmed as a Disability Confident Employer under the Department for Work & Pensions' scheme.
- The Christie Commitment sets out the principles and behaviours which underpin all that we do, including promoting a fair culture, and treating everyone with compassion, dignity and respect. A range of activities have taken place this year towards our five pledges to support staff at work.

The report has been considered by the Trust's Staff Forum, a council in which managers, staff and trade union representatives meet to discuss and finalise agreement on issues which concern the employment relationship.

The content of the report will be further considered by stakeholders and will be included in our NHS Equality Delivery System 2 submission and in the ongoing development of the Trust's equality objectives.

2. Introduction

The Equality Act 2010 public sector equality duty (S149) states that in the exercise of their functions, public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

This report includes information on the effect that our policies and practices have had on people who share a relevant protected characteristic, to demonstrate the extent to which we have furthered the aims of the general equality duty for our employees. (A separate report demonstrates the compliance with the equality duty across our patient services).

We respect and value the diversity of our patients, our staff and our visitors and are committed to:

- serving the community in a way that is appropriate, accessible and responsive
- making best use of the range of talent and experience available within our workforce and potential workforce
- ensuring that our legal obligations are fulfilled, and where possible, exceeded.

We recognise that a representative workforce will provide a healthcare service that respects and responds to the diversity of the local communities that we serve. To help us to assess this, in 2016-17, the Trust has continued to increase the proportion of our staff for whom we have equality monitoring data.

3. Profile of The Christie NHS Foundation Trust

The Christie is the largest single site cancer centre in Europe treating more than 44,000 patients each year. Our patients are at the heart of everything that we do.

Our patients are referred to us for specialist cancer treatment, having initially visited their general practitioner, and their local hospital for diagnosis and/or treatment.

As part of the NHS we provide:

- radiotherapy, in one of the world's largest radiotherapy departments and at our satellite centres in Oldham and Salford
- chemotherapy, in the UK's largest chemotherapy unit, and via ten other sites a mobile chemotherapy unit and in patients' homes
- highly specialist surgery for complex and rare cancers
- a wide range of support and diagnostic services.

We serve a population of 3.2 million across Greater Manchester and Cheshire, while 26% of our patients are from around the UK. Through the dedication of our 2,700 staff, 300 volunteers and 30,000 public members, we remain committed to helping all those affected by cancer, both now and in the future.

4. Profile of our Staff

At 31 October 2017, the Trust employed 2,547 staff, of whom:

- 72.9% were women and 27.1% men
- 23.9% were aged under 30 and 25.15% were aged 51 or over
- 12.5% were from black and minority ethnic backgrounds and 4.7% from other white backgrounds

- 3.6% considered themselves to be disabled; 81.9% declared themselves to be non-disabled
- 3.14% identified as lesbian, gay or bisexual, while 78.94% identified as heterosexual
- 47.16% identified as Christian and 17.46% identified as atheist, which was the second largest group. Other faiths represented in the Trust workforce were Buddhism, Hinduism, Islam, Jainism, Judaism and Sikhism.

5. The NHS Equality Delivery System 2

The Trust uses the NHS Equality Delivery System 2 (EDS2) as an opportunity to look at how well we are doing in our efforts to continually improve equality delivery for patients and staff.

We used the information contained in the 2016 Workforce Equality Monitoring report and listened to our key stakeholders, including our staff and staff side representatives, to assess our equality performance. Our [NHS Equality Delivery System 2 report](#) for 2016 is published on our website.

6. Our Workforce Equality Objectives

We achieved the 2015-16 equality objectives relating to our workforce by March 2016. The objectives and progress were reported in our [Equality objectives 2015-16 completion report](#) which is published on our website.

We used the information contained in the 2015 Workforce Equality Monitoring report and our equality performance reported in EDS2 (above) to develop our equality objectives for 2016-17. Our [Equality objectives 2016-17](#) are published on our website and have specific measures to be delivered by March 2017:

- To continue to mainstream mechanisms for staff to confidently raise concerns at work, including any concerns of harassment or bullying
- To demonstrate progress against indicators within the NHS Workforce Race Equality Standard.

7. Gender

Women made up the majority of the Christie workforce, with 72.9% of employees being female at 31 October 2017. By comparison, NHS Employers reported that 77% of the total NHS workforce in England at September 2016, were female; within this, 55% of the medical staff in the NHS workforce were male and 45% were female ¹

The majority of staff groups comprised more women than men; the Administrative and Clerical group contained the highest proportion of female workers at 22.50%; other groups with a high proportion of female staff were Nursing and Midwifery (22.35%) Additional Clinical Services (8.24%) and Allied Health Professionals (7.81%)

¹ NHS Employers 'Gender in the NHS' infographic, accessed December 2016

The group with the highest proportion of male employees was Administrative and Clerical (7.09%) followed by Estates and Ancillary (4.97%) and the Medical group (4.18%).

At October 2017, four of the Trust's six executive directors, plus our Chair, were female.

8. Ethnicity

8.1 Our workforce composition by ethnicity

Staff ethnicity is recorded on the electronic staff record by the ethnicity which the individual identifies themselves. In this report, these are grouped into the broad ethnic groups of 'Asian/Asian British', 'Black/Black British', 'Mixed', 'Other', 'White British', 'other White' and 'not stated'.

At 31 October 2017, 84.7% of the workforce identified themselves as white, which included 4.7% of staff of 'Other White' backgrounds. Among black and minority ethnic groups, Asian/Asian British was the largest, accounting for 6.4% of the total. **Appendix I** provides a table showing the broad ethnic origins of the total Christie workforce at 31 October 2017, compared to the Greater Manchester and Cheshire East residents in the national census 2011.

When disaggregated by staff group, the largest percentages of black and minority ethnic staff were found in Medical & Dental (31.47%) and Estates & Ancillary (21.39%). A table showing further detail of ethnic origin disaggregated by staff group can be found as **Appendix II**.

When disaggregated by pay banding, the greatest proportion of ethnic diversity (including 'other White' backgrounds) was found in medical staffing and in bands 1 to 3. A table showing further detail of ethnic origin disaggregated by banding can be found as **Appendix III**.

8.2 The NHS Workforce Race Equality Standard

Introduced in 2015, the NHS Workforce Race Equality Standard (WRES) requires NHS organisations to demonstrate progress against a number of indicators of workforce equality. The WRES highlights any differences between the experience and treatment of white staff and black and minority ethnic (BME) staff and provide a platform to take necessary remedial action on the cause of ethnic disparity.

The Christie WRES report 2016 and associated action plan were published on our website. There was some improvement on the 2015 data in some indicators. For example, the data from the 2015 Staff Survey indicated there was a significant improvement in BME staff experiencing harassment, bullying or abuse from staff in the last 12 months, decreasing from 28% in 2015 to 11% in 2016. Also the survey results indicated a reduction in the BME staff who had experienced discrimination at work from a manager/team leader or other colleagues in the last 12 months, from 7% to 3%.

However it is acknowledged that further improvement action is required and we have therefore included demonstrating progress towards the WRES indicators as one of our 2016-17 Equality Objectives.

9. Disability

Awareness of the importance of our workforce disability data continues to increase year on year. Disclosure remains entirely voluntary however, and 14.5% of the workforce has either chosen not to declare, or has not disclosed this information to date.

Over 3% of our workforce has disclosed that they consider themselves disabled. Occupational Health continue to work with our managers and staff to identify the reasonable adjustments that could be implemented to provide the appropriate support for each individual at work.

Appendix IV provides a table showing the percentages of the workforce who have disclosed that they do/do not have a disability at 31 October 2017.

There is no comparative census information on the size of the UK population with a disability, however the Government's Office for Disability Issues estimates that there are 5.7 million adults of working age who have a longstanding illness, disability or infirmity i.e. who meet the definition of disability under the Equality Act.²

9.1 Disability Confident Employer

For the second year we have been confirmed as a Disability Confident Employer under the Department for Work & Pensions' new scheme, which replaces the Positive about Disabled People (Two Ticks) scheme.

This means we are committed to attract, recruit and retain people with disabilities for their skills and talent.



9.2 Work experience for people with learning disabilities

As a Trust, we have signed up to the NHS England/NHS Employers pledge to demonstrate our commitment to employing people with learning disabilities.

During this time we have partnered with Pure Innovations, an organisation that supports people with disabilities to have a meaningful experience of work. We provided 15-week placements for three students within the Catering department, the Cancer Information Centre and the Radiotherapy department. These placements offered the opportunity for the students to contribute to team activities and for the Trust to benefit from the skills of the individuals whilst simultaneously supporting their development.

² Department for Work & Pensions: 'Disability prevalence estimates 2011-12', Office for Disability Issues, published January 2014

10. Age

10.1 Our workforce by age band

With regard to age within the workforce at 31 October 2017, 23.9% of staff were aged 30 or under and 25.19% were aged 51 or over. 50.9% of the workforce was within the 31-50 age range.

Appendix V provides a table showing the percentages of the Christie workforce by age band at 31 October 2017 compared to Manchester residents of working age.

10.2 Developing the future healthcare workforce



We are keen to support the healthcare workforce being representative of the communities it serves. To this end, we have progressed a range of plans to provide opportunities for people to experience working life in the NHS, and to support opportunities for people to start their career in an NHS role.

We work closely with organisations such as Pure Innovations, local schools and colleges, the GM Careers hub and local Job centres to provide a range of opportunities for our communities.

11. Religion or belief -

Staff are encouraged to provide us with equality monitoring data but disclosure remains entirely voluntary. Just over one fifth of staff (21.38%) have confirmed that they do not wish to disclose their religion or belief. **Appendix VI** provides the percentages of staff by religion or belief compared to the religion indicated by residents of Greater Manchester in the 2011 national census.

The chaplaincy and spiritual care team worked across faith and belief boundaries as far as is appropriate, but also respected the need for specialised care from patients' own faith and belief groups. The service had four part-time Christian chaplains on staff, was supported by Christian, Muslim, and Jewish honorary chaplains, and had a wide range of contacts with other faith communities within the catchment area of The Christie. In addition the team now has six ward-based volunteers from Christian, Muslim, Buddhist and Humanist traditions. A non-religious volunteer was specifically recruited, because roughly 25% of the inpatient population do not identify as religious, and yet still have spiritual/emotional needs which can be better served from someone outside of a religious tradition.

In the 12 months to October 2017 there were 263 active referrals for chaplaincy care; this represented calls to the chaplaincy department from staff, volunteers, patients' friends or relatives, from patients themselves, and from patients' religious ministers in the community, requesting chaplaincy involvement.

Our chapel, prayer room and multi-faith room continue to be well-used by patients, carers and staff. Requests for prayer left in chapel continue to reflect a huge range of

belief and spirituality, and our Examen self-awareness resources³ for patients, carers and staff, of all faiths and none, continue to prove popular.

As well as the new ward-based volunteer scheme, other innovations this year included a regular Newsflash outlining forthcoming religious festivals and a spiritual well-being stand at a staff health and well-being day.

12. Sexual orientation

There is no national census information on the size of the lesbian, gay and bisexual (LGB) population in the UK. Treasury actuaries estimate that 6% of the UK population are LGB people. The Office for National Statistics Integrated Household Survey January to December 2014 (latest release) indicated that 1.6% of adults in the UK identify as LGB.⁴ **Appendix VII** provides a table showing the comparison between the Christie workforce by sexual orientation at 31 October 2017, and the results of The Integrated Household Survey.

The LGBT Cancer Support Alliance is a partnership between Macmillan Cancer Support, The Christie, LGBT Foundation, NHS England, academics, various other NHS and third party organisations, and LGBT people affected by cancer. The Alliance has made considerable progress to improve support available to members of the LGBT community affected by cancer.

Manchester Pride, the city's annual celebration of lesbian, gay, bisexual and transgender (LGBT) life aims to challenge discrimination and is now the UK's leading Pride event.

In August, we supported Manchester Pride for the eleventh consecutive year to celebrate the rich diversity of our patients and staff and our commitment to providing inclusive services and employment.

Photo 1: Showing our support for Manchester Pride



³ The Examen is a century's old spiritual practice that we can be used today to enrich conscious awareness of the fullness of life and the subtle clues that guide living. It is offered to you as a tool to help you leave work at work at the end of your working day and can be used whatever your beliefs.

⁴ Office of National Statistics: 2015 Key findings from the Integrated Household Survey: January to December 2014 (experimental statistics).

13. Gender Reassignment/Trans

There is no census information on the size of the trans population in the UK. The number of gender variant people in the UK is estimated currently by the Gender Identity Research and Education Society (GIREs) to be nearly 500,000, a prevalence of 1%. The number of adults who have presented for medical care for gender variance is 12,500, and of these, around 7,500 have now undergone transition.⁵

We recognise that monitoring the numbers of trans people is highly sensitive and there is a risk that if numbers are disaggregated, this could jeopardise privacy. GIREs suggests that most gender nonconforming people do not wish to be detected, even in a confidential way.⁶

Our learning is enhanced by being a partner in the LGBT Cancer Support Alliance.

Supplementary education events supported by the Alliance included:

- Elements of their training package delivered to the HR team and the Gynaecology team on trans considerations.

The Alliance were featured in a new Care Quality Commission publication on good practice around 'equality and human rights', and The Christie featured as a [Case Study](#).⁷

14. Marriage and civil partnership

At 31 October 2017, less than 1% of our staff were civil partners and 43.9% were married.

The Marriage (Same Sex Couples) Act enabled same sex couples to marry in civil or religious ceremonies. From 2014, civil partners were able to convert their partnership into a marriage, if they wished.

15. Recruitment and selection

In total, the Trust received 16,180 applications for employment in the period from 1 November 2016 to 31 October 2017. 24.60% of those shortlisted were then appointed.

Appendix VIII shows the percentage of applicants by protected characteristics at the application, short listing and appointment stages of the selection process during this period. Applicants' protected characteristics are not provided to recruiting managers prior to short listing; short listing decisions are based on the vacancy-related information provided by the applicants. Disabled applicants who meet the minimum criteria for the vacancy are guaranteed an interview in line with our Disability Confident Employer commitment to attracting, recruiting and retaining people with disabilities for their skills and talent.

⁵ Gender Identity Research and Education Society: 'The number of gender variant people in the UK – Update 2011'. (2011)

⁶ Gender Identity Research and Education Society: 'Monitoring Gender Nonconformity – a quick guide' (2012)

⁷ LGBT Cancer Support Alliance Project Report (2017)

The Trust has a comprehensive recruitment and selection policy, agreed with staff side representatives. The policy specifies that the Trust will ensure that all applicants are dealt with fairly and consistently, in line with all legal, statutory and good practice requirements. It is best practice for all staff members undertaking recruitment and selection to have first attended the Trust's recruitment and selection training.

16. Part-time working

Staff with more than six months' service qualified for the right to request a flexible working arrangement that both enhanced their own work life balance and fitted with the needs of the service.

At 31 October 2017, 24.62% of the total workforce worked part-time hours. In terms of gender, 22.57% of the Trust's female staff worked part-time hours, compared to 2.09% of the Trust's male staff.

In addition to part-time working, the Trust offered a range of flexible working arrangements including job-share, team-based self-rostering, flexi-time, term-time working and career breaks.

A further family-friendly benefit available to staff working at The Trust is The Christie day nursery, providing places for babies and pre-school children.

17. Promotions



Between 1 November 2016 and 31 October 2017, 341 staff achieved a grade increase of one grade or more.

We maintain the important principle of 'best person for the job' irrespective of protected characteristics. A review of the percentages of staff by protected characteristics (where these have been disclosed) who were promoted, compared to the percentages in the wider workforce was undertaken.

Appendix IX provides a table showing the percentage of promotions between 1 November 2016 and 31 October 2017 compared to the total Christie workforce by protected characteristics.

18. Development



All staff were required to undertake all the appropriate induction (corporate and departmental), risk management and essential training they need to effectively undertake their role within the Trust safely and competently. Additional training for development may be identified during the annual Performance Development Review between the manager and the individual.

The Policy for Educational Funding and/or Associated Study Leave provided a consistent and transparent guide for all staff applying for funding for any educational development opportunity. It stated that managers will be consistent in their approach

to approving study leave and care must be taken to ensure no group of staff is discriminated against either directly or indirectly.

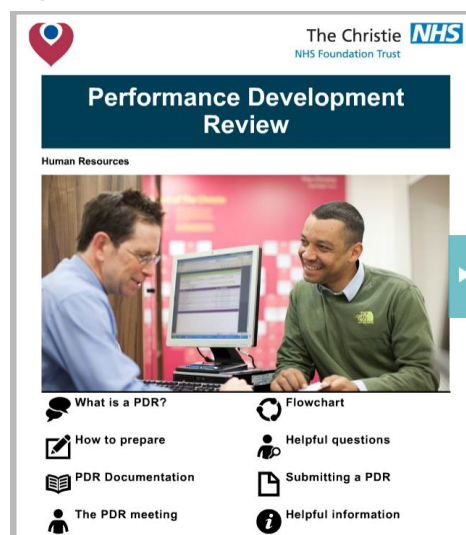
A wide range of educational modules were available to staff by application to the Professional Course Budget. The Education Funding Panel reviewed all applications and approved based on clearly-defined criteria within the Education Funding and/or Associated Study Leave Policy, the purpose of which is to ensure a standardised, efficient, effective and equitable approach. Information for vocational qualifications, whereby individuals are supported from external funding, central education funds or from departmental budgets is included in this data. The opportunity to apply is available to all staff.

The Professional Course Budget received 227 applications in 2017; 61.67% of these were from female staff and 38.33% were from male members of staff. The number of black and minority ethnic and white other applicants was 19.82%. 21.14% of applicants were declined, in line with the approval criteria and 77.97% of these applicants were White British.

19. Appraisals (Performance Development Reviews)

Trust policy states that it is mandatory for all staff to have a formal Performance Development Review on an annual basis. The interactive document ensures the process is succinct with all the relevant information in one place.

At defined points in a pay band, known as 'gateways', decisions are made about pay progression as well as development. It is only at gateways, or if concerns have been raised about significant weaknesses in undertaking the current role, that the outcome of a review might lead to deferment of pay progression. No staff had pay progression deferred in the period between 1 November 2016 and 31 October 2017.



20. Maternity leave

The Trust's Maternity, Paternity and Adoption Leave policy sets out staff entitlements, including the right to 52 weeks leave and the right to return to work, as well as additional support e.g. up to 10 paid 'keeping in touch days' for staff on maternity leave.

During the period 1 November 2016 and 31 October 2017, 4% of the total workforce commenced maternity leave. During the same period, 99% of staff completing their maternity leave returned to work.

A further family-friendly benefit available to staff is The Christie day nursery, providing places for babies and pre-school children.

21. Disciplinary

The Trust has a comprehensive disciplinary policy developed in line with ACAS Code of Practice on Disciplinary and Grievance Procedures, and agreed with staff side representatives. The policy outlines the procedure for dealing with concerns of a disciplinary nature, ensuring that all employees are treated in a fair and consistent manner. The Human Resources Department oversees the operation and monitoring of this policy, and ensures the provision of training, guidance and support to managers on the operation of the policy. The appropriate level of Human Resource department support is present during formal hearings.

Between 1 November 2016 and 31 October 2017, approximately 25 disciplinary cases began in respect of Christie staff (representing <1% of the overall workforce). The percentages of disciplinarys during the period were reviewed by protected characteristics and compared to the total workforce. However, the overall numbers involved are small which may affect the statistical significance of the data, in view of this, the disaggregated data is not indicated in order to protect the individuals.

22. Grievances

The Trust has a comprehensive grievance policy developed in line with ACAS Code of Practice on Disciplinary and Grievance Procedures, and agreed with staff side representatives. The policy outlines the procedure for the raising and resolution of individual and collective grievances in a fair and consistent manner. The Human Resources Department oversees the operation and monitoring of the policy to ensure its fair and consistent application throughout the Trust.

Between 1 November 2016 and 31 October 2017, 16 grievance cases began in respect of Christie staff (representing less than 1% of the overall workforce). The percentages of grievances during the period were reviewed by protected characteristics and compared to the total workforce. However, the overall numbers involved were very small which may affect the statistical significance of the data; in view of this, the disaggregated data is not indicated, to protect the individuals.

23. Leaving the Trust

Between 1 November 2016 and 31 October 2017, 367 staff left the Trust. Of these, 16.08% left for promotion, 11.99% left to relocate and 5.72% chose to retire.

Appendix X provides tables showing the percentage leaving by protected characteristics.

24. NHS Staff Survey 2015



328 staff took part in the national NHS staff survey which represented a Trust response rate of 42%. This was an average response rate for acute specialist trusts in England.

In 2016, the Trust scored 4.25 out of a possible 5 in terms of staff recommending the Trust as a place to work or receive treatment.

It was notable that male/female staff, disabled/not disabled staff, white/black and minority ethnic staff, and staff from the four age ranges all consistently scored over 4 out of a possible 5 in recommending the Trust as a place to work or receive treatment.

91% of staff believed that the Trust provides equal opportunities for career progression or promotion. This was the best score achieved for this question by acute specialist trusts in the 2015 survey.

Appendix XI shows an extract of some of the key findings of the survey, disaggregated by the protected characteristics of gender, disability and ethnicity.

25. Staff Engagement: The Christie Commitment

The Christie Commitment is our promise about how patients will be cared for, and staff will be supported to help us deliver our 20:20 Vision. Our Christie principles and behaviours which underpin all that we do are:

Principles	Behaviours
We care	We always give the best quality care We treat everybody with compassion, dignity and respect We listen to our patients and each other
We discover	We work together as one Christie team We share knowledge and learning
We teach	We support staff to develop to their full potential We look for new ideas and better ways of working We promote a fair culture We provide a safe, clean and tidy environment

Listening to our staff, we have agreed five pledges to support them in work; these have been developed using the staff pledges of the NHS Constitution but localised to meet The Christie needs:



2016 saw a range of programmes of work developed and implemented across the Trust to support the pledges for our staff. As well as those indicated by the pledge symbols throughout this report, these included:

- Know your Numbers: understanding blood pressure results
- Annual Staff Health and wellbeing event: now in its 4th successful year the event showcased the latest ideas, innovations and workshops to guide staff's future health and wellbeing choices both at work and home
- Men's Health week in June 2017
- The employee assistance programme enabled staff to speak in confidence with a counsellor and access a wide range of free wellbeing services through Insight Healthcare.



26. Workforce training in equality

Equality and diversity training was mandatory for all staff groups. The training is also available for staff to access via an e-learning package and includes raising awareness of:

- definitions of equality and diversity
- the Equality Act 2010 including the public sector equality duty and protected characteristics
- reasonable adjustments for disabled people
- harassment, bullying, discrimination and victimisation: examples of behaviour, the Trust's 'zero-tolerance' policy, how to raise concerns and how these will be managed.

At 31 October 2017, 93.81% of our workforce was compliant with this training, with robust plans in place to increase compliance across the organisation.

We also delivered training for managers on responsibilities in supporting staff with disabilities at work.

27. Equality impact analysis (EIA)

Trust policy required that each strategy, policy, business case and workforce redesign must undergo equality impact analysis during its development, to minimise, and if possible remove, any disproportionate impact on employees on the grounds of protected characteristics, and to further promote equality. Policies and business cases will not be ratified unless this has been completed.

The EIA intranet page set out the Trust EIA process, training required and guidance for managers including the annual newsletter of developments. Training included an e-learning module and a briefing on Trust process and the electronic EIA tool to enable effective completion.

The Equality Impact Analysis Quality Assurance Group monitored completion rates and reviewed content quality of randomly selected analyses.

28. NHS Equality, Diversity & Human Rights (EDHR) Week 2016

This event occurs annually in May and allows NHS organisations to showcase their work and commitment to creating a fairer, more inclusive NHS for patients and staff. In 2017 we used this national platform to raise awareness of EDHR information and our local work and successes. There were displays around our site and information via social media throughout the week to showcase our commitment to our diverse patients and staff, plus our dining room provided 'meals from around the world'.

29. Conclusion

The Trust has a legal duty to ensure that both employment and services are provided fairly and recognises that equality monitoring is an important way of assessing our progress. Monitoring can indicate whether we are offering equality of opportunity and fair treatment to all staff and can help us to make changes based on facts rather than assumptions.

This report sets out the equality monitoring data in respect of our workforce and employment practices and the range of action undertaken during 2016-17 to continually provide robust and fair practices for our workforce and applicants. We have made progress, but we recognise there is always more that we can do, and we continually strive to improve and ensure our employment practices are accessible and fair.

The report has been considered by the Trust's Staff Forum, comprising managers and staff side representatives who meet to discuss issues which concern the employment relationship.

The information contained in this report will be considered by key stakeholders including staff and staff side representatives in order to review progress and distil the appropriate equality objectives for the Trust.

Appendix I

Table showing the broad ethnic origins of the total Christie workforce at 31 October 2017, compared with 2016 data and 2011 census for Greater Manchester and Cheshire East residents.

Broad Ethnic Origin	Christie headcount at 31/10/2017 %	Christie headcount at 31/10/2016 %	Greater Manchester %	Cheshire East %
Asian/Asian British	6.48%	6.2%	10.2%	1.6%
Black/Black British	2.8%	2.9%	2.8%	0.4%
Mixed	1.6%	1.4%	2.3%	1%
Not stated	2.7	2.9%	n/a	n/a
Other ethnic group	1.1%	1.2%	1.1%	0.2%
White (British & other)	84.7	85.3%	83.8%	96.8%
Total	100%	100%	100.2%	100%

Source: Office for National Statistics: Table KS201EW, 2011 Census: ethnic group, local authorities in England and Wales

Appendix II

Comparison showing the percentages of the Christie workforce by staff group and broad ethnic origin at 31 October 2017 and at 31 October 2016.

Staff Group	At 31 October 2017				At 31 October 2016		
	% of Black & Minority Ethnic staff	% of White British/ white other staff	% of undisclosed staff		% of Black & Minority Ethnic staff	% of White British/ white other staff	% of undisclosed staff
Additional Prof Scientific and Technical	12.22%	85.55%	2.22%		12.9%	84.9%	2.2%
Additional Clinical Services	12.71%	85.58%	1.71%		10.1%	86.7%	3.2%
Administrative and Clerical	10.33%	89.29%	0.36%		10.3%	87.2%	2.5%
Allied Health Professionals	9.02%	90.97%	0.00%		9.0%	88.8%	2.1%
Estates and Ancillary	21.39%	78.60%	0.00%		22.4%	76.4%	1.3%
Healthcare Scientists	7.90%	92.09%	0.00%		8.1%	87.9%	4.0%
Medical and Dental	31.47%	68.02%	<1%		29.6%	59.3%	11.1%
Nursing/midwifery registered	8.02%	91.38	<1%		7.1%	91.3%	1.6%

Appendix III

Table showing the percentages of the Christie workforce by pay band grouping and broad ethnic origin at 31 October 2014 – 2017.

Pay band grouping	Ethnicity	2017	2016	2015	2014
		% of band	% of band	% of band	% of band
Bands 1 – 3	Black & Minority Ethnic	16.35%	15.1%	13.73%	13.38%
	Not stated/refused	1.25%	1.4%	2.73%	3.31%
	White British	71.22%	75.7%	75.42%	74.71%
	White Other	11.16%	7.8%	8.68%	8.60%
Bands 4 – 6	Black & Minority Ethnic	10.41%	9.9%	10.05%	9.60%
	Not stated/refused	2.39%	2.8%	3.24%	3.20%
	White British	70.07%	80.9%	78.14%	79.19%
	White Other	10.11%	6.4%	8.56%	8%
Bands 7 and above	Black & Minority Ethnic	5.28%	6.4%	5.79%	4.99%
	Not stated/refused	5.56%	2.1%	2.72%	1.54%
	White British	80.8%	85.2%	82.25%	84.84%
	White Other	11.52%	6.3%	9.24%	8.64%
Medical	Black & Minority Ethnic	28.70%	29.7%	27.01%	26.59%
	Not stated/refused	10.18%	11.1%	15.52%	13.29%
	White British	40.27%	43.4%	41.95%	46.82%
	White Other	22.22%	15.7%	15.52%	13.29%

Appendix IV

Proportion of the Christie workforce who have disclosed disability in 2014 – 2017.

Disability	% of Workforce at 31/10/2017	% of Workforce at 31/10/2016	% of Workforce at 31/10/2015	% of Workforce at 31/10/2014
No	81.9%	80.3%	77.7%	75.25%
Yes	3.6%	3.6%	3.3%	3.53%
Not declared/undefined	14.5%	16%	18.99%	21.22%
Total	100%	99.99%	99.99%	100%

Appendix V

Percentages of the Christie workforce by age band at 31 October 2017 compared to Manchester residents of working age.

Age	Christie workforce at 31 October 2017 %	Age	Manchester residents* %
<20	0.32%	15-19	6.57%
21-25	8.93%	20-24	12.58%
26-30	14.65%	25-29	11.81%
31-35	14.61%	30-34	9.48%
36-40	12.89%	35-39	7.23%
41-45	10.98%	40-44	5.69%
46-50	12.42%	45-49	5.61%
51-55	12.49%	50-54	5.08%
56-60	8.24%	55-59	4.18%
61-65	3.53%	60-64	3.38%
66-70	0.68%	65-69	3.00%
>71	0.25%	70-74	2.09%
		75-79	1.72%

Source: Office of National Statistics: 2016 Mid-Year Estimate of Population (Manchester City Council Public Intelligence Population Publications)

Please note that these figures are not directly comparable as the age banding in the Electronic Staff Record (ESR) system does not reflect the census categories.

Appendix VI

Percentages of The Christie workforce by religion or belief in 2014 - 2017 compared to the religion indicated by residents of Greater Manchester in the 2011 national census. ***

Religion or belief	% of workforce at 31/10/2017	% of workforce at 31/10/2016	% of workforce at 31/10/2015	% of workforce at 31/10/2014	2011 Census Greater Manchester**
Atheism	17.46%	15.7%	14.10%	12.52%	20.77%
Buddhism	0.47%	<1%	<1%	<1%	0.36%
Christianity	47.16%	48.9%	48.95%	49.30%	61.79%
Hinduism	1.15%	<2%	<2%	<1%	0.88%
Islam	3.71%	3.6%	3.11%	2.77%	8.68%
Jainism	0.04%	-	-	-	-
Judaism	0.50%	<1%	<1%	<1%	0.93%
Other	7.09%	6.2%	6.57%	6.34%	0.28%
Sikhism	0.29%	<1%	<1%	<1%	0.2%
Do not wish to disclose	21.38%	22.4%	17.87%	19.45%	0
Undefined	0.76%	<1%	7.5%	7.90%	6.12%
Total	100%	100%	100%	100%	100%

Source: Office for National Statistics: Table KS209EW, 2011 Census: Religion, local authorities in England and Wales

Appendix VII

Comparison between the Christie workforce by sexual orientation at 31 October 2016 and 31 October 2017, and the results of The Integrated Household Survey 2014.

Sexual Orientation	% of workforce at 31/10/2017	% of workforce at 31/10/2016	% of workforce at 31/10/2015	IHS Survey 2014*
Gay/lesbian/bisexual	3.14%	<3%	<3%	1.6%
Heterosexual	78.94%	77.6%	75.41%	92.8%
Do not wish to disclose / don't know	17.21%	18.8%	14.69%	3.9%
Undefined	0.72%	<1%	7.54%	1.4%
Total	100.01%	100%	100.01%	100.1%

Source: Office for National Statistics 2015: Key Findings from the Integrated Household Survey: January to December 2014 (Experimental Statistics)

Appendix VIII

Recruitment and selection by protected characteristics between 1 November 2016 and 31 October 2017.

Gender	% of all applicants	% of all shortlisted candidates	% of all appointed candidates
Male	32.10%	28.20%	24.60%
Female	67.50%	71.40%	74.40%
Undisclosed	0.40%	0.50%	1.00%

Ethnicity	% of all applicants	% of all shortlisted candidates	% of all appointed candidates
Asian/Asian British	17.10%	13.20%	7.40%
Black/Black British	10.20%	6.80%	3.10%
Mixed	3.80%	2.90%	2.50%
Other ethnic group	1.70%	1.00%	1.30%
White British/Other	63.30%	72.10%	81.40%
Undisclosed	2.30%	2.20%	2.30%

Disability	% of all applicants	% of all shortlisted candidates	% of all appointed candidates
Yes	4.60%	5.20%	3.80%
No	93.90%	93.40%	95.00%
Undisclosed	1.50%	1.40%	1.10%

Age (years)	% of all applicants	% of all shortlisted candidates	% of all appointed candidates
under 20	1.60%	1.10%	1.90%
20-29	39.50%	35.40%	38.70%
30-39	28.10%	28.70%	28.80%
40-49	17.00%	19.0%	17.20%
50-59	12.00%	14.10%	12.10%
60-69	1.70%	1.60%	1.20%
70+	0.10%	0.10%	0.00%
Undisclosed	0.00%	0.00%	0.00%

Religion or Belief	% of all applicants	% of all shortlisted candidates	% of all appointed candidates
Atheism	15.00%	18.60%	22.60%
Buddhism	0.60%	0.60%	0.90%
Christianity	46.80%	46.60%	46.20%
Hinduism	2.80%	2.50%	1.40%
Islam	12.80%	9.00%	5.00%
Jainism	0.00%	0.00%	0.00%
Judaism	0.30%	0.40%	0.70%
Sikhism	0.40%	0.40%	0.40%
Other	11.10%	10.70%	11.00%
Undisclosed	10.00%	11.30%	11.80%

Sexual Orientation	% of all applicants	% of all shortlisted candidates	% of all appointed candidates
Lesbian/gay/bisexual	4.90%	5.10%	5.10%
Heterosexual	88.00%	87.70%	87.80%
Undisclosed	7.20%	7.20%	7.10%

* Source: NHS Jobs

Appendix IX

Percentage of promotions between 1 November 2016 and 31 October 2017 compared to the total Christie workforce by protected characteristic

Protected characteristics (where these have been disclosed)	% Christie promotions 31/10/2017	% Christie headcount at 31/10/2017
Female staff	74.19%	72.9%
Male staff	25.80%	27.1%
Black & minority ethnic staff	8.79%	12.5%
Staff with a disability	<1%	3.6%
Lesbian, gay & bisexual staff	5.57%	3.14%
Staff aged 35 or under	75.95%	23.9%
Staff aged 50 or over	8.79%	25.19%

Appendix X

Percentage of leavers by protected characteristics between 2013 and 2017

GENDER	Female	Male
2016-17	71.9%	28.06%
2015-16	70.5%	29.5%
2014-15	71.43%	28.57%
2013-14	74.4%	25.6%

DISABILITY	Yes	No	Not stated
2016-17	4.35%	81.47%	14.16%
2015-16	3.5%	86.1%	10.4%
2014-15	3.02%	73.9%	23.08%
2013-14	2.38%	78.87%	18.75%

AGE	<21	21-30	31-40	41-50	51-60	61-70	71+
2016-17	<1%	34.05%	32.42%	15.25%	12.80%	4.63%	<1%
2015-16	<1%	33.1%	27.8%	15.7%	14.9%	7.6%	<1%
2014-15	<1%	22.8%	33.24%	16.76%	17.86%	8.24%	<1%
2013-14	<1%	28.27%	25%	22.62%	17.86%	4.46%	1.19%

ETHNIC ORIGIN	Asian/ Asian British	Black/ Black British	Mixed	Not stated	Other ethnic	White
2016-17	7.32%	4.08%	1.90%	4.63%	2.45%	79.29%
2015-16	6.1%	4.8%	2.8%	4.8%	1.3%	80.3%
2014-15	5.22%	4.67%	1.1%	8.24%	<1%	79.95%
2013-14	8.63%	2.98%	1.49%	3.57%	0%	83.33%

SEXUAL ORIENTATION	Lesbian	Bisexual	Gay	Heterosexual	Not stated
2016-17	<1%	<1%	2.17%	80.65%	16.07%
2015-16	<1%	<1%	<2%	81.1%	16.9%
2014-15	<1%	<1%	2.2%	71.43%	25%
2013-14	<1%	<1%	<1%	75%	23.81%

RELIGION /BELIEF	Atheism	Buddhism	Christianity	Hinduism	Islam	Judaism	Not stated	Other	Sikhism
2016-17	17.16%	1.63%	49.04%	2.45%	5.99%	n/a	17.98%	5.72%	n/a
2015-16	15.7%	<1%	51.8%	<1%	4.8%	<1%	17.7%	8.1%	<1%
2014-15	12.91%	<1%	44.23%	0.82%	4.12%	<1%	29.67%	6.87%	0%
2013-14	12.5%	<1%	46.73%	1.49%	4.17%	<1%	27.08%	6.25%	<1%

Appendix XI

Extract of themes from NHS National Staff Survey 2016: showing gender, disability and ethnic background comparisons.

N.B. Data in this section of the Staff Survey is not weighted. Care should be taken not to over interpret the findings if scores in this section differ slightly; because of small numbers in these sub-groups, it may not be statistically significant.

Table 1: results in scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5.

THEME	GENDER		DISABILITY		ETHNIC BACKGROUND		OVERALL TRUST RESPONSE	
	Men	Women	Disabled	Not Disabled	White	Black & minority ethnic	2015	2016
KF1. Staff recommend the Trust as a place of work or to receive treatment	4.29	4.22	4.15	4.25	4.23	4.33	4.26	4.25
KF2. Staff satisfaction with quality of work and patient care they are able to deliver	4.02	4.12	3.94	4.10	4.09	4.17	4.12	4.07
KF4. Staff motivation at work	3.92	3.88	3.81	3.90	3.86	4.12	3.95	3.98
KF9. Effective team working	3.78	3.87	3.82	3.87	3.85	3.74	3.89	3.90
KF10. Support from immediate managers	3.81	3.81	3.60	3.84	3.80	3.85	3.82	3.89
Number of respondents 2015	91	220	52	257	281	35	328	1,282

Table 2: results in percentage scores i.e. percentage of staff giving a particular response to a survey score.

THEME	GENDER		DISABILITY		ETHNIC BACKGROUND		OVERALL TRUST RESPONSE	
	Men	Women	Disabled	Not Disabled	White	Black & minority ethnic	2016	2015
KF21. % Believing the Trust provides equal opps for career progression or promotion	91	96	89	95	95	90	91%	95%
Number of respondents 2015	91	220	52	257	281	35	1,282	328