

<b>Meeting title</b>	Trust Board - part 1 meeting	<b>Dates:</b> 31.1.2018
<b>Report title</b>	2016/17 Public sector equality duty	<b>Agenda item:</b> 17
<b>Lead directors</b>	Alison Heeralall, Director of Workforce (workforce equality) and Donna Lamb, Director of Nursing & Non-Medical Professionals (patient equality)	
<b>Report authors</b>	Swarnjit Singh, Trust Secretary , Ian Hughes, Workforce & Systems Information Manager, and Robin Chapman, Patient Experience Manager	
<b>Executive summary</b>	<p>This report presents board members with the:</p> <ul style="list-style-type: none"> <li>i. annual public sector equality duty report (PSED) approved by Executive Committee on 16 January 2018 and Workforce and Education Committee on 25 January 2018 with both committees recommending to the trust board for publication approval.</li> <li>ii. revised trust equality and diversity action plan 2017/2019.</li> </ul>	
<b>Purpose</b>	Approval	
<b>Recommendation</b>	<p>The Board are asked to:</p> <ul style="list-style-type: none"> <li>1. note the approved the 2016/2017 PSED report and the areas highlighted for actions in 2017/19; with <ul style="list-style-type: none"> <li>i) patient actions to be led by the Director of Nursing and assurance monitored via QGC and</li> <li>ii) workforce actions to be led by the Director of Workforce and assurance monitored via WEC</li> </ul> </li> <li>2. approve the PSED for publication on our web pages (alongside the WRES data that was published in August).</li> </ul>	
<b>BAF/TRR</b>	Q1/Q2, P1/2a	
<b>Report history</b>	14.11.2017,8.12.2017 and 9.1.2018 Executive Committee meetings; 11.12.2017 Equality and Diversity Committee ; 25.1.2018 Workforce and Education Committee	
<b>Appendices</b>	<ul style="list-style-type: none"> <li>1: Final 2016/17 PSED Report</li> <li>2: Equality and Diversity Action plan</li> </ul>	

## 2016/17 Public Sector Equality Duty report



## **Foreword by Patricia Wright, Chief Executive and Stephen Swords, Chairman**

Hounslow and Richmond Community Healthcare NHS Trust is pleased to present its annual equality report, in line with specific duties for publicly-funded bodies contained within the Equality Act (2010). We should restate at the outset that the trust remains strongly committed to providing personal, fair and diverse services to the people we serve and the people we employ and develop for three key reasons: first, it aligns with our core equality aims to be both the local community healthcare provider of choice and the local employer of choice; secondly, we believe fundamentally in the business case for valuing diversity and inclusion and its underpinning evidence; and thirdly, it is the right thing to do from a moral and ethical perspective to advance fairness for our patients and staff and to eliminate discrimination.

Our ambition remains to improve the health outcomes, access and experience of all of our patients, carers, visitors, volunteers and staff. During the past year, we have:

- As part of Diabetes week, the trust's specialist diabetes team organised a series of events to raise awareness of this life-long condition, which affects 4 million people in the UK and a significant number of local residents
- In collaboration with the London Borough of Hounslow, held a learning disability health fair event, designed for people with autism or learning disabilities and their families/carers with a wide variety of activities and advice and support for people on how to access local services
- Ensured clear health and care information is available for disabled people and their carers who request it by implementing the Accessible Information Standard which came into force on 1 July 2016
- Launched One You Hounslow , a new online programme to help people lose weight, eat well, be more active and stop smoking and thereby address health inequalities
- Promoted compassionate care and dignity and respect for all patients an at event for patients and staff
- Worked with local schools and colleges to promote careers and work experience in the NHS, including holding a careers bootcamp and visiting a number of secondary schools
- In partnership with local organisations, ensured information was available for the parents and families of children with a hearing impairment
- With partners, launched the Wheelchair Hub. This is a new, integrated, high quality service for local people in Hounslow to provide a single, streamlined service for all aspects for wheelchair care: posture assessment, equipment and review, repairs and maintenance
- Held focus groups with staff to respond to NHS staff survey findings on bullying and harassment from patients and staff, with divisional local actions to address
- Established a named non-executive director (NED) for equality and diversity, in addition to the respective executive leads for staff and patients. In addition to the trust supporting the 'NEXT' NED programme that helps develop future

potential NEDs from diverse backgrounds, the Trust Board Directors comprise one of the more diverse NHS Boards.

- Helped to improve the health and wellbeing of our staff through the introduction of a range of mindfulness and physical activities

We shall continue to show leadership and we will help to embed fairness into the cultures and behaviours of our staff by:

- championing and advancing equality diversity and inclusion
- helping and supporting staff to understand the importance of personalisation, fairness and diversity in the delivery of services
- providing an environment where staff can thrive, are confident to be themselves, feel valued and treat each other with fairness, dignity and respect from recruitment to retirement
- working to ensure that all of our information, services and buildings are accessible for all
- showing zero tolerance towards bullying, harassment, inappropriate language and behaviour, and encourage the reporting of all cases of discrimination
- acknowledging and valuing the work of all our local partners who help us deliver fairness for patients and staff
- all staff leading by example and embodying our vision and values

## 2016/17 Public Sector Equality Duty report

### 1. Purpose of the report

- 1.1 This report presents equality information about the Trust's service user population and workforce with reference to the protected characteristics identified in the Equality Act 2010.
- 1.2 The report is split into two main Sections: A. patients and B. workforce. Information in each section is largely presented in section headings which relate to the nine protected characteristics. Some sections are likely to contain significantly less information than others which is reflective of the challenges and limitations of collecting information, as well as the level of activity required or carried out in relation to each. Where there is limited information, these come with the caveat that it is hard to draw conclusions except give opinion in places.

### 2. Background

- 2.1 The Equality Act 2010 (the Act) replaced previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. The public sector Equality Duty (section 149 of the Act) came into force on 5 April 2011.
- 2.2 The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.
- 2.3 The Equality Duty is supported by specific duties, set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives.
- 2.4 The information published is expected to demonstrate the Trust's regard and support for achievement of the three aims of the Equality Duty:
  - Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
  - Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
  - Foster good relations between people who share a protected characteristic and people who do not share it.

2.5 The nine protected characteristics covered by the Equality Duty are:

- i. Age
- ii. Disability
- iii. Gender reassignment
- iv. Marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
- v. Pregnancy and maternity
- vi. Race – this includes ethnic or national origins, colour or nationality
- vii. Religion or belief – this includes lack of belief
- viii. Sex (i.e. gender)
- ix. Sexual orientation

### 3. The Protected Characteristics Defined by the Equality Act

#### **Age**

3.1 This refers to a person or persons belonging to a particular age group. An age group includes people of the same age and people of a particular range of ages. Where people fall into the same age group they share the protected characteristic of age.

#### **Disability**

3.2 In the Act, a person has a disability if they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities. For the purposes of the Act, these words have the following meanings:

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' includes everyday things like eating, washing, walking and going shopping

3.3 There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairment are automatically deemed to be disabled. Where people have the same disability, they share the protected characteristic of disability.

#### **Gender reassignment**

3.4 This is defined for the purpose of the Act as where a person has proposed, started or completed a process to change his or her sex. A transsexual person has the protected characteristic of gender reassignment. A woman making the transition to being a man and a man making the transition to being a woman both share the characteristic of gender reassignment, as does a person who has only just started out on the process of changing his or her sex and a person who has completed the process.

### **Marriage and Civil Partnership**

- 3.5 This refers to people who have the common characteristic of being married or of being civil partners. A heterosexual man and a heterosexual woman who are married to each other and a man and another man who are civil partners and woman and another woman who are civil partners all share the protected characteristic of marriage and civil partnership. People who are not married or civil partners do not have this protected characteristic. A person who is engaged to be married is not married and therefore does not have this protected characteristic. A divorcee or a person whose civil partnership has been dissolved is not married or in a civil partnership and therefore does not have this protected characteristic.

### **Pregnancy and maternity**

- 3.6 A woman remains protected in her employment during the period of her pregnancy and any statutory maternity leave to which she is entitled. This is now separate from protection on grounds of sex, which is not available to a woman during pregnancy and maternity. It is unlawful to take into account an employee's period of absence due to pregnancy related illness when taking a decision about her employment

### **Race**

- 3.7 For the purposes of the Act, 'race' includes colour, nationality and ethnic or national origins. People who have or share characteristics of colour, nationality or ethnic or national origins can be described as belonging to a particular racial group. Examples: Colour includes being black or white. Nationality includes being a British, Australian or Swiss citizen. Ethnic or national origins include being from a Roma background or of Chinese heritage. A racial group could be 'black Britons' which would encompass those people who are both black and who are British citizens.

### **Religion or Belief**

- 3.8 This covers people with religious or philosophical beliefs. To be considered a religion within the meaning of the Act, it must have a clear structure and belief system. The Act includes the following examples: The Baha'i faith, Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Rastafarianism, Sikhism and Zoroastrianism. To be considered a philosophical belief for the purposes of the Act, it must be:

- genuinely held
- be a belief and not an opinion or viewpoint
- be a belief as to a weighty and substantial aspect of human life and behaviour
- attain a certain level of cogency, seriousness, cohesion and importance
- be worthy of respect in a democratic society, compatible with human dignity and not conflict with the fundamental rights of others

3.9 The Act cites as examples of philosophical beliefs, Humanism and Atheism. Adherence to a particular football team would not be a religion or belief. A cult involved in illegal activities would not satisfy these criteria. People who are of the same religion or belief share the protected characteristic of religion or belief.

#### **Sex (formerly gender)**

3.10 For the purposes of the Act, sex means being a man or a woman. Men share the sex characteristic with other men and women with other women.

#### **Sexual Orientation**

3.11 This is defined in the Act as a person's sexual orientation towards:

- People of the same sex as him or her (in other words the person is a gay man or a lesbian).
- People of the opposite sex from him or her (the person is heterosexual).
- People of both sexes (the person is bisexual).
- People sharing a sexual orientation mean that they are of the same sexual orientation and therefore share the characteristic of sexual orientation.

### **4. About Hounslow and Richmond Community Healthcare NHS Trust**

4.1 HRCH provides community health services for around 515,000 people predominantly living in the London boroughs of Hounslow and Richmond, Sutton and Merton. Every day, our professionals provide high quality healthcare in people's homes and convenient local clinics. We help people to stay well, manage their own health with the right support and avoid unnecessary trips to, or long stays in, hospital.

#### **What we do**

4.2 We believe that community health services are the key to ensuring that people are able to receive the right care, in the right place, and at the right time. We employ over 1,000 staff, who work across a wide range of health centres, hospitals, GP surgeries, children's centres, local council facilities and in community settings – including in people's homes.

4.3 We provide services over a wide geographical area across London boroughs (see our site map overleaf for details).

4.4 Some of our services, such as the Walk-in Centre at Teddington Memorial Hospital and the Hounslow Urgent Care Centre at West Middlesex University Hospital, are also attended by patients from nearby boroughs. These services provide vital and convenient urgent care for patients with injuries or illnesses, who are unable to see their GP – alleviating the pressure on GPs and primary care services, and local acute hospitals. Our staff at Hounslow Urgent Care Centre provide round the clock care for patients, 24 hours a day - 365 days a year.



- 4.5 Find out more about our community health services via this link to our web pages: [www.hrch.nhs.uk/our-services](http://www.hrch.nhs.uk/our-services)

## What we do and where we are

### Adult services

- Community nursing, therapies, in-patient unit
- Urgent care and Walk-in services
- Richmond Rapid Response Team, Hounslow ICRS, CRS

### Specialist services

- Neuro-rehabilitation, continence services and continuing care

### Children's services

- Paediatric (Child Development; Continuing Care, Therapies) Universal Children's Services ( Health Visiting, Community Nursing, MASH, FNP) Audiology

### Childhood immunisations

- Richmond, Kingston, Sutton, Merton, Bromley, Bexley, Lambeth and Southwark

### Health and wellbeing

- One You Hounslow
- One You Merton
- Live Well Sutton



Richmond Core Centres    Hounslow Core Centres    Children's Centres



## SECTION B Patient Equalities Information

### Summary overview

HRCH is required to publish information on its patients in relation to their protected characteristics to demonstrate that it considers this when planning services. In 16/17 the trust was not routinely collecting patient data for four protected characteristics: disability, gender reassignment, pregnancy or maternity status and sexual orientation.

It has reviewed its patient information systems to ensure there is the facility to collect all protected characteristics and it is a key action during the remainder of 2017/18 to monitor, which will include discussions with local commissioners to try to ensure that as many of a patient's protected characteristics are known when they access primary care services and will remain known as they use other NHS services.

HRCH collects patient data (in relation to 2016/17) as indicated below:

### Gender:

- 57% of all patient contacts are female
- 43% of all patient contacts were male

This differs from the population of Hounslow and Richmond where:

- 49% female
- 51% male

### Race and ethnicity

The ethnic origin of patients receiving community services is:

- 25% Asian
- 6% Black
- 50% White

### Religion and belief

- 66% of patients did not declare their religion or faith.

### Age

- 36% of all patient contacts are for people who are over 75yrs.

### Married and civil partnership

- 15% of patients declared they were married or in a civil partnership.

## 5. Patient equality information

The trust is committed to providing high quality, safe services to the population it serves. However, it recognises that people have different needs and so to ensure services are truly accessible to all, information about our patients in relation to their protected characteristics is collected and analysed. Earlier PSED reports highlighted the need for more data on patient access by the protected characteristics; all patients who complain are sent an equality and diversity questionnaire however from 72 complaints received in 2016/17 we received seven responses and so, whilst this is a step towards having better information about complainants, the data presented in our annual complaints report cannot be seen as representative.

The Equality Committee recommended actions to improve staff awareness and confidence to ensure all questions are asked of patients regarding all of their protected characteristics though the aim would be to work more with primary care to ensure this is added at source of a patients' journey e.g. GPs, wherever possible, so that patients do not have to repeat questions per healthcare provider. It is important that the trust uses the information it does have to influence planning and decision making and so the trust's Patient & Public Involvement Committee has been re-launched as a programme of forums in order to have a greater focus on inclusive engagement; overall.

### 5.1 Age

The tables below give an overview of age in relation to access to services.

Tables 1 and 2 below provide a breakdown of patients who used the trust's services between 1 April 2016 and 31 March 2017 by age in Hounslow and Richmond respectively.

The information is broadly similar across both boroughs however it should be noted that whilst the percentage of people over 75yrs form an average of 5.5% of the population as a whole, they represent a significant proportion of patient contacts (36% and 41%, Hounslow and Richmond respectively).

**Table 1 – community services patients in Hounslow by age**

Age Group	HOUNSLOW			
	CCG Population		Patient Contacts	
	Census 2011	%	Count	%
Under 18	66,960	22%	82,313	22%
18 - 30	59,726	20%	19,873	5%
31 - 45	84,776	28%	32,099	8%
46 - 60	52,463	17%	43,919	12%
61 - 75	27,523	9%	64,925	17%
Over 75	14,234	5%	136,184	36%
<b>Total</b>	<b>305,682</b>	<b>100%</b>	<b>379,313</b>	<b>100%</b>

**Table 2 – community services patients in Richmond by age**

Age Group	RICHMOND			
	CCG Population		Patient Contacts	
	Census 2011	%	Count	%
Under 18	45,904	22%	55,028	21%
18 - 30	29,641	14%	8,847	3%
31 - 45	54,629	26%	19,977	8%
46 - 60	42,883	20%	23,673	9%
61 - 75	24,123	11%	47,133	18%
Over 75	12,606	6%	108,009	41%
<b>Total</b>	<b>209,786</b>	<b>100%</b>	<b>262,667</b>	<b>100%</b>

Whilst data shows that 80% of patients in our inpatient rehabilitation unit are over 75 years, attendance at the Hounslow Urgent Care Centre, a 24 hr per day, primary-care led centre is a very different picture, with the significant majority (35%) being under 18 yrs. Recent changes to the building to make it more child-friendly have been made as a result of this information.

## 5.2 Race

There is a marked difference in the race of patients accessing Hounslow or Richmond services. We have reviewed the trust's translation and interpreting policy which includes initiatives implemented to enable digital technology to support access to information. Our website features Google Translate, which translates website's content into over 90 different languages. The website uses Word-Bank, an easy-read dictionary plug-in. Word-Bank was originally developed against the Royal National Institute of the Blind's *See It Right* standards to increase access for people using screen readers. The trust has also invested in 'Browsealoud' software which reduces barriers to accessing its internet content. This adds speech, reading, and translation to its website, facilitating access and participation for people with dyslexia, low literacy, English as a Second Language, and those with mild visual impairment.

Tables 3 and 4 show the racial origin of patients who accessed trust services in Hounslow and Richmond.

**Table 3 – racial origin of Hounslow community services patients**

Ethnicity	HOUNSLOW			
	LA Population		Patient Contacts	
	Census 2011	%	Numbers	%
Asian	87,257	34%	94,820	25%
Black	16,813	7%	21,789	6%
Mixed	10,349	4%	9,349	2%
Other	9,033	4%	19,094	5%
White	130,505	51%	190,851	50%
Unknown/Not Stated	N/A	N/A	43,410	11%
<b>Total</b>	<b>253,957</b>	<b>100%</b>	<b>379,313</b>	<b>100%</b>

**Table 4 - racial origin of Richmond community services patients**

Ethnicity	RICHMOND			
	LA Population		Patient Contacts	
	Count	%	Count	%
Asian	13,607	7%	9,149	3%
Black	2,816	2%	3,272	1%
Mixed	6,780	4%	6,292	2%
Other	3,062	2%	8,333	3%
White	160,725	86%	180,211	69%
Unknown/Not Stated	N/A	N/A	55,410	21%
<b>Total</b>	<b>186,990</b>	<b>100%</b>	<b>262,667</b>	<b>100%</b>

The data would appear to show that people from an Asian ethnic origin do not access planned community services to an extent which is representative of the population as a whole. As the majority of planned services are based on GP referrals, the trust needs to understand why this ethnic group is not represented proportionately so that we can act to address any inequalities of access.

People accessing unplanned urgent care is however representative of the population as a whole. 68% of people living in Hounslow and Richmond are white, 20% Asian and 4.5% Black and the percentage accessing urgent care services in both boroughs is 48.8%, 20.5% and 4.7% respectively.

77% of inpatients at Teddington Memorial Hospital are white; the 2011 census showed that 86% of residents are white and so, as a service for people who are registered with a Richmond GP, this reflects the population.

### 5.3 Sex

Table 5 shows the sex of all patients who used trust community services. Further analysis showed that there is no difference between patients living in Richmond or Hounslow.

**Table 5 - patient gender for Hounslow and Richmond patients who accessed trust services**

Gender	TOTAL (Hounslow & Richmond)			
	CCG Population		Patient Contacts	
	Count	%	Count	%
Female	253,881	49%	364,056	57%
Male	261,587	51%	277,923	43%
Other	N/A	N/A	1	0%
<b>Total</b>	<b>515,468</b>	<b>100%</b>	<b>641,980</b>	<b>100%</b>

There are more female (61%) than male (39%) patients admitted to the inpatient unit at Teddington Memorial Hospital, which may be because Richmond has a higher older female population with double the number of females to males over 85 (*source JSNA Richmond*).

#### 5.4 Religion or belief

Table 6 below show the religion or belief of patients who accessed trust services. The significant majority of people (66%) choose not to give their religion or belief.

**Table 6 – Patients’ religion or belief**

Religion of belief	Hounslow Patient Contacts		Religion of belief	Richmond Patient Contacts	
	Count	%		Count	%
Not Stated	212285	55.9%	Not Stated	217089	80.0%
Not Religious	39439	10.4%	Church of England	15348	5.7%
Christian	36597	9.6%	Not Religious	14202	5.2%
Muslim	19838	5.2%	Christian	10155	3.7%
Church of England	18609	4.9%	Roman Catholic	6093	2.2%
Sikh	13245	3.5%	Patient Religion Unknown	2013	0.7%
Hindu	13079	3.4%	Muslim	1804	0.7%
Roman Catholic	11361	3.0%	Baptist	628	0.2%
Patient Religion Unknown	6962	1.8%	Hindu	574	0.2%
Religion (Other Not Listed)	991	0.3%	Anglican	426	0.2%
Atheist	958	0.3%	Jewish	424	0.2%
Buddhist	901	0.2%	Atheist	378	0.1%
Nonconformist	692	0.2%	Protestant	297	0.1%
Jehovah's Witness	632	0.2%	Nonconformist	277	0.1%
Ismaili Muslim	555	0.1%	Sikh	270	0.1%
Orthodox Christian	467	0.1%	Agnostic	244	0.1%
Catholic: Not Roman Catholic	452	0.1%	Religion (Other Not Listed)	231	0.1%
Agnostic	428	0.1%	Methodist	214	0.1%
Jain	317	0.1%	Catholic: Not Roman	187	0.1%

			Catholic		
Protestant	249	0.1%	Jehovah's Witness	104	0.0%
Advaitin Hindu	213	0.1%	Buddhist	83	0.0%
Romanian Orthodox	198	0.1%	Christadelphian	77	0.0%
Methodist	190	0.1%	Ismaili Muslim	55	0.0%
Spiritualist	164	0.0%	Armenian Orthodox	49	0.0%
Old Catholic	158	0.0%	Universalist	36	0.0%
Zoroastrian	127	0.0%	Orthodox Christian	35	0.0%
Celtic Christian	124	0.0%	Pentecostalist	29	0.0%
Baptist	79	0.0%	Quaker	23	0.0%
Jewish	64	0.0%	Greek Orthodox	20	0.0%
Presbyterian	61	0.0%	Unitarian	19	0.0%
Vaishnava Hindu	45	0.0%	Presbyterian	17	0.0%
Pentecostalist	39	0.0%	Lutheran	14	0.0%
Armenian Catholic	35	0.0%	Nichiren Buddhist	13	0.0%
Evangelical Christian	28	0.0%	Theravada Buddhist	12	0.0%
Church of Scotland	25	0.0%	Evangelical Christian	9	0.0%
Celtic Orthodox Christian	24	0.0%	Romanian Orthodox	5	0.0%
Pagan	22	0.0%	Spiritualist	5	0.0%
Russian Orthodox	20	0.0%	Russian Orthodox	4	0.0%
Independent Methodist	17	0.0%	Eastern Orthodox	4	0.0%
French Protestant	16	0.0%	Indian Orthodox	4	0.0%
Anglican	15	0.0%	Jain	4	0.0%
Ukrainian Orthodox	15	0.0%	Church of Scotland	3	0.0%
Mormon	12	0.0%	Baha'i	2	0.0%
Seventh Day Adventist	8	0.0%	Tibetan Buddhist	2	0.0%
Quaker	7	0.0%	Armenian Catholic	2	0.0%
Greek Orthodox	7	0.0%	Ahmadi	1	0.0%

Eastern Catholic	5	0.0%			
Congregationalist	5	0.0%			
Uniate Catholic	5	0.0%			
Reformed Christian	4	0.0%			
Theravada Buddhist	3	0.0%			
Free Methodist	3	0.0%			
Ahmadi	3	0.0%			
Christian Spiritualist	2	0.0%			
Bulgarian Orthodox	1	0.0%			
Coptic Orthodox	1	0.0%			
Shiva Hindu	1	0.0%			
Syrian Orthodox	1	0.0%			
<b>Total</b>	<b>379,804</b>	<b>100%</b>	<b>Total</b>	<b>271,487</b>	<b>100%</b>

The trust has an ecumenical chaplain who provides religious and spiritual support to people of any faith; there is also a chapel at Teddington Memorial Hospital which is also available for people of any or no faith. We recognise that there is a very high percentage of people who do not have a religion or faith recorded and so any conclusions drawn from this information are limited.



## SECTION B Workforce Equalities Information

### Summary overview

HRCH is required to publish information on its workforce sufficient to demonstrate that it is meeting the three aims of the general equality duty. HRCH collects a wide range of workforce data using the nine protected characteristics. Summary data is indicated below:

### Gender

As of March 31st 2017 HRCH employed 1164 members of staff of whom:

- 86.6% are female
- 13.4% were male

The female workforce for HRCH is higher than the national average for NHS organisations.

### Age

Our workforce comprises a wide range of ages with the highest age ranges between 46 and 50 years at 14.6%.

### Race and ethnicity

Our workforce is made up of:

- 58.8% declared themselves as White
- 34.8% declared themselves as BME
- 6.4% (75) declined to enter information about their ethnic origin.

### Disability

• 3.4% (39) declared as disabled when appointed (ESR data) however 11% of staff survey respondents declared disabled in 2016)

- 26% (303) were classified as undefined or did not declare (ESR data).

### Gender reassignment

There are no applicants for jobs or staff recorded working for HRCH.

### Sexual orientation

- 0.52% (5) members of staff declared their sexual orientation to be Gay
- 0.17% (2) declared themselves to be Lesbian
- 0.77% (9) declared themselves to be Bi-sexual

The majority of staff declared themselves to be Heterosexual (65.5%). The sexual orientation of 17.3% of staff remains unknown/undeclared.

### Religion and belief

- 38.8% of the HRCH workforce declared themselves to be Christian
- 19.5% of the HRCH workforce declared themselves to another religion
- 5.9% of the HRCH workforce declared themselves atheist.

The religion or beliefs of 35.8% of the workforce remain unknown/undeclared.

### Marriage and Civil Partnership

- 53.01% are married
- 0.26% in civil partnership
- 36.25% single

### Pregnancy and Maternity

20 staff went on maternity leave and 27 staff returned from maternity leave in 2016/17

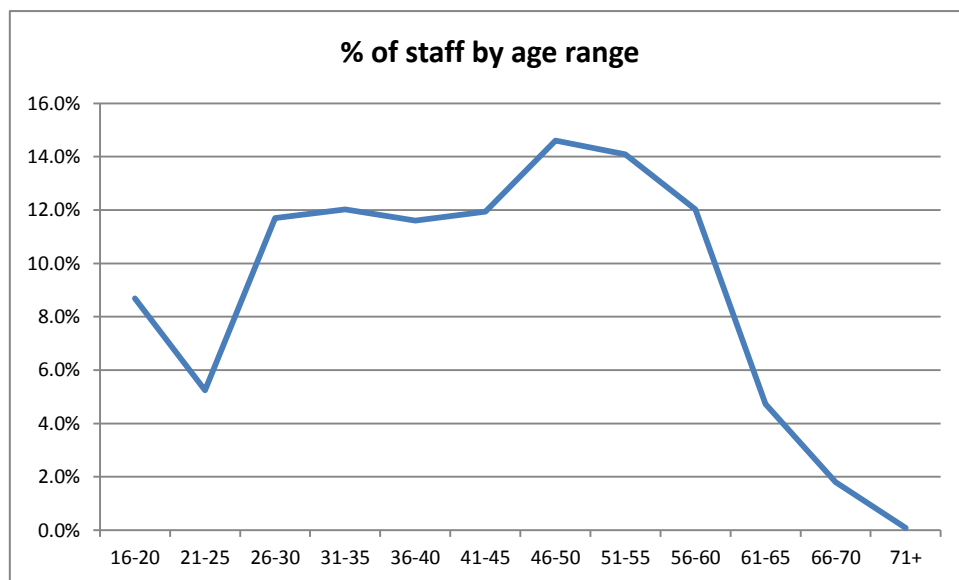
## 6. Workforce equalities information

6.1 The following information details the workforce equalities information by protected characteristic. In addition to the duty for public bodies to publish equalities information (see paragraph 1.2 of the covering paper), from April 2017, NHS trusts are required to publish their gender pay gap information and data must be published by April 2018. This will be a key action for the remainder of 2017/18.

### 6.2 Age

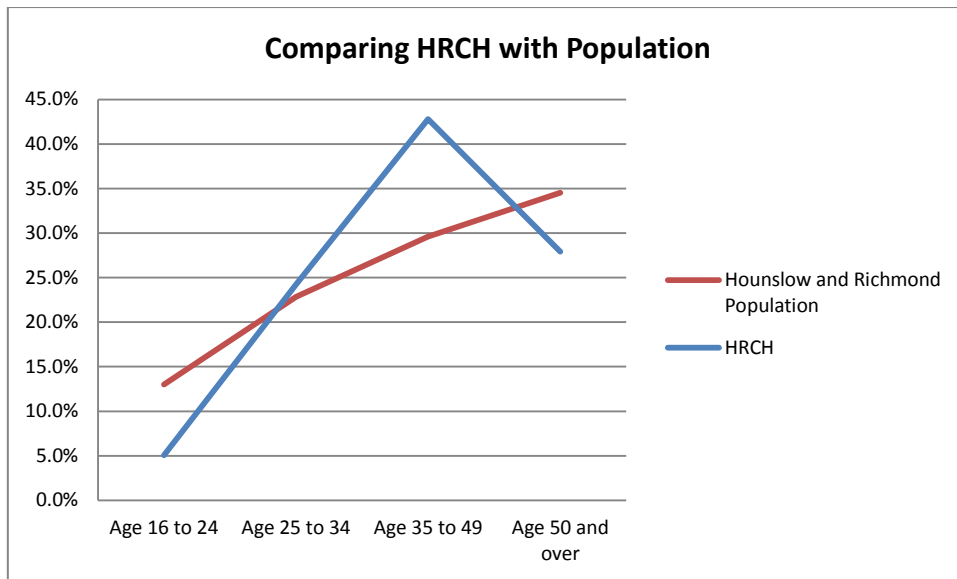
Chart 1 below shows the age profile of HRCH staff. Some trusts age profile peaks at a lower age range of 26-40 which may correlate with more Band 5 posts. Whereas, HRCH's workforce peaks later at 14.6% in the 46-50 age band potentially because it has a different band profile.

**Chart 1 - % of staff by age range**



**Chart 2 – comparing HRCH with local population**

Chart 2 compares HRCH with Hounslow and Richmond annual population data from the Office for National Statistics NOMIS system. HRCH has fewer staff as a percentage of the total in the 16-24 category (with a steady rise in age of staff thereafter from 25-49), potentially due to the majority of clinical positions requiring a degree and/or specialist experience.



**Chart 3 – comparison of age by payband by age as at 31 March 2017**

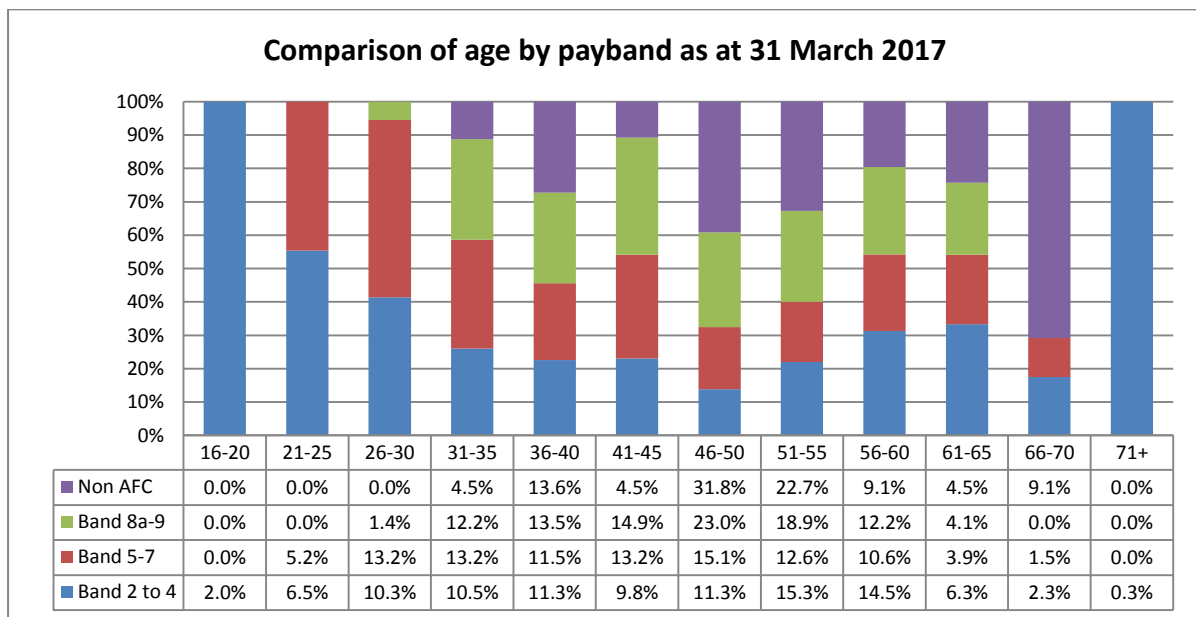


Chart 3 shows the breakdown by pay band of the trust’s workforce in terms of age. There is some correlation linking paybands to age range which is expected with career progression. The higher pay bands increase between 41-55 age range. (The numbers at the lowest and highest age ranges are relatively small numbers and therefore % statistics are distorted significantly by small changes in between reporting groups.)

## 6.3 Disability

Table 1 shows the composition of the trust's workforce by disability and tables 2 show the distribution of pay bands. HRCH has 3.35% of its workforce with a declared disability on ESR which is lower than the population its represents. This is based on information inputted on starting posts. However it should be noted that in the 2016 national staff survey, 11% of staff respondents declared they had a disability which is likely to be a truer reflection of the current staff profile and more aligned to the population demographics.

**Table 1 – workforce by disability**

Categories	Declared disability percentage
Hounslow and Richmond Population All categories	12.5%
Hounslow and Richmond Population Day-to-day activities limited a lot	5.5%
Hounslow and Richmond Population Day-to-day activities limited a little	7.0%
HRCH	3.35%

**Table 2 – disabled staff by payband**

Pay Band	Declared Disability	Declared Not Disabled	Not Declared/ Stated
Band 2	0.00%	76.32%	23.68%
Band 3	3.96%	68.35%	27.70%
Band 4	4.76%	63.10%	32.14%
Band 5	3.03%	78.18%	18.79%
Band 6	5.24%	73.03%	21.72%
Band 7	1.69%	68.64%	29.66%
Band 8a	1.92%	76.92%	21.15%
Band 8b	0.00%	52.94%	47.06%
Band 8c	0.00%	50.00%	50.00%
Band 8d	0.00%	50.00%	50.00%
Band 9	0.00%	0.00%	0.00%
Non AFC	0.00%	57.14%	42.86%

## 6.4 Gender reassignment

The trust does not currently employ any staff who self-declared that they have changed gender since birth.

## 6.5 Marriage or civil partnership status

As at 31 March 2017, the trust held the following information of its employees' declared marriage or civil partnership status (table 3).

**Table 3– workforce marriage or civil partnership status**

<b>Status</b>	<b>Number</b>	<b>Percentage</b>
Civil Partnership	3	0.26%
Divorced	50	4.30%
Legally Separated	15	1.29%
Married	617	53.01%
Single	422	36.25%
Unknown	48	4.12%
Widowed	9	0.77%
<b>Total</b>	<b>1164</b>	<b>100.00%</b>

## 6.6 Pregnancy or maternity status

Information held on staff\_on maternity leave as at 31 March 2017 is shown overleaf in table 4 and the racial origin of such staff is shown in table 5. From data held on the electronic staff record, 20 members of staff started maternity leave during 2016/17. In addition, during the previous year, 27 staff returned from maternity leave and one member left the trust’s employment following their period of maternity leave. Staff between the age of 31-35 were the highest % to go on maternity leave.

**Table 4 - pregnancy or maternity position**

<b>Age Band</b>	<b>% on Maternity Leave</b>
16-20	0.00%
21-25	6.25%
26-30	15.63%
31-35	46.88%
36-40	31.25%
41-45	0.00%
46-50	0.00%
51-55	0.00%
56-60	0.00%
61-65	0.00%
66-70	0.00%
71+	0.00%

**Table 5 – pregnancy or maternity by race**

<b>Broad Ethnic Category</b>	<b>% on Maternity Leave</b>
Asian	21.88%
Black	12.50%
Mixed	0.00%
Not stated	3.13%
Other	0.00%
White	62.50%

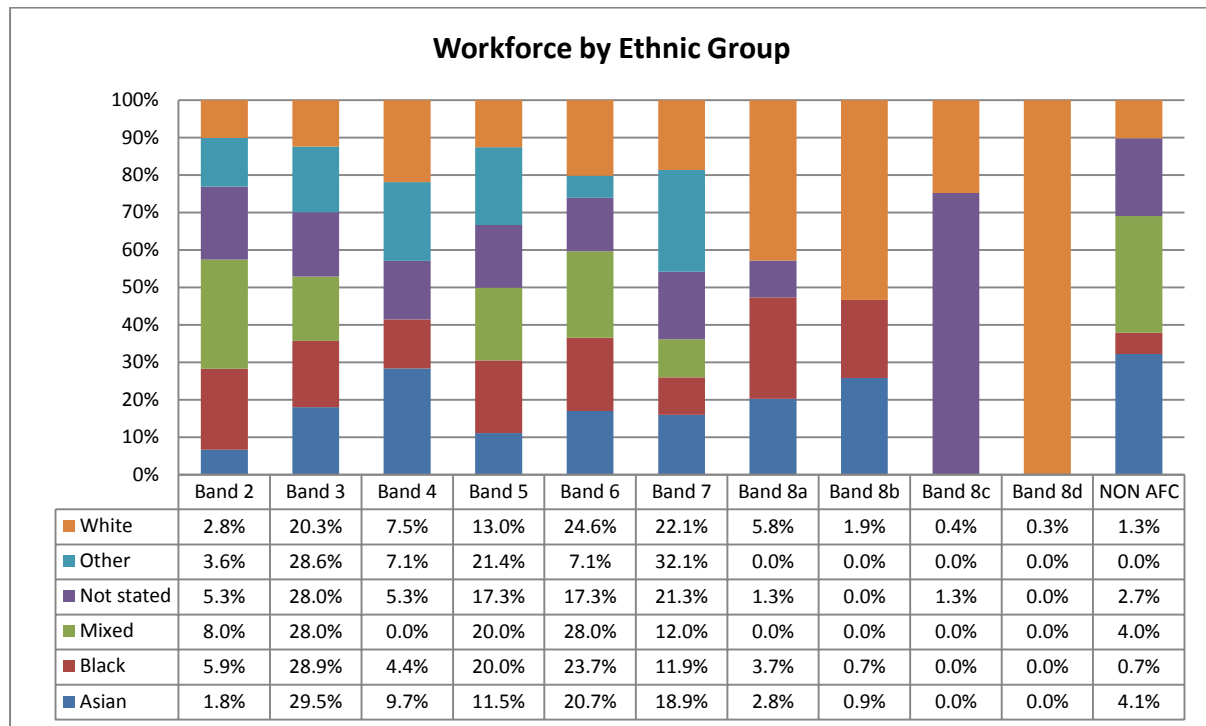
## 6.7 Race

As can be seen the workforce of HRCH is broadly in line with the population statistics of Hounslow and Richmond (annual population survey – NOMIS).

**Table 6 – comparing ethnic population of Richmond and Hounslow 16-64 with HRCH**

Ethnicity	Hounslow and Richmond population – aged 16 to 64	HRCH
White	64.2%	58.8%
BME	35.5%	34.8%
Not known/ stated	0.32%	6.4%

**Chart 4 – workforce pay band by Ethnic Group**

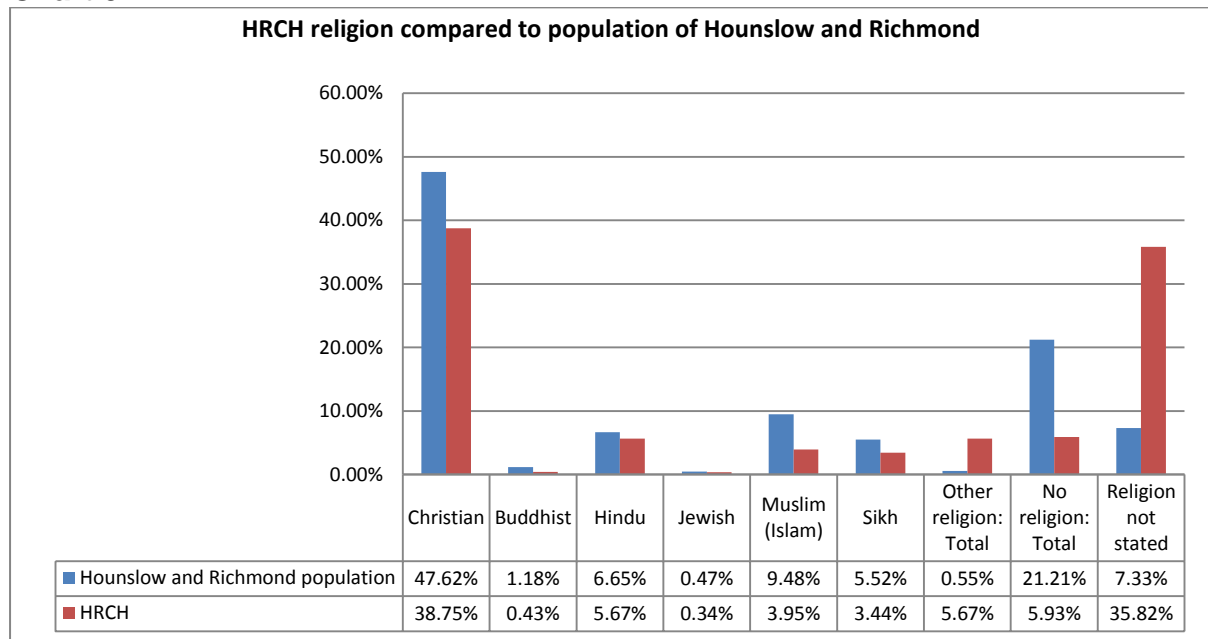


The chart above shows the split of paybands by ethnic group as a proportion of the total staff in that group. The table looks to see, if there are disproportionate numbers at each grade level which may suggest equality issues. Above band 8b numbers are relatively small which makes it difficult to make meaningful comparisons as do ethnic groups with small numbers for example, 'mixed' or 'other ethnicity'. Non AfC covers roles such as Very Senior Managers (Directors) and Medical Staff and shows a diverse mix.

## 6.8 Religion or belief

Chart 5 shows the composition of the trust's workforce by religion or other belief with the local population. The high level of unknowns at HRCH 35.82% make it difficult to do comparisons with the population as with the exception of 'Other' religions, all other categories are below the population levels. The population census also takes all residents as a basis rather than working age population; source 2011 census NOMIS.

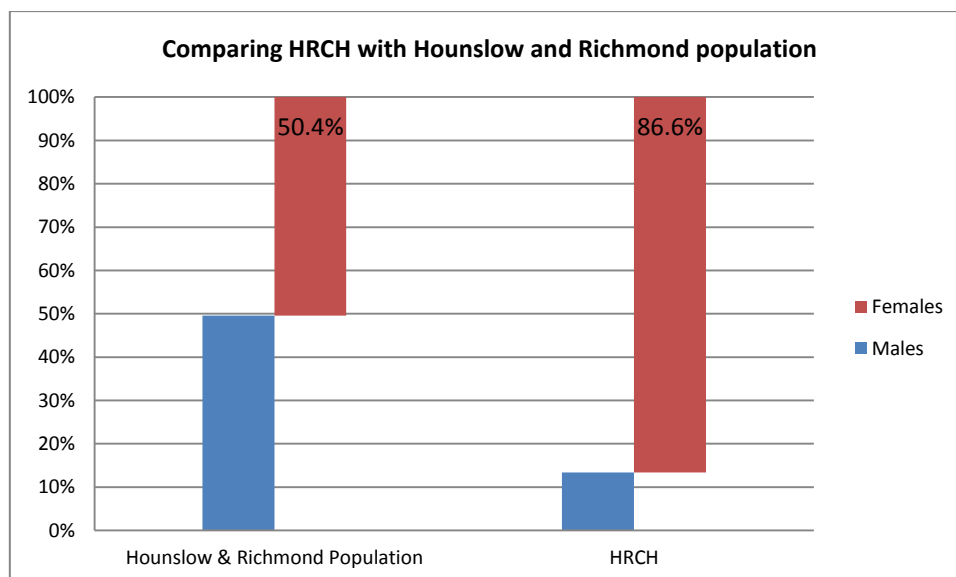
**Chart 5**



## 6.9 Sex (or gender)

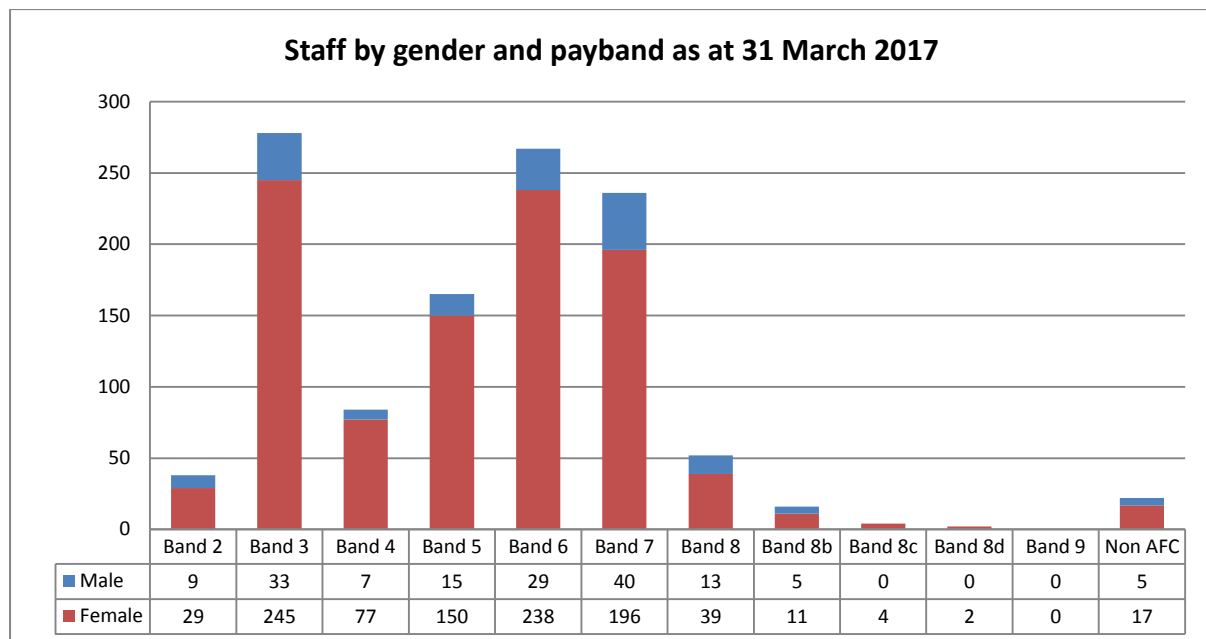
Chart 6 illustrates the workforce's composition by sex compared to the population of Hounslow and Richmond (2011 census from NOMIS). Gender comparison correlates with other NHS trusts which still have a higher female workforce.

**Chart 6**



### Chart 7 – Staff by gender and payband

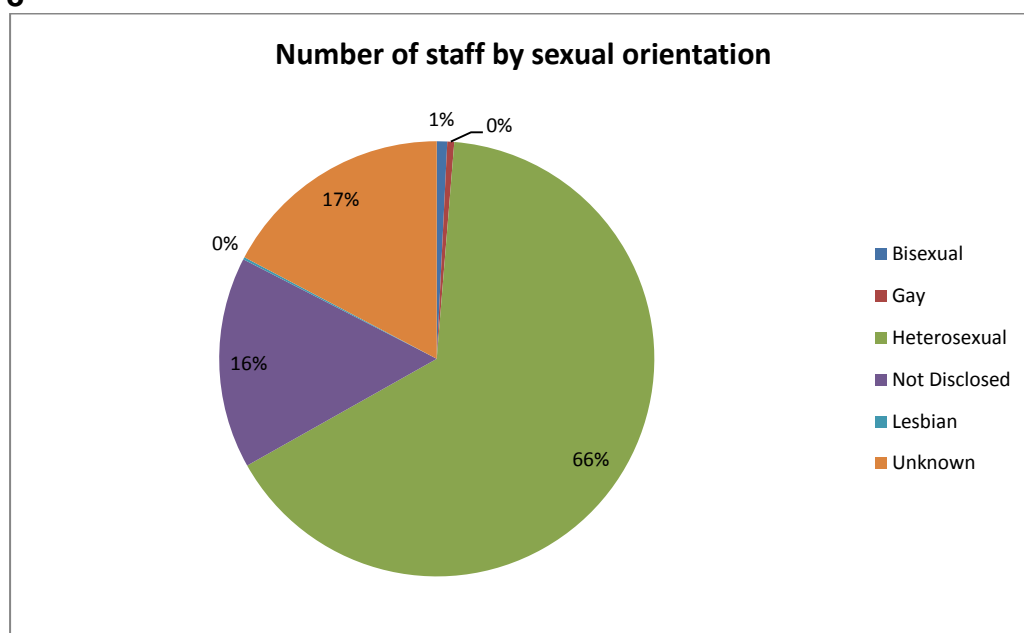
The chart below shows the split of staff by payband, none of the paybands have a proportion of males above the population percentage of 50.4%.



### 6.10 Sexual orientation

Chart 8 below highlights the composition of the workforce based on their declared sexual orientation as at 31 March 2017. There are a high number of unknowns in the data to provide meaningful commentary with 16% not wishing to disclose their sexual orientation and 17% not choosing any of the options offered.

**Chart 8**

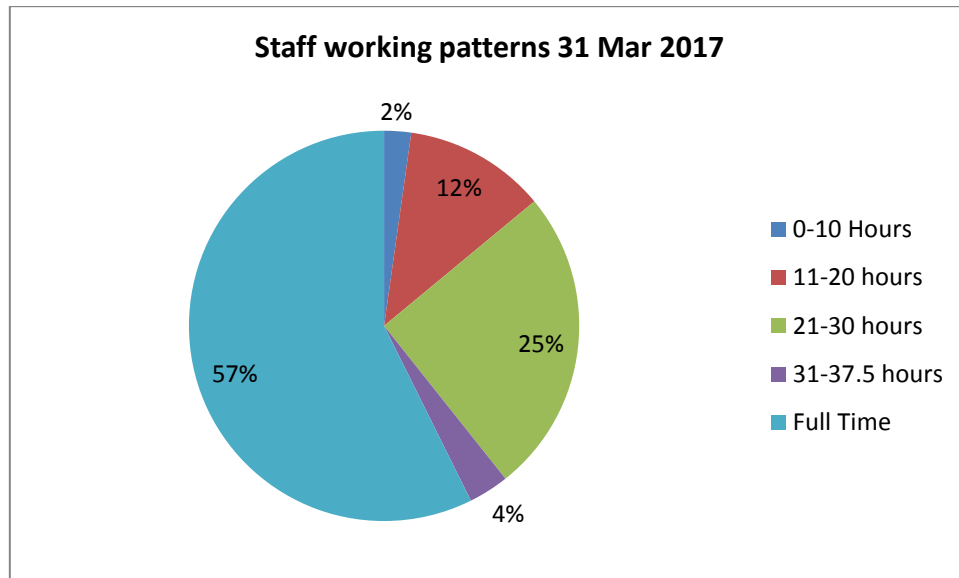




## 6.11 Flexible working

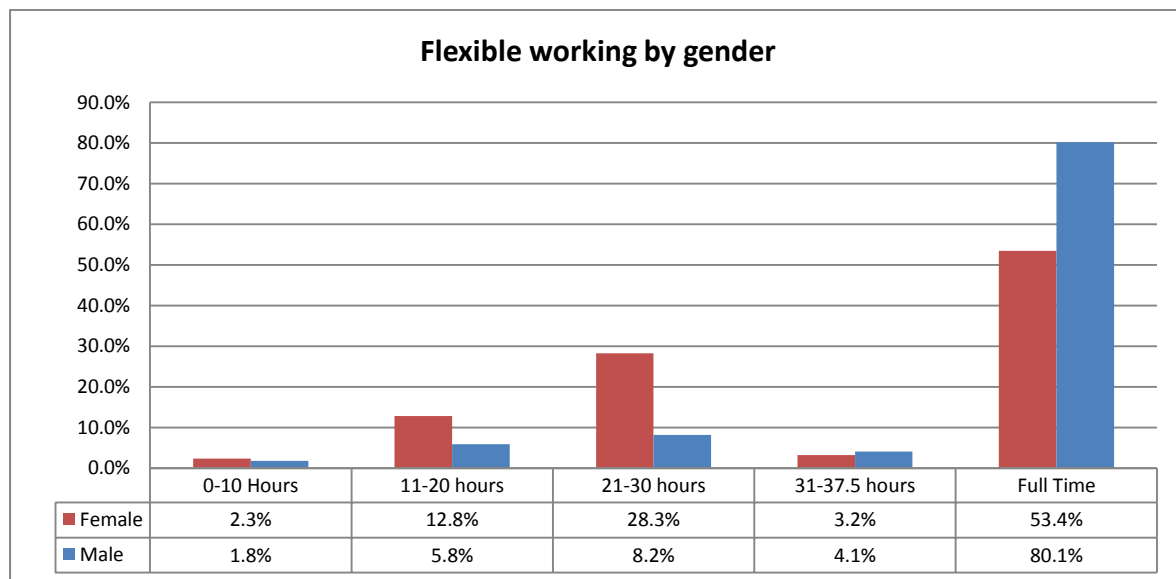
497 staff in the Trust have flexible working arrangements which equates to 43% of the Trust's workforce as at 31 March 2017, which evidences the trust as a supportive employer of flexible working practices. The following table shows a breakdown of contracted hours (reflective of flexible working relationships):

**Chart 9 – contracted hours**



Staff working flexibly at the trust have been analysed by protected characteristics which show no statistical significance except more men work full-time than women:

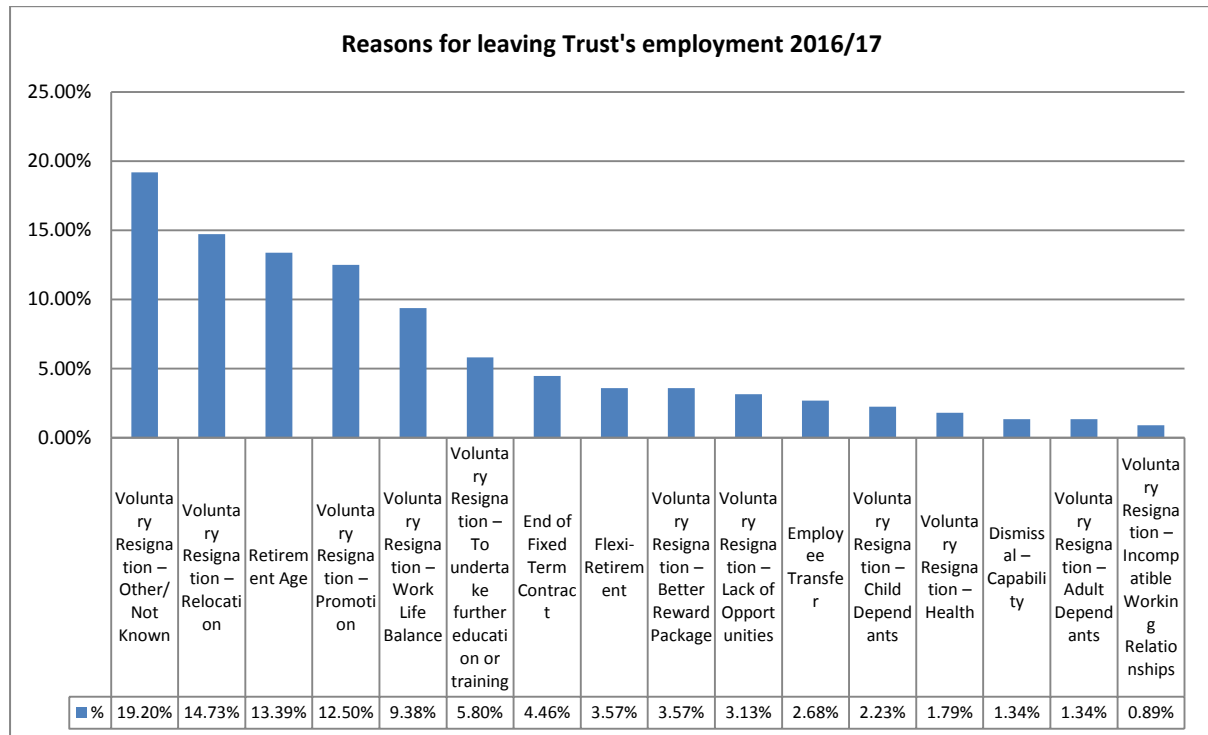
**Chart 10 - flexible working by gender**



## 7. Leavers

During 2016/17, 224 staff left the Trust's employment during the period. The chart below shows the reasons for leaving. It indicates that the highest reason for leaving was voluntary resignation- unknown. The second highest reason is related to relocation which fits in with the view that Hounslow was one of the 10 areas with the lowest net internal migration compared to population (report based on census), "Population movement within the UK".

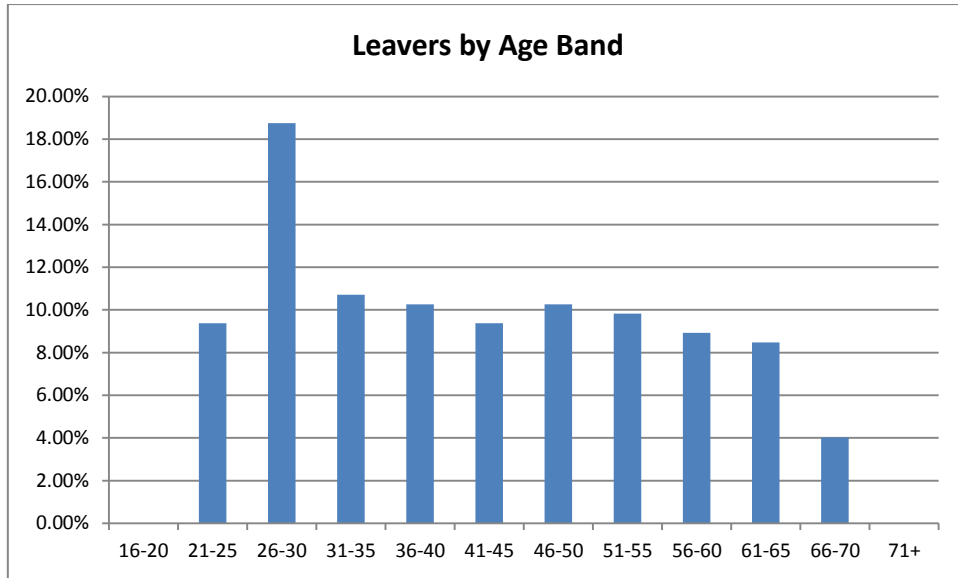
**Chart 11 – reasons for leaving the trust's employment**



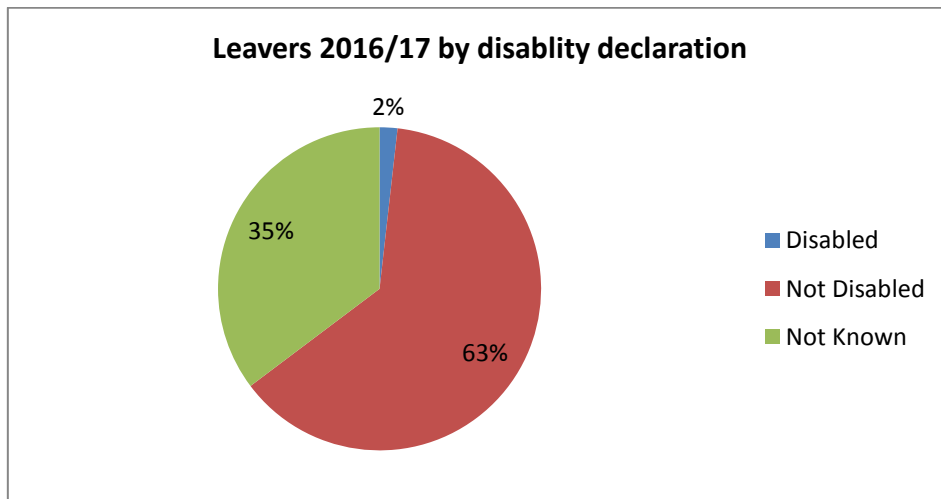
Disaggregated data on former staff who left the trust last year by age, disability, broad racial origin and sex are shown below:

**Chart 12 – staff leavers by age**

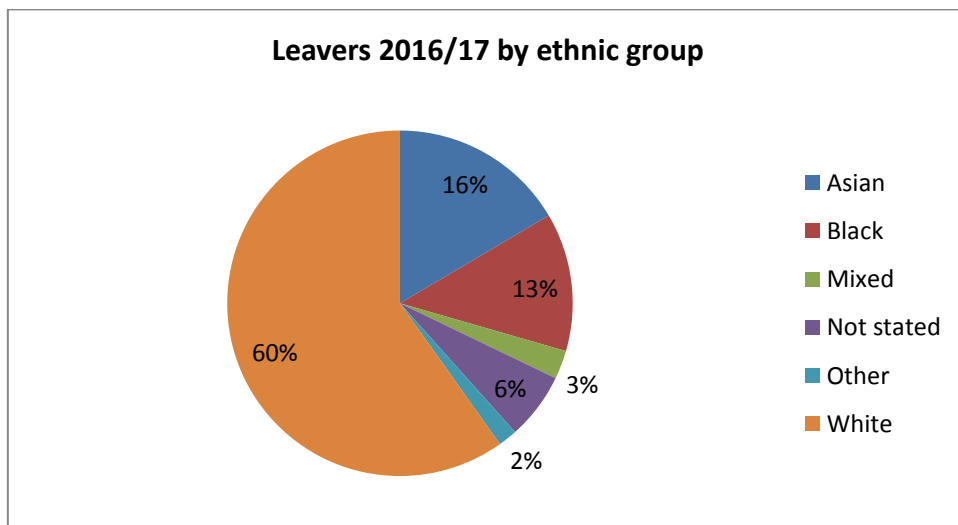
The chart shows leavers by age band. One potential assumption could be that staff within the age range of 26-30 will be undergoing a period of transition and may be either moving roles and gaining promotion or relocating and moving in or out of an area. This corresponds with the Trust's highest reason for leaving being due to relocation.



**Chart 13 – staff leavers by disability**



**Chart 14 – leavers by ethnic group**



**Table 7 – leavers by sex**

Declared Status	% of staff leaving the Trust
Female	86.16%
Male	13.84%

This correlates with the number of female and male staff employed.

## 8. Employee Relations Data

The Trust monitors formal Employee Relations cases by protected characteristics to inform any required actions and address any areas of concern. In 2016/17, only 5 cases of disciplinary or grievances were formally investigated. The Trust endeavours to address issues of grievances and misconduct informally where possible.

The number of cases investigated is very small in comparison with the total workforce which makes drawing significant conclusions difficult.

No formal investigations were undertaken against anyone who had declared a disability. There appears to be no pattern in terms of disciplinary or grievances against sex, age, religion or belief or marriage/pregnancy.

All five cases investigated formally, involved BME staff with four different ethnicities/races. Two of the five cases were investigations the Trust inherited following a TUPE transfer.

## 9 Recruitment information

The Trust centrally monitors the progress of applicants through the recruitment and selection process by protected characteristics. As part of good practice, these are not accessible to the recruiting managers. A summary of the monitoring information is shown in tables below.

**Table 8 – recruitment outcomes by age**

Age	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
< 20	38	12	5	1.16%	1.01%	1.95%
20-24	519	152	32	15.78%	12.85%	12.50%
25-29	759	240	40	22.99%	20.29%	15.63%
30-34	534	186	37	16.24%	15.72%	14.45%
35-39	445	148	33	13.53%	12.51%	12.89%
40-44	313	133	30	9.52%	11.24%	11.72%
45-49	273	120	30	8.30%	10.14%	11.72%
50-54	243	110	33	7.39%	9.30%	12.89%
55-59	110	60	15	3.34%	5.07%	5.86%
60-64	42	17	1	1.28%	1.44%	0.29%
65+	11	5	0	0.33%	0.42%	0%
Not stated	5	0	0	0.15%	0%	0%

HRCH appears to attract a wide age range of candidates, the highest being between 20 – 39. Applicant numbers more significantly decrease from 55 and over (although this data does not include staff who retire and come back to work with HRCH on a temporary basis via the Trust internal bank).

Those aged 40 to 59 appear proportionally better at being appointed compared to the proportion of those applied. Those between 20 to 35 appear proportionally worse. It is difficult to draw conclusions without further breakdown; for instance those under 35 may have been applying for jobs that resulted in a higher grade more so than those 40 to 59; where you might reasonably predict less success.

**Table 9 – recruitment outcomes by disability**

Table 9 shows that disabled applicants appear to have more success at being shortlisted and appointed, with the caveat that numbers are small to be of statistical significance.

Age	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
Disabled	162	69	14	4.93%	5.83%	5.47%
Not Disabled	3066	1085	229	93.22%	91.72%	89.45%
Not Known	61	29	13	1.85%	2.45%	5.08%

The trust is a member of the Disability Confident (formerly Two Ticks) scheme whereby applicants declaring they have a disability for jobs are guaranteed an interview if they meet the minimum criteria required for the job. Data for applicants who applied through the Two Ticks scheme is shown in Table 10 below and this would appear to indicate that those applying via the guaranteed two tick scheme (i.e., meeting the essential criteria on the person specification) are less likely to be appointed.

For both table 9 and table10, numbers are small to apply statistical significance and conclusions.

**Table 10 – outcome for disabled people who applied through Two Ticks**

	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
Not stated	3130	1114	242	95.17%	94.17%	94.53%
No	57	30	11	1.73%	2.54%	4.30%
Yes	102	39	3	3.10%	3.30%	1.17%

**Recruitment outcomes by gender reassignment**

There were no applicant disclosures for this protected characteristic.

**Table 11 - recruitment outcomes by race**

The table below suggests that compared to BME people of a white ethnicity are more likely to be shortlisted and successful at interview. As part of the recruitment process all equal opportunities and personal identifiable data is withheld from the recruiting managers and selection interviews are held in line with best practice. The Trust is in the process of delivering unconscious bias training for line managers and continually reviews its recruitment practices to ensure fairness throughout the process.

Race (or ethnicity)	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
<b>White TOTAL</b>	<b>1141</b>	<b>505</b>	<b>135</b>	<b>34.69%</b>	<b>42.68%</b>	<b>52.73%</b>
<b>BME TOTAL</b>	<b>2021</b>	<b>630</b>	<b>109</b>	<b>61.43%</b>	<b>53.25%</b>	<b>42.57%</b>
<b>Not Stated Total</b>	<b>127</b>	<b>48</b>	<b>12</b>	<b>3.86%</b>	<b>4.07%</b>	<b>4.7%</b>

**Table 12 - recruitment outcomes by religion or belief**

Religion or belief	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
Not stated	20	14	10	0.61%	1.18%	3.91%
Atheism	226	99	27	6.87%	8.37%	10.55%
Buddhism	39	14	3	1.19%	1.18%	1.17%
Christianity	1654	602	125	50.29%	50.89%	48.83%
Hinduism	315	97	13	9.58%	8.20%	5.08%
Islam	372	103	20	11.31%	8.71%	7.81%
Jainism	3	0	0	0.09%	0%	0%
Judaism	6	3	1	0.18%	0.25%	0.39%
Sikhism	163	58	9	4.96%	4.90%	3.52%
Other	171	79	24	5.20%	6.68%	9.38%
I do not wish to disclose	320	114	24	9.73%	9.64%	9.38%

**Table 13 - recruitment outcomes by sexual orientation**

Sexual orientation	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
Not stated	20	14	10	0.61%	1.18%	3.91%
Heterosexual	2913	1048	220	88.57%	88.59%	85.94%
Gay	25	10	1	0.76%	0.85%	0.39%
Lesbian	9	5	2	0.27%	0.42%	0.78%
Bisexual	20	4	1	0.61%	0.34%	0.39%
I do not wish to describe my sexual orientation	299	99	21	9.09%	0.37%	8.20%

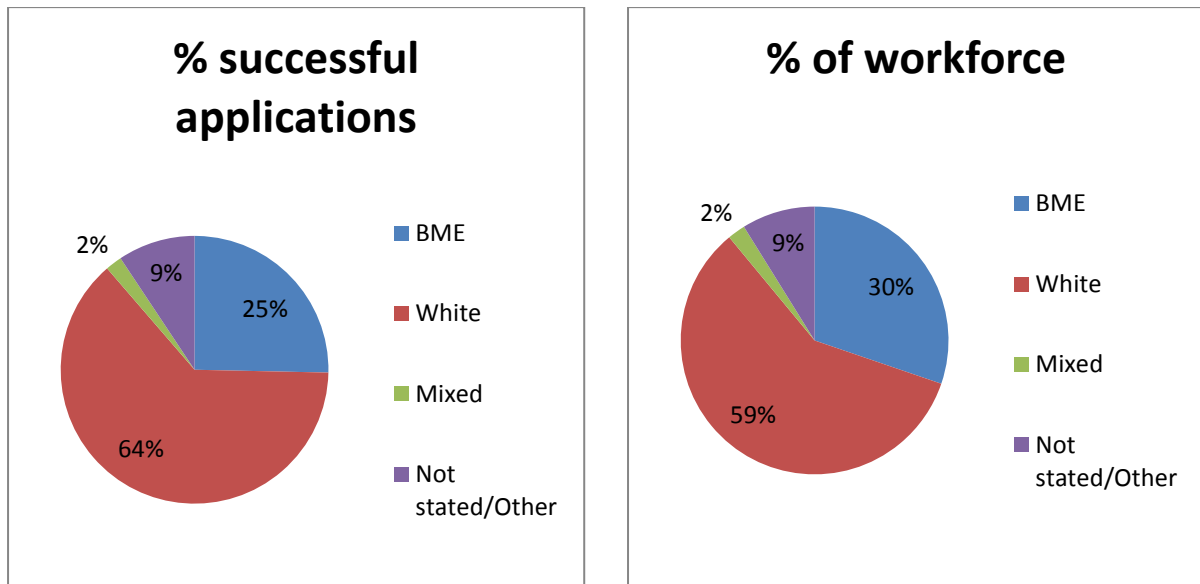
Sexual orientation	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
Persons of the same sex (Gay or Lesbian)	3	3	1	0.09%	0.25%	0.39%

As part of the recruitment process all equalities and personal identifiable data is withheld from the recruiting managers. The equalities data is stored confidentially and recorded on to ESR by the Workforce team.

### 10. Training Data

This section looks at the number of staff who accessed centrally co-ordinated training outside the Statutory and Mandatory courses in 2016/17. There were 150 successful applications for training in 2016/17.

**Chart 14 – Access to training by ethnic group**



The trust had 150 staff access training and there does seem to be a difference between White and BME staff accessing training noting there has been some improvement since last year. It is difficult without further surveying to see what the underlying factors are such as job role.

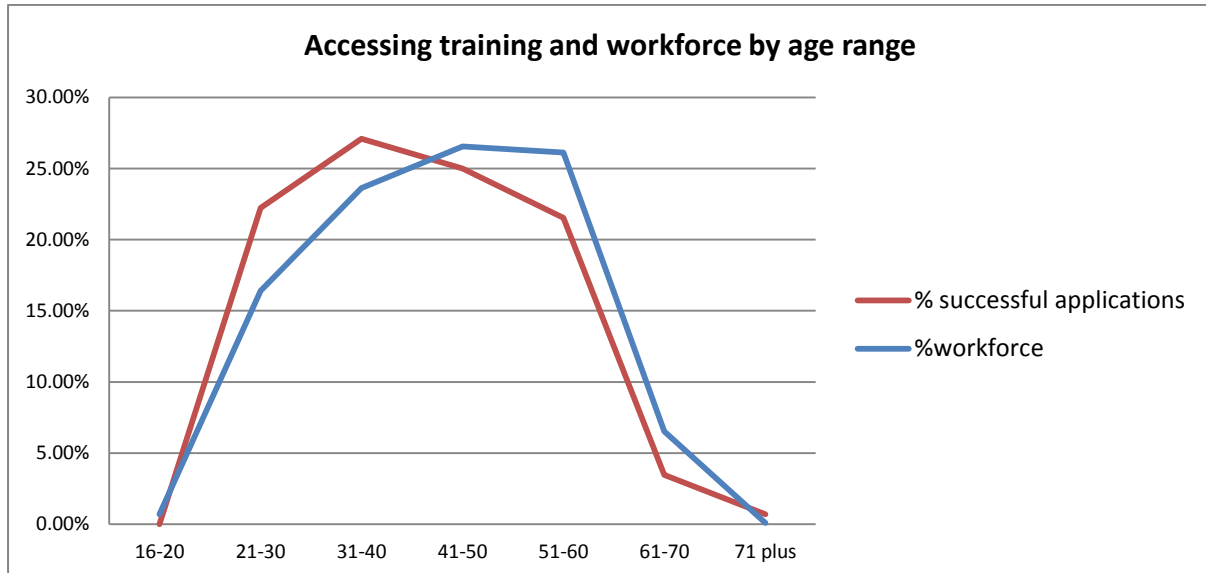
### Gender

In the 2016/17 year, 80.6% of successful access to training applications came from female members of staff compared to a female workforce of 86.6%.

### Disability

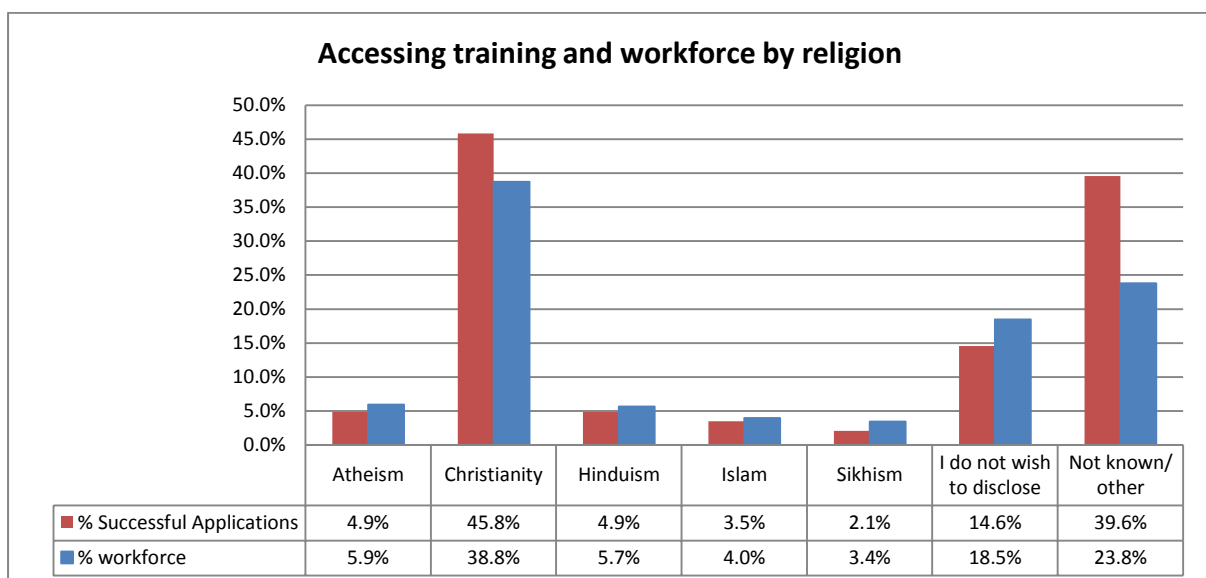
In the 2016/17 year, 4 staff who accessed training declared they had a disability 2.8% compared to 3.35% of the workforce.

**Chart 15 – Access to training by age range**



The chart above shows that those accessing training would seem to be generally younger than the overall workforce, however given the small numbers involved it would be difficult to see if this is statistically significant.

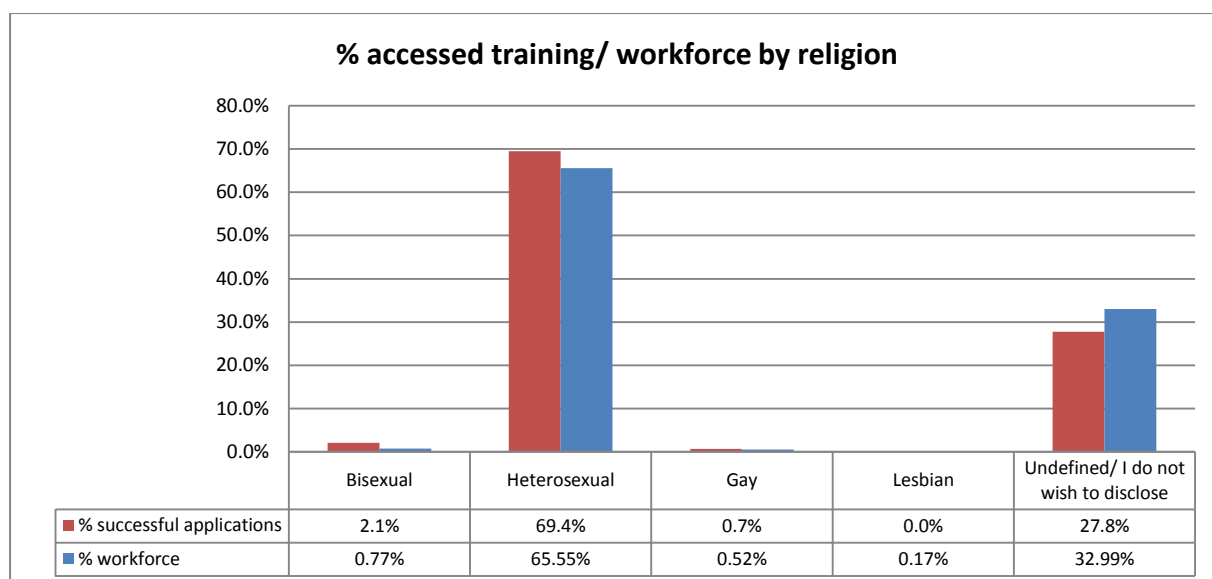
**Chart 16 – Access to training by religious belief**



Although the highest religion disclosed as accessing training is Christian, the majority combined percentage was of those undisclosed/not known/other meaning that conclusions cannot be drawn.



**Chart 17 – Access to training by sexual orientation**



Lesbian and undefined/ do not wish to disclose are the 2 groups that do not successfully apply for courses in same proportion as percentage of workforce, however it is difficult to draw any conclusions with a high percentage of unknowns in both sets of data.

### **Unsuccessful applications**

The Trust has 9 unsuccessful applications for training in 2016/17, the main reasons for applications being rejected were due to incomplete paperwork or that there was an in-house alternative to the request submitted. The numbers are too small to gauge any statistical significance.

### **11. Conclusions and Next Steps from Workforce data**

The workforce data shows that the trust is representative in its workforce and protected characteristics. However there is a need for improvement in BME representation in areas such as recruitment, training access and potentially employee relations treatment (noting the latter has low numbers statistically).

Equality impact assessments are completed on all Trust and HR policies including recruitment and selection and employee relations policies and these will continue to be reviewed with new data.

The Trust has invested in further Unconscious bias training to be rolled out to up to 200 managers in 2017 and 2018 and the management programme for new and existing managers will continue to be refined.

There is also a need to improve protected characteristic data where this has not been disclosed to continually improve the robustness of the analysis and ESR self-service is now accessible to all staff and the updating of personal information will be a focus in 2018/19.

The Trust will publish its Gender Pay Gap analysis by 31<sup>st</sup> March 2018 and the results of this will feed into future actions.