

*Proud to care for you*



# Equality Information Report

## April - December 2014

*A report detailing Hertfordshire Community NHS Trust's equality information as required by the Equality Act 2010*

## Foreword

Hertfordshire Community NHS Trust is proud to be a significant employer in Hertfordshire; our sites across the county bring diversity to our workforce representing a broad spectrum of cultures, nationalities, and backgrounds. Our catchment areas present us with unique challenges and opportunities. Equality and diversity is more than just a slogan for the Trust; it is our moral and ethical responsibility.

The Equality Information Report April – December 2014 demonstrates our commitment to advancing equality at the Hertfordshire Community NHS Trust. We believe that everyone should have an equal opportunity and where there are barriers to participation, the Trust will take steps to remove these so that no one is excluded from the activities of the Trust.

We aim to be exemplary in our commitment to equality and diversity. With this in mind, it is our aspiration to have equality and diversity firmly rooted in everything that we do and integral to our practices. We will continue to support our staff in their responsibility to make sure the Equality Analysis and the national NHS Equality Delivery System objectives are implemented.

Since the last equality information report was published in 2014, the Trust has made a significant contribution to the advancement of equality and diversity. However, we recognise that taking action to deliver our commitments still brings with it many challenges.

This report is an important tool to demonstrate our continued success in meeting the requirement to publish information about staff and patients from protected groups on an annual basis.

**We can provide this report in different formats such as large print, Braille or in alternative languages. Please contact our Communication Department: [communications@hchs.nhs.uk](mailto:communications@hchs.nhs.uk) or 01707 388**

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## **Chapter 1 Introduction**

Hertfordshire Community NHS Trust's aim is to develop a culture which values each person uniquely and equally as an individual and to become an inclusive organisation.

As outlined in the Public Sector Equality Duty, the Trust is required to publish specific information about staff and patients from protected groups. This report sets out key information covering the period 1<sup>st</sup> April 2014 to 31<sup>st</sup> December 2014.

We believe that publishing relevant equality information will make us transparent about the progress we are making on equality, and more accountable to our patients and local communities.

The information contained in this report, provides strong supportive evidence for the national NHS Equality Delivery System.

## Chapter 2 Equality legislation

Under the Equality Act 2010, public authorities including the Hertfordshire Community NHS Trust must meet the requirements of the Public Sector Equality Duty (PSED). The PSED requires us to have due regard to:

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

This is referred to as the General Duty. In practice, the Trust must demonstrate how it is considering barriers and disadvantage experienced by different groups of people and how it plans to overcome them. Activity must be holistic and cover the spectrum of equality areas known as 'protected characteristics'. There are nine protected characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In addition, Specific Duties have been put in place to help meet the PSED obligations and encourage transparency and accountability.

The Specific Duties require the publishing of information on an annual basis to demonstrate how the Hertfordshire Community NHS Trust is meeting its responsibilities under the PSED and the setting of equality objectives which must be renewed at least every 4 years.

## Chapter 3 Progress towards achieving equality 2014

### Progress towards meeting our Equality Objectives October 2014 – March 2015

Following the publication of our Equality Information Report 2014, the Hertfordshire Community NHS Trust identified and agreed six key Equality Objectives. An associated action plan was developed to support the delivery of these objectives. The Equality Action Plan 2014-15 provides a summary of achievements and work in progress for each of the six equality objectives see action plan at *Appendix 1* of this report. Progress against the delivery of the equality objectives is monitored by the Workforce & Organisational Development Committee and reviewed by Patient Safety & Experience sub-committee.

The Hertfordshire Community NHS Trust formally adopted the national Equality Delivery System in 2012. The Equality Delivery System requires the Trust to work with staff, patients and local stakeholders to assess and grade our performance against eighteen separate outcomes within four goals. The evidence contained in this report will be used to assist the grading process and objective setting for the Equality Delivery System in 2015.

#### Equality analysis

The Equality Act 2010 removed the requirement to follow a prescriptive equality impact assessment, but not the requirement to demonstrate equality compliance. Nationally the NHS has promoted the development of appropriate local equality analysis tools, which are both transparent and simple to use.

The Hertfordshire Community NHS Trust continues to analyse the effect of any policy, service, function, on staff or patients from the nine protected characteristics. An equality analysis is a review of a policy, service or function and aims to establish whether there is an impact on particular groups of staff or patients. In turn this enables the organisation to demonstrate it does not discriminate and, where possible, promotes equality. The development and publication of a new template for completing equality analysis is a key equality objective for us and a core element in the Equality Action Plan 2014-15.

Policies ratified during April to December 2014:

<b>Name of Policy</b>	<b>Category</b>
1. Counter Fraud Policy & Response Plan	Finance
2. Counter Fraud: Sanctions and Redress Policy	Finance
3. Complaints and Concerns Policy	Corporate & Governance
4. Investigation of Incidents, Complaints & Claims Policy	Corporate & Governance
5. Risk Management Policy	Corporate & Governance
6. Serious Incident Policy and Procedure	Corporate & Governance
7. Scheme of Delegation & Reservation Operational Arrangement	Corporate & Governance
8. Scheme of Delegation & Reservation	Corporate & Governance

9. Standing Financial Instructions (SFIs)	Corporate & Governance
10. Standing Orders (SOs) for the Practice and Procedure	Corporate & Governance
11. Policy for the Management of Smoking with HCT	Health & Safety
12. Confidentiality Audit Procedures	IT & Governance
13. Data Quality Policy	IT & Governance
14. Secondment Policy	HR
15. Dress Code and Personal Presentation Policy	HR
16. Appraisal Performance and Review Policy and Procedure	HR
17. Education Training and Development Policy	HR
18. Attendance Management Policy and Procedure	HR
19. Personal and Family Leave Policy	HR
20. Organisational Change Policy	HR
21. Partnership, Recognition & Facilities Agreement	HR
22. Job evaluation Guidelines	HR
23. Guidance on the recruitment and management of volunteers	HR
24. Guidance on relocation expenses	HR
25. Whistleblowing/ Raising Concerns at Work Policy	HR
26. Infant Feeding Policy within HCT	Clinical Policy
27. Dysphagia Policy	Clinical Policy
28. Cleaning ,Disinfection and Sterilization Policy (CDS)	Clinical Policy
29. Clinical Supervision Framework Policy	Clinical Policy
30. Diarrhoea and Vomiting - Management of Patients in HCT Bed Based Units Policy	Clinical Policy
31. Guideline for Antibiotic Treatment of Dental Infections in Adults & Paediatric Patients in HCT	Clinical Policy
32. Hand Hygiene Policy	Clinical Policy
33. Interventional procedures policy for Medical Practitioners within HCT	Clinical Policy
34. Laxative Guidelines/policy	Clinical Policy
35. Management of Influenza: Seasonal Flu & Pandemic Influenza	Clinical Policy
36. Management of use of Bed Rails Policy	Clinical Policy
37. Nutrition Policy	Clinical Policy
38. PPI Prescribing guidance/policy	Clinical Policy
39. Privacy and Dignity Policy	Clinical Policy
40. Standard Infection Control & Precautions Policy and Isolation Policy	Clinical Policy

### Equality & Diversity training

At Hertfordshire Community NHS Trust, equality and diversity training is mandatory. All new staff receive training on equality and diversity as part of the corporate induction process.

The Trust's training package was refreshed and updated in September 2014. The training covers:

- Responsibilities under the Equality Act 2010 covering all nine protected characteristics
- Inappropriate behavior and personal responsibility

- Unconscious bias in decision making
- Equality objectives
- Governance for equality

Existing staff are required to complete online training every three years. During April 2014 to December 2014, a total of 834 members of staff received equality and diversity training.

The Trust's staff survey results have improved in respect of the percentage of staff stating that they '*received equality and diversity training in the last 12 months*'.

#### 2014 staff survey results

Trust score 2014	<b>68%</b>
Trust score 2013	<b>59%</b>
2014 national average for community Trusts	<b>68%</b>
Best 2014 score for community Trust	<b>94%</b>

#### Interpreting support for patients

Hertfordshire Community NHS Trust recognises its diverse patient population and is committed to ensuring that there is effective communication with non-English speakers, people for whom English is a second language and those patients with a sensory impairment who require communication support.

Staff who have patient contact are required to make every effort to understand the communication needs of the patients, families and carers in order to ensure that they receive a sensitive and professional service and have access to the support they require. All bookings are made by staff.

Information on our interpreting services is available on our public website: [http://www.hertschs.nhs.uk/services/Interpreting\\_Services.aspx](http://www.hertschs.nhs.uk/services/Interpreting_Services.aspx)

From 1 April 2014 to 31 December 2014, there were 885 interpreting contacts of which 11 were telephone interpreting bookings and 874 were face to face interpreting sessions. The table below shows the top 10 languages used in this time period.

	Top languages used
1.	Urdu
2.	British Sign Language
3.	Turkish
4.	Polish
5.	Sylheti Bengali
6.	Portuguese
7.	Romanian
8.	Italian
9.	Twi
10.	Farsi

Our plan is to move to a new electronic system for booking interpreters from 1<sup>st</sup> April 2015. This will allow us to capture a breakdown of languages requested against local demographic data including languages that are spoken by the local population.



### Improving the care of people with learning disabilities

In March 2007, Mencap published a report 'Death by Indifference', which set out case studies relating to six people with learning disabilities. Mencap believe that they died unnecessarily as a result of receiving worse healthcare than people without learning disabilities. On behalf of the families involved, Mencap asked the Health Service and Local Government Ombudsmen to investigate complaints about all six cases, three of which span both health and social care.

The Health Service and Local Government Ombudsmen's report highlighted a number of key areas for action and improvement:

- Quality of leadership
- Communication
- Partnership working and co-ordination
- Relationships with families and carers
- Following routine procedures
- Advocacy arrangements

Mencap published a follow up report in February 2012, 'Death by indifference: 74 deaths and counting'. Following this report several recommendations were made. These recommendations have formed the basis of Hertfordshire Community NHS Trust's action plan to improve access to health services for people with learning disabilities.

Hertfordshire Community NHS Trust has made significant progress in partnership with the Health Liaison Team at Hertfordshire County Council's. The team developed the innovative 'Purple Star' scheme to increase the quality of care received by people with a learning disability.

Key achievements during 2014 include:

- St Albans Specialist dental care services awarded Purple Star for delivery of high quality care to learning disability service users
- Podiatry working towards gaining Purple Star kite mark for delivering good quality service to service users with a learning disability
- Two further services are being identified to work towards gaining the kite mark
- Adult Learning Disability Policy reviewed and refreshed
- Annual Joint Health and Social Care Learning Disabilities Self-Assessment Framework completed on November 2014
- Clinical audit of learning disabilities developed for roll out in March 2015
- A Hertfordshire-wide conference arranged for 10<sup>th</sup> March 2015 in partnership with West Hertfordshire Hospitals NHS Trust, Hertfordshire Partnership Foundation University Foundation Trust, Integrated Health & Community Care Trust, Herts Valleys CCG and Hertfordshire County Council.

Our aim is to develop a repository system by June 2015 for sharing learning and case studies across our services.

### PALS & Complaints services

We strive to ensure that the Trust's PALS & Complaints services are equitable to all by providing an easy read PALS & Complaints patient information leaflet, making reference to use of our interpreting service for patients, relatives and carers where English is not their preferred language. The leaflet also gives contact details for the NHS Complaints Advocacy Service – the

Version 0.3

advocacy service can offer support to patients with a learning disability.

The Hertfordshire Community NHS Trust is developing an easy read of our complaints policy and a pilot easy read Friends and Family Test comment cards by 1<sup>st</sup> June 2015.

## Chapter 4 Workforce information April – December 2014

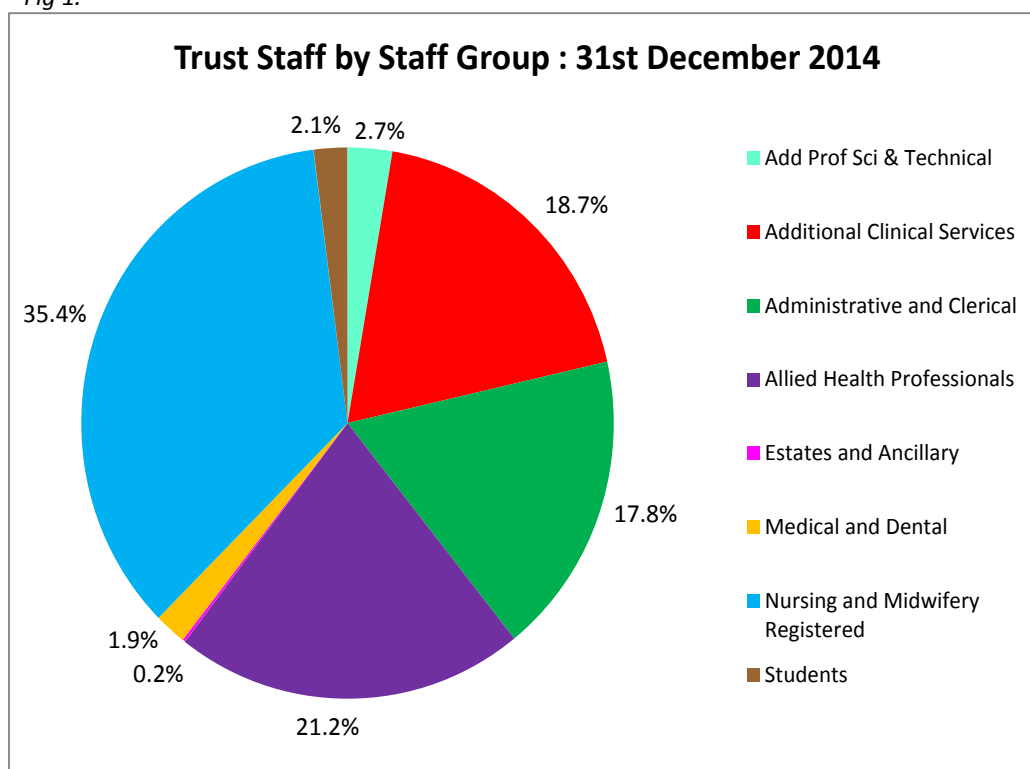
As outlined in the Public Sector Equality Duty (PSED), the Trust is required to publish specific information about staff from protected groups. This chapter sets out key statistical information covering the period 1<sup>st</sup> April 2014 to 31<sup>st</sup> December 2014.

The data not only allows us to report on the protected characteristics, but also help inform the development of workforce equality objectives.

### Staff by Staff Group

The Trust's largest staff group is registered qualified nurses who make up nearly 36% of the total employees followed by Allied Health Professionals who make up 21% of the workforce. 82% of all Trust employees are clinical staff providing treatment to our patients.

Fig 1.

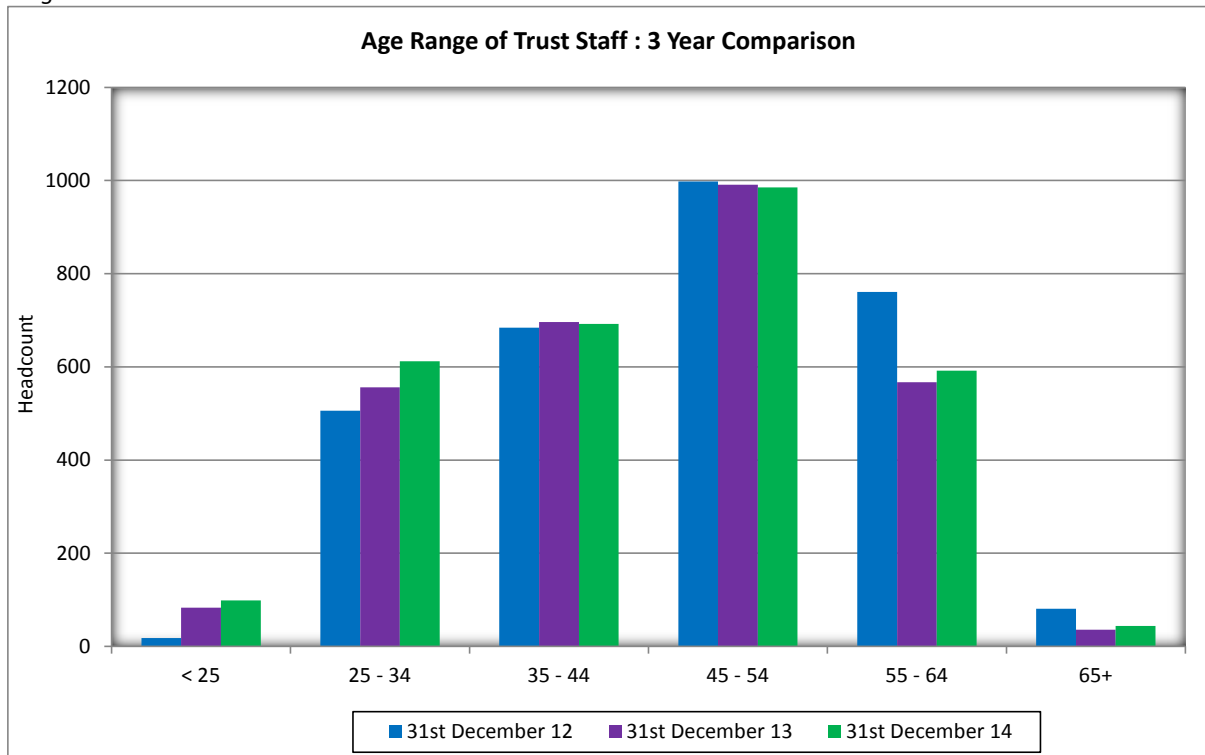


### Workforce composition

#### **Age**

The graph below represents Trust employees by age range over a 3 year period. Over the last 3 years shown, there has been little change in numbers of staff aged 35 to 54, however the number of staff up to the age of 34 has increased. This is reflected in the average age of our employees which has decreased from 47 in December 2012 to 45 in December 2014.

Fig 2.

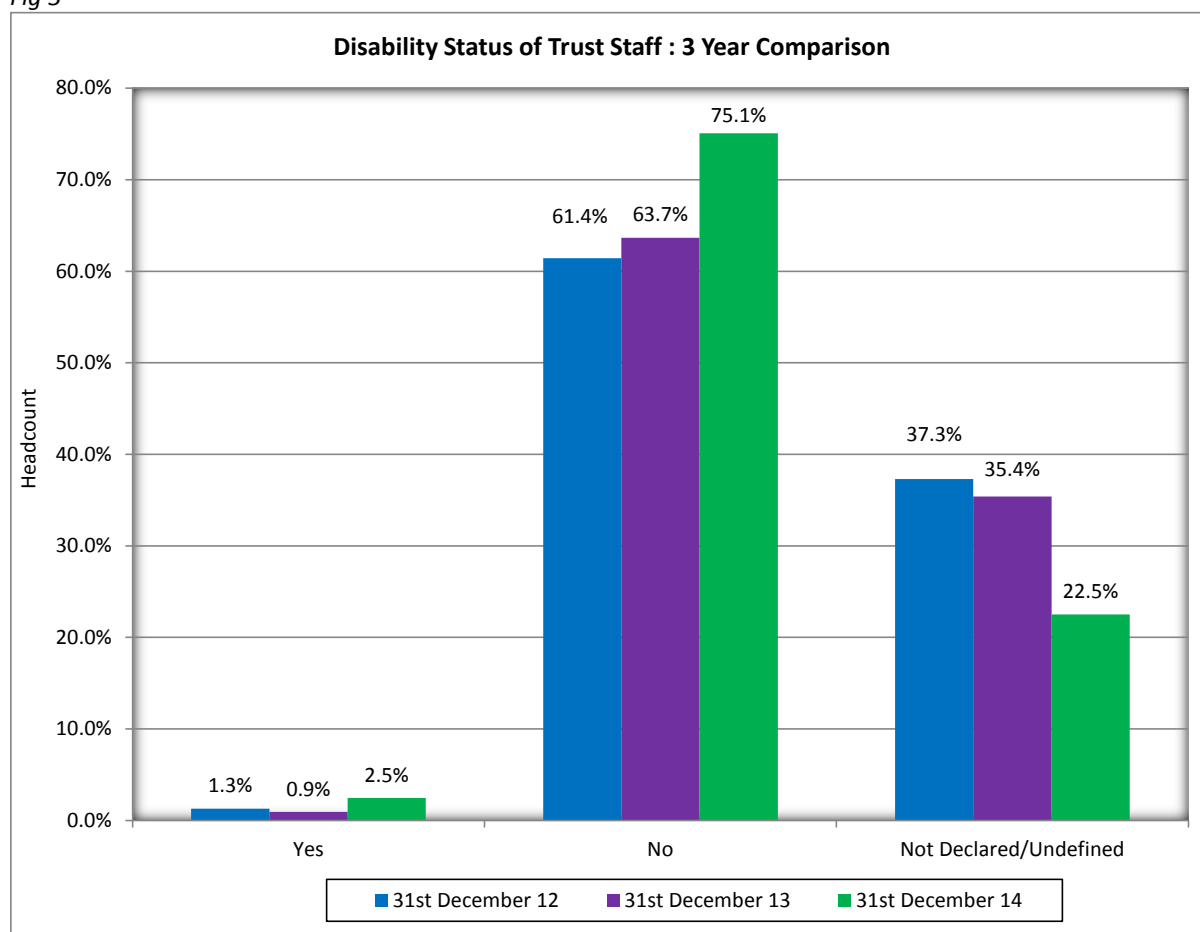


### Disability

The Trust is a 'Two Ticks' employer meaning we encourage applications from disabled people and make commitments towards our disabled staff.

A comparison of employees' recorded disability status is given in the graph below. It shows that for the third year running the number of 'Not Declared/Undefined' has reduced. This is largely due to the data cleansing exercise that was undertaken in the second half of 2014 and there are now 563 less records in the 'Undefined/Not Declared' category and the number of staff who have declared themselves as disabled has increased from 27 to 74.

Fig 3



### Gender Reassignment

There is currently no data available on gender reassignment within the Trust's workforce information system Electronic Staff Record (ESR). This is because there is no field in ESR to record this data. Unfortunately, it is not within the remit of the Trust to change the fields on ESR as it is a national system. This lack of field on ESR is being looked into by the system owner, McKesson.

### Pregnancy and Maternity/Adoption

The Trust does not keep information on pregnancy however it does have records of those staff who took maternity/adoption leave. As at the 31<sup>st</sup> December 2014, there were 77 Trust staff on maternity/adoption leave, this equated to 2.5% of the substantive workforce.

Fig 4

	Number of Staff on Maternity/Adoption Leave	Total Staff	% of Staff on Maternity/Adoption Leave
31-12-2014	77	3024	2.5%
31-12-2013	85	2929	2.9%
31-12-2012	89	3048	2.9%

During the 6 weeks after 31<sup>st</sup> December 2014 the following was noted in relation to the 87 staff who were on maternity/adoption leave:

Fig. 5

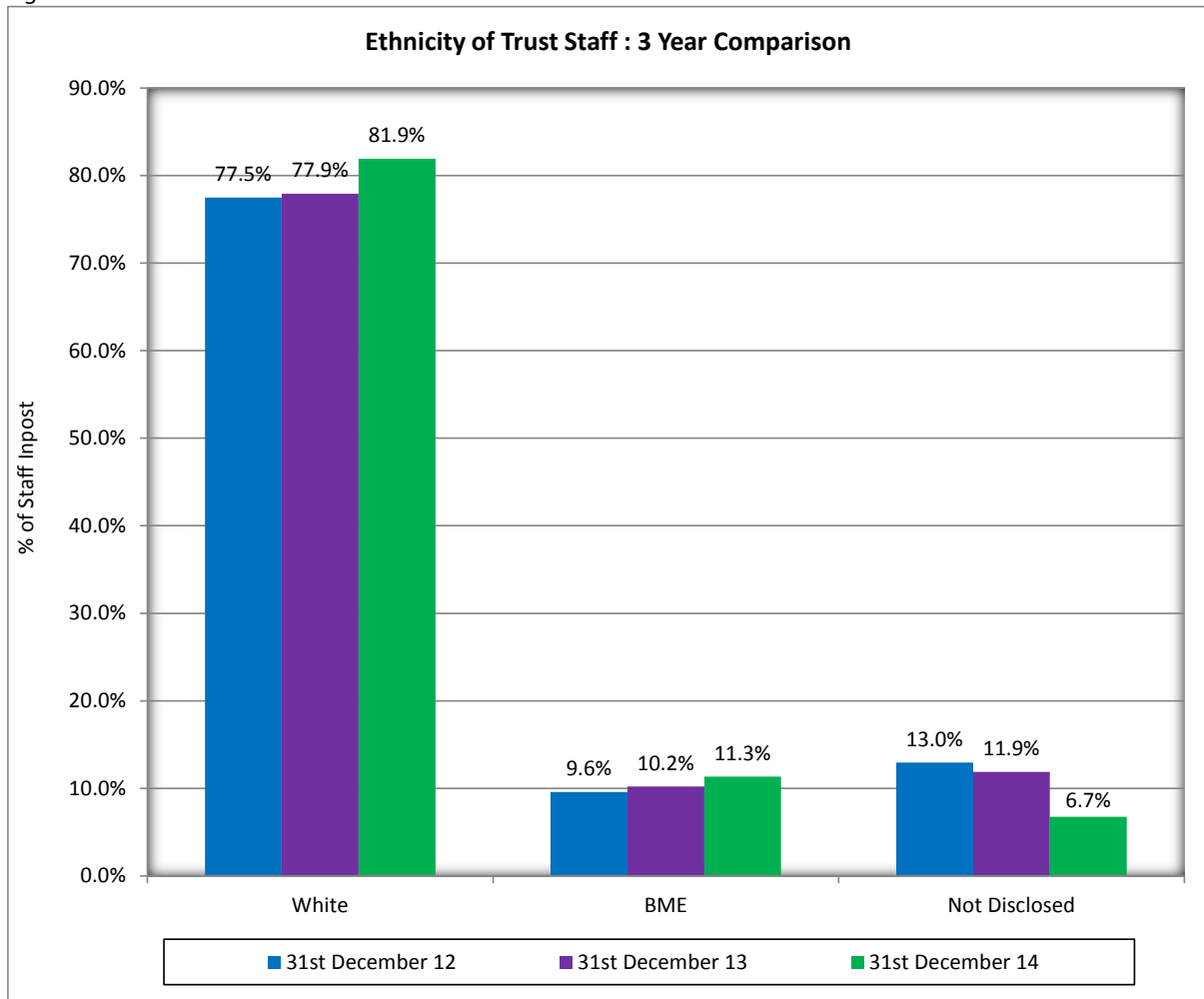
<b>Current Status of Staff who were on Maternity Leave as at 31st December 2014</b>	
Still on Maternity/Adoption Leave	68
Returned with Same Hours	7
Returned with Reduced Hours	1
Returned from Maternity/Adoption Leave then Resigned	1
<b>TOTAL:</b>	<b>77</b>

The Trust retains the majority of staff who take maternity leave and is able to accommodate requests for flexible working in order to support their return.

### **Race**

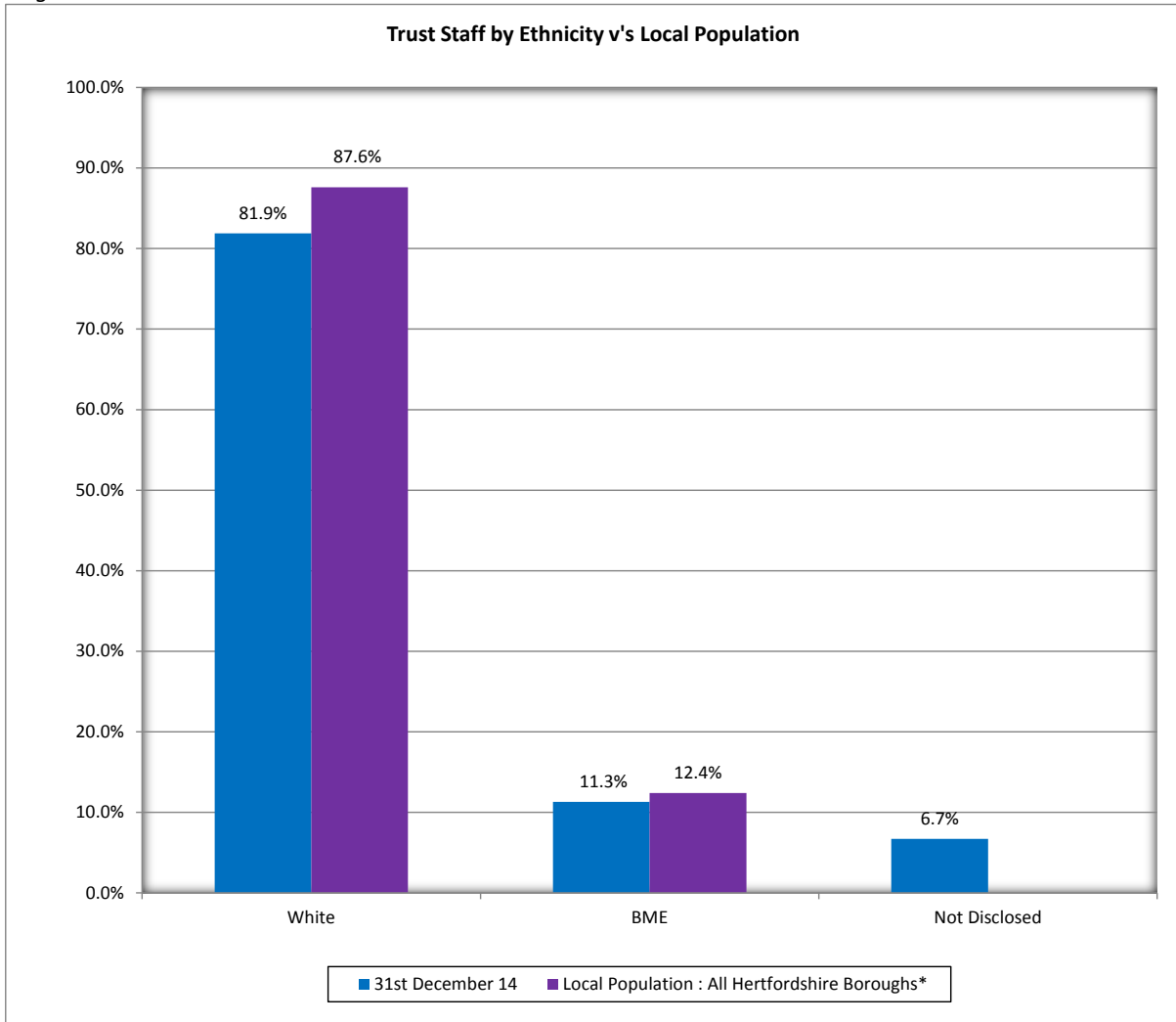
The graph below (Fig 6) shows the ethnic composition of Trust employees over the three year period, 2012, 2013 and 2014. It shows that the percentage of staff in both the White and BME ethnic groups has increased between 2013 and 2014. We believe this is mainly the result of the data cleansing exercise as the number of employee records with 'not disclosed' ethnic origin has decreased by the same amount, which has provided us with better quality data.

Fig 6



A comparison of Trust employees to the local population has been made (Fig 7). The graph shows us that the Trust employs less White and BME employees than the proportions in the local population, however there are still some Trust staff who have not declared their ethnic origin therefore it is difficult to make a direct comparison. The overall proportion of BME and White staff is consistent with last year's analysis.

Fig 7



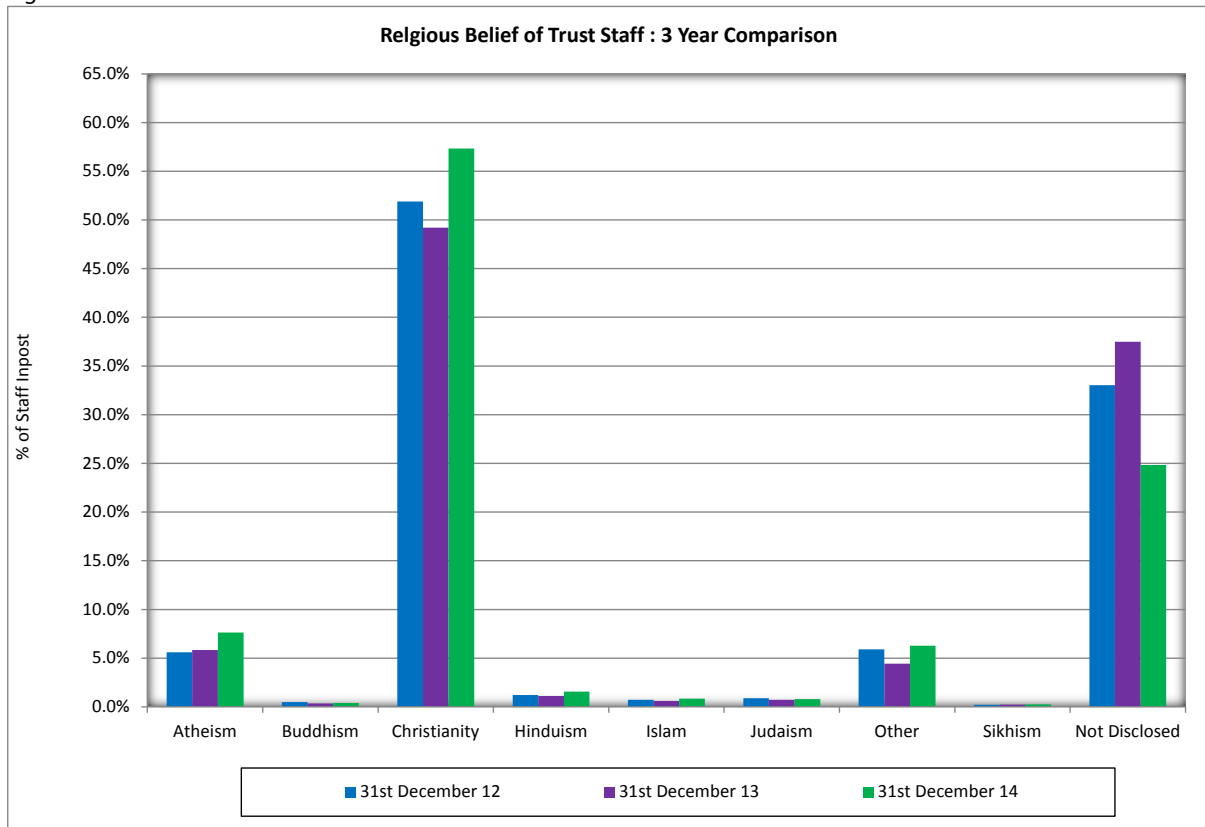
### Religion or Belief

This section of the report details the religion or belief of our staff. There have been improvements in the data quality for this protected characteristic with 347 more staff having their religion or belief recorded than in 2013. See figure 8.

Christianity still represents the largest number of staff with over 57% of the workforce, an increase on previous years' numbers, followed by Atheists who make up over 7% of the workforce and these two groups have seen the biggest increase in numbers over the last 3 years.



Fig. 8

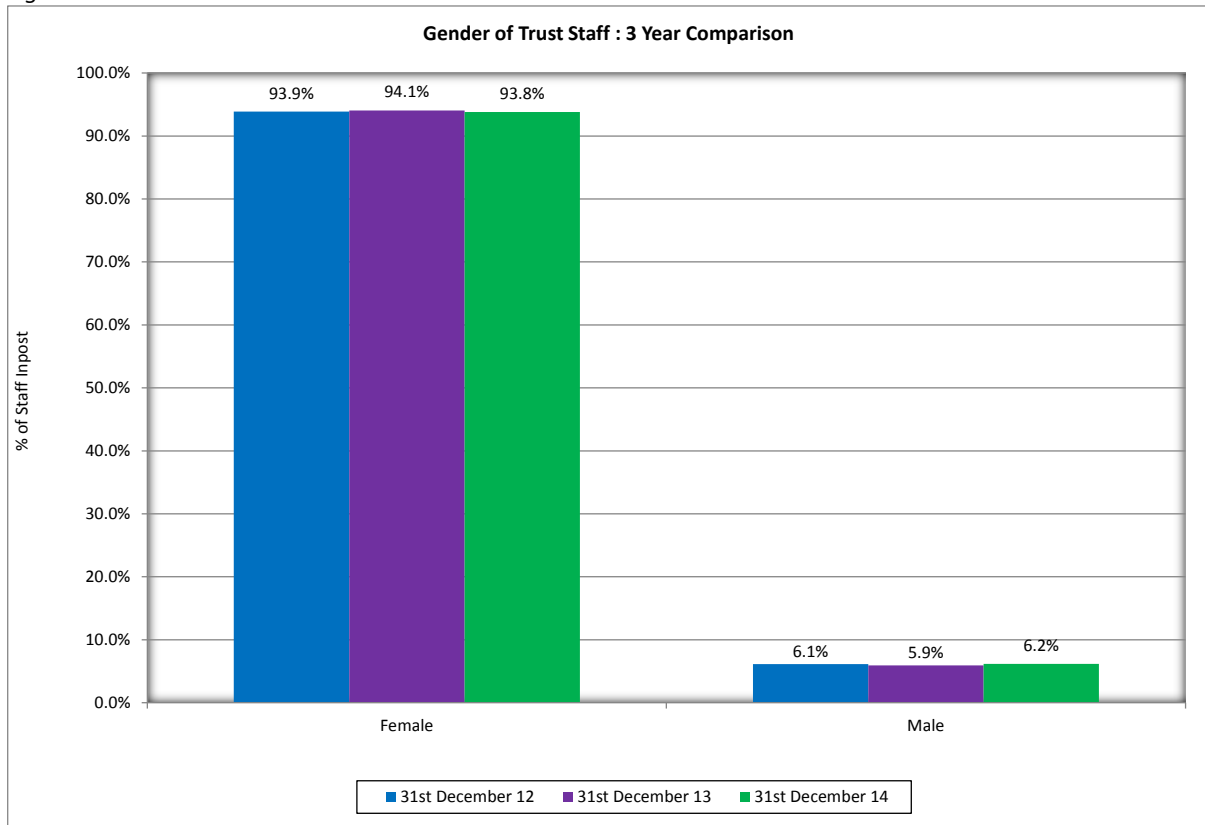


## Gender

Our data show that there has been negligible change in the proportion of male to female staff over the last 3 years.

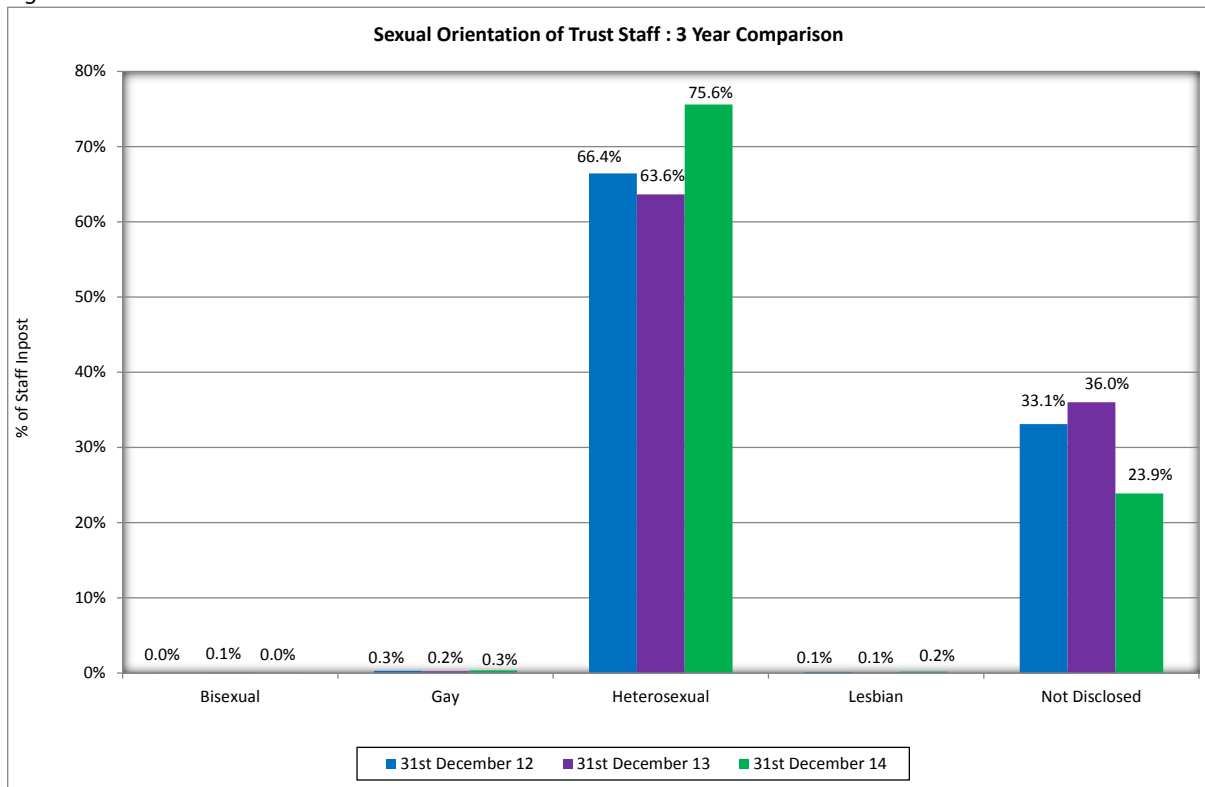
Other NHS Community Trusts in the country shows employ approximately 89% female staff and 11% male staff (Health & Social Care Information Centre – November 2014). The data come from iView run by the Health and Social Care Information Centre and can be accessed by trusts for comparison purposes. Further work will be done to try and find reasons why the number of male staff we employ is low.

Fig. 9



## Sexual Orientation

Fig. 10

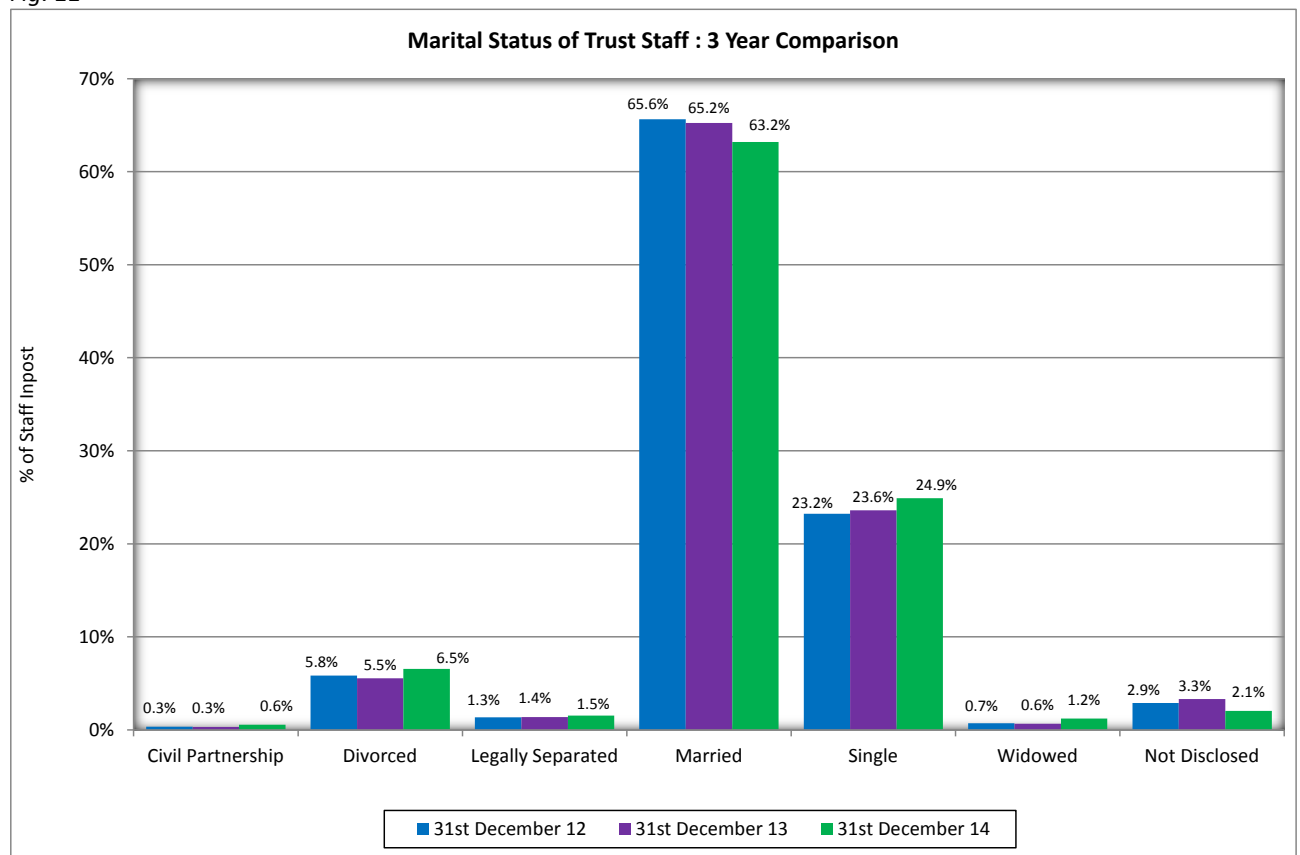


The graph above shows the sexual orientation disclosed by Trust employees. There has been little or no change recorded in Gay, Lesbian and Bisexual (GLB) categories, but there has been an increase in Heterosexual staff since 2013. This change is largely due to the data cleansing where 332 more staff have declared their sexual orientation. The total number of declared GLB employees in the Trust is 16.

### Marriage and Civil Partnerships

The marital status of the Trust’s employees has been displayed in the graph below showing a comparison over the last three years. There have been a number of small changes in the proportions in each of the marital status categories over the monitored period and the number of ‘not disclosed’ marital status has reduced by 35.

Fig. 11



### Full-time and Part-time Staff

As at 31<sup>st</sup> December 2014 the Trust employed an almost exact 50:50 split of staff working either full-time or part-time, this is consistent with the workforce structure in 2013. This is a very positive statistic for the Trust showing that we accommodate flexible working and promote a healthy work-life balance.

Fig. 12

<b>31st December 2014</b>	<b>Female</b>	<b>Male</b>	<b>Trust Total</b>
<b>Full-Time</b>	1378	155	1533
<b>Part-Time</b>	1459	32	1491
<b>Trust Total</b>	<b>2837</b>	<b>187</b>	<b>3024</b>

### Recruitment

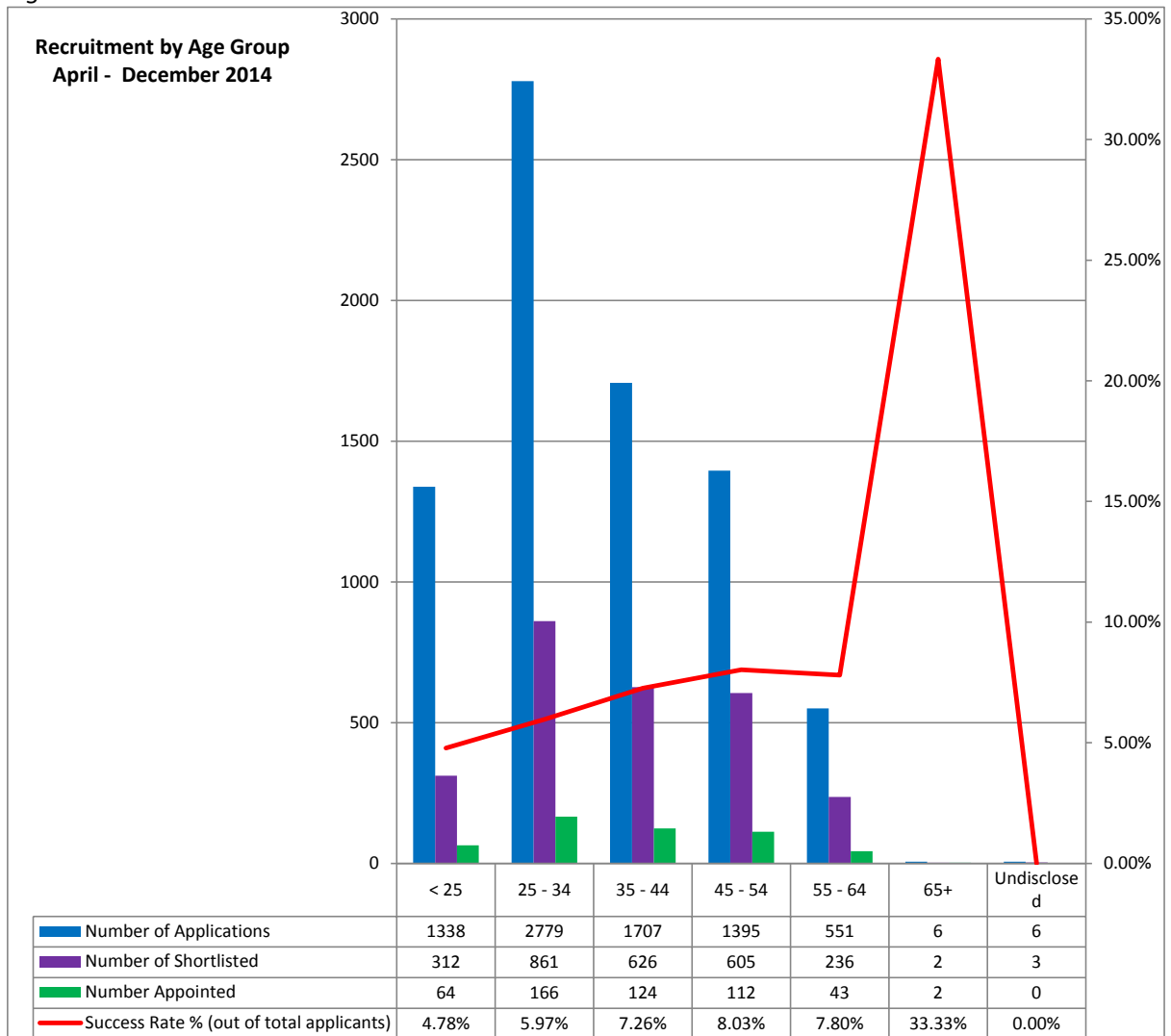
Between April 2014 and December 2014 the Trust received a total of 7,782 applications for jobs it had advertised on the NHS Jobs website. 511 job offers were made a result of this.

The graphs below show the number of applicants, number shortlisted and number of those appointed by age, disability, ethnic origin, religious belief, gender and sexual orientation. They also look at the success rates of the applicants by each of these protected characteristics.

#### **Applications by Age**

The most successfully employed applicants were those aged over 65 with a success rate of 33%, however the number of applicants in this age group was very low therefore just one appointment will have a big impact on the percentages. Those least successfully employed are those under the age of 25 with a success rate of 4.78%, this is consistent with the 2013/14 data analysis.

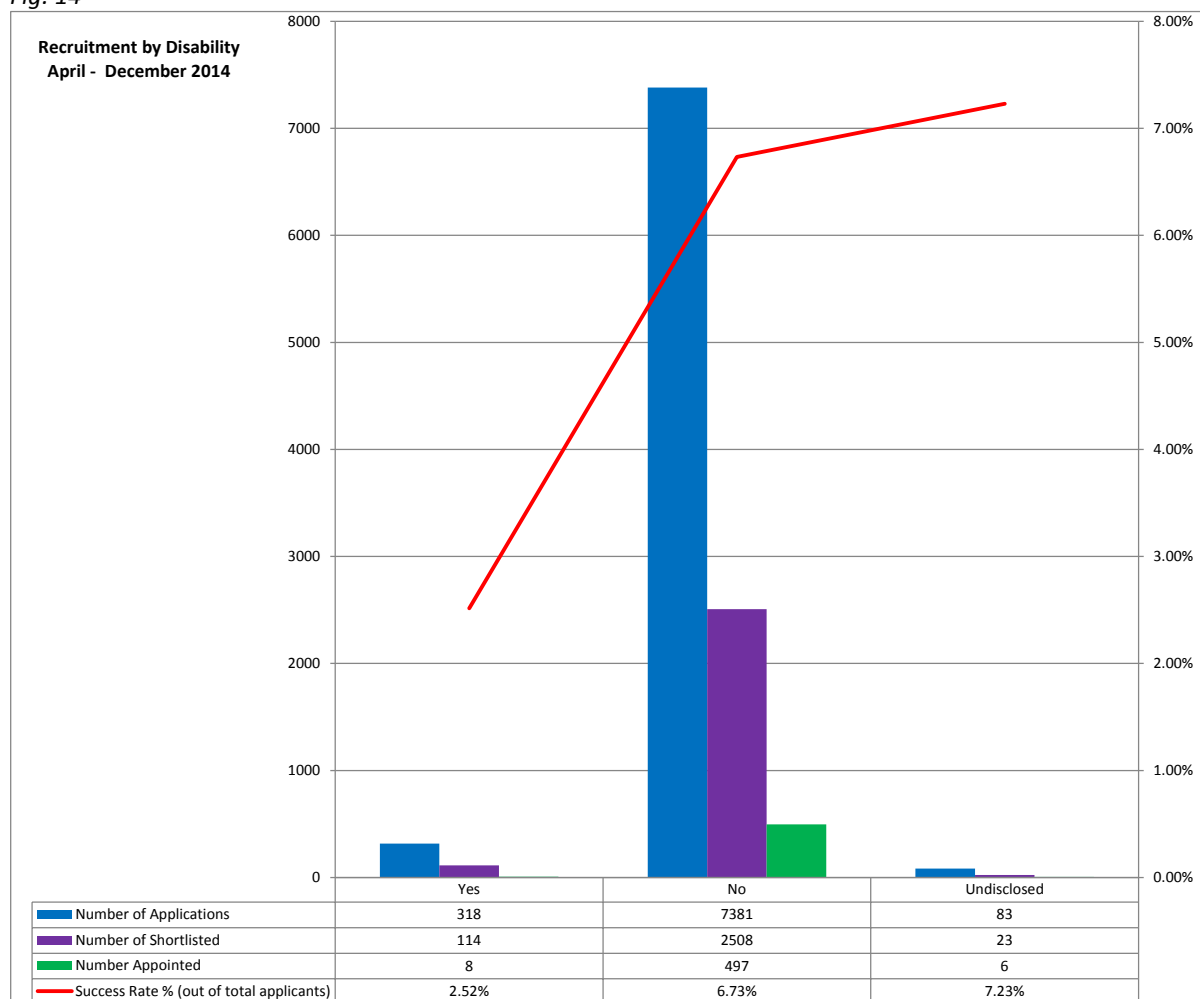
Fig. 13



### Applications by Disability

The analysis of disabled applicants between April and December 2014 shows a decrease in the success rate of disabled applicants when compared to data from 2013/14. This will need to be monitored against future reports to check for trends.

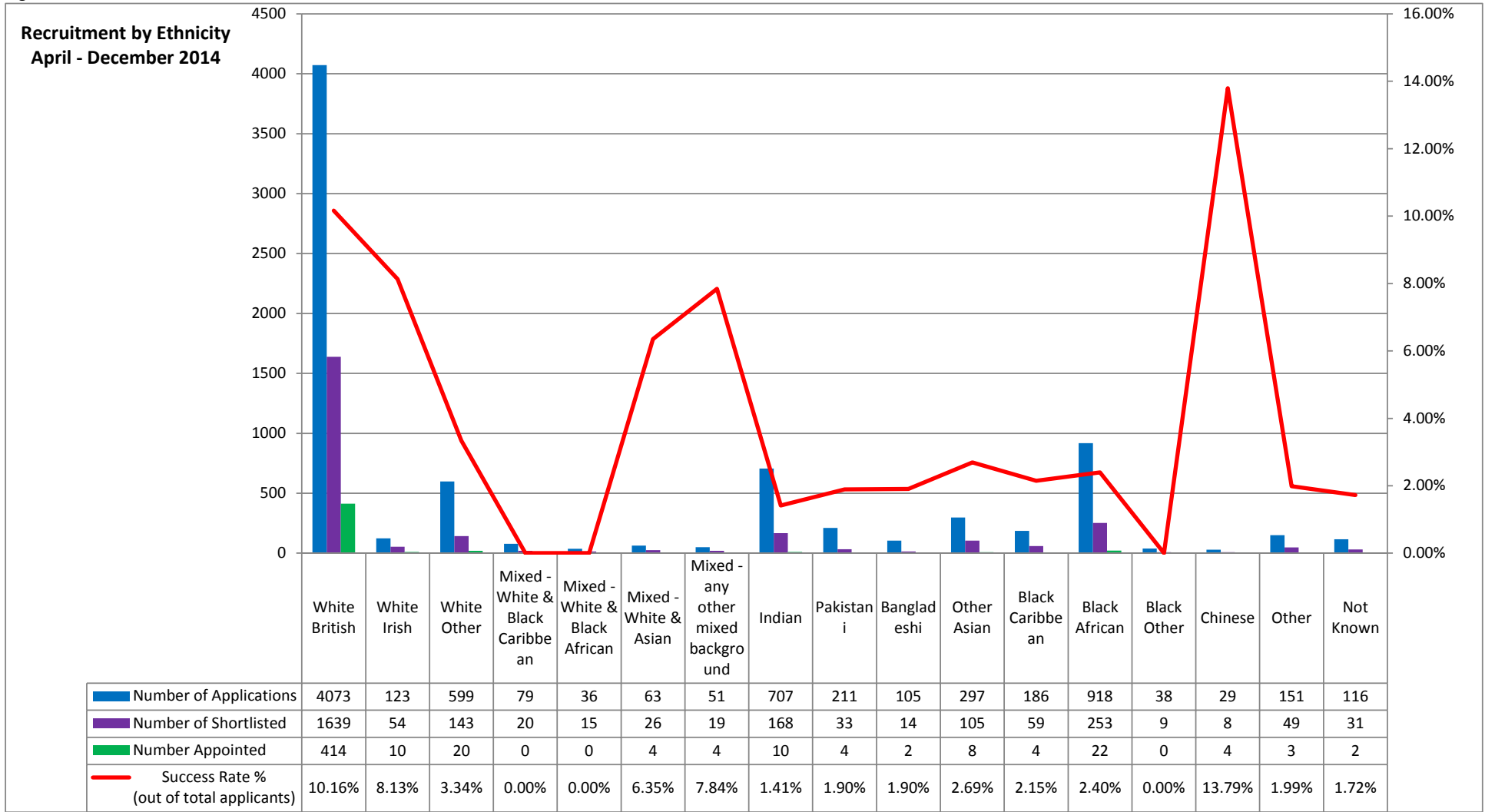
Fig. 14



### Applicants by Ethnicity

Ethnicity data (Fig 15) from the applicants shows a wide range of success rates from 0% (Mixed - White & Black Caribbean, Mixed - White & Black African and Black Other) to 10.16% for White British applicants. Taken overall, success rates for White applicants are higher than those from BME backgrounds, this is a trend we saw in the 2013/14 report.

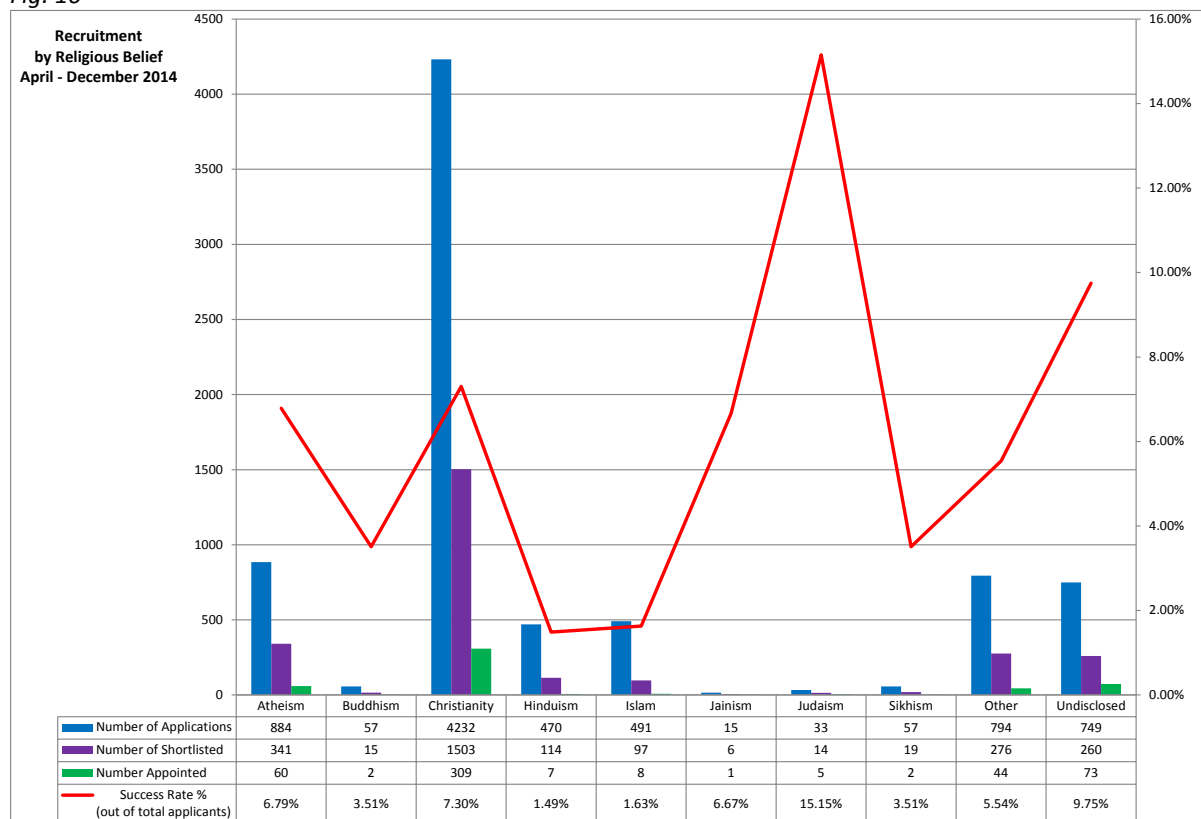
Fig. 15



## Applicants by Religion or Belief

The two most successfully appointed groups were Jewish applicants (15.15%) and Christians (7.30%). This is similar to the 2013/14 results.

Fig. 16

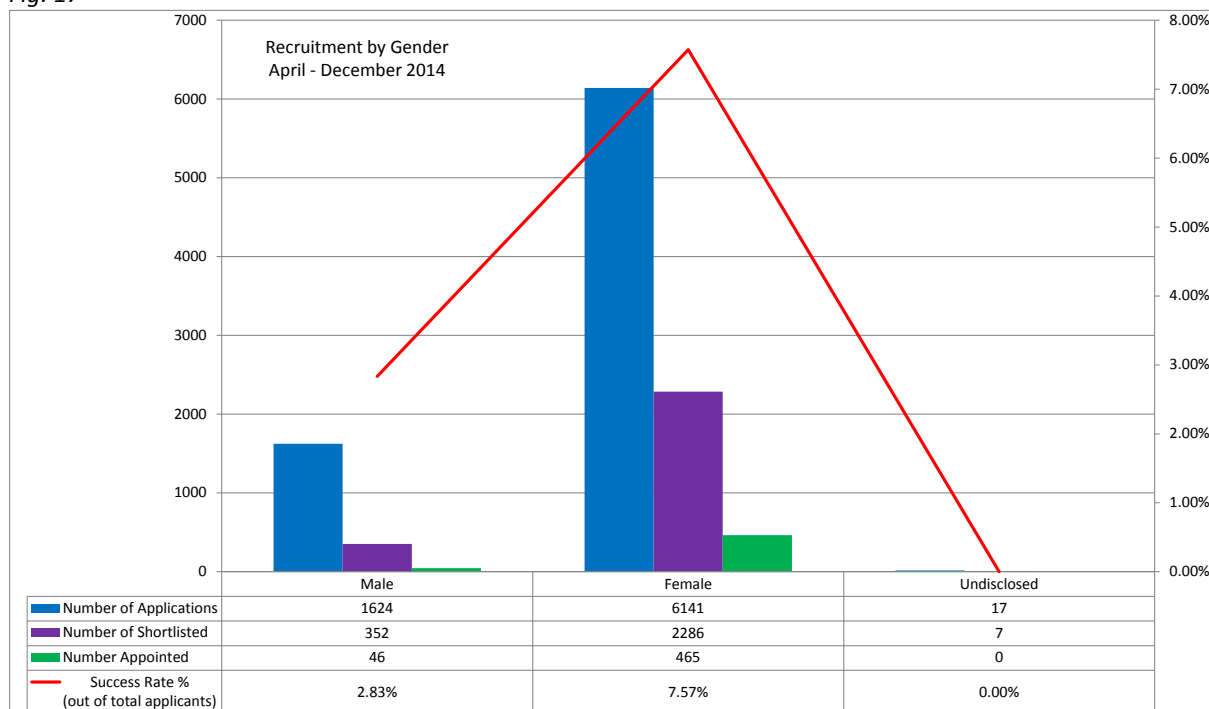


## Applicants by Gender

Gender analysis of applicants indicates that females have more than double the success rate of male applicants, this is consistent with the 2013/14 analysis and therefore further work should be undertaken to establish the reasons.



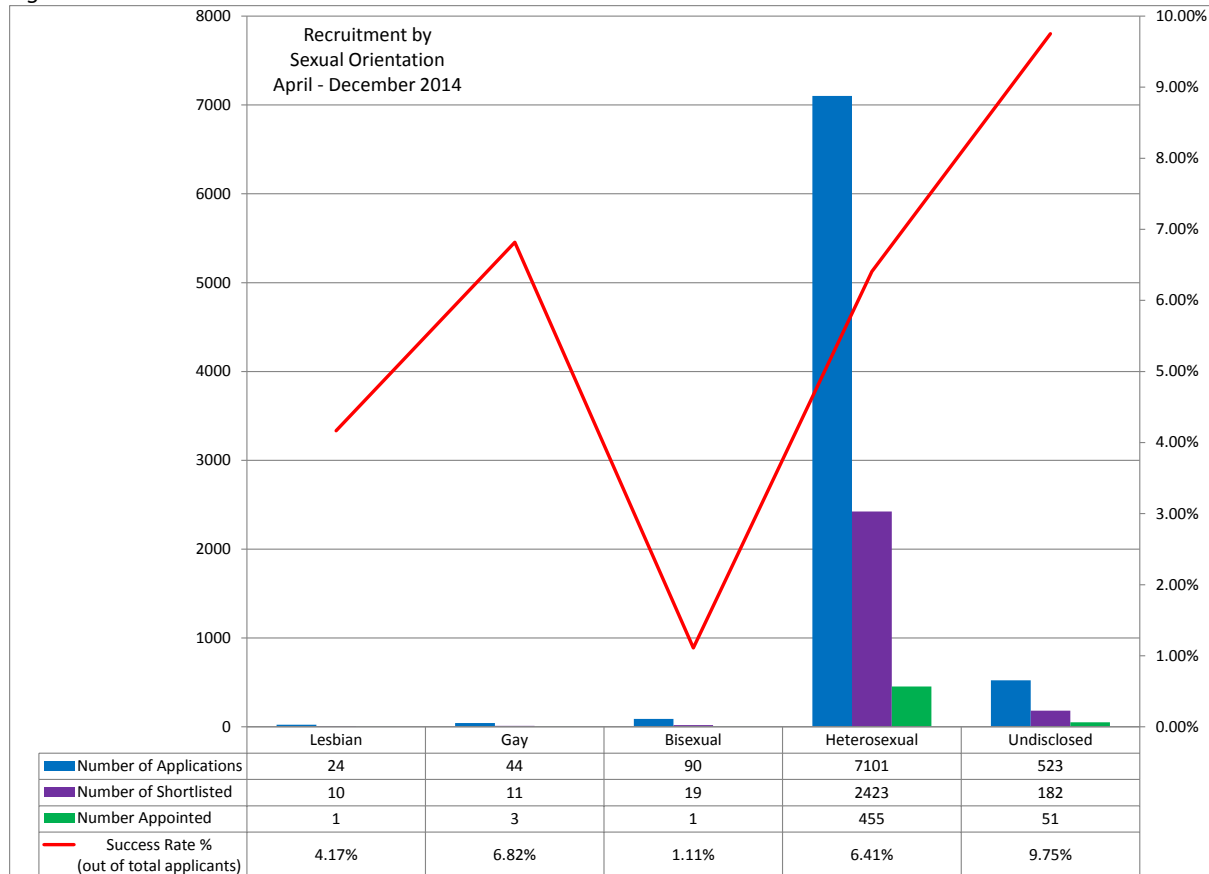
Fig. 17



**Applicants by Sexual Orientation**

The Trust received a total of 158 applications from those with Gay, Lesbian or Bisexual sexual orientation, of these 5 people were appointed. Applicants with 'Undisclosed' sexual orientation have the highest success rate at 9.75%.

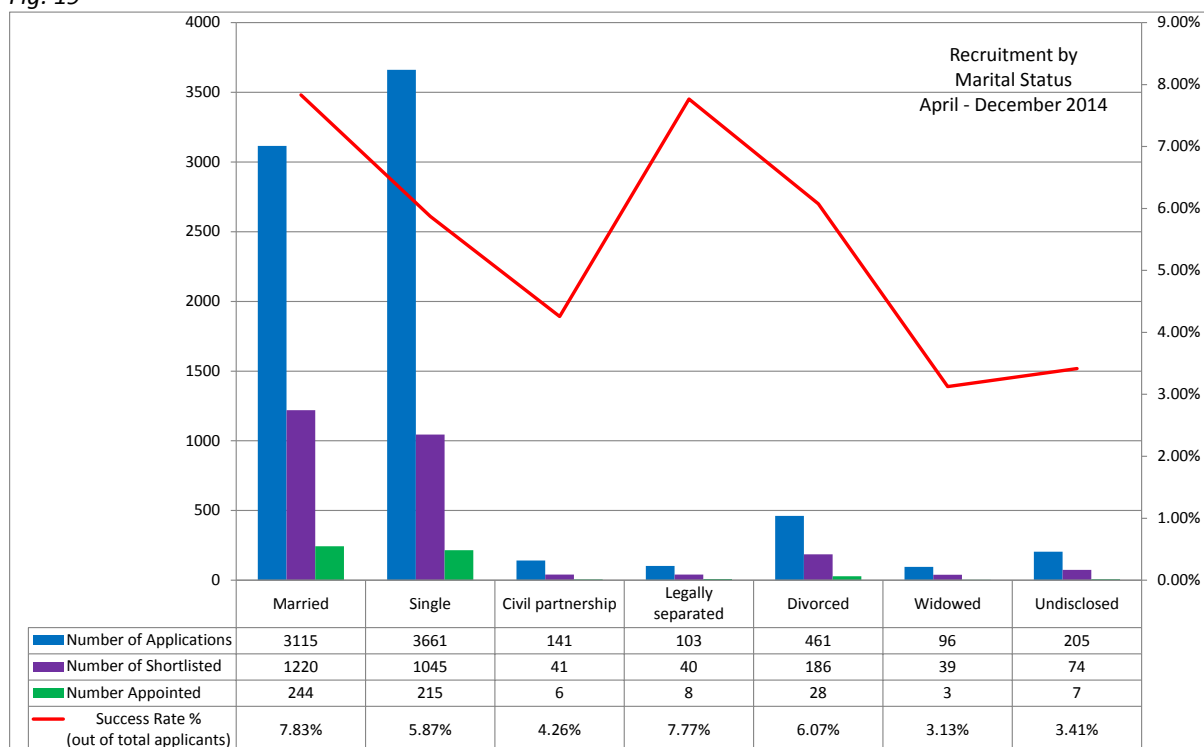
Fig. 18



## Marital Status

When looking at applicants by marital status, the analysis shows that those who are married or legally separated had the highest success rates in being appointed. Widowed applicants had the lowest success rates however they also had the smallest number of applicants therefore just one successful appointment can make a large difference in the percentages.

Fig. 19



## Internal appointments to a higher band (promotions)

During the period monitored in this report there were a total of 111 internal appointments within the Trust meaning 3.7% of the workforce were appointed to a higher grade.

Analysis of these employees shows that an equal proportion of men and women were promoted in the Trust showing demonstrating no bias in the Trust's internal recruitment.

Fig. 20

Gender	Number of Trust Staff 31st December 2014	Number of Promotions	% of Gender Promoted
Female	2837	104	3.7%
Male	187	7	3.7%
<b>Trust Total</b>	<b>3024</b>	<b>111</b>	<b>3.7%</b>

Breakdown by ethnic origin indicates the largest number of promotions were with White British staff group (90 staff). However as the majority (2302 out of 3024) of our workforce belongs to the White British ethnic group their overall promotion rate of 3.9% is broadly in line with the Trust's overall promotion rate of 3.7%.

Fig. 21

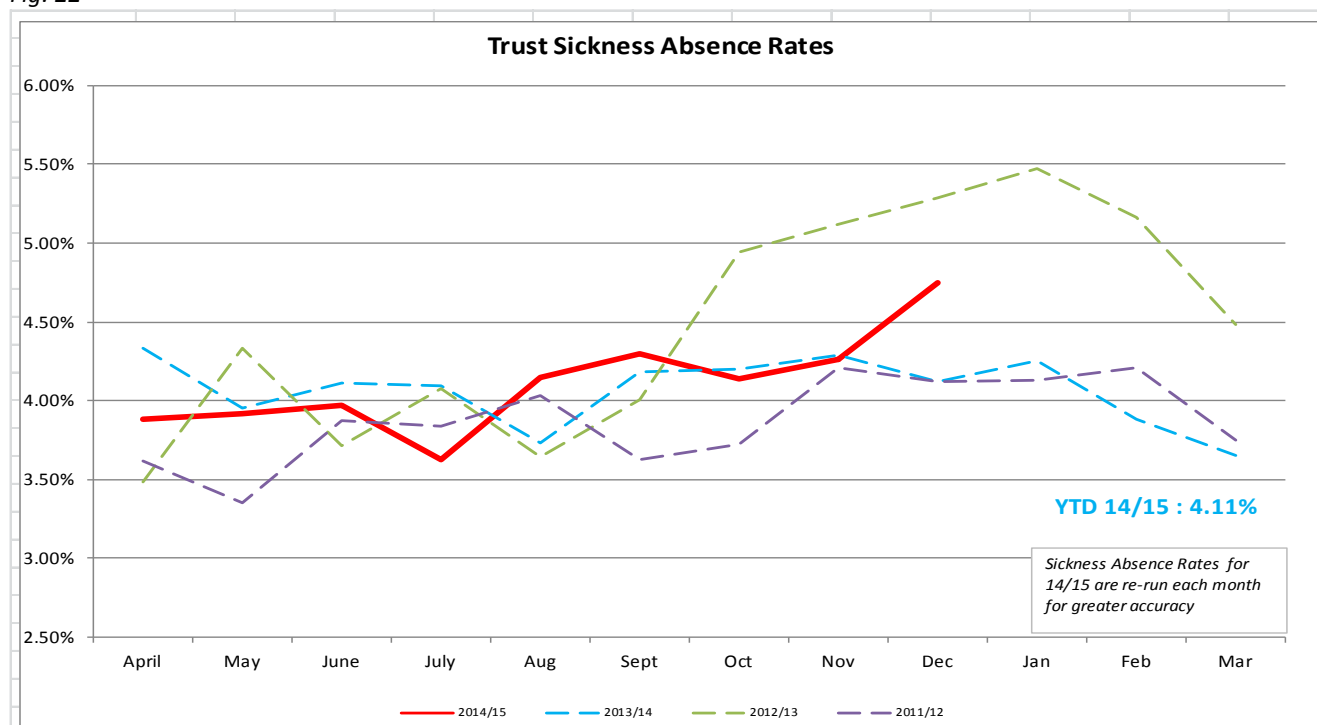
<b>Ethnic Origin</b>	<b>Number of Trust Staff 31st December 2014</b>	<b>Number of Promotions</b>	<b>% of Ethnic Origin Promoted</b>
White British	2302	90	3.9%
White Irish	85	3	3.5%
White Other	90	4	4.4%
Mixed - White & Black Caribbean	12	0	0.0%
Mixed - White & Black African	3	0	0.0%
Mixed - White & Asian	13	1	7.7%
Mixed - any other mixed background	16	0	0.0%
Indian	63	0	0.0%
Pakistani	10	0	0.0%
Bangladeshi	3	0	0.0%
Other Asian	59	0	0.0%
Black Caribbean	29	3	10.3%
Black African	95	7	7.4%
Black Other	2	0	0.0%
Chinese	14	0	0.0%
Other	24	1	4.2%
Not Known	204	2	1.0%
<b>Trust Total</b>	<b>3024</b>	<b>111</b>	<b>3.7%</b>

### Sickness Absence

The graphs and tables below show the Trust's sickness absence by month for the last 4 years. Sickness rates in the Trust decreased to 4.07% for Financial Year 13/14. The absence rate for the period of this report is 4.11%.

We are not able to report on disability related sickness through ESR as there is no mechanism for collecting this data through the regular sickness absence returns.

Fig. 22



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>2014/15</b>	3.88%	3.92%	3.97%	3.63%	4.15%	4.30%	4.14%	4.26%	4.75%			
<b>2013/14</b>	4.33%	3.95%	4.11%	4.09%	3.73%	4.18%	4.20%	4.29%	4.12%	4.25%	3.88%	3.65%
<b>2012/13</b>	3.48%	4.33%	3.71%	4.08%	3.64%	4.01%	4.94%	5.12%	5.29%	5.47%	5.16%	4.48%
<b>2011/12</b>	3.62%	3.35%	3.87%	3.84%	4.03%	3.63%	3.72%	4.21%	4.12%	4.13%	4.21%	3.75%

### Leavers

During the period 1<sup>st</sup> April to 31<sup>st</sup> December 2014 a total of 374 staff left the Trust with the following reasons giving the Trust an annual voluntary (underlying) turnover rate of 11.57%.

Fig. 23

Leaving Reason	Total
Death in Service	3
Dismissal	8
Employee Transfer	9
End of Fixed Term Contract	23
Redundancy - Compulsory	2
Redundancy - Voluntary	1
Retirement	59
Voluntary Resignation	269
<b>TRUST TOTAL</b>	<b>374</b>

All of the dismissals were female staff.

Fig. 24

Gender	Trust Staff	Number of Dismissals	% of Dismissals
Female	93.8%	8	100.0%
Male	6.2%	0	0.0%
Total	100.0%	8	100.0%

The age range with the highest proportion of dismissals was those age under 25, however the largest number of dismissals were in the age group 55-64 which was also seen in the 2013/14 analysis.

Fig. 25

Age Range	Number of Trust Staff 31st December 14	Dismissals	Dismissals as % of Trust Staff
< 25	99	1	1.0%
25 - 34	612	1	0.2%
35 - 44	692	1	0.1%
45 - 54	985	1	0.1%
55 - 64	592	4	0.7%
65+	44	0	0.0%
Total	3024	8	0.3%

Those with an ethnic origin of Mixed – White & Black Caribbean had the highest proportion of dismissals however this was only 1 member of staff out of a small staff group.

Fig. 26

Ethnic Origin	Number of Trust Staff 31st December 14	Dismissals	Dismissals as % of Trust Staff
White British	2302	6	0.3%
White Irish	85	0	0.0%
White Other	90	0	0.0%
Mixed - White & Black Caribbean	12	1	8.3%
Mixed - White & Black African	3	0	0.0%
Mixed - White & Asian	13	0	0.0%
Mixed - any other mixed background	16	0	0.0%
Indian	63	0	0.0%
Pakistani	10	0	0.0%
Bangladeshi	3	0	0.0%
Other Asian	59	0	0.0%

Black Caribbean	29	0	0.0%
Black African	95	0	0.0%
Black Other	2	0	0.0%
Chinese	14	0	0.0%
Other	24	0	0.0%
Not Known	204	1	0.5%
<b>Grand Total</b>	<b>3024</b>	<b>8</b>	<b>0.3%</b>

### Pay and Remuneration

The focus of the pay and remuneration analysis will be around occupational segregation, namely the distribution of employee's pay by gender, staff group, grade and other protected characteristics. The report compares pay information between male and female staff looking for differences amongst the groups for work of equal value.

Some pay data has been excluded from this equal pay audit. These were staff on zero or reduced pay (due to sickness, career break, maternity etc), the chairman, the non-exec directors and those staff who had overpayment money taken from their salary in December 2014. These staff were excluded as including them would skew the data unfairly.

The report shows the percentage value of any pay gaps based on the average basic salary and average total salary for the month of December 2014. This is shown as a negative percentage (-%) if females are paid less than males and a positive percentage (+%) if females are paid more than males. Any differences over 10% are highlighted in italics. For the purposes of the grade comparison, all part-time staff's pay has been converted to the value of full time staff so an equal comparison can be made.

In the areas analysed below where there are either no female staff or no male staff (eg: the students or the 'other' staff group) a pay comparison analysis has still been included in the tables. This is so we can monitor trends against previous and future reports, ensure there is no bias or discrimination and show that we have looked at all staff within the Trust. The results for these will show either -100% or 100% in the pay gap columns.

### **Trust Pay Comparisons**

Looking at data taken from NHS iView (provided by the Health and Social Care Information Centre) the average basic NHS salary in the country is £26,213 per annum, with a total salary of £30,791 in November 2014. Staff at Hertfordshire Community NHS Trust earned an average basic salary of £23,246 and total salary of £25,652, these average salaries are very similar to those of other Community Trusts across the country. Community Trusts in general tend to have a lower average salary than other Trusts, especially Acutes, due to the make-up of their workforce. Other types of Trust employ more medical staff who have higher salaries than other staff groups therefore the average wage is higher.

Fig. 27

All Staff	Basic Pay	Total Earnings
All Community Trusts	£22,875	£24,847
Hertfordshire Community NHS Trust	£23,246	£25,652
All NHS Trusts	£26,213	£30,791

Data taken from NHS iView – November 2014

### Pay Band and Staff Group

The pay gap for ‘basic pay’ in the Trust is female staff earn on average 15% less than male staff and for ‘total pay’ female staff earn on average 14% less than male staff. This is an improvement on the previous report’s data where the pay gap was 21% on basic pay and 20% on total pay.

From the ‘Staff Group’ analysis shown below there are two main areas where female staff are paid more than male staff namely ‘estates and ancillary’ and ‘students’, however there is only 1 male member of staff across both of these groups.

Fig. 28

Pay Band	Females (Headcount)	Males (Headcount)	Total Headcount	FEMALE v MALE	FEMALE v MALE
				Pay Gap %	Pay Gap %
				BASIC SALARY	TOTAL SALARY
Band 2	294	19	313	3%	-7%
Band 3	454	21	475	9%	3%
Band 4	202	14	216	1%	2%
Band 5	585	40	625	3%	6%
Band 6	732	29	761	3%	4%
Band 7	377	24	401	9%	8%
Band 8a	101	15	116	2%	1%
Band 8b	16	3	19	2%	2%
Band 8c	10	6	16	0%	1%
Band 8d	3	1	4	22%	29%
Other	14	0	14	100%	100%
Director	3	2	5	-23%	-13%
Medical & Dental	46	12	58	-12%	-9%
<b>TOTAL</b>	<b>2837</b>	<b>187</b>	<b>3024</b>	<b>-15%</b>	<b>-14%</b>

Fig. 29

Staff Group	Females (Headcount)	Males (Headcount)	Total Headcount	FEMALE v MALE	FEMALE v MALE
				Pay Gap %	Pay Gap %
				BASIC SALARY	TOTAL SALARY
<b>Add Prof Scientific &amp; Technical</b>	75	7	82	-18%	-17%
<b>Additional Clinical Services</b>	530	36	566	9%	3%
<b>Administrative and Clerical</b>	486	53	539	-36%	-35%
<b>Allied Health Professionals</b>	599	42	641	7%	6%
<b>Estates and Ancillary</b>	4	1	5	45%	44%
<b>Medical and Dental</b>	46	12	58	-12%	-9%
<b>Nursing &amp; Midwifery Registered</b>	1035	36	1071	1%	-1%
<b>Students</b>	62	0	62	100%	100%
<b>TOTAL</b>	<b>2837</b>	<b>187</b>	<b>3024</b>	<b>-15%</b>	<b>-14%</b>

### Sexual Orientation

Analysis by sexual orientation shows that gay, lesbian and bisexual (GLB) female staff are paid on average 29% less in their basic pay and 34% less in their total pay than their male GLB colleagues. As there are even numbers of male and female staff in this group we will need to monitor this result against future reports.

There is a 22% difference between female and male pay in the 'undisclosed' category, however it is difficult to draw any conclusions from this due to the sexual orientation not being known.

Fig. 30

Sexual Orientation	Females (Headcount)	Males (Headcount)	Total Headcount	FEMALE v MALE	FEMALE v MALE
				Pay Gap %	Pay Gap %
				BASIC SALARY	TOTAL SALARY
<b>GLB</b>	8	8	16	-29%	-34%
<b>Heterosexual</b>	2154	132	2286	-12%	-10%
<b>Undisclosed</b>	675	47	722	-22%	-22%
<b>TOTAL</b>	<b>2837</b>	<b>187</b>	<b>3024</b>	<b>-15%</b>	<b>-14%</b>



## Religious Belief

Fig. 31

Religious Belief	Females (Headcount)	Males (Headcount)	Total Headcount	FEMALE v MALE	FEMALE v MALE
				Pay Gap %	Pay Gap %
				BASIC SALARY	TOTAL SALARY
<b>Atheism</b>	206	25	231	-15%	-15%
<b>Buddhism</b>	11	1	12	-50%	-43%
<b>Christianity</b>	1648	86	1734	-6%	-4%
<b>Hinduism</b>	38	9	47	-23%	-28%
<b>Islam</b>	18	7	25	-1%	-13%
<b>Jainism</b>	1	1	2	89%	89%
<b>Judaism</b>	24	0	24	100%	100%
<b>Other</b>	177	13	190	-8%	-9%
<b>Sikhism</b>	8	0	8	100%	100%
<b>Undisclosed</b>	706	45	751	-27%	-25%
<b>TOTAL</b>	<b>2837</b>	<b>187</b>	<b>3024</b>	<b>-15%</b>	<b>-14%</b>

The pay gap for religious belief is higher than 10% for all beliefs except Christianity and 'Other'. Even though there has been a significant reduction in the number of incomplete records there are still many records stating 'undisclosed' (722 employees). The more this number is reduced the better comparisons we are able to make, however it is worth noting that employees have the choice whether or not to disclose their religious belief so the number of undisclosed may never reach zero.

## Age

Fig. 32

Age	Females (Headcount)	Males (Headcount)	Total Headcount	FEMALE v MALE	FEMALE v MALE
				Pay Gap %	Pay Gap %
				BASIC SALARY	TOTAL SALARY
< 25	92	7	99	13%	6%
25 - 34	565	47	612	0%	-2%
35 - 44	629	63	692	-15%	-12%
45 - 54	946	39	985	-21%	-18%
55 - 64	566	26	592	-16%	-15%
65+	39	5	44	-65%	-66%
<b>TOTAL</b>	<b>2837</b>	<b>187</b>	<b>3024</b>	<b>-15%</b>	<b>-14%</b>

When looking at the age range as a whole for all groups we see the biggest differences in basic salary is noted with staff over the age over 45 where male colleagues are paid between 16% and 65% more than their female colleagues in their basic pay, and for total salary between 15% and 66% more. We would expect male staff to earn slightly more than female staff in some age ranges as many women take time out of work to raise families.

## Marital Status

Within the different marital status groups the largest pay gap is with those who are legally separated, where female staff earn up to 78% more than their male colleagues, however there is only 1 male member of staff in this group therefore it is difficult to draw a direct comparison. This should be monitored against future reports for trends.

Fig. 33

Marital Status	Females (Headcount)	Males (Headcount)	Total Headcount	FEMALE v MALE	FEMALE v MALE
				Pay Gap %	Pay Gap %
				BASIC SALARY	TOTAL SALARY
<b>Civil Partnership</b>	16	1	17	-12%	-19%
<b>Divorced</b>	192	6	198	-24%	-20%
<b>Legally Separated</b>	45	1	46	74%	78%
<b>Married</b>	1810	101	1911	-18%	-17%
<b>Single</b>	682	71	753	-13%	-13%
<b>Widowed</b>	37	0	37	100%	100%
<b>Unknown</b>	55	7	62	-6%	-2%
<b>TOTAL</b>	<b>2837</b>	<b>187</b>	<b>3024</b>	<b>-15%</b>	<b>-14%</b>

## Disability

When looking at gender and disability there is little difference between the male and female staff who've declared themselves disabled. However for those not disabled or who haven't declared their disability, male staff earn up to 23% more on total pay than female staff.

Fig. 34

Disabled	Females (Headcount)	Males (Headcount)	Total Headcount	FEMALE v MALE	FEMALE v MALE
				Pay Gap %	Pay Gap %
				BASIC SALARY	TOTAL SALARY
<b>Yes</b>	68	6	74	7%	9%
<b>No</b>	2116	154	2270	-14%	-13%
<b>Unknown/Undeclared</b>	653	27	680	-21%	-23%
<b>TOTAL</b>	<b>2837</b>	<b>187</b>	<b>3024</b>	<b>-15%</b>	<b>-14%</b>

Disciplinary and Grievance Cases

This employee relations section relates to the number of staff involved in disciplinary or grievance procedures in the period April to December 2014.

The Trust encourages staff to raise any potential grievance matters with their manager at the earliest opportunity, so that these can be resolved to the individual's satisfaction. As a consequence of this approach, there were no formal grievances raised in this period.

**Disciplinary Outcomes**

Overall, 0.2% of staff were involved in disciplinary proceedings during the monitoring period. Of the seven cases, only one wasn't resolved by 31<sup>st</sup> December 2014. Two staff received a first written warning and two had no formal action taken.

Fig. 35

Outcomes of Disciplinary Cases	Total number of cases	% of Cases
<b>Ongoing</b>	1	14.3%
<b>Counselling</b>	1	14.3%
<b>Referred on to Capability Policy</b>	1	14.3%
<b>First Written Warning</b>	2	28.6%
<b>No Formal Action Taken</b>	2	28.6%
<b>TOTAL CASES</b>	<b>7</b>	<b>100.0%</b>

### Age Range

The table below shows the Trust's disciplinarys by age range. Most of the disciplinarys were with those aged 25-34 and 45-54. No disciplinarys took place with those aged under 25, 35-44 and the over 65s.

Fig. 36

Age Range	Number of Staff Inpost as at 31st December 2014	% of Staff Inpost	No of Disciplinary Cases	% of Staff with Cases
<25	99	3.3%	0	0.0%
25 - 34	612	20.2%	3	0.5%
35 - 44	692	22.9%	0	0.0%
45 - 54	985	32.6%	3	0.3%
55 - 64	592	19.6%	1	0.2%
65+	44	1.5%	0	0.0%
<b>TOTAL</b>	<b>3024</b>	<b>100.0%</b>	<b>7</b>	<b>0.2%</b>

### Disability

Two of the seven disciplinary cases involved a disabled member of staff which represented 2.7% of the disabled workforce. This percentage is high comparison to the overall disciplinary rate therefore we would need to compare this against future reports for potential bias and discrimination.

Fig. 37

Disability	Number of Staff Inpost as at 31st December 2014	% of Staff Inpost	No of Disciplinary Cases	% of Staff with Cases
Yes	74	2.4%	2	2.7%
No	2270	75.1%	5	0.2%
Not Disclosed	680	22.5%	0	0.0%
<b>TOTAL</b>	<b>3024</b>	<b>100.0%</b>	<b>7</b>	<b>0.2%</b>

### Ethnicity

Disciplinary action was brought against 5 white members of staff and 2 staff from BME backgrounds. The overall level of cases brought against BME staff is slightly higher than the Trust average at 0.6% but is not high enough to need further investigation.

Fig. 38

Ethnicity April - December 2014	Number of Staff Inpost as at 31st December 2014	Disciplinaries		
		Number	% of all Disciplinaries	% of Staff Inpost
<b>White</b>	2477	5	71.4%	0.2%
<b>BME</b>	343	2	28.6%	0.6%
<b>Not Disclosed</b>	204	0	0.0%	0.0%
<b>Trust Total</b>	3024	7	100.0%	0.2%

### Religion or Belief

The table below shows the Trust's disciplinaries by employees' declared religious belief. Both Hindu and Muslim employees have a higher than average percentage of disciplinary cases, however we can see from the table that only one member of staff from each of these religious beliefs has been disciplined and because the overall numbers of staff in those groups are low it has a significant impact on the percentages.

Fig. 39

Religious Belief	Number of Staff Inpost as at 31st December 2014	% of Staff Inpost	No of Disciplinary Cases	% of Staff with Cases
Atheism	231	7.6%	1	0.4%
Buddhism	12	0.4%	0	0.0%
Christianity	1734	57.3%	3	0.2%
Hinduism	47	1.6%	1	2.1%
Islam	25	0.8%	1	4.0%
Jainism	2	0.1%	0	0.0%
Judaism	24	0.8%	0	0.0%
Other	190	6.3%	1	0.5%
Sikhism	8	0.3%	0	0.0%
Not Disclosed	751	24.8%	0	0.0%
<b>TOTAL</b>	<b>3024</b>	<b>100.0%</b>	<b>7</b>	<b>0.2%</b>

**Gender**

The analysis below shows that disciplinary cases by gender was proportionate.

Fig. 40

Gender April - December 2014	Number of Staff Inpost as at 31st December 2014	Disciplinary		
		Number	% of all Disciplinary	% of Staff Inpost
Sexual Orientation Female	2837	6	85.7%	0.2%
Male	187	1	14.3%	0.5%
<b>Trust Total</b>	<b>3024</b>	<b>7</b>	<b>100.0%</b>	<b>0.2%</b>

Fig. 41

<b>Sexual Orientation</b>	<b>Number of Staff Inpost as at 31st December 2014</b>	<b>% of Staff Inpost</b>	<b>No of Disciplinary Cases</b>	<b>% of Staff with Cases</b>
<b>Bisexual</b>	1	0.0%	0	0.0%
<b>Gay</b>	10	0.3%	0	0.0%
<b>Heterosexual</b>	2286	75.6%	6	0.3%
<b>Lesbian</b>	5	0.2%	0	0.0%
<b>Not Disclosed</b>	722	23.9%	1	0.1%
<b>TOTAL</b>	<b>3024</b>	<b>100.0%</b>	<b>7</b>	<b>0.2%</b>

Although 6 of the 7 disciplinary cases were brought against heterosexual members of staff, this was not significant due to the high number of staff in that group. Overall the percentage of cases for heterosexual staff (0.3%) was in line with the Trust's overall rate.

### **Marital Status**

Analysis of the Trust's disciplinaries by marital status shows that divorced members of staff have the highest rate of disciplinary action. However, this equates to only 2 members of staff with an overall percentage of 1% of the divorced workforce therefore should not give cause for concern. Please see the table below for full details.

### Training

The Trust promotes equal access to development and training opportunities for all staff. As seen in the tables below, the overall ethnic and gender split for accessing training is similar to the wider Trust population.

93.9% of staff, who accessed training in 2014, were female and females make up 93.8% of our total workforce. 83.3% of staff who accessed training were from a White background and the White ethnic group makes up 81.9% of our total workforce. 2% of staff who accessed training during 2013-14 declared a disability and 2.5% of the total Trust population has declared a disability.

Fig. 42

<b>Gender</b>	<b>Number</b>	<b>%</b>
Female	18,404	93.9%
Male	1,037	5.3%
Not stated	165	0.8%
<b>Grand Total</b>	<b>19,606</b>	<b>100%</b>

Fig. 43

<b>Disability status</b>	<b>Number</b>	<b>%</b>
Disability Declared	297	2%
No Disability Declared	18,923	98%
<b>Grand Total</b>	<b>19,220</b>	<b>100%</b>

Fig. 44

<b>Ethnic group</b>	<b>Number</b>	<b>%</b>
Bangladeshi	27	0.1%
Black African	626	3.2%
Black Caribbean	185	1.0%
Black or Black British	0	0.0%
Black Other	13	0.1%
Chinese	112	0.6%
Indian	389	2.0%
Mixed - any other mixed background	95	0.5%
Mixed - White & Asian	103	0.5%
Mixed - White & Black African	13	0.1%
Mixed - White & Black Caribbean	46	0.2%
Not Stated	1022	5.3%
Other	174	0.9%
Other Asian	330	1.7%
Pakistani	60	0.3%
Select One	45	0.2%
White British	14843	76.6%
White Irish	596	3.1%
White Other	703	3.6%
<b>Grand Total</b>	<b>19382</b>	<b>100.0%</b>

## Staff health and wellbeing

### **Employee Assistance Programme (EAP)**

Confidential Care is a free and independent confidential advice service that offers counselling, practical advice or emotional support with both work and personal issues. All Trust employees have access to the EAP via the website or phone line.

### **Wellbeing at Work**

Teams have the opportunity to access 'a series of lunchtime workshops to help you restore a sense of purpose and balance at work'.

### **Raising Concerns at Work (Whistleblowing) Policy**

The Raising Concerns at Work (Whistleblowing) Policy updated and published in May 2014.

### Conclusion

In this report, the Trust aims to demonstrate that it is monitoring, reporting and publishing workforce equality data in line with our statutory duties under the Public Sector Equality Duty. The Trust will continue to develop a culture which values each person equally as a unique individual within an inclusive, fair and equal employment and care setting.



## **Appendix 1 Hertfordshire Community NHS Trust Equality Action Plan 2014-15**

Hertfordshire Community NHS Trust is committed to promoting and embedding equality and diversity and preventing discrimination in all areas of our organisation.

Through our annual equality action plan we aim to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Protected characteristics under the Equality Act 2010 are: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. The functions through which the Trust will ensure the integration and mainstreaming of equality are:

- Equality analysis
- Equality data collection and analysis
- Increasing community engagement
- Leadership

The Equality Information Report 2013-14 containing our six high level equality objectives for October 2014 to March 2015 was approved by the Board on 25th September 2014. The objectives are based on feedback gained through the Equality Delivery System engagement process completed in 2013. The objectives mainly focus on supporting compliance with the Public Sector Equality Duty as required by the Equality Act 2010.

The Director Human Resources & Organisational Development has overall responsibility for the implementation of the Equality Action Plan and all managers and staff have specific responsibilities. Progress against the delivery of the Equality Action Plan will be monitored by the Workforce & Organisational Development Group and reviewed by Patient Safety & Experience Committee (PSEC) on a quarterly basis. The PSEC reports to the Board through the Healthcare Governance Committee. Progress will be reported to the Trust Board via a six-monthly update and our annual equality report.

	Element	Equality objective	Key actions	Lead	Progress update	Completion date
1.	Equality analysis	<b>Publish new template for completing equality analysis</b>	<p>Produce new template and guidance</p> <p>Publish new template and share with staff across HCT</p> <p>Communicate key requirements and messages via internal communication channels</p>	Monika Kalyan, E&D manager & Monika Parul, policy lead	<p><b>January 2015</b> A new more streamlined template for completing equality analysis produced.</p> <p>Requirement to comply with equality analysis communicated to staff via mandatory E&amp;D training from January 2015.</p> <p>Wider communication and publicity to commence.</p>	February 2015
2.	Improving equality data collection and analysis	<b>Complete a high level analysis of service users by protected characteristic</b>	<p>Produce template for analysis.</p> <p>Run report of service users by protected characteristic</p> <p>Complete analysis and interpretation of data</p> <p>Identify relevant actions</p>	Barry Walker, Community Information & Monika Kalyan, E&D manager	<p><b>January 2015</b> Template for completing analysis of patients by protected characteristic produced based on pilot completed at West Hertfordshire Hospitals NHS Trust in January 2015.</p> <p>Template to be used to run report at HCT by Community Information.</p>	February 2015
3.		<b>Conduct an Equal Pay Audit across the 9 protected characteristics</b>	<p>Gather E&amp;D benchmarking data for comparison against other NHS Trusts</p> <p>Think of 3-year plan for improving/expanding the Equal Pay Audit</p> <p>Prepare and publish and Equal Pay Audit for the</p>	Laura Neligan, Workforce Planning and Information Manager & Monika Kalyan, E&D manager	<p><b>January 2015</b> Research conducted as to the format of the Equal Pay Audit and benchmark data gathered.</p> <p>Pay Audit completed and included in the Equality Information Report April-December 2014.</p>	February 2015

			Trust comparing pay by protected characteristics			
4.		<b>Improve the quality of the equality and diversity data held on ESR</b>	Write a personalised letter to all employees asking them to check and update their E&D details held on ESR	Laura Neligan, Workforce Planning and Information Manager	<b>January 2015</b> All staff were written to. All personal data changes have been made on ESR based on response from staff.  Improvements in data quality against protected characteristics reported in the Equality Information Report April-December 2014.	December 2014
5.	Increasing community engagement	<b>Carry out a service user-led disability access audit on Hertfordshire Community Trust owned site/service</b>	Podiatry service to write to all patients flagged as having a learning disability on System 1 for feedback on their experience.  Contact service users with a disability to assist with access audit  Complete access audit  Share findings with all services	Monika Kalyan, E&D manager & Jayne Morgan, Podiatry Clinical Services Lead	<b>January 2015</b> Self-assessment of services carried out using national self-assessment template for learning disabilities. Findings from this assessment process have highlighted areas to focus on as part of the access audit.  Resource been identified to facilitate access audit.  Separately, a learning disability audit has been set up to assess access issues specifically for learning disability patients. Communication sent out to selected services to begin on 20 March.	March 2015
6.	Leadership	<b>Publish vision and mission statement for equality</b>	Obtain staff feedback on vision for equality via the corporate induction process  Draft vision and mission	Monika Kalyan, E&D manager & Andrew Smart, Head of Communications and Engagement	<b>January 2015</b> Draft statement produced based on feedback from staff via corporate induction process.	March 2015

			statement Publish vision and mission statement Communicate to staff via internal communication channels			
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