Bridgewater Community Healthcare NHS
NHS Foundation Trust

# Equality Act 2010: Public Sector Equality Duty.

## Annual Report 2016.

Bridgewater
Healthcare at the heart of your community

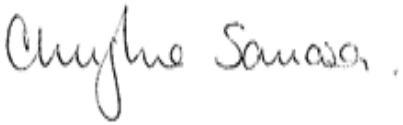
# Contents

# Forward

I am pleased to present our Public Sector Equality Duty Annual Report for 2016. As a Foundation Trust we provide community health care and specialist dental services across a large geographical region of the north west of England. Our mission is to improve health and promote wellbeing in the communities we serve, providing quality care that is person centred and appropriate to individual needs throughout a person's lifetime. Trust services help people to receive care in their own homes or in clinics or other venues as close to home as possible, minimising the need for unplanned admittance to hospital and promoting self-management of health conditions.

As the populations we serve change it is vital that we consider the needs and challenges of those groups in our communities who evidence suggests are more likely to suffer inequalities in health access, experience and outcome. This may be because of age, ethnicity, a disability or impairment, a language barrier, lower socio-economic status or one or more of many other personal characteristics and circumstances.

As a Trust we consider diversity, inclusion and inequalities in all our business decisions and we will continue in 2016 to work to strengthen our approach in these areas. This annual report provides evidence towards our compliance with the Public Sector Equality Duty and highlights the work we are doing to maintain and improve patient and workforce experience of Bridgewater.



**Christine Samosa**

**Director of People and Organisational Development**

# Introduction

**'Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.'** *Fair Society Healthy Lives (The Marmot Review) 2010*

There is well documented evidence of health inequalities in the UK, inequalities that can arise from many different factors; from the socio-economic determinates of health set out in the 2010 Marmot Review, to personal characteristics such as sex, age, disability or ethnicity protected by the Equality Act 2010, to personal lifestyle choices and beliefs.

In order to reduce health inequalities in the areas we serve it is important the Trust seeks to understand, identify and remove or minimise barriers that can adversely affect access, experience and outcome for groups in our communities. To do this we have produced health inequalities documents that detail disease, ill-health and inequality of access and outcome across the five life-stages detailed in the Marmot Review – starting well, developing well, living well, working well and aging well. The potential impacts of deprivation and protected characteristic status on health are discussed in these health inequalities documents.

The data in this report helps us to gain an understanding of who our current staff and patients are; by analysing this data against that in our borough health inequalities documents we can identify areas where communities are under-represented and can develop action plans to address this.

This document outlines how the Trust is meeting its duties under the General and Specific Duties of the Public Sector Equality Duty. This document should be considered alongside the Trust's Equality Statement, Equality Objectives, EDS2 reports and Equality, Diversity and Health Inequalities Action Plan – these can all be viewed on the Trust's Equality and Diversity webpages.

# About Us

Bridgewater Community Healthcare NHS Trust was formed on 1 April 2011, bringing together the four provider arms of Ashton, Leigh & Wigan, Halton & St Helens, Warrington and Trafford. In November 2014 the Trust gained Foundation Trust status becoming Bridgewater Community Healthcare NHS Foundation Trust.

In 2015 the Trust provided community health care services such as district nursing, podiatry and school nurses to more than 800,000 people in Wigan, Runcorn and Widnes, St Helens and Warrington and sexual health services to the people of Trafford. In December 2015 the Trust took over children's community services in Bolton taking the population served to over a million people.

The Trust also provides specialist community dental services for these areas, as well as Stockport, Western Cheshire, Tameside and Glossop.

We also provide healthcare and dental services to HMP Risley, and HMYOIs Thorncross and Hindley and to two secure units at St Catherine's and Barton Moss. Finally the Trust runs a GP practice in Willaston on the Wirral.

The Bridgewater strategy is to bring more care closer to home. This means providing a wider range of services in community settings to keep people healthier for longer and developing more specialist services to support people to live independently at home. To do this we operate services from more than 200 locations over a geographical area of more than 200 square miles.

There are significant challenges facing our communities, though life expectancy is improving and greater numbers of people are surviving diseases such as cancer there is still scope for improvement nationally and at a regional socio-economic level there is still a large gap in life expectancy between people in the more affluent wards in comparison to those in the more economically pressured wards. To have a meaningful effect on reducing health inequalities in our communities it is important that we understand why some groups struggle to access services and what barriers they face in terms of their health.

The Trust is committed to ensuring that all members of our communities can access our services when they need them, that they receive high quality care that is suited to their individual needs and that they are supported to make their own choices and be involved in management of their own health and wellbeing.

# Equality in Bridgewater

Equality and the reduction of health inequalities are fundamental to all aspects of the NHS; the Health & Social Care Act, Outcomes Framework, Constitution and Five Year Forward View all highlight the need to improve accessibility and reduce health inequalities.

The Equality Act 2010 and the Human Rights Act 1998 provide the legal frameworks within which the Trust operates its equality governance. Below we will briefly outline our approach to ensuring equality and inclusion for our staff and patients.

## Our Equality Commitment

The Trusts Equality Statement sets out our approach to how we meet our equality duties. The Equality Statement is no different to the Trust's Mission Statement, 'To improve local health and promote wellbeing in the communities we serve'. The Equality Statement highlights how we ensure that equality, diversity and reduction of health inequalities are part of all our mainstream business planning objectives and processes and it incorporates a commitment to ensuring that these processes are fair, free from discrimination and encourage diversity in both our workforce and our service provision.

The commitment in the Equality Statement covers those from a protected characteristic group as defined by the Equality Act 2010, see below. The commitment also covers those from vulnerable populations; those in our local communities that are not specifically covered by the Equality Act but who suffer some of the worst health inequalities, including those disadvantaged by socio-economic status, the homeless, 'destitute' asylum seekers and refugees, carers and sex workers. The Equality Statement can be viewed on the E&D webpage.

## Equality Act 2010: Public Sector Equality Duty

In October 2010 the Equality Act came into force in England, the Act brought together more than 100 different pieces of equality legislation into a single act that seeks to ensure equality for people from nine 'protected characteristic groups':

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity

- Race
- Religion or belief (including lack of religion)
- Sex (gender)
- Sexual orientation

A key element of the Act for the Trust (and all other organisations providing a service to the public) is the Public Sector Equality Duty (PSED). This part of the Act came into force in April 2011. The PSED consists of two duties. The first is the General or Equality Duty with three aims. This duty requires public bodies to pay due regard to:

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

The second is the Specific Duties:

- To publish, at least annually, relevant and proportionate information demonstrating compliance with the General Duty
- To set at least every four years specific and measurable objectives

This document is the Trust's evidence for 2016 towards the first of the Specific Duties.

### EDS2

EDS2 is a toolkit and framework for assessing how NHS organisations are performing in regard to equality; it is used by Trusts to evidence compliance with the PSED.

The assessment and grading of equality performance is carried out along with partner organisations such as CCGs and local HealthWatch groups, with patients and with third sector organisations.

There are 18 outcomes grouped into 4 goals.

Goals 1 and 2 assess patient access, experience and outcome, Goal 3 assesses the Trust in relation to staffing and Goal 4 focuses on management and leadership.

There are four grades available for each outcome:

- **UNDEVELOPED – People from all protected characteristics fare poorly compared to people overall**
- **DEVELOPING – People from only some protected characteristics fare as well as people overall**
- **ACHIEVING – People from most protected characteristics fare as well as people overall**
- **EXCELLING – People from all protected characteristic groups fare as well as people overall**

Table 1 details the EDS2 scores for the Trust in 2015, the scores for 2016 will be published in July 2016. The full EDS2 submission to NHS England can be viewed along with other Trust equality documents on the E&D webpages.

**Table 1 showing the EDS2 Outcome Scores for 2015**

| | | |
|---|---|---|
| **Goal 1: Better Health Outcomes** | | |
| 1.1 | Services are designed and delivered to meet the health needs of local communities | **Developing** |
| 1.2 | Individual people's health needs are assessed and met in appropriate and effective ways | **Developing** |
| 1.3 | Transitions from one service to another are made smoothly with everyone well informed | **Developing** |
| 1.4 | When people use services their safety is prioritised and they are free from mistakes, mistreatment and abuse | **Developing** |
| 1.5 | Screening, vaccination and other health promotion services reach and benefit all local communities | **Developing** |
| **Goal 2: Improved Patient Access and Experience** | | |
| 2.1 | People can readily access community health services and should not be denied access on unreasonable grounds | **Developing** |
| 2.2 | People are informed and supported to be as involved as they wish to be in decisions about their care | **Developing** |
| 2.3 | People report positive experiences of the NHS | **Developing** |
| 2.4 | People's complaints about services are handled respectfully and efficiently | **Developing** |

***Continued…..***

| Goal 3: A Representative and Supported Workforce | | |
|---|---|---|
| 3.1 | Fair recruitment and selection processes lead to a more representative workforce at all levels | **Achieving** |
| 3.2 | The Trust is committed to equal pay for work of equal value and uses equal pay audits to help fulfil their legal obligations | **Achieving** |
| 3.3 | Training and development opportunities are taken up and positively evaluated by all staff | **Achieving** |
| 3.4 | When at work staff are free from abuse, harassment, bullying and violence from any source | **Achieving** |
| 3.5 | Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives | **Achieving** |
| 3.6 | Staff report positive experiences of the membership of the workforce | **Achieving** |
| **Goal 4: Inclusive Leadership** | | |
| 4.1 | Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations | **Achieving** |
| 4.2 | Papers that come before the Board and other major Committees identify equality related impacts including risks, and say how these risks are to be managed | **Achieving** |
| 4.3 | Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination | **Achieving** |
| | | |

### Equality Objectives

The setting of specific and measurable equality objectives is a requirement of the Public Sector Equality Duty (PSED) of the Equality Act 2010. To ensure compliance with the PSED these objectives need to be set at least every four years. We review our equality objectives on a yearly basis to ensure they are fit for purpose and informed by the various work streams within the Trust. This review is undertaken as we engage with partners, stakeholders and staff side during the yearly EDS2 grading process.

Table 2 briefly details the Trust's Equality Objectives 2012/16 that were reviewed and updated following EDS2 grading in summer 2015. The full Equality Objectives 2012/16 document can be viewed along with other Trust equality documents on the E&D webpages. A new set of equality objectives will be agreed in 2016.

**Table 2 showing the Trust's equality objectives from 2012 to 2016**

| Equality Objectives 2012 - 2016 | |
|---|---|
| **Objective** | **Elements** |
| **1.** Improved equality monitoring and collection, including potential inequalities and barriers to service access. | **1.1** Conduct a baseline audit and mapping process across all the boroughs to identify current methods & systems of collection of equality monitoring information. |
| | **1.2** Increase the collection of protected characteristic information for each service by at least two relevant/proportionate protected characteristics. |
| | **1.3 (a)** Using national data and the key health targets set by our commissioners in each borough, identify health inequalities for protected characteristic groups.<br>**1.3 (b)** Using information from 1.2 and 1.3 (a), identify actions to improve access and outcomes for protected characteristic groups. |
| **2.** Improved equality monitoring and data collection for the workforce and increased engagement of the workforce on equality, diversity and human rights. | **2.1 (a)** To improve the analysis of workforce information in relation to recruitment appointment. |
| | **2.1 (b**) To improve equality data reporting of existing staff through ESR data cleanse. |
| | **2.2** To increase the types of training offered to staff in order to enhance the understanding of equality, diversity and human rights issues from a patient and staff perspective. |
| **3.** To undertake an Equal Pay Audit. | |
| **4.** To investigate key partnerships in the wider health economy to understand and address health inequalities and barriers to access in protected characteristic groups. | **4.1** Use of NHS Competency Framework to map competencies against senior management posts across the Trust. *No longer in use.* |
| | **4.2** Map current engagement by Trust managers and staff with other NHS organisations and third sector groups. |
| | ***Continued….*** |

| Objective | Elements |
|---|---|
| **5.** Implementation of the Accessible Information Standard. | |
| **6.** Implementation of actions in the Learning Disabilities Self- Assessment Framework Action Plan. | |
| **7.** Implementation of NHS Workforce Race Equality Action Plan. | |
| | |

## Equality Governance

The PSED Annual Report and EDS2 are the two main ways we demonstrate to our patients, staff, commissioners and communities how the Trust is performing on issues relating to equality.

At Board level the accountable lead for equality is the Director of People and Organisational Development. The Head of Health Inequalities and Inclusion ensures the Trust is meeting its legal responsibilities and provides strategic direction in relation to equality, while the Equality and Human Rights Project Officer works directly with services on equality, diversity and inclusion.

All equalities work in the Trust is supported by the Equality and Health Inequalities Action Plan and is reviewed every six months by the Quality and Safety Committee. This committee provides assurance to Board that the Trust is meeting its equality goals and objectives. The Board receive a report on progress and performance once a year and any legal updates or exceptions are reported as and when required.

Performance against equality is discussed regularly with our commissioners at quality contract meetings and regular reports are produced for commissioners as per the Standard Contract.

Processes are in place to ensure equality is considered in all areas of Trust work, for example equality impact analysis of new services and of new or revised policies.

We do not have a formal equality group; we have instead a network of champions who are kept up to date with equality information and events, this may include for example briefings on Chinese New Year, managing the menopause in work and Ramadan.

# Workforce Profile by Protected Characteristic

The information that follows seeks to analyse the Trust's workforce by the protected characteristics defined by the Equality Act 2010. All information is taken from the Electronic Staff Record (ESR). Percentages are used rather than numbers to protect the identity of staff where lower numbers may make information personally identifiable. Where relevant, local population data taken from Census 2011 is included to compare to staff data.

Planned actions for 2016 are detailed in relevant sections.

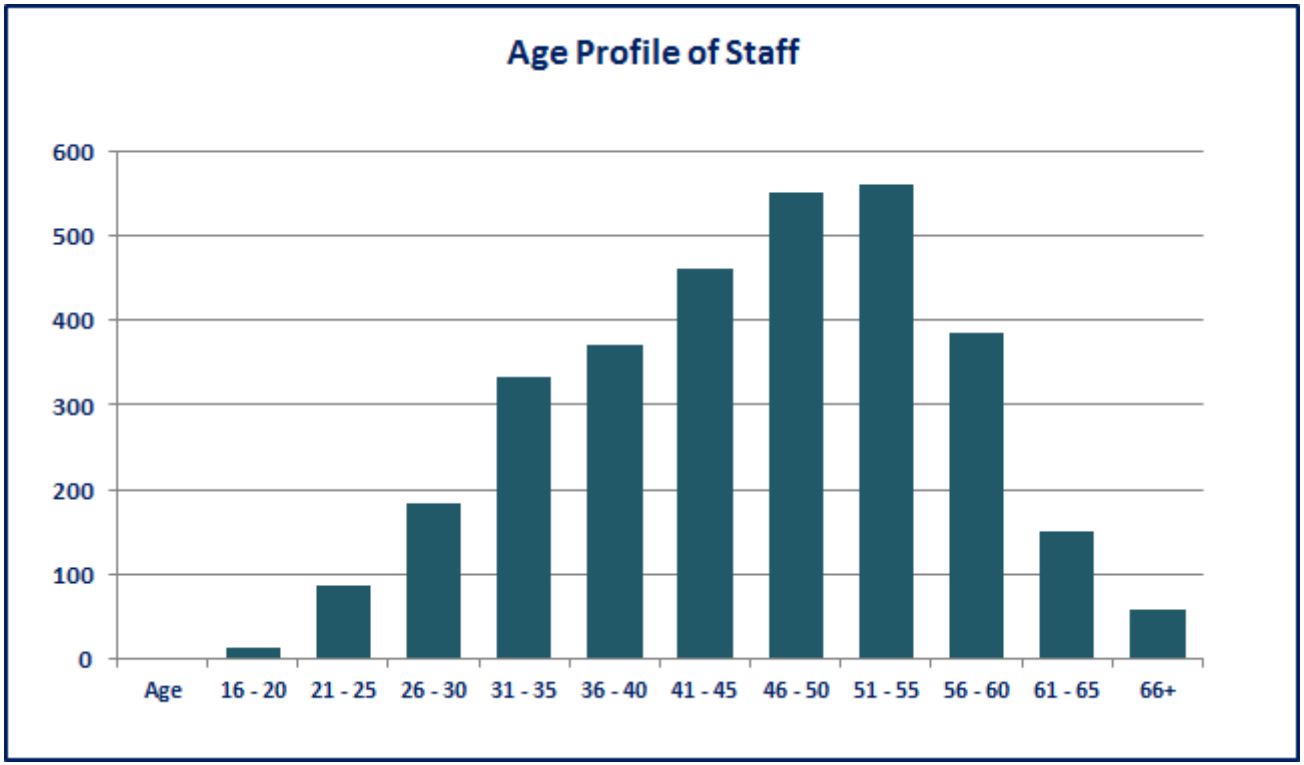
The first table provides a brief breakdown of all staff by the Directorate that they work for. As at 1st December 2015 we employed a total of 3,153 staff. As can be seen nearly half of our staff work within Adult's Services, these include the District Nurse teams, Podiatrists, the Falls teams and urgent care teams such as those in the Walk in Centres in St Helens and Leigh and the Urgent Care Centre in Widnes.

**Table 3 showing total staff by Trust directorate**

| Directorate Staff Summary as at 1st December 2015 | | |
|---|---|---|
| **Total Workforce: 3153** | | |
| Adult's Services | 1407 | 44.6% |
| Children's Services | 899 | 28.5% |
| Corporate Services | 405 | 12.8% |
| Specialist Services | 442 | 14.0% |

# Age

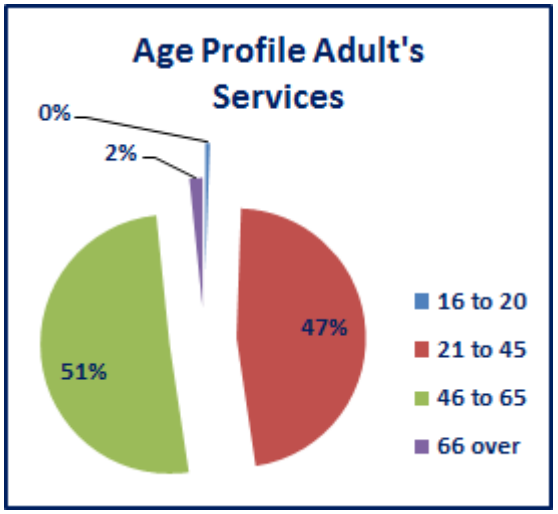
**Picture 1 showing the profile of staff age at 1 December 2015**



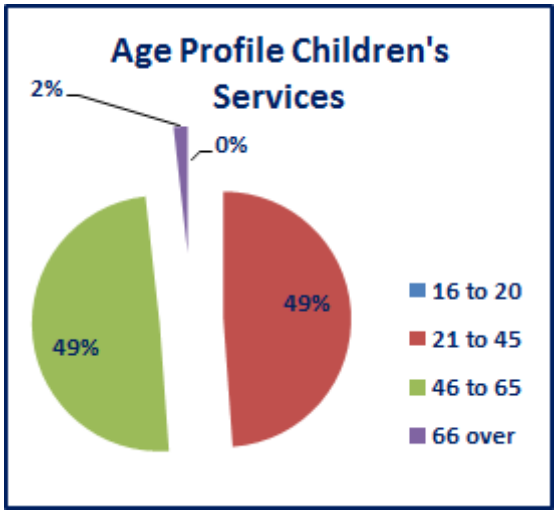

As can be seen in picture 1 we have an older workforce, 45.4% of our workforce are between 21 and 45 years of age and 52.2% between 46 and 65 years of age, the former group has seen a steady decline and the latter a steady increase since 2012.

The directorate age profiles detailed in the charts below (pictures 2 to 5) show a fairly consistent picture of staff age across adult's and children's clinical services, where there is a marked difference is in corporate services with a much higher percentage of staff in the 46 to 65 year ranges. Further analysis showed us that corporate services have a lower percentage of staff particularly in the 31 to 40 age range and a higher percentage of staff than the clinical services in the 56 to 60 and 61 to 65 years ranges.

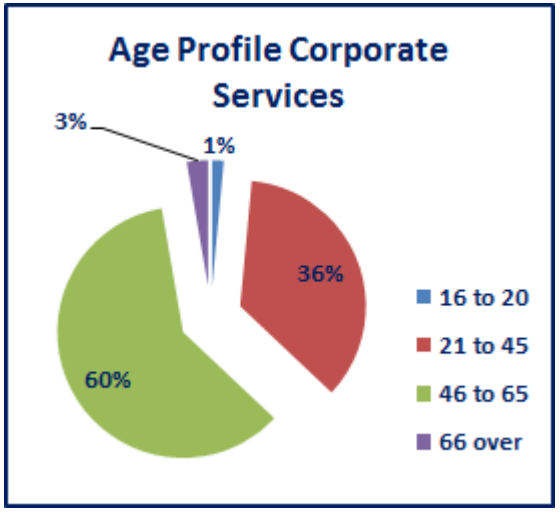
**Picture 2 showing age profile of Adult's Directorate**



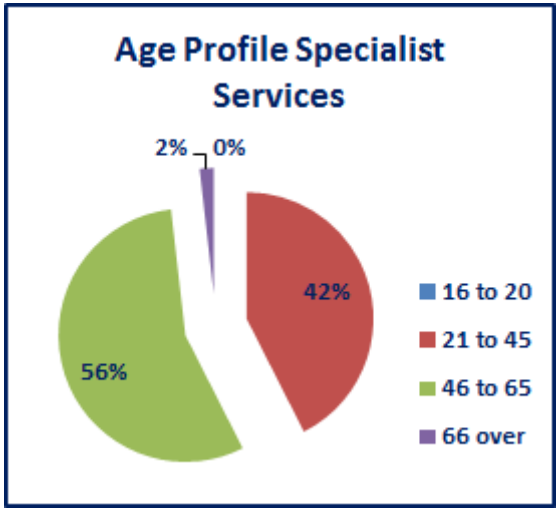

**Picture 3 showing the age profile of Children's Directorate**




**Picture 4 showing age profile of Corporate Directorate**

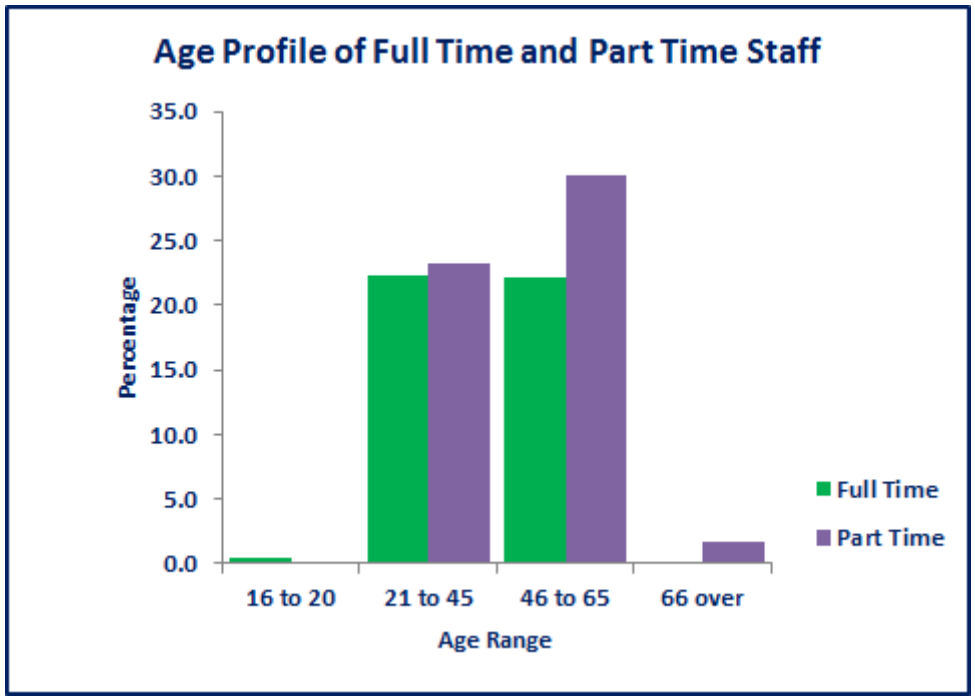



**Picture 5 showing age profile of Specialist Directorate**



The age profile by part time and full time employment status is pictured below (picture 6). This shows an increase in the percentage of part time workers as age increases, consistent with increased family and caring responsibilities and an increase in staff choosing flexible retirement options.

**Picture 6 showing age profile of full and part time staff**




**Actions:**

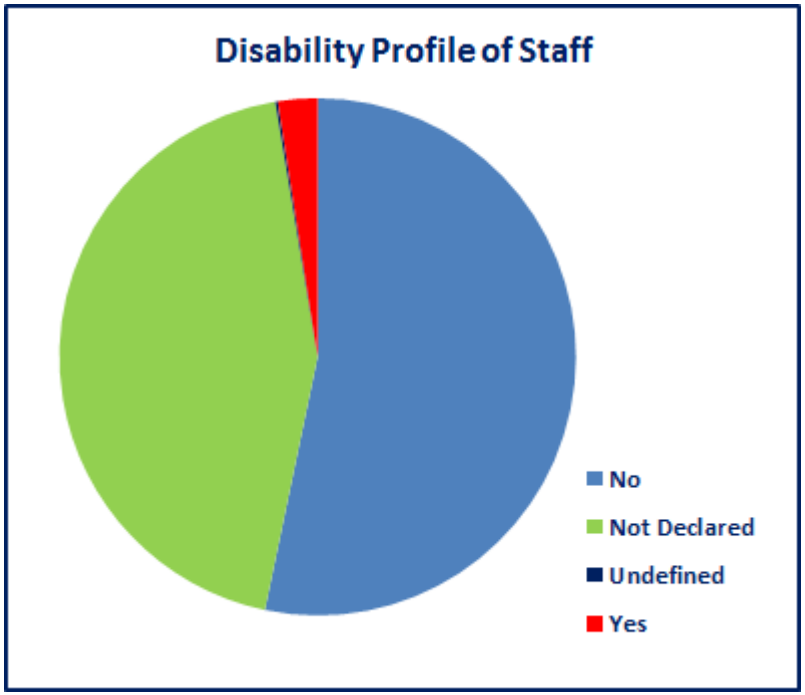
The increase in retirement age may mean that more staff are working with a long term health condition or disability and in addition may have caring responsibilities for older family members or for grandchildren. The Trust has been chosen to take part in research being carried out by the University of Bath into Extending Working Lives. We are the only community provider to be selected and staff volunteers are working with the research team sharing their views and experiences of working longer in the NHS. The report from this research will be shared with the NHS Working Longer Review group and the DWP.

The Trust is also working with young people through a number of different work streams to ensure that the employees of the future recognise the NHS as an employer of choice and develop the skills and make the appropriate choices to enable them to become our future employees. For example through the Talent for Care programme staff and new starters in pay bands 1 to 4 are offered apprenticeship frameworks to develop their skills and experience to allow them to progress in the Trust and the Skills for Health training programme provides opportunities for school leavers to undertake 12 month employment placements in the Trust. In addition the Trust is looking at establishing a Skills Clubs in one of our boroughs, working with year 9 pupils in local schools.

In 2015 the Health Inequalities and Inclusion Team produced information on the menopause and made available to all staff and managers support documents for managing the menopause and its symptoms in the workplace, this piece of work was carried out as a result of increasing recognition of the impact the menopause can have on some women in the workforce.

## Disability

**Picture 7 showing the profile of staff disability at 1 December 2015**



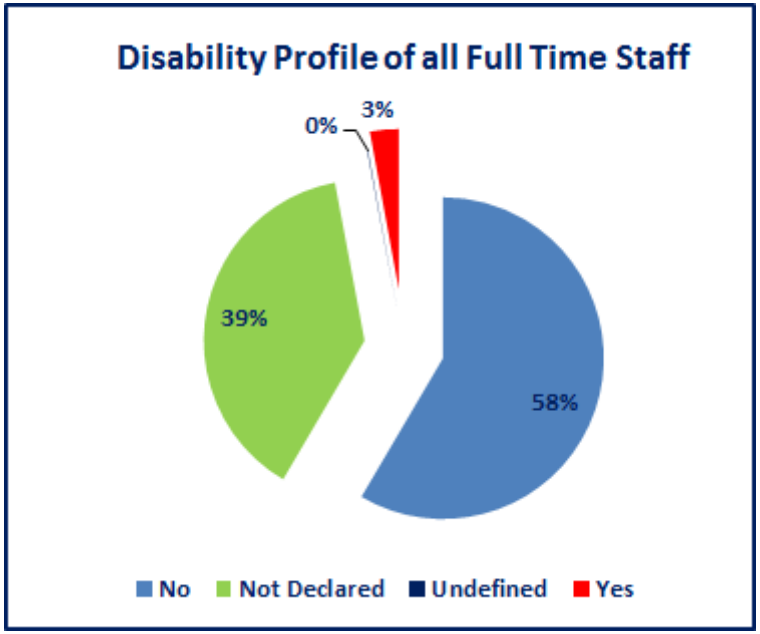

As can be seen in picture 7 as at 1st December 2015 we know that 53.3% of our staff are not disabled and 2.5% state that they do have a disability. There are however nearly 1,400 staff for who we do not hold any disability information on ESR

Comparing disability data to the local population is difficult as a result of this lack of data. In addition the data on overall disability in the UK is not necessarily complete, with different sources providing different information. (As a Trust we often use Census 2011 figures to analyse our population demographics, this gave a figure for the population of about 20% whose lives were affected to some extent by their health). These figures may not take into account the number of people who have retired, who have declared themselves fit to work etc. There are many people who would not consider themselves disabled or would not know that their illness or condition covered them under the disability provision of the Equality Act 2010.

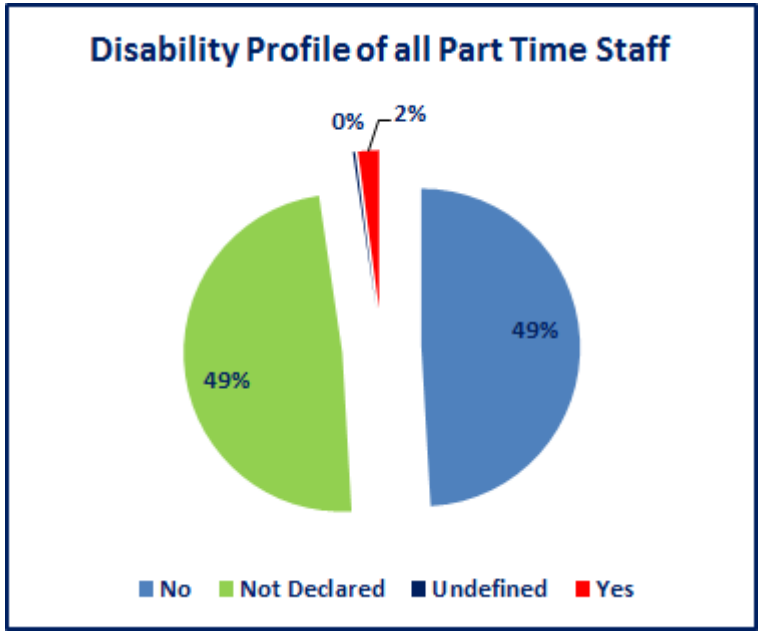
Where our challenge in part lies is in ensuring that our staff, (and potential staff), who tell us they have a disability receive the support and advice to effectively manage their disability or illness within the workplace and at home as appropriate.

The two pictures (pictures 8 and 9) below show the disability profile of full and part time members of staff. We have a more accurate picture for full time members of staff with 61% stating they have/have not got a disability and 39% of records not declared, for part time staff there is a 10% increase in not declared records.

**Picture 8 showing the disability profile of full time staff**

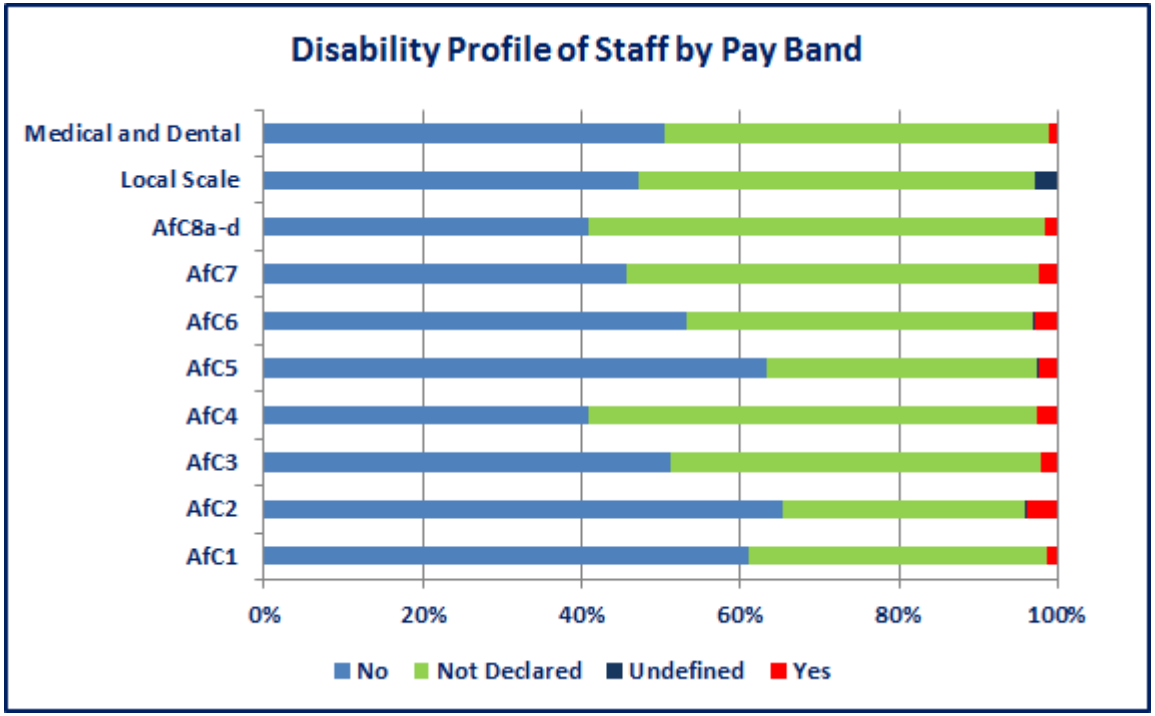



**Picture 9 showing the disability profile of part time staff**




The final picture in this section (picture 10) shows the disability profile of staff by pay band. As can be seen the highest percentage of not declared records are in bands 4 and 8a – d and the lowest percentage in band 5. The highest percentage of staff declaring a disability is in band 2. A fuller disability profile of staff would allow us to determine whether staff with disabilities had equal access to progression within the Trust, it is understood that NHS England are planning to introduce a mandatory workforce disability equality standard similar to the new Workforce Race Equality Standard (see page 23) and this may be a key area for investigation and reporting in future years.

**Picture 10 showing the disability profile of staff by pay band**




**Actions:**

The Trust is a member of the voluntary Mindful Employer Charter. This shows the Trust's commitment to supporting staff with mental health problems and provides a visible commitment to fair recruitment for people with mental health problems (through use of the Charter logo) to prospective employees. It is planned within 2016 to promote the Charter further to staff, ensuring that help and advice resources are easily available and working with the Listening into Action staff health group to further mental health awareness and support in the Trust.

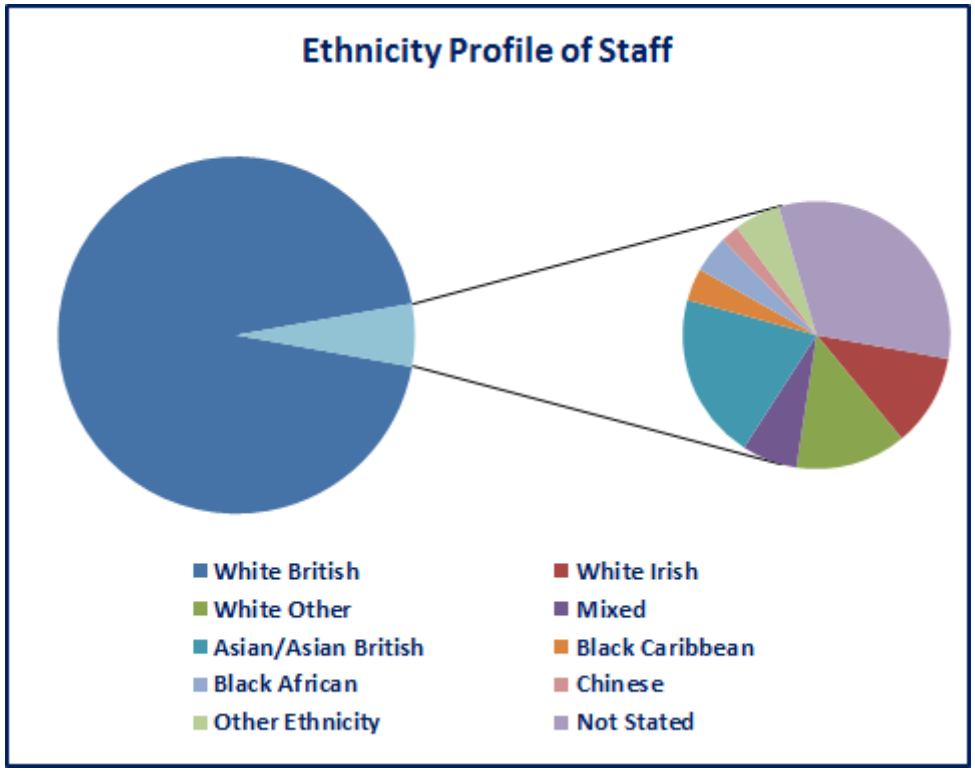
The Health Inequalities and Inclusion Team are working with the Human Resources Team on a refreshed absence management policy for the Trust; this includes the management of disability in the workplace and information on reasonable adjustments to support staff with disabilities in their roles with the Trust.

The Team have already produced information on improving accessibility of events, information and communications for people who are Deaf or hard of hearing or for those with visual impairments, this information will be increased in 2016 to cover learning disabilities and difficulties and mental health problems.

Other actions, such as the Accessible Information Standard (see page 48), are aimed at improving accessibility and outcome for patients but should work towards increasing staff awareness and confidence when seeking to make reasonable adjustments for people with disabilities.

## Race or Ethnicity

**Picture 11 showing the profile of staff ethnicity at 1 December 2015**

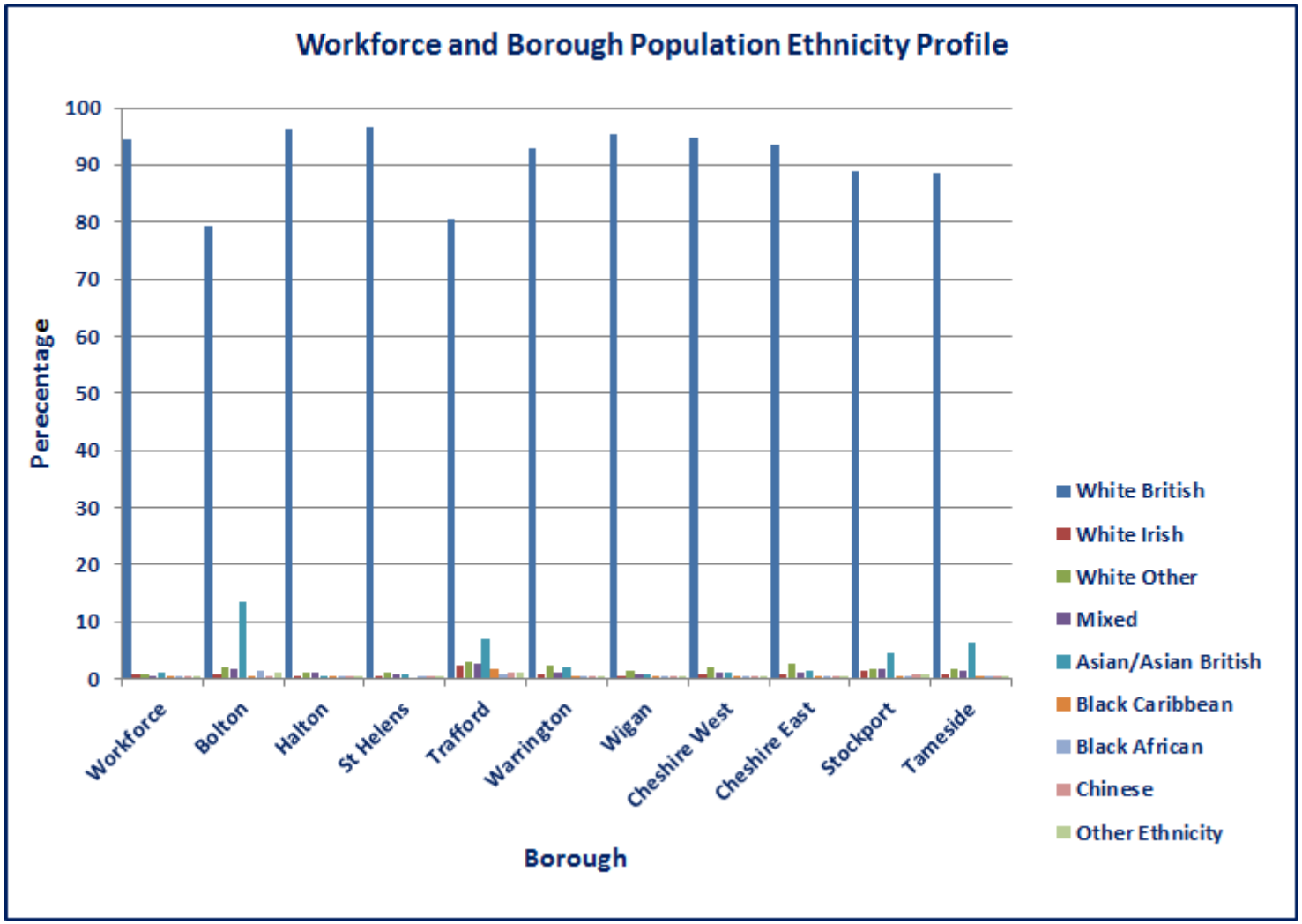



As at 1st December 2015 95.0% of our staff were White British and 3.2% were Black or Minority Ethnic (BME). As can be seen in picture 11 our largest BME groups were White Irish, White Other and Asian/Asian British. There are less than 60 staff for whom we hold no ethnicity information. For many of our boroughs this is broadly representative of the local populations.

The areas we serve have varying levels of ethnic diversity. In some of our key community health care service areas the BME population is less than 5%, in other areas, for example Bolton (where we started to provide children's services in late 2015) the BME population is around 20%.

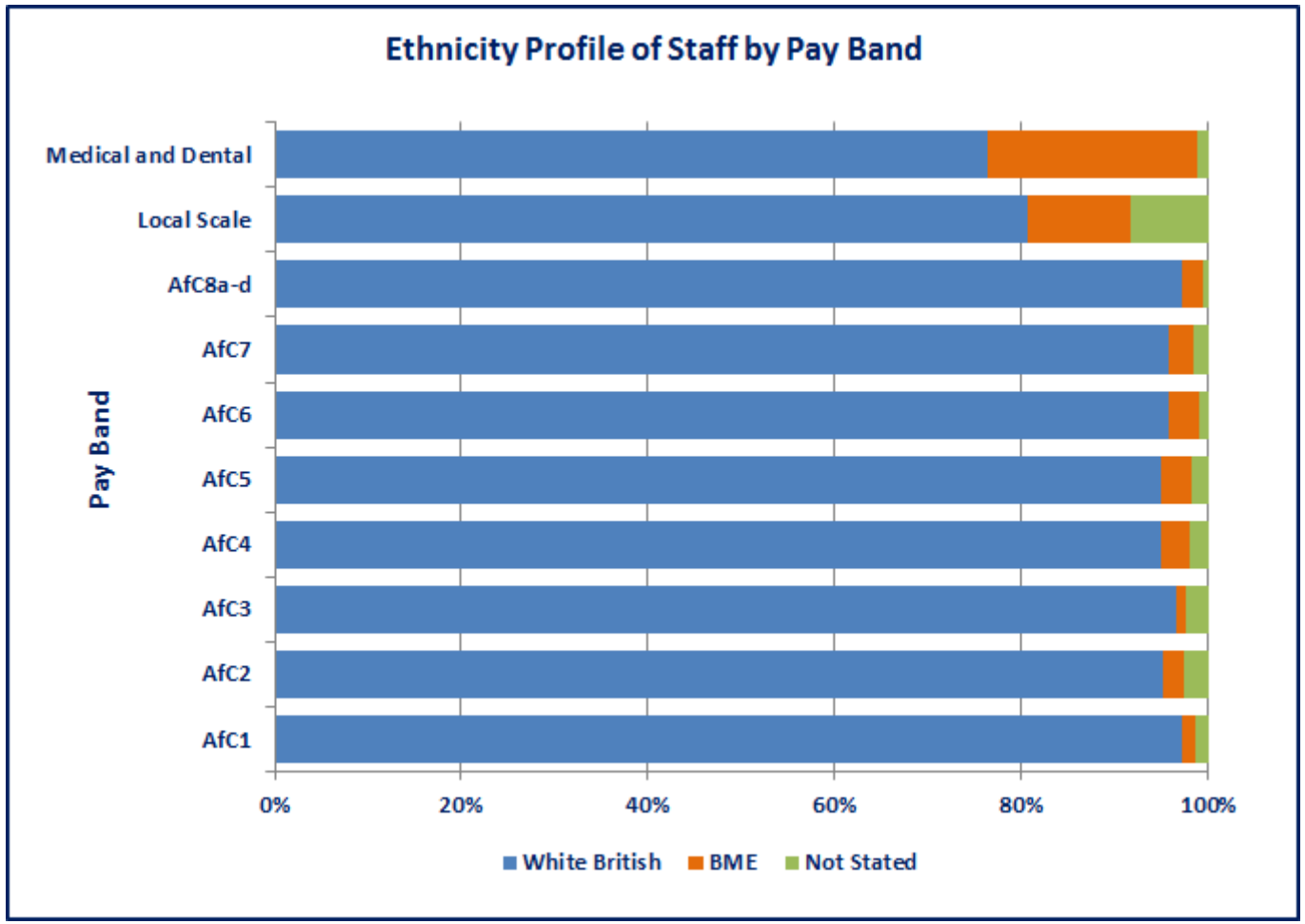
The following picture (picture 12) shows the ethnicity profile of the workforce against that of the populations we serve.

**Picture 12 showing the ethnic profile of Trust staff and borough populations**



The following picture (picture 13) shows the ethnicity of staff by pay band. The percentage of BME staff in the medical and dental grade is much higher than in other pay bands. Across other bands the percentages are small but reflective generally of the communities we serve.

**Picture 13 showing ethnicity profile of staff by pay band**



## Workforce Race Equality Standard (WRES)

The WRES became mandatory in the 2015/16 Standard Contract following recognition that a decade of the NHS Race Equality Ten Point Action Plan and key legislation such as the Race Equality Act and then the Equality Act 2010 had failed to improve the equality or employment experience of BME staff in the NHS. Submission of data for the WRES and understanding of the impact of race equality and the purpose of the WRES will be assessed within the CQC Well Led domain from 2015/16.

There are nine key indicators in the 2015/16 WRES, four related to the experience of staff in work, four taken from the annual NHS Staff Survey results for the Trust and one relevant to the make-up of the Trust Board. Further engagement work with Trusts and Commissioners has taken place in 2015 and it is expected that some elements of the standard may be changed or refined in future years.

All Trusts were required to publish baseline data against these nine indicators by July 2015 with further annual reports to be produced at the end of each financial year. Trusts were also expected to create action plans to address gaps in data or to start to seek to improve experience and outcomes for BME staff.

NHS England are currently working on other key areas of inequality, in particular disability and sexual orientation and it is anticipated that similar standards will become mandatory for these protected characteristics in future years.

Full details of the baseline submission to NHS England can be found on our webpage but the table below provides a brief insight into our initial analysis in July 2015.

A number of actions have been identified as a result of the baseline results for July 2015. Consideration is to be given to:

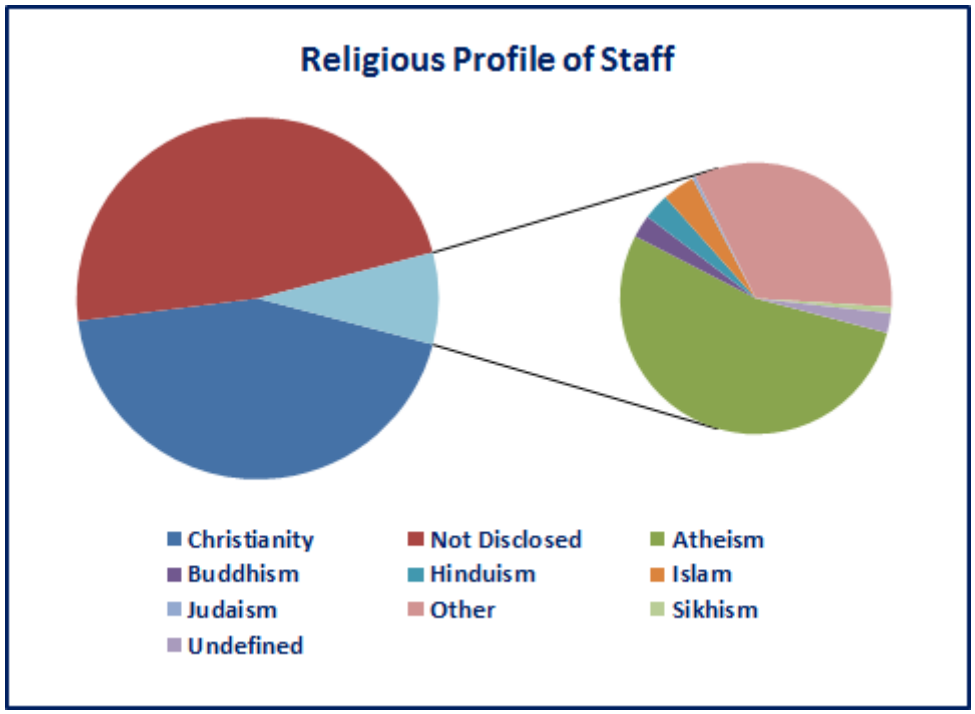
- Analysis of successful recruitment applicants by pay band
- Transfer of employee relations cases onto ESR to streamline monitoring of protected characteristics in these cases
- Review of what data is available for non-mandatory training
- Possible creation of BME network with other providers in the Merseyside health economy
- Comparison of Staff Survey 2015 data against that of 2014

**Table 4 showing the Workforce Race Equality Standard results for July 2015**

| Workforce Race Equality Standard Baseline Results July 2015 | | |
|---|---|---|
| **Indicator** | | **Result** |
| 1 | Percentage of BME staff in bands 8 to 9 and very senior managers (including executive board members and senior medical staff) compared with the percentage of BME staff in the overall workforce | 7.4% Bands 8 to 9, VSM and Medical/Dental<br>2.4% Overall Workforce |
| 2 | Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts | 0.058 BME<br>0.107 White |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (based on 2 year rolling average) | 0.025 BME<br>0.004 White<br>(April 2013 – April 2015) |
| 4 | Relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff | Data not available |
| 5 | Staff Survey KF18<br>Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months | BME – number too low to report<br>White 81 |
| 6 | Staff Survey KF19<br>Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months | BME – number too low to report<br>White 48 |
| 7 | Staff Survey KF27<br>Percentage believing that the trust provides equal opportunities for career progression or promotion | BME – number too low to report<br>White 165 |
| 8 | Staff Survey Q23<br>In the last 12 months have you personally experienced discrimination at work from any of the following? b) manager/team leader or other colleagues | BME – number too low to report<br>White 18 |
| 9 | Boards are expected to be broadly representative of the population they serve | 0% |

## Religion or Belief

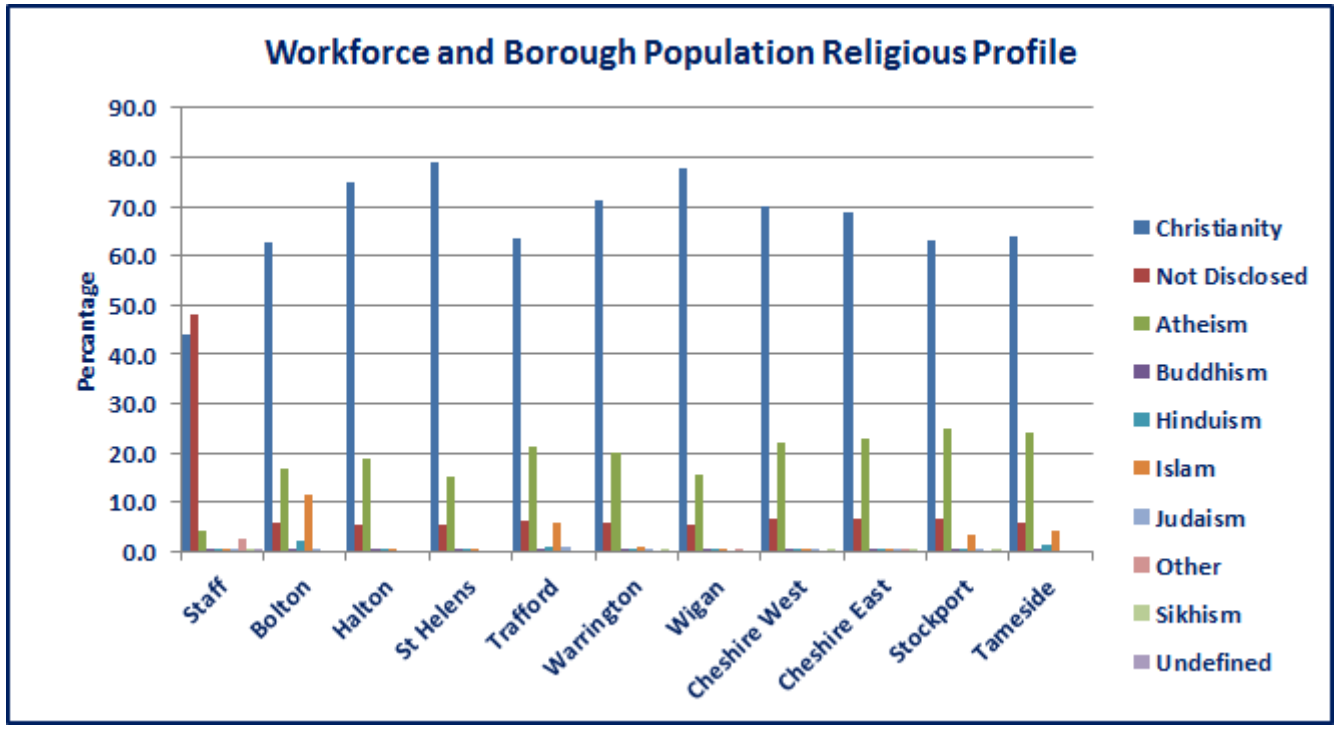
**Picture 14 showing the staff religion or belief profile at 1 December 2015**




Picture 14 shows that as at 1st December 2015 43.9% of our staff stated their religion as Christianity. Unfortunately 47.9% of staff records did not hold any information on the religion or belief of staff, this equates to more than 1,500 staff records. The records are however improving, evidenced by a decrease of 14.6% in the not disclosed records between 2013 and 2015. They are still not as yet however reflective of the local population where on average across the ten boroughs we serve 69.5% of people stated in Census 2011 that they were Christian. A new data cleanse utilising the self-reporting function of ESR may be beneficial to improve reporting and analysis against this protected characteristic.

The picture (picture 15) below shows a comparison of the religion or belief of our staff compared to that of the boroughs we serve, the large percentage of not disclosed records can clearly be seen.

**Picture 15 showing a comparison of staff and population religion or belief**

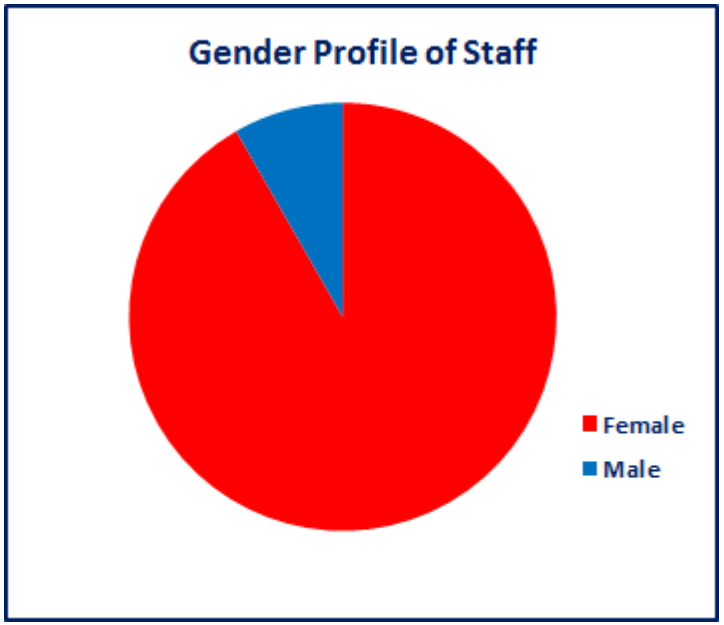



## Actions

The Health Inequalities and Inclusion Team are in the process of producing a quick guide to religion for services, this should also support staff understanding of other staff's beliefs. In addition it is planned to continue the production of briefings including those on religious dates and festivals for the Trust's network of equality champions.

## Gender (Sex)

**Picture 16 showing the staff gender profile at 1 December 2015**

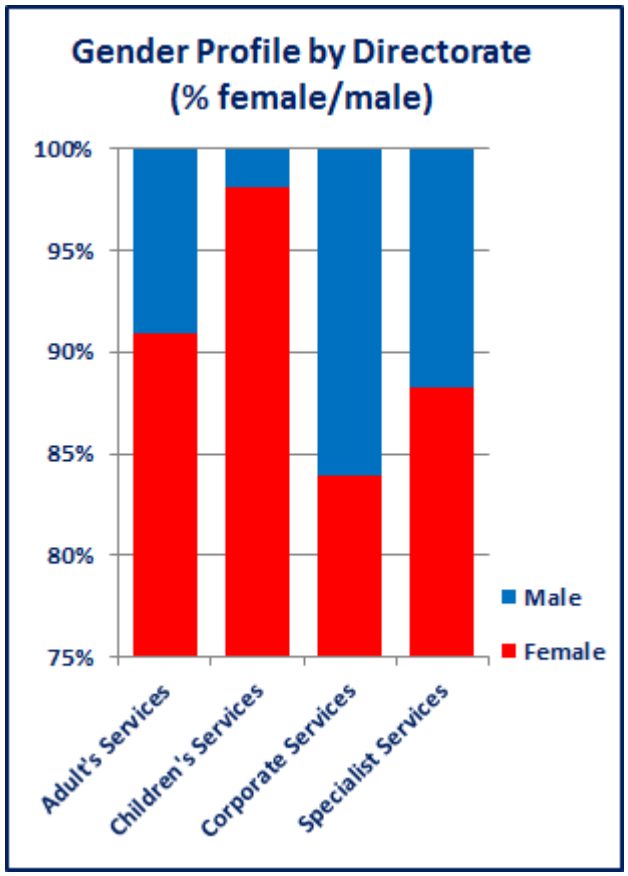



As can be seen in picture 16 the majority of our staff are female at 91.7%, this is higher than the figure provided by NHS England of 77% females in the national workforce but is representative of other community providers. The data is also not comparable with local population figures were on average 51% of the population are female.

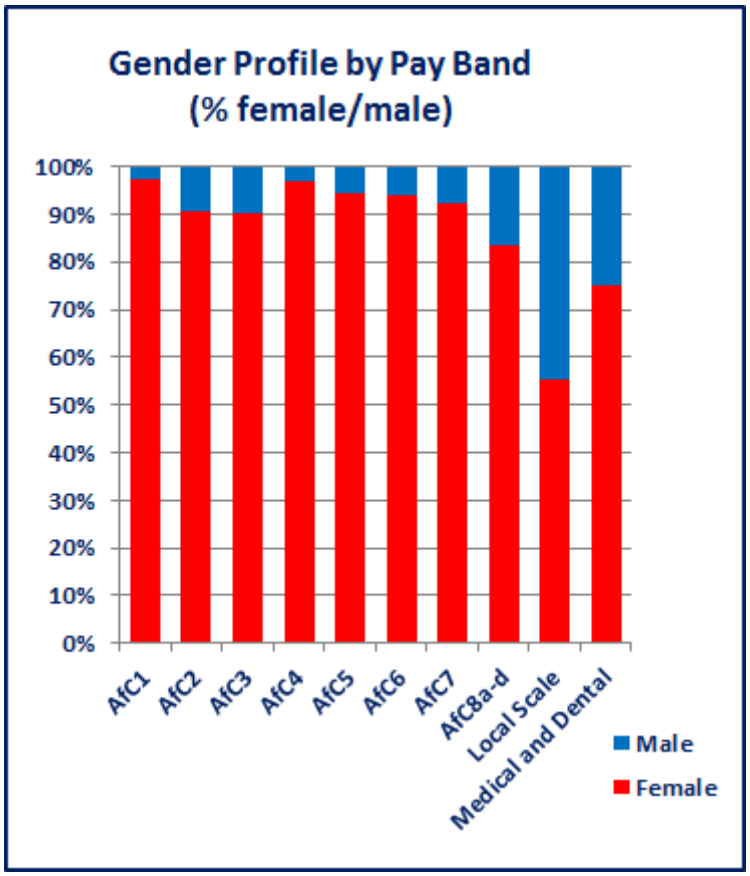
Picture 17 shows the gender profile of the directorates, Adult's and Children's services both have less than 10% male staff, whilst Corporate and Specialist services have between 11 and 16% male staff.

Picture 18 shows the gender percentages by pay band, with the higher pay bands (bands 8a to d, local scale and medical and dental scale) having higher percentages of male staff.

**Picture 17 showing the gender profile of the Trust's directorates**

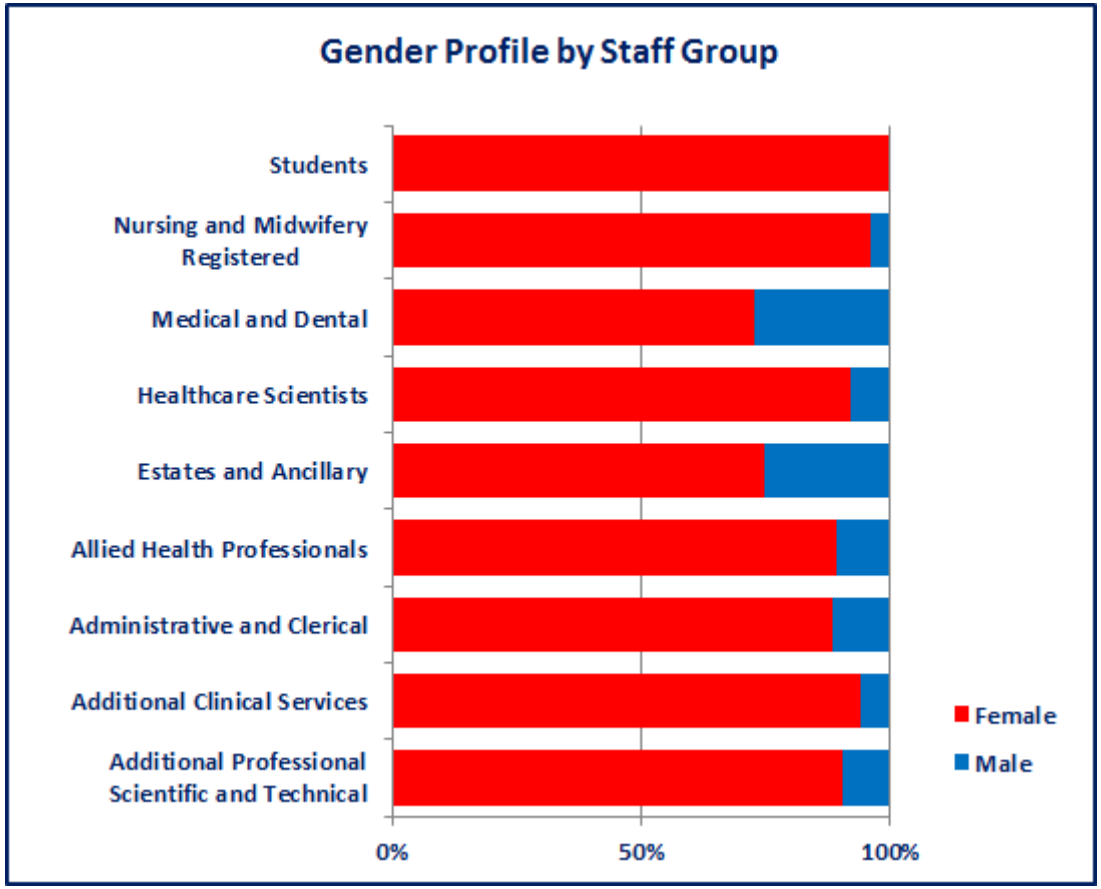



**Picture 18 showing the gender profile of staff by pay band**



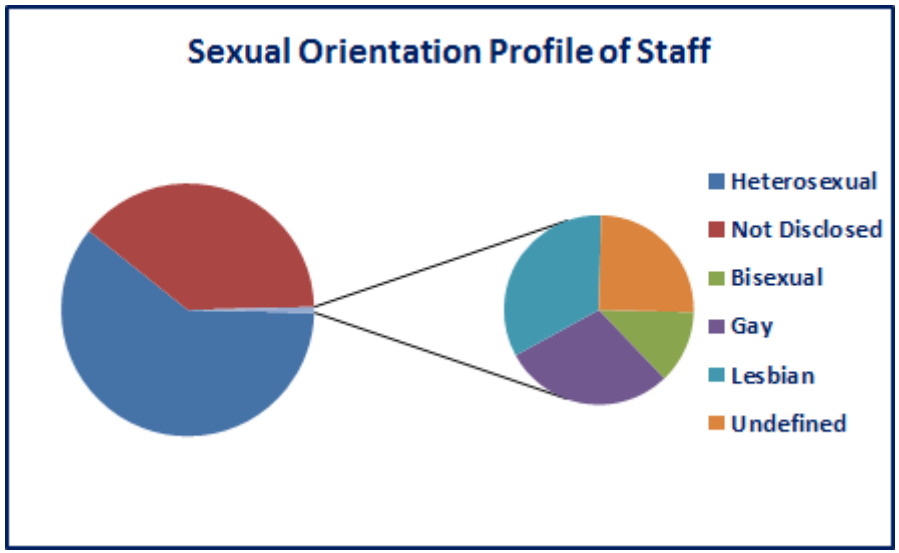
Picture 19 shows the gender profile of staff by staff group. The highest proportion of female staff is seen in students were as at 1st December 2015 100% were female. The highest percentage of male staff is seen in medical and dental (37.3% male) and estates and ancillary (33.8% male)

**Picture 19 showing the gender profile of staff by staffing group**



## Sexual Orientation

**Picture 20 showing the staff sexual orientation profile at 1 December 2015**




As can be seen in picture 20 the majority of our staff are heterosexual, more than 1,900 (60.4%) staff records stating this. We have however a large number of not disclosed records with 38.9% of records providing no information on this. The numbers of staff identifying as lesbian, gay or bisexual (LGB) are too low to report, all being less than 1% of total staff records and significantly below the estimated national figures of between 7% and 10% of the population.

There has however been a decrease in the number of staff records stating sexual orientation not disclosed; a decrease of 12.6% since January 2013. Without improved data it is difficult to further analyse LGB staff within the Trust in terms of pay band etc.

We work hard to ensure that our policies and practices are inclusive of LGB staff and that workplaces are free from discrimination, harassment or bullying. Improved disclosure and ensuring support for staff identifying as LGB are important actions for the Trust in the future. The Health Inequalities and Inclusion team are supporting BYOU in the organisation of the inaugural Wigan Pride event in August 2016.

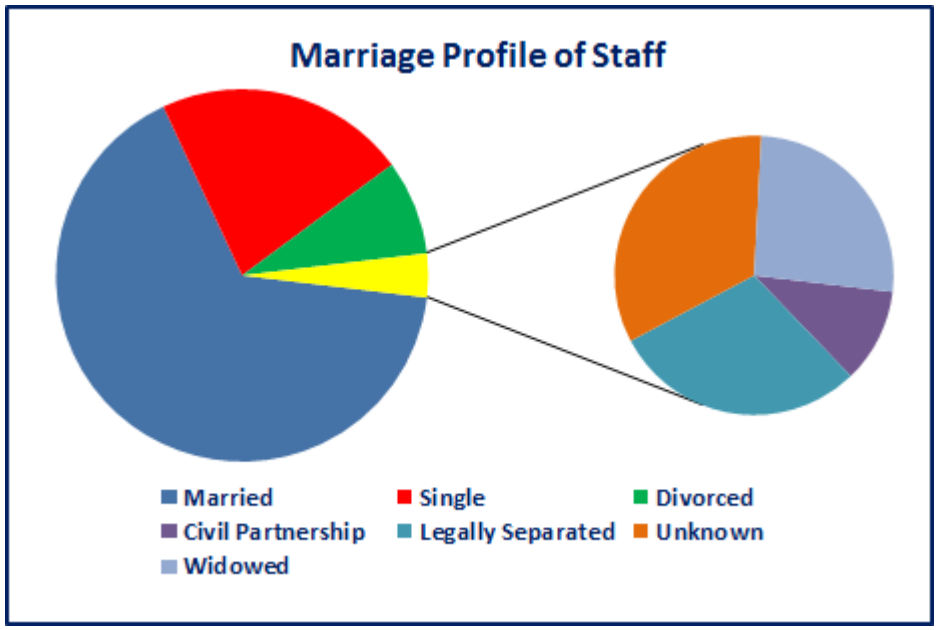
## Gender Reassignment

No information is collected either nationally or within the Trust on gender reassignment. We expect that numbers within our local populations are low based on national estimates of 0.02% of the population. We continue to work to ensure that our workforce policies and practices are inclusive and that support is available for any member of staff undergoing or proposing to undergo gender reassignment.

In November 2015 the Government Equalities Office and Inclusive Employers produced some new guidance on the recruitment and retention of transgender staff. The Health Inequalities and Inclusion Team will be working through 2016 to ensure the recommendations within this guidance are embedded within the Trust's policies and practices and that relevant information is available for staff

## Marriage and Civil Partnership

**Picture 21 showing the staff marriage profile at 1 December 2015**



As can be seen in picture 21 66.5% of our staff are married or in a civil partnership and 21.8% are single. We have 40 records where marriage or civil partnership status is not known.

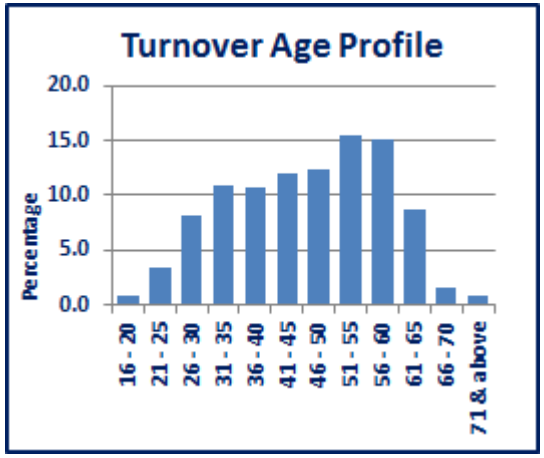
We continually work to ensure that policies and practices are inclusive for all members of staff, particularly those in civil partnerships and same sex marriages.

## Pregnancy and Maternity

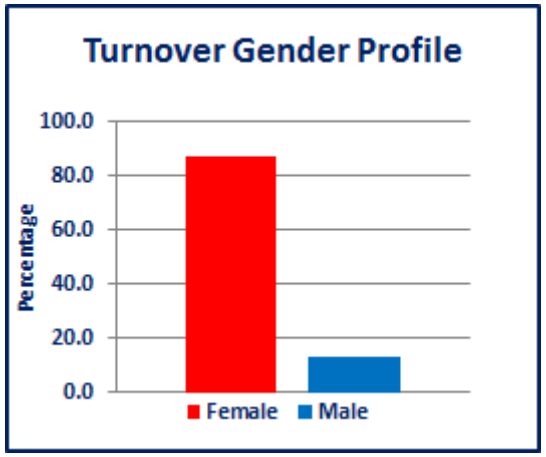
Information on pregnancy and maternity is collected by the HR team on a separate system to ESR. As a largely female workforce pregnancy and maternity is common and we continually work to ensure that our policies and practices are inclusive for same sex partners and those seeking fertility treatment and adoption. Workforce policy on maternity and adoption leave includes paternity (maternity support) leave and has been amended in 2015 to reflect the changes in legislation in shared parental leave.

## Staff Leavers

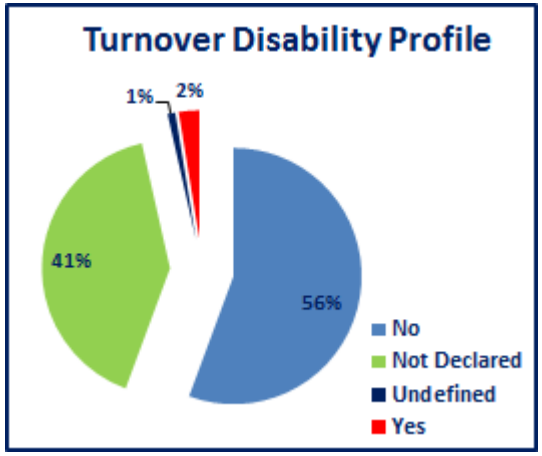
**Picture 22 showing age profile of staff leavers**



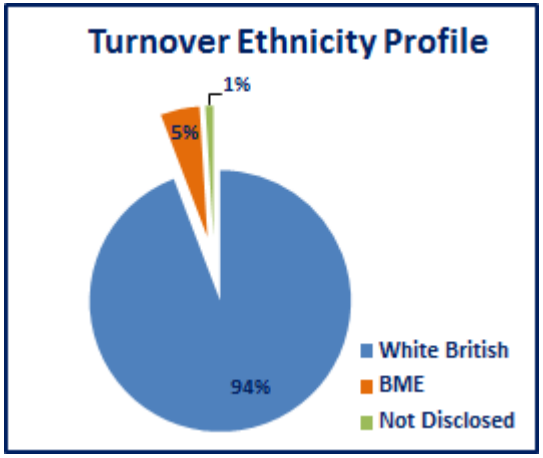

**Picture 23 showing gender profile of staff leavers**




**Picture 24 showing disability profile of staff leavers**




**Picture 25 showing ethnicity profile of staff leavers**

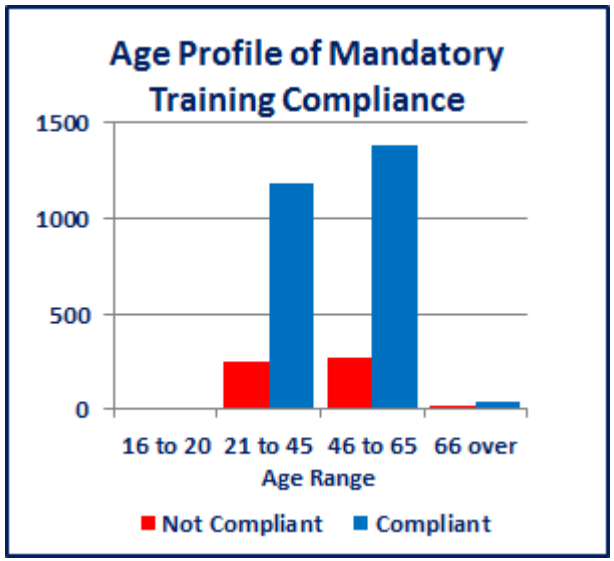



There were no significant trends identified in the protected characteristics of staff leaving the Trust in 2015.

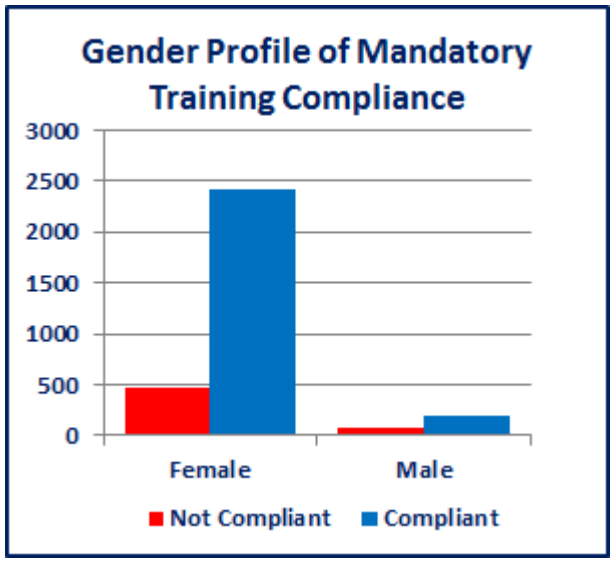
## Mandatory Training

All staff are required to complete mandatory training on an annual basis; compliance with this is reported to Board. Assistance is provided to members of staff who require adjustments to allow them to complete the modules – one of which includes equality and diversity.

**Picture 26 showing mandatory training compliance by staff age**

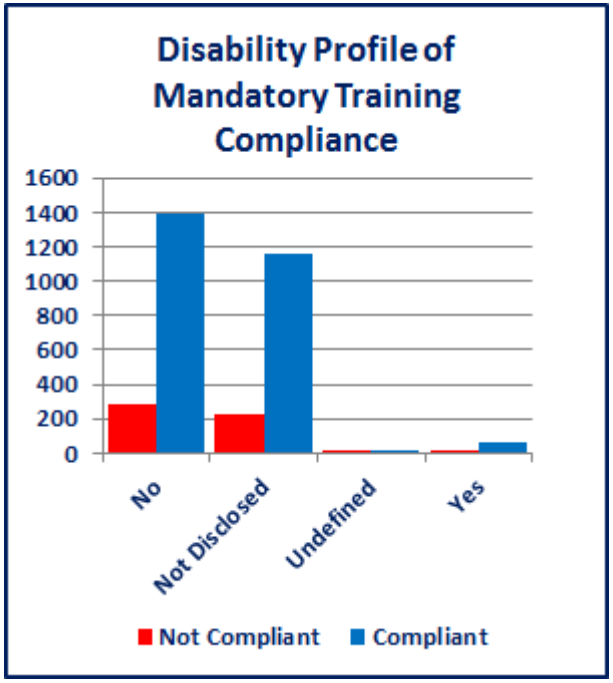



**Picture 27 showing mandatory training compliance by staff gender**

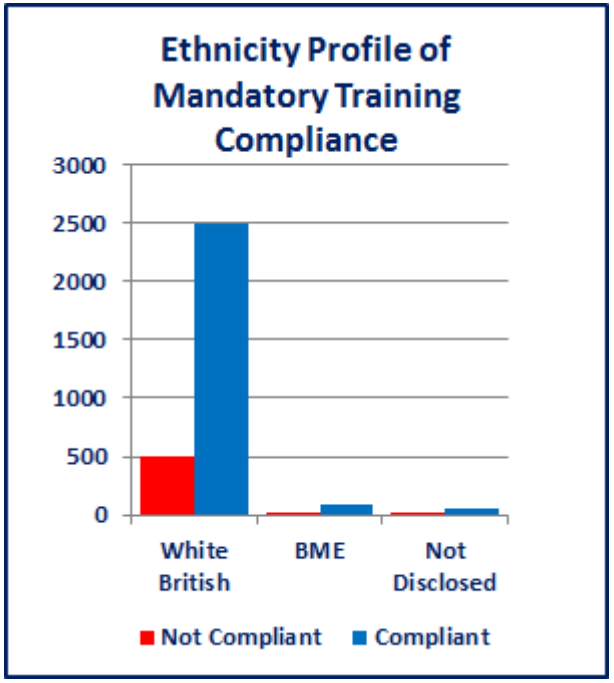



As pictures 26 and 27 show there are no significant trends in compliance with mandatory training by age or gender. A very similar number of people within the age ranges 21 to 45 and 46 to 65 were non-compliant with their mandatory training at 1st December 2015, the numbers for the other age ranges were too small to accurately analyse. Compliance by females and males was very similar also.

**Picture 28 showing mandatory training compliance by staff disability**




**Picture 29 showing mandatory training compliance by staff ethnicity**




Data on staff disability is too limited to accurately analyse, as picture 28 shows there are a large number of not disclosed records however our figures do show that only a very small number of staff with disabilities were non-compliant at 1st December.

Picture 29 shows no significant trends in compliance for staff ethnicity with similar levels of non-compliance for White British and BME staff.

A full breakdown of staff compliance with mandatory training can be found in table 11 in the appendices on page 51.

## Employee Relations Cases

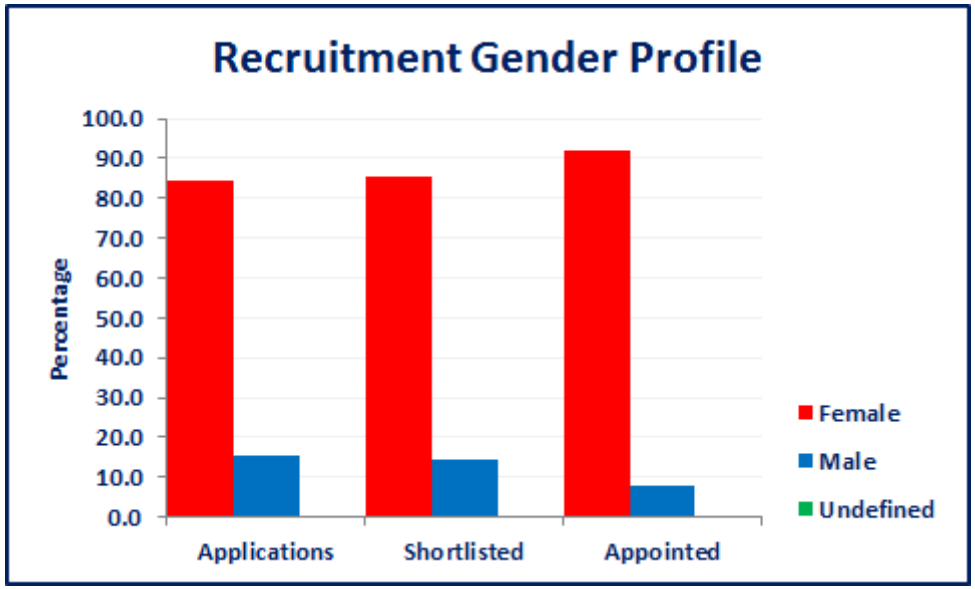
Staff disciplinary, grievance, capability and whistleblowing cases are monitored and recorded on a confidential database held by the Human Resources Team. Numbers are too low to report (below 10) without potential identification of individual staff members; however analysis shows no significant trend in these cases.

## Recruitment

Most recruitment within the Trust is carried out through NHS Jobs. The recruitment process is carried out under a Trust policy that reflects employment and equality law and adheres to safe recruitment guidelines. The equal opportunities monitoring form on NHS Jobs allows us to analyse recruitment for the Trust by protected characteristic group whilst maintaining applicant anonymity.

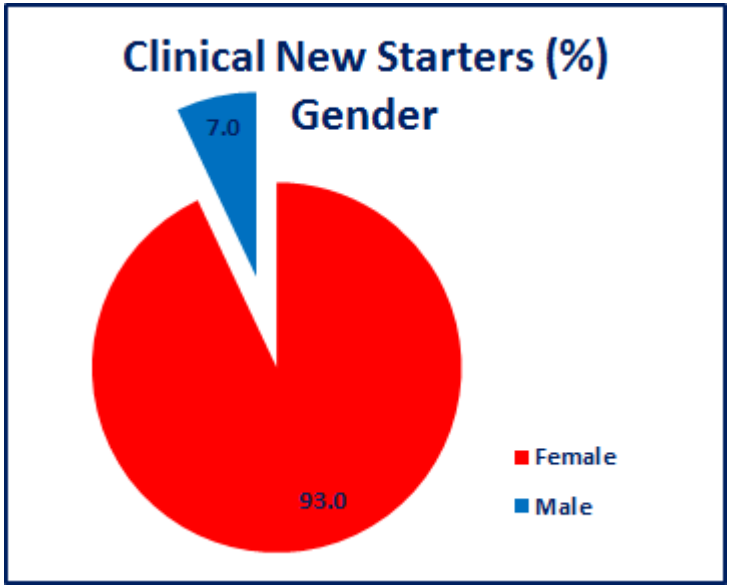
Picture 30 shows the total gender profile of recruitment from April 2015 to March 2016, showing the large percentage of appointed female applicants, reflective of the Trust workforce as a whole.

**Picture 30 showing the gender profile of NHS Jobs recruitment in 2015/16**

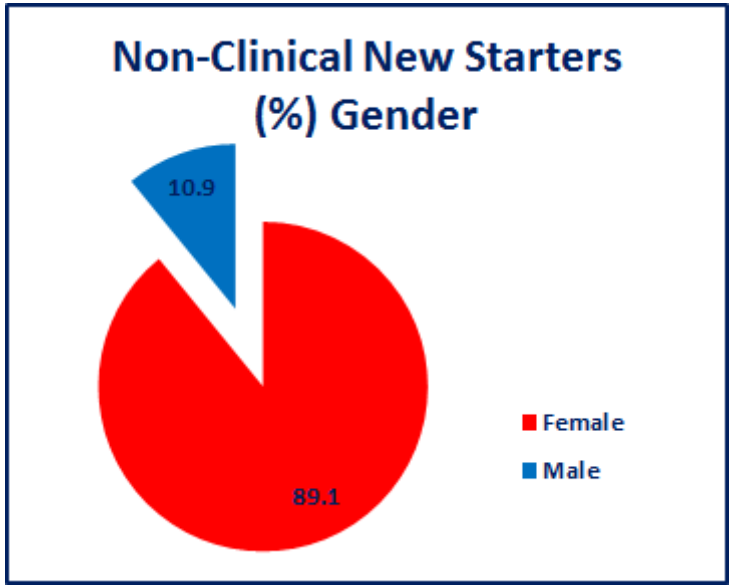


Pictures 31 and 32 show the gender profile of new starters for clinical and non-clinical vacancies. As can be seen the percentage male and female are quite similar for clinical and non-clinical posts with slightly more males appointed to non-clinical posts.

***Picture 31 showing the gender profile of clinical new starters***

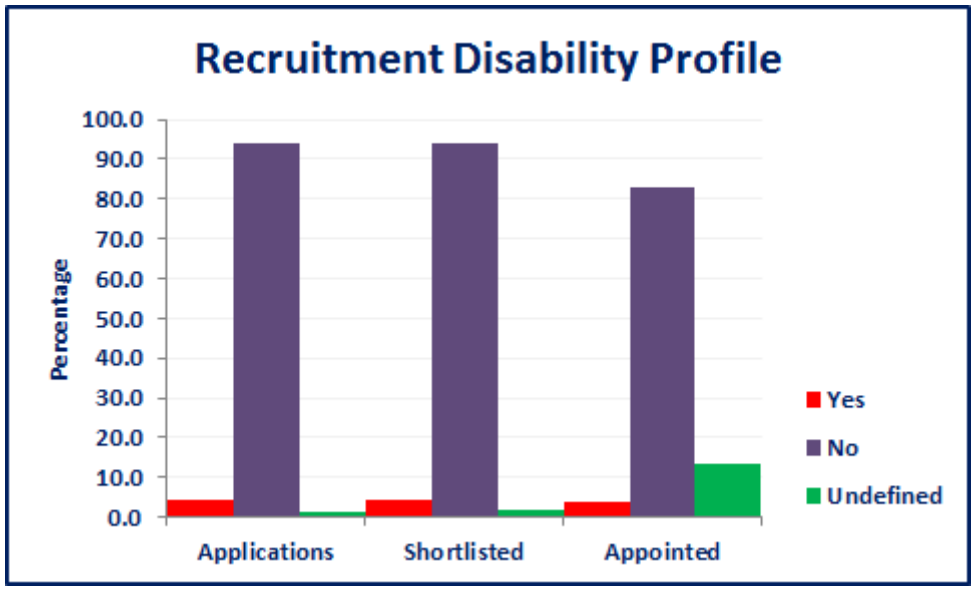



***Picture 32 showing the gender profile of non-clinical new starters***

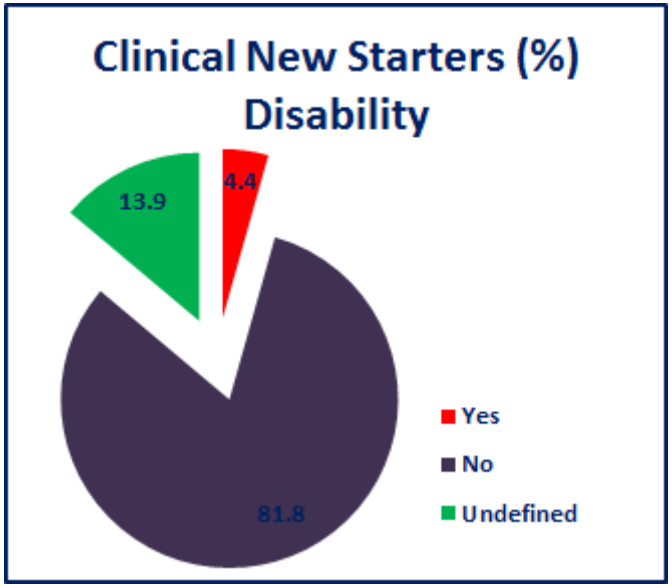


Picture 33 shows the total disability profile of recruitment from April 2015 to March 2016. As can be seen 4.4% of applicants declared a disability and 3.8% of those successfully appointed had a disability declared on their initial application. This is further analysed by clinical and non-clinical posts in pictures 34 and 35 on the next page.

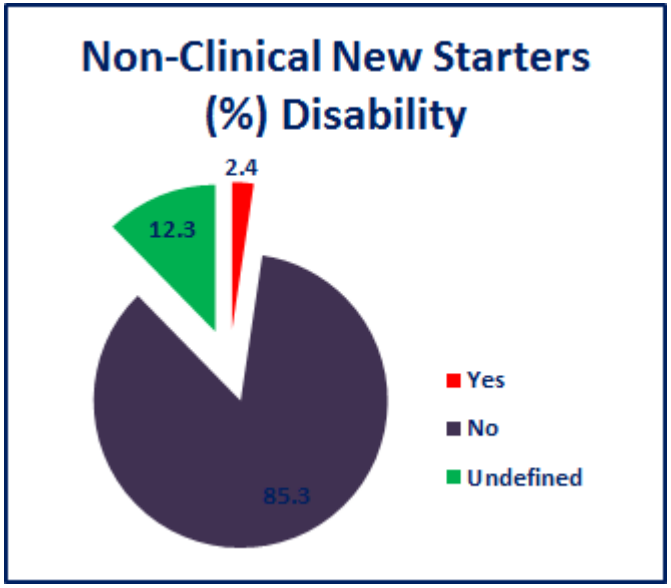
**Picture 33 showing the disability profile of NHS Jobs recruitment in 2015/16**



*Picture 34 showing the disability profile of clinical new starters*



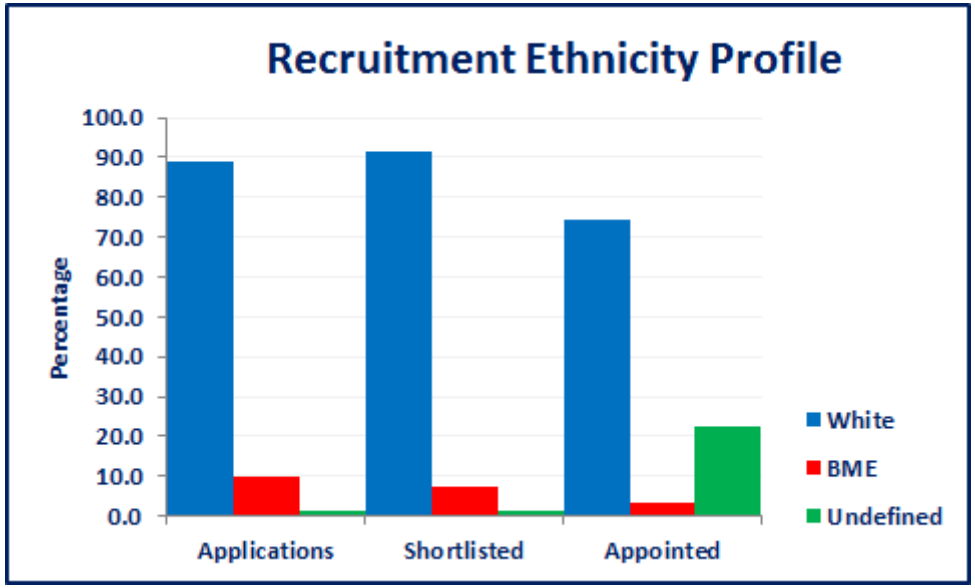

*Picture 35 showing the disability profile of non-clinical new starters*



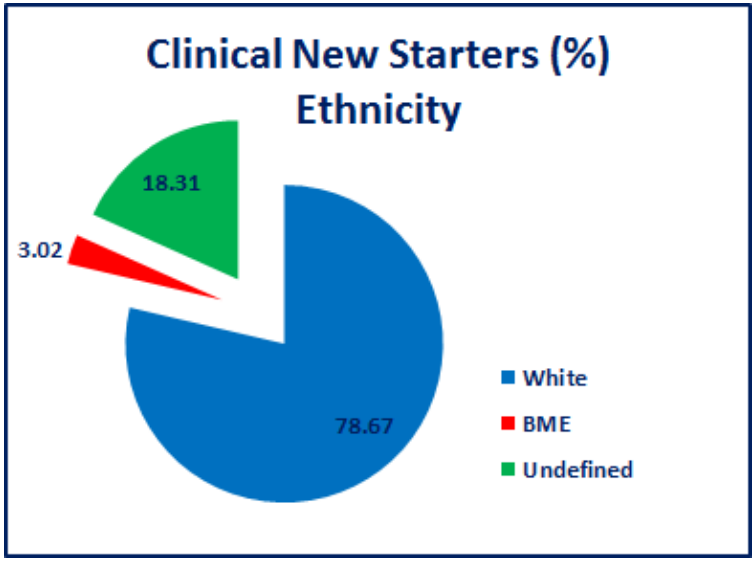

The Trust is committed to supporting employees and job applicants with disabilities; we are signed up to the voluntary charters Mindful Employer (for mental health) and Two Ticks (for people with disabilities). The charter logos are displayed on our NHS Jobs webpage along with the stated commitment to offer anyone who declares a disability and meets the essential criteria of a vacancy a guaranteed interview.

Picture 36 shows the ethnicity profile of all NHS Jobs recruitment from April 2015 to March 2016, 9.75% of all applicants and 3.35% of all those appointed were BME. This is further analysed by clinical and non-clinical posts on page 41.

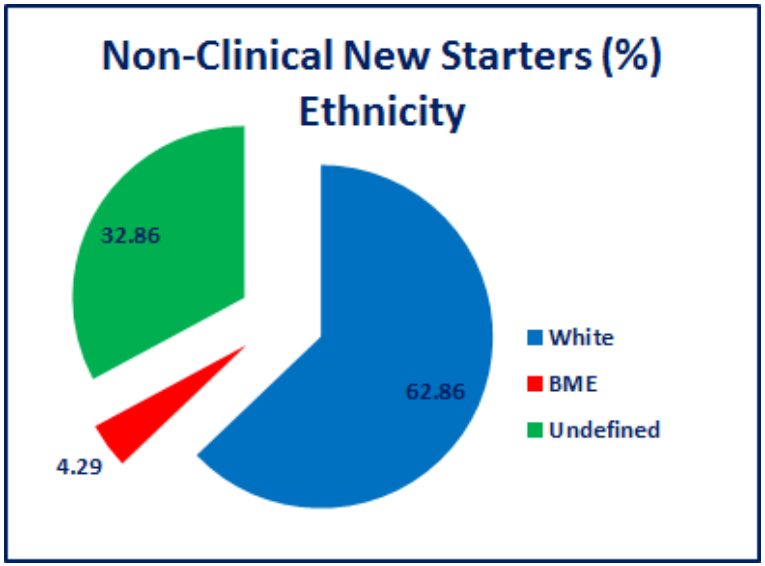
**Picture 36 showing the ethnicity profile of NHS Jobs recruitment in 2015/16**



*Picture 37 showing the ethnicity profile of clinical new starters*




*Picture 38 showing the ethnicity profile of non-clinical new starters*




Picture 37 shows the ethnicity profile of clinical posts, it shows 3.02% of those appointed were BME. Picture 38 provides the same information for non-clinical posts were 4.29% of appointments were BME staff.

As stated earlier recruitment is one of the key indicators in the WRES and further analysis will take place in 2016.

# Patient Profile by Protected Characteristic

Table 5 below shows the protected characteristic information provided by our electronic patient records for 2015/16.

There are limitations to this data; firstly the information is based solely on those services using TPP SystmOne, secondly the information is only for active patient records (those currently assigned to a clinician or service) and lastly not all protected characteristic fields are mandatory on the records.

There is a programme in place within the Trust to move all possible services onto SystmOne in the coming years, the plan recognising that there will always be some services that are required to use specific patient records that will be unable to migrate to this patient record system.

Though it will take time we remain committed as a Trust to ensuring that we continue to take steps towards being able to provide analysis of all our patients by as many protected characteristics as possible.

Our main challenge in coming months is ensuring that all patient records, whether electronic or paper are meeting the requirements of the Accessible Information Standard (see page 48) and that these records are flagging patient communication and information support needs and that this information is being shared when patients are referred (subject to patient consent). The information recorded for the Standard is not to be used for reporting such as the PSED but will ensure that patients (and their parents or carers as appropriate) are receiving information in a format suited to their individual needs and are provided with communication support that allows them to participate in their own health care decisions.

As can be seen in table 5 below we have an accurate picture of the gender of our patients, the data is fairly representative of the population with a slightly greater number of females accessing services than would be seen if the figures exactly matched the population average of 49% male and 51% female. National evidence highlights that men are less likely to access or engage with many services before reaching a crisis point in their health. There are greater numbers of boys accessing children's services; this reflects local data that shows there are a greater percentage of boys than girls in the population but that this percentage changes with age. For ethnicity we have some limited data, whilst for religion, disability and sexual orientation there are a large number of blank records.

**Table 5 showing the protected characteristic profile of Trust patients for records from 1st April to 31 December 2015**

| TRUST PATIENT PROFILE BY PROTECTED CHARACTERISTIC | | | | | |
|---|---|---|---|---|---|
| **Active Patient Records as at 26 January 2016** | | | | | |
| **Gender** | | **Ethnicity** | | **Religion or Belief** | |
| Male | 45.0% | White British | 33.2% | Atheism | 0.3% |
| Female | 55.0% | White Irish | 0.1% | Buddhism | 0.0% |
| Transgender | 0.0% | White Other | 1.0% | Christianity | 2.6% |
| Unknown | 0.0% | Black Caribbean | 0.0% | Hinduism | 0.0% |
| Blank Record | 0.0% | Black African | 0.2% | I Do Not Wish To Disclose | 0.9% |
| | | Black Other | 4.2% | Islam | 0.0% |
| | | Asian Indian | 0.1% | Jainism | 0.0% |
| | | Asian Bangladeshi | 0.0% | Judaism | 0.0% |
| | | Asian Pakistani | 0.1% | Other | 0.1% |
| | | Asian Other | 0.1% | Sikhism | 0.0% |
| | | Chinese | 0.1% | Blank Record | 96.0% |
| | | Mixed White & Black Caribbean | 0.0% | | |
| | | Mixed White & Asian | 0.1% | | |
| | | Mixed White & Black African | 0.1% | | |
| | | Mixed Other | 9.4% | | |
| | | Other Ethnic Group | 0.7% | | |
| | | Not Specified | 12.8% | | |
| | | Blank Record | 36.6% | | |
| **Disability** | | **Sexual Orientation** | | **British Armed Forces** | |
| Behaviour and Emotional | 0.0% | Bisexual | 0.0% | Yes | 0.0% |
| Hearing | 0.0% | Gay | 0.0% | No | 20.1% |
| Mobility & Gross Motor | 0.0% | Heterosexual | 0.0% | Unknown | 0.3% |
| No Perceived Disability | 0.0% | I Do Not Wish To Disclose | 0.0% | Blank Record | 79.7% |
| Progressive Conditions | 0.0% | Lesbian | 0.0% | | |
| Other | 0.0% | Blank Record | 100.00% | | |
| Not Stated (Declined) | 0.0% | | | | |
| Blank Record | 100.00% | | | | |

*Continued….*

**Table 5 continued**

| TRUST PATIENT PROFILE BY PROTECTED CHARACTERISTIC continued … | | | | | |
|---|---|---|---|---|---|
| **Active Patient Records as at 26 January 2016** | | | | | |
| **Age - Females** | | **Age - Males** | | **Age - All** | |
| 0-4 | 11.7% | 0-4 | 17.1% | 0-4 | 14.1% |
| 5-9 | 5.2% | 5-9 | 8.6% | 5-9 | 6.7% |
| 10-14 | 5.2% | 10-14 | 7.1% | 10-14 | 6.0% |
| 15-19 | 3.6% | 15-19 | 3.4% | 15-19 | 3.5% |
| 20-24 | 5.0% | 20-24 | 2.1% | 20-24 | 3.7% |
| 25-29 | 5.5% | 25-29 | 1.8% | 25-29 | 3.8% |
| 30-34 | 5.0% | 30-34 | 1.9% | 30-34 | 3.6% |
| 35-39 | 3.6% | 35-39 | 1.9% | 35-39 | 2.9% |
| 40-44 | 3.5% | 40-44 | 2.9% | 40-44 | 3.3% |
| 45-49 | 4.0% | 45-49 | 4.1% | 45-49 | 4.1% |
| 50-54 | 4.6% | 50-54 | 4.9% | 50-54 | 4.7% |
| 55-59 | 4.6% | 55-59 | 5.1% | 55-59 | 4.8% |
| 60-64 | 4.9% | 60-64 | 6.4% | 60-64 | 5.5% |
| 65-69 | 6.3% | 65-69 | 8.3% | 65-69 | 7.2% |
| 70-74 | 6.4% | 70-74 | 7.7% | 70-74 | 6.9% |
| 75-79 | 6.8% | 75-79 | 7.5% | 75-79 | 7.1% |
| 80-84 | 6.5% | 80-84 | 5.2% | 80-84 | 5.9% |
| 85-89 | 4.6% | 85-89 | 2.7% | 85-89 | 3.8% |
| 90-94 | 2.6% | 90-94 | 1.0% | 90-94 | 1.9% |
| 95-100 | 0.5% | 95-100 | 0.1% | 95-100 | 0.4% |
| 100+ | 0.1% | 100+ | 0.0% | 100+ | 0.1% |

## Language Interpretation and Translation

Good communication is essential for the delivery of high quality care, the provision of language interpretation and translation services allows patients timely access to health care and supports patients and staff in their interactions, ensuring the treatment provided is safe and effective and given with valid consent.

Lack of language support can be the barrier to accessing services that leads to some groups suffering unnecessary health inequalities from diseases that are preventable or easily managed when the individual is supported to be fully involved in their own care.

The Trust has a number of legal obligations in relation to the provision of this support:

- The NHS Constitution 2013 - the commitment to offer the patient easily accessible, reliable and relevant information in a form they can easily understand and support to use it.
- The Equality Act 2010 General Duty – the three aims of eliminating discrimination, advancing opportunity and fostering good relations, between people who share a protected characteristic and people who do not.
- The Equality Act 2010 Duty to Make Reasonable Adjustments - the duty on organisations providing public services to make reasonable adjustments where a provision, criterion or practice, physical feature or failure to provide an auxiliary aid would put a disabled person at a substantial disadvantage when compared to a non-disabled person.
- The Human Rights Act 1998 – in particular the principles of privacy, dignity and autonomy.

In addition the provision of these services means that appropriate steps are taken by Trust staff to ensure the safeguarding needs of children and vulnerable adults requiring language support.

Lastly the provision of these services enables the Trust to continually work towards the achievement of its mission, values and objectives of delivering high quality, patient centred care that meets the needs of the individual.

Table 6 on the following page provides a quick breakdown of the percentage of people within the areas where we provide community health care whose first or main language is not English.

**Table 6 showing a simple percentage breakdown of the Trust population who do not use English as a first language**

| Population Language Profile Summary | | |
|---|---|---|
| **Borough** | **English as First/Main Language (%)** | **Non-English as First/Main Language (%)** |
| **Bolton** | 91.5 | 8.5 |
| **Halton** | 99.0 | 1.0 |
| **St Helens** | 98.8 | 1.2 |
| **Trafford** | 94.5 | 5.5 |
| **Warrington** | 97.0 | 3.0 |
| **Wigan** | 98.1 | 1.9 |
| | | ***As at Census 2011*** |

Information on BSL is slightly more difficult to find. The Census 2011 did provide some figures however Deaf organisations have warned that there are limitations to this data, the question on the English and Welsh Census was phrased in such a way that many Deaf people did not tick the 'BSL box' and in addition lack of access to a computer meant that many older Deaf people did not complete the Census at all. The BDA estimate that there are far greater numbers of Deaf people for whom BSL is their first, preferred and possibly only language than the Census data would suggest. Table 7 shows the data on BSL for the English and Scottish Census' in 2011. As can be seen the total number of people in Scotland stating BSL as their main language is nearly the same as that for the whole of England, as a percentage this works out at nearly 10 times as many people when compared to data for England.

**Table 7 showing a comparison of Census 2011 data for British Sign Language in England and Scotland**

| England | | | |
|---|---|---|---|
| **Total National Population** | **Census 2011 Question Asked** | **BSL Total Figure** | **BSL Percentage of Population** |
| 51,005,610 | Main language | 14,736 | 0.03% |
| **Scotland** | | | |
| **Total National Population** | **Census 2011 Question Asked** | **BSL Total Figure** | **BSL Percentage of Population** |
| 5,118,223 | Language other than English used at home | 12,533 | 0.2% |
| | | | ***As at Census 2011*** |

Trust services have used several different providers for interpretation and translation since the formation of Bridgewater in 2011. In autumn 2015 the Trust's Procurement team undertook to create a one stop shop with a single provider for all Trust interpretation and translation services, please see Action Plans below.

Total Trust spend in 2014/15 on interpretation and translation services was £82,137.54, for the first 3 quarters of 2015/16 (April to December) the total spend was £78,727.13.This represents a quarterly increase in spend in 2015/16 of 27.78%.

Table 8 below provides information on the total spend by Trust borough.

**Table 8 showing total spend on interpretation and translation services by borough from April to December 2015**

| Total Spend April 2015 to December 2015 by Trust Borough | | | | |
|---|---|---|---|---|
| | **Total Spend** | **Instances Used** | **% of Total Spend** | **% Population Non-English Speakers** |
| **Halton** | £1,580.30 | 32 | 2.0% | 1.0% |
| **St Helens** | £3,271.75 | 60 | 4.2% | 1.2% |
| **Trafford** | £3,245.04 | 36 | 4.1% | 5.5% |
| **Warrington** | £12,498.87 | 187 | 15.9% | 3.0% |
| **Wigan** | £37,729.23 | 713 | 47.9% | 1.9% |
| **Dental** | £10,774.00 | 138 | 13.7% | 3.4% (average of 2,476,500) |
| **Suspense (Not allocated to a service at time of invoice receipt)** | £9,627.94 | 43 | 12.2% | |
| **Total Spend** | **£78,727.13** | | | |

**New Provider - thebigword**

During late autumn 2015 the Health Inequalities and Inclusion team have been working with the Trust's Procurement team on the setting up of a new contract for interpretation and translation services with thebigword. With 200+ services and more than 3,000 staff this has taken time to organise, but, as at the time of writing this report, staff are being contacted with login details for online bookings and access codes for telephone interpretation. Up to this point, as stated earlier, services have been accessing a number of providers.

thebigword will provide a readily accessible and effective one stop shop for all the Trust's interpretation and translation needs. In addition thebigword can provide up to date data on usage by borough, service and language, this will allow more accurate and detailed analysis of usage of interpretation and translation services provided to our patients.

**BSL**

We are currently concentrating on the provision of BSL interpretation for our Deaf patients and their families; we are working with the British Deaf Association on this. Part of this work will involve engaging with local Deaf groups to address and prioritise issues they may face when accessing NHS services including Bridgewater's.

### NHS Accessible Information Standard

From July 2015 the NHS Accessible Information Standard became mandatory for all organisations providing NHS health care. The Standard requires that all these organisations identify, record, flag, meet and share the information format and communication support needs of people with disabilities or sensory impairments. This includes the needs of parents, guardians and carers as appropriate.

The Trust has an action plan in place in order to meet the first deadline of April 2016; the implementation of this plan is Objective 5 of the Trust's Equality Objectives for 2012 – 2016.

# Membership Profile by Protected Characteristic

**Table 9 showing the Trust Membership profile at 11 January 2016**

## Membership Profile Summary

### Total Membership at 11 January 2016: 12,881 (Public: 9,771 Staff: 3,110)

| Gender | | Age | | Ethnicity | | Religion or Belief | |
|---|---|---|---|---|---|---|---|
| Female | 63.1% | 10 to 19 | 4.0% | White British | 93.0% | Atheism | 3.0% |
| Male | 35.8% | 20 to 29 | 21.6% | White Irish | 0.3% | Buddhism | 0.3% |
| Not Disclosed | 1.1% | 30 to 39 | 14.7% | White Other | 0.4% | Christianity | 31.6% |
| | | 40 to 49 | 13.8% | Asian/ Asian British Bangladeshi | 0.0% | Hinduism | 0.6% |
| | | 50 to 59 | 13.0% | Asian/Asian British Indian | 0.4% | Islam | 0.4% |
| | | 60 to 69 | 13.4% | Asian/Asian British Pakistani | 0.2% | Judaism | 0.2% |
| | | 70 to 79 | 10.5% | Asian/Asian British Other | 0.1% | Other Religion/Belief | 1.2% |
| | | 80 to 89 | 4.0% | Black/Black British African | 0.3% | Sikhism | 0.0% |
| | | 90+ | 0.6% | Black/Black British Caribbean | 0.2% | Not Disclosed | 62.7% |
| | | Not Disclosed | 4.4% | Black/Black British Other | 0.0% | | |
| | | | | Mixed White & Asian | 0.1% | | |
| | | | | Mixed White & Black African | 0.1% | | |
| | | | | Mixed White & Black Caribbean | 0.2% | | |
| | | | | Mixed | 0.2% | | |
| | | | | Chinese | 0.1% | | |
| | | | | Other Ethnicity | 0.3% | | |
| | | | | Not Disclosed | 4.0% | | |

| Disability (990 total stated) | | Sexual Orientation | |
|---|---|---|---|
| Learning Disability/Difficulty | 6.8% | Bisexual | 0.2% |
| Long Standing Illness | 30.8% | Gay | 0.7% |
| Mental Health Problem | 11.5% | Heterosexual | 44.8% |
| Physical Impairment | 35.2% | Lesbian | 0.3% |
| Sensory Impairment | 7.0% | Not Disclosed | 54.0% |
| Other Disability | 8.8% | | |

There has been an increase of 7.7% in the male membership since the last PSED report in January 2015, this still leaves the percentage of male/female below the population average but is an improvement in representation for men. There has been a large increase in the number of people stating Christianity as their religion, (up 6.5%), White British (up 20.6%) and heterosexual, (up 9.1%), these differences are reflected in the lower numbers of not disclosed records for these protected characteristic groups. In ethnicity and age our membership is broadly representative of the populations we serve but there are large number of unknown records for religion and sexual orientation that make it difficult to analyse representation accurately.

# Appendices

**Table 10 showing full staff protected characteristic profile as at 1st December 2015**

| Staff Protected Characteristic Profile Summary | | | | | |
|---|---|---|---|---|---|
| **Gender** | | **Age** | | **Ethnicity** | |
| Female | 91.7% | Under 20 | <2% | White British | 95.0% |
| Male | 8.3% | 21 – 45 | 45.4% | BME | 3.2% |
| | | 46 – 65 | 52.2% | Not Stated | <2% |
| | | 66+ | <2% | | |
| **Disability** | | **Religion or Belief** | | **Sexual Orientation** | |
| Yes | 2.5% | Atheism | 4.4% | Bisexual | <2% |
| No | 53.3% | Buddhism | <2% | Gay | <2% |
| Not Declared | 44.1% | Christianity | 43.9% | Heterosexual | 60.4% |
| Undefined | <2% | Hinduism | <2% | Lesbian | <2% |
| | | Not Disclosed | 47.9% | | |
| | | Islam | <2% | Not Disclosed | 38.9% |
| **Marital Status** | | Judaism | <2% | Undefined | <2% |
| Married | 66.1% | Other | 2.7% | | |
| Single | 21.8% | Sikhism | <2% | | |
| Divorced | 8.2% | Undefined | <2% | | |
| Civil Partnership | <2% | | | | |
| Legally Separated | <2% | | | | |
| Widowed | <2% | | | | |
| Not Disclosed | <2% | | | | |

**Table 11 showing compliance with requirement to complete annual mandatory training by protected characteristic groups**

## Staff Mandatory Training Profile Summary

### Gender

| | Non-Compliant | Compliant |
|---|---|---|
| Female | 86.9% | 92.7% |
| Male | 13.1% | 7.3% |
| Of Which: | | |
| *Female:* | | |
| AfC Band 1 – 8d | 15.4% | 81.6% |
| Local Scale | <2% | <2% |
| Medical & Dental | <2% | 2.0% |
| *Male:* | 19.5% | 64.9% |
| AfC Band 1 – 8d | 3.8% | 2.3% |
| Local Scale | 3.4% | 6.1% |
| Medical & Dental | | |

### Age

| | Non-Compliant | Compliant |
|---|---|---|
| Under 20 | <2% | <2% |
| 21 – 45 | 47.0% | 45.1% |
| 46 – 65 | 49.8% | 52.8% |
| 66+ | 2.8% | <2% |

### Ethnicity

| | Non-Compliant | Compliant |
|---|---|---|
| White British | 95.1% | 94.9% |
| BME | 3.0% | 3.2% |
| Not Stated | <2% | <2% |

### Disability

| | Non-Compliant | Compliant |
|---|---|---|
| Yes | 2.2% | 2.5% |
| No | 54.1% | 53.1% |
| Not Declared | 43.3% | 44.3% |
| Undefined | <2% | <2% |

### Religion or Belief

| | Non-Compliant | Compliant |
|---|---|---|
| Atheism | 4.3% | 4.4% |
| Buddhism | <2% | <2% |
| Christianity | 43.3% | 44.1% |
| Hinduism | <2% | <2% |
| Not Disclosed | 47.4% | 48.0% |
| Islam | <2% | <2% |
| Judaism | <2% | <2% |
| Other | 3.0% | 2.7% |
| Sikhism | <2% | <2% |
| Undefined | <2% | <2% |

### Sexual Orientation

| | Non-Compliant | Compliant |
|---|---|---|
| Bisexual | <2% | <2% |
| Gay | <2% | <2% |
| Heterosexual | 55.2% | 61.4% |
| Not Disclosed | 42.9% | 38.1% |
| Lesbian | <2% | <2% |
| Undefined | <2% | <2% |

# Contact Details

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