

Equality, Diversity and Inclusion Annual Report

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V4



1. Purpose of Report

The purpose of this report is to provide an annual Equality, Diversity and Inclusion update Board and to provide a progress report in relation to the NHS Equality Delivery System (EDS2). Furthermore it contributes to meeting Public Sector Equality Duties (PSED) through the publishing of annual data on the main functions in relation to equality.

The Company has statutory obligations under the Equality Act 2010 to publish a range of monitoring information relating to patients and staff annually. This report is one of the ways in which the Company fulfils these statutory obligations and also meets the equality requirements of the Quality Schedule for delivery of NHS commissioned services.

It should be noted that both the patient and staff data is at 30 March 2018.

2. Equality, Diversity and Inclusion Information – Our staff

The following section outlines the work programmes and systems that are in place to ensure we meet all the requirements in relation to our staff to ensure equality, diversity and inclusion are central to all we do.

2.1 Equality Delivery System 2 (EDS2)

The EDS2 is a system that helps organisations, in discussion with local partners and the local populations, to review and improve their performance for people with characteristics protected by the Equality Act 2010. NSCP, working with local stakeholders and the community, conducted an assessment of performance against the outcomes in November 2014. Improvement actions were identified and a three year action plan developed.

Progress against the action plan was updated annually and published on the Company's website. The action plan has now been closed and a review of evidence undertaken which shows:

- 13 outcomes complete
- 3 outcomes partly complete
- 2 outcomes incomplete

During Quarter 4 2017/18 NSCP undertook an Equality, Diversity and Inclusion review which included an assessment of the EDS2 actions. An action plan was developed which includes all incomplete actions from the previous EDS2 action plan.

A refresh of the EDS2 assessment will begin in Quarter 4 2018/19 following the implementation of existing action plans relating to Equality, Diversity and Inclusion.

2.2 Workforce Race Equality Scheme (WRES)

The Workforce Race Equality Scheme (WRES) compares details of the experiences of black and minority ethnic (BME) against those of white staff. An update to the existing WRES action plan will be published on the Company's website following approval by the Workforce Learning and Development Forum.

2.3 Our workforce

This section highlights key workforce data.

2.3.1 Occupations by Ethnicity

3.16% of the workforce describes themselves as being from ethnic minority communities. The Office for the National Statistics estimates that 3% of North Somerset population identify as BAME (Black, Asian and minority ethnic). Of the 3.16% of BAME staff working in NSCP, 32% work in roles from band 4 and below, 26% in band 5 to 6 and 42% in band 7 and above. These data include clinical and non-clinical staff.

When including workers registered with the Bank, 2% of the workforce describes themselves as from the BAME communities. Of the 2% BAME staff working in NSCP 38% work in roles from band 4 and below, 31% in band 5 to 6 and 31% in band 7 and above. This data includes clinical and non-clinical staff.

There are 10 Board Members and 9 have been recorded as White British and 1 as BAME.

2.3.2 Age Range of Workforce

Of the staff aged over 60 who work at NSCP, 49% work in band 4 and below positions, 42% in band 5 to 6 and 9% in band 7 and above. Of staff aged 40-59 who work at NSCP, 36% work in band 4 and below positions, 38% in band 5 to 6 and 26% in band 7 and above.

When including workers registered with the Bank, of the staff aged over 60 who work at NSCP, 43% work in band 4 and below positions, 43% in band 5 to 6 and 14% in band 7 and above. Staff aged 40-59 who work at NSCP, 37% work in band 4 and below positions, 46% in band 5 to 6 and 17% in band 7 and above.

2.3.3 Gender Pay Gap

In 2017 new regulations were introduced under the Equality Act 2010 requiring employers of more than 250 staff to calculate and publish information about the gender pay gap in their organisation. The gender pay gap is a measure of the difference between the average hourly earnings of men and women. This is not the same as unequal pay, which is the unlawful practice of paying men and women differently for performing the same or similar work of equal value. The figures required by the new legislation are those for 31st March 2017.

Currently NSCP has around 773 staff on substantive contracts and bank worker agreements, of which 9.6 per cent are men. NSCP promotes family friendly policies for our workforce including flexible hours, term time only working as well as bank opportunities.

The gender pay gap for North Somerset Community Partnership is 9.28 per cent for those employees on Agenda for Change contracts, the vast majority of our workforce, which is significantly lower than the UK average of 18 per cent less for women according to Government figures.

2.3.4 Sexual Orientation

In total 53% of our staff describe themselves as heterosexual/straight, 46% either did not want to disclose their sexual orientation or chose to tick the undefined category. 1% of our workforce has identified themselves as Lesbian, Gay or Bisexual (LGB). The Government Equalities Office has stated a reasonable estimate of 5% to 7% of the population consider themselves as LGB.

When including workers registered with the Bank, in total 54% of our staff describe themselves as heterosexual/straight, 45% either did not want to disclose their sexual orientation or chose to tick the undefined category. 1% of our workforce has identified themselves as LGB.

2.3.5 NHS Jobs – applications, shortlisted and appointed

NHS Jobs data from April 2017 to March 2018 illustrates applications, shortlisted and appointed under ethnic background, gender, disability, age, religion and sexual orientation. The data identifies that we have a high proportion of white applicants compared to BAME applicants across the three recruitment stages. The proportion of BAME applicants halves between application and shortlist stage. This may be partially attributed to applications that can't be shortlisted due to immigration status. There is also a high proportion of female to male applicants across the three recruitment stages, but this remains consistent between application and appointment and reflects a typical NHS profile for nursing and therapy roles.

2.3.6 Staff Training on Mandatory Equality and Diversity

Compliance for Equality and Diversity training is at 94% for quarter 1 this year. This exceeds our NSCP target of 90%.

2.3.7 Staff Survey

91% of our staff members believe that the Company provides equal opportunities for career progression or promotion. 4% of staff completing the survey identified they have experienced discrimination at work in the last 12 months.

2.3.8 Data on grievances, dismissals and complaints about discrimination

No grievances have been received in relation to discrimination in the last year.

2.3.9 Occupations by Gender (Part & Full Time)

89.8% of the workforce is female and 10.2% are male. Of the 89.8% female staff working in NSCP 37% work in roles from band 4 and below, 45% in band 5 to 6 and 18% in band 7 and above. Of the 10.2% male staff working in NSCP, 22% work in roles from band 4 and below, 29% in band 5 to 6 and 49% in band 7 and above. This data includes clinical and non-clinical staff.

When including workers registered with the Bank, 90.4% of the workforce is female and 9.6% are male. Of the 91% female staff working in NSCP 36% work in roles from band 4 and below, 46% in band 5 to 6 and 18% in band 7 and above. Of the 9% male staff working in NSCP 32% work in roles from band 4 and below, 26% in band 5 to 6 and 42% in band 7 and above. This data includes clinical and non-clinical staff.

The gender balance on the Executive Board is made up of 1 male and 4 female at Executive Director level, 2 male and 2 female at Non-Executive Director level and 1 female Chairman.

Gender identity

We do not currently have any data for staff members who have changed or are challenging their gender identity. This data is not currently collected by NHS Jobs during the recruitment process. However, we recognise the importance of supporting and promoting awareness and understanding in relation to gender identity and diversity among both our colleagues and the wider community.

2.3.10 Workforce diversity targets e.g. in terms of senior leadership and board membership

The Company has analysed the data provided and considers that it would not be beneficial to set targets in terms of senior leadership and board membership given the impact this may have in narrowing the field of candidates.

3. Equality, Diversity and Inclusion Information – Our service users

The following section outlines the work programmes and systems that are in place to ensure we meet all the requirements in relation to our service users to ensure equality, diversion and inclusion are central to all we do.

3.1 Service User equality profiling

NSCP currently has an overall clinical caseload split of 56% female to 44% male service users which is comparable for the North Somerset population at 51% female and 49% male.

59% of the NSCP clinical caseload is aged over 65, and 2% is aged 15 and under. A high percentage of NSCP patients (over 83%) have either not provided a response in relation to ethnicity, marital status and religion, or the question has not been asked of the patient. Data on gender reassignment, pregnancy and maternity, sexual orientation and disability is not currently collected via our patient information system.

By December 2018 actions will be in place to support improvement in the recording and analysis of equality data for those using our services.

3.2 Understanding differential patient experiences and tackling discrimination Friends & Family Test (FFT)

In 2017/18, 6780 responses were received from, patients, carers and service users. 112 (2%) of patients, carers and service users chose not to respond to the question relating to ethnicity. 89% were White British, 4% stated that they preferred not to say, 2% were Other White and the other 3% were split between the remaining ethnicities. Table1 shows the number of returns from each ethnicity.

Table 1 Ethnicity of FFT responses

White British	6063
Prefer not to say	303
Did not answer question	112
Other White	109
White Irish	53
Mixed/Multiple Ethnic Groups	49
Other Ethnic Group	35
Black/African/Caribbean	25
Any other Mixed/Multiple Ethnic Background	23
Black British	8
Total	6780

Data is not currently collected on other protected characteristics. The ethnicity data outlined above is collated separately from the experience data and so it is not currently possible to understand whether people with protected characteristics have a differential experience of services provided by NSCP.

Further work will be undertaken on improving the collection and analysis of equality monitoring data for our service users.

3.3 Equality analysis of service outcome measures

Data currently collected is limited and it is recognised that new ways of gathering equality information need to be developed. For example, we know NSCP is working to engage with lesbian, gay, bisexual and transgender people/groups however we are not collecting the evidence.

The Community Outreach Team give out information and testing kits out at Pride festivals in Weston-super-Mare; educate patients on safe sex, chem sex and how to reduce risky behaviours; and they work closely with the Terrence Higgins Trust identifying young gay males and offering blood borne virus testing.

Within the Community Outreach Team patient feedback is collected, regular audits are completed and data is collected on rates of homelessness with the Single Street Homeless Partnership, Health Weston. It is already known that most of the patients using the outreach service are homeless or are living in temporary accommodation.

The Patient and Carer Experience group, IT and performance teams will include improving recording of data and engagement activities within their work programmes and this is an action on the ED & I Action Plan.

3.4 Equality analysis of informal feedback and results of consultations

No service change consultations have been undertaken in the last year. The NSCP Patient and Carer Experience and Involvement Strategy and delivery plan ensures there is a focus on seeking feedback from people with a diverse range of backgrounds and characteristics. This is also embedded within the Equality Impact assessment that has been put in place as part of any change processes.

3.5 Equality analysis of complaints received and upheld

In 2017/18 27 complaints were managed by NSCP, this is a slight decrease compared to 2016/17 when 30 complaints were reported. Of those:

- 15 were upheld
- 4 were not upheld
- 8 were partly upheld

Table 2 below shows the age range of the complainants compared to the outcome of the complaint.

Table 2

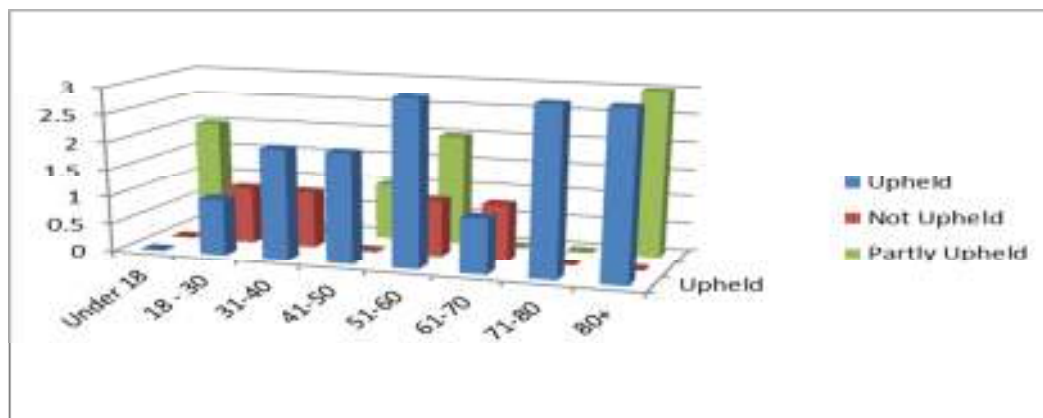


Table 3 below shows the ethnicity of the complainants compared to the outcome of the complaint.

Table 3

	Female			Male		
	White British	Not stated	Total	White British	Not stated	Total
Upheld	2	10	12	0	3	3
Not upheld	1	2	3	0	1	1
Partly upheld	2	1	3	3	2	5

Further work will be undertaken on improving the collection and analysis of equality monitoring data.

Number and percentage of complaints where subject of complaint was related to the patient's race, gender/sex or age

No complaints were raised relating to the patients race, gender/sex or age in 2017/18.

3.6 Evidence of service improvements as a result of making reasonable adjustments in relation to language and communication difficulties; and evidence of taking account of spiritual, religious, pastoral and cultural needs of service user

Partner 2 Care takes account of a person's cultural and spiritual needs, exploring these details right from the initial meeting with a Nurse Assessor. This allows the team to ensure the Personal Assistants who are recruited are a good fit with the family dynamics. Examples of this in practice include a patient who has been supported to attend a Christian retreat for a few days and a Personal Assistant employed from the patient's local Somali community enabling them to maintain links to his religion and culture and meeting his language needs.

The redevelopment of North Somerset Community Hospital gave us the opportunity to make adjustments that will support patients, for example there is now a multi-purpose quiet room that can be used to meet spiritual needs of patients on request. Catering arrangements ensure the hospital can meet specific dietary needs including the provision of halal foods. The signage and décor, including colours and floor coverings, is designed to be dementia friendly and disabled access has been further improved wherever possible. The Podiatry Service recently flexed their criteria in order to support a patient with cerebral palsy and learning difficulties. Whilst the service does not normally provide social nail care the communication difficulties for this patient meant that without regular care there was a risk she would not be able seek help for a foot condition should one arise. The team have developed a relationship and trust with the patient and her carers that has been extremely beneficial to her wellbeing and discharging her from the service would have a detrimental impact. She was therefore allocated to one of two assistant practitioners for nail care with whom she will be able to further build a relationship and will be able to use simple communication tools to help her.

Equality Impact Assessments/Analyses and other equality information in relation to: decisions taken, services delivered and activities as an employer

There have not been any Equality Impact Assessments published; however this is an area for development.

4. Additional information

The Company carried out a review of its Equality, Diversity and Inclusion activity during 2017/18 supported by an external organisation, Inclusive Employers.

As a result of that review the Company has developed an ED & I Strategy and Action Plan. The Strategy is attached at Appendix 2.

The Quality Schedule in our NHS contract requires an annual assessment against the “Key Questions for Providers” at Appendix A of the Community Quality Schedule 2017/18. The questions cover a broad overview of contractual, legal and regulatory requirements related to equality, diversity and human rights. Providers are asked to state whether the required information had been published or shared with the Commissioner in some other way. Previous returns were scored according to whether this had been fully achieved, partially achieved or not achieved. The table below shows the position assessed by the Commissioner in 2015/16, the 2016/17 self-assessment and the expected position for 2017/18.

Response	Reviewer Assessment 15/16	Providers' Response 16/17	Providers' Response 17/18
Achieved	5	17	20
Partially achieved	5	0	0
Not achieved	11	4	1

This assumes the data included in this report and Appendices (if applicable) are published on the website.