

Equality, Diversity and Inclusion Annual Report

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16 September 2019

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1. Purpose of Report

The purpose of this report is to provide the annual Equality, Diversity and Inclusion report for 2018/19 to the Board of North Somerset Community Partnership (NSCP). 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 staff data is at 31 March 2019 and the patient data covers all patients on caseloads from 1 April 2018 to 31 March 2019.

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. In February 2019, NSCP commenced a refresh of the EDS2 assessment, looking at 3 of the 18 indicators across 5 services.

Service	Indicators
Health Visitors	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed 3.6 Staff report positive experiences of their membership of the workforce their organisations 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination
Bladder and Bowel	
D2A	
Community Nursing	
MIU	

The indicators were chosen based on areas identified as requiring improvement in the organisation's previous assessment.

The review involved:

- Reviewing data on activity, staffing and other indicators e.g. Friends and Family Test
- Meetings with service managers
- Meetings with front line staff
- Self-assessment against the indicators by the services
- External assessment by stakeholders

The review was also used as a way of developing a methodology for embedding EDS2 effectively into the organisation.

As a result of the review, NSCP has identified that further work is required to improve the data collected regarding protected characteristics in all areas (patients, staff and patient feedback). This has now been included in an EDS2 action plan (see appendix).

Difficulties with the provision of translation support for patients were also highlighted by the services. A tender process is currently being undertaken by the Bristol and Weston Purchasing Consortium to identify a new main provider for all interpretation and interpretation requests. It is intended that this will be a BNSSG wide service.

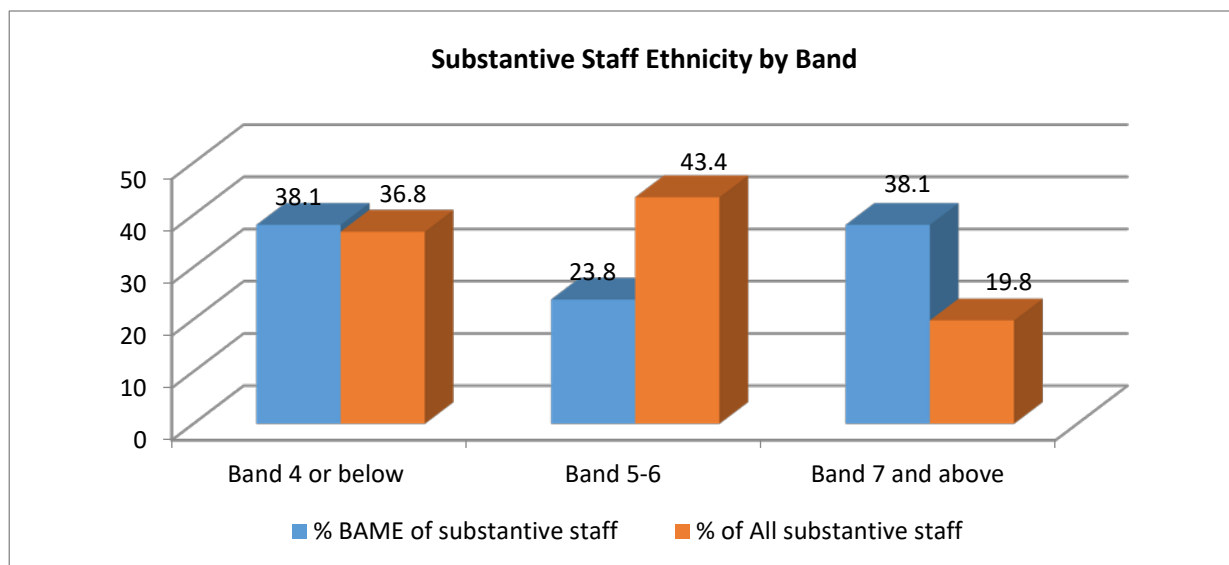
2.2 Workforce Race Equality Scheme (WRES)

The Workforce Race Equality Scheme (WRES) compares details of the experiences of black, Asian and minority ethnic (BAME) 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 at its meeting on 7 October 2019.

2.3 Our workforce

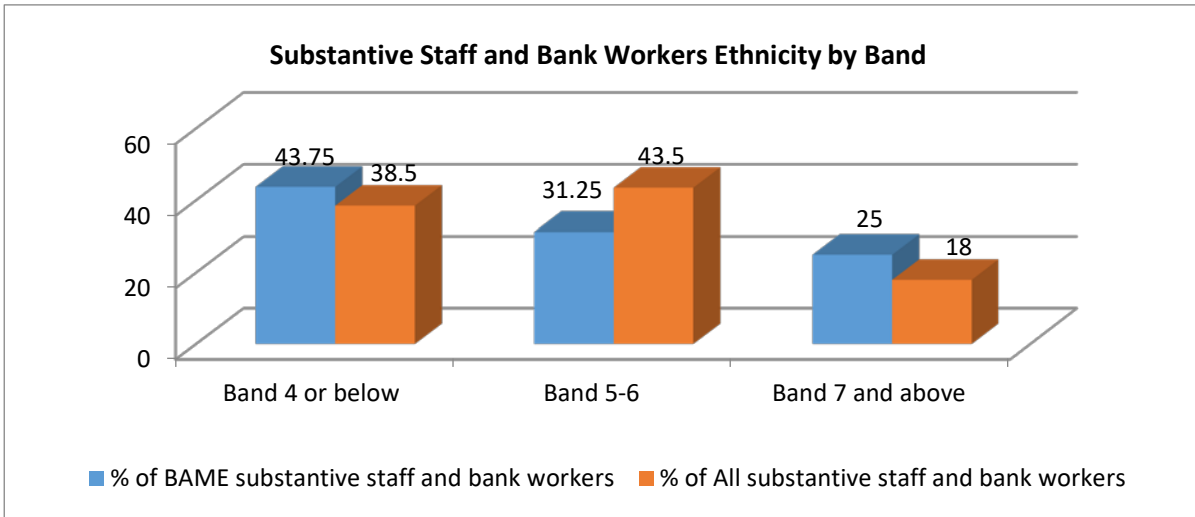
This section highlights key workforce data.

2.3.1 Occupations by Ethnicity



2.7% 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.

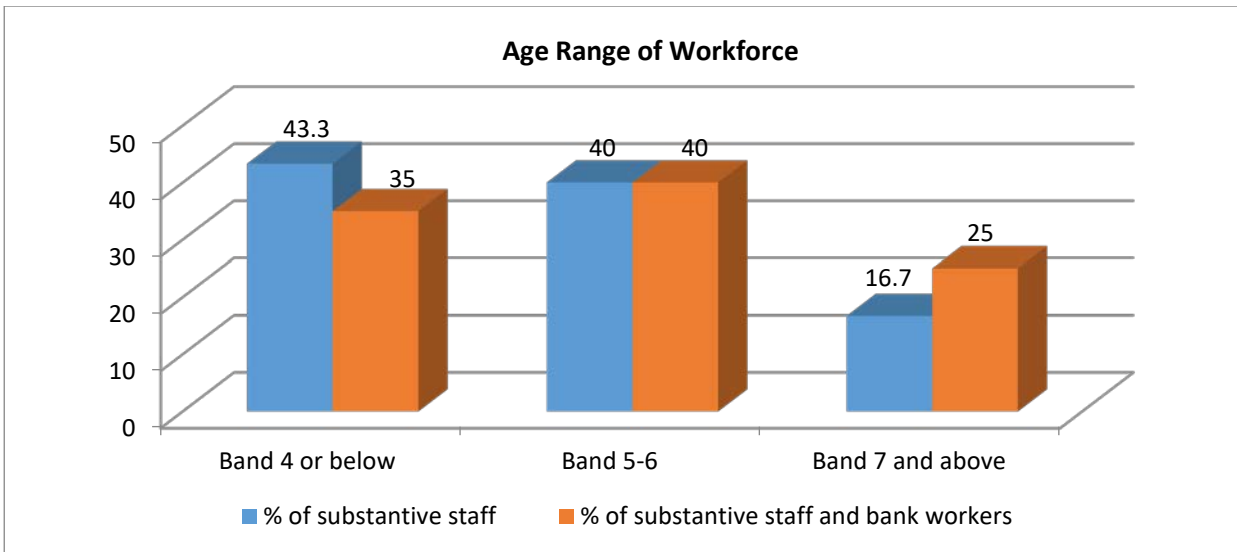
Of the 2.7% of BAME staff working in NSCP, 38.1% work in roles from band 4 and below, 23.8% in band 5 to 6 and 38.1% in band 7 and above. These data includes clinical and non-clinical staff. The data shows that the highest proportion of BAME staff 38.1% work in Band 4 and below and Band 7 and above posts, whereas the highest proportion of all staff work in Bands 5-6. The BAME figures are mainly due to the higher number of BAME employees in Domestic and HCA roles and the lower number of all staff in the Band 7 and above roles.



When including workers registered with the Bank, 3.07% of the workforce describes themselves as from the BAME communities. Of the 3.07% BAME staff working in NSCP 43.75% work in roles from band 4 and below, 31.25% in band 5 to 6 and 25% 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, 43.3% work in band 4 and below positions, 40% in band 5 to 6 and 16.7% in band 7 and above. Of staff aged 40-59 who work at NSCP, 37.3% work in band 4 and below positions, 37.8% in band 5 to 6 and 24.9% in band 7 and above.

When including workers registered with the Bank, of the staff aged over 60 who work at NSCP, 35% work in band 4 and below positions, 40% in band 5 to 6 and 25% in band 7 and above. Staff aged 40-59 who work at NSCP, 43.5% work in band 4 and below positions, 49.3% in band 5 to 6 and 7.2% in band 7 and above.

2.3.3 Gender Pay Gap

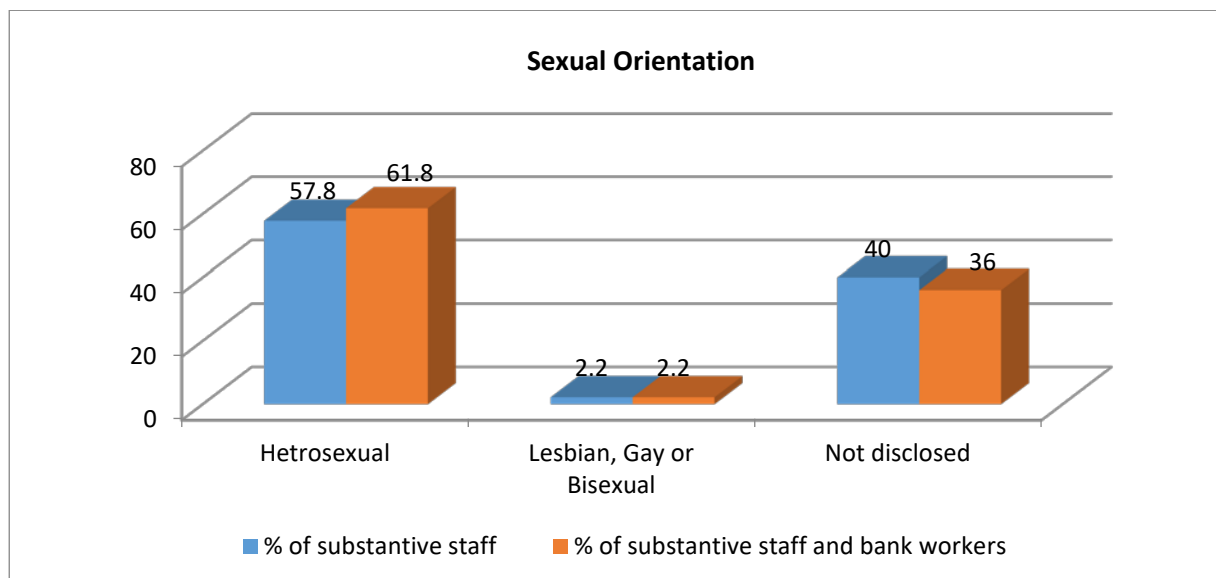
New regulations were introduced in 2017 under the Equality Act 2010 requiring employers of more than 250 staff to calculate and publish information about the gender pay gap in

their organisation on a given snapshot day. 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.

NSCP has published their finding on the Company’s website reporting 787 staff held substantive contracts and bank worker agreements, of which 10 per cent were men on the snapshot date of 31st March, 2018. In addition, NSCP continues to promote family friendly policies including flexible hours, term time only working as well as bank opportunities and on the snapshot date over 60% of the workforce were working flexibly.

The median gender pay gap for North Somerset Community Partnership has been recorded as zero for the snapshot date in 2018 in comparison to 10.3% last year demonstrating the Gender Pay Gap has been closed. The median is used because the distribution of earnings is skewed, with more people earning lower salaries than higher salaries therefore by taking the middle value of the data after sorting in ascending order, avoids this issue and is consequently considered a better indicator of typical “average” earnings.

2.3.4 Sexual Orientation



In total 57.8% of our staff describe themselves as heterosexual/straight, 40% either did not want to disclose their sexual orientation or chose to tick the undefined category. 2.2% 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 61.8% of our staff describe themselves as heterosexual/straight, 36% either did not want to disclose their sexual orientation or chose to tick the undefined category. 2.2% of our workforce has identified themselves as LGB.

2.3.5 NHS Jobs – applications, shortlisted and appointed

NHS Jobs data from April 2018 to March 2019 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. A number of the applications received are unable to progress through shortlisting due to immigration status. This is due to individuals requiring sponsorship for work permits and NSCP are not legally permitted to process these applications through to the next stage as we are not a registered Tier 1 Sponsor.

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 93% for quarter 1 this year. This exceeds our NSCP target of 90%.

Additionally, face to face equality training opportunities have been made available for staff to explore subjects such as unconscious bias.

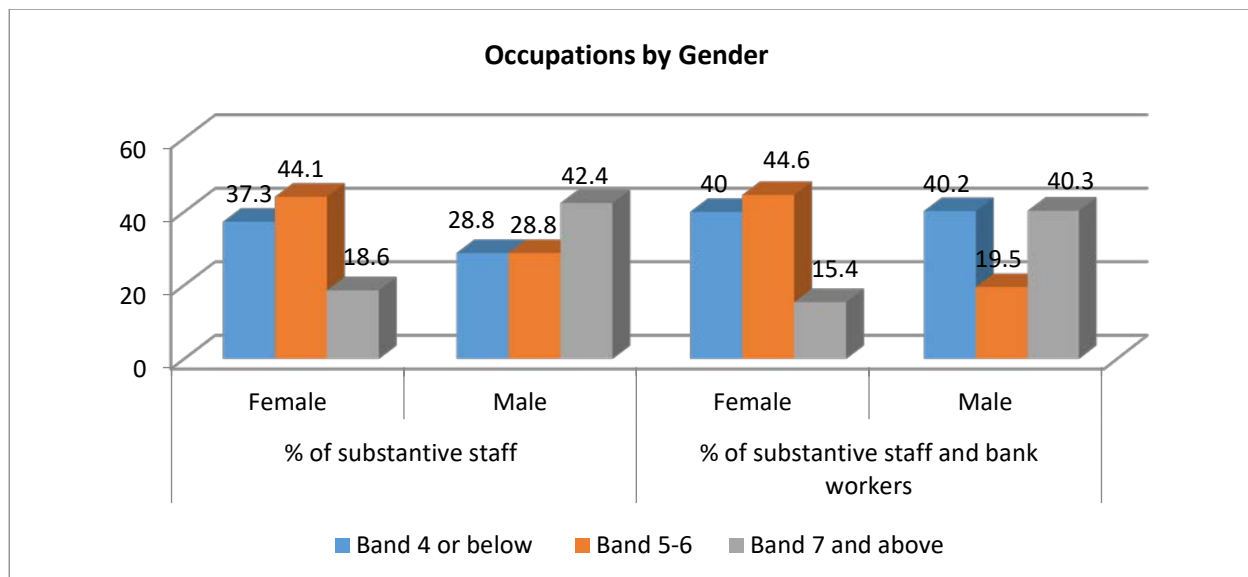
2.3.7 Staff Survey

93% of our staff members believe that the Company provides equal opportunities for career progression or promotion. 3% of staff completing the survey identified they have experienced discrimination at work in the last 12 months, however the staff survey does not provide further detail in order for us to understand this further and is not supported by formal cases taken forward this year.

2.3.8 Data on grievances, dismissals and complaints about discrimination

One grievance has been received in relation to disability discrimination in the last year.

2.3.9 Occupations by Gender



90.4% of the substantive workforce is female and 9.6% are male. Of the 90.4% female staff working in NSCP 37.3% work in roles from band 4 and below, 44.1% in band 5 to 6 and 18.6% in band 7 and above. Of the 9.6% male staff working in NSCP, 28.8% work in roles from band 4 and below, 28.8% in band 5 to 6 and 42.4% in band 7 and above. This data includes clinical and non-clinical staff.

When including workers registered with the Bank, 86% of the workforce is female and 14% are male. Of the 86% female staff working in NSCP 40% work in roles from band 4 and below, 44.6% in band 5 to 6 and 15.4% in band 7 and above. Of the 14% male staff working in NSCP 40.2% work in roles from band 4 and below, 19.5% in band 5 to 6 and 40.3% 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.

66% of the NSCP clinical caseload is aged over 65, 1.6% is aged 15 and under & 32% are between 16 and 64, this does not include the Children's Services which are a public health service and include all children born within North Somerset

A high percentage of NSCP patients (over 66%) have either not provided a response in relation to ethnicity, marital status and religion, or the question has not been asked of the patient.

The coverage of religion and marital status are limited and these questions are not requested as a mandatory item for patient registration on EMIS (our electronic patient record), to see an increase in the response on these will require a change in EMIS recording practice.

3.2 Understanding differential patient experiences and tackling discrimination

Friends & Family Test (FFT)

In 2018/19, 5697 FFT responses were received from, patients, carers and service users.

58 (1%) of patients, carers and service users chose not to respond to the question relating to ethnicity. 89% were White British, 5% preferred not to say, 3% were Other White and the other 2% were split between the remaining ethnicities.

The table below shows the number of returns for each ethnicity.

White British	5085
Prefer not to say	257
Other White	122
White Irish	64
Did not answer question	58
Mixed/Multiple Ethnic Groups	37
Other Ethnic Group	33
Any other Mixed/Multiple Ethnic Background	22
Black/African/Caribbean	9
Black British	7
Asian or Asian British	3
Total	5697

The ethnicity data outlined above is collated separately from other 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.

Information is not currently collated on other protected characteristics for FFT. Some teams have launched service specific questionnaires which include FFT and gender; ethnicity; religion; sexuality and disability. Further work is required to effectively record and collate this additional information for further analysis and learning.

3.3 Equality analysis of informal feedback and results of consultations

No service change consultations have been undertaken in the last year.

The collection of protected characteristic data as part of patient and service user feedback systems has begun and the data is now available for a number of services. Further roll out of the collection of this data will continue to allow reliable equality analysis.

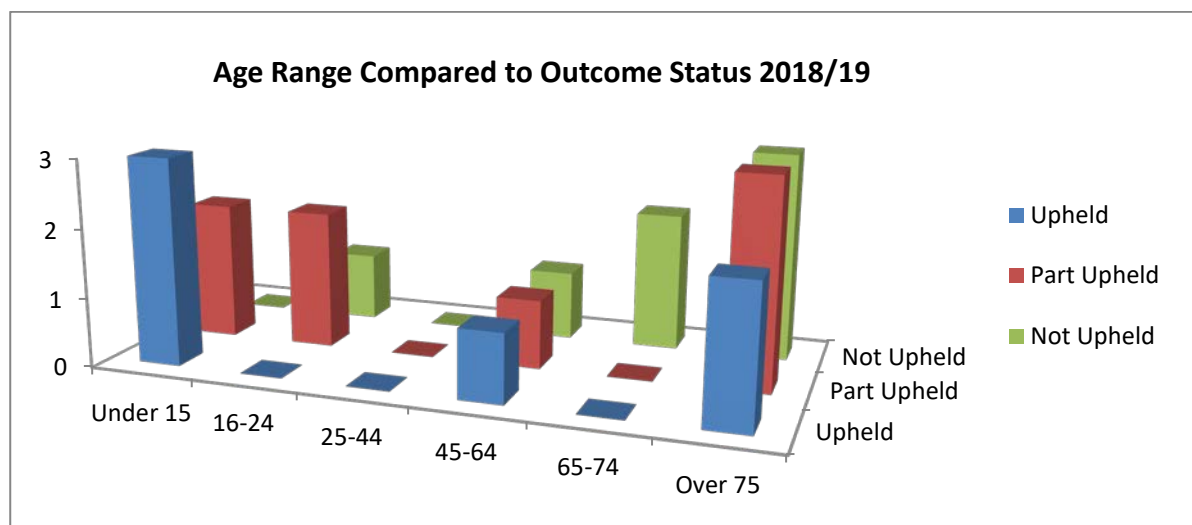
3.4 Equality analysis of complaints received and upheld

In 2018/19 21 formal complaints were managed by NSCP, this is a slight decrease compared to 2017/18 when 27 complaints were reported. Of those:

- 6 were upheld
- 7 were not upheld

- 8 were partly upheld

The table below shows the age range of the person affected compared to the outcome of the complaint.



During 2018/19, NSCP collated gender; ethnicity; religion and sexuality for all formal complaints.

The table below shows the collected information compared to the complaint outcome.

	Gender	Ethnicity	Religion	Sexuality
Not Upheld	2 Males	3 Not stated	1 Prefer Not To Say	1 Prefer Not To Say
	5 Females	4 White British	3 Not stated 3 Christian	4 Not stated 2 Heterosexual
Part Upheld	2 Males	4 Not stated	1 Prefer Not To Say	1 Prefer Not To Say
	6 Females	4 White British	4 Not stated 1 Buddhist 1 Christian 1 No Religion	4 Not stated 3 Heterosexual
Upheld	1 Male	5 Not stated	5 Not stated	5 Not stated
	5 Females	1 White Irish	1 No Religion	1 Heterosexual

Further work has been undertaken on improving the collection and analysis of equality monitoring data. This has included updating template letters and improving how the data is stored and recorded. For 2019/20, we have added the collection of disability information in line with NHS England recommendations.

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 any protected characteristic during 2018/19.

3.5 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

The Intensive Support Team creates accessible information for service users to ensure it is easily understandable. This includes accessible care plans, crisis plans and behaviour plans. The behaviour plans are individual to the person, so will include spiritual, religious, pastoral and cultural needs of service user as required – for example, if it is important for someone to go to church every week, this would be included within the care plan as primary preventative strategy.

The team also supports service users using communication tools such as Talking Mats if relevant, to help a person to better express themselves. Talking Mats is an interactive resource that uses picture communication either on a physical, textured mat, or a digital space, for example a tablet. Bespoke accessible information is created as required about specific topics relevant to the person.

Referrals are made to speech and language therapy for a communication assessment if it is felt important that a service users communication needs are addressed as part of our behaviour assessment

The Lymphoedema team, on observing that they had an increasing need of interpreting services, took steps to ensure that a poster displayed in the waiting room at the Marina Health centre advertising the Macmillan helpline included the details in several different languages.

The Minor Injuries Unit has had the Red Cross Emergency Multilingual Phrasebook for a number of years and made use of it frequently. Although limited it does help establish early communication before moving on to access the telephone interpretation service, Language Line, if needed.

In October 2017, NSCP was awarded the contract to run the **school aged flu vaccination service** across Bristol, North Somerset and South Gloucestershire. The service is delivered through a model which puts emphasis on engagement and communication with schools prior to the autumn service delivery period. A collaborative central Immunisation Coordination Team coordinates all activity and manages engagement with schools. As the service covers delivery in Bristol, it was particularly important to consider the potential barriers to delivering immunisations in schools given different population groups within the city.

Two main barriers were identified which needed to be addressed. Firstly, many faith groups are concerned about the use of porcine gelatine within the vaccine. This is particularly true for Muslim families. NSCP made contact with the Community Team at Bristol City Council who had previously supported the MMR immunisation catch up sessions in Easton (following an outbreak of measles). Health champions worked with the local communities, mosques and schools to explain more about the benefits of immunisation.

The second barrier related to the number of languages spoken in Bristol. To address this, the main languages spoken in Bristol were identified and the main documents relating to flu immunisation were translated into Arabic, Somali and Polish. These were put on the website and parents were directed to the website by further translated information on the letters sent directly to parents from schools. The NSCP webpage provided a 'Google Translate' option.

Several lessons were learnt from this and the flu immunisation programme planned for 2019/20 has been adjusted. We found that most parents did not use the translated documents made available on line. After further discussion it was felt that it was more appropriate to offer support directly to parents in schools rather than via the NSCP

website. This is particularly true for the Somali community where research shows that oral communication is a better way of disseminating information as printed sources are rarely consulted. For this year's programme, the health champions will now work directly with the parents in specific community based sessions. Parents from four Bristol schools will be targeted as they had low immunisations numbers last year. The sessions will be used to educate them about the benefits of immunisation but also to help them complete the consent forms.

We anticipate this work will improve the uptake of immunisations within those schools.

The Bladder and Bowel Team took steps to consider how the requirement to complete forms recording information in advance of appointments could impact, and disadvantage, those with a disability or whose first language is not English. In response to their findings the team has made changes to the service pathway to remove this requirement and any barriers this may have created. Additionally, the team put in place a system to remind those who have dementia about appointments to help ensure they remember them.

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

No Equality Impact Assessments have been published; however a process has recently been agreed to review and ensure assessments are robust and action plans are developed where required.

4. Additional information

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	Commissioner Assessment 15/16	Providers' Response 16/17	Providers' Response 17/18	Providers' Response 18/19
Achieved	5	17	20	21
Partially achieved	5	0	0	0
Not achieved	11	4	1	0