



# Equality, Diversity & Inclusion Annual Report 2018-2019



## FOREWORD

This Equality, Diversity and Inclusion Annual Report details the activities and work carried out by City Health Care Partnership CIC (CHCP) to enable the organisation to demonstrate its commitment to the equality and diversity agenda.

The Annual report will be submitted to the Executive Board and will be published on our equality, diversity and diversity web page.



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## **1. Introduction**

City Health Care Partnership CIC (CHCP) is committed to developing, supporting and sustaining a diverse workforce that is representative of the community it serves. Equally we are committed to the provision of services that respects our increasingly diverse populations and which promotes equality of access and care. Our culture promotes equity and fairness and Inclusion for all in our employment and care and actively discourages any form of discrimination.

The organisation works closely with its partners and stakeholders to embed this culture in all contracts and partnerships.

## **2. Equality Strategy**

The Equality, Diversity and Inclusion Strategy 2019 – 2022 confirms CHCP's commitment to promote equality in accordance to the Equality Act 2010 and the Public Sector Equality Duty. The strategy takes into consideration the organisations strategic objectives and values, whilst also identifying the aim to deliver equality and fairness to all in our care and employ.

## **3. Equality and Diversity Steering Group**

The key activities and accomplishments of the steering group during the period of this report have been:

- Completed the Workforce Race Equality Standard (WRES) and published the results to the organisations web site.
- Submitted updated EDS2 standards report to the National Database
- Reported on the organisations Gender Pay Gap and uploaded full report to the organisations website
- Annual Report submitted to the Executive Board
- Refreshed the Equality Diversity and Inclusion Strategy and its Action Plan
- Retained Disability Confident Employer Status
- Supported the re-branding of Equality and Diversity to Equality, Diversity and Inclusion
- Supported the creation of staff forums/networks
- Continued to support progress towards Disability Confident Leader
- Supported the progress towards compliance with Accessible Information Standards
- Supported The Differently Abled event

Objectives for 2019-2020

The steering group will monitor the Equality Diversity and Inclusion Strategy Action Plan and the objectives within it as identified below:

- Encourage commitment of leadership, weaving equality diversity and inclusion throughout the business.



- Promote equality in all CHCP activities including ensuring that organisational functions and policies meet the requirements of the Equality 2010 Act to ensure that equality is a key principle in service provision.
- Introduce the concept of FREDIE which stands for Fairness, Respect, Equality, Diversity, Inclusion and Engagement.
- Commence work to enable CHCP to retain its Investors in Diversity Accreditation Award
- To contribute to improving health outcomes and reducing inequalities in specific communities, including those from protected groups.
- Continue to support specific projects, such as Differently Abled
- Improve service user access and experience through developing stakeholder/service user networks.
- Comply with National Equality frameworks
- Meet the Equality requirements as set within the NHS standard contract
- To continue to develop a performance management framework to monitor compliance.
- To become a more inclusive employer, encouraging staff participation and engagement across the workforce e.g. development of staff network forums, for example a staff disability network group.
- Re-introduce equality impact assessments on new service and policies/procedures
- Analyse the results of the Colleague Survey in terms of issues raised by BAME and Disabled colleagues
- Ensure that we raise the profile of Equality, Diversity and Inclusion as published in the NHS People Plan

#### **4. Projects and Achievements**

The projects and achievements listed below are personally written by the individual services involved in the projects and achievements.

##### ***4.1 A New Approach – CISS Family Support Worker***

In April 2018 the CISS team introduced a new role to the team and an additional offer to carers. The family support worker provides a flexible and tailored service to meet the needs of families and individuals who care for a friend or family member, who due to illness, disability a mental health problem or an addiction cannot cope without their support.

The family support worker offers the carer their own assessment from which a care plan bespoke to their individual needs and needs of their family will be completed. This will be reviewed at regular points throughout the journey of the carer and their family and support will be offered to ensure the carer reaches their desired goals and increase their health, wellbeing and social functioning.



## **4.2 Learning Disability Mortality Reviews (LeDeR) :**

CHCP has a number of LeDeR reviewers within the organisation (Learning Disability Mortality Reviews) who are reviewing the deaths of people who have learning disabilities as part of a national programme.

This enables CHCP and wider partners to understand why people with a learning disability may die younger than the general population. The national initiative led by Bristol University aims to review deaths of people with a learning disability to identify any issues that indicate that the individual did not have equal access to health services or indeed denied health treatment because of their disability.

CHCP are delegated to do the reviews by the 'Local Area Contacts' who sit within the local Clinical Commissioning Groups (CCG's). Whilst this is not a currently commissioned service, CHCP are committed to supporting LeDeR and acknowledge that ethically it is the right thing to do. CHCP aim to ensure lessons are learnt across the local health and social care system and to ensure that learning is applied to future patients' care to protect some of society's most vulnerable people.

Once CHCP receive an allocation, we meet with the care providers, family members, carers and important people who were in contact with the deceased and we look at medical records, coroners' reports and other documentation to see if there are lessons to be learnt from the death that could prevent other people who have a learning disability from dying young.

It is a privilege to document the life of someone, creating pen portraits of who they were, what they enjoyed doing and what their experiences of accessing services were. We then feed this information back in an attempt to learn lessons about their death, which includes sharing good practice and highlighting anything that could have been done differently.

Some stories nationally have identified that some people with learning disabilities are not offered the same treatment for example, or have had 'do not resuscitate orders' placed on them purely because of their disability! Other examples include people having their cause of death listed as 'learning disability', which in itself is not a cause of death.

Whilst it is a challenge to juggle our already demanding day jobs with the extra work a LeDeR review brings, it is an honour to be involved and the hope is that we can reduce health inequalities further, preventing future deaths.

In addition to CHCP, other provider services have been completing reviews so the partnership working and networking opportunities have been plentiful. The reviews completed by CHCP have been reported to be of exceptionally high quality.

At the 2018 LeDeR conference, a pen portrait of someone who died was presented as a way of identifying lessons learnt, sharing practice, and celebrating the life of a very special person.



### **4.3 Down Syndrome Pathway:**

CHCP was asked by Hull NHS CCG to support a group of parents who were requesting the development of a Down syndrome pathway to ensure parents, health professionals and carers knew what health problems people may possibly experience if they have Down syndrome. CHCP became involved with this pathway development, when a new employee identified the need to continue to work on this pathway development, having been involved in a previous role. The CEO and lead for Training and Development supported the practitioner involved who felt passionately about this piece of work.

Some of the known difficulties people with Down syndrome may experience include cardiac conditions, Hirschsprung's disease, coeliac disease, increased risk of developing leukaemia, thyroid problems, hypermobility, cataracts, duodenal atresia, amongst others. This is in addition to their known learning disability, probable communication difficulties, vision and hearing problems. As someone who has Down syndrome gets older, they are more likely to develop early onset dementia than the general population, with this risk starting from age 30 onwards and the risk rising as they age.

CHCP Clinicians are ideally placed, as local healthcare professionals to work with someone who has Down syndrome because of our in-depth knowledge of the above risks and our ability therefore to include an identification of these problems as part of our healthcare assessment and a baseline. For example our clinicians are aware of the need to offer thyroid screening for life, and to ensure that everyone is assessed regularly for heart problems and to demonstrate extra vigilance for vision and hearing checks..

Of course someone who has Down syndrome can also develop other health problems that those who don't have Down syndrome can suffer with, but there is a regular list of screening that needs to be undertaken that gives us a good starting point for investigation.

The pathway clearly informs people what to expect, what to test for and when. It takes into account national best practice guidance and follows the Down Syndrome Medical Interest Group regular health check guide.

The document was co-produced with parents and families, adults with Down syndrome, professionals from across Hull and East Riding, Downright Special (the local charity supporting children who have Down syndrome and their families, in our region), Hull & East Riding CCG's and professionals from charities, educational settings and local authorities. It is now a large document that covers antenatal care for someone who is pregnant with a baby who has Down syndrome right through the life span to end of life care. It is available from the NHS Hull CCG website under the tab 'current projects'. There is information in there about the importance of the annual health check and how to access this.

The consultation for the development of the pathway sadly revealed that there were many families who had previously experienced very negative attitudes and inaccurate clinical information from a variety of professionals. We heard distressing stories of the



way the diagnosis was given to some parents of babies who have Down syndrome. The key theme from the consultation was that parents wanted professionals to have a better understanding of Down syndrome and for them to give factual information that portrays realistic outcomes for people who have Down syndrome.

The next step for the pathway development is to create a training package for staff from acute and community settings to educate them further about working with people who have Down syndrome. This is a really exciting project, as many professionals receive no additional information specifically about Down syndrome during their training and they potentially miss really important health inequalities that can impact on quality of life and longevity of life.

CHCP were delighted to relaunch the pathway at the Differently Abled Event on 14th February 2019. It was a huge success and the Down syndrome working party reached out to many individuals who have Down syndrome and raised the profile of the pathway further.

#### ***4.4 Makaton training project:***

After the success of the flashmob at the Differently Abled Event, many CHCP staff and external partners have shown an interest in learning Makaton sign language. Makaton is a signing with supported speech based communication programme, incorporating symbols and signs. This form of communication is commonly used by people who have a learning disability.

One of the staff members, an experienced Makaton user who has a real passion for working with people who are differently abled took the lead with the flashmob

In order to become a teacher of Makaton there is a very strict criteria around training and assessment and CHCP are fortunate that we have three staff members who have received training in both foundation and advanced Makaton skills. The staff identify this as a real privilege and a fantastic opportunity for the organisation to be even more inclusive and are on a mission to teach the world how to communicate with people who are differently abled and once the training is all complete the ambition is to roll out training across the organisation.

This will also be an excellent opportunity to work with partner agencies, as there is a high demand for Makaton training across the region.

#### ***4.5 Community gynaecology: A service in need of a specialist nurse***

The integrated sexual health service is unique in providing community gynaecology contracts for Hull & East Yorkshire, one of the main challenges within the service was the waiting time for access to our specialist menopause and community gynaecology services. Analysis of data revealed the increase in workload in these specialisms following an unforeseeable reduction in medical staffing.

Capacity for gynaecology referrals became a struggle. Gynaecology patients were waiting up to 15-17 weeks to be seen by medical staff and appointments were nearing the 18 week referral to treatment margin set within the contract.





A practical business solution was to use a specialist nurse with competencies and significant skills in gynaecology assessment reproductive healthcare to set up a clinic to support the medical team and improve patient access.

The objectives were:

- To work smarter with less money by delivering nurse-led services
- Kick starting transformation
- Provide a training and assessment package which will be a valuable, educational resource for further staff/developments
- Quantify the positive outcomes of the project which included: freeing up consultant time with increase nurse-led-clinics
- Increase patient access to appropriate health care personnel with reduced waiting times
- Provide psychological support for patients

Other factors were considered and implemented following further analysis of the CCG contract. This involved stopping self-referrals (which were not part of the CCG contract) to GP referrals only within the specialist menopause service. Self-referrals continued as required in the contract for community gynaecology services. Contemplating a long term plan involved training an associate specialist medical staff in community gynaecology and training a specialist nurse in menopause.

**Patient feedback** has been positive, here are a few of the many feedback cards for this new service;

“Made me feel comfortable and relaxed”

“Felt very comfortable and at ease”

“Staff were lovely and put me at ease, excellent care, made me feel relaxed... would recommend to others”

“Everyone has been really friendly and helpful. The time was taken to fully explain everything and answer my questions”

“Professional and informative, friendly service”

“Very impressed with the service”

“Easy to talk to and very understanding.....Lovely, friendly and appointment on time”

“Fantastic service, very knowledgeable and caring”

“Prompt service, helpful, kay is the best!!...”

“I would recommend the service 100% ...”

### **Outcome**

Since initiation of the specialist nurse led clinic, there have been significant reductions in waiting times. Patient and staff satisfaction is also very high and positive towards the service as are commissioners for such innovation. From analysis waiting times are at 7-9 weeks for all gynaecology clinics within the service. The innovation was acknowledged by the Faculty of Sexual and Reproductive Health (FSRH) and short listed to present in Birmingham.



The service has grown from strength to strength and the specialist nurse now within a new role of Advanced Nurse Practitioner in Women's Health has implemented further clinics and identified a need for a further clinic for Specialist Menopause and Community Gynaecology services in Goole, East Yorkshire whereby offering women more choice.

### ***Rebranding***

As an outcome of completing the NHS Partnership Programme in 2018, the organisation embarked on rebranding Equality and Diversity to Equality, Diversity and Inclusion. The project included introducing virtual staff networks focusing on the protected characteristics. Correspondence was sent out to all groups of staff asking for interest with the outcome being two groups; Disability and Sexual Orientation now up and running. The groups are in their infancy and need to be developed further with the aim being for representatives from each of the groups to be involved in discussions and decisions regarding Equality Diversity and Inclusion within the organisation by being part of the steering group.

## **5. Workforce Demographics**

This section of the report provides detailed information about CHCP employees which has been taken from the Electronic staff records

The information looks in detail at numbers of staff in post and provides information related to age, gender, ethnicity, religion, disabilities and sexual orientation and staff groups across CHCP CIC as at 31 March 2019. The total number of the workforce reported on is 2079 an increase of 277 from 31<sup>st</sup> March 2018 and is inclusive of all substantive and bank staff.

- *Age Profile*

The age group 51 – 55 once again reports as the dominant group at a rate of 16.5% (343) headcount with group 49 – 50 reporting 14.7% (307) headcount.

The age group 71+ continues to be the lowest, however this group has increased from a headcount of 1 as reported in the previous year to a headcount of 6.

- *Gender Profile*

This year's reporting is consistent with previous ones with females reporting as 87.8% of the workforce with a headcount of 1825, headcount for males is 254.

- *Ethnicity Profile*

The workforce remains to be predominantly White British reporting as 90.28% a headcount of (1877) this is consistent with previous years.

There has been a slight decrease of 1.10% in those choosing not to disclose their ethnicity, however this still remains pretty steady at 6.04% (133) headcount.

There is just 1.73% of the workforce that reports as being of a Black and Asian Minority Ethnicity (BAME).



The remainder of the workforce report as being white other groups 1.39% and other ethnicities 0.14%

- *Religion*

As in previous years the data reporting religion shows a high percentage of staff not wishing to disclose (55.17%, a headcount of 1147, a further 113 staff have identified 'other' as their religion.

Out of the 818 headcount declaring their religion, 629 (30.25%) reported as Christianity.

- *Disability*

Just 42 (2.02%) of the workforce disclose that they have a disability and 33.72% choose not to declare. A recent data cleanse has been carried out whereby staff have been requested to update all information held on the Employee Staff Records, it is hoped that this will encourage staff to declare their disability should they have one. This protected characteristic will be monitored through the Workforce Disability Equality Standard which has been introduced and will be implemented from April 2019.

- *Sexual Orientation*

The percentage of staff choosing not to declare their sexual orientation remains consistently high at 49.98% giving a headcount of 1039.

## 6. Monitoring of Complaints by Ethnicity

	Comment	Complaint	Compliment	Concern	Grand Total
Bangladeshi				3	3
Black African		1	1	4	6
Black Caribbean				5	5
Chinese				2	2
Indian				3	3
Mixed white and black African		1		4	5
Not stated	33	90	297	639	1059
Other Asian				4	4
Other Black				2	2
Other ethnic category		2		2	4
Other mixed			1	45	46
Pakistani				2	2
White - British	10	27	127	766	930
White - Irish				3	3
White - other white	1	3	7	21	32
Grand Total	44	124	433	1505	2106



## 7. Human Resource Activity

### a. Training

The organisation reports that 88% of staff are compliant with the Equality, Diversity and Inclusion training. The training is offered to all new staff as part of the induction programme and then again as a two year refresher session which can be done face to face or on line.

### b. Colleague Survey

The colleague survey results for 2019 show that 71% of the workforce believe that CHCP act fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age. There were 6% that did not agree with this statement, the remaining 23% declared they did not know. On comparing the data from 2018 results there was a 1% increase in both those that agreed and those that disagreed with the statement.

When looking at the demographics of the organisation and on asking this question there were some concerning reports, for example from a sample set of 51 there were 9% of BAME staff and a sample set of 1087 there were 6% of those declaring a disability that did not agree with this statement.

When asked the question 'have you personally been bullied or harassed in the last 12 months 9% out of a sample set of 1474 answered yes. The grounds identified that out of a sample set of 132, 7% was in relation and 8% was in relation to disability.

CHCP promotes itself as an organisation that complies with Equality, Diversity and Inclusion however the findings from the survey identify there is still a lot of work to do to ensure EDI weaves right throughout the organisation.

### c. Policies relating to equality and diversity include:

All Human Resource Policies go through a process of review, which includes sign off by the policy development group, and consultation with staff. The following policies all relate to equality and diversity:

- Recruitment & Selection Policy
- Flexible Working Policy
- Grievance Procedure (now incorporates Bullying & Harassment)
- Family Leave Policy inclusive of Maternity, Paternity and Adoption
- Equality Policy
- Whistleblowing Policy
- Supporting Employee Attendance Policy