



Equality, Diversity & Inclusion Annual Report 2019-2020



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 Inclusion 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. The People Plan Strategy, Incorporating Equality, Diversity and Inclusion

The People Plan links to our three-year Equality, Diversity and Inclusion (EDI) strategy and aims to ensure that no-one is discriminated against or treated less favourably because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation (in line with the Equality act 2010).

The EDI strategy weaves through all work streams incorporated in the plan, underpinning an inclusive culture and promoting equality. By employing compassionate leaders who champion equality, diversity and inclusion we will continue to build an organisation that is free from bullying, harassment and violence.

The strategy complies with national standards such as Workforce Race Equality (WRES) and Workforce Disability Equality (WDES) and Gender Pay Gap (GPG) all of which have actions that link into the people plan and help to form the objectives of the steering group/work stream are shown below in section 3.

3. Equality Diversity and Inclusion Steering Group (Work stream)

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.
- Developed Equality Delivery System 3 toolkit focusing on three key areas and developed action plan to ensure improvement against the national outcomes
- Published the Gender Pay Gap results to the government web site
- Annual Report submitted to the Executive Board
- Refreshed the Equality Diversity and Inclusion Strategy and its Action Plan and linked this in with The People plan
- Achieved re-accreditation of Investors in Diversity
- Continued to support the existing staff networks
- Continue to support the progress towards compliance with Accessible Information Standards
- Successfully appointed an Equality Diversity and Inclusion Lead



Objectives for 2020-21

The steering group has been established as the EDI Work stream of the People Plan and will raise the profile of EDI through the People Plan strategy. The agreed objectives include:

- Encourage commitment of leadership; weave equality, diversity and inclusion throughout the business
- Promote equality in all CHCP activities, including ensuring that functions and policies meet the requirements of the Equality 2010 Act to make equality a key principle in service provision
- Contribute to improving health outcomes and reducing inequalities in specific communities and staff groups, including those with protected characteristics
- Improve service user access and experience through developing stakeholder and service user networks
- Comply with National Equality frameworks
- Meet the Equality requirements in the NHS standard contract
- Continue to develop a performance management framework to monitor compliance
- Become a more inclusive employer, encouraging participation and engagement across the workforce, including from colleagues with protected characteristics. For example, development of staff network forums and a staff disability network group
- Re-introduce equality impact assessments on new services and policies/procedures
- Ensure EDI is championed across the company and at Executive Director and board level.
- Introduce the concept of FREDIE which stands for Fairness, Respect, Equality, Diversity, Inclusion and Engagement.
- Continue to support specific projects, such as Differently Abled
- Develop a dedicated role to lead EDI across CHCP CIC

4. Equality Diversity and Inclusion Lead Business Case

Given that the Equality, Diversity and Inclusion (EDI) agenda is a high priority with many national standards having to be met it was identified that there was a requirement to have a dedicated role to oversee this agenda. A business case was therefore presented to the Director team for consideration of an Equality Diversity and Inclusion Lead role in January 2020. The role would support the organisation in becoming equally outstanding, demonstrate its commitment to better care and support for the workforce and service users particularly those who present with a protected characteristic as identified within the Equality Act 2010. The role was approved for an initial 12 months period with the aim that if successful it would become a permanent role. The post holder commenced into the role as at 1st April 2020 and over the next 12 months will aim to develop and lead an integrated approach to EDI driving the agenda to the core of the organisation supporting a positive move to becoming 'equally outstanding'.



5. Projects and Achievements

The projects and achievements listed below have been written by the individual services.

5.1: *Investors in Diversity*

In August 2019, CHCP was assessed by The National Centre for Diversity for reaccreditation of Investors in Diversity, an award initially received in 2015. The assessment introduced the enhanced principals of FREDIE: Fair, Respect, Equality, Diversity, Inclusion and Engagement. To achieve accreditation, CHCP was assessed against ten criteria, aimed at ensuring FREDIE is understood by staff and embedded in the care and support of both staff and service users.

The assessment identified that the organisation demonstrates a commitment to EDI prioritising and embedding it into all practices. The outcome of the assessment was to recommend that CHCP continue to be recognised as an achiever of Investors in Diversity.

5.2: *Staff Network Groups*

CHCP has introduced staff networks as a mechanism for offering support to those within the workforce who identify with a protected characteristic. All staff were included in the communications and engagement materials, however to date there are just two active forums which include Disability and Sexual Orientation and Gender Identity. Representation from each group attend and contribute to the EDI steering group.

5.3: *Celebration of Life Event*

Our second, annual, Celebrating Life event was held at Hull Minster 15th May 2019, and was co-ordinated by a steering group comprising of representatives from many health, social and third sector organisations from Hull and East Riding.

The aim of the event was to reduce the taboo around conversations related to death and dying within society. The national Dying Matters Week: (Dying Matters Coalition of England & Wales) was held between 13th to the 19th of May 2019 with the aim to help people to talk more openly about death, dying and bereavement and make plans for end of life / death. The event encouraged all sectors of the population to have simple conversations with family members about end of life care and dying. For example, to discuss your will; what your wishes are for your funeral; what music you would like to have played; and any other information thought to be important to each individual. Such activities are shown to help families grieve more normally after the death of a loved one, as they are not worrying about what the person would have wanted. A key message from the event was “we all need to talk, plan and not be fearful of such conversations”.

On the day, there were many activities that people could participate in, including stalls from many organisations across Hull & East Riding with lots of information to support people make informed choices when considering planning. The stalls gave great opportunity for networking not just for the health care professionals but also for the general public.



Death Café sessions gave an opportunity to have cake, cuppa and a chat about personal experiences, stories from life, death and dying. Reading Room sessions led by Hull Libraries, craft areas including 'we made this' supported by Hull Churches Families together team, 'paint a memory stone' 'decorate a coffin', Hull Minster Knitters provided an opportunity to learn to knit. There were activity boards around the Minster where people could add their "bucket list", and answer questions on preparing for the future for example what music you want at your funeral, have you completed a will etc.

There were guest speakers including a gentleman who was a fit, healthy PE teacher heading towards retirement when he developed a degenerative lung condition (IPF), Paul Matson (pre-filmed) the founder and CEO of Hull4Heroes and BBC Radio Humberside were broadcasting live from the event.

5.4: LGBTQ Clinic Integrated Sexual Health

The integrated sexual health service provides local authority contracts to both Hull and East Riding. When a new vaccine for HPV was introduced in 2019, the service worked with Yorkshire MESMAC, a third sector partner, who provide prevention and promotion of sexual and reproductive health across Hull, to develop a dedicated LGBTQ clinic. The clinic offered an ideal venue to provide the HPV vaccine and more tailored sexual health interventions to the local LGBTQ community. The community, who often feel unable or unwilling to access other clinical services for their sexual health support, identified the need for a dedicated clinic.

The objectives of the clinic included:

1. Increase close working relations with external partners
2. Offer a specific clinic on an evening which was accessible, friendly and supportive
3. The opportunity to have one to one discussions, advice and support on managing their sexual health
4. To offer full screening, including HIV testing
5. To offer a range of vaccinations including Hepatitis A, hepatitis B and HPV.
6. To offer tests of Cure
7. To offer treatment for various sexual transmitted infections
8. To offer a safe environment where young LGBTQ people could attend requiring support and advice

The Clinic has been very well attended and has seen an increase in testing and vaccinations for LGBTQ people. It has been nominated for social accounting and there has been positive feedback from staff, patients and commissioners.

5.5: Period Poverty

An Associate Practitioner from the Integrated Sexual Health Service attended a meeting regarding **Period Dignity in Action Conversation** chaired by Counsellor Hester Bridges. During the meeting, the following statistics were presented:

- Hull is the 4th deprived area in the UK for period poverty.
- 1 in 10 girls are missing school days because of period poverty and embarrassment relating to periods.



- 23% of females, surveyed in Hull, aged 17-45 were embarrassed to talk about periods.
- 68% have hidden products through fear of embarrassment or ridicule.

Almost all respondents had missed, cancelled or avoided any activity due to periods in the last 12 months. As a result of this meeting the staff member approached her management team and a decision was reached to champion period poverty and promote CHCP's integrated sexual health service as a "Period Positive" place.

The promotion of this included posters being designed and distributed throughout the clinic and corporate literature is now displayed on the screen in the waiting room. There is a red box situated within the reception area which contains period products contributed by the staff themselves and should a service user require any products they ask the administrative staff for 'the red box'.

Conifer within Wilberforce is just one of four services offering this to service users within Hull, further promotion aims to role this out across all CHCP clinical services.

5.6: Work with Refugees and asylum seekers – Women's health

The Integrated Sexual Health service provides health awareness talks at the request of the Refugee Council for Hull and East Riding. This is held at Bean Street Community Centre in a question and answer, informal, interactive format that engages the women. Topics discussed include: contraception, discharge and infections, prenatal care, hormones and menopause, Female Genital Mutilation (FGM) and Covid-19. Interpreters are present to support those with alternative languages.

The talks will increase awareness of various health topics, support individuals to understand their bodies and general health. Increase engagement and empower individuals to navigate the health care systems, encourage self-help whilst promoting better well-being all within a safe environment.

The events have proved to be successful and there has been evidence of self-referrals into the Community Gynaecology Service.

5.7: Integrated Sexual Health Learning Disabilities Clinic

Providing bespoke clinical care to women and girls with learning disabilities the clinic has a dedicated team of support workers and doctors who have an understanding of the complex needs of these individuals. Consideration has been given in regard to the material provided and an accessible standards appointment leaflet has been developed in easy read. To increase familiarity and engagement with the individual, communication commences prior to attending the clinic via the service liaising with their carer and or Learning Disabilities Nurse prior to the consultation.

5.8: Carers Service Activity

5.8.1 The development of the: Carers Information & Support Service Carers Group Networking Forum - A Bimonthly meeting to establish a partnership approach to carer support with a vision to 'provide dedicated resource to supporting carers and those within our communities who offer carer support'. The role of this forum is to provide an opportunity for those involved in the facilitation of local community carer



groups to share experiences. It is hoped that this opportunity will give the opportunity to share resources, identify barriers and develop an environment for a robust support group network.

5.8.2 Carer Information & Support Service (CISS) offer to Organisation's, Businesses and Employed Carers. - Actively seeking opportunities to support both employed carers, businesses and organisation's as 56% of unpaid carers in the UK are also juggling employment as well as a caring role.

CISS offer employers a professionals pack which contains service literature, referral information and display material for their staffing areas to promote carer support and raise awareness. The offer of a service presentation allows CISS to further educate employers on the how to identify carers within the workforce, the impact of caring and the ways in which support can be provided. Prior to Covid-19 CISS had commenced delivery of carers assessment's within the workplace, successfully developed internal workplace peer support groups whilst also cementing the links between Human Resources Departments and Occupational Wellbeing with direct referrals to support employed carers.

Carers Champion Training was also created to provide continued support to employed carers and provide a visible 'think carer' environment. The workforce Carers Champion would be supported by the CISS service and through regular communications be able to continue to support employed carers within the workplace.

5.8.3 Carer Information & Support Service (CISS) offer to Families, Parent Carers and Young Carers - The CISS Service have worked hard to raise awareness of the needs of Parent Carers and extended the service offer to include this cohort of carers. Parent Carers previously had no identified service to access support for their caring role and they can now access a comprehensive carers assessment in their own right. The support offered to the Parent Carer is often delivered in the family home or within a service Parent Carers are already attending to ensure access is as easy as possible, subsequent development and delivery of Parent Carers Support Groups has also provided much needed peer support.

A partnership approach with Hull City Council Young Carers Service is developing to ensure families who provide caring roles have access to support holistically, ensuring all family's needs are identified and supported from partnership delivery. The next stage in development is a transition pathway for young carers to adult carer support.

5.9: Evolve Service Activity

5.9.1 Hull PRIDE - The Evolve team attended the Hull Pride event raising awareness of eating disorders and the Evolve service within the LGBTQ+ community. The team provided a large number of promotional materials and worked closely with other services such as Mesmac, Mind, Age UK and Renew. Evolve promote diversity and equality welcoming patients from all backgrounds.

5.9.2 Service User Group - Staff at Evolve developed an ex-service user group welcoming anyone who has previously received treatment or is a family member of an ex-patient to share their views and suggestions of how we can improve the service. The group enables ex-patients and their family members to bring different agenda



items to the group and welcome new ideas. Staff that hold the group then feedback the outcome in the clinicians meeting where staff will consider the new suggestions aiming to put them in place within the service. An example of what ex patients may bring are new groups and treatment within the service, things to promote on social media or ways of raising awareness of eating disorders.

5.9.3 Patient Passport - As part of a request from the service user group, staff at Evolve have developed a patient passport which is a communication tool for patients to use when attending other services. It is a quick and easy way of informing professionals as well as friends or family members of how to support the person with their eating disorder as well as making them aware of the treatment they are receiving at Evolve. The passport also allows patients to be aware of treatment that they have completed in the past as an effective reminder if required, as well as making them aware of the treatment they are currently engaging in. It also supports people with communication needs and disabilities enabling quick written communication between the patient and other health services.

6.8: Recovery Wing HMP Humber

A new way of treating prisoners to help them recover from addiction is making a huge difference to a group of men in HMP Humber. E Wing became a 'recovery' wing in February 2019 and has seen extraordinary changes since then. It now has a supportive culture in which prisoners, healthcare staff (CHCP's Drug and Alcohol Recovery Team) and prison officer's work together to beat drug and alcohol addiction and learn skills that will help the men to continue to recover successfully in the world outside.

Paul came off Methadone on the wing and says, "I've found a passion and a skill I didn't know I had. You can be a peer mentor and run your own groups. I want it for myself now, I want to do some drug work, to share my story and help other people.

"We're getting taught skills to work on ourselves and getting paid to learn those skills. We work from a timetable so people know where they need to be. We do health promotion, sexual health, diet and nutrition. A lot of lads didn't have parenting because they were brought up in care but now they're getting the chance to learn skills as well as assertiveness and anger management. I'm seeing people turn from children into men."

5:11 Accessible Information Standard Compliance

The Accessible Information Standard and CHCP's compliance to this has now been committed to and resourced by the organisation in the setting up of a supported project group with director backing and a Terms of Reference with members opted in from all areas of the organisation. The group has met monthly across 2019 into 2020 and has a identified project plan to support the organisation in its target to meet the 5 areas of AIS compliance (identify, flag, record, share, meet)

- Identify – considerable work has been carried out with the CCH to ensure that the AIS questions are embedded into every day practice and patients are asked if they have any communication needs
- Record – most ECR systems have been improved and developed to allow for the recording of the patients communication need
- Flag – most ECR systems will now flag when an entry has been made into the record to inform others of the need for a different communication method.



- Share – work has commenced to look at how we share this information across our ECR systems and wider networks/stakeholders
- Meet – a full range of initiatives and processes has been put in place to meet the needs of our patients from ensuring that patient facing information is available in easy read versions, training available for Makaton, Make it Clear and e-learning packages now in place. Audits are now being performed for checking compliance against the standard across the organisation.

6. 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 2020. The total number of the workforce reported on is 2,425 an increase of 348 since reporting at 31st March 2019 and is inclusive of (2114) substantive and (311) bank staff.

- **Age Profile**

Although there is a slight 1% decline, the age group 51 – 55 once again reports as the dominant group at a rate of 15.84% (384) headcount whilst 46 – 50 remains as the second highest group reporting at a rate of 14.02% (340) headcount. Given the flexibility of retire and return we are seeing a slight increase in the workforce of those within the 56-60 group which reports as 12.5% (305), this group counts for the third highest group of staff.

The lowest group reports as below 20 years with just 8 employees sitting within this group.

- **Gender Profile**

This year's reporting is consistent with previous ones with females reporting as 87.3% of the workforce with a headcount of 2117, headcount for males is 308.

- **Sexual Orientation**

When reporting Sexual Orientation, there appears to be a trend for not recording this with 49.03% (1189) headcount choosing to select: not stated/unspecified. It is anticipated that engagement through staff networks, the organisation may see a decline in staff choosing this option for all demographics.

- **Ethnicity Profile**

Although very slight there has been an increase in the workforce for those from a BAME background with 2.43% reporting against 1.73% in the previous year. White British still appears to be the predominant group which reports as 89.24%, as slight reduction in the previous year which report 90.28%.

There are 6.72% (163) headcount of staff that choose; not stated/unspecified which appears consistent with previous years and as with sexual orientation it is envisaged that by introducing staff networks, there may be a future decline in the workforce



choosing these options. The remainder of the workforce report as either; White Irish, Other White or Other Ethnicity backgrounds.

When comparing our profiles with that of the local populations we provide care for there are clear similarities with regard to the percentage of people reporting as White British. The figures taken from the 2011 census, the guardian report 2018 and Hull Population 2020 report as Hull 89%, East Riding 96%, St Helen's 97%, Wigan 95% and Knowsley 95%.

- **Religion**

The highest proportion of the workforce 54.57% (1321) headcount choose not to declare their religion. Christianity reports as the highest 29.48% 714 (headcount), whilst Buddhism and Islam jointly report as the lowest both of which report 0.29% (7) headcount. There are 6.39% (155) of the workforce that choose other as their religion.

- **Disability**

Just 52 (2.14%) of the workforce disclose that they have a disability and 33.65% (816) headcount choose not to declare.

The recent appointment of the EDI Lead role will provide an opportunity to engage with the workforce, promote the principals of FREDIE with the aim of encouraging staff to be willing to declare openly their personal demographics.

7. Monitoring of Complaints by Ethnicity

Row Labels	Comment	Complaint	Compliment	Concern	Grand Total
Bangladeshi				9	9
Black African	1	1		1	3
Black Caribbean				2	2
Chinese			1		1
Indian				5	5
Mixed White and black African				1	1
Mixed White and Black Caribbean				2	2
Not stated	30	54	153	858	1095
Other Asian				4	4
Other Black				1	1
Other ethnic category		2	2	14	18
Other mixed			2	70	72
Pakistani			1	11	12
White - British	15	50	97	615	777
White – Irish			1	10	11
White – Other White	1	5	0	20	26
Grand Total	47	112	257	1624	2040



8. Human Resource Activity

a. Training

The organisation reports that 92% 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

Due to the current climate of the Covid-19, the decision was reached by the organisation to put the colleague survey on hold, this will be re-run in September 2020. For this reason there is no data to currently report on.

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 diversity and inclusion:

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