CityCare
Building Healthier Communities

Equality, Diversity & Inclusion
Annual Report
Apr 2019- Apr 2020

EQUALITY DIVERSITY AND INCLUSION REPORT 2019-2020

1. Introduction

Nottingham CityCare Partnership (CityCare) is committed to embracing diversity and embedding inclusion in all aspects of our business, in relation to the communities that we serve and staff at all levels within the organisation. CityCare recognises and endorses responsibilities placed on us by equality and diversity legislation, and is fully committed to promoting equality and diversity and achieving the elimination of unlawful discrimination. We recognise that in valuing and investing in our staff we will grow a positive, motivated workforce, working to build healthier communities and deliver the best possible outcomes for the people that we provide services to.

Positive values and behaviours are shared throughout CityCare; we are dedicated to providing care with compassion and respect. We build strategic partnerships across our communities by working with staff, commissioners, patients, carers and service user groups to monitor and develop our services and agree future plans. We aim to strengthen existing partnerships and develop new ones to further support our ambition to deliver equality and fairness.

CityCare's Equality Strategy 2020 demonstrates our commitment for progressing equality, diversity, inclusion and human rights over the next two years. Our equality and diversity action plan has been developed using the Equality Delivery System (EDS2) which is part of the NHS standard contract. This will support us in delivering our Equality Objectives and will be reported upon regularly to the Equality and Diversity Committee, CityCare Board and our Commissioners. The Equality Delivery System (EDS2) action plan objectives and measurable outcomes are available at Appendix one.

This report summaries CityCare's achievements and progress made within the EDS2 from 2019-2020. It also provides a summary of data monitoring in relation to staff in respect of disability, sex, sexual orientation, age, marital status, race and religion The findings from the data have been used to further inform our equality objectives.

2. Compliance with the Equality Act 2010

The Equality Act 2010 aimed to simplify existing equalities legislation, harmonising it and making it easier to understand. CityCare is subject to the additional responsibilities set out in the Public Sector Equality Duty which came into effect on 5 April 2011. The Equality Duty supports decision making by ensuring we consider how people with any of the protected characteristics outlined below are affected by our activities.
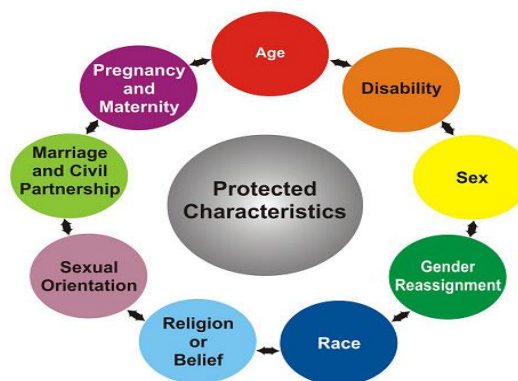
The Equality Duty requires us to have due regard to:

- Eliminating unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Fostering good relations between people who share a protected characteristic and those who do not

3. CityCare Reporting & Processes

To achieve compliance with the Equality Act and demonstrate a commitment to equality and diversity there are systems and process in place including:

- The Equality and Diversity Committee oversee the Equality Delivery System (EDS2), establish equality objectives, ensure local and national standards and reporting are completed and report to the Board
- Involve staff, patients, the public, specialist groups and organisations in the grading and action planning for the EDS2
- Produce and publish the Workforce Race Equality Standard (WRES) which demonstrates a number of indicators in workforce equality. The report can be found at appendix two
- Produce and publish the Workforce Disability Equality Standard (WDES) which demonstrates a number of indicators in workforce equality. The report can be found at appendix four
- Comply with the Accessible Information Standard to ensure service users receive information in formats they can understand and receive appropriate support to help them to communicate
- Comply with the Sexual Orientation Monitoring Standard to ensure equitable access for lesbian, gay and bisexual (LGB) individuals, have an improved understanding of the impact of health inequalities of the LGB population and to better identify risks by supporting prevention and early intervention
- Undertake equality analysis to ensure services are accessible and reflect the diverse needs of the community we serve
- Provide assurance to CityCare's Board with direct reporting from the Equality and Diversity Committee
- Provide regular reports to assure to our Commissioners including deep dives to explore specific equality areas
- Develop and deliver staff training within equality, diversity, respect and cultural awareness. Deliver specialist equality training to support managers
- Develop equality and diversity materials and resources to support staff

3.1 Decision Making

The Equality & Diversity Committee is accountable to the Nottingham CityCare Board. The Committee is Chaired by a Director with lead responsibility for Equality and Diversity. Core membership includes; a non-Executive Director, the Director of Nursing and Allied Health Professionals, Head of Patient and Public Engagement, Head of Human Resources and Workforce, Business Development and Contracts Manager, Integrated Health & Social Care

Managers from Children and Adult Services, Equality and Diversity Lead, Head of Interpreting and Translation Service and Patient Experience Group member(s).

The Committee supports and facilitates CityCare to meet its statutory duties set out in the Equality Act 2010 in all aspects of equality and diversity in terms of patient/service user care and the workforce. The Committee is responsible for overseeing the implementation of the Equality Delivery System (EDS2) and action plan, guides and supports CityCare to ensure an inclusive culture where diversity is seen as positive and equality is integral to everyday business.

3.2 The Equality Delivery System (EDS2)

The EDS2 is a framework to help organisations who provide and commission NHS services to establish and improve access, experience and outcomes for people with characteristics protected by the Equality Act 2010, who are employed by and/or use services. By using the EDS2, organisations can also be helped to deliver on the Public Sector Equality Duty (PSED).

Through the use of the EDS2, CityCare has continued to deliver against its action plan and this will be continued in 2020-2021.

Important to the delivery of the EDS2 is engagement of patients, carers, the public, staff and communities and the opportunity for stakeholders to analyse and grade how CityCare is performing against four main objectives with 18 overall goals.

An event was held in December 2015 where CityCare's EDS2 was graded by staff, patients, the public, specialist organisations and representatives from community and protected groups. There was a positive response to proposed objectives and positive comments were received on the day. The results overall demonstrated that CityCare are achieving in goals one, two and four whilst developing and achieving in goal three.

It is a requirement that organisations grade their actions against the EDS2 goals every four years. In November 2017, CityCare felt it was good practice to hold an interim grading event with stakeholders to review actions within the previously graded "developing" area of goal 3; 'a representative and supported workforce'.

The overall grading results show improvement across goal 3 in the areas of; Boards and senior leaders demonstrate their commitment to equality, training and development opportunities, staff reporting positive experience of the workforce, flexible working options, fair recruitment and selection processes and services are designed and delivered to meet the health needs of local communities.

Goal		2015	2017
1	Better health outcomes for all	Achieving	Achieving
2	Improved patient access and experience	Achieving	Achieving
3	A representative and supported workforce	Developing	Achieving
4	Inclusive leadership	Achieving	Achieving

In 2020, the EDS2 will be revised by NHS England. CityCare will work with our health partner organisations to consult on, develop and implement the EDS3 within Nottingham.

3.3 Workforce Race Equality Standard (WRES)

In 2014, the NHS Equality and Diversity Council agreed action to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Evidence has shown that treating all healthcare staff fairly and with respect is good for patient care, improving patient experience and patient safety. The WRES encourages, and where necessary requires, all providers of NHS care to treat all black and minority ethnic staff fairly and ensure their full talents are used.

CityCare undertook and published the WRES for the fifth time in 2019; results can be found at appendix two. Nine metrics were considered which focus on workforce data, staff survey indicators and Boards being broadly representative of the communities they serve.

The WRES data shows there has been an increase in the proportion of BME employed within CityCare and improvements for BME staff are shown across all indicators with the exception of one, "percentage difference between the organisations Board voting membership and its overall workforce".

A WRES action plan was produced in consultation with staff network support groups including the Race Religion and Culture Group and the Human Resources and Organisational Development Group. Agreed focus for actions included: percentage of staff experiencing bullying and harassment from patients/public and/or colleagues, percentage believing CityCare provide equality opportunities for career progression and Board membership compared to the overall workforce.

A series of actions to address these issues were undertaken and reported through the Human Resources and Organisational Development Group, the Equality and Diversity Committee and reported to the Board. The action plan can be found at appendix three.

3.4 Workforce Disability Equality Standard (WDES)

The Equality and Diversity Council took another step to advance equality and recommended the WDES be mandated from April 2019 for all NHS Trusts and Foundation Trusts. The WDEs uses a number of metrics to improves the experience of disabled staff within the NHS including; recruitment, bullying, harassment and discrimination, equal opportunity for career progression, received adequate adjustments to enable them to carry out their work and Board representation.

CityCare undertook the WDES for the first time in 2019 with the data being found at appendix four. A WDES action plan was produced in consultation with staff network support groups and the Human Resources and Organisational Development Group. Agreed focus for actions included: the number of staff self-reporting a disability, recruitment, bullying and harassment and the extent to which the organisation values their work.

A series of actions to address these issues were undertaken and reported through the Human Resources and Organisational Development Group, the Equality and Diversity Committee and reported to the Board. The action plan can be found at appendix five.

3.5 CityCare Workforce

CityCare is an equal opportunities employer and aspires to be representative of the communities it serves, opposing all forms of unfair or unlawful discrimination.

CityCare policy informs that no employee or job applicant receives less favourable treatment on the grounds of his or her protected characteristic. CityCare operates fair, inclusive and transparent recruitment and selection processes. Measures are taken in order to minimise the opportunity for discrimination including; candidates personal details are not made available to recruiting managers with only a name given after the shortlisting has been completed, a minimum of two people are involved in the shortlisting process, an interview is guaranteed to any candidate with a disability whose application meets all the essential criteria for the post. A deep dive of "fair recruitment and selection processes lead to a more representative workforce at all levels" was undertaken in 2019.

CityCare recognises the mutual benefits to the organisation and its employees with regard to flexible and mobile working policies are in place to support this.

Within CityCare workforce 100% of staff have reported their protected characteristic data. Our workforce data, taken in March 2020, shows staff demographics for the categories of; disability, sex, sexual orientation, age, marital status, race and religion. Appendix six compares CityCare workforce with the population statistics for Nottingham City residents from the Census 2011. The comparison shows:

- An increase in the amount of staff declaring a disability
- An increase in the number of staff declaring their sexual orientation and an increase in staff declaring as lesbian, gay and bisexual
- Within the category of marital status, the largest number of staff declaration remain as married
- There has been a slight increase in the number of female employees
- The largest number of staff are within the age band 41-55 years
- The largest number of staff declare their religion as Christian with the largest comparison with the population being Atheism
- The largest ethnicity within CityCare is White-British. Of the staff employed, 17.44% are black and minority ethnic.

In order for the workforce to represent the population we serve, actions have been identified including the Workforce Race Equality Standard which provides not only impetus on workforce race equality, but on equality generally for all those who experience unfairness and discrimination. Actions undertaken have led to an increase in the recruitment of under-represented groups including black and minority ethnic staff.

The health and wellbeing of our staff is important with initiatives to support staff including: for staff experiencing stress and mental health issues, resources and training have been made available to managers in order to recognise this and provide support and awareness around the symptoms of menopause which may affect a large proportion of our workforce being within the age group 41-55 years and 89.1% of our work being female.

3.5.1 Gender Pay Gap

The Gender Pay Gap shows the difference between the average earnings of men and women, to assess levels of equality in the workplace.

The Government Equalities Office and the Equality and Human Rights Commission have suspended gender pay gap reporting regulations for this year due to the Covid-19 (Coronavirus) pandemic acknowledging the enormous unprecedented pressure organisations are under. The decision confirms there will be no reporting for the 2019/20 period.

3.5.2 Staff Survey

CityCare participate in the NHS national survey through Picker, giving staff the opportunity to help shape the future of CityCare and how patient and staff experience can be improved.

Results from the December 2019 NHS national survey gave an increased response rate of 62% (644 staff) compared to 57% (572 staff) in 2018. Results from the survey inform the Workforce Disability Equality data.

Staff engagement sessions are held across CityCare locations including; Board lunch sessions, senior manager team meetings, nursing and allied health professionals forums, patient experience group and a variety of committees and meetings to allow staff the opportunity to feedback. A You Said We Did action plan is produced and agreed by the Board comprising priority actions.

The historical comparison of equality questions from 2017-2019 in table 1 shows:

- an improvement in the areas of 'believes organisation acts fairly in career progression' and 'disability: organisation made adequate adjustments to carry out my work'.
- The areas of 'experienced bullying/harassment from patients/public and colleagues' has remained the same
- Within the areas of 'discrimination from patients/public and managers/colleagues', these are 1% higher than the previous year

Table 1 CityCare historical comparison	2017	2018	2019
Experienced harassment, bullying or abuse from patients/ public	24%	23%	**23%**
Experienced harassment, bullying or abuse from managers	7%	6%	**7%**
Experienced harassment, bullying or abuse from colleagues	14%	13%	**13%**
Experienced discrimination from patients/public	5%	4%	**5%**
Experienced discrimination from manager/team leader/ colleague	6%	5%	**6%**
Believes organisation acts fairly in career progression	84%	84%	**88%**
Disability: organisation made adequate adjustments	77%	75%	**80%**

Questions around the treatment of staff have been analysed within the protected characteristics of: ethnicity, sexual orientation and disability with the results found in the table below along with CityCare historical responses to questions around discrimination, bullying, harassment, disrespectful behaviour and equal opportunities in career progression.

Table 2 CityCare breakdown by protected characteristic 2019	Sexual Orientation			Ethnicity		Disability	
	Straight	LGBT	Prefer not to say	White	BME	No	Yes
Experienced harassment, bullying or abuse from patients/public	23%	*	12%	23%	21%	12%	25%
Experienced harassment, bullying or abuse from managers	7%	*	11%	6%	12%	5%	12%
Experienced harassment, bullying or abuse from colleagues	14%	*	9%	13%	20%	11%	21%
Experienced discrimination from patients /public	5%	*	4%	4%	16%	5%	7%
Experienced discrimination from manager /colleague	5%	*	9%	4%	14%	3%	13%
Believe organisation acts fairly in career progression	90%	*	86%	92%	66%	90%	81%
Disability: organisation made adequate adjustments to carry out work	81%	*	*	79%	*	*	80%

Table 2 – responses: 574 heterosexual (straight) staff, & 35 prefer not to say
137 staff with a disability & 497 without a disability
554 white staff & 67 BME staff
* shows questions which had less than the required 11 responses

Equality questions from the 2019 survey by protected characteristic show:

- Within the sexual orientation comparison, the responses could not be compared for lesbian, gay, bisexual plus staff as the response rates were below 11 responses. There is a mix of improved and less favourable responses across straight and prefer not to say categories.

- The largest difference within ethnicity comparing BME and white staff is within the "organisation acts fairly in career progression" question. White staff report higher in the category of bullying/harassment from patients/public than BME staff. BME staff report a poorer experience across all other questions than white staff.

- Staff declaring a disability have a less favourable experience across all equality questions however, within the categories of career progression, discrimination from patients/public, harassment and bullying from colleagues and patients/public, they have improved from the previous year.

3.5.3 Staff Support

Equality Advocates support the embedding of equality, diversity and inclusion across CityCare. They liaise with staff, provide updates and feedback to team meetings, participate in protected network groups, support with equality training and promote and maintain engagement at all levels within the organisation.

The Race Religion and Culture Group support BME staff, provide feedback to the organisation and consult on the workforce Race Equality Standard and action plan.

In 2019 a staff network support group survey was carried out.   The results showed that staff would value a group/s supporting; lesbian, gay, bisexual and trans (LGBT+) staff, gender, age, disability and long term conditions.

The first meeting was held in June 2019. The group agreed it would be helpful for have one regular meeting where all network groups (or representatives). The Staff Network Support Group supports CityCare to meet its statutory duties set out in the Equality Act 2010 in all aspects of equality and diversity within the workforce.

The Staff Network Support Group is a sub-group of the Equality & Diversity Committee; the Group is led and supported by the Equality & Diversity Lead. The Group focus on the promotion of initiatives to improve the experience of staff across all protected characteristics. Closed, virtual groups will focus on specific characteristics. The Group will:

- Act as a supportive group forum in the identification and development of actions to tackle inequality and promote inclusion across protected characteristics
- Engage with colleagues sharing knowledge and experience and offering support and involvement in equality engagement
- Act as advocates for protected characteristics
- Engage in live communication
- Review CityCare policies and procedures
- Escalate concerns to the Equality & Diversity Committee

3.5.4 Staff Cultural Competence

It is important that staff have good cultural awareness given the diverse population that we service in Nottingham City. Staff workforce cultural competence is supported with:

- Training: mandatory corporate induction, manager's induction programme for new and existing managers, local team briefings in unconscious bias awareness and cultural competence. Diversity elements are also included with various human resources training packages e.g. recruitment and appraisal
- Guidance documents: "Happy to Ask, Happy to Tell" supports the collation of demographic data the "Cultural Awareness Guidance" provides detailed cultural information for staff.
- Resources: cultural awareness videos, diversity calendar, dignity in care policy
- Communication: information cascaded to staff around religious observances and examples of good culturally diverse practice shared.

- A diversity calendar is produced with religious observances which may affect patients or staff highlighted eg Ramadan
- Process for staff to book a quiet/prayer/breast feeding space across CityCare locations has been established with positive evaluation
- Reporting: to the Equality and Diversity Committee comparing the diversity of our workforce to the local population
- Examples of how teams/services have supported the diverse needs of staff is shared across teams/services

3.6 Staff Training and Resources

CityCare has a range of training and development opportunities with resources and materials available to enable staff to address discrimination and promote equality, diversity and inclusion in all aspects of their work.

Equality training is delivered face to face at corporate induction to all new starters. A management induction programme for new and established managers has been established which includes equality training and informs managers of their responsibilities. Training has been rolled out in Unconscious Bias and Cultural Competence with bespoke training tailored to meet specific team/service need. Lesbian, gay, bisexual and transgender (LGBT+) training has also been delivered to staff. It is noted there has been an improvement within the recruitment and promotion of BME staff following the implementation of this training and has been reflected in the recruitment and promotion of BME staff.

Staff have access to specialist courses including the BME leadership course. We have worked with the National Leadership Academy and our partner organisations to develop a bespoke BAME talent management course which will follow candidates from learning through their employment progression. We have also worked with the East Midlands Leadership Academy to explore how equality matters can be incorporated within all their leadership courses.

Dedicated equality intranet pages are available with resources including; links to policies, standards and practices, interpreting and translation information, equality monitoring information, cultural awareness guidance, training materials and videos, cultural resources, accessible information resources, reports, links to protected staff network groups and the diversity calendar with updates for staff on significant dates and local cultural festivals.

3.7 Interpreting and Translation

The Interpreting and Translation policy is available for all staff along with aimpartial interpreting guidance is available on the use of interpreters and Language Line to promote consistency and support across the organisation. Data is recorded and available to staff to identify the number of requests for information in different languages or the use of interpreters which informs staff when considering equality analysis and their service user demographic.

Data from the interpreting services shows that from 1 April 2019 to February 2020;

- the total booking requests received from by CityCare for interpreting and translation was 6196

- the total booking of valid requests met at 86.5%.
- there were a number of bookings we were not able to meet;
    - where an interpreter was not available at requested time at 5.5%
    - there were a number of bookings cancelled, 7%
    - a number of duplicate bookings at 0.5% which were invalid requests.

The table below demonstrates the top 10 interpreted languages requested:

1	Polish
2	Romanian
3	Arabic
4	Urdu
5	Kurdish – Sorani
6	Farsi
7	Punjabi
8	Czech
9	Bengali
10	Turkish

A patient survey was conducted for four weeks during November 2019 and December 2019. The purpose of this survey was to obtain patient's views on service satisfaction and on the quality of service provided to them by the Interpreting Service.

In order to maintain service user confidentiality the patient survey was translated in 40 languages. The number of attended appointments and distributed surveys within the reporting period was 517 of which 398 questionnaires were completed.

Responses to questions included:

- How well did the service keep you informed about your care/treatment/goals?
    - 66% excellent and 29% good, 4% ok
- How well did the service support you?
    - 66% excellent and 30% good, 4% ok
- How well did the service treat you with dignity and respect?
    - 75% excellent, 21% good, 1.5% ok
- How well did the service meet your particular needs?
    - 70% excellent, 25% good, 4.5% ok
- What is your overall satisfaction of this service?
    - 70% excellent, 25% good, 4% ok
- I was involved in decisions about my treatment/care?
    - 95.5% agree, 1% disagree, 3.5% no comment

Feedback from the survey was very positive and overall there is 95% satisfaction from patients with 70% reporting "excellent" and 25% reporting "good".

3.8 Engaging our Patients and Service Users

We continue to involve patients and service users in helping us improve and develop our services through on-going feedback and engagement opportunities. Our Patient Experience Group (PEG) continues to meet regularly and members are involved in a wide range of different activities, some of which are listed below:

- PEG members have provided feedback on new leaflets to inform if they were clear, concise and written in plain English.
- PEG members and other groups have contributed to the suggested priorities for the Annual Quality Account.
- PEG members continue to be represented on our Quality and Safety Group, Equality and Diversity Committee and the new Patient and Public Committee.
- PEG members form part of the review team for Quality Visits.

Parents and young people were surveyed on the priorities for improving the children's waiting area at the Urgent Treatment Centre, which is being used to inform the improvement of the area.

A new CityCare Patient and Public Committee was established on 2019. Lay representatives from different adult and children's services are invited to feedback on engagement work undertaken by the organisation and suggest areas of focus for future work. An objective identified by the Committee for 2020 was for patient experience to be more representative of the diverse population we service with a focus on 'seldom heard groups'. The Committee is chaired by a Non-Executive Director and the Director of Nursing and Allied Health Professionals attends along with the Head of Patient and Public Experience.

CityCare is working with Small Steps Big Changes to deliver engagement events, including Stay & Play clinics at health centres to encourage interactive play with children and their parents and carers.

A new CityCare service user group for the 0-19 Better Start service is being planned for 2020. Representatives and service users from children's services are being invited to help us confirm the purpose and remit of the group and ensure that our approach is inclusive and service user led.

3.8.1 Patient and Service User Satisfaction

We ask people about their experience of our services on an on-going basis. We are pleased that in 2019/20 we have continued to achieve high levels of satisfaction, with the total number of patient survey responses remaining high at 6528.

It is important for us to ensure that our services meet the needs of particular groups and people with 'protected characteristics' as defined in the Equality Act 2010. Our surveys have monitoring forms attached enabling us to analyse this. Survey responses from the patients accessing our services tell us the following:

How well did the service meet your overall satisfaction?
- 211 patients/service users from a Black and Minority Ethnic (BME) community answered this question, and of these, 92% (196) rated the service as excellent or good.
- 1397 patients/service users who consider themselves to have a disability or long term condition answered this question, and of these 95% (1324) rated the service as excellent or good.
- 50 patients/service users who identified as being Lesbian, Gay or Bisexual answered this question, and of these 92% (46) rated the service they had received as excellent or good.

A range of comments from patients/service users are shared on a quarterly basis with the CityCare Board and commissioners in line with our contracting requirements. Details regarding complaints are also provided.

No complaints were raised in relation to equality issues or discrimination in 2019/20.

3.9 Equality Analysis Assessments (EAs)

Equality Analysis is undertaken for current services within CityCare, at the point of a new policy, new service or service redesign with the equality analysis form incorporated within the policy template. This is monitored through the Quality Committee. Guidance and forms have been refreshed and are available to staff with support from the Equality Lead as required.

Themes are collated and reported to the Equality and Diversity Committee with good practice being shared. Examples of good practice are shared across services including; the appointment of equality champions within teams, programmes delivered in the workplace for large employers, prison and local community centres, at the Deaf Society and telephone sessions are available for patients who are not mobile. For those with visual impairments, hand-outs are emailed for use with personal audio equipment and sessions are delivered in various languages. Staff undertake targeted work in the local community engaging with taxi/bus drivers, local businesses and religious centres. Services also consider religious festivals when planning appointments.

3.9.1 Access to Services

CityCare endeavours to hold clinics from purpose built venues with disability access, home visits are available, and there are links with organisations who provide support for patients with visual and sensory impairment. Services engage in targeted work with elderly patients on age related conditions along with engagement with children, schools and teenagers. Services undertake targeted work and engagement with local communities through community centres, employers and local places of worship.

To meet the needs of people from protected groups, services consider religious observances when making appointments. Some services provide advice on dietary and medicine management during Ramadan and the origins of medicine including gelatine.

On-going work explores equal access to services including; location of our services, information in accessible formats, individual access needs, patient anxiety and knowledge of services, caring responsibilities and ability to attend appointments, out of hours access and feedback processes. We also consider meeting community needs; location, outreach working, community groups, signposting to services and support groups. We explore barriers for protected groups including BME, LGBT+ and disability, providing our staff with information to support our patients.

Examples of assurance work which have been explored include monitoring compliance with the Accessible Information Standard through Quality Visits and an annual survey of our interpreting staff.

Good practice examples are shared through the Equality & Diversity Committee, CityCare Cascade, on the Equality intranet pages and directly through service leads and managers.

3.9.2 Accessible Information Standard (AIS)

The Accessible Information Standard (AIS) ensures that disabled patients, service users, carers and parents, receive information in formats they can understand, and that they receive appropriate support to help them to communicate.

An Accessible Information & Communication Policy and Standard Operating Procedure, information and resources including patient experience videos, e-learning modules support staff. Patient information and leaflets contain a statement, with a Freephone number, informing how to receive information in alternative formats if required.

Monitoring of the Standard is provided through the Equality and Diversity Committee including process and information technology solutions, patient experience, clinical records audit, cases of unmet need, Freephone number enquiries and examples of good practice and staff networking.

Satisfaction levels across our services for people describing themselves as having a disability remain high; of the question "how well did the service meet your overall satisfaction?"

- 1397 patients/service users who consider themselves to have a disability or long term condition answered this question
- of these 95% (1324) rated the service as excellent or good

No incidents of being unable to meet a specific communication need have been logged in 2019/20 and no complaints have been made in relation to specific communication needs not being met.

When a complaint is made, the complainant's preferred method of communication is established with them at the outset. The following wording from a recent complaint acknowledgement letter is a typical example, "In terms of your preferences for how we keep you updated, it would help us to know if you would prefer to be updated by phone or email (in addition to letter). We currently have your address on file, but if you prefer to be called or emailed by the Customer Care Team, please reply with these details".

3.9.3 Sexual Orientation Monitoring Standard (SOM)

The Healthwatch report on lesbian, gay, bisexual (LGB) peoples' experience of healthcare informed the national Sexual Orientation Standard Monitoring Standard (SOM). The SOM demonstrates equitable access for LGB people, helps us have improved understanding of the impact of health inequalities and access to services for LGB people.

CityCare teams/services collate the sexual orientation of patients aged 16+ to establish if they are accessing our services or if there are gaps which needs to be addressed. We have updated our sexual orientation categories on our demographic data collation forms and our electronic recording systems, in line with the SOM, training has been developed and rolled out to staff with bespoke team/service briefings and guidance "Happy to Ask, Happy to Tell" is available to support in sensitively collating this data.

4. Next Steps 2020-21

CityCare have made good progress during 2018-19. Many priorities have been successfully demonstrated as evidenced within this report. We have a committed leadership and will continue to build on our good work for our priorities over the coming year including:

Work-stream	Action	Outcome / Measure
Refreshed Equality Delivery System (EDS3) : *NHS England EDS*	We will work with our healthcare partner organisation to consult with our patients and staff and produce an action plan demonstrating our commitment to embracing diversity and embedding inclusion in all aspects of our business	Equality & Diversity (E&D) Committee review action plan quarterly Report will be provided to our Board and commissioners.

Work-stream	Action	Outcome / Measure
Deep Dives within Equality Deliver System : *NHS England EDS*	Conduct two deep dives; 1. individual people's health needs are assessed and met in appropriate and effective ways 2. people are informed and supported to be as involved as they wish to be in decisions about their care	We will examine current practice / process to identify any issues within equality and highlight and share good practice. Reporting will be through the E&D Committee and our commissioners
Workforce Race Equality Standard: *NHS England WRES*	We will consult with our staff and BME staff network to build on our action plan to address inequalities within the experience of black and minority ethnic staff.	Monitor the improvement of data including; recruitment, promotion, staff experience and leadership through the E&D Committee and report to our commissioners
Workforce Disability Equality Standard: *NHS England WDES*	We will consult with our staff network group to identify gaps in data and actions to address inequalities within the experience of staff with a disability and long term condition	E&D Committee will review and monitor agreed actions quarterly; report to Board and our commissioners
Accessible Information Standard *NHS England AIS*	Monitor accessible information for our patients with a disability which affects their communication. We will participate in the Inclusive communication Pilot with the Royal College of Speech & Language Therapists	We will monitor progress through patient experience, complaints and case record audit with reporting through the E&D Committee and our commissioners
Sexual Orientation Monitoring Standard *NHS England SOM*	We will continue to offer training and resources to support our staff to sensitively collate information to support patients within the lesbian, gay and bisexual community	We will monitor progress through data collection on SystmOne, patient experience and complaints and with reporting through the E&D Committee
Staff Network Support Groups *CityCare Strategic Plan 2019-2022 & NHS People Plan*	We will continue to build on our work with our staff network group supporting staff with protected characteristics including; BME, LGBT+, Disability, Age and Gender	Feedback from the groups will be through the E&D Committee
BME Leadership & Talent Management Pilot *NHS England WRES*	Following the BME talent management pilot for BME staff with our local partners and the National Leadership Academy, the talent management process will be introduced for attendees	Progress will be monitored through the E&D Committee and the talent management process including promotion
Gender Pay Gap *Equality Act 2010 Regulations 2017*	We will monitor our gender pay gap and produce an action plan to address brining more men into the nursing workforce	Data monitoring will be through the Human Resources & Workforce strategy and action plan

Work-stream	Action	Outcome / Measure
Equality Staff Engagement *CityCare Strategic Plan 2019-2022 & NHS People Plan*	Equality and diversity information and ongoing work-streams will be shared with staff at engagement events across CityCare locations including the Board lunch sessions We will ensure our staff engagement will include cultural assessment and respond to those identified needs.	Feedback from the engagement sessions will inform the staff survey and equality actions plans through the E&D Committee We will undertake equality impact assessment of engagement sessions, gather and analyse feedback with reporting through the E&D Committee
Stakeholder Engagement *CityCare Strategic Plan 2019-2022 & NHS People Plan*	We will continue to engage with our stakeholders including health and social care partners, staff, patients and public We will participate in events celebrating diversity including notable history months and events with our partner organisations	Feedback is through the E&D Committee and report to Board
Staff Health & Wellbeing *CityCare Strategic Plan 2019-2022 & NHS People Plan*	We will offer support through further staff network groups including LGBT+, gender, age and disability. Focused work on supporting staff with mental health issues	We will monitor through the Equality & Diversity Committee, Health & Wellbeing and Human Resources & Workforce action plans and Human Resources and Organisational Development Group
Equality Training	We will continue to train our staff in equality matters with Corporate and Management Induction, LGBT+ training, and Unconscious Bias training.	Attendance at training will be assessed along with the impact of training, including; improved WRES data, recruitment & promotion and staff survey results
Equality Resources	We will build on our equality resources to support staff including training, guidance and information; equality intranet resources, information videos and guides and manager and team briefings.	Staff will be better informed about equality matters demonstrating improved results within equality data
Equality Staff Survey Results	We will inform on the staff survey results, giving staff the opportunity for feedback during Board lunch sessions and we will continue to take forward a range of actions. Equality responses will be shared with the Equality and Diversity Committee and staff in engagement sessions, key messages will be reported to the Board	The survey data will inform the WRES and WDES action plans and be monitored through the Equality & Diversity Committee with reporting to Board and our commissioners
Leadership & Equality Advocates	Our senior leaders, protected staff networks and champions will continue to raise awareness and embed the equality and diversity agenda within CityCare	Sessions will be noted and feedback will be monitored through the Equality & Diversity Committee

Equality Delivery System (2) 2019

EDS2 Actions	Summary Objectives & Measurable Outcomes
Equality Delivery System (2)	**Objective 1:** Equality Delivery System (2) action plan **Measure/Outcome**: Review at Equality & Diversity Committee Meetings quarterly and reporting to CityCare Board. Grading outcomes from event & interim event.
Better health outcomes for all	**Objective 1:** Patient data: update recording process for disability data on SystmOne **Measure/Outcome**: Pilot completion & introduction of disability reporting template **Objective 2:** Collation of qualitative & quantitative patient data **Measure/Outcome:** Disability & Accessible Information Standard recording – recording needs of the patients / diagnosis **Objective 3:** Improved data of protected characteristics and communities **Measure/Outcome:** Increased recording of patient data. Training delivered & Happy to Ask Happy to Tell resource, feedback from EIAs, Sexual Orientation Monitoring Standard implementation and recording to SystmOne **Objective 4:** Equality Assessment for all services, new projects & policies **Measure/Outcome**: EA toolkit and training, EAs and action plans completed. Monitored through Quality Committee & Clinical Commissioning Group recording **Objective 5:** When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment & abuse **Measure/Outcome**: Deep dive report to Equality & Diversity Committee & Clinical Commissioning Group **Objective 6:** Screening, vaccination and other health promotion services reach and benefit all local communities **Measure/Outcome:** Deliver sessions in different languages, in various locations, training for specific patient groups

EDS2 Actions	Summary Objectives & Measurable Outcomes
Improved patient access and experience	**Objective 1:** Patient Experience: report on Accessible Information Standard **Measure/Outcome**: Patient experience data quarterly report to Quality Committee & annual report to Equality & Diversity Committee, Board & Clinical Commissioning Group **Objective 2:** Access to interpreting & translation services **Measure/Outcome**: Translation & Interpreting policy and guidance. Pilot patient translated surveys - data on increased surveys from patients whose first language is not English. Monitor feedback on use of interpreting services publish in Equality Annual Report **Objective 3:** Accessible Information Standard (AIS) & monitoring **Measure/Outcome**: Policy, guidance and training for staff. Report to Equality & Diversity Committee & Clinical Commissioning Group. Inclusive Communication Pilot with Royal College of Speech & language Therapists **Objective 4**: Sexual orientation Monitoring Standard **Measure/Outcome:** Resource & training, SystmOne data categories updated & collation of data **Objective 5:** Equality analysis: equality assessments undertaken **Measure/Outcome**: Equality analysis is completed for new/revised policies monitored by Clinical Effectiveness Group. Reporting to Clinical Commissioning Group **Objective 6:** Individual people's health needs are assessed and met in appropriate and effective ways **Measure/Outcome:** Provide services to people in the community & undertake care planning. & objective 7 **Objective 7**: People are informed and supported to be as involved as they wish in decisions about their care **Measure/Outcome**: Holistic worker programme training, holistic assessment, person centred care plans & personal health budget **Objective 8:** People report positive experiences of the NHS; complaints are handled respectfully & efficiently **Outcome/Measure**: Report by protected characteristic negative and positive messages including real time experiences and recording. Translated surveys for people whose first language is not English. Regular reports to Quality Committee & CCG

EDS2 Actions	Summary Objectives & Measurable Outcomes
	Objective 9: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed **Measure/Outcome:** Deep dive - report to E&D Committee & Clinical Commissioning Group **Objective 10**: Consultations involve representation from people within protected Committees **Measure/Outcome:** Reports and action plans reported to CityCare Board & published (eg Annual Quality Account & EDS grading events)
A representative and supported workforce	**Objective 1:** Awareness of attitudes and beliefs with links to CityCare Values that equality & diversity is embedded in all aspects of work **Measure/Outcome:** Values & behaviours discussed & recorded in annual appraisal **Objective 2:** Fair recruitment & selection processes lead to a more represented workforce at all levels **Measure/Outcome**: Unconscious Bias & Cultural Competence training. Deep dive report to Equality & Diversity Committee, Board and Clinical Commissioning Group. Workforce Race Equality Standard monitoring & demographics of CityCare staff compared to the population data. Monitoring reasons for staff leaving. **Objective 3** Improved experience for black and minority ethnic staff **Measure/Outcome**: Workforce Race Equality Standard – publish data & BME staff network feedback to Equality & Diversity Committee **Objective 4:** Monitor career pathways in promotion **Measure/Outcome:** WRES data & promotion data reported to Equality & Diversity Committee and Board. Unconscious Bias & recruitment reporting to Equality & Diversity Committee, Board. Training of staff. **Objective 5**: Develop stronger links and engagement with staff from protected groups: **Measure/Outcome**: Establishment of staff protected network groups, consultation & engagement. BAME talent management EMLA training pilot

EDS2 Actions	Summary Objectives & Measurable Outcomes
	Objective 6: When at work, staff are free from abuse, harassment, bullying and violence **Measure/Outcome**: Deep dive for Equality & Diversity Committee, Board and Clinical Commissioning Group. Staff Survey & Workforce Race Equality Standard data: results will be published to all staff, engagement and action plan produced **Objective 7:** Training and development opportunities are taken up and positively evaluated by all staff **Measure/Outcome**: Deep dive report for Equality & Diversity Committee, Board and Clinical Commissioning Group.. BAME talent management pilot with EMLA, unconscious bias & LGBT+ training, workforce training needs analysis, WRES training comparison data. Cultural assessments undertaken for staff engagement and training sessions. **Objective 8**: Support, develop stronger links with and provide feedback mechanisms for staff with protected characteristics **Measure/Outcome**: Staff survey and protected network groups; flexible working options **Objective 9**: CityCare is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations **Measure/Outcome**: Gender pay gap reporting - data published annually by Human Resources
Inclusive leadership	**Objective 1**: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations **Measure/Outcome:** Papers that come before the Board identify equality related impacts & risks with management actions. Quarterly Board equality report, Equality & Diversity Committee Chaired by Board member with non-exec Board member also present. Equality training to Board members. **Objective 2:** Membership of the Board is representative of the overall workforce (WRES) **Measure/Outcome:** Workforce Race Equality Standard data & action plan – Care Quality Commission "well led" domain reporting annually **Objective 2**: Equality resources are available for managers and staff **Measure/Outcome**: Published materials, delivery of training: regularly review our equalities resources on a regular basis and ensure they are accessible to all staff

Workforce Race Equality Standard

Date of this report	April 2019
Name of Provider Organization	Nottingham CityCare Partnerships
Name and Title of Board Lead for Workforce Race Equality Standard	Tracy Tyrrell Director of Nursing & Allied Health Professionals
Name and contact details of Lead Manager completing this report	Fiona Cambridge Equality Diversity & Inclusion Lead f.cambridge@nhs.net
Name of Commissioners this report has been sent to	Nottingham City Clinical Commissioning Group
This report has been signed off by the Board by	Tracy Tyrrell May 2019

Report on the WRES Indicators

1. Background Narrative

a. Any issues of completeness of data

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None
```

b. Any matters relating to reliability of comparisons with previous years

```
None
```

2. Total Numbers of Staff

a. Employed within this organisation at the date of this report

```
1282
```

b. Proportion of BME[1] staff employed within this organisation at the date of this report

```
15.91%
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[1] The definitions of "Black and Minority Ethnic" and "White" used in the NHS England Standard and Guidance have followed the national reporting requirements of Ethnic Category in the NHS Data Model and Dictionary, and are as used in Health and Social Care Information Centre data. These definitions were based upon the 2001 ONS Census categories for ethnicity. "White" staff include White British, Irish and Any Other White. The "Black and Minority Ethnic" staff category includes all other staff except "unknown" and "not stated." (these are presented in Annex B)

3. Self-Reporting

a. The proportion of total staff who have self-reported their ethnicity

99.07%

b. Have any steps been taken in the last reporting period to improve the level of self-reporting of ethnicity

Improvement on previous year. Staff complete self-reporting on application, at recruitment and for the staff survey.

c. Are any steps planned during the current report period to improve the level of self-reporting by ethnicity

Continue to raise awareness of the importance of recording during equality training, on the website and in CityCare Cascade

3. Workforce Data

a. What period does the organisation's workforce data relate to?

April 2018 to April 2019 (exception indicator 3 which is a rolling two year period)

	Indicator The Standard compares the metrics for White and BME staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives

1	*Percentage of staff in each of the AfC bands 1-9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by:*
	• *Non clinical staff*
	• *Clinical staff of which:*
	   o *Non-medical*
	   o *Medical & dental*
	Definitions are based on ESR occupation codes with the exception of medical & dental staff
	
	Please see attached table for % BME against whole BME workforce
		Band 1 non-clinical
		nil
		
		Band 2 non-clinical
		BME 35%
		White 65%
		Band 2 clinical
		BME 23%
		White 77%
		Band 3 non-clinical
		BME 12%
		White 88%
		Band 3 clinical
		BME 11%
		White 89%
		
		Band 4 non-clinical
		BME 16%
		White 84%
		Band 4 clinical
		BME 14%
		White 86%
			Band 1 non-clinical
			BME 100%
			White 0%
			
			Band 2 non-clinical
			BME 28%
			White 67%
			Band 2 clinical
			BME 11%
			White 89%
			Band 3 non-clinical
			BME 10%
			White 90%
			Band 3 clinical
			BME 11%
			White 89%
			
			Band 4 non-clinical
			BME 10%
			White 90%
			Band 4 clinical
			BME 13%
			White 86%
				Within this reporting period 2019, generally, there are equal numbers of BME staff in clinical roles & non-clinical roles compared to last year where there were more BME staff in clinical role.
				
				The highest number of BME staff are within AfC band 2 overall by 19%, with an increase of clinical staff by 12%
					EDS2 Goal 3 - 1c Monitoring career pathways in promotion.
					The Equality & Diversity Committee regularly monitor and report to the Board on career progression & appointment of staff (BME & white staff).
					Report to Board Jan 2019 showed; 18.2% of BME staff were promoted compared for 14% the previous year & 29.7% BME staff were recruited.
					
					New and established managers will undertake a management programme including E&D elements; WRES and recruitment, unconscious bias and cultural competency.
					We have widened the market with targeted advertising and engagement; social media, local communities, recruitment events.
					Fair & consistent recruitment panels with stakeholder engagement; values bases recruitment

Indicator The Standard compares the metrics for White and BME staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
	Band 5 non-clinical BME 8% White 92% **Band 5 clinical** BME 10% White 90%	**Band 5 non-clinical** BME 13% White 87% **Band 5 clinical** BME 12% White 88%	Band 5 show the most significant decrease overall of 7% within clinical and non-clinical roles.	**EDS2 Goal 3 - 2 a &b Staff training & staff survey** Engagement sessions with staff, focus on equality elements, report to Equality & Diversity Committee and Board with action plan. Upskill managers to support staff via management training programme.
	Band 6 non-clinical BME 15% White 85% **Band 6 clinical** BME 6% White 94%	**Band 6 non-clinical** BME 9% White 91% **Band 6 clinical** BME 10% White 90%		**Goal 3 - 3 a-e - review & extend training program, targeted training reflecting needs of the organization** Cultural competence and unconscious bias training rolled out
	Band 7 non-clinical BME 3% White 97% **Band 7 clinical** BME 10% White 90%	**Band 7 non-clinical** BME 3% White 97% **Band 7 clinical** BME 7% White 92%	Band 7 shows an increase of 3% within clinical roles Band 8 has increased by 7% within non-clinical roles and 2% in clinical	with elements included within induction and HR training courses.
	Band 8a non-clinical BME 7% White 93% **Band 8a clinical** BME 8% White 92%	**Band 8a non-clinical** BME 0% White 100% **Band 8a clinical** BME 6% White 94%	Bands 8a to VSM have remained the same across clinical and non-clinical roles and medical sub-groups remain the same as the previous year.	**EDS2 Goal 3 - 4a & b Annual appraisal: E&D values & behaviours** Implementation of new appraisal system. Leadership & management training/opportunities for future leaders. Ongoing accessibility to BME leadership programmes EMLA,
	Band 8b non–clinical BME 0% White 100% **Band 8b clinical** BME 0% White 0%	**Band 8b non–clinical** BME 0% White 100% **Band 8b clinical** BME 100% White 0%		coaching & mentoring opportunities. Work with EMLA to reduce level of entry to leadership courses. Analysis & reporting of career progression and consider staff survey results around career progression opportunities.

Indicator The Standard compares the metrics for White and BME staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
	Band 8c non-clinical BME 0% White 100% **Band 8c clinical** BME 0% White 100%	**Band 8c non-clinical** BME 0% White 100% **Band 8c clinical** BME 0% White 100%		Equality event with deep dive explored cultural competence of the workforce, action plan agreed and sharing of good practice across services. WRES action plan to be produced and agreed by E&D Group and Board.
	Band 8d non-clinical BME 0% White 100% **Band 8d clinical** BME 0% White 100%	**Band 8d non-clinical** BME 0% White 100% **Band 8d clinical** BME 0% White 100%		
	Band 9 non-clinical BME 0% White 100% **Band 9 clinical** BME 0% White 0%	**Band 9 non-clinical** BME 0% White 100% **Band 9 clinical** BME 0% White 0%		
	VSM non-clinical BME 0% White 100% **VSM clinical** BME 0% White 0%	**VSM non-clinical** BME 0% White 100% **VSM clinical** BME 0% White 0%		
	Medical subgroups BME 33% White 67%	**Medical subgroups** BME 33% White 67%		

	Indicator The Standard compares the metrics for White and BME staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	1.02 greater for BME staff	1.08 times greater for white staff	There has been a significant increase in the likelihood of BME staff being appointed from shortlisting from the previous year.	**EDS2 Goal 3 - 1b Values based recruitment & patient representative involvement** • Unconscious bias, cultural awareness for appointing managers. • Deep dive; fair recruitment • Patient, public & staff involvement in senior interview panels • Targeted advertising in local communities & on social media • Promoted Leadership & management training/ opportunities for current and future leaders . • Regular reporting from NHS jobs discussion at E&D & HR Group.
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* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.	The results are equal for both BME and White staff with a ratio of 0.01 for each	0.87 times greater for BME staff	There has been an improvement within the relative likelihood of BME staff entering the formal disciplinary process – this is now equal compared to white staff	**EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours** • Deep dives to identify mechanisms & causes – implemented better practice • Offer of support during process from trained BME staff • Management HR toolkit including training for all managers • Revision of HR policy & HR training including unconscious bias

	Indicator The Standard compares the metrics for White and BME staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	The results are equal for both BME and white staff with a ratio of 0.96 for each	0.99 times greater for white staff	There has been an improvement for BME staff within this area as the results are equal	**EDS2 Goal 3 - 3 a-e Review & extend training program, targeted training reflecting needs of the organization** • Aspiring leaders programme and management programme established. Increased opportunity for development with clear pathways with new appraisal system. • BME staff network and protected release time. • You Said We Did staff survey action plan • Commit to pilot BAME talent management programme • Collaboration with EMLA to adopt practice of lower band BME staff attending leadership programmes

Indicator The Standard compares the metrics for White and BME staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
5 KF 25. Percentage of staff experiencing harassment, bullying or abuse from *patients, relatives or the public* in last 12 months	White 24% BME 20%	White 24% BME 24%	The total response rate for completion of the staff survey was 56.7% Bullying/harassment/abuse for white staff has remained the same. There is a 4% improvement for BME staff within this domain	**EDS2 Goal 3 - 5 Address issues from staff survey** • BME staff network – consult & represent views. • Explore reported cases & deep dive into reporting • Managers training programme to effectively support staff • Violence & aggression delivered at corporate induction • Revisit and remind staff of safety measures in place & reporting process • Refresh comms for patients around zero tolerance • Cultural competence resources & training
6 KF 26. Percentage of staff experiencing harassment, bullying or abuse from *staff* in last 12 months	White 12% BME 15%	White 14% BME 19%	There is a 2% decrease for white staff and 4% decrease for BME staff in their experience from the previous year	**EDS2 Goal 3 - 3 Review and delivery of E&D training. Annual appraisal to reflect evidence to E&D values and behaviours** • BME staff network – consult & represent views • Managers induction programme to effectively support staff • Cultural competence resources & training – annual deep dive into cultural competence • Unconscious bias training • WRES staff workshop & action plan

Indicator The Standard compares the metrics for White and BME staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White 88% BME 65%	White 86% BME 53%	There is a slight increase of 2% in this area for white staff and a 12% increase for BME staff	**EDS2 Goal 3 - 2 Equality of access to training and development** • Aspiring leaders programme • Managers training programme • Increase opportunity for development with clear pathways • BME staff network consultation • Protected release time for BME staff to attend training • Work with EMLA to offer pilot leadership training for lower banded BME staff on leadership programmes • You Said We Did staff survey action plan • Cultural competence and unconscious bias training to managers • Coaching offer from BME senior lead for BME staff support network

Indicator The Standard compares the metrics for White and BME staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 4% BME 9%	White 5% BME 13%	The experience for white staff has slightly improved by 1% and improved for BME staff more significantly by 4%	**EDS2 Goal 3 - 3 E&D training for staff** **EDS2 Goal 3 - 5 Monitor staff survey & action plan to address issues** • BME staff network – consult & represent views with reporting to Equality & Diversity Group • Managers training to effectively support staff • Cultural competence training and resources • Unconscious bias training
Does the Board meet the requirement on Board membership?	**Data for reporting year**	**Data for previous year**	**Narrative – implications of this data and background narrative**	**Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives**

9
9 Percentage difference between the organisations Board voting membership and its overall workforce:
  a. By voting member of the Board
  b. By executive membership of the Board
	a. -15.91%
	b. -15.91%
		a +2.59%
		b -11.7%
			There has been an decrease both in the voting member and executive members of the Board compared to that of the overall workforce. We currently have no BME membership on the Board	**EDS2 goal 3 – 1 monitor Board representation**

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the "well led domain".

CityCare were awarded "excellent" at the CQC inspection. CQC comments included; the leadership team at CityCare demonstrated they were meeting the objectives and promoting the values of the Workforce Race Equality Standard (WRES) with processes that promoted staff involvement and led to action plans which addressed causes of inequality. Board minutes we reviewed indicated regular discussions of the WRES were taking place and WRES requirements were embedded and reviewed appropriately.

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

Equality Delivery System (2) action plan
WRES action plan
You Said We Did staff survey action plan

14 Annex B –Office of National Statistics 2001 Ethnic Categories Ethnic Categories 2001

A – White -British
B – White -Irish
C – Any other white background
D – Mixed White and Black Caribbean
E – Mixed White and Black African
F – Mixed White and Asian
G – Any other mixed background
H – Asian or Asian British -Indian
J – Asian or Asian British -Pakistani
K – Asian or Asian British - Bangladeshi
L – Any other Asian background
M – Black or Black British -Caribbean
N – Black or Black British -African
P – Any other Black background
R – Chinese
S – Any other ethnic group
Z – not stated
Note: a more detailed classification for local use if required
is contained in Annex 2 of DSCN 02/2001.

Old Ethnic Codes - staff employed after 1 April 2001 must have their ethnic group assessed and recorded using the new categories and codes as detailed above. The "old" codes shown below are for reference only.
0 – White
1 – Black – Caribbean
2 – Black – African
3 – Black – Other
4 – Indian
5 – Pakistani
6 – Bangladeshi
7 – Chinese
8– Any other Ethnic Group
9 – Not given

WORKFORCE RACE EQUALITY STANDARD ACTION PLAN 2019

No	Indicator	Action/Next Steps	Outcomes Measure	CityCare & Integrate Care System Strategic Plans	Lead
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months *Findings:* *Experience for white staff has remained the same from 2018 with a 4% improvement for BME staff*	a. BME staff network – consult & represent views. b. Explore reported cases & deep dive including focus groups c. Managers training programme to effectively support staff d. Violence & aggression delivered at corporate induction e. Revisit and remind staff of safety measures in place & reporting process f. Refresh comms for patients around zero tolerance g. Cultural competence resources & training	Reduction in reported cases to DATIX Staff Survey 2019 responses	CityCare Make CityCare a great place to work ICS A happier workforce Equality Diversity & Inclusion Retaining staff Enabling cultural change & leadership development	E&D* L&E*
6	Percentage of staff experiencing harassment, bullying or abuse from *staff* in last 12 months *Findings:* *Experience for white staff has improved by 2% and BME staff 4%*	a. Managers induction programme to effectively support staff b. Cultural competence resources & unconscious bias training c. Race Religion & Culture Group to support work and initiatives d. Focus groups e. Unconscious Bias training	Staff Survey 2019 responses	CityCare Make CityCare a great place to work ICS A happier workforce Equality Diversity & Inclusion Retaining staff Enabling cultural change & leadership development	E&D L&E

No	Indicator	Action/Next Steps	Outcomes Measure	CityCare & Integrate Care System Strategic Plans	Lead
7	Percentage believing that organisation provides equal opportunities for career progression or promotion *Findings:* *An improvement of 2% for white staff and 12% for BME staff*	a. Managers training programme b. Increase opportunity for development with clear pathways c. BME staff network consultation d. Protected release time for BME staff to attend training e. Work with EMLA to offer pilot leadership training for lower banded BME staff on leadership programmes f. You Said We Did staff survey action plan g. Cultural competence and unconscious bias training to managers h. Coaching offer from BME senior lead i. You said we did action plan: • supervision & appraisal are an opportunity to discuss development. Review of supervision pathways & work with managers • review of training needs analysis & protected time for staff to attend training / development	Report to E&D Committee re promotion and recruitment data Staff Survey 2019 responses	CityCare Make CityCare a great place to work ICS A happier workforce Equality Diversity & Inclusion Retaining staff Enabling cultural change & leadership development	E&D OD L&E
9	Percentage difference between the organisations Board voting membership and its overall workforce: a. By voting members b. By executive membership *Findings:* *We currently have no BME membership on the Board*	a. The Board to consider the appointment of staff member representative; a BME staff member.	Board membership	CityCare Make CityCare a great place to work ICS Equality Diversity & Inclusion Enabling cultural change & leadership development	Board

Supporting Processes:
• E&D Strategy & Work plan January 2017 and HR Strategy & Work plan 2016
• Equality & Diversity resources: intranet, videos, policies & procedures, guidance and training
• BME network (Race Religion & Culture Group)
• You said we did staff survey action plan 2019/20 through Board engagement sessions/clinical and non-clinical forums

Workforce Disability Equality Standard

Date of this report	July 2019
Name of Provider Organization	Nottingham CityCare Partnerships
Name and Title of Board Lead for Workforce Race Equality Standard	Tracy Tyrrell Director of Nursing & Allied Health Professionals
Name and contact details of Lead Manager completing this report	Fiona Cambridge Equality Diversity & Inclusion Lead f.cambridge@nhs.net
Name of Commissioners this report has been sent to	Nottingham City Clinical Commissioning Group
This report has been signed off by the Board by	Tracy Tyrrell Director of Nursing & Allied Health Professionals

Report on the WDES Indicators

4. Background Narrative

c. Any issues of completeness of data

Unable to complete 9a as providers are not yet part of the reporting process therefore have not been given the information

d. Any matters relating to reliability of comparisons with previous years

First year of completion therefore no comparison

5. Total Numbers of Staff

c. Employed within this organisation at the date of this report

1282

d. Proportion of   Disabled staff employed within this organisation at the date of this report

4.4%

3. Self-Reporting

d. The proportion of total staff who have self-reported their Disability

100 completed 13.21% "not declared" 0.31% "unspecified"

e. Have any steps been taken in the last reporting period to improve the level of self-reporting of ethnicity

 Not previously reported

f. Are any steps planned during the current report period to improve the level of self-reporting by ethnicity

Promotion through staff disability support network and Equality & Diversity Committee, staff and senior staff role models, promote benefits of reporting to staff and what information is used for, benefits of targeted communication, guidance for ESR reporting, managers meaningful discussion during supervision and appraisal

6. Workforce Data

b. What period does the organisation's workforce data relate to?

April 2018 to April 2019 (exception indicator 3 which is a rolling two year period)

4. Workforce Disability Equality Indicators

	Indicator For each of these four workforce indicators, the Standard compares the metrics for staff declaring a Disability and those who do not	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
1	*Percentage of staff in each of the AfC bands 1-9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by the following clusters* • *Cluster 1: AfC band 1, 2, 3 & 4* • *Cluster 2: AfC band 5, 6 &7* • *Cluster 3: AfC band 8a & 8b* • *Cluster 4: AfC band 8c, 8d,9 & VSM* • *Cluster 5: Medical & Dental Staff: Consultants* • *Cluster 6: Medical & Dental Staff: non Consultant career grade* • *Cluster 7 Medical & Dental Staff : medical & dental trainee grades*	*Cluster 1: AfC band 1, 2, 3 & 4* Disabled staff 3.25% *Cluster 2: AfC band 5, 6 &7* Disabled staff 5.09% *Cluster 3: AfC band 8a & 8b* Disabled staff 1.16% *Cluster 4: AfC band 8c, 8d,9 & VSM* Nil disabled *Cluster 5: Medical & Dental Staff: Consultants* *Nil disabled* *Cluster 6: Medical & Dental Staff: non Consultant career grade* Nil disabled	No previous reporting data No previous reporting data No previous reporting data No previous reporting data No previous reporting data No previous reporting data	The highest proportion of disabled staff are within AfC bands 5, 6 & 7 The lowest proportion of disabled staff are within bands 8a & 8b with none declared within AfC 8c, 8d, 9 & VSM along with medical and dental staff.	**EDS2 Goal 3 - 1c Monitoring career pathways in promotion.** • The Equality & Diversity Committee regularly monitor and report to the Board on career progression & appointment of staff (disabled and non-disabled) • New and established managers will undertake a management programme including E&D elements; WDES and recruitment, unconscious bias and cultural competency. • We have widened the market with targeted advertising and engagement; social media, local communities, recruitment events. • Fair & consistent recruitment panels with stakeholder engagement; values bases recruitment

		Cluster 7 Medical & Dental Staff : medical & dental trainee grades Nil disabled	No previous reporting data		**EDS2 Goal 3 - 2 a &b Analysis of staff training & staff survey** Engagement sessions with staff, focus on equality elements, report to Equality & Diversity Committee and Board with action plan. Upskill managers to support staff via management training programme. **Goal 3 - 3 a-e - review & extend training program, targeted training reflecting needs of the organization** Cultural competence & unconscious bias training rolled out with elements included within induction and HR training courses. **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours** Implementation of new appraisal system. Leadership & management training/opportunities for future leaders. Ongoing analysis and reporting of career progression within bands and consider staff survey results around career progression opportunities.
2	Relative likelihood of Disabled staff being appointed from shortlisting compared to non-disabled staff being appointed from shortlisting across all posts.	1.31 times higher for a non-disabled person to be appointed from shortlisting	No previous reporting data	15% of applicants declaring a disability who were shortlisted were appointed at interview.	**EDS2 Goal 3 - 1b Values based recruitment & patient representative involvement** • Guaranteed interview scheme • Unconscious bias, cultural awareness sessions for

| | | | | 20.6% of shortlisted applicants who did not declare a disability were appointed.

13.3% of shortlisted applicants who did not wish to declare whether they had a disability or not were appointed from shortlisting. | appointing managers.
• Patient, public & staff involvement in senior interview panels
• Promoted Leadership & management training/ opportunities for current and future leaders .
• Regular reporting from NHS jobs discussion at E&D and HR/OD Group.
• Statement at advert: the organisation wishes to address imbalances within the organisation & welcomes applications from disabled people
• Offer part time or flexible working
• Support for managers in interviewing/recruiting staff with a disability
• Recruitment & Retention Task & Finish Group linking to CityCare strategic objectives (reporting through HR/OD Group) |
| 3 | Relative likelihood of Disabled compared to that of non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
(2 year rolling period) | Nil for both disabled and non-disabled staff | No previous reporting data | | **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours**
• Management HR toolkit including training for all managers
• Revision of HR policy & HR training including UB |

	Indicator For each of these four staff survey indicators, the Standard compares the metrics for each survey questions response for Disabled & non-disabled staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
4a	SS Q13a Percentage of Disabled compared to non-disabled staff experiencing harassment, bullying or abuse from i. patients / service users / relatives or members of the public ii. managers iii. other colleagues	**i. patients / service users, their relatives or members of the public** Disabled = 35% Non-disabled = 21%	No previous reporting data	The experience of disabled staff is between 7-14% higher than for non-disabled staff and is worse across all areas; patients, managers, colleagues.	**EDS2 Goal 3 - 4 when at work staff are free from abuse, harassment bullying and violence from any source** • Violence & aggression delivered at corporate induction • Remind staff of safety measures in place & reporting process • Refresh comms for patients around zero tolerance • Cultural competence resources & training • Establishment of disability staff network support group with reporting through E&D Committee – reporting & peer support with shared lived experience • Managers training & unconscious bias – Corporate Induction, management training & HR Recruitment training. • Personal health passport for staff • Role models; senior managers, Exec & Board – visibility with disability staff network & E&D Committee
		ii. managers Disabled = 11% Non-disabled = 4%	No previous reporting data		
		iii. other colleagues Disabled = 21% Non-disabled = 10%	No previous reporting data		

4 b	SS13d . Percentage of Disabled staff compared to non-disabled staff saying that they last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Disabled = 59.7% Non-disabled = 56%	No previous reporting data	Disabled people or their colleagues are more likely to report experiences of bullying, harassment or abuse at work	**EDS2 Goal 3 - 4 when at work staff are free from abuse, harassment bullying and violence from any source** • Equality training for staff & managers • Whistleblowing • HR policy
5	SS Q14 . Percentage of Disabled staff compared to non-disabled staff believing that trust provides equal opportunities for career progression or promotion	Disabled =84% Non-disabled = 86%	No previous reporting data	There is a small (2%) difference in the belief of both disabled and non-disabled staff believing the organisation provides equal opportunities for career progression	**EDS2 Goal 3 - 2 Equality of access to training and development** • Managers training programme • Increase opportunity for development with clear pathways • disability staff network consultation • Protected release time for disabled staff to attend training • You Said We Did staff survey action plan • Cultural competence and unconscious bias training to managers
6	Q11. Percentage of Disabled staff compared to non-disabled staff saying they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Disabled = 16.7% Non-disabled = 14%	No previous reporting data	2.7% more disabled staff felt pressure to come to work when not feeling well by their manager	**EDS2 Goal 3.6 A represented and supported workforce** • Results from staff survey - You said we did action plan • Sickness Absence policy implementation review • Staff stories to E&D Committee & Board

7	SS Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	Disabled = 27.6% Non-disabled = 39.3%	No previous reporting data	Staff without a disability felt their work was valued by the organisation 11.7% more than staff declaring a disability	**EDS2 Goal 3.6 A represented and supported workforce** • Staff network support group to explore what would make staff more satisfied • You said we did initiatives: valuing you process for staff, senior staff engagement & thank you, staff corporate and clinical forums, Board lunch engagement sessions, senior managers at team meetings, teleconference • Work with disability staff network support group • Celebration events for clinical & non clinical staff • Well-being event in June 2019 • Holistic event for staff October 2019 during Work Life Balance Week
	The following metric only includes the responses of Disabled Staff	**Data for reporting year**	**Data for previous year**	**Narrative – implications of this data and background narrative**	**Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives**
8	Percentage of Disabled staff saying that their employer has made adequate adjustment/s to enable them to carry out their work	75%	No previous reporting data	This evidence is obtained from the annual staff opinion survey. We are not able to quantify whether staff have requested adjustments and these have not been met.	**EDS2 Goal 3.6 A represented and supported workforce** • HR support for workplace assessment

	NHS Staff Survey & the engagement of Disabled staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives
9 a	The staff engagement score for Disabled staff compared to non-disabled staff and the overall engagement score for the trust	Unable to populate– "the engagement score will be added to the prep-populated WDES spread sheet which is sent to organisations"	No previous reporting data	The WDES is mandated to NHS Trusts and Foundation Trusts only in the first 2 years of implementation. CityCare are therefore not provided with this information.	**EDS2 goal 3 – 1 monitor Board representation** • Board to role model & champion
9 b	Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? *(if yes, provide an example of current action being taken in your WDES l report)*	Yes	No previous reporting data		• Staff experience story to Board (March 2019) • Disability staff support network set up • Engagement with network and feedback through E&D Committee & Board
	Board representation	**Data for reporting year**	**Data for previous year**	**Narrative – implications of this data and background narrative**	**Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives**

8	Percentage difference between the organisations Board voting membership and its overall workforce:
	   c. By voting member of the Board
	   d. By executive membership of the Board
		Board Members with a disability:
		Not available
		
		Non Exec Board Members with a disability:
		Not available
			No previous reporting data		

5. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the "well led domain".

Please see action plan

6. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

Attached action plan to reviewed at E&D Committee, progress against EDS2 actions & reported to Board

WORKFORCE DISABILITY EQUALITY STANDARD ACTION PLAN 2019 -20

No	Indicator	Action/Next Steps	Outcomes Measure	CityCare & Integrate Care System Strategic Plans	Lead

3	Self-reporting: proportion of staff who have self-reported their disability
	
	findings:
	4:4% at 1.4.2019
		• Clear definition of "disability"
		• Information to managers re WDES & reasons/benefits for staff reporting disability
		• Information to all staff on benefits of self-reporting
		    ○ Adjustments
		    ○ Personal health passport
		    ○ Receive targeted information eg staff network support group, initiatives to support, policy review
		    ○ Involvement in WDES action planning to improve staff experience
		• Managers to promote the importance of staff declaration (1:1 & PDR) & meaningful discussions
		• ESR guidance on self-reporting & option of reporting through line manager or HR if preferred / HR may record at point of being informed eg after medical diagnosis or formal HR meeting (with consent from staff member)
			Increased declaration rates of disabled staff on ESR
			
			Decreased number of "not declared" and "unspecified" responses on ESR
				CityCare
				Make CityCare a great place to work
				
				ICS
				A happier workforce
				Equality Diversity & Inclusion
				Retaining staff
				Enabling cultural change & leadership development
					E&D*
					HR*

No	Indicator	Action/Next Steps	Outcomes Measure	CityCare & Integrate Care System Strategic Plans	Lead
4.2	Relative likelihood of Disabled staff being appointed from shortlisting compared to non-disabled staff being appointed from shortlisting across all posts. *findings:* *1.31 times higher for non-disabled person to be appointed*	Recruitment: • Statement at advert: the organisation wishes to address imbalances within the organisation & the organisation welcomes applications from people with a disability (and other under-represented groups) • Offer part time or flexible working • Unconscious bias training for managers • Support for managers in interviewing/recruiting staff with a disability • Recruitment & Retention Task & Finish Group linking to CityCare strategic objectives (reporting through HR/OD Group)	Increased recruitment of staff declaring a disability	CityCare Make CityCare a great place to work ICS A happier workforce Equality Diversity & Inclusion Planning, attracting & recruiting people Retaining staff Enabling cultural change & leadership development	ED & HR
4.4a	Percentage of disabled compared to non-disabled staff experiencing harassment/bullying/ abuse from i. patients / service users / relatives or members of the public ii. managers iii. other colleagues *findings:* *i. disabled staff 35%, non-disabled staff 21%* *ii. disabled staff 11%, non- disabled staff 4%* *iii. disabled staff 21%, non-disabled staff 10%*	• Establishment of disability staff network support group with reporting through E&D Committee – reporting & peer support with shared lived experience • Managers training & unconscious bias – Corporate Induction, management training & HR Recruitment training. • Personal health passport for staff • Review of sickness process • Role models; senior managers, Exec & Board – visibility with disability staff network & E&D Committee	Improvement in annual staff survey results 2019 Datix reporting	CityCare Make CityCare a great place to work ICS A happier workforce Equality Diversity & Inclusion Retaining staff Enabling cultural change & leadership development	ED & OD

No	Indicator	Action/Next Steps	Outcomes Measure	CityCare & Integrate Care System Strategic Plans	Lead
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work *findings:* *disabled staff 27.6%* *non-disabled staff 39.3%*	• Staff network support group to explore what would make staff more satisfied • You said we did initiatives: valuing you process for staff, senior staff engagement & thank you, staff corporate and clinical forums, Board lunch engagement sessions, senior managers at team meetings, teleconference • Work with disability staff network support group • Celebration events for clinical & non clinical staff • Well-being event in June 2019 • Holistic event for staff October 2019 during Work Life Balance Week	Improvement in annual staff survey results 2019 Feedback from disability/LTC staff network	CityCare Make CityCare a great place to work ICS A happier workforce Equality Diversity & Inclusion Retaining staff Enabling cultural change & leadership development	ED & HR

WORKFORCE REPORTING STATISTICS COMPARED TO POPULATION STATISTICS FOR NOTTINGHAM

(CityCare data March 2020 in comparison to the Census 2011 for Nottingham City Residents)

Disability

CityCare			Population	Comparison
Disability	Headcount	%	%	
No	1009	82.6	81.9	0.7% more in CityCare
Not Declared	149	12.2	-	Not captured
Unspecified	4	0.3	-	Not captured
Yes	60	4.9	18.2	13.3% less in CityCare although there has been an increase on the previous year by 0.77%
Grand Total	1222	100	100	**Comment: statistically less people are employed who have a disability compared to those in the population who have long-term activity-limiting illness or disability. There are a large amount of staff who have chosen not to declare**

Sexual Orientation

CityCare			Population	Comparison
Orientation	Headcount	%	%	%
Bisexual	5	0.41	**No comparison as this information is not collated via the Census**	
Gay or Lesbian	21	1.72		
Heterosexual	1035	84.70		
Not Disclosed	112	9.17		
Unspecified	49	4.01		
Grand Total	1222	100		

Marital Status

CityCare			Population	Comparison
Marital Status	Headcount	%	%	%
Civil Partnership	15	1.23	0.2	1.03% higher in CityCare
Divorced	100	8.18	8.3	0.12% lower in CityCare
Legally Separated	8	0.65	2.8	2.15% lower in CityCare
Married	657	53.76	31.6	22.16% higher in CityCare
Single	392	32.08	51.30	19.22% lower in CityCare
Unknown	28	2.29	-	Not captured
Unspecified	12	0.98	-	Not captured
Widowed	10	0.82	5.7	4.88% lower in CityCare
Grand Total	1222	100		**Comment: the largest comparison is CityCare employ more married people**

Gender

CityCare			Population	Comparison
Gender	Headcount	%	%	%
Female	1089	89.1	49.69	39.41% higher in CityCare
Male	133	10.9	50.30	39.40% lower in CityCare
Grand Total	**1222**	**100**		**Comment: CityCare employ considerably more female staff compared to the population**

Age

CityCare			Population	Comparison
Age Band	Headcount	%	%	%
<20	1	0.08	9 aged 16-19	8.2% lower in CityCare
20-25	43	3.52	14	10.48% lower in CityCare
26-30	105	8.59	8.5	0.09% higher in CityCare
31-35	158	12.93	7	4.04% higher in CityCare
36-40	159	13.01	6.5	5.93% higher in CityCare
41-45	177	14.48	6.5	7.98% higher in CityCare
46-50	174	14.24	6	8.24% higher in CityCare
51-55	174	14.24	5	8.24% higher in CityCare
56-60	132	10.80	4.5	6.30% higher in CityCare
61-65	73	5.97	4	1.97% higher in CityCare
66-70	16	1.31	3	1.69% lower in CityCare
71+	10	0.82	8.5	7.68% lower in CityCare
Grand Total	**1222**	**100**		**Comment: Statistic comparison shows CityCare employ more people aged 46-55 and a staff member under 20 years where previously there was none.**

Religion

CityCare			Population	Comparison
Religious Belief	Headcount	%	%	%
Atheism	156	12.77	35	22.23% lower in CityCare
Buddhism	7	0.57	0.7	0.13% lower in CityCare
Christianity	566	46.32	44.2	2.12% higher in CityCare
Hinduism	16	1.31	1.5	0.19% lower in CityCare
Islam	43	3.52	8.8	5.3% lower in CityCare
Sikhism	6	0.49	1.4	0.91% lower in CityCare
Not Disclosed	237	19.39	-	Not captured
Other	141	11.54	0.5	11.04% higher in CityCare – rising from 0.12% in the previous year
Unspecified	50	4.09	7.6	3.51% lower in CityCare
Grand Total	**1222**	**100**		**Comment: The largest comparison to the population is CityCare employ's declaring atheism , with the largest religion being Christianity within CityCare. The amount declaring "other" has risen by 10.92%**

Ethnicity

CityCare			Population	Comparison
Ethnic Group	Headcount	%	%	%
A White-British	937	76.68	65.4	11.28% higher in CityCare
B White - Irish	11	0.90	0.9	Equal comparison
C White - Any other White background	45	3.68	5.1	1.42% lower in CityCare
C2 White Northern Irish	1	0.08	-	Not captured
C3 White Unspecified	2	0.16	-	Not captured
CA White English	7	0.57	-	Not captured
CP White Polish	3	0.25	-	Not captured
CF White Greek	2	0.16	-	Not captured
CH White Turkish	1	0.08	-	Not captured
CR White Kosovan	1	0.08		Not captured
CU White Croatian	1	0.08		Not captured
CX White Mixed	5	0.41	-	Not captured
CY White Other European	7	0.57	-	Not captured
D Mixed - White & Black Caribbean	16	1.31	4.0	2.69% lower in CityCare
E Mixed - White & Black African	1	0.08		Not captured
F Mixed - White & Asian	7	0.57	1.1	0.53% lower in CityCare
G Mixed - Any other mixed background	7	0.57	0.7	0.13% lower in CityCare
GC Mixed - Black & White	2	0.16	-	Not captured
GF Mixed - Other/Unspecified	1	0.08	0.9	0.82% lower in CityCare
H Asian or Asian British - Indian	24	1.96	3.2	1.24% lower in CityCare
J Asian or Asian British - Pakistani	28	2.29	5.5	3.21% lower in CityCare
K Asian or Asian British - Bangladeshi	4	0.33	0.3	0.03% higher in CityCare
L Asian or Asian British - Any other Asian background	10	0.82	4.1	3.28% lower in CityCare
LE Asian Sri Lankan	1	0.08	-	Not captured
LH Asian British	2	0.16	-	Not captured
M Black or Black British - Caribbean	37	3.03	3.1	0.07% lower in CityCare
N Black or Black British - African	23	1.88	3.2	1.32% lower in CityCare
P Black or Black British - Any other Black background	6	0.49	1.0	0.51% higher in CityCare
PA Black Somali	2	0.16	-	Not captured
PD Black British	3	0.25		Not captured
R Chinese	2	0.16	-	Not captured
S Any Other Ethnic Group	11	0.90	1.5	0.6% lower in CityCare

SC Filipino	1	0.08		Not captured
SD Malaysian	1	0.08		Not captured
SE Other Specified	1	0.08	-	Not captured
Z Not Stated	8	0.65	-	Not captured
Grand Total	**1222**	**100**	**100**	**Comment: CityCare employ 11.24% more people from White ethnicity compared to population.**