Sirona care & health CIC

# Public Sector Equality Duty Report

1 April 2023 - 31 March 2024

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# Foreword

Sirona care & health provide healthcare services to the population of Bristol, North Somerset and South Gloucestershire – almost one million people – through our workforce of almost 4,000 skilled and committed individuals.

At the very heart of what we do is our vision for Improved Outcomes for All. We know that not all our communities have access to the same levels of health and care provision and that they experience a different quality of life and a huge gap in life expectancy across the geographical area.

As a significant provider of NHS services, we have both a legal and a moral duty to tackle this inequality and inequity and help people to live longer and healthier lives.

We can do this by understanding the data and insights we gather; by listening to those with lived experience about how to deliver services better; by becoming an inclusive and diverse organisation and by changing the way we work to ensure that we are addressing the issues that really matter to people.

This report sets out our responsibilities and the actions we have taken in 2023 to move us closer to achieving our vision of Improved Outcomes for All.

It gives us a chance to celebrate some of our success. For example, we can be proud of the work that we have done to increase the level of childhood immunisations in underserved communities. We should celebrate the work that we've done to improve accessibility of healthcare information for adults with learning disabilities. And we can hold our heads up high when we think about successful revalidation of core quality recognitions such as the Disability Confident scheme.

However, we know that there is more to do. We do not hold enough data on our patients and service users to understand who is not able to access our services. Our workforce does not yet reflect the communities that we serve, and we need to create working and care environments which allow everyone to be themselves and bring their full uniqueness to the workplace.

We recognise that this is a time for brave conversations, and for brave actions. We will openly and honestly report on our progress to our health system partners, staff, public and the patients or service users we care for so we can be accountable for the commitments we are making.

We know there is much to do, and real and meaningful change will take time. We are determined, however, to drive that change so that we, and our future generations, can enjoy better health, for longer wherever we live and whatever our background.

**Julie Sharma**
**Interim CEO, Sirona care & health**

# 1. Background to the 2023 Public Sector Equality Duty Report

## 1.1 Purpose of the Report

This Public Sector Equality Duty (PSED) report reviews our work during calendar year 2023 and demonstrates Sirona care & health's commitment and actions towards fulfilling its obligations under the Equality Act 2010. This report aims to provide transparency on how we consider and integrate equality into our policies, practices, and decision-making processes.

It shares key stories which highlight our efforts to eliminate discrimination, advance equality of opportunity, and foster good relations among different people when carrying out our activities.

## 1.2 Legal Framework

Under the Equality Act 2010, all public sector organisations are required to comply with the Public Sector Equality Duty (PSED). The Equality Act 2010 consolidates previous anti-discrimination laws into a single Act, making the law easier to understand and strengthening protections in some situations.

The Equality Act 2010 gives specific protections to what are known as 'Protected Characteristics'. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation

The PSED comprises a general equality duty, which is supported by specific duties. The general equality duty requires public bodies to have due regard to the need to:

1. **Eliminate unlawful discrimination**, harassment, and victimisation and other conduct prohibited by the Act
2. **Advance equality of opportunity** between people who share a protected characteristic and those who do not
3. **Foster good relations** between people who share a protected characteristic and those who do not.

In addition to the general equality duty, there are specific duties that public bodies must follow:

- **Publish Information:** Public bodies must publish information to demonstrate their compliance with the general equality duty. This includes data on the effects of their policies and practices on people with different protected characteristics.
- **Set Equality Objectives:** Public bodies must prepare and publish one or more specific and measurable equality objectives. These objectives should help them achieve the aims of the general equality duty.

By adhering to these duties, Sirona care & health ensures that equality considerations are integrated into all aspects of our operations, from policy development to service delivery, thereby promoting a fairer and more inclusive society.

## 1.3 Introducing Sirona, our Vision and our Values

Sirona care & health is a not-for-profit social enterprise, serving Bristol, North Somerset and South Gloucestershire. We provide NHS services for adults and children, both at home and in our community. Our role in the public sector is pivotal in shaping an inclusive and equitable society. We strive to ensure that our services are accessible to all, and that our workplace reflects the diversity of the community we serve.

We are guided by our Vision - Improved Outcomes for All. This means that we focus on the outcomes that matter to people and work with them to achieve their goals.

Ensuring that this is for All is our commitment to make our services truly accessible. We want to give everyone the opportunity to enjoy the best health and wellbeing they can, eradicating health inequalities and improving access for everyone.

Our Vision is also about our colleagues. We continually ask ourselves how we ensure that there are equal opportunities for all and how we make Sirona a great and inspiring place to work.

Underpinning our Vision is our core value – Taking It Personally. This is our commitment to treating everyone as we would our own loved ones. Colleagues focus on the goals of the individual considering their interrelated physical, mental and social care needs.

Every colleague takes personal responsibility to improve the health and wellbeing of the people we provide care to. We nurture a just culture where all colleagues are supported to deliver care to the highest standard and to take responsibility for what they do.

This approach is also captured in our Articles of Association as a Community Interest Company, as well as in our annual Business Plan and strategic objectives.

We have achieved much but know there is more to do and this report is a stocktake of where we are now and highlights our ambitions for the future.

## 1.4 Introducing our Equality, Diversity and Inclusion principles

Our work is guided by six core Equality, Diversity and Inclusion principles. These have been agreed throughout Sirona, including by our Board, and help us to hold ourselves to the highest standards we can.

- **Promoting accessibility**
  We want our services to be appropriate, accessible and responsive to the health and care needs of our local population. We aim to employ a workforce that reflects the communities that we serve
- **Valuing diversity**
  Our strength is in our diversity. We celebrate each person's unique contribution, their different work and personal styles, as well as their cultures, values, beliefs and attitudes. We expect colleagues to treat each other, visitors, people in our care and their family and carers with dignity and respect, in a non-discriminatory manner and in accordance with their individual needs
- **Promoting participation**
  We believe that every member of staff has a unique range of skills, abilities and experiences, all of which will ultimately benefit the communities that we serve. We are committed to involving colleagues, people in our care, and their family and carers in decisions that impact them

- **Promoting an inclusive workplace**
  We aim to create a workplace where people feel valued as individuals and their contribution is recognised. We will not tolerate unfair discrimination, harassment or victimisation and are acting to become an anti-racist organisation
- **Promoting equality of opportunity**
  We are an organisation that actively promotes equality of opportunity for all and ensures that no one receives less favourable treatment on the grounds of any protected characteristic. We are aware of the equality provisions in employment legislation and accompanying codes of practice and will ensure that these are observed
- **Reducing disadvantage and exclusion**
  We are an organisation which lives our Taking it Personally values and behaviours based on treating others as we would wish to be treated ourselves

## 1.5 Understanding Our Local Population Data

We have worked very hard to understand our local population data so that we can make the best decisions about how we provide care and health services. Understanding this data is key to being able to move us furthest and fastest towards our vision of delivering Improved Outcomes for All.

We have summarised our key findings below. We have also produced Accessible versions of this information, which you can read in Appendix 1.

| Our local population data* | Bristol | North Somerset | South Gloucestershire |
|---|---|---|---|
| **Population** | 472,462<br>Largest city in the Southwest. A younger population than the national average significantly increased by a large student population. | 216,727<br>Not a deprived area overall but has one of the most extreme gaps between the most and least deprived in the country. | 290,423<br>Most of the population live in urban areas, largely in the built-up areas adjoining Bristol and the towns of Yate and Thornbury. |
| **Age** | 19.4% under 18 years and only 12.9% aged 65 years and over. | The age structure in North Somerset is older.<br>19.8% of the population are under 18 years.<br>23.9% are 65 years and over. | 20.4% of the population are under 18 years.<br>18.7% are 65 years and over. |
| **Disability**<br>People were asked whether they had a physical or mental health condition or illness lasting or expected to last 12 months or more. | 18.9% of females said Yes<br>15.5% of males said Yes<br>Lower than average for males compared to the England average (16.5%) | 20.6% of females said Yes<br>16.7% of males said Yes<br>Higher than average for females compared to England (18.7%) | 18% of females said Yes<br>14.6% of males said Yes<br>Lower than average for both female and male compared to England averages (18.7% and 16.5% respectively). |

| | | | |
|---|---|---|---|
| **Ethnicity** | 81.1% of the population are White from the UK but also many other countries.<br>6.6% are Asian, Asian British or Asian Welsh.<br>5.9% are Black, Black British or Black Welsh of Caribbean or African background.<br>4.5% are from Mixed or Multiple ethnic groups with 1.9% from Other ethnic groups. | 95.7% of the population are White from the UK but also many other countries.<br>1.7% are from Mixed or Multiple ethnic groups<br>1.5% are Asian, Asian British or Asian Welsh<br>0.6% are from Other ethnic groups.<br>0.5% are Black, Black British or Black Welsh of Caribbean or African background. | 91.2% of the population are White from the UK but also many other countries.<br>3.8% are Asian, Asian British or Asian Welsh.<br>2.5% are from Mixed or Multiple ethnic groups.<br>1.6% are Black, Black British or Black Welsh of Caribbean or African background.<br>0.9% are from Other ethnic groups. |
| **Sex** | Female 50.4%<br>Male 49.6% | Female 51.4%<br>Male 48.6% | Female 50.5%<br>Male 49.5% |
| **Sexual Orientation**** | Bristol has more people identifying as LGBTQ+ than national averages.<br>All other sexual orientations 0.8%<br>Bisexual 3.1%<br>Gay or Lesbian 2.2%<br>Not answered 8.5%<br>Straight or Heterosexual 85.5% (compared to 89.4% nationally). | North Somerset is marginally less diverse than national averages.<br>All other sexual orientations 0.2%<br>Bisexual 1.1%<br>Gay or Lesbian 1.3%<br>Not answered 6.8%<br>Straight or Heterosexual 90.6% (compared to 89.4% nationally). | South Gloucestershire is marginally less diverse than national averages.<br>All other sexual orientations 0.3%<br>Bisexual 1.2%<br>Gay or Lesbian 1.3%<br>Not answered 6.5%<br>Straight or Heterosexual 90.6% (compared to 89.4% nationally). |
| *2021 census<br>**Voluntary question for people over 16 years old | | | |

## 1.6 Understanding our workforce data

We are monitoring our workforce to better understand who our colleagues are; whether our makeup accurately represents those we serve and by extension, the lived experiences to support those in the community we serve; and to highlight areas where we need to improve our recruitment/ retention work.

Data captured at 31 December 2023 shows that our workforce is:

- Substantially White (nearly 73%)
- Overwhelmingly (90%) female
- Generally over 40 years old (59.1%)
- Has Christianity as the main religion (29%)
- Significantly Heterosexual or Straight (73%). Over a quarter of all respondents did not identify their sexuality in the survey
- Most (68%) do not identify as having a disability

We have included detailed charts in Appendix 3 of this document.

# 2.0 Actions and successes during 2023

## 2.1 Board engagement

Our Board are active supporters across our Equality, Diversity and Inclusion (EDI) agenda. EDI considerations are fundamental to the activities it undertakes and it continues to take proactive steps to understand and take action. There have been some notable successes in 2023:

- The Board has a non-executive director with specific responsibility for EDI
- The Board instructed Diverse Matters, an EDI consultant, to carry out a review in 2023 which highlighted areas to focus on for improvement

The review assessed Sirona care & health's current Equity, Diversity, and Inclusion (EDI) practices by examining their policies, programs, recruitment and hiring practices, employee development and advancement opportunities, service provision, and identified areas for improvement to foster a more inclusive and equitable workplace

- The Board sponsored the formation of an Equality Diversity & Inclusion Taskforce to launch in January 2024 and take forward action and move the organisation through a lens of Anti Racism from January 2024

## 2.2 Engagement with people who use our services

Our Health Links Team provide an essential interpreting and advocacy service to many of our diverse speaking communities, supporting residents whose first language is not English. The team provide immediate interpretation to people who require GP advice and appointments, and they also signpost and advocate for wider aspects of health and social care support. Over the last year, a variety of health promotion activities and projects have taken place, including supporting communities to widen their social networks and to take an active role in their health and wellbeing. During 2023, they have worked with over 1,000 people. Projects and events delivered in the last year include:

- Somali Women health day event
- Cardiovascular event for South Asian communities in North Somerset
- Cultural awareness session for school nurses
- Attending a GP trainees teaching session, delivering education session on addressing health inequalities, access and language and cultural barriers

- Targeting and taking the Nordic walking initiative to the male Bangladeshi community and supporting the Bangladeshi Association in securing funding for continuing with this activity
- Delivering cultural awareness training to Sirona services including children's services
- Supporting health professionals and engaging with communities to educate and raise awareness for a significant range of different needs. These include dental care, stroke, sexual health, menopause, cancer, diabetes, pain management, mental health & wellbeing drop-in sessions with communities in partnership with Rethink
- Continuing wellbeing activities such as fishing and ladies' badminton
- Promoting flu and COVID vaccinations in communities and attending community clinics
- Holding a joint workshop for increasing cultural awareness with the End-of-Life team

## 2.3 Launching Sirona Wellbeing Leads

In 2023, we introduced Wellbeing Leads in each locality for the first time. These Wellbeing Leads are dedicated to addressing health inequalities and preventing illness from any cause. They have in-depth knowledge of the local communities' resources and collaborate with voluntary, faith, and community organisations.

Examples of their activity during 2023 include:

- Launching a collaborative project to enhance the wellbeing and health outcomes of individuals with Chronic Obstructive Pulmonary Disease (COPD) and their families residing in the most deprived areas of North and West Bristol. The aim is improved understanding of COPD patient needs and experiences and expanded access to Pulmonary Rehabilitation. This project will continue into 2024
- Raising awareness of cancer screening including training with Southern Brooks to support the Gypsy, Roma and Traveller community
- Supporting our North Bristol Trust colleagues who were working to understand why people missed their cardiac appointments. The Wellbeing Leads connected them to different community champions who all suggested solutions to reduce missed appointments in our most deprived communities
- Delivering a child healthy weight workstream in South Bristol
- Supporting the Ageing Well workstream alongside Voluntary, Community and Social Enterprise partners
- Focusing on prevention and awareness of Diabetes Type 2 and Hypertension in our diverse Bristol Inner City and East communities. This included a lively Cooking and Prevention of Diabetes Awareness session at Barton Hill Settlement. It was set up at the request of a group of women in the Somali and Afro-Caribbean community who expressed a keen interest in attending a cooking session that would show them how to prepare a healthy version of a meal that they might commonly cook at home for their families. The event was a collaboration between Barton Hill Activity Club, Somali Resource Centre, Sirona Wellbeing Leads, and the Diabetes and Nutrition Service (DANS)

## 2.4 Inclusion and support for Adults in our care

We have continued to focus on how we increase inclusion and support for people in our care. There are a wide range of highlights for 2023, some of which we have summarised below.

### Adult Learning Disability Health Service (ALDHS)

- The service has met with several service user groups to involve them in co-production of accessible leaflets
- Throughout the year, a working relationship has been built with People First (Learning Disabilities self-advocacy group) to allow for service user engagement with specific projects
- The team attended a local school transition fair to support service users and their families as they prepare for adulthood. The event was a test as a potential function of the ALDHS transition offer and enabled some great conversations about "what to expect", the mental capacity act and sharing contact details
- The Accessible Catheter Passport is now part of the standard packs carried by Integrated Neighbourhood Teams. This can be used to empower people with a learning disability to have greater awareness of their catheter and the care required, reducing health complications

- New for 2023, we have produced Easy Read documents which ensure locally recognisable information about heat waves is shared across the Bristol, North Somerset and South Gloucestershire region. This was developed in consultation with People First and has been shared with all care providers and primary care to enable LD service users to stay safe in hot weather

- Red Flags of cancer resources have been developed in consultation with People First. These resources can be shared with care providers and service users to help them identify early signs of cancer and what action to take. This aims to increase uptake in screening by giving people accessible information about what screening will involve and how important it is
- We have developed a training package for cancer screening especially for people with Learning Disabilities, in consultation with People First and other care providers. Lyn Sandles (LD Screening Practitioner) developed the programme, using anatomical models and easy read information. The training has since been rolled out to 100+ people with a learning disability across a number of community settings, day services and residential homes

## The Homeless service

This team works regularly with partners across BNSSG to identify and support people who are experiencing homelessness. They go to people wherever they are and aim to build trust in order for people to access the healthcare they need.

One of many examples in 2023 was supporting a gentleman who had been sleeping rough for many years, with complex health problems. They visited him in his tent regularly, bringing him food, fresh socks and dressing his wounds. They successfully encouraged him to register with a GP, and he moved into sheltered accommodation for the first time in years.

## The Haven service

The Haven supports the healthcare of asylum seekers and refugees. During 2023, the Haven developed a partnership with the Red Cross, paying for a support worker who could work alongside the healthcare team. The support worker focused on helping people to access advice and basic needs such as clothing or bus passes, acknowledging that meeting basic needs is essential for people to be able to focus on their health.

## Parkinson's service

The team have continued to engage with people with Parkinson's. The service lead Nick Cutcliffe and interim CEO Julie Sharma attended a Parkinson's Group meeting in July 2023 to hear people's stories and concerns. This has prompted Sirona to convene a Parkinson's collaborative with other partner organisations to drive system service improvements.

## 2.4 Inclusion and support for Children in our care

At Sirona care & health, we are deeply committed to fostering an inclusive environment for all children within the BNSSG (Bristol, North Somerset, and South Gloucestershire) area. Our work is dedicated to not only meeting the diverse needs of the children in our care but also ensuring that their families receive the necessary support and resources. Throughout 2023, our team has been hard at work developing and implementing a wide range of new and innovative projects aimed at enhancing the well-being and opportunities for every child we serve.

These initiatives reflect our ongoing commitment to inclusion, equity, and holistic support. By focusing on the unique needs of each child, we aim to create environments where they can thrive, learn, and grow. Below, we have provided summaries of several key projects and initiatives that have been introduced this year, showcasing the progress we have made in advancing our mission to support children and their families across the region:

- Family Nurse Partnership (FNP) is a home visiting programme for first time young parents and their families. At enrolment in 2022-23, 33% of the clients lived in an English Indices of Multiple Deprivation (IMD) level 1 area (10% most deprived) with a further 10.86% in level 2 and 16.57% in level 3. Only 50% of clients had completed school, and less than half the FNP national average were in Education, Employment or Training (EET). The FNP service include clients in their annual review when they meet commissioners and other stakeholders to ensure their voice is heard. Clients were also involved in interviewing new team members in 2023, and we had positive feedback from them on being involved

- In the Autism Assessment service, we have been engaging with Barnardo's young peoples neurodiversity group. We ask the lead for the group to present at our team day, and she shared key themes the young people wanted us to know and be aware of when planning their care. The service lead and operational lead met with the young people directly to share current projects in the service and think how we can work together. We have arranged for ongoing meetings directly with the young people in 2024
- Our School Aged Immunisation Team held flu vaccination sessions at mosques across Bristol to enable children from the Muslim community to receive the injectable vaccine. This was organised following feedback from parents of children from the Bristol Muslim community who were unable to receive the nasal flu vaccine in school, due to its porcine gelatine content. The team liaised with the Bristol Muslim community and three separate sessions were set up in different mosques throughout the city where an alternative intramuscular flu immunisation was offered. There was a great uptake and on top of that, MMR vaccinations were also given to those who came forward during the sessions. The team have also started to offer the intramuscular flu vaccination in some primary school settings where there is a known to be high demand for the non-porcine gelatine vaccine
- We worked with our health partners to create a new, more accessible website for Sirona's Children's Services. We also asked young people for their feedback on the website and how they would like the new website to look. The website is clearer, brighter and easier to navigate for service users

- Our Public Health Nursing team worked with families and parent carer forums to review the letters and leaflets sent out by the Health Visiting Service. They used feedback from these consultations to make the letters more accessible and designed a new leaflet to explain how our Health Visiting Service supports families
- Our Speech and Language Therapists (SLTs) recorded videos offering tips to families on how to support their children's speech and language development at home. The SLTs run drop-ins for families, but the videos enable more people to access these resources if they are unable to attend the drop-ins
- We created an animation to explain how our Specialist Health Advisors for SEND contribute to a child's Education, Health and Care Plan (EHCP). The process can be lengthy and confusing and the animation makes the process more accessible for children and families

## 2.5 People's Council – including our communities

This is our community engagement group, created in early 2020, the People's Council come together every two months to ensure that Sirona supports:

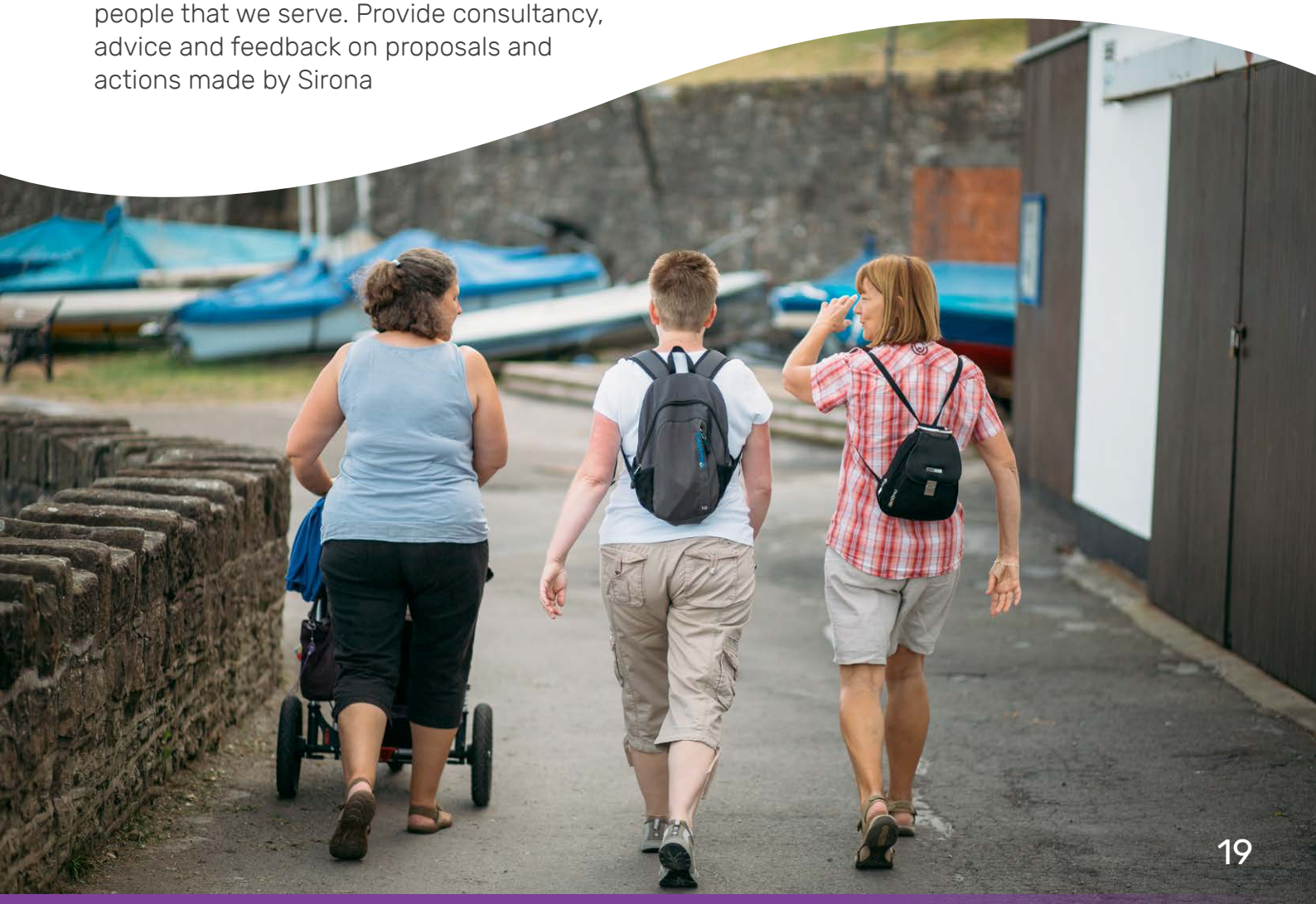
**View and Voices** - Ensure that the voices of those using services provided by Sirona is heard at every level of the organisation and taken into account in the planning, design and monitoring of services

**A Critical Friend** - Act as a 'critical friend' to the Sirona Board in its planning and decision-making ensuring it runs the organisation with due regard to the needs and wishes of those using its services, and those who will do so in the future

**Knowledge and Experience** - Be a source of knowledge and experience related to the people that we serve. Provide consultancy, advice and feedback on proposals and actions made by Sirona

**Representative** - Be representative of the public, clients, users of community health services or carers in Bristol, North Somerset and South Gloucestershire (BNSSG). Members represent themselves directly, or indirectly by advocating for people who inform the group

The Council has been involved in the development of quality priorities, review of policies, supporting recruitment panels for senior colleagues, contributing to focus groups and meeting with people across the organisation to provide a different perspective.



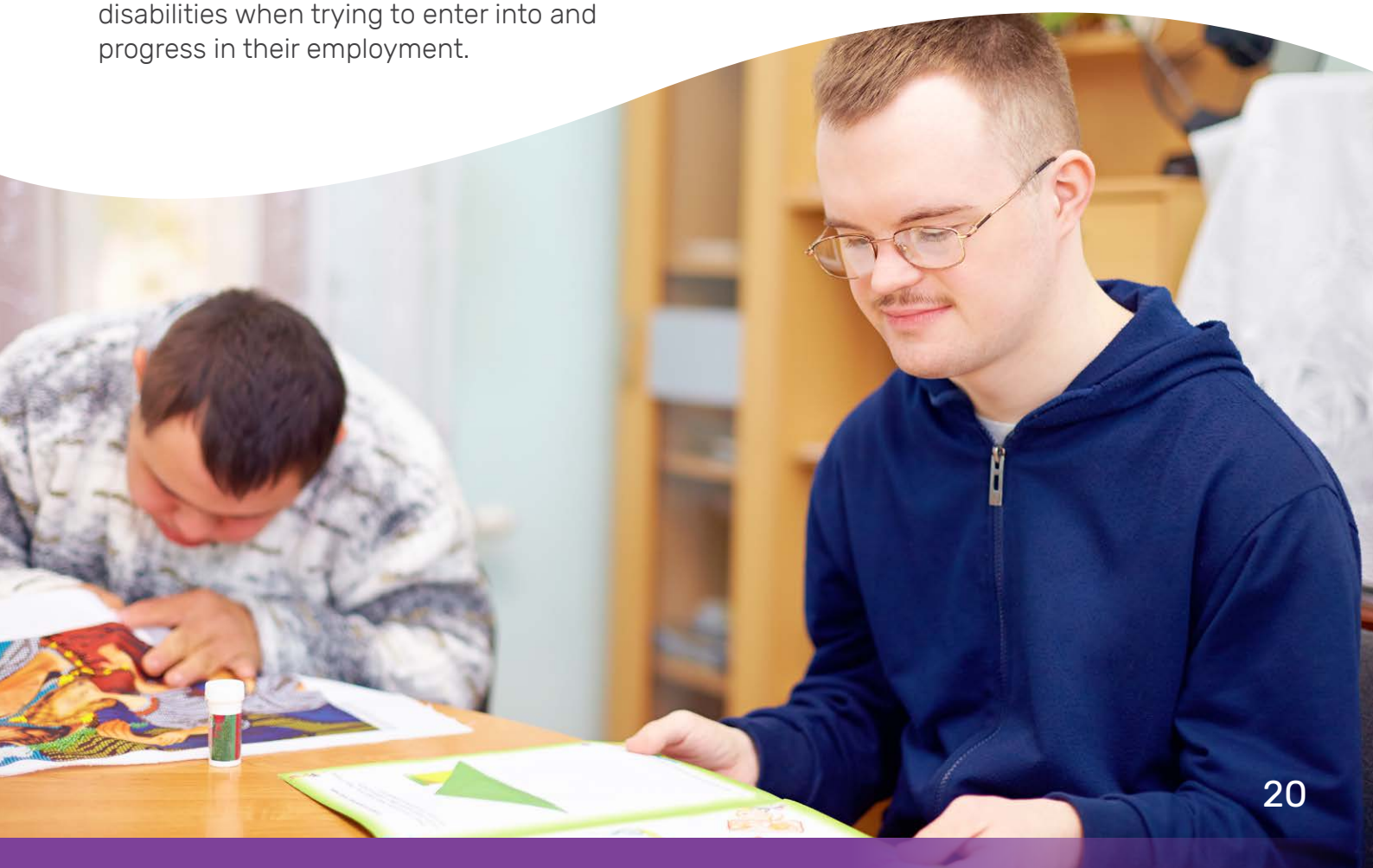
# 3.0 Key Initiatives – 2023 and beyond

## 3.1 Disability Confident Employer standard

In 2023, we refreshed and maintained our Level 2 accreditation of the Disability Confident Employer standard.

We do many things which demonstrate how we meet this standard, such as advertising in a variety of places and providing information in different formats and supporting colleagues who become disabled so that they can remain in their role with us. An important element of this standard is that we guarantee an interview to any applicant who has a disability and who meets the minimum criteria for the role. This nationally supported positive action initiative is aimed at redressing many years of historical discrimination and disadvantage faced by people with disabilities when trying to enter into and progress in their employment.

The aim for 2024 is to build on this work towards Level 3 accreditation, in collaboration with local stakeholders and support from our staff network groups.



## 3.2 Interpreting and Translation

We have two interpreting and translation providers who provide services for our ethnically diverse population.

Between January and June 2023 Sirona colleagues booked 78 languages for spoken interpretation in many settings, and also written translations to support the people we serve.

We have a specialist provider of non-spoken languages such as British Sign Language (BSL). In 2023 we launched InterpretersLive! an on-demand BSL video interpreting service. This allows instant 3-way communication between the d/Deaf and hearing person via a BSL interpreter by video remotely or in person. People can also pre-book BSL video interpreters and other types of remote communication support.

Alongside this new service launch we created a dedicated page on our website. We also commissioned a BSL signed video to promote the service which was also shared for promotion in our local d/Deaf community.

In 2023 we launched a joint re-procurement of interpreting and translation services with our acute partners at UHBW and NBT.

It is important that our new providers are able to build services that meet our local population needs, respond well to feedback and demonstrate how they will work with local communities.

Our Health Links team also continue to provide immediate interpreting face to face and remotely, alongside signposting and advocacy support for people whose first language is not English.

## 3.3 Accessible Information Standard (AIS)

We continue our commitment to improving the information and communication support needs for people with a disability, impairment, or sensory loss.

A key development in 2023 was the creation of, and recruitment to, two new dedicated Accessible Communication and Engagement roles. The Lead and Assistant roles sit within the Communications team and are key enablers for improving our compliance with the Accessible Information Standard. They also lead and support wider accessible communications and engagement work both internally and externally.

Below are examples of work in 2023:

- Immersive Visual Impairment training for staff in collaboration with the Sight Loss Council with further dates planned
- Establishment of the Accessible Communication Steering group including key external stakeholders to inform the development of our ongoing improvements
- Launch of InterpretersLive! British Sign Language (BSL) instant video interpreting service, this supports on-demand remote and in person interpreting for the d/Deaf community
- Collaboration with acute health partners in supporting the d/Deaf Information Day in Bristol to take onboard feedback on access and experience in the community. This included sharing information and advice about people's rights under the AIS and reducing barriers to accessing health services

- Strategic roll out of Easy Read beyond our Learning Disability (LD) team including training for developing Easy Read information, provided by Photosymbols
- Increase of Photo symbols licenses, with more staff able to use the image library to create Easy Read documents
- Established collaborative relationship with our LD self-advocacy groups, People First, to ensure co-production of accessible information from the LD team
- Sign Along training and Talking Mats training provided by the Adult Learning Disability Health Service (ALDHS), enabling greater communication with our learning-disabled population
- Acute LD liaison services have developed a library of accessible information to improve speed of access and availability of information within our acute trusts
- Purchase of anatomical models to aid with education of cancer screening and self examination to those who require practical education

## 3.4 Staff Network Groups

Over the last few years, we have supported the establishment and development of staff network groups. There are now three established network groups:

- Global Majority
- Disability and Long-Term Condition
- LGBTQ+

These networks continue to develop and work together for the benefit of their members and the wider organisation.

Some highlights of the activity the networks have been involved in, during 2023, include:

- Building capacity and knowledge through collaboration across the Networks
- LGBTQ+ members being involved with the Healthier Together work at Bristol Pride
- Representing Sirona at a national EDI conferences
- Offering Neurodiversity in the workplace training

The continuing development of the staff networks is a key priority for us in the next year.

## 3.5 Freedom to Speak Up

Freedom to Speak Up is a national initiative designed to encourage colleagues to speak up about care, quality or safety. As an organisation, we adopted this initiative as we want to develop our culture of encouraging colleagues to speak up about concerns at work.

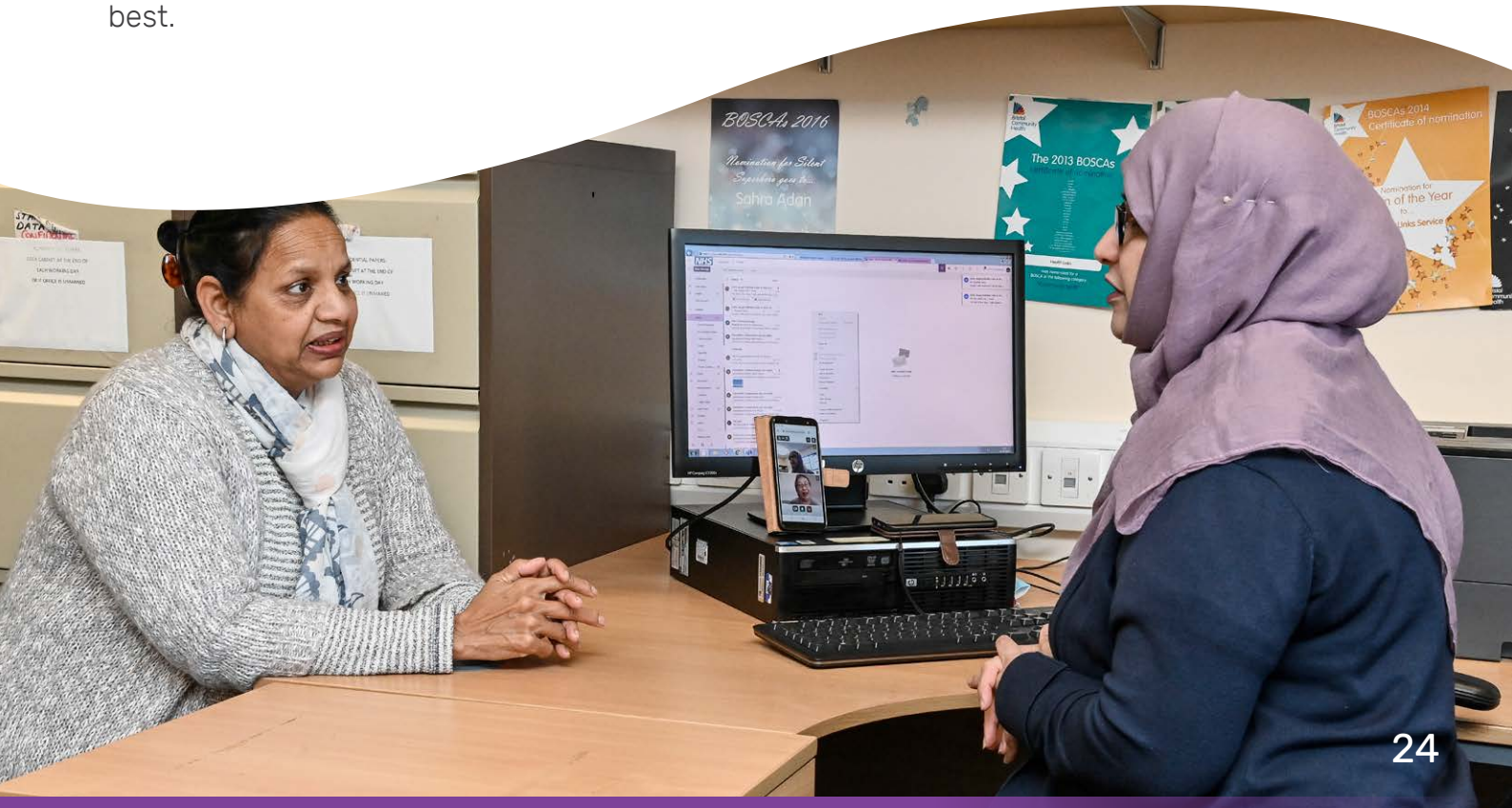
We believe that speaking up is vital for protecting individuals and ensuring the effectiveness of our organisation. When leaders actively listen, respond, and set clear standards of behaviour, it fosters a culture of safety and accountability.

Our commitment is to maintain openness and transparency in all our actions, encouraging everyone to feel empowered to voice their concerns. However, the Freedom to Speak Up initiative is specifically designed to support those who might feel hesitant or unable to speak up. This initiative goes beyond just addressing concerns about personal safety; it encompasses the ability to raise any issues that hinder our ability to perform at our best.

By creating an environment where everyone feels comfortable speaking up, we can address problems proactively and maintain high standards of excellence.

The role of our Freedom to Speak Up Guardians are to:

- Support colleagues to speak up
- Address any barriers colleagues feel are stopping them from speaking up
- Work with all colleagues to create a positive culture for speaking up
- Ensuring any issues raised are used as opportunities for learning and improving
- Keep colleagues updated every step of the way should there be a need for an investigation
- Colleagues are able to register their concerns to Guardians through the Freedom to Speak Up email address - sirona.freedomtospeakup@nhs.net



## 3.6 Equality Impact Assessments

### 3.6.1 Overview of Equality Impact Assessments (EIAs)

Equality Impact Assessments (EIAs) are a systematic approach to identifying the potential effects of policies, programs, projects, or decisions on different groups of people. They are an essential tool for ensuring that the needs of all individuals are considered and that actions do not inadvertently discriminate against any group, particularly those with protected characteristics as defined by the Equality Act 2010.

**What do EIAs help us to achieve?**

- **Promote Equality:** EIAs help promote equality by ensuring that policies and practices consider the diverse needs of the population and work towards eliminating discrimination and advancing equality of opportunity
- **Legal Compliance:** Conducting EIAs ensures compliance with the Public Sector Equality Duty (PSED) under the Equality Act 2010, demonstrating that the organisation has considered the potential impact on equality when making decisions
- **Improved Decision-Making:** By assessing the potential impact on different groups, EIAs support informed and fair decision-making, helping to avoid or mitigate adverse effects on specific groups
- **Transparency and Accountability:** EIAs provide a clear and documented process for assessing equality impacts, contributing to transparency and accountability within the organisation

**What is the process for Conducting EIAs within Sirona care & health?**

**1. Screening:**
Initial screening to determine if a full EIA is needed. This involves a preliminary assessment of whether the proposed policy, project, or decision is likely to have a significant impact on equality

**2. Scoping:**
Define the scope of the EIA, identifying which groups might be affected and what data is needed. This includes gathering existing data, consulting with stakeholders, and understanding the context of the policy or decision

**3. Data Collection and Analysis:**
Collect and analyse relevant data to understand the potential impacts on different groups. This may include demographic data, consultation feedback, and research findings

**4. Impact Assessment:**
Assess the potential positive and negative impacts on each group. Consider how the policy or decision might affect each protected characteristic and identify any unintended consequences

**5. Mitigation and Improvement:**
Develop strategies to mitigate any negative impacts and enhance positive impacts. This may involve modifying the policy, implementing supportive measures, or developing new initiatives

**6. Consultation:**
Engage with stakeholders, including those from affected groups, to gather feedback on the assessment and proposed measures. This ensures that the perspectives of those impacted are considered and informs the final recommendations

**7. Decision-Making:**
Incorporate the findings of the EIA into the decision-making process. Ensure that decision-makers are aware of the equality impacts and the proposed mitigation strategies

**8. Monitoring and Review:**
Establish mechanisms to monitor the impact of the policy or decision over time. Review the EIA regularly to ensure that it remains relevant and that the intended outcomes are being achieved

**9. Documentation and Reporting:**
Document the EIA process and findings in a comprehensive report. This report should be accessible and transparent, detailing the steps taken, the data used, the impacts identified, and the actions proposed

By following this process Sirona care & health ensures that all policies and decisions are evaluated for their impact on equality, promoting a fairer and more inclusive environment for all stakeholders.

## 3.6.2 What progress have we made in 2023/24?

Significant progress has been made during 2023/24 to further develop the Equality Impact Assessment form and the sign off process.

The 2023 template includes questions about the intended outcomes and benefits and who these might impact. It explains what Health Inequalities are and asks what health inequalities have or might emerge from the proposal, directing authors to a national tool (the HEAT tool) to help them evaluate the Health Inequalities. It then asks whether the proposal could have a positive or negative impact on any of the protected characteristic groups or other relevant groups. A list of resources is provided for colleagues to use to help them with this section.

All Equality Impact Assessments are reviewed by the EIA panel, which was first set up in August 2022. The panel helps each EIA to obtain Director-level sign-off to show an organisational commitment. The Directors who sign off the Impact Assessments include the Medical and Nursing Directors.

Since the system is relatively new for 2023, only a small number of service changes were received during the year. However, they do include:

- Occupational health records will be transferred to APOHS in February 2023
- Children's Autism Assessments and Paediatric Appointment Criteria Changes March 2023
- Updated Quality Impact Assessment (QIA) Form made available July 2023

During 2023/24, a further key development was the creation and delivery of Equalities and Health Inequalities Toolkit sessions. These sessions provided training to over 55 staff colleagues across many services and were positively received.

The aims of the sessions were:

- To understand the difference between equalities and health inequalities
- To understand our equality duties
- To learn about the Equality and Health Inequalities Toolkit (Template, Guidance and Resources)
- To understand the assessment process in Sirona
- Apply the learning to colleagues' work throughout Sirona

We also ran informal drop-in sessions to support people completing assessments.

Dedicated intranet pages were created with further resources to support teams. The Sirona Staff Networks and Wellbeing Leads have also been available as an internal resource to support assessors. The Wellbeing Leads have a lot of knowledge about the localities and needs of the residents in the areas they work in. The Sirona Staff Networks also have a wealth of knowledge and lived experience particularly of race and ethnicity, LBGTQ+ issues and disability and long-term conditions, and how these might intersect.

We recognise there is still much work to do to embed processes, including improving monitoring and exploring key enablers such as digitisation and champion roles. However, we are confident that substantial progress has been made, with more to come.

## 3.7 Complaints and compliments - focus on equalities

We have a process to capture the equalities data of any service user who contacts our Customer Care team to make a formal complaint. This current method for collecting equalities data from experiences and complaints is under review.

The previous response rate has consistently been low, failing to yield useful insights in this area. The team will be developing an online survey to align data collection with the broader organisational practices. Additionally, efforts are underway to clearly explain to complainants the importance of this data to the organisation.

The number of completed forms are low and we are therefore unable to draw any conclusions around whether certain groups are underrepresented/overrepresented among formal complainants. However, we will monitor this data and hope to be able to share trends from this data in future years.

# 4.0 National Standards and Reporting

## 4.1 NHS Workforce Race Equality Standard (WRES)

Race equality in our workforce is a key priority here at Sirona and we have therefore committed to analysing our colleagues' information and survey responses in line with our NHS Providers colleagues across the Bristol, North Somerset, and South Gloucestershire Integrated Care System.

From 2024, we will be reviewing the Workforce Race Equality Standard and will be providing (and publishing) this information on an annual basis. We will also refresh our action plan every year, in collaboration with our Global Majority Staff Network.

Our most recent report is available on the website - https://www.sirona-cic.org.uk/policies/

## 4.2 Gender Pay Gap

We continue to analyse our workforce information to understand any disparities in pay that relates to gender.

Between 2020 and 2023, we reduced the median pay gap between women and men from a gap of £1.64 to £0.36.

The headlines of the most recent analysis from 2023 shows:

- Our Mean gender pay gap is 8.9% which has increased marginally from one year earlier (8.4%)
- Our Median gender pay gap is 2.0% which again has decreased marginally from the previous year (2.8%)
- We have a female Chief Executive and our Board at the time the data was captured comprised of 9 women and 5 men

Our most recent report is available on our website - https://www.sirona-cic.org.uk/policies/

# 5.0 Priorities for 2024

To continue our work on this important agenda we have identified a number of priorities for the forthcoming year;

- Launch our EDI Taskforce as a key structural response to the opportunities and challenges related to Equity, Diversity, and Inclusion (EDI). The creation of this taskforce underscores our commitment to embedding EDI principles into the core of our organisation and fostering a more equitable, inclusive environment for all
- Use the EDI Taskforce to:
  - Identify gaps, recommend strategies, and implement actionable solutions to address diversity, equity, and inclusion across all levels of the organisation. Using a data-driven approach, the taskforce will evaluate internal policies, workforce demographics, and external best practices to guide its initiatives. This will ensure our efforts align not only with industry standards but also with the evolving needs of our employees, clients, and stakeholders
  - Deliver a proactive and forward-looking response to structural challenges. Rather than simply responding to issues as they arise, the taskforce will focus on anticipating challenges and seizing opportunities to foster a more inclusive culture. This will involve developing educational programs, creating platforms for employee resource groups, and ensuring leadership accountability by regularly measuring progress against clearly defined EDI goals. By establishing the EDI Taskforce in 2024, we are taking a significant step toward ensuring that diversity and inclusion become integral to our organisational identity. The taskforce will help shape the future of our culture, ensuring that EDI is not just a priority, but a sustainable and dynamic part of who we are

- Implement EDS (Equality Delivery System) in collaboration with ICS partners. The Equality Delivery System (EDS) is a tool designed to help NHS organisations (and potentially others) improve services for communities, patients, and staff by promoting equality and eliminating discrimination
- Undertake WDES (Workforce Disability Equality Standard), alongside WRES (Workforce Race Equality Standard). Our aim in undertaking the Workforce Disability Equality Standard (WDES) alongside the Workforce Race Equality Standard (WRES) is to create an inclusive and equitable workplace where all staff, regardless of race or disability, are treated fairly, supported in their development, and have equal opportunities to succeed, while using data-driven insights to inform targeted interventions and foster a culture of accountability and transparency
- Improve diversity data of people in our care. This means improving how we ask for, collect and analyse the data, and how we sensitively address any areas of under-representation
- Work with system partners to develop a Health Inequalities Steering Group. This Group will work with system partners to develop and lead coordinated efforts to identify, address, and reduce health disparities across the community through strategic planning, collaboration, and targeted interventions
- Continue support to cultivate and grow our three staff networks: Global Majority, LGBTQIA+ and Disability Long Term Conditions (DLTC). This will enable us to learn from lived experiences and design appropriate supports, interventions and events for each group
- Further develop the support and activities to improve performance against the Accessible Information Standard. This will help us to ensure that health and care information is fully accessible to those who need it, and that no one is left behind

# 6.0 Conclusion

2023 has been a year that saw significant progress across the organisation.

We have embedded our staff networks, turned our attention to data/insight and delivered significant outreach events into traditionally minoritised communities.

We are proud of the work we have done – and aware how much there is still to do in order to ensure that everyone in Bristol, North Somerset and South Gloucestershire has access to fully equal, equitable care.

We will continue to report annually through the Public Sector Equality Duty Report, as well as our Annual Review, other important publications and our website. We won't always get it right, and we will rely on our communities to be kind with their feedback, generous with advice and open to us asking for guidance when we need it.

By working together across our system, we are confident that we can reduce, then eradicate, inequitable standards of treatment and truly deliver improved outcomes for all.

# Appendices

## Appendix 1 – Accessible versions of our population data

### Appendix 1.1 Bristol Population overview - Accessible version

472,462 people live in Bristol.

Largest city in the South West with a diverse population speaking more than 90 languages.

Life expectancy is 83 for women and 78 for men.

Healthy life expectancy is 62 and 60 years respectively for women and men.

The most deprived 10% of the Bristol population have around 16 fewer years of healthy life expectancy than the least deprived 10%.

#### Age structure

Average age in Bristol is 30.

Age structure is younger, significantly increased by a large student population.

35% of children and young people in Bristol live in the 20% most deprived postcodes in the country.

#### Sexual orientation

More people identify as LGBTQ+ than national averages.

#### Disability

18.9% of females said Yes.

15.5% of males said Yes.

This is lower than average for males compared to the England average (16.5%).

The percentage of people with a learning disability in Bristol is 0.5%.

Higher than national average (13.2%) depression recorded prevalence in Adults 18+ at 14.6%.

#### Ethnicity

81.1% of the population are White from UK and other countries.

6.6% are Asian, Asian British, or Asian Welsh.

5.9% are Black, Black British or Black Welsh of Caribbean or African background.

4.5% are Mixed or from Multiple Ethnic groups.

1.9% are from other Ethnic groups.

0.4% of the population are Gypsy or Irish traveller.

The percentage of people who cannot speak English well or at all is 1.6%.

### Carers

Residents aged 5 and over who are carers is at 8.7%, marginally lower than national average (8.9%).

### Veterans of UK Armed Forces

There are 9491 people, 2.4 % of the population. This is lower than average for percentage of the population aged 16 years+ compared to England and Wales (3.8%).

### Active population

76.5% of people walk or cycle at least once per week.

Bristol is 20th/ 150 in England for active travel.

Adult obesity is 20.6%. This is lower than national average (25.3%).

Child obesity (Reception) is 21.5%. This is lower than national average (22.3%).

### References

1) BNSSG Our Future Health report Sept 2022

2) UK census 2021

3) ONS

4) OHID Health Inequalities dashboard

# Appendix 1.2 North Somerset Population overview - Accessible version

216,733 people live in North Somerset.

North Somerset has the 3rd largest inequality gap in the country with areas falling in the most deprived 1% in England.

Life expectancy is 85 for women and 81 for men.

Healthy life expectancy is 68 and 62 years respectively for women and men.

**There are hotspots of low healthy life expectancy (HLE) in areas of Weston**.

## Age structure

Average age in North Somerset is 46.

19.8% of the population are under 18 years. 23.9% are 65 years and over.

Weston has an older demographic.

Worle has a younger population profile.

Woodspring residents are older with fewer young children.

## Sexual orientation

North Somerset is marginally less diverse than national averages.

## Disability

20.6% of females said Yes.

16.7% of males said Yes.

This is higher than average for females compared to England (18.7%).

The percentage of people with a learning disability in North Somerset is 0.5%.

Higher than depression recorded prevalence in Adults 18+ at 15.7% compared to national average (13.2%).

## Ethnicity

95.7% of the population are White from UK and other countries.

1.5% are Asian, Asian British, or Asian Welsh.

0.5% are Black, Black British or Black Welsh of Caribbean or African background.

0.6% are from other Ethnic groups.

0.3% of the population are Gypsy or Irish traveller.

1.3% of residents were born in Poland.

0.6% of the population cannot speak English well or at all.

### Carers

Residents aged 5 and over who are carers is at 8.9%, identical to national average.

### Veterans of UK Armed Forces

There are 9443 people, 5.3 % of the population. This is higher than average for percentage of the population aged 16 years+ compared to England and Wales (3.8%).

### Active population

74.7% of people walk or cycle at least once per week.

North Somerset is 31st/ 150 in England for active travel.

Adult obesity is 25.7%. This is around national average (25.3%).

Child obesity (Reception) is 23.3%. This is slightly above national average (22.3%).

### References

1) BNSSG Our Future Health report Sept 2022

2) UK census 2021

3) ONS

4) OHID Health Inequalities dashboard

5) Joint strategic needs assessment (JSNA) for health and social care

6) Health Foundation Local Authority dashboard

# Appendix 1.3 South Gloucestershire Population overview - Accessible version

290,423 people live in South Gloucestershire.

Largely rural area but most of the population live in urban areas within the fringe of Bristol, and in Yate and Thornbury.

Life expectancy is 84 for women and 82 for men.

Healthy life expectancy is 67 and 65 years respectively for women and men.

Cancer in both men and women contributes most to the gap in life expectancy between most and least deprived areas.

## Age structure

Age structure is younger - average age in South Gloucestershire is 40.

20.4% of the population are under 18 years.

18.7% are 65 years and over.

Population growth was higher in South Gloucestershire than across the South West (2011-2021).

## Sexual orientation

South Gloucestershire is marginally less diverse than national averages.

## Disability

18% of females said Yes.

14.6% of males said Yes.

This is lower than average for both females and males compared to England (18.7% and 16.5% respectively).

The percentage of people with a learning disability in South Gloucestershire is 0.5%.

Higher than average depression recorded prevalence in Adults 18+ - 13.9% compared to 13.2% nationally.

## Ethnicity

91.2% of the population are White from UK and other countries.

3.8% are Asian, Asian British, or Asian Welsh.

2.5% are Mixed or Multiple Ethnic groups.

1.6% are Black, Black British or Black Welsh of Caribbean or African background.

0.9% are from other Ethnic groups.

0.7% of the population are Gypsy or Irish traveller.

0.7% are migrants from outside the UK.

0.8% of the population in South Gloucestershire cannot speak English well or at all.

### Carers

Residents aged 5 and over who are carers is at 8.8%, marginally lower than national average (8.9%).

### Veterans of UK Armed Forces

There are 9498 people, 4% of the population. This is marginally higher than average for percentage of the population aged 16 years+ compared to England and Wales (3.8%).

### Active population

71.8% of people walk or cycle at least once per week.

South Gloucestershire is 58th / 150 in England for active travel.

Adult obesity is 25.7%. This is around national average (25.3%).

Child obesity (Reception) is 16%. This is below national average (22.3%).

### References

1) BNSSG Our Future Health report Sept 2022

2) UK census 2021

3) ONS

4) OHID Health Inequalities dashboard

5) Health Foundation Local Authority dashboard

## Appendix 2 – Equality Impact Assessments conducted in 2023

Summary of EIAs Conducted in 2023

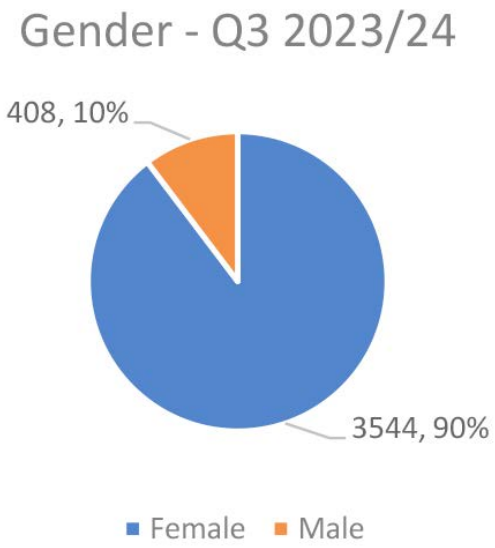
• Summarise the findings and actions taken as a result of EIAs.

| **Policies, projects, or decisions that were subject to EIAs** | |
|---|---|
| • Clevedon Minor Injury Unit Change of Hours | X 1<br>Approved by Chief officers with amendments to comms plan and assurance from People team of correct process re staff change of hrs. Change agreed but implementation delay agreed. |
| • Children's CCHP Website<br>• Delivery Reset Programme<br>• Early Years Speech and Language Therapy<br>• Integrated Neighbourhood Team Wound Care Deferrals<br>• Delegation of Insulin Administration to 3rd Parties | X 5<br>Approved. Panel do not require resubmission or review |
| • End Of Life Pilot remote assessments | X 1<br>Approved. Panel do not require resubmission or review until consideration of the roll out across more teams. Some refinements to EHIIA to be added. |
| • Children's Helpdesk transfer to Business As Usual | X 1<br>This did not proceed |
| • TRAC project<br>• Healios and Sirona | X 2<br>Approved - No further action required |
| • New HQ | X 1<br>Quality Impact Assessment addition of risk relating to staff retention and amended risk score, but does not need to return to panel for this. |
| • Community Bloods | X 1<br>No outcome |

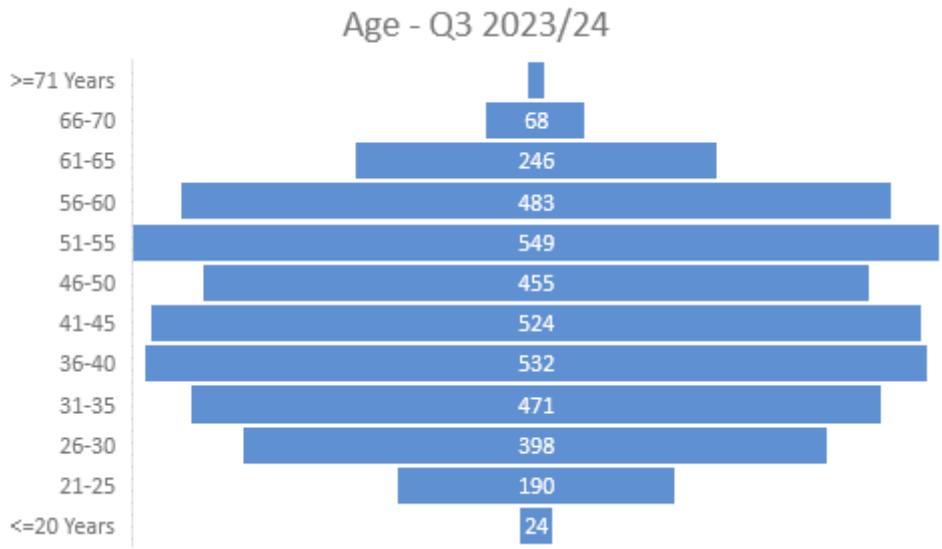
## Appendix 3: Our workforce in numbers

The below charts highlight the breakdown of our workforce composition by the relevant protected characteristics.

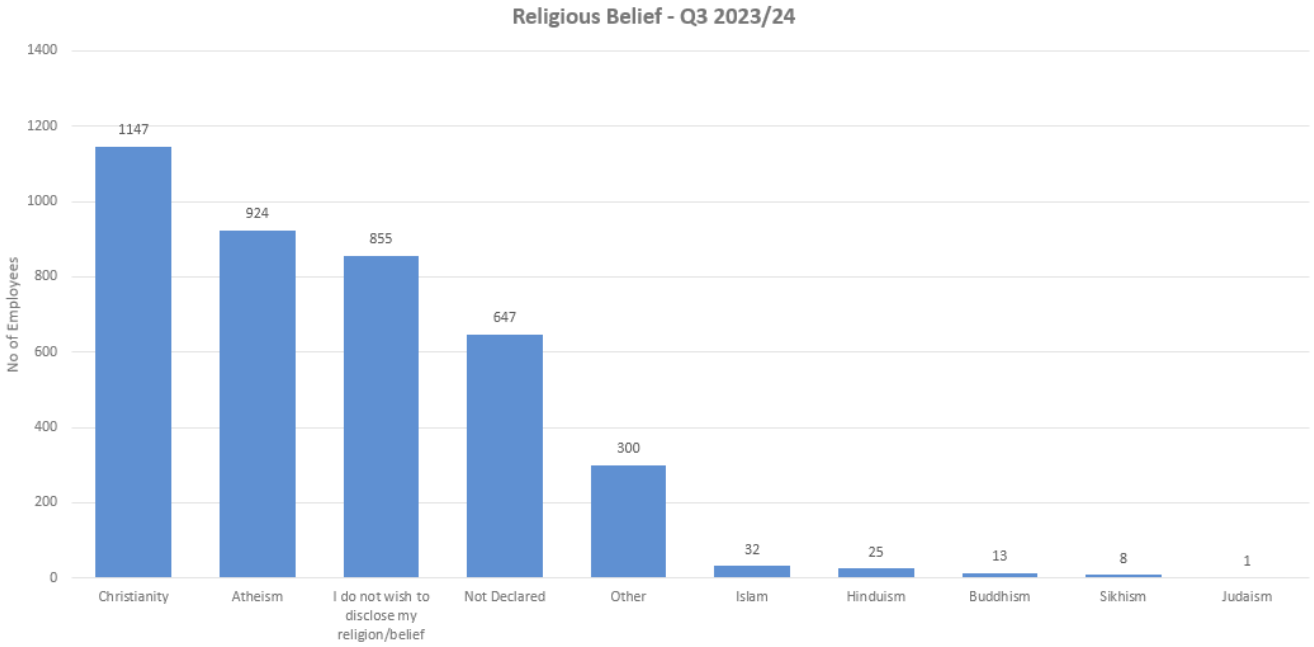
### Workforce breakdown by Gender self-reported on ESR:



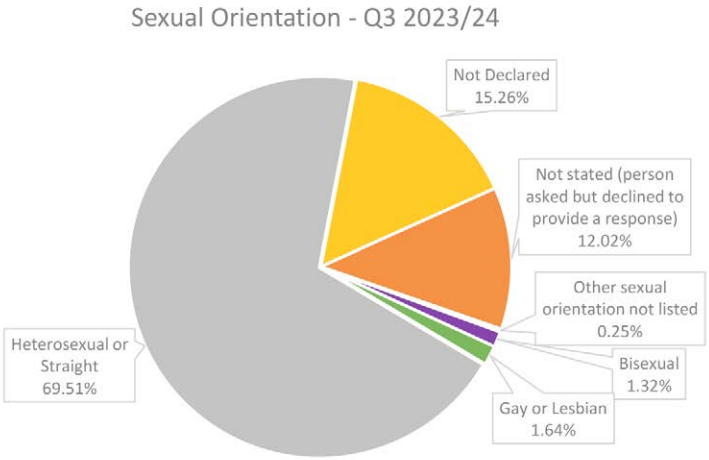

### Breakdown by age:



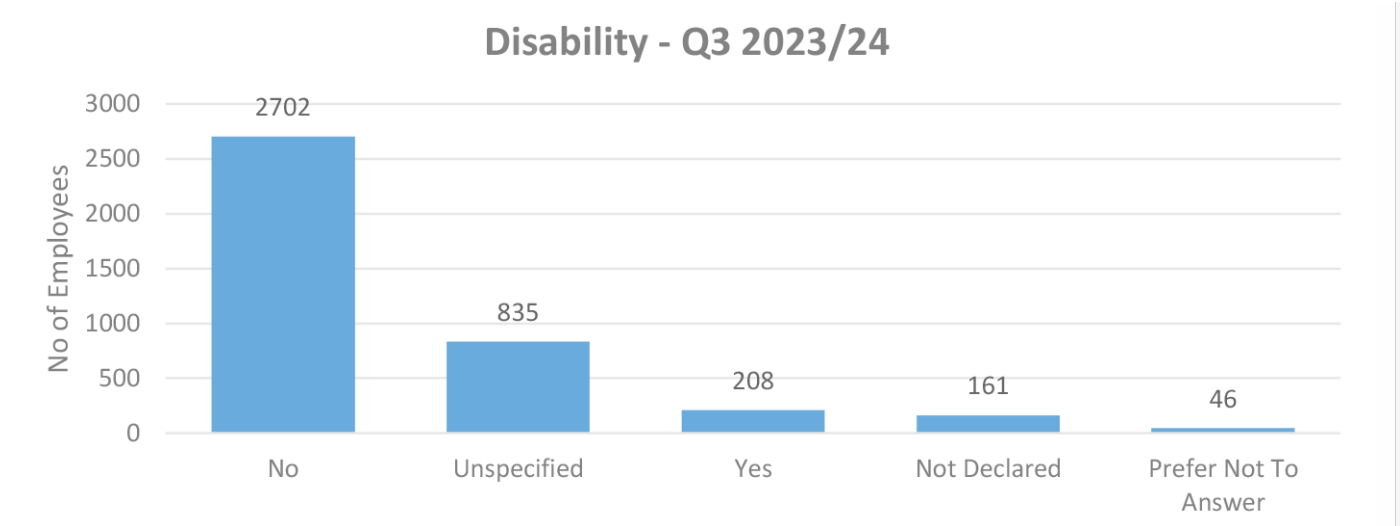
## Breakdown by religious belief:



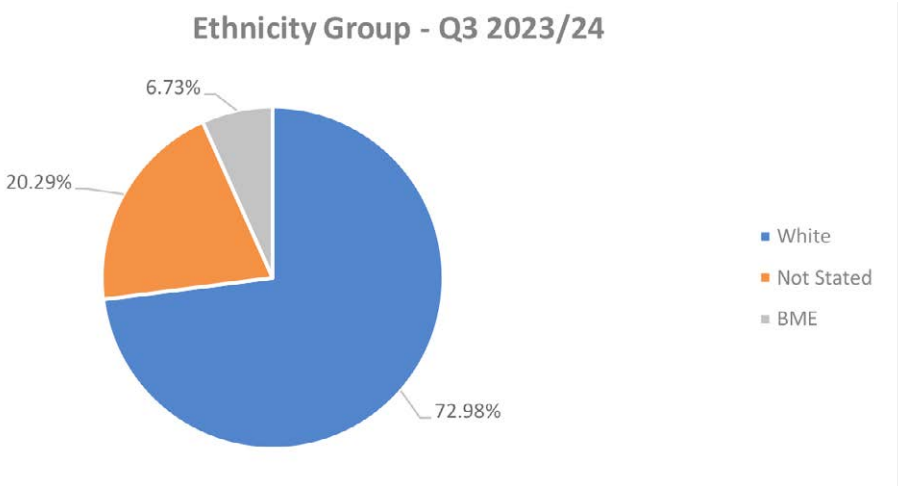

## Breakdown by sexual orientation:

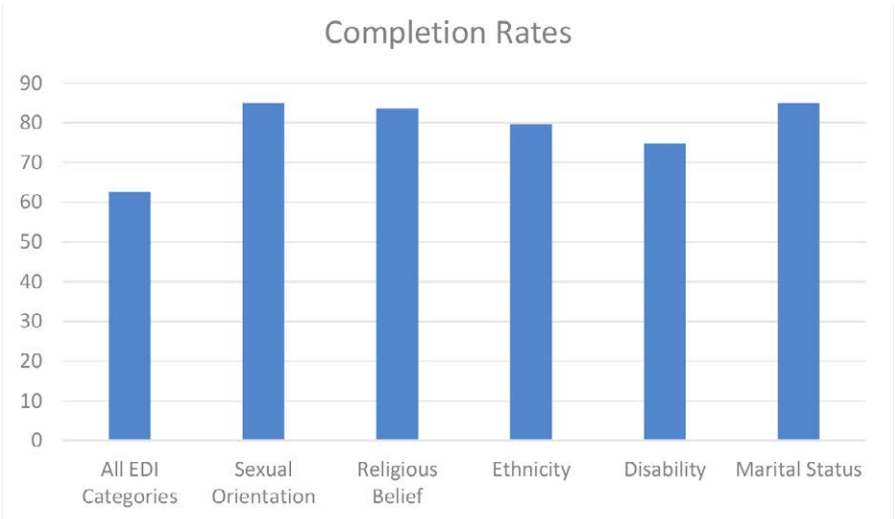


## Breakdown by disability:




## Breakdown by ethnicity:




## Completion Rates: