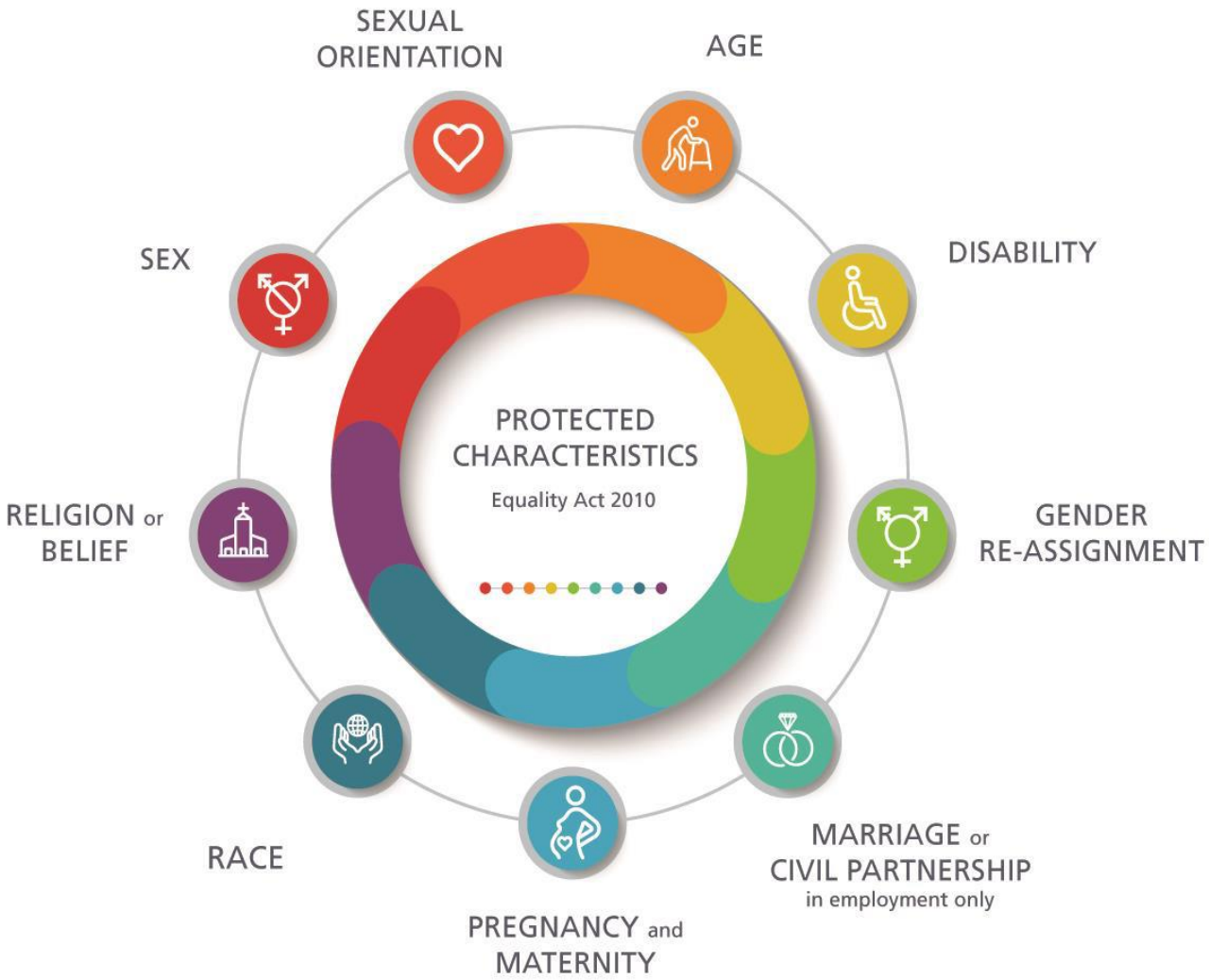
NHS
Devon
Clinical Commissioning Group

NHS Devon Clinical Commissioning Group

Equality, Diversity and Inclusion Report 2019/2020


SEXUAL ORIENTATION
AGE
DISABILITY
GENDER RE-ASSIGNMENT
MARRIAGE or CIVIL PARTNERSHIP
in employment only
PREGNANCY and MATERNITY
RACE
RELIGION or BELIEF
SEX
PROTECTED CHARACTERISTICS
Equality Act 2010

Accessibility statement

This report is available in different formats and languages on request. Please contact NHS Devon Clinical Commissioning Group's (CCG) Patient Advice and Complaints Team who will provide the format you need.

Patient Advice and Complaints
NHS Devon Clinical Commissioning Group
FREEPOST EX184
County Hall
Topsham Road
Exeter
EX2 4QD

☎ Telephone: 0300 123 1672

 Text us for a call back: 07789 741 099

✉ Email: d-ccg.patientexperience@nhs.net

Arabic

إذا كنت بحاجة إلى هذه المعلومات بلغة أو صيغة أخرى، يُرجى أن تطلب من شخص يتحدث الإنجليزية التواصل معنا:

☎ *1672 123 0300

099 741 07789 (رسائل نصية فقط)

d-ccg.patientexperience@nhs.net

فريق توجيه المرضى والشكاوى،
NHS Devon CCG
FREEPOST EX184
County Hall
Topsham Rd
Exeter EX2 4QL

Bengali

আপনার যদি এই তথ্য অন্য ভাষায় বা বিন্যাসে প্রয়োজন হয়, তাহলে একজন ইংরেজিভাষীকে বলুন আমাদের সাথে যোগাযোগ করতে এখানে:

☎ 0300123 1672*

07789 741 099 (শুধু টেক্সট)

d-ccg.patientexperience@nhs.net

পেশেন্ট অ্যাডভাইজ অ্যান্ড কমপ্লেইন্টস টিম,
NHS ডিভন CCG
ফ্রিপোস্ট EX184
কাউন্টি হল,
টপশ্যাম রোড,
এক্সেটার EX2 4QL

Polish

W razie potrzeby uzyskania niniejszych informacji w innym języku lub formacie należy poprosić osobę znającą język angielski, aby skontaktowała się z nami pod numerem:

☎ 0300 123 1672*

07789 741 099 (tylko SMS-y)

d-ccg.patientexperience@nhs.net

Patient Advice and Complaints Team
NHS Devon CCG
FREEPOST EX184
County Hall
Topsham Rd
Exeter EX2 4QL

Romanian
Dacă aveți nevoie de aceste informații în altă limbă sau format, vă rugăm să-i cereți unui vorbitor de limba engleză să ne contacteze la:

☏ 0300 123 1672*

07789 741 099 (doar prin SMS)
✉ d-ccg.patientexperience@nhs.net
🖃 Echipa de asistență pacienți și plângeri
NHS Devon CCG
FREEPOST EX184
County Hall
Topsham Rd
Exeter EX2 4QL

Chinese
如果您需要此信息的其他语言或格式版本，
请寻一名懂英语的人士代为联系我们，
联系方式如下：

☏ 0300 123 1672*

07789 741 099（仅限短信）
✉ d-ccg.patientexperience@nhs.net
🖃 Patient Advice and Complaints Team
NHS Devon CCG
FREEPOST EX184
County Hall
Topsham Rd
Exeter EX2 4QL

Contents

Figures

Tables

Appendices

Summary

This is the first time that we (NHS Devon Clinical Commissioning Group [CCG]) have produce a report of this kind. The report highlights areas where we have performed well in relation to the equality duty, diversity and inclusion (EDI) and where there is a need for us to develop EDI for both service users and our own staff.

The evidence we have tells us that we perform well in the following areas:

- Supporting staff from a variety of different protected characteristic groups.
- Devising initiatives that aid the inclusion of and improved outcomes for some protected characteristic groups amongst service users.
- Where data is collected on protected characteristics this is done well.
- Our commitment to EDI as a whole organisation.
- Specific commitment to EDI by teams across the CCG.
- Making considerable efforts to understand the inequalities in experience and outcome that exist for both service users and staff.
- Championing and promoting inclusivity.

The available evidence suggests that there are three fundamental areas where we need to improve. The first of these is the data we collect and how we use it. There is a need to:

- Strengthen and make consistent the methods used to collect protected characteristic data across CCG activities.
- Ensure that we are asking the right questions of the data, for example do we know if safeguarding incidents are reported more or less for people from different ethnicities, or if the fact that we have no data is because particular groups are not involved in an activity or is this because they are not recorded as being involved.
- Understand the Devon position on what national data is telling us. For example, nationally, we know that people from the Gypsy Roma community have the worst health outcome but is this true for Devon?
- Better contextualise data about the Devon population.
- Improved collection, sharing and use of qualitative data in the form of service user and staff feedback.
- We need to be able to benchmark ourselves against our own previous performance and against other organisations.

Second, is how we record and bring together information about what we do to address equality issues. How well this is done varies across CCG teams. One direct result of this variation is that this report may not have captured all of the good work that is being done.

Thirdly, staff training. There is an indication that staff need more support to enable them to be culturally confident.

Lastly, there is a need for greater assurance that our providers are following a robust approach to EDI, and that, as a minimum, this meets their legal duties and supports their response to national standards and recommendations appropriately and effectively.

These areas for development – based on the available evidence - have directly informed the revised equality objectives within this report.

1. Introduction

1.1 **Our commitment** – We are committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and human rights legislation.

We make every effort to ensure that service users, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; deprivation; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation. We are equally committed to the elimination of unlawful discrimination, harassment, and victimisation.

To demonstrate this, we routinely develop, promote and maintain policies, strategies, operating procedures and actions that support this commitment.

1.2 **Our values** – We developed our values in 2019:

One team We think corporately, but act locally We work together with staff, partners, patients, families, carers, communities and professionals to commission the right services for our population We share information, skills and resources	**Respect for all** We treat people with respect and compassion We listen to understand people's priorities, needs, abilities and limits We are open, honest and transparent We take our own health and wellbeing seriously
Quality in everything we do We recognise achievements and celebrate success We take Quality in everything we do We develop safe, effective and accessible services We make decisions that are evidence-based, cost-effective and innovative pride in our work and learn when things go wrong	**Everyone is a leader** We lead by example We demonstrate leadership and expect to be held responsible for our actions and performance We are accountable to each other, and to our population We are responsive, consistent and professional

1.3 **Our equality objectives** - During the period covered by this report, we have worked towards achieving five equality objectives:

- To enable all people in Devon to access services, facilities and information.
- To enable all NHS Devon CCG staff to be able to achieve their full potential in an environment characterised by dignity and mutual respect.
- To enable everyone who works for NHS Devon CCG, or applies to work for the organisation, to be treated fairly and valued equally.
- To make equality, diversity and inclusion a part of everything that NHS Devon CCG does.
- To comply with, and build on, the current legal framework through the establishment of good practice in all aspects of employment and service commissioning and provision.

In response to the evidence presented in this report, these objectives have been reviewed and the revised objectives can be found on page 36.

1.4 **About this report** - This report describes our legal duties; the scope of the reporting; the people we serve; how we have acted to improve peoples' experiences and outcomes in health and their employment with us; what the evidence collected in the year tells us about peoples' experience and outcomes and how this has informed our next steps.

1.5 **A note on the data** - Data is not routinely collected for all the protected characteristics and whilst there are many different data sets covering some of the characteristics the provenance and robustness of those data sets has not been fully established. Census data is considered more robust so, despite its age, the primary data source used in this report is the 2011 Census data and the projections made by public health teams from that data. Where figures are quoted from Devon County Council these figures include both Plymouth and Torbay local authority areas.

A glossary of terms and acronyms used in the report can be found in Appendix 1.

2 Legal duties

2.1 **The legal duty** -The duties and responsibilities that govern all CCGs' equality agenda are contained within the:

- The Equality Act 2010
- The Public Sector Equality Duty (PSED)
- The Human Rights Act 1998
- The Children Act 2004
- The Workforce Race Equality Standard (WRES)
- Equality Delivery System 2 (EDS2)
- Internal equality reporting requirements

In addition, CCGs must assure themselves and the public that the organisations they commission are meeting these requirements. Trusts which provide acute services also must meet:

- The Sexual Orientation Monitoring Standard (SOMS)
- The Workforce Disability Equality Standard (WDES)
- The Accessible Information Standard (AIS)

The Equality Act 2010 is the primary legislation governing the CCGs' equality agenda. The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 amended previous duties and introduced requirements for public bodies to publish information in relation to pay equality. Our specific duties under the Act are:

- Gender pay gap reporting. This requirement:
    - Is applicable to all public bodies with 250 or more employees.
    - Should involve utilising data from 31st March 2017 to analyse and publish by 30th March 2018 and annually thereafter.
    - Involves publishing the information in a manner that is accessible to all its employees and to the public, for a period of at least three years beginning with the date of publication.

- Publication of information demonstrating compliance with s149(1) of the Equality Act 2010; this must include information relating to persons who share a relevant protected characteristic who are:
    - Its employees (providing it employs 150 or more employees).
    - Other persons affected by its policies or practices.
    - Publication should be no later than 30th March of each year and then at intervals of not greater than one year beginning with the date of last publication.

- Preparation and publication of one or more, specific and measurable, Equality Objectives:

    - Published not later than 30th March 2018 (aligning to any current Equality Objective commitments).
    - Subsequently at intervals of not greater than four years beginning with the date of last publication.

- Public Sector Equality Duty (PSED). Section 149 of the Equality Act 2010 imposes a duty on public authorities in the exercise of their functions to have due regard to the need to:

    - Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
    - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
    - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The legislation acknowledges that in some circumstances, compliance with the PSED may involve treating some persons more favourably than others, but not where this would be prohibited by other provisions of the Act.

2.2 **Meeting the legal duty** - In 2019/20 we have met all our legal duties as they relate to our own activities (See Appendix 2) except the timely publication of this report and new objectives. This was delayed by the suspension of reporting duties due to the Coronavirus pandemic.

Our ability to assure compliancy from providers was less robust and to counter this, we have begun to put in place measures that help us to monitor our providers' performance against their equality duties and standards. To date, we have:

- Introduced a process for self-assessment of compliance with these duties and standards, the first trial report on compliance can be found in Appendix 2. Some providers have completed this for themselves whilst other providers returns' have been done on their behalf with reference to their web pages.
- Instituted an EDI presence at our quality assurance meetings which provides an opportunity to ensure equality issues specific to individual providers can be picked up and addressed or, in the case of good practice, rolled out more widely.
- Heightened the EDI presence in the procurement process.
- Provided EDI advice to partner organisations.

3 Scope

3.1 **The protected characteristics** - This report specifically looks at the work we do to support service users and staff with the protected characteristics contained within the Equality Act 2010 which are:

- Age
- Sex
- Ethnicity
- Disability
- Religion and belief
- Sexual orientation
- Gender reassignment
- Marriage and Civil partnership
- Maternity and pregnancy

3.2 **Additional characteristics** - For the general population, we have taken direction from the NHS Long-term plan and identified other groups of people whose characteristics or vulnerability contribute towards inequality in health. These are:

- Rough sleepers (specifically around mental health services)
- Rural populations
- People in contact with the justice system
- Veterans and the armed forces and their families
- People affected by specific conditions or risk factors:
    - Cancer
    - Smoking
    - Learning disabilities and autism
    - Diabetes
    - Respiratory disease
    - Obesity
    - Drug and alcohol use

4 Understanding our population – sources of data

4.1 We have a good picture of the sex and age demographics of our population, but this is not the case for other protected characteristics. To counter this, we use both quantitative and qualitative data to better understand the make-up and needs of our population.

4.2 **Quantitative data sources** – For this report we have drawn on the following quantitative data sources:

- National data sets.
- The Joint Strategic Needs Assessments (JSNA) produced by the Public Health teams in Devon and their topic reports which look at needs of specific population groups in more detail.
- The findings from the Equality Delivery System 2 assessment tool (see Appendix 3 for full report).
- Service user feedback received by our Patient Advice and Complaints Team (PACT)
- Healthwatch topic reports.
- Voluntary sector reports.
- Right Care data sets.

4.3 **Qualitative data sources** - In addition, we have sought to hear directly from people in protected characteristic groups by being part of local community conversations and by attending and networking at events run by and for the different communities.

Reaching out is not a one-off activity so we have ongoing engagement with specific community groups that include:

- Devon Senior Voice
- Intercom Trust
- Hikmat Devon
- Plymouth and District Race Equality Council
- Living Options Devon
- Devon Link Up
- Healthwatch

We have had access to the voice of protected groups through:

- The Devon County Council (DCC) led engagement contract with Living Options Devon which facilitates conversations with ‘harder to reach’ groups.
- Our own virtual voices panel whose membership is representative of our Devon demographic and which enables us to hear from the membership on specific issues.
- Helping with The Be safe Be aware Be healthy (BASH) awards.

- Supporting Respect festivals and Pride events in Devon.
- Attending older people's day celebrations.
- Supporting Blue light Days.

In addition, we have ensured a presence at boards and groups that have a specific remit to hear and address the needs of the more vulnerable groups in the community and these include:

- The Joint Engagement Forum, led by DCC
- The Commissioning Involvement Group led by DCC
- The LBGT Forum
- The Carers Forum
- Learning Disability Partnership Board
- Health and Wellbeing Boards

Information on the trends and themes for staff experience has been drawn from the findings and feedback from:

- The Equality Delivery System 2
- The National staff survey
- Electronic Staff Record (ESR) data

5 Devon demographics

5.1 **Service users** - This section provides information on the population profile for Devon for the different characteristics listed in section 3. It should be noted that the protected characteristic of marriage and civil partnership only applies to staff issues. Also, unless otherwise stated, all figures are taken from the 2011 Census data provided via local public health teams, if the figures are projected figures, this will be noted. Despite its age, Census data and the figures projected by public health from the data are used in preference to other data sets because it is the most reliable and robust data available. Other data sets are used only when they contain data not included in the census.

Together, the local authority areas of the county of Devon (Devon, Torbay and Plymouth) have a total population of 1.2 million. The population demographic by protected characteristic or vulnerability to inequality is as follows:

- **Age** -The county of Devon has a higher than the national average of people over 65. Almost one in four people are over the age of 65 (projected for 2021 from 2011 census data). What this data shows is that the number of very elderly people is also high, with 3.1% over the age of 85 compared to 2.3% on average across England. In some areas Devon has more than twice the national average of people over 65. Most areas are below the national average for the under 16 population, with a handful of principally urban areas above the national average. The same data shows that Devon has 38,520 children in the 0-4-year-old group, 38,498 between 5 - 9 years old, 38,601 between 10- 14 years old and 44,211 are between 15 -19 years old.
- **Sex** - Around 50.2% of Devon's population are female and 49.8% Male. This mirrors national figures.
- **Race** - Figure 1 shows the different ethnic groups in Devon.

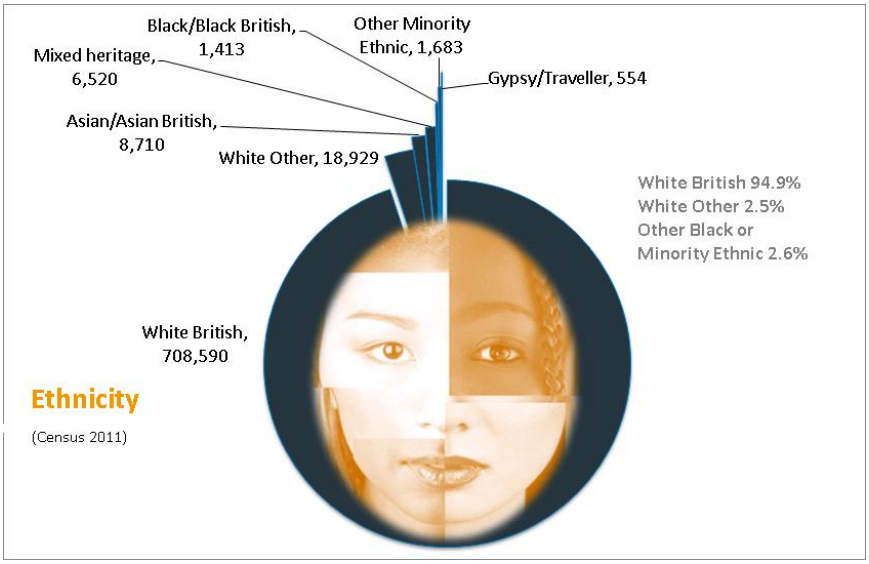


Figure 1 – Ethnicity in Devon (image source: Devon County Council)

- **Disability** - One in five people in Devon consider themselves to be disabled. 8.6% of these say their day to day activities are limited a lot and10.9% say their day to day activities are limited a little.
- **Religion and belief** - More than 60% of Devon's population are Christian, nearly 30% have no religious beliefs, 8% state no religion and 0.54% chose 'other' to describe their belief. Muslims, Buddhists, Hindus, Jews and Sikhs each registered at less than 1% of the population with Muslims registering the highest number at 0.35%.
- **Sexual orientation** - Precise data for Devon is not available, although a national estimate says that between 6% and 10% of the UK population identify as lesbian or gay.
- **Gender reassignment** – Again, no precise data is available for Devon but the Gender Identity Research and Education Service (GIRES) estimate around 1% of the UK population has some form of gender variance and about 0.2% may undergo gender reassignment.
- **Pregnancy and maternity** - Over 12,000 babies are born in Devon every year.
- **Unpaid carers** - The most recent figures available state that most people (88.6%) do not provide unpaid care. However, 7.6% of people provide one to 19 hours a week of unpaid care; 1.3% of people provide 20 to 49 hours a week of unpaid care and 2.5% of people provide 50 or more hours a week of unpaid care.
- **Rough sleepers** - Rough sleepers represent the smallest proportion of those who are homeless or in housing need but represent the most acute need of health care. The latest rough sleeper count (November 2014) identified 73 individuals sleeping rough across Devon compared to 46 during the same period in 2013. 26% of these people were aged over 50 and 7% were under 25. (Devon County Council)
- **Rurality** - Devon is the third largest rural county in England so taking account of the inequalities experienced by those who are more isolated and geographically distant from services is key.
- **People in contact with the justice system** - It is known that people in contact with the justice system (especially children and young people) have higher unmet health needs. Figures are not available for all this population although Devon County Council data from 2013/14 state that 411 young people were recorded as offenders in 2013-14.
- **Veterans and service families** - Figures provided in the Devon County Council needs assessment for veterans (2011) give a total population in Devon of 107,448 (Source: Royal British Legion). This is broken down into Local Authority areas and for Devon the total is 73,891; for Plymouth 20,281 and for Torbay, 13,276. A 2015 report by the Ministry of Defence and Public Health England on the numbers

serving in the forces give this as 2.5% of the Plymouth population and 0.5% of the Devon population. No figures were available for Torbay.

- **People with cancer** - There are over 5,000 new cases of cancer diagnosed each year in Devon and according to the Quality and Outcomes Framework this means that more than 30,000 people are currently living with a diagnosis of cancer in Devon.
- **Adult smokers** - 170,546 (13.93%) adults in Devon smoke.
- **Learning disability and autism** – Public Health figures from 2018 state that there are 2389 users of learning disability services and of these, 277 are over 65 years of age.
- **People with Diabetes** - Estimated prevalence of diabetes is higher in Devon than in the South West or England as a whole. The highest prevalence rates are seen in the towns with the highest proportions of elderly people in the population: Axminster, Seaton and Sidmouth, while only Exeter has a prevalence lower than that of the rest of England. The highest prevalence rate of 6.59% in Axminster is nearly 50% greater than the England rate.
- **People with respiratory disease** - In Devon it is reported that there are 82,717 (6.76%) people with asthma and 26,947 (2.20%) with Chronic Obstructive Pulmonary Disease.
- **Obesity** - Figures from 2016-17 indicate that there were more than 10,700 people in Devon considered to be obese and of those, almost three times as many of them are women as men.
- **Drug and alcohol abuse** - A needs assessment for drug and alcohol abuse in Devon estimates that in 2009-10, 6.18 people per 1000 aged 18 to 64 in Devon were opiate and crack users. This equated to an estimated 2887 users. The data used shows that Devon has a lower estimated rate of all types of problematic drug use than other areas of the country. The same source states that 6% of adults (aged 18- 64) in Devon have alcohol dependency. Most recorded dependence was categorised as mild (5.4%), with relatively few adults reporting symptoms of moderate or severe dependence (0.4% and 0.1% respectively).

5.2 **Staff** - As with service users, it is important that we ensure our staff with protected characteristics are supported and that they work in an inclusive environment. To provide this support effectively, we need confidence in the information we hold about our staffs' protected characteristics. Collecting diversity data is done through the electronic staff record (ESR). Providing diversity characteristics is optional.

Currently, we employ a total of 593 staff, whose demographics are as follows:

- **Sex** - Staff demographics show that 71% of our staff are female and 29% Male. The ESR system does not make provision for noting whether a person is

undergoing or has undergone gender re-assignment, or options to record non-binary gender identity.

- **Age** - The largest percentage of staff (43.6%) are aged between 41 and 55, 2.8% of staff are under 20 and 0.5% over 71.
- **Disability** - Of our staff, 4.1% declare as disabled, 23.4% do not declare their status and 72.5% declare as not disabled.
- **Sexual orientation** - When asked about their sexual orientation, over half the staff declined to answer. Just under half identified as heterosexual and the remainder identified as gay, lesbian or bisexual.
- **Race** - Over 90% of staff gave their race as white British. 5.2% of staff identified as white other and 1.3% identified as mixed heritage, Black, Asian or other. Just under 10% of staff did not provide information on their racial identity.
- **Religion or belief** - Just over 53% of staff chose not to provide information about their religion or belief. Of the remaining staff, most gave their religion as Christianity. 13.8% declared as atheists, 0.84% as Buddhist and 3.87% as other.
- **Marriage and civil partnership** - Most staff were either married or single with others giving their status as widowed, legally separated, divorced or in a civil partnership. 1.3% of staff did not provide this information.
- **Pregnancy and maternity** - 2.3% of the female staff had an assignment status of maternity or adoption.

5.3 **Demographics of recruitment** - During 2019/2020 we recruited a total of 119 staff. The demographics of these recruits are as follows:

- **Sex** – Nearly three times as many women as men were recruited.
- **Age** - Those recruited came from all age bands ranging from under 20 to the 66-70 - year-old age group.
- **Disability** - Three people with a disability were recruited and 31 people chose not to declare.
- **Race** - One person from a Black Asian and Minority Ethnic (BAME) group was recruited.
- **Marriage and civil partnership** - Most of those recruited were either single (38.6%) or married (51.2%) with smaller numbers noting alternative marital status of widowed, separated or not given.
- **Religion or belief** - 93.2% of the staff recruited chose not to share their religion or belief. Those that did were split between atheist, other and Christianity.
- **Sexual orientation** - When asked about their sexual orientation, 92.4% of the recruits chose not to answer. Those that did, gave their orientation as heterosexual.
- **Pregnancy and maternity** - No staff who were pregnant or in the process of adoption were recruited.
- **Gender reassignment** – This information is not asked for or collected.

6 Improving experiences for all in 2019/2020

6.1 **Drivers for change 2019/2020** – This is the first year that a report of this kind has been prepared. This means that we did not have the previous year's data on which to assess our performance or to inform our priorities for the year. In the absence of this and in part based on the findings of the 2018/2019 EDS2 assessment, we identified five areas on which we felt we should focus.

- Understanding our population
- Governance of EDI
- Improving service user and staff experience and outcomes
- Learning through sharing
- Raising awareness through promotion and engagement

6.2 **Understanding our population** - There is a persistent and nation-wide challenge in sourcing reliable and equitable demographic data for each of the protected characteristics within the scope of this report. This is a challenge because effective and relevant commissioning and employment practices are reliant on knowing our population. Therefore, an important part of our work plan in 2019/20 has been to seek to strengthen the data available. In order to do this, we have:

- Linked in with our public health teams.
- Audited the various sources of data available that support an understanding of the local population.
- Identified the preferred source of diversity data as being public health data where this is available but utilising other data sets where it does not exist.
- Linked in with our population health management team.
- Aligned the descriptors for the revised Equality Impact Assessments (EIA) with those used in public health.
- Explored what protected characteristics information is currently collected by the CCG in order to identify where this needs to be strengthened.
- Worked to define a consistent set of diversity monitoring question for use across the system. This work is ongoing.
- Asked all our staff to update their personal details in the ESR to enable us to understand the staff demographic better.
- Begun working to understand what questions need to be asked of our staff data to better understand and respond to the experiences of all our staff (see Appendix 4).

6.3 **Governance of EDI** - An external audit of EDI carried out in early 2019, indicated that the CCG needed clearer lines of reporting between the various groups working on EDI related

projects within the CCG, across the system, regionally and nationally. In response to this, we have:

- Developed and published an EDI strategy and policy.
- Put in place arrangements to monitor the completion of equality impact assessments by CCG staff.
- Identified a route and process for reporting on EDI to the CCG Governing body via two of our committees:
    - The Staff Strategy and Remuneration Committee
    - The Quality Assurance Committee

Across the system, we have strengthened governance by working through the CCG led Devon-wide Equality Co-operative and as a result, have:

- Forged links with other relevant groups across the Sustainable Transformation Partnership (STP) in particular, the STP Workforce Group and Devon County Council's Devon Equality Partnership (similar groups were not identified for Plymouth and Torbay), to escalate issues, share good practice and work together to address common areas for improvement.
- Linked in with partner organisations' arrangements for EDI.
- Ensured appropriate links were made across the system. The Devon-wide Equality Co-operative carried out an audit of the forums, groups and committees with an EDI element in their remit (Appendix 5).
- Engaged with the Devon and Cornwall Police Equality Diversity Reference Group.
- Broadened the membership of the Equality Co-operative to ensure representation from as many public sector partners as possible.

At a regional level we have worked and engaged with:

- The South West Inclusion network.
- Regional EDI leads meetings (NHS Employers).

Both forums provide opportunities for the sharing of good practice, support and learning.

Nationally, our EDI lead attends the Equality Diversity Council (EDC) representing inclusion networks from across the Southern region. The EDC sets the national direction for equality and met twice in the period covered by this report. Our EDI lead has highlighted the following issues with the council:

- Lesbian, Gay, Bisexual, Transgender plus (LGBT+) issues of access in acute care especially relating to people who are transgender. This was taken up by the national lead for LGBT+.
- The future of equality inclusion networks.

- The limitations in the staff record fields which does not allow more inclusive options in relation to sexual orientation, gender and race.

We are also represented at The Employers' Network for Equality and Inclusion (ENEI).

6.4 **Improving service user and staff experience and outcomes** - Our main goal is to see improved outcomes for all service users and staff and positive experiences of care and employment for all.

6.4.1 S**ervice users** - During 2019/2020 we have supported and been involved in several activities aimed at improving outcomes for specific protected characteristic groups of service users:

- **Age** - We have Supported the implementation of the national enhanced health in care homes framework which has seen the introduction of initiatives like the red bag scheme which aims to support more effective transfer to hospital and improved communications between health and care providers.
- **Ethnicity** - We have been strengthening support for people from different ethnic backgrounds through:

  - Being involved in the identification of a new provider of translation and interpretation services for primary care across Cornwall, Devon and Somerset. This excludes provision for British Sign Language (BSL) as service user feedback suggested a different provider should be sought for this service.
  - Ongoing work to consider a system-wide approach to providing interpretation and translation services for system partners.
  - Ongoing work to improve the recording of service user ethnicity by partner organisations across the system.

- **Disability** - Work has been done to improve the experiences and outcomes for people with a disability includes:

  - The identification of a new provider of wheelchair services in Plymouth. Our role was to advocate for and support the involvement of service users in the procurement of this service including in drafting the service specification and evaluating bids.
  - The introduction of the 'Quality Checker' initiative, which was hosted by Devon Link Up, saw the recruitment of 14 people with a learning disability and/or autism into paid quality checker roles. This involves quality checkers carrying out and reporting on the quality of services from their perspective.
  - Work on the national 'Ask, listen, do' initiative to ensure people with learning disabilities can make a comment on, or a complaint about services as easily as other people. The project resulted in the redrafting of complaints information in some provider organisations.

- The procurement of a “browse aloud” function on our website as well as plans to produce key web-based documents in easy read.
- Reasonable adjustments pilot for people with learning disability working with three GP surgeries, Devon Partnership Trust, Royal Devon and Exeter NHS Trust and NHS Digital.
- Continued commissioning of:
    - Crisis cafés for people with mental health issues.
    - Community teams, including nursing, physiotherapy, occupational therapy, speech and language therapy, consultant psychiatry, and psychology.
    - Additional support teams who offer advice for individuals and families about positive behavioural support and coping strategies.
    - Inpatient care, including assessment and treatment, specialist provision for autism, and longer-term care.
    - Specialist nursing support.
    - Primary care nurses.
    - Commissioning of a Crisis response service in Mental Health. This joint initiative between the health service and local police, aims to reduce the number of people detained under the Mental Health Act or unnecessarily admitted to Accident & Emergency departments.

- Members of our staff also attended Autism awareness training offered by University Hospitals Plymouth.
- Jointly with DCC we have commissioned a new Autism service at University Hospitals Plymouth to provide advice, education and signposting to resources for both service users and staff.

- **Maternity and pregnancy** - We continue to support and work with Devon’s Maternity Voices Network (currently hosted by Devon Communities Together). We have also appointed an engagement officer to the maternity commissioning team to ensure that the representative voice of the Devon population could be heard and inform developments in the services provided.
- **Sexual orientation and gender reassignment** - In 2019/20 we have been working to better support people from the LGBT+ community by:

    - Linking in with LGBT+ organisations and gender reassignment support groups to hear their experiences and priorities for health and care.
    - Feeding back issues to the national teams around the lack of gender-neutral title options on record systems and requesting further national guidance on mixed sex accommodation in hospitals and people who are transitioning or have transitioned.

- Establishing a CCG network of Rainbow champions (Part of the NHS Rainbow badge initiative) whose role it is to support the creation of an inclusive environment for service users and staff from these communities and to be a safe person to go to for information and signposting. The CCG now has 16 Rainbow Champions from across a variety of directorates and teams.

- **Rough sleepers** - To help improve the health of those rough sleeping, the CCG has extended the offer of free flu injections to rough sleepers in the Torbay area. The programme saw an additional 52 rough sleepers receive flu injections this year.
- **People with multiple characteristics** - most people have more than one protected characteristic affecting their experience of services and health outcomes (intersectionality). Recognising intersectionality, the CCG engaged and continues to engage in several pieces of work to improve experiences for all service users. These include:

    - Reviewing the Equality Impact Assessment (EIA) element of our Quality Equality Impact Assessment tool to reflect intersectional needs.
    - The CCG has jointly supported the introduction of the Help Overcoming Problems Effectively (HOPE) Programme. Sessions include those aimed at:
        - Women experiencing the menopause
        - People with Rheumatological conditions
        - People with neurological conditions
        - People with diabetes

6.4.2 **For staff** - In March 2019, Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG merged to become NHS Devon CCG. This provided us with an opportunity to review much of the staff support infrastructure and hear from staff about what they felt was important to them. During the year we:

- Have reviewed key Human Resources (HR) policies incorporating equalities issues to ensure that individuals are treated equally and fairly, and that decisions on recruitment, selection, training, promotion and career management are based solely on objective and job-related criteria.
- Continued to be an accredited “Disability Confident” employer, which ensures all declared disabled applicants are guaranteed an interview if they meet the essential requirements of the person specification of a role.
- Ensured that policy outlines the requirements for recruiting managers to make reasonable adjustments for disabled candidates.
- Monitored providers’ compliance with the Workforce Race Equality Standard (WRES), The Accessible Information Standard (AIS) and the new Sexual Orientation Monitoring Standard (SOM).
- Introduced an annual staff awards event to recognise individuals’ contributions and promote greater inclusivity in the workplace.

    - Used our Staff Partnership Forum to ensure staff were involved in The revision of HR policies to ensure these are fair and easy to use, engaging in organisation change processes to help inform and guide process and generally acting as a staff voice to raise any concerns that may impact on our colleagues.
    - The process of job changes arising from restructure and protecting the interests of staff.

- Commissioned an inquiry into the results of our most recent Gender Pay Gap report to support effective action planning to address issues identified.
- The introduction of Freedom to Speak Up Guardians, Health and Wellbeing Champions and Rainbow Champions to support our organisation. improved health and wellbeing.
- Introduced 'coffee roulette' - the matching of staff, who were previously not known to each other, to meet and have coffee as a means of supporting greater inclusion.
- Recruited seven Freedom to Speak Up Guardians from the staff and specifically recruited a member of the BAME staff group to one of these roles. We felt it was important that BAME staff were able to speak to a peer on matters of concern.
- Recruited 16 Rainbow champions to provide support and signposting for staff and service users from the LGBT+ community.
- Advertised CCG Board lay member vacancies with community groups representing or supporting people with protected characteristics to encourage greater diversity in applications to roles at Board level.

6.5 **Learning through sharing** – Work around EDI continues daily, within the CCG, the local system, regionally and nationally; all those seeking to strengthen EDI in their own area of work benefit from hearing and learning from others. Over the year, staff have benefitted from these opportunities in relation to topics such as:

- Transgender policy development
- Developing terms of reference for staff networks
- Effective staff risk assessment
- Ethnicity and health
- The challenges faced by the LGBT+ community in health
- Developing a Rainbow champions network

A number of sharing platforms are available in the southern region including 'The Knowledge Hub' hosted by DCC and the Devon Equality Co-operative platform.

One outcome from this sharing was agreement between the Devon system EDI leads on the five areas of focus described in section 6.1.

6.6 **Raising awareness** - To see improved experience, it is important that both service users and staff have an awareness of equality, diversity and inclusion and during 2019/20 we have promoted EDI by:

- Continuing to develop an enhanced system-wide equality training via the Devon Equality Co-operative.
- Running communications in newsletters and on social media to support awareness days, weeks and months for the following:

    - Pride (LGBT+)
    - Carers
    - Learning disability
    - Respect (BAME)

- Sharing details over 20 different items of resource, surveys, webinars and networks relevant to the following communities:

    - BAME staff
    - LGBT+ staff and service users
    - Carers
    - Disabled people
    - Accessible information
    - Older people
    - Children and young people

7 Service user and staff experience 2019/2020

7.1 **Approach to listening** - To help us commission appropriately and effectively and to identify areas for improvement, we continually listen to what people are telling us. We do this using all the channels described in section 4. This part of the report describes what we know about how people have experienced health services in 2019/20.

7.2 **Service users** - The data we have available suggests that there are seven themes that are consistently raised by service users:

- Access to all services
- Access to diagnosis
- Communication
- Involvement in decision-making
- Staff attitude
- Dignity and respect
- Feeling safe when using services

These themes affect most protected characteristic groups to some degree or other. In addition to these themes, the available evidence does suggest that the following groups of people may have specific unmet or poorly met needs and a poorer experience of healthcare services:

- **The Gypsy/Roma/ traveller community** - National data suggests that across all themes and in terms of health outcomes more generally, this community fares the least well of any of the protected characteristic groups and receives the least attention when it comes to understanding and meeting their need. It is thought that this is a consequence of both their travelling or site living lifestyle and direct and indirect discrimination.
- **People who are neuro-diverse** - People who are autistic (but do not have a learning disability) struggle to get diagnosed and this is particularly true for older women.
- **The homeless** - Those who are homeless can struggle with access to services, they can be difficult to reach because the media used to communicate is not available to them and / or because English is not their first language. Of the homeless community, the rough sleepers are the least well supported to stay healthy and access services.
- **People who are transgender** – People who are waiting to have gender reassignment surgery report that there are long waits and little local support during those waiting times which has a knock-on effect on their mental health and wellbeing and sometimes on their physical health.

- **Learning disability** – The national 2019 LeDeR report found that…

"The disparity between people with learning disabilities and the general population in relation to average age at death, causes of death, and avoidable causes of death remains substantial ..."

The report also found that people with learning disabilities who are from BAME groups died at disproportionately younger ages than white British people. Of those who died in childhood, 43% were from BAME groups.

Locally, reported deaths amongst people with a learning disability are lower than the national figure (See table 1 below). Data on the proportion of BAME deaths in Devon is not collected.

Month	Number of notifications	Average notifications per month
2017 (June – December)	15	2.1
2018	33	2.75
2019	67	5.6
Total	115	-

Table 1 Devon notifications of deaths 2017-2019

7.3 **Staff** – Our staff shared their views via the National Staff survey and this report presents the findings of an analysis by protected characteristic. These themes; along with our staff response to them can be found in the table below.

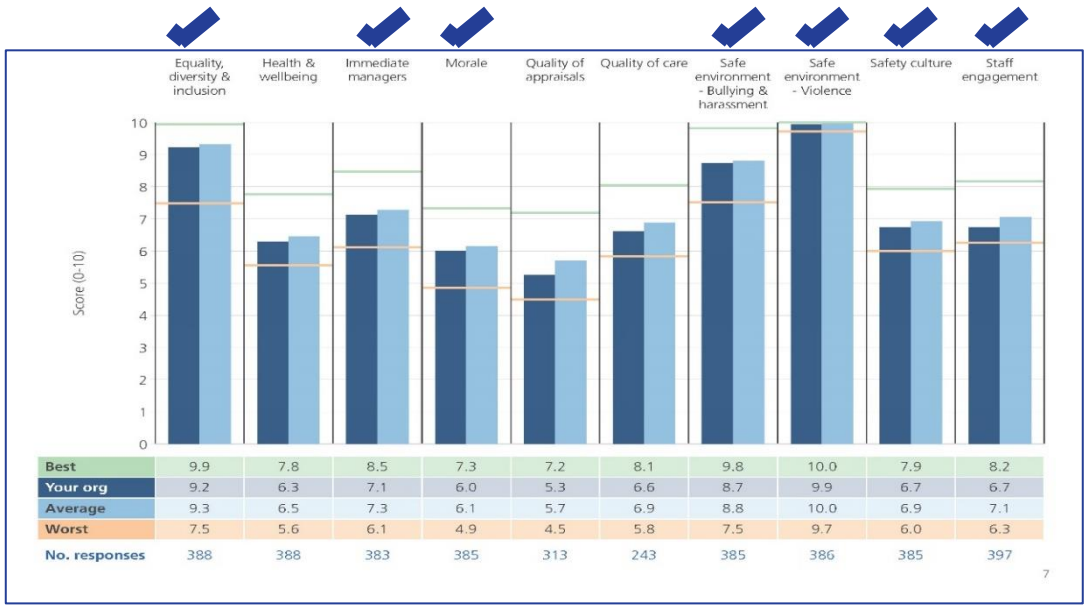


Table 2 CCG staff responses in the National Staff survey by theme

These results are not broken down by protected characteristic. When they are, there are some trends that relate to specific characteristics. Characteristics used within the staff survey are:

- Age
- Disability
- Ethnicity
- Gender
- Religion and belief
- Sexual orientation

Feedback from the survey (which is scored out of 10 - where 10 is the best) highlighted the following:

- **Equality Diversity and Inclusion** - We scored highly on this theme across all staff groups and all recordable protected groups of staff follow that trend, with improved satisfaction from 2018 results across all the characteristics reported on. The greatest increase in satisfaction was seen for those who prefer not to share details about their gender or religion or belief. For gender there was an increase on 2018 from 6.9 to 8.3 and for religion and belief from 7.9 to 8.7. However, scores for this group remained lower than scores given by colleagues who did declare these characteristics.
- **Health and wellbeing** - Health and wellbeing scores were improved for all groups on 2018 figures except for those who chose not to disclosure gender or sexual orientation. For gender, there was a drop from 5.3 to 4.6 and for sexual orientation a drop from 6.4 to 5.1.
- **Immediate managers** - Scores for the theme of immediate management mainly stayed the same as 2018 or went up. The exceptions being staff in the 41-50-year-old age band who recorded a drop in score from 7.9-7.3, staff with a disability with a drop from 7.1 to 6.9, staff who preferred not to share information about their gender a drop from 5.9 to 5.0 and those who preferred not to give their sexual orientation with a drop from 6.5 to 6.2.
- **Morale** - Generally, staff with protected characteristics mirrored the slight improvement in score for morale seen across all groups. The only groups with a lower score in 2019 were those who did not disclose their sexual orientation. Here the score dropped from 5.6 to 5.0. Scores from staff in the 31-45 - year-old age also dropped (from 6.4 to 6.1). Staff from a White non-British background recorded a higher score (6.9) than those from white British (6.1).
- **Quality of appraisals** - All but one group recorded improved scores for appraisals in 2019 (where previous data is available for comparison). Disabled staff recorded a very small drop in satisfaction and scored 5.2 where staff without a disability scored 6.1. Staff in the 16-20-year-old age group and those who were not white British recorded the highest scores at 7.0. Non-white British staff registered greater satisfaction than white staff (5.9). Those preferring not to share information

about characteristics were again those recording the lowest scores (4.5 and 4.9). Overall, women rated the quality of their appraisal slightly lower than their male colleagues (5.8 compared to 6.7 respectively).

- **Quality of care** - Where comparative data was available all staff registered improved or the same scores as those from 2018**.** Again, staff in the 16-20-year-old age group score this the highest at 7.0. People who choose not to disclose information still report less satisfaction than those that do. There was no data on responses from staff who are not white British.
- **Safe environment (bullying and harassment)** - Most staff reported highly positive scores for this question (8's and 9's) and where this was the case the scores were improved from those of 2018. The highest score came from the 21-30-year-old age group (9.2). Staff who are not white British scored lower than white British staff, as did disabled staff against staff without a disability. Those not sharing data and staff between 16-20 years old all recorded lower scores than 2018. Staff not declaring a religion of belief saw scores drop from 8.8 to 7.4, those not declaring on their sexual orientation a drop from 8.5 to 7.8 and those not declaring on gender from 8.7 to 7.1.
- **Safe environment (violence)** - As an organisation, we scored very highly across the board on this question with all scores between 9.8 and 10. People in the 41-50-year-old age group reported higher scores (10 from 9.9) and staff who did not disclose their religion, gender or sexual orientation and those in the 21-30-year-old age group gave marginally lower scores than their colleagues.
- **Safety culture** - When asked about the safety culture of the CCG, staff responses were very similar to 2018. Scores given by staff from all age groups improved on the previous year. Staff in the 21-30 and 51-65-year-old age groups, people with a disability and those who stated no religion gave scores that were slightly lower. In terms of scores across all characteristics, those from people who did not declare certain characteristics remained the lowest and the highest scores were given by staff in the 16-20-year-old age group.
- **Staff engagement** - Scores for engagement generally saw the same or an upward trend, although staff between 31-40-years-old, staff without a disability and those not giving their sexual orientation gave slightly lower scores than in 2018. More significant is the fact that despite improved scores, people not declaring characteristics still return scores lower than other staff in their cohort.
- **Team working** - All scores were up on 2018 except for staff who chose not to share data about their sexual orientation. The highest scores came from staff in the 16-20-year-old age group. It should be noted that even with this improvement, staff who have a disability and staff who prefer not to share certain information still report lower scores than other staff. Once again, staff who are not white British score more highly than their white British colleagues

- **Pay** - The NHS staff survey informs us that satisfaction with pay was up on 2018 in five groups; the 41-50-year-olds, non-disabled staff, male staff, staff with no declared religion or belief, white staff and heterosexual staff. All responses from other age groups, ethnic groups and staff with religious convictions were down. The most striking pattern in the data is seen in those demographic characteristics which offered the 'prefer not to say' option. Here satisfaction was universally and noticeably down on 2018 survey results and much less than the satisfaction recorded by colleagues. The groups concerned were those who answered prefer not to say on gender, religion and belief, and sexual orientation (See Appendix 6 for full details).
- **Intersectionality** - The way data is presented does not allow for a consideration of how people with more than one protected characteristic may experience work differently from other colleagues with different combinations of protected characteristics.

7.4 **EDS2 -** This tool helps NHS organisations assess how well they are meeting the needs of people with the different protected characteristics of the Equality Act. There are 4 goals and 18 outcomes in the EDS2; half of the tool is focused on staff the other on service users. Generally, organisations would present evidence of their performance to groups of people with a protected characteristic and together would evaluate the evidence and ascribe a score. This was not possible this year because of the lockdown due to the Coronavirus pandemic. Our own assessment of the evidence indicated that not all the evidence needed to assess ourselves as 'achieving' or 'excelling' was available. Table 3 sets out this information.

Protected characteristic	Number of outcomes achieved
Age	18 (All)
Sex	18 (All)
Pregnancy and maternity	18 (All)
Disability	15
Marriage or civil partnership	12
Sexual Orientation	9
Race	6
Religion or belief	4
Gender reassignment	3

Table 3 EDS2 goals achieved by protected characteristic

The full EDS2 report can be found in Appendix 3. Overall, this shows we assessed as achieving.

It should be noted that EDS2 is a broad-brush approach to assessing performance and does not allow for assessment to be made on how the various sub-divisions that exist within each of the protected characteristics fare in relation to other groups.

8 Next steps

8.1 **What the evidence tells us** –The evidence gives some indication of where we have performed well and the areas that we need to develop further.

8.2 **EDS2** – the findings from EDS2 suggest that we perform best on the characteristics of age, sex, maternity and pregnancy and disability (learning disability and mental health) and people from Black and Asian populations. Evidence is lacking for other ethnic minority groups. Data and evidence were less easy to find for the following:

- Disability (physical and sensory)
- Race (non-British Whites, Gypsy/Roma, other)
- Religion and belief
- Gender reassignment
- Sexual orientation

8.3 **Service users** - Perhaps the most striking and significant finding from the data about service users is how limited it is. To really understand how well we perform in the field of equality, diversity and inclusion we need to collect and interrogate the data more robustly and carry out further engagement to understand why we see what we see.

- **Where we perform well** - The available evidence indicates that there is a lot of activity to ensure equality for people with disabilities; principally those with either a learning disability or mental health issue. This probably reflects the fact that we have dedicated teams focused on commissioning for these two groups.
- **Areas for development** - The data we have seems to suggest that there are several areas where inequalities of experience exist that could benefit from closer attention. These are:

    - Access to services
    - Communication
    - Involvement in own health care
    - Staff attitude
    - Dignity and respect
    - Feeling safe when using services

    Furthermore, evidence indicates that these concerns are likely to be felt most keenly by the LGBT+ community, those who are neuro-diverse, the homeless and gypsy/traveler communities.

8.4 **Staff** - Most of our information about staff experience was drawn from the NHS staff survey which catches a snapshot in time.

Where we perform well -The staff survey showed that mostly, we performed well across all characteristics. Significant was that the 16-20-year-old staff group reported higher scores across the board than any other group: it would be worth investigating what prompts this.
Areas for development – There is a need for improved data collection and analysis to support a better understanding of how staff from particular protected groups experience employment. The request for data list in Appendix 3 highlights areas where the kind of questions we ask of the data could be strengthened.

A striking finding from the staff survey was that staff who choose not to provide certain personal information, namely sexual orientation and religion or belief, gave responses that score lower than their colleagues who do share for every theme of the survey. To understand this, we need to understand more about levels of non-disclosure. We can access data on levels of disclosure but have no evidence for the reasons why some staff choose not to disclose some information. Levels of disclosure are shown in table 4 below.

Protected characteristic	% Disclosure 2019/2020 Existing staff	% Disclosure 2019/2020 Recruited staff
Age	100	100
Sex	100	100
Sexual Orientation	41.1	7.4
Gender reassignment*	0	0
Race	90.1	85.9
Religion and belief	41.1	6.5
Disability	95.5	71
Maternity and pregnancy	100	None recruited
Marriage and civil partnership	98.5	98.1

Table 4 Percentage disclosure of protected characteristics (lowest disclosure rates highlighted)

*There is no facility on ESR for recording this characteristic or non-binary identifications of a person's sex.

8.5 **Covid-19** - It is important to recognise that the aims and objectives set out below have also been influenced by the impact of and learning from the Coronavirus pandemic.

- **The impact of Covid-19** – Although the Coronavirus pandemic happened at the very end of the reporting period it did affect our work on equality in several ways. Lockdown meant that a planned engagement with people with protected characteristics that was to inform our EDS2 findings had to be cancelled.

  In addition, the required reporting was suspended on the PSED, the WRES the gender pay gap and for our providers on the Workforce Disability Equality

Standard (WDES) as well. Some of these have since been reinstated with extended due dates. The findings from these will be captured in next year's report.

Nevertheless, there has been a great deal of learning from Covid-19 and it would be remiss of us not to take that on board when setting objectives for 2020/2021.

- **Learning from Covid-19** - Carers UK highlighted the significant increase in the numbers of people providing unpaid care. Their Carers week report for 2020 showed that on top of the 9.1 million unpaid carers who were already caring before the outbreak the pandemic has resulted in:

    - an estimated 4.5 million people in the UK have become unpaid carers as a result of the Covid-19 pandemic, bringing the total number of unpaid carers to 13.6 million.
    - 2.7 million of these are women (59%) and 1.8 million men (41%).

  Reports prepared to help understand the virus and its effect on communities, like that from Public Health England (PHE) set out the disproportionate impact of Covid-19 on BAME communities. Other PHE reporting also highlighted the greater prevalence of severe disease in men, those who are overweight, the elderly and people with disabilities. Although the pandemic did disproportionately affect these groups it is now also considered to have highlighted and exacerbated existing inequalities within the system and as a result, equality and inequalities issues are more visible than they have ever been before.

  This spotlight has been powered by data but similar information about people from other protected characteristics was not collected so could not be scrutinised to the same level. As a result, we are still to discover how Covid-19 has impacted on some protected communities.

  It is important that future work on EDI builds on and uses this heightened awareness and learning to drive changes that address inequality and inequality of outcomes in terms of health and experience for people from protected characteristic groups.

8.6 **Aims and objectives in 20/2021** - Service user, staff feedback and equality data used in this report has shaped some new equality objectives for the CCG. Consequently, our revised aim is to:

> *Promote a culturally confident and inclusive culture within the CCG so that service users and staff report year on year improvements in their sense of inclusion, belonging, experiences and outcomes - regardless of any protected characteristic*.

To help achieve this aim and address the areas of development identified above, we will work towards meeting the following objectives over the period of 2020-2025:

1. **Improved data collection** - Ensure that the tools used to collect equality data, both quantitative and qualitative, are consistent across the CCG, appropriate to those we engage with and provide for all protected characteristics.

2. **Improved analysis of equality data** - Strengthen the analysis of the data in a way that helps us to support those from protected characteristic groups better and with a view to seeing year on year improvement in disclosure of this information by both staff and patients in contact with, or affected by, CCG business.

3. **Raised awareness of protected characteristics and their cultures within the CCG** - Institute a programme of involvement with and support for awareness campaigns in which each year focusses on specific characteristics which the evidence shows are less visible than others.

4. **Improving experience and responding to need** – Cross referencing the findings from WRES, WDES, the staff survey, EDS2 and engagement to better inform decisions affecting service users and staff. Identify a whole organisation action plan for improving experience and responding to need.

5. **Improved monitoring of provider compliance** – By 2021 the compliancy matrix will be firmly embedded, completed and returned annually by us and all provider organisations to which it applies.

Appendix 1 – Glossary

Acronym - Shortening of a phrase by use of the first letter of each word in it.

AIS – The acronym for the Accessible Information Standard that all organisations that provide NHS care and / or publicly-funded adult social care must meet. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

BAME – Acronym for Black, Asian and Minority Ethnic, a term used by some to describe people who are not white but were born and/or live and work in Britain. There is ongoing discussion nationally about whether the term is appropriately applied just to those of Black and Asian descent or whether it includes people who are white not British but who live and work in the UK.

BSL – Acronym for British Sign Language

CCG – Clinical Commissioning Group, the organisation responsible for determining what health care is needed, buying it and ensuring that it is provided effectively and appropriately.

DCC – Devon County Council.

Demographics – Information, usually in numbers of people, that gives a picture of the population for instance by sex, age or race.

Devon-wide Equality Co-operative – A group of people from public sector organisations (Councils [social care, education], Health, Police, Fire and Rescue services) who work in equality, diversity and inclusion and meet to consider work that applies county-wide.

Diversity – This means understanding that everyone is unique and recognising our individual differences. The differences can be in race, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs or other ideologies.

DPT - Acronym for Devon Partnership NHS Trust.

EDI – Acronym for Equality, Diversity and Inclusion.

EDS2 – Acronym for Equality Delivery System, the second version of a tool that helps organisations understand how well they are meeting the needs of people with protected characteristics.

EIA – Acronym for Equality Impact assessment. In the CCG this is part of the QEIA (see below). EIAs help organisations to check whether a decision will affect different people differently.

Equality - is about ensuring everybody has equal opportunity and is not discriminated against because of their characteristics.

ESR – Acronym for Electronic Staff Record. This is the system used by the CCG to keep necessary information about individual staff.

EDC – Acronym for the Equality and Diversity Council. This is a national group that works to realise a vision for a personal, fair and diverse health and care system, where everyone counts, and the values of the NHS Constitution are brought to life.

GDPR - The General Data Protection Regulation 2016/679 is a regulation in law on data protection and privacy in the UK. It determines what information can be shared and how information can be used.

GIRES – Acronym for the UK based Gender Identity Research and Education Society.

Gender reassignment - the process whereby a person's physical sexual characteristics are changed by means of medical procedures such as surgery or hormone treatment. This is undergone by people who have a gender identity or gender expression that differs from the sex assigned to them at birth.

Inclusion – This means that all people, regardless of their abilities, disabilities, or health care needs, are respected, appreciated as valuable members of their communities and have equal opportunities to be involved.

Intersectionality – A term which is becoming more widely used to describe how the overlap of protected characteristics such as race, gender or sexual identity contributes to how an individual will experience the world differently from someone that doesn't share the same combination of protected characteristics.

JSNA - Acronym for the Joint Strategic Needs Assessments carried out by public health teams.

LGBT+ - Acronym for Lesbian, Gay, Bisexual and Transgender. The plus sign is used to include all those who describe their sexuality using different terms and those people who are still looking to understand their sexuality.

NDHT – Acronym for North Devon Healthcare Trust.

NHSE&I – Acronym for NHS England and NHS Improvement, the bodies that lead the NHS in England and work to improve services for all.

NICE – Acronym for the National Institute for Health and Care Excellence. The organisation that sets standards of clinical care across the NHS.

PACT – Acronym for the CCG's Patient Advice and Complaints Team.

Protected characteristic – These are characteristics described in the Equality Act that can affect how individuals are treated or how easily they can use services. The Act describes

nine characteristics, but local organisations do sometimes add to them if there are groups of people (e.g. rough sleepers) that are known to experience health inequalities.

Public sector – the public sector is responsible for providing all public services in the UK, from the emergency services and healthcare, education and social care, to housing and refuse collection.

PSED - Acronym for the Public Sector Equality Duty, part of the Equality Act requirements that are for public sector organisations only to report specific information; of which this report is an example.

RD&E – Acronym for the Royal Devon and Exeter NHS Foundation Trust.

TSDFT – Acronym for Torbay and South Devon NHS Foundation Trust.

QEIA – An acronym for the Quality Equality Impact Assessment process used at the CCG. It is a combined approach to considering how a decision impacts on the safety and effectiveness of care, patient experience, other parts of the system providing health and care and equality.

Qualitative – Refers to information that is not 'counting something' so for instance, '…patient feedback says that people are finding it difficult to understand the information we send them or that they like the staff at a particular service….'

Quantitative – Refers to information that is presented in numbers so for instance '…we had 20 different pieces of patient feedback today'.

South West Inclusion Network – A group of people working in equality, diversity and inclusion from across Devon, Cornwall, Dorset and Somerset, that meet to share good practices and learning and provide support to one another.

SOMS – Acronym for the Sexual Orientation Monitoring Standard. This is a national standard that hospitals must meet to record people's sexual orientation.

STP – Acronym for the Sustainable Transformation Partnership. A partnership of health and social care organisations that seeks to address health and social care issues together as a whole system.

UHP – Acronym for University Hospitals Plymouth NHS Trust.

WRES – Acronym for the Workforce Race Equality Standard. This is set by the NHS nationally and requires individual NHS organisations to report on how their staff from non-white British backgrounds experience work in the NHS.

WDES – Acronym for the Workforce Disability Equality Standard. Designed for the same

purposes as the WRES but for disabled staff.

Appendix 2 Compliancy with legal duties matrix

Meeting our Statutory Duty

(The CCG is required to meet some of the duties and has a legal duty to assure itself that its providers are meeting all of them).

Period covered: April 2019 - March 2020	From:	01/04/2019	To:	31/03/2020

Duty	CCG			UHP		
	Compliance	Publication	Action plan	Compliance	Publication	Action plan
WRES	Compliant	Published	Yes	Compliant	Published	Yes
WDES	Not required	Not required	Not required	Compliant	Published	Yes
Gender Pay Gap						
Equality Report	Compliant	In progress	Yes	Compliant	Published	Yes
Equality Objectives	Compliant	In progress	Yes	Compliant	Published	Not required
EDS2	Compliant	In progress	No	Compliant	In progress	No return
Sexual Orientation Monitoring Standard	Not required	Not required	Not required	No return	Not required	No return
Accessible Information Standard	Not required	Not required	Not required	No return	Not required	No return

Duty	Organisation					
	NDHT			T&SD		
	Compliance	Publication	Action plan	Compliance	Publication	Action plan
WRES	Compliant	Published	Yes	Compliant	Published	Yes
WDES	Compliant	Published	Yes	Compliant	Published	Yes
Gender Pay Gap						
Equality Report	No return	No return	No	Compliant	Published	No return
Equality Objectives	Not compliant	Not published	No	Not compliant	Not published	No
EDS2	Compliant	In progress	No return	Not compliant	In progress	No return
Sexual Orientation Monitoring Standard	No return	No return	No return	No return	No return	No return
Accessible Information Standard	No return	No return	No return	Compliant	Published	No return

Duty
WRES
WDES
Gender Pay Gap
Equality Report
Equality Objectives
EDS2
Sexual Orientation Monitoring Standard
Accessible Information Standard

RD&E			DPT			Livewell		
Compliance	Publication	Action plan	Compliance	Publication	Action plan	Compliance	Publication	Action plan
Compliant	Not published	No	Compliant	Published	Yes	Not compliant	Not published	No
Not compliant	Not published	No	Compliant	In progress	No	Not compliant	Not published	No
Not compliant	Not published	No	Compliant	Published	Yes	Not compliant	Not published	No
Not compliant	Not published	No	Compliant	Published	Yes	Not compliant	Not published	No
Not compliant	Not published	No	Not compliant	Not published	No	Compliant	Published	No
Not compliant	Not published	No	Compliant	In progress	No	Not compliant	Not published	No
Not compliant	Not published	No	No return	No return	No return	Not compliant	Not published	No
Not compliant	Not published	No	No return	No return	No return	Not compliant	Not published	No

Duty
WRES
WDES
Gender Pay Gap
Equality Report
Equality Objectives
EDS2
Sexual Orientation Monitoring Standard
Accessible Information Standard

D Doc			SWAST		
Compliance	Publication	Action plan	Compliance	Publication	Action plan
Not compliant	Not published	No	Not compliant	Not published	No
Not compliant	Not published	No	Not compliant	Not published	No
Not compliant	Not published	No	Not compliant	Not published	No
Not compliant	Not published	No	Not compliant	Not published	No
Compliant	Published	No	Compliant	Published	No
Not compliant	Not published	No	Not compliant	Not published	No
Not compliant	Not published	No	Not compliant	Not published	No
Not compliant	Not published	No	Not compliant	Not published	No

Devon Equality Delivery System Report 2019/2020

A note on the impact of Covid-19 A planned engagement event was scheduled to take place but the introduction of measures to control the spread of the Covid-19 prevented this. Instead, attendees were asked to forward their perceptions and views using a survey. Responses to the survey were low (15% of those who received it). It was decided that the self-grading presented here should still be published as it draws on the feedback from service users, received through the CCGs feedback mechanisms and through the findings of the national staff survey.

1. Introduction

1.1 The Equality Delivery System (EDS2) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

1.2 EDS2 is a generic system designed for both NHS commissioners and NHS providers. As different NHS organisations apply EDS2 outcomes to their performance, it is intended that they should do so with regard to their specific roles and responsibilities. For CCGs, implementation of EDS2 is explicitly cited within the CCG Assurance Framework, and continues to be a key requirement for all NHS clinical commissioning groups (CCGs).

1.3 EDS2 is a tool that requires CCGs to analyse and grade their equality performance across 18 indicators. As a CCG we have an added responsibility to ensure compliance by the Trusts we commission and assure the quality of their reporting. The CCG's Equality Compliancy Report sets out how our providers have met this requirement.

1.4 To date the EDS2 is mandatory only for CCGs and NHS Trusts; smaller providers are not required to comply with this requirement.

2. Scope

2.1 EDS2 assess how well the CCG meets the needs of people with any of the 9 protected characteristics of the equality Act 2010:

- Age
- Sex

- Disability
- Race
- Religion and belief
- Sexual orientation
- Gender reassignment
- Maternity and pregnancy
- Marriage and civil partnership

2.2 The tool requires NHS organisations to consider performance against these characteristics for public, service users **and** workforce.

2.3 The CCG has defined additional characteristics that evidence shows may also result in health inequality; these are aligned to the NHS long term-plan but are not included in the tool.

3. How EDS2 works

3.1 At the heart of EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves. They are grouped under four goals:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

3.2 The goals and outcomes relate to the issues that matter to people using services, the public and the workforce.

3.4 Guidance on completion of the assessment is clear that without engagement with local stakeholders, EDS2 won't work. Understanding of people's perceptions of services enables us to focus the priorities of the organisation and enable us to review or reset our Equality Objectives. EDS2 is designed to be a transparent and standard measure of progress, so people can see what we are doing and how well we are doing it. It also enables organisations to benchmark their performance with other organisations. We are required to publish EDS2 reports.

3.5 Together; staff, people using services and other stakeholders agree a 'grade' for each of the 18 EDS2 outcomes. Grades are decided by using all available evidence and patient, public and staff feedback and perceptions. The four grades are:

Undeveloped	Developing	Achieving	Excelling

Assessing the level at which an organisation performs is determined by the number of protected characteristics groups that are deemed to be faring well in relation to any outcome. EDS2 guidance gives the following guide to assessing performance levels:

- **Undeveloped** - if there is no evidence one way or another for any protected group of how people fare or if evidence shows that the majority of people in only two or less protected groups fare well
- **Developing** - if evidence shows that the majority of people in three to five protected groups fare well
- **Achieving** - if evidence shows that the majority of people in six to eight protected groups fare well

- **Excelling** - if evidence shows that the majority of people in all nine protected groups fare well

3.6 NHS England guidance does not require CCGs to review all the outcomes annually but does require that each outcome is reviewed at least every 2-3 years. NHS England is undertaking a review and refresh of EDS2 for 2020/2021 (EDS3). However, because the CCG is still working to objectives set by NEW Devon CCG all the outcomes have been reviewed this year to inform a new more relevant set of objectives.

3.7 The NHS England template report (see findings section below) uses the nine protected characteristics named in the Equality Act 2010. This does not allow those completing it to distinguish between different groups of people within single characteristics; so for instance, it simply refers to age and therefore does not indicate performance with regards to specific age groups such as the elderly or children and young people. Disability covers people with learning, physical, sensory, mental health and neuro-diversity disabilities.

3.8 The revised Equality Objectives and EDS2 themes for 2020/21

4. Summary findings

4.1 The summary of findings from the EDS2 assessment can be found in the table below:

Domain	Population	Goal no.	Status
Better Health Outcomes	**Patients and Public**	**1.1**	**Developing**
		1.2	**Achieving**
		1.3	**Developing**
		1.4	**Achieving**
Improved Access and Experience	**Patients and Public**	**2.1**	**Developing**
		2.2	**Developing**
		2.3	**Developing**
		2.4	**Achieving**
Representative and supported Workforce	**Staff**	**3.1**	**Achieving**
		3.2	**Excelling**
		3.3	**Developing**
		3.4	**Achieving**
		3.5	**Excelling**
		3.6	**Developing**
Inclusive leadership	**Organisation**	**4.1**	**Achieving**
		4.2	**Excelling**
		4.3	**Achieving**

Table 1 Summary findings

4.2 The higher number of developing and achieving grades is more indicative of the issues with identifying feedback data from particular protected characteristic groups which reduce its visibility rather than highlighting underperformance by the CCG. In part, the lack of visibility is because there is no requirement for people to disclose this information and in many activities and processes the information is not asked for or collected, so while the CCG can more easily ascribe feedback data to the experiences and perceptions of people by age, sex and social deprivation, ascribing feedback by other protected characteristic is less robust. In addition, 'Lockdown' due to the Coronavirus pandemic prevented the CCG

from going forward with the stakeholder engagement where this kind of information might have been forthcoming.

5. CCG Performance on outcomes

Outcome 1.1 - Services are commissioned, procured, designed and delivered to meet the health needs of local communities The CCG has a wide range of mechanisms for ensuring that services are appropriate and relevant to diverse groups of people. Nevertheless, this outcome was graded as 'developing' as evidence that services are commissioned to meet health needs for age, disability pregnancy and maternity and sex is robust. For the other protected characteristics, the evidence is less well developed and even within the subgroups of protected characteristics some issues have been reported. In particular, those who are neuro-diverse (on the autistic spectrum) report challenges with diagnosis and support in adult life especially amongst women.

Outcome 1.2 - Individual people's health needs are assessed and met in appropriate and effective ways

This outcome was graded as 'achieving'. With robust evidence for age, disability, pregnancy and maternity, sex and sexual orientation. Other evidence is less well developed. Specific feedback related to individual experiences arising from a person or persons having multiple protected characteristics. For example, Parents with other protected characteristics also experienced issues, for instance no interpreting support for a Deaf father. In some cases, same sex parents found themselves or their partner being excluded from the assessment and decision-making process.

Outcome 1.3 - Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

The CCG helps design care pathways and within that work, looks at transitions between services. In addition, the CCG has a yellow card system which professionals can use to feedback on cross organisational working which allows any issues with transition to be highlighted. Designing these pathways includes a consideration of the information given to patients and our formulary includes patient information that healthcare providers can use to ensure people are aware of the transition process. The primary responsibility for implementing pathways and informing patients sits with the relevant provider organisations. This outcome was graded as 'developing' due to the lack of evidence for six of the protected characteristics. No direct patient feedback was available to inform this grading.

Outcome 1.4 - When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse

The CCG has mechanisms in place to guard against and respond to incidences where safety is or could be of concern. For example, its safeguarding processes; the work done by the safety systems team to manage and ensure appropriate responses to serious incidents and regular monitoring of provider performance to ensure any safety issues are identified quickly and responded to. There are strong links between the patient experience team and safety systems team that allow for patient feedback that relates to safety issues to be investigated using the agreed safety systems processes. Because the CCG has robust processes in place to carry out its monitoring of safety which are applied across the protected characteristics, this outcome was graded as 'achieving'**.**

Outcome 1.5 - Screening, vaccination and other health promotion services reach and benefit all local communities

Evidence of this being the case is limited but impactful. The CCG's Thumbs up to Coby saw significant improvements in the uptake of the flu vaccine amongst children and young people and work to extend the offer of free flu vaccinations to rough sleepers in Torbay saw the offer taken up by 52 people. The CCG's Communication team continues to support the dissemination of promotional materials through its newsletters, website and social media channels.

Outcome 2.1 - People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

Evidence from the CCG patient safety and quality team, patient advice and complaints team (PACT) and safety system team shows one instance of a patient from the gypsy traveller community being denied access on unreasonable grounds in primary care. This was satisfactorily resolved. Without the input from stakeholders to assess this response, and with limited evidence from other sources, this goal has been assessed as 'developing'.

Outcome 2.2 - People are informed and supported to be as involved as they wish to be in decisions about their care

The CCG commissions services that stress the importance of providers engaging in person centred care in which the patient and people within their support networks are involved in decisions on care. However, without stakeholder input this has had to be assessed as 'developing'.

Outcome 2.3 - People report positive experiences of the NHS

The PACT service receives compliments as well as complaints and whilst they see fewer of these, they do receive information about positive experiences of care. However, without stakeholder input this has had to be assessed as 'developing'.

Outcome 2.4 - People's complaints about services are handled respectfully and efficiently

An audit of complaints handled in 2019/2020 indicate that there were no complaints about how these were handled. Without stakeholder involvement a score of excelling could not be applied. For this reason, the CCG has assessed itself as 'achieving.'

Outcome 3.1 - Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

The CCG recruitment and selection policies support fair recruitment and selection processes. In addition, the CCG is designated a Disability confident employer. For this reason, the CCG has assessed itself as 'achieving'.

Outcome 3.2 - The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

The CCG carries out equal pay audits and its values and policies commit to equal pay for equal value. For this reason, the CCG has assessed itself as 'excelling'.

Outcome 3.3 - Training and development opportunities are taken up and positively evaluated by all staff

Available evidence generally indicates high levels of satisfaction with opportunities and value of training and development. Data is not available for all protected characteristics and for some where data exists there has been a downturn in satisfaction with opportunities for personal development and training. For this reason, the CCG assesses itself as 'developing'.

Outcome 3.4 - When at work, staff are free from abuse, harassment, bullying and violence from any source

Generally, staff reported very low levels of bullying, harassment and violence. However, certain groups did stand out as more likely to report some level of this behaviour. Principally these were people who did not share information about their protected characteristic therefore, the CCG has assessed itself as 'achieving' for this goal

Outcome 3.5 - Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

In the main staff registered high levels of satisfaction with flexible working options. Those choosing not to declare were amongst the least satisfied along with staff declaring as other than heterosexual, but scores remained high. Given the extent of information available for different protected characteristics the CCG has assessed itself as 'excelling' in this goal.

Outcome 3.6 - Staff report positive experiences of their membership of the workforce

Although there is some variation across the 10 themes of the NHS staff survey return, only three themes are below the preferred levels. Within the return, the following groups of staff report positive experiences in response to questions; age, sex, religion and belief and race. Of the other recorded groups, people who describe their sexual orientation as other than heterosexual, staff with a disability and those who choose not to share personal data give less positive responses and no data is available on the protected characteristics of pregnancy and maternity, marriage and civil partnership or gender reassignment. Because the evidence is incomplete, the CCG has assessed itself as 'developing'.

Outcome 4.1 - Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

There was good evidence for this in relation to age, sex, disability and race with the leadership routinely promoting and supporting actions that that demonstrated their commitment. Less evidence was available for the other protected characteristics hence the self-assessed grade of 'achieving'.

Outcome 4.2 - Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

All board papers are required to include an equality statement that identifies any risk and how these will be managed. Consequently, the CCG assesses this as 'excelling'.

Outcome 4.3 - Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

There is good evidence that middle and line managers support staff to be culturally competent in relation to age and sex, which is reflected in the national staff survey responses. There is less evidence from this source that the same applies to disability, sexual orientation and race and no evidence for other protected characteristic. Because of this the goal is assessed as 'achieving'.

5. EDS2 Objectives - 2020/21

From these findings, there are 7 areas which should be included in the CCG's work in 2020/21 these are:

1. Improved data collection particularly around race, religion and belief, sexual orientation and gender reassignment.
2. Better understanding of the needs of those described as protected by association in the Equality Act e.g. spouses and partners, children and family, unpaid and paid carers.
3. Better contextualising of data for improved understanding.
4. Understanding why people choose not to declare.
5. Understanding why those staff that do not declare seem to have a fewer positive experience of work.
6. Focusing on better understanding the needs of LGBT+ staff.
7. Improved process for future EDS2 assessments.

6. Pan- Devon EDS2 summary report

One of the main objectives of Devon's Equality Co-operative was to prepare a Pan Devon EDS2 report. The purpose of which was to provide a system-wide picture of performance against meeting the needs of those with protected characteristics and to highlight where there were organisational differences in relation to performance. Each NHS partner was asked to complete their own return and those that were received have been combined here for a Devon-wide view.

The table below presents the findings from this exercise. Like the CCG EDS2 report this work was not supported by stakeholder feedback and should be considered as a self-assessment by system partners. The findings will be used to identify those areas for development that can be addressed collaboratively by the membership of the Devon-wide Equality Co-operative.

Domain	Goal No.	CCG	DPT	NDHT	RD&E	UHP	All Devon
Better health outcomes	1.1						
	1.2						
	1.3						
	1.4						
Improved patient access and experience	2.1						
	2.2						
	2.3						
	2.4						
Representative and support workforce	3.1						
	3.2						
	3.3						
	3.4						
	3.5						
	3.6						
Inclusive leadership	4.1						
	4.2						
	4.3						

Table 2 Pan Devon EDS2 summary findings

These findings, suggest that there is one domain and three goals which should form the focus of the Equality Co-operative's work in 2020/21 these are:

- Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
- Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
- When at work, staff are free from abuse, harassment, bullying and violence from any source.
- Inclusive leadership – as each individual organisation was assessing its own leadership the Equality Co-operative should focus on system leadership; hence the 'developing' status.

Appendix 4 - Staff data request

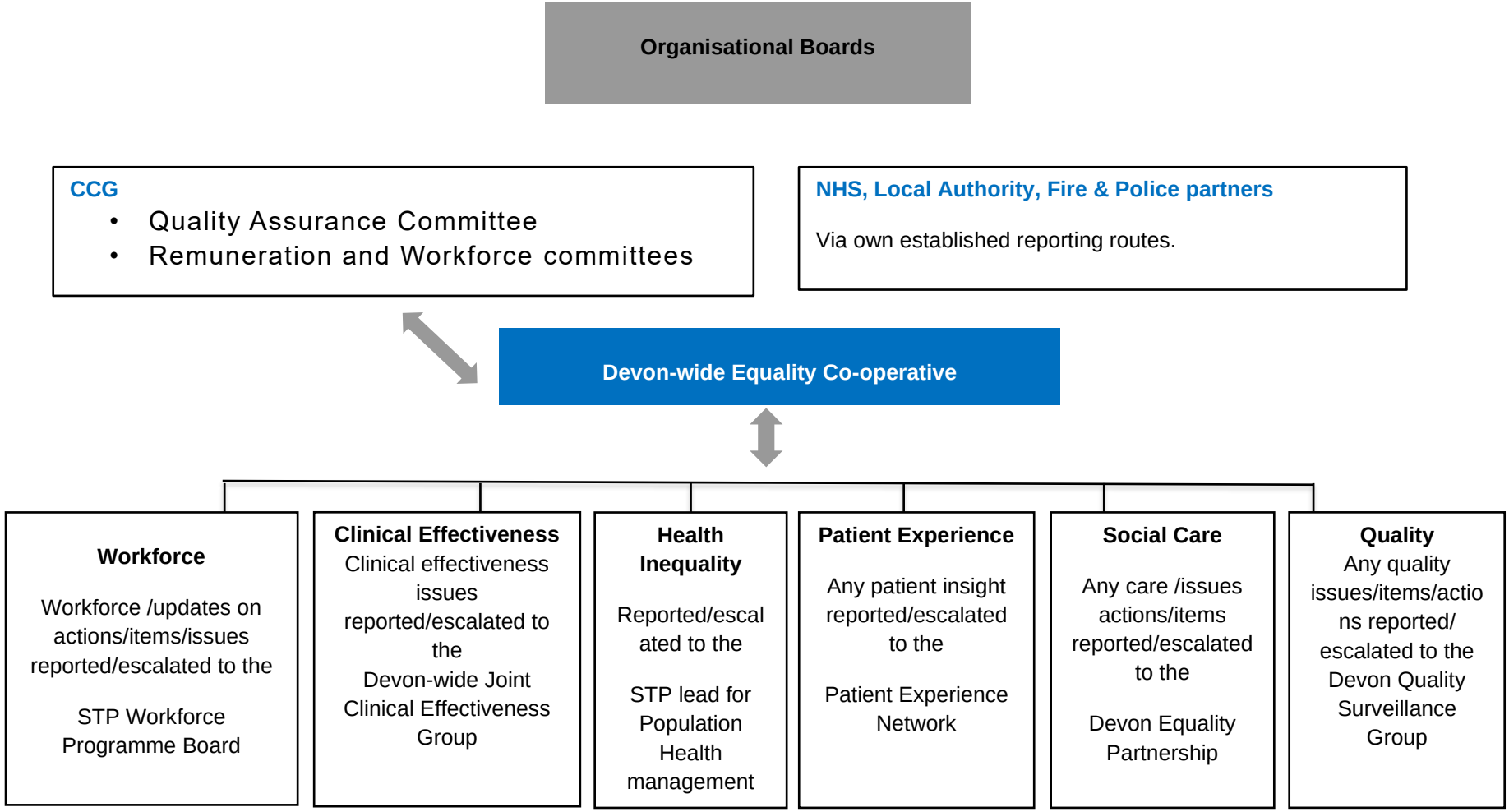
Information requested	**Available Y/N**	**Protected Characteristics***	**Deliverable Y/N**	**Responsible Person**
Total number of staff				
Breakdown of workforce by protected characteristic**				
Breakdown of recruitment by protected characteristic				
Breakdown of training undertaken by protected characteristic				
Breakdown of promotions by protected characteristic				
Breakdown of Board members by protected characteristic				
Breakdown of reasonable adjustment requests by type				
Breakdown of reasonable adjustments made by type				
Break down of reasonable adjustment requests by protected characteristic				
Breakdown of reasonable adjustments made by protected characteristic				
Breakdown of disciplinary action by protected characteristic				
Breakdown of all staff survey results by protected characteristic				
Priority breakdown of staff survey results by protected characteristics to include the following questions: Q4j Q12a-Q13d inclusive Q14 Q15a -c7 inclusive Q19 a, f & g Q20 Q23a-d9 inclusive				
Breakdown of any internal staff survey results by protected characteristic.				

* Please use the numbers below to identify the protected characteristic for which information is available

****Protected characteristics**

1.Age 2.sex 3. sexual orientation 4. gender reassignment 5. disability 6. race 7. religion or belief 8. Marriage and civil partnership, 9. Pregnancy and maternity, 10. carer status, 11. Member of armed forces (current [a] or past [b]).

Appendix 5 - EDI Infrastructure across the system



Appendix 6 – Pay satisfaction by protected characteristic

Age	2018	2019	% Difference	
16-20	-	46.7	-	➡
21-30	54.8	53.5	1.36	⬇
31-40	65.8	65.6	0.2	⬇
41-50	62.3	73.5	11.2	⬆
51-65	55.4	52.8	2.6	⬇

Table 4 **By age.**

Disability	2018	2019	% Difference	
Disability	53.1	46.0	7.1	⬇
No disability	62.6	63.9	1.3	⬆

Table 5 **By disability.**

Race	2018	2019	% Difference	
White British	62.1	61.1	1.0	⬇
White/other	-	45.5	-	➡

Table 6 **By race.**

Gender	2018	2019	% Difference	
Female	62.9	60.6	2.3	⬇
Male	56.0	63.3	7.3	⬆
Prefer not to say	50.0	38.1	11.9	⬇

Table 7 **By gender.**

Religion or belief	2018	2019	% Difference	
Christian	66.5	61.8	4.3	⬇
No religion	58.0	61.8	3.8	⬆
Prefer not to say	60.9	48.4	12.5	⬇

Table 8 **By religion or belief.**

Sexual Orientation	2018	2019	% Difference	
Heterosexual	60.4	61.1	0.7	⬆
Prefer not to say	64.3	48.5	15.8	⬇

Table 9 **By sexual orientation.**

Prefer not to say	2018	2019	% difference	
Gender	50.0	38.1	11.9	⬇
Religion and belief	60.9	48.4	12.5	⬇
Sexual Orientation	64.3	48.5	15.8	⬇

Table 10 By 'prefer not to say'.