

# Croydon Health Services

## Annual Equality Report

**2017 - 2018**

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## Forward

In line with our Trust's vision to provide "Excellent care for all" and "to help people in Croydon live healthier lives", we know that a better experience for staff means a better experience for patients so we need to provide a supportive environment and encourage staff to see the Trust as a positive place to work and as an employer of choice.

We believe in the dignity of all people and their right to respect and equality of opportunity. We value the strength that comes with difference and the positive contribution that diversity brings to our Trust. We are dedicated to developing an organisational culture that promotes inclusion and embraces diversity, ensuring that the focus on equality is maintained and strengthened.

This Equality & Diversity Annual Report illustrates how we have met our equality duties and objectives over the last year. It also demonstrates progress against our commitment to promoting equality and diversity, and how we are building on this. We will continue to build on fresh, new and innovative ideas that continue to challenge us as a Trust and that we will encourage and be supportive of groups and communities that are under-represented at all levels in the organisation.

Our intention is to ensure that we meet the diverse needs of our patients, communities, and service users, and we want to improve their experience when using our services. Our staff are a great valuable resource, and we want to ensure that they have a positive experience, and view CHS as an attractive place to work. Croydon is a very diverse Borough with pockets of wealth and poverty. This presents many challenges, and we are dedicated to working with our partners and stakeholders to tackle health inequality. Our aim is to build effective partnerships to improve access to services, patient experience, and maintain a vibrant responsive service.

To demonstrate our compliance with the Public Sector Equality Duty, we are progressing with the completion of our workforce profile, EDS2, and our equality objectives. This report also sets out the progress we have made with the WRES, AIS and sets out the further improvements and actions that we plan to complete over the next year.

As a Trust we have come a long way in implemented our Equality, Diversity & Inclusion Strategy 2016 -19. We intend to make continuous improvements to achieve compliance in the above mentioned outcomes. We embrace equality, diversity and inclusion and see it as an essential measure in assisting us to deliver on the CQC's Fundamental Standards.

## **1. Workforce Profile**

The Public Sector Equality Duty (PSED) requires implicit monitoring of the profile of our workforce. Monitoring the workforce gives us an opportunity to measure how well we are able to identify any areas of concern that may hinder our responsibility to promote equality of opportunity, address discrimination and foster good relationships amongst staff. Collecting and analysing information about the workforce supports good decision-making by ensuring we consider how the impact of policies and process, can have a disproportionate effect on staff from protected groups.

One of our Equality Objectives is to improve the monitoring and use of information of staff across the workforce by protected characteristics. In addition we want to have a better understanding of the activities across each directorate for future workforce planning, and to enhance our projects in organisational development and learning.

To support our progress to meet the requirements of the PSED, WRES and EDS2, we are in the process of creating a **Workforce Profile Report**. The Workforce Profile Report 2019 will be produced on an annual basis to support our EDI Annual Report.

The Workforce Profile focuses on the staffing groups under the following categories:

- Age
- Disability
- Marriage & Civil Partnership
- Maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation

It also provides an analysis of the work force by:

- Full and part time workers
- Staff Bands (Clinical & non- Clinical)
- Appraisals
- Grievance
- Disciplinary
- Harassment
- Leavers & Starters
- Flexible working

## **2. Equality Delivery System 2 (EDS2)**

2.1 NHS England designed this National Equality Framework the “Equality Delivery System” EDS2 as an audit tool for measuring NHS equality performance, as required by the Public Sector Equality Duty. The system has four grades, with the highest grade ‘excelling’ and the lowest ‘underdeveloped’, see table 1 below. Within the four goals, there are 18 outcomes, against which we assess and grade our equality performance.

EDS2 has 9 patient focused and 9 staff focused outcomes. Protected Groups are based on; age, disability, pregnancy & maternity, marriage or civil partnership, race, religion or belief, Sex and sexual orientation.

**Table 1: EDS2 Grades**

<b>Excelling - grade</b>	The evidence shows that people from all the protected groups fare as well as people overall
<b>Achieving - grade</b>	The evidence shows that most people from the protected groups fare as well as people overall
<b>Developing - grade</b>	The evidence shows that people from only some of the protected groups fare as well as people overall
<b>Underdeveloped - grade</b>	The evidence shows that people from all the protected groups fare poorly compared with people overall or the evidence is not available

EDS2 outcomes are assessed based on the supporting documentation that is used as evidence, to measure how well we meet the needs of patients and staff from the protected groups.

**The four overarching goals, which are:**

- ***Better Health Outcomes for All***
- ***Improved Patient Access and Experience***
- ***Empowered, Engaged and Well Supported Staff***
- ***Inclusive Leadership***

<b>Better Health Outcomes for All</b>	<b>Improved Patient Access and Experience</b>	<b>Empowered, Engaged and Well Supported Staff</b>	<b>Inclusive Leadership</b>
<b>1.1</b> Services are procured and designed to meet the health needs of local communities	<b>2.1</b> Individual people's health needs are assessed and met in appropriate and effective ways	<b>3.1</b> Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	<b>4.1</b> Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
<b>1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways.	<b>2.2</b> People are informed and supported, to be as involved as they wish to be in decisions about their care.	<b>3.2</b> 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.	<b>4.2</b> 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.
<b>1.3</b> Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-	<b>2.3</b> People report positive experiences of the NHS.	<b>3.3</b> Training & development opportunities are taken up and positively evaluated by all staff.	<b>4.3</b> Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.
<b>1.4</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>2.4</b> People's complaints about services are handled respectfully and efficiently	<b>3.4</b> When at work staff are free from abuse, harassment, bullying and violence from any source.	
<b>1.5</b> Screening, vaccination and other health promotion services reach and benefit all local communities.		<b>3.5</b> Flexible working options are available to all staff consistent with the needs of the services and the way people lead their lives.	
		<b>3.6</b> Staff report positive experiences of their membership of the workforce.	

2.2 As part of the Business Planning process, the directorates made a decision to focus on the following services to evidence the **EDS2 outcomes for 2017- 18**;

- **Cancer**
- **Emergency department**
- **Theatres**

The CHS Stakeholders Equality Diversity & Inclusion & Forum (SEDIF) is an external group of voluntary and community sector organisations. Over the last 2 years they have assisted the Trust in evaluating our services to patients and service users against the criteria set out in EDS2. The Service Outcome summary results agreed by the panel and the Trust are in Table 2 (full information see website).

**Table 2: EDS2 Service Outcomes 2017 -18**

Outcomes	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4
<b>Cancer</b>	A	D	D	A	A	D	D	A	A
<b>Emergency Services</b>	D	A	D	D	D	D	D	D	U
<b>Theatres</b>	D	D	D	D	D	D	D	D	D

The Staff Network Group assisted the Trust in reviewing the Staff Outcomes for EDS2 2017-18. The Staff Outcomes summary results are in Table 3. This year the Trust has focused on a number of staff outcomes. As a result our staff outcomes have improved from the previous year from the majority being ‘undeveloped’ to the next stage of ‘developing’ (full information is on the website).

**Table 3: EDS2 Service Outcomes 2017 -18**

Outcomes	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3
<b>Human Resources</b>	D	D	D	D	D	D	D	D	D

### **3. Equality Objectives 2016 -2019**

3.1 Under the Public Sector Equality Duty, public bodies must publish the outcomes of equality objectives annually, and review them at least every four years.

#### **Our patient equality objectives are to;**

- Improve our engagement and involvement of patients, carers, and external stakeholders in the monitoring of service provision across the Trust.
- To ensure services are designed and delivered to meet patient needs, increase the understanding of patient needs from different protected characteristics,

#### **Our staff equality objectives are;**

- Develop and monitor the actions to improve the outcomes for Work Force Race Standard (WRES) Indicator 8 - Discrimination at work from manager, team leader or other colleagues.
- Improve the data, publication, monitoring and actions to address areas of concern in our Workforce Profile.

#### **4. Workforce Race Equality Standard (WRES)**

4.1 The WRES is made up of 3 metrics covering 9 indicators which are;

- Workforce Metrics (1 – 4)
- National Staff Survey Findings (5 – 8)
- Boards – Representation of Leadership (9)

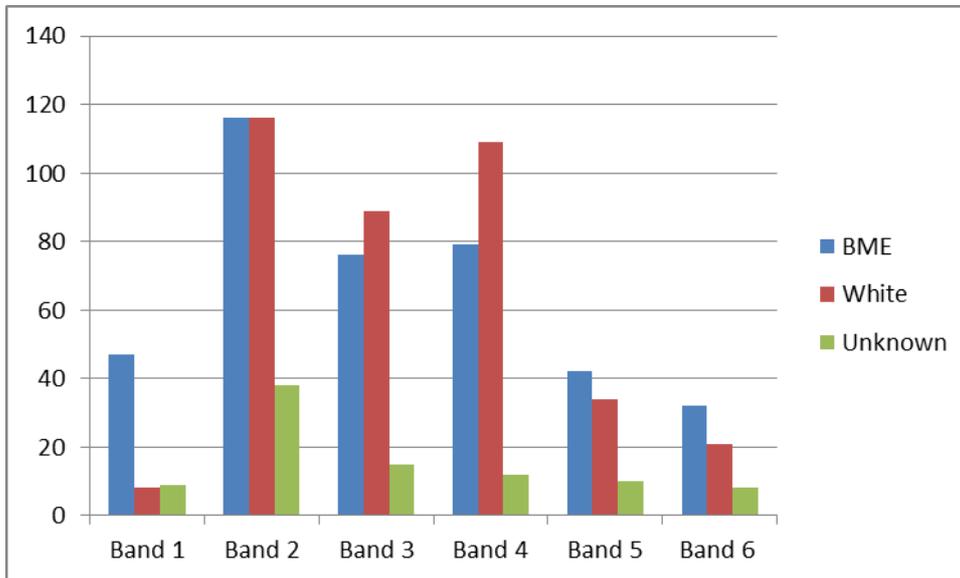
Our analysis of the Workforce Race Equality Standard is comparing the data from 2015-16 with the data for 2016-17. For each of the workforce indicators, comparing the metrics for White and BME staff.

**Below are the nine indicators that are used to measure the WRES outcomes:**

<b>1</b>	Percentage of BME Staff in Bands 8-9, or medical and Dental sub groups and VSM (including executive Board members) compared with the percentage of BME staff in the overall workforce.	<b>5</b>	KF 25 - Percentage of staff experience harassment, bullying or abuse from patients, relatives or the public in last 12 months.
<b>2</b>	Relative likelihood of staff being appointed from shortlisting, across all posts.	<b>6</b>	KF 26 - Percentage of staff experience harassment, bullying or abuse from staff in last 12 months.
<b>3</b>	Relative likelihood of staff entering the formal disciplinary process. (This data will be based from a 2 year rolling average of the current year and the previous year).	<b>7</b>	KF 21- Percentage believing that the Trust provides equal opportunities for career progression or promotion.
<b>4</b>	Relative likelihood of staff accessing non-mandatory training and CPD.	<b>8</b>	KF20 - In the last 12 months have you personally experienced discrimination at work from any of the following? Manager /team leader or colleague
		<b>9</b>	The Percentage difference between the organisations' Board voting membership, and its overall staff workforce.

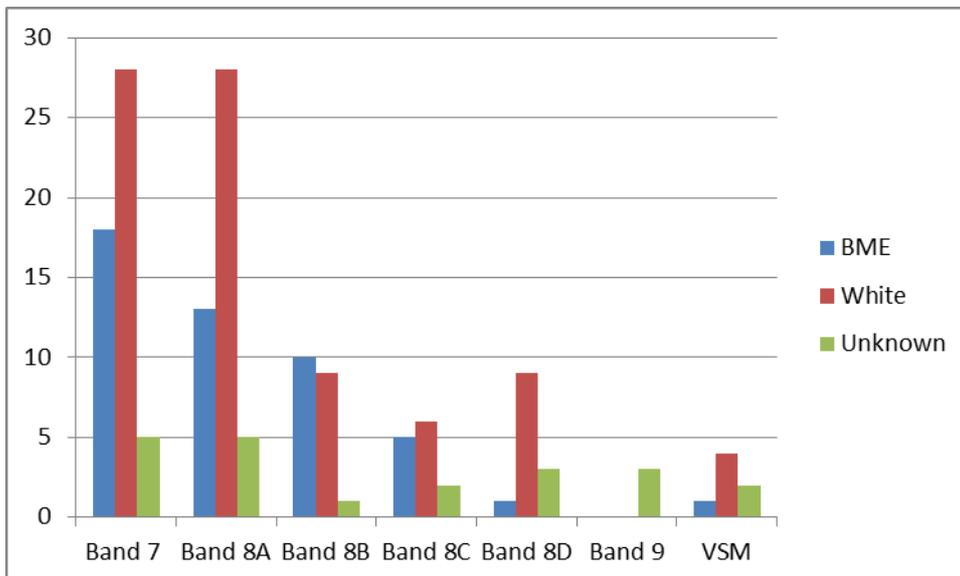
## **4.2 Indicator 1 - Staff Bands 2017 -18**

**Table 1** shows the profile of **non- clinical** BME and white staff from **Bands 1-6**.



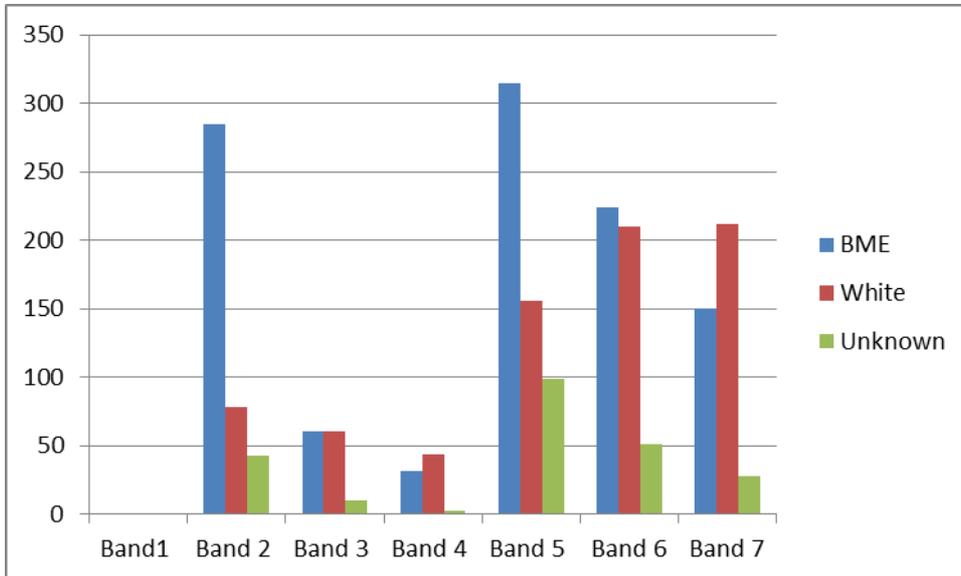
There is a significant over representation of BME staff at Band 1. However from 1 April 2018 Band 1 will no longer exist and staff will all be amalgamated into Band 2. There is a slight under representation in BME staff in Bands 3-4, and slight over representation in bands 5 – 6.

**Table 2** shows the profile of **non- clinical** BME and white staff from **Bands 7 - VSM**.



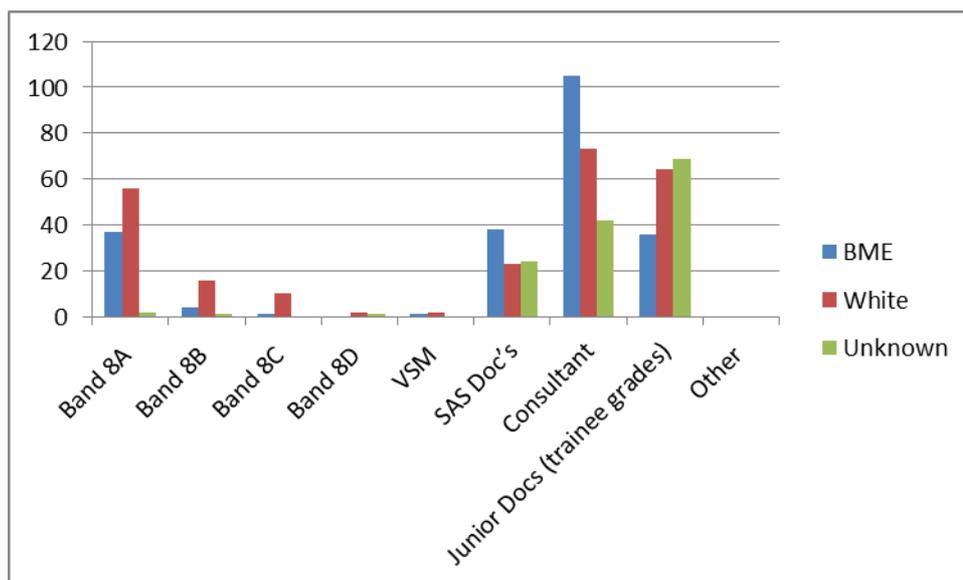
In general BME staff remains under representation at Band 7 & VSM, which has remained the same for 2 years. Band 8b is the only grade that shows for the first year a slight increase of BME staff compared to white (1 post). BME staff are under-represented in senior management posts (8c – VSM). Over the 2 years they held 5 out of 51 posts (excluding the unknown posts of 17).

**Table 3** shows the profile of **clinical** BME and white staff from **Bands 1-7**.



BME staff are significantly over represented in Bands 2, 5 over the last 3 years, and they have a significant proportionate, in the number of posts across the bands in the Trust. Band 3 & 6 are the only grades that show an almost equal split of BME & White staff over the last 2 years. At Band 7 BME staff are under – represented.

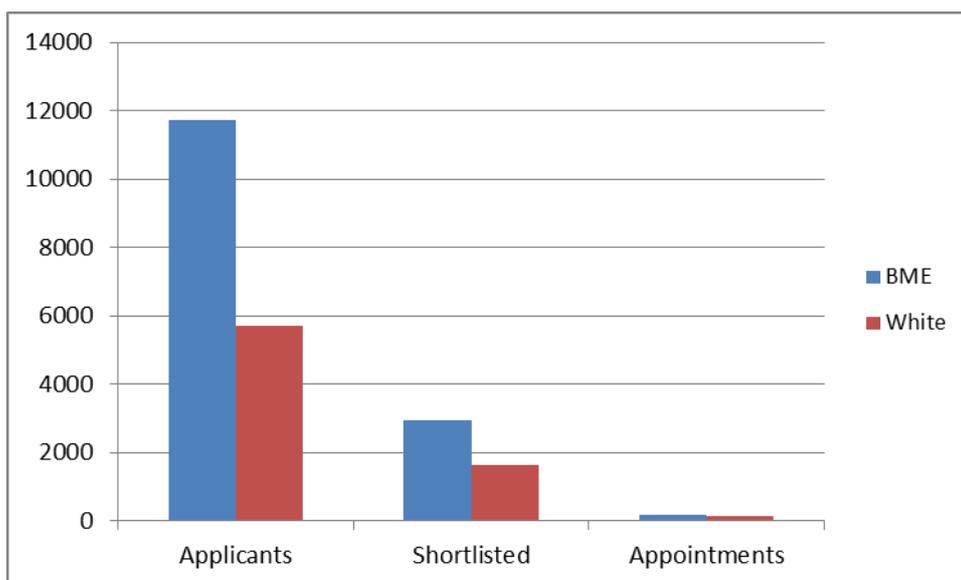
**Table 4** shows the profile of **clinical** BME and white staff from **Bands 8 – Junior Doctors**.



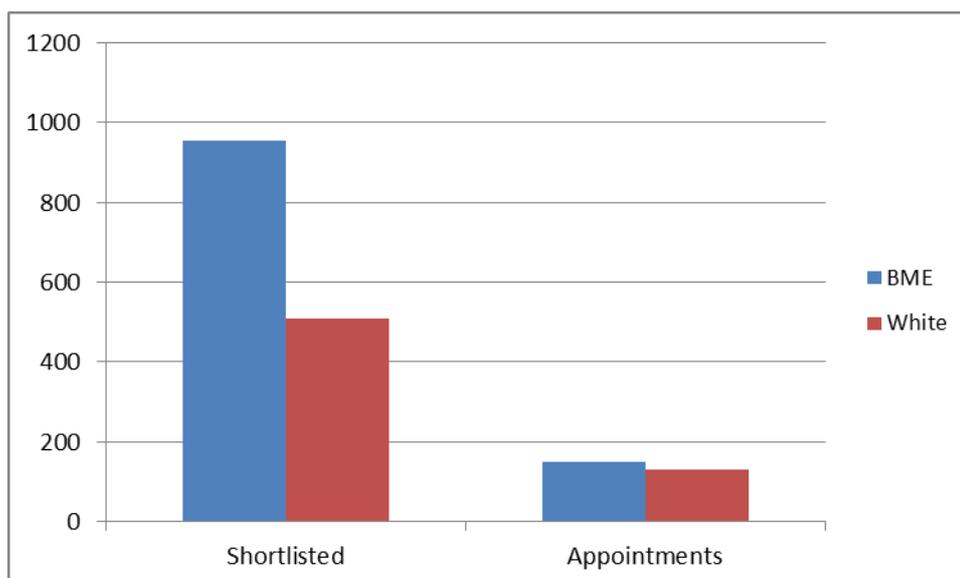
There is significant under representation of BME staff at Band 8A – VSM, this has remained the same for 3 years, White staff are over represented in the senior Bands 8A to VSM. There is an over representation of BME staff at SAS doctor and Consultants, and under representation in the junior doctors.

### **4.3 Indicator 2- Recruitment**

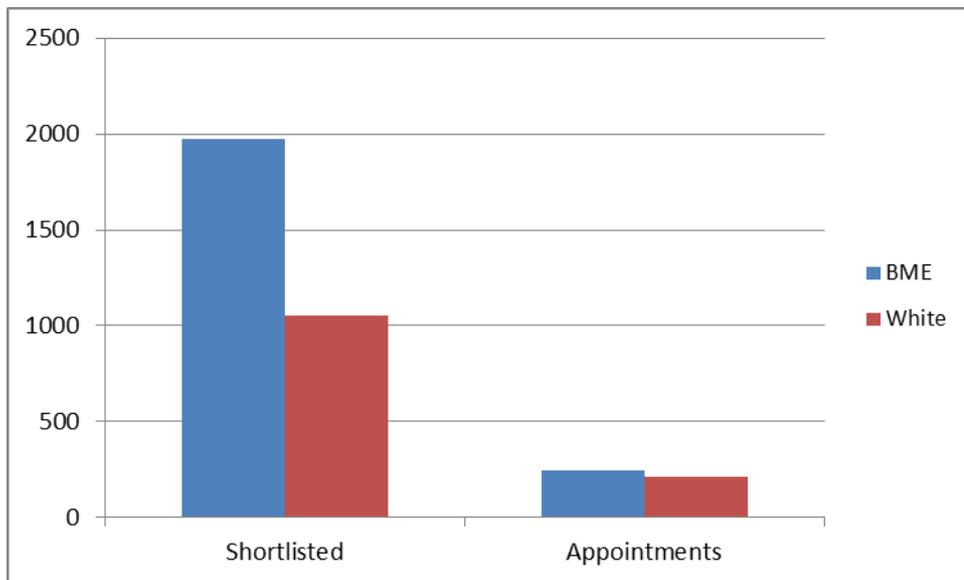
**Table 5 shows the recruitment data for 2015-2016** from the number of shortlisted applicants, to those appointed white staff have a ratio of 1.26 times more likely to be appointed than BME.



**Table 6 shows the recruitment data for Nov 2016 - Mar 17.** From this year onwards only shortlisted and appointments are being monitored. The data shows that from the number of shortlisted applicants, to those appointed white staff have a ratio of 0.40 more likely to be appointed than BME.



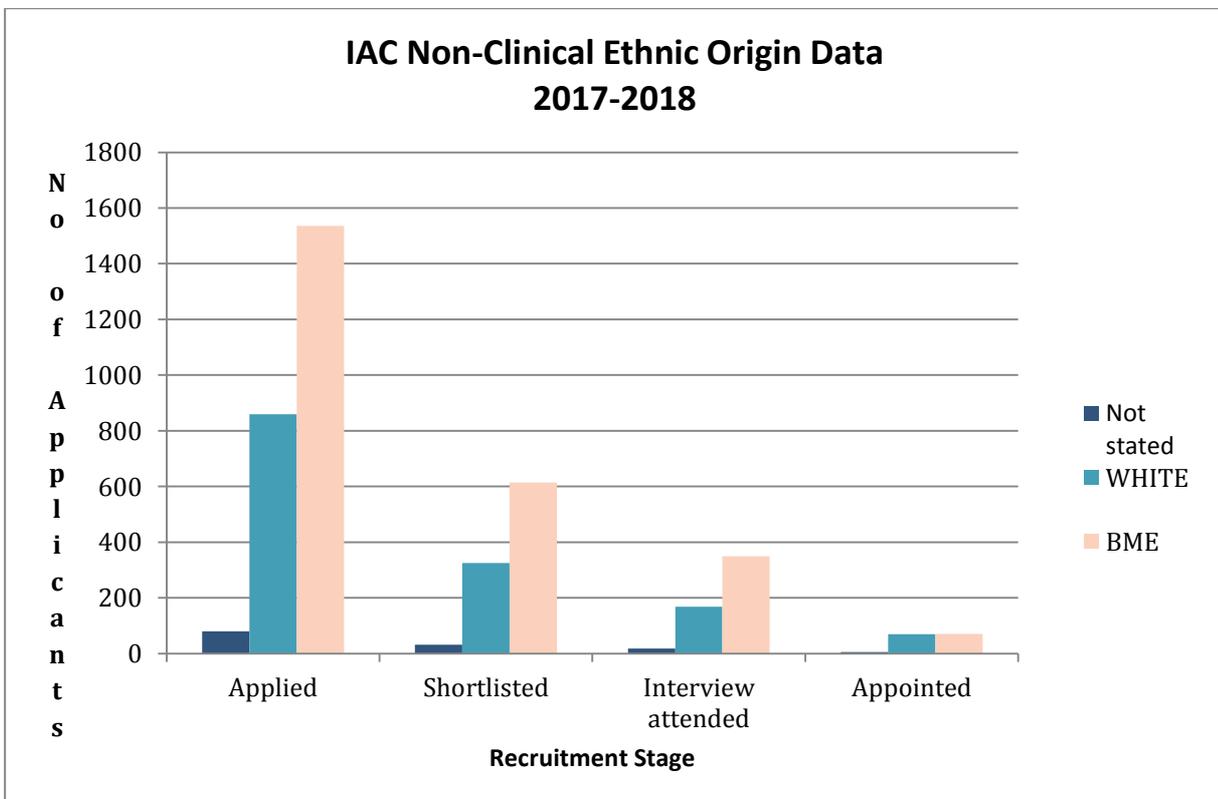
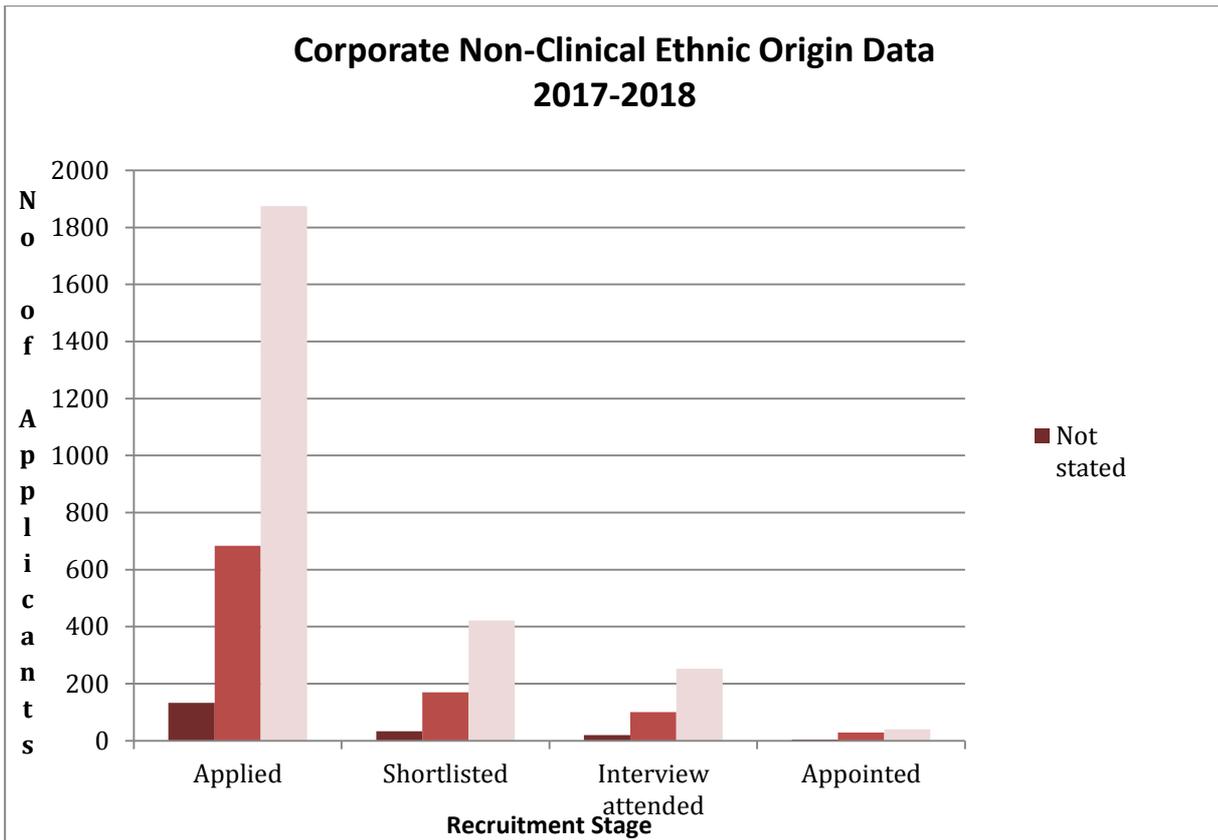
**Table 7 shows the recruitment data for 2017-2018** from the number of shortlisted applicants, to those appointed White staff are 1.60 more likely to be appointed than BME.



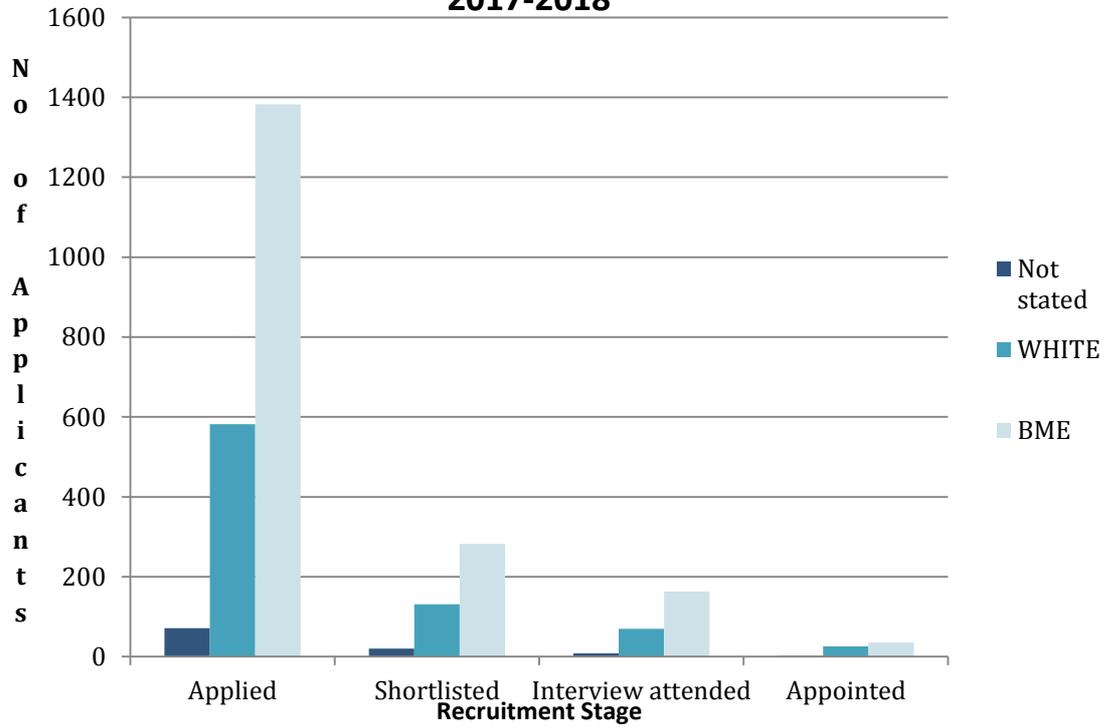
Since November 2016 our recruitment processes have been monitored through TRAC. TRAC has an excellent reporting function, and all recruitment from start to finish is monitored through this system. The recruitment and selection monitoring period for April 2016 to March 2017, is from November 2016 to March 2017. In 2016 -17 we were not able to compare exact numbers as the data is only provided for a six month period.

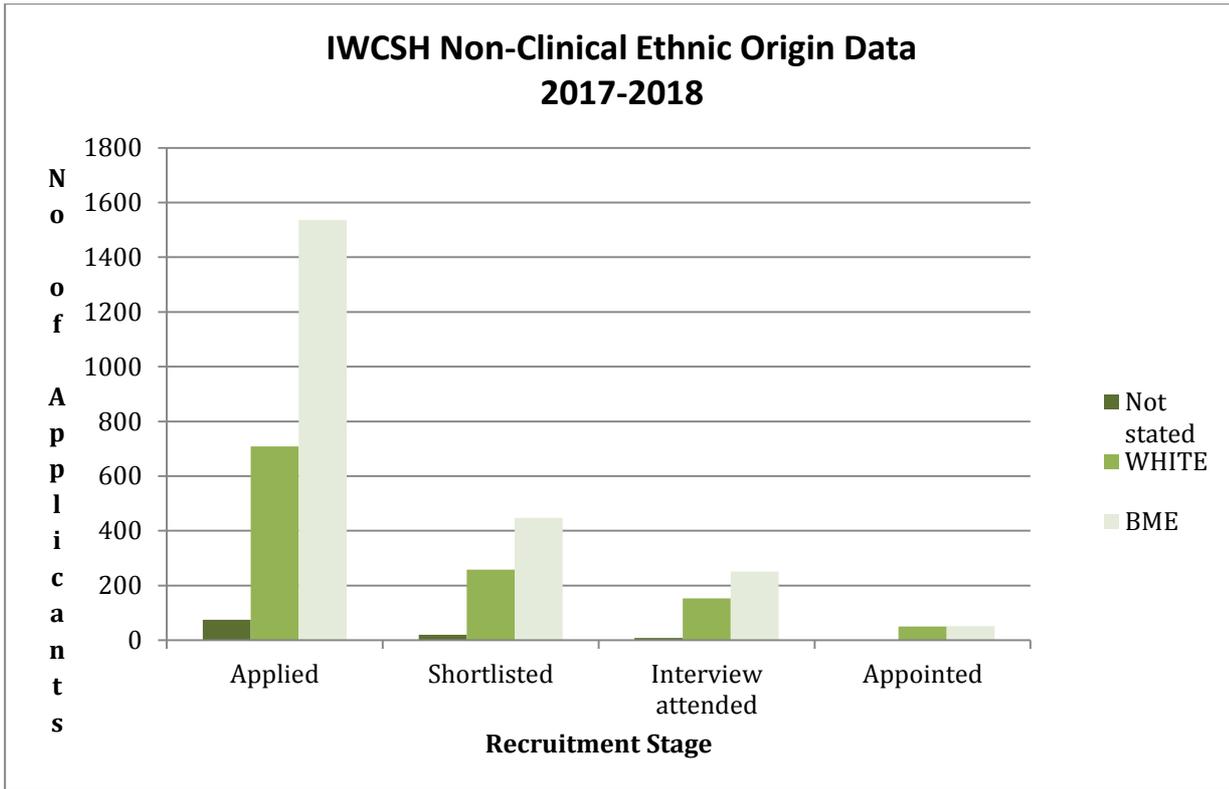
In 2017-18 the data shows that from the total number of shortlisted applicants, to those appointed 1.60 white staff are likely to be appointed. This indicates that over the 3 year period BME staff are less likely to be appointed than white, and the proportion of white staff being appointed has increased.

**The following tables provide** a breakdown of the recruitment non-clinical data across each directorate and will be used for targeted intervention by our Equality Diversity & Inclusion Manager, Human Resource Business Partners, and Organisational Development Business Partners.



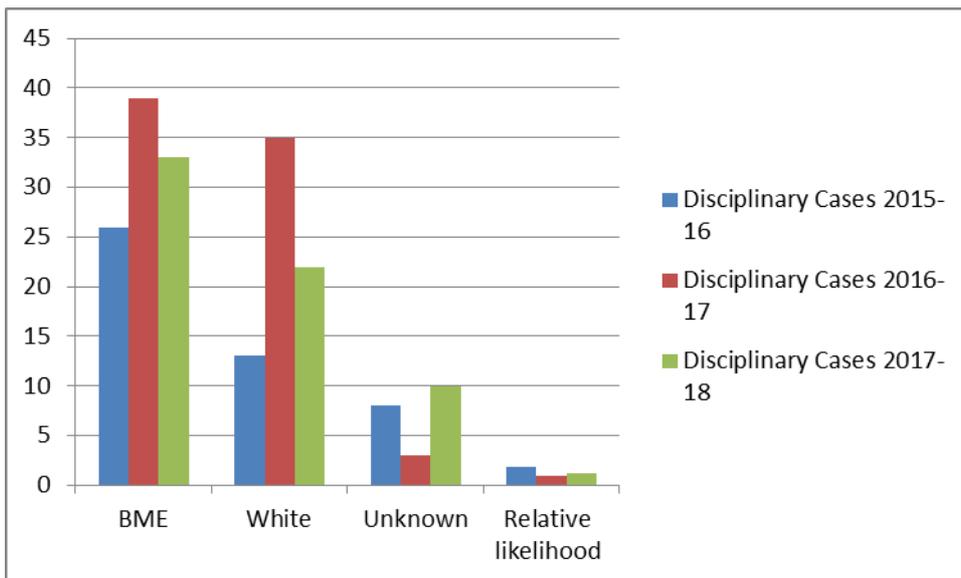
### ISCS Non -Clinical Ethnic Origin Data 2017-2018





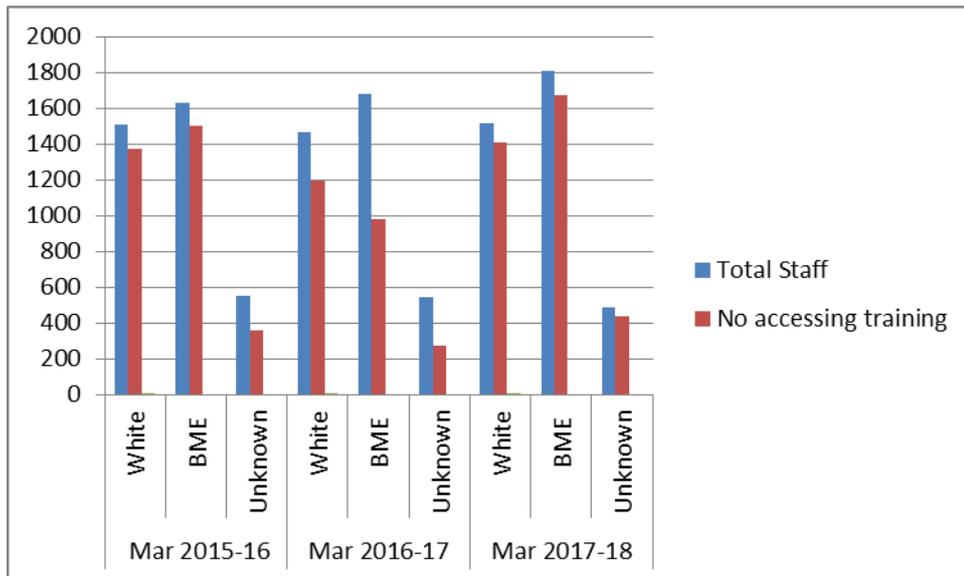
#### 4.4 Indicator 3 – Disciplinary

**Table 8 shows the disciplinary data for 3 years.** The data indicates that in 2015-16 BME staff was 1.85 times more likely to be disciplined than White staff. In 2016 - 2017 this figure reduced to 0.97. The National average for 2017 to 2018 is 1.37 and the highest region is London at 1.80. When compared to London Acute Trusts we are lower than the national average and have the 3rd lowest figure at 1.27, of BME staff compared to White staff entering the formal disciplinary process.



#### **4.5 Indicator 4 – Training & Development**

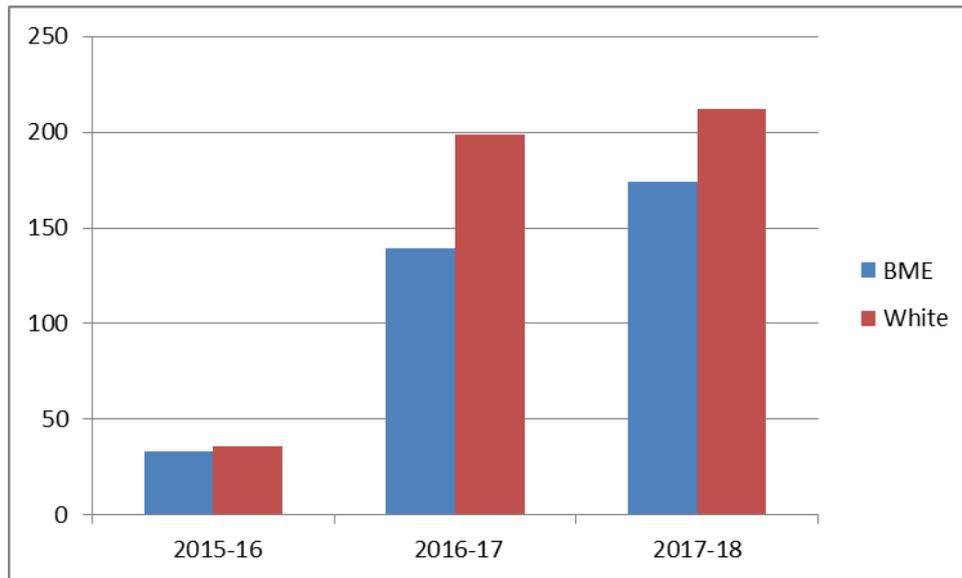
**Table 9** shows in 2015 - 16 the relatively likelihood of white staff accessing training compared to BME is 0.99. However there was a marked increase of opportunity for white staff in 2016 – 2017 to 1.40. However in 2017-there was a great improvement and the ratio of the likelihood for white staff dropped to 1.01 in comparison to BME staff.



#### **4.6 Indicator 5 - Bullying & Harassment from Patients**

**Table 10** shows that both White and BME staff experience bullying and harassment from patients. Further work is being done on this indicator to establish trends and hot spots, from the different locations in the Trust and will form part of the WRES Action plan.

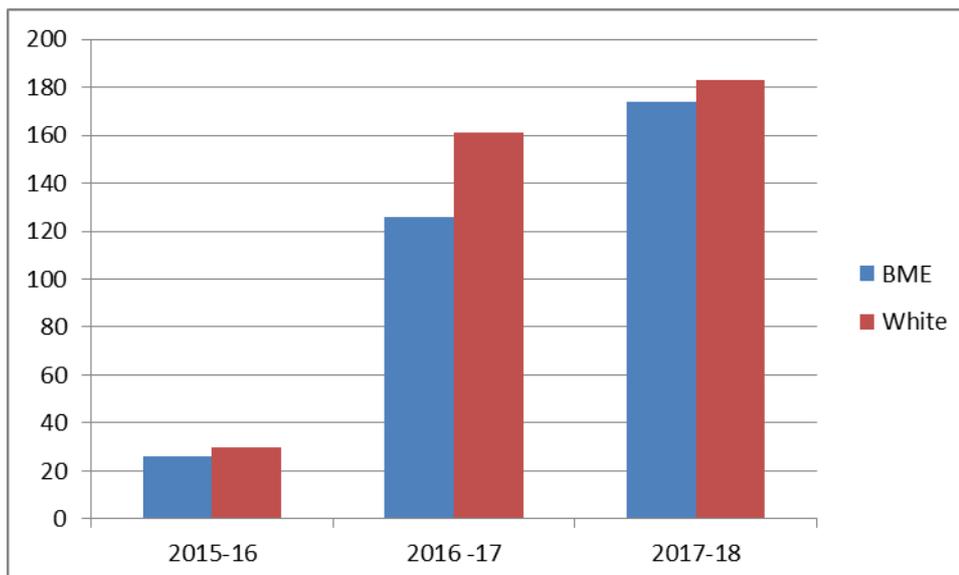
From the Staff Survey results in 2015 – 2016 compared with all combined acute and community trusts, we were ranked 'above worse than average'. In 2017 we were ranked 'above worse than average' and worse than 2016. This key factor has been in the "red" for 3 consecutive years, therefore we need appropriate action in place to address future outcomes.



#### **4.7 Indicator 6 – Bullying and Harassment from Staff**

**Table 11** shows that in 2015- 2018 both BME and White staff experience bullying and harassment from staff. The numbers of staff from both groups have increased dramatically in 2016-2017 and shows a continuous increase for 2017-18.

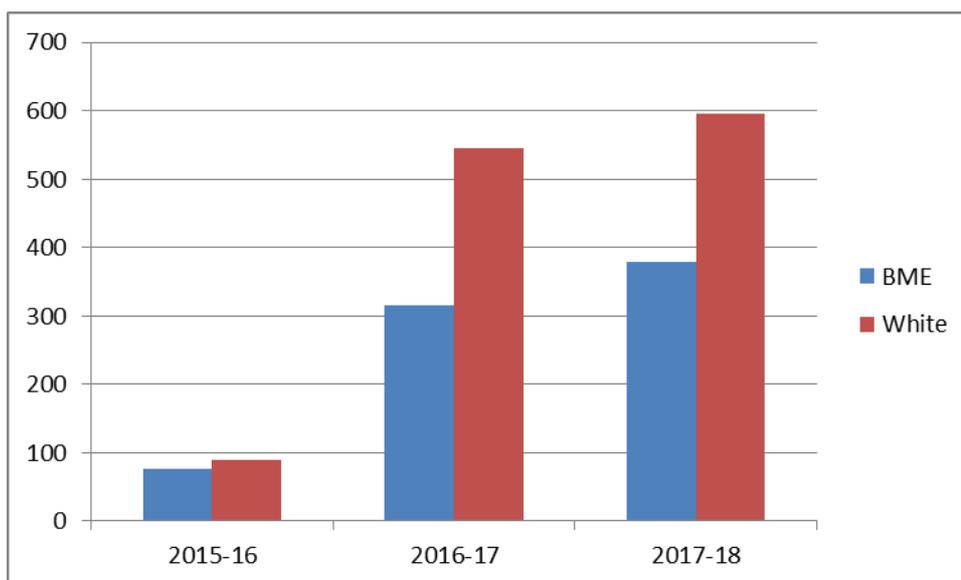
The Staff survey from 2015 - 2017 ranked us 'above worse than average' compared with all combined acute and community trusts. Outcomes for 2017 ranked us 'above worse' than average and worse than 2016. This key indicator has been in the "red" for 3 consecutive years, therefore we need appropriate action in place to address future outcomes.



#### **4.8 Indicator 7 – Equal Opportunity for Career Progression & Promotion**

**Table 12** shows that BME staff feel that there are less opportunities in the Trust for career progression and promotion. Figures for 2017- 18 show that career progression opportunities have got significantly worse for BME staff and the gap has widened in comparison to white staff.

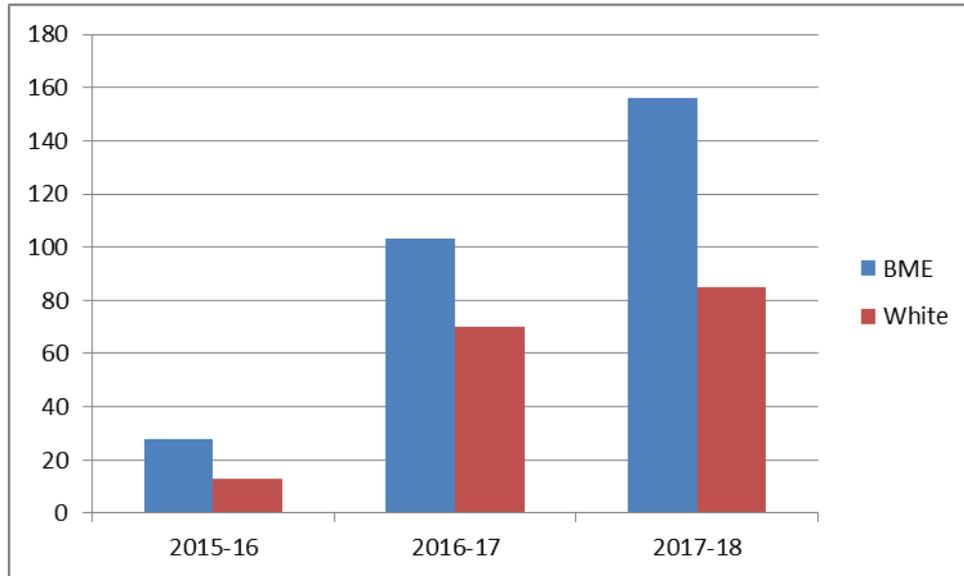
This indicates a negative finding in the Staff Survey for 2017 we were 'below worse than average' in ranking compared with all combined acute and community trusts. This key indicator has been in the "red" for 3 consecutive years, therefore we need appropriate action in place to address future outcomes.



#### **4.9 Indicator 8 – Experience of Discrimination:**

**Table 13** shows the numbers are higher for BME staff, compared to white staff for the last 2 years. The data for 2017 also shows that experience of discrimination has increased for both staff. The Staff survey indicates this as a negative finding from 2015-2017 and we are 'above worse than average' in ranking compared with all combined acute and community trusts. In addition the survey notes that the outcomes for 2017 is worse than 2016.

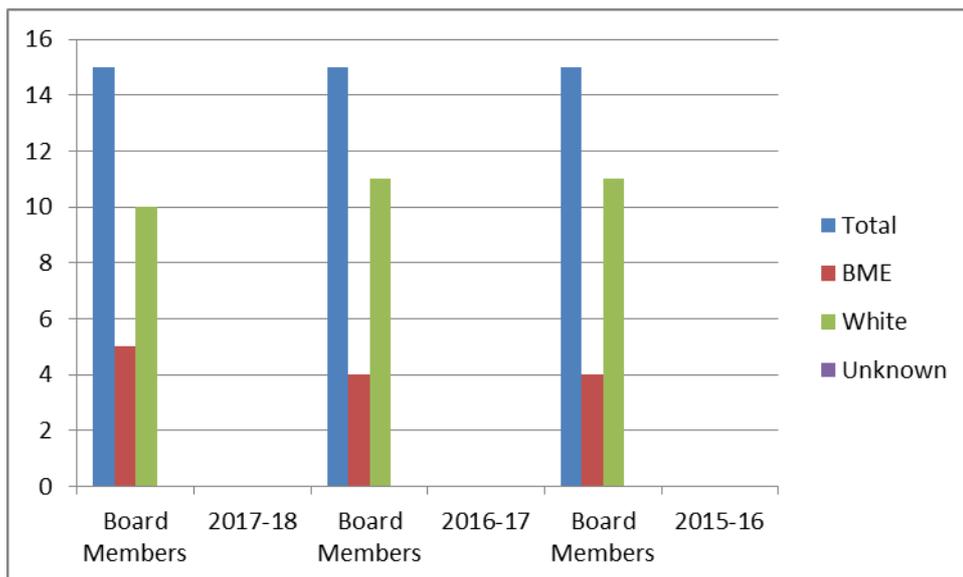
This key indicator has been in the "red" for 3 consecutive years, this indicator is also one of our Equality Objectives and appropriate actions need to be in place to address these outcomes.



**4.10 Indicator 9 – Board representation**

**Table 14** is measuring the difference in the percentage of Board voting members, with the percentage of BME staff in the organisation. There is currently, an under-representation of BME Board members in relation to the overall percentage of the BME staff workforce.

However there has been a year on year improvement in the percentage of BME representation on the Board , and we have the highest number of BME Board members in comparison to the other Acute Trusts across London. Our expectation is that the Trust will continue to aim to increase the BME ratio of Board Members.



## WRES Positive findings:

- The likelihood of BME staff accessing mandatory training has improved in 2017-18.
- In 2017 -18 the data shows an almost even split of BME staff in Bands 8b, 8C, this is the first year the data has shown an improvement for BME non- clinical staff in these senior Bands.
- There has been a year on year reduction in the percentage of white Board members to the overall workforce, our expectation is that the Trust will continue in aiming to increase the BME ratio of Board Members.
- A Final draft WRES action plan to be submitted to support this report by 1 October 2018.
- When compared to other Acute London Trusts we are performing at the top end on Indicator 3 Disciplinary, and Indicator 4 Board Members.

## WRES Areas for Improvement:

- The WRES has outlined the position of BME staff in senior management posts across the clinical and non-clinical bands, in addition to those who feel there is lack of opportunity for career progression and promotion. Robust actions are needed to understand the barriers and increase the leadership positions of BME staff throughout the organisation.
- The data over 3 years show that white staff are disproportionately more likely to be recruited than BME. We need to undertake a review across the Trust of our Selection and Recruitment processes, and develop actions to address concerns raised by WRES data, Staff Survey and staff.
- Introduce a system to monitor non- mandatory training requests from staff to their manager, as currently these requests are not monitored. In addition improve the profile of those staff in the 'unknown' category.
- Establish a cohesive way of addressing discrimination experienced by staff, especially as this is one of our equality objectives, and we are statutory required under the Equality Act 2010 to annually report on actions taken and monitor progress.
- Representation of BME staff in clinical senior management Bands require improvement.
- Assign senior leaders to become champions for WRES, and quarterly reports to be submitted to the Board on the progress of the WRES action Plan.

## **Actions for 2018 – 2019**

### **5.1 Workforce Monitoring**

We are currently developing our Work Force Profile and have produced a wide range of information on our workforce. Discussions are taking place to establish the monitoring parameters across the organisation in relation to the frequency, areas for monitoring, and levels for reporting. Our aim is to produce a quarterly set of monitoring information that will help us identify where there is a disproportional outcome for groups. Business partners and the Equality Team will work closely with the directorates to understand the information and agree actions to address any concerns. There is a need for us to undertake data cleansing to improve the “unknown” categories for our staff across the protected characteristics, the Workforce Monitoring and Equality Team will lead this.

### **5.2 Equality Delivery System - EDS2**

We have made huge improvements in implementing EDS2 and we know have a robust system in place for monitoring service outcomes, assisted by the members of our Stakeholders EDI Forum. There is still plenty of work for us to do to increase the membership for EDI Stakeholders Forum and that will be one of our key aims over the next year. In addition, we recognise that we need to improve our engagement events to make them more representative of the demographics of Croydon. The Patience Experience Team and Equality Team will be working together to ensure we our engaging with a more representative group of patients, carers and service users.

EDS3 is due to be released in 2019 therefore we will not be reviewing any services in 2018, and will review services under the new guidelines to be issued for the 2019 submission.

### **5.3 Work Force Race Equality Standard – WRES**

The Trust must address the indicators that show ‘worse’ outcomes in the data for 3 consecutive years. WRES data shows that there are particular concerns with; the lack of BME staff in senior management posts, the proportion of BME staff who feels there is not equal access to career progression and promotion opportunities; the number of staff entering the disciplinary process; and the number of staff that experience discrimination from managers, team leader or colleague.

In addition the NHS Staff Survey shows that both white and BME staff experience bullying and harassment in high numbers, which has ranked us in the bottom quartile for 3 years in. It is crucial that we create a WRES Action Plan that is ambitious enough to ensure improvements in the experience of BME staff, and tackle the bullying and harassment within the organisation. This in turn will increase the health and well-being of both staff and patients, and assist with the recruitment and retention of staff.

## 5.4 Accessible Information Standard (AIS)

The AIS is set up to improve access to services for patients, careers, parents and service users who have information or communication support needs, due to a disability, impairment or sensory loss. The aim of the AIS is to ensure that we have processes in place to assist people to; receive information in formats they can understand; receive the communication support they need; improve the quality and safety of their care; and ensure they have the ability to be involved in the decisions about their health care and wellbeing.

Implementation of the AIS has been a challenge for us. The standard requires us to have systems in place to meet peoples' needs when they visit our hospital. Our staff must be able to; Identify; Record; Flag; Share and Act, on patients' communication or support needs. We are currently conducting an audit of our key services to identify future actions. We are currently having discussions as to how best to take this project forward.

## 5.5 Workforce Disability Equality Standard (WDES)

We are in the early stage of planning for the DWES and are having discussions in our forums. We recognise that there is work needed in relation to increasing the staff profiles, and circulating information for staff and managers. The EDI Committee of senior managers and Staff Network Group will be working on this agenda.

## 5.6 Equality Analysis

We have redesigned our forms and developed guidance to assist managers in conducting Equality Analysis. The Equality Analysis templates have been linked to our key processes for policy and strategy development, as well as for staff restructuring. Equality Analysis workshops to assist managers in conducting equality analysis, will be set up in spring 2019.

## 5.7 Leadership and accountability

The Board currently review the Workforce Race Equality Action Plans and the outcomes in the EDI Annual Report. To deliver the requirements of the PSED and the NHS Standard contract, the HR Business Partners and the Equality & Inclusion manager, are developing processes to work with service managers. Our aim is to have a better understanding of the issues in the organisation that affect staff and patients from protected characteristics, and improve the quality of management, leadership and patient experience.

Our Equality Diversity and Inclusion Committee are represented by senior service and human resource managers'. The role of this committee is to monitor our Equality & Diversity Strategy Delivery Plan, which contains the actions for EDS2 the WRES and our Equality Objectives. The Equality & Inclusion Manager in the process of developing a working relationship with the Board, and agreeing the future actions that the Board may wish to take in the monitoring process.

## 5.8 Conclusion

Our Annual Equality Report 2017-2018 summarises the outcomes of the requirements in the NHS Standard Contract and the Equality Act. We are committed to providing an update on progress, and address the challenges in tackling inequality, and promoting diversity and inclusion. There is much for us to do to increase our understanding of patients experience from different protected groups, and provide appropriate actions to tackle health inequalities of patients within those groups. We will continue to improve this through the monitoring of services to patients, carers and service users. In addition, we will provide actions to address any disparities in our employment practices. Our aim is to also increase patient and staff engagement, understand the needs of diverse groups, and ultimately improve outcomes for all people who use our services.