Croydon Health Services

Annual Equality Report

2018 - 2019
Contents

Forward .................................................................................................................................3

Our Workforce ...................................................................................................................4 - 5

Equality Delivery System (EDS2) .....................................................................................6 - 13

Equality Objectives ..........................................................................................................14

Work Force Race Equality Standard (WRES) .................................................................15 - 31

Work Force Disability Equality Standard (WDES) ..........................................................32 - 40

Action for 2019 – 2020 .......................................................................................................41 - 42
1. **Forward**

We are personally committed to ensuring that Croydon Health Services exceeds its legal duties to promote equality of opportunity for all staff, and provides access to quality services to all people from our diverse communities. We embrace equality, diversity and inclusion and see it as an essential measure to assist us in the delivery of the CQC Standards.

This year's Equality, Diversity and Inclusion Annual Report focuses mainly on our workforce. To demonstrate our compliance with the Public Sector Equality Duty, we have completed the annual assessment of our Workforce Profile, EDS2, and our equality objectives. This report also sets out the progress we have made with the WRES and WDES.

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. Our intention is 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 aim to create an environment where people receive services which are professional and compassionate, and where they feel respected and safe. 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 also dedicated to developing an organisational culture that promotes inclusion and embraces diversity. We feel that it is important for staff to work together to develop and utilize their skills, so that we can provide quality accessible services to our patients, families and service users.

We are dedicated to working with our partners and stakeholders to tackle health inequalities. In doing so we aim to build effective partnerships to improve access to services, patient experience, and maintain a vibrant responsive service.

Mike Bell
Chair

Matthew Kershaw
Chief Executive
2. **Our Workforce**

Our Workforce Strategy identifies the Trusts workforce priorities for the next 5 years which supports the delivery of the Trusts vision and objectives whilst demonstrating our values in all that we do.

The Workforce Strategy is underpinned by the following:

- Recruitment and Retention Strategy
- Organisational Development Strategy
- Equality, Diversity and Inclusion Strategy
- Staff Engagement Strategy
- Health and Well-being Strategy
- Staff Survey - Action Plans

2.1 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 on staff from protected groups. From this year our EDI progress has been detailed in two reports the EDI Annual Report and Workforce EDI Profile Report – Appendix 1.

2.2 This EDI Annual Report will focus on:

- Workforce EDI Profile Report 2018 - 19
- EDS2 HR
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Future projects 2019-2020
3. **The Workforce EDI Profile Report 2018 - 19**

3.1 **Our Workforce EDI Profile Report** provides information below of the workforce by protected characteristics, *across the organisation and by each directorate*;

- Ethnic profile
- WRES Indicator 1 staff Bands
- Ethnicity of starters and leavers
- Gender and age profile
- Gender and age profile of starters and leavers
- Disability status profile
- Disability status of starters and leavers
- Sexual orientation profile
- Sexual orientation profile of starters and leavers
- Religious belief profile
- Religious belief profile of starters and leavers
- Marital status
- Marital status profile of starters and leavers

3.2 Whilst for the first time we are able to provide information of the profile of the workforce, we recognise that there is still plenty for us to do to meet the requirements of the Public Sector Equality duty and to understand the impact of HR policies on staff in the workforce. Over the coming year the Equality Team and Human Resource Business Partners will be working together to provide a detailed analysis by protected characteristics, to share with the Senior Management Team in each directorate.

The analysis will provide outcomes for staff in the following areas and HR functions.

- Full and part time workers
- Appraisals
- Grievance
- Disciplinary
- Harassment
- Leavers & Starters
- Flexible working
- Capability (sickness and performance)
4. **Equality Delivery System 2 (EDS2)**

4.1 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, achieving, developing and underdeveloped. Within the four goals, there are 18 outcomes, against which we assess and grade our equality performance.

4.2 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. 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.

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

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

Last year we recognised that there was much more work required to develop our practices in HR to address the challenges within the workforce. In addition we recognised the need to provide information to evidence how we met the Public Sector Equality Duty. As a result for 2018 to 2019 we have decided to focus on the staff outcomes.

The detail of the actions are in the coming sections and below is a summary of the outcomes;

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>3.1</th>
<th>3.2</th>
<th>3.3</th>
<th>3.4</th>
<th>3.5</th>
<th>3.6</th>
<th>4.1</th>
<th>4.2</th>
<th>4.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>D</td>
<td>D</td>
<td>D</td>
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<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
</tbody>
</table>
3.1 Fair NHS recruitment and selection processes lead to a representative workforce at all levels.

The Trust uses the TRAC system which collects data on protected characteristics. Recruiting managers are unable to see any of the monitoring information at any point and are also unable to see the applicants name or right to work status until after the shortlisting process has been completed. The Trust has rolled out unconscious bias training for staff, in particular focusing on recruiting managers. A standard recruitment e-learning package for all recruiting managers is being developed. All candidates are asked in their invite to interview if they require any reasonable adjustments to be made for their interview and these are always accommodated wherever possible. Once appointed, and throughout an employee’s employment, where necessary the Trust’s occupational health department will be consulted to advise on any reasonable adjustments which need to be made.

Various initiatives were in place to encourage and enable younger individuals to gain employment and experience within the NHS. The Trust remains a two tick employer meaning any applicant who wishes to declare their disability on their application form will be given a guaranteed interview providing they meet the minimum criteria for the vacancy. The Trust is also partnering with Croydon Works to encourage applications from disadvantaged groups and part of Good Employer Croydon. The Trust has also introduced an Inclusive Recruitment Working Group, this group will review all the Trust Recruitment and Selection practices on a regular basis. They will ensure the policies and procedures in place are fit for purpose and continue to ensure the processes are fair and supportive to ensuring the workforce is representative.

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 Trust uses national terms and conditions of service (Agenda for Change) for non-medical posts which sets out standard rates of pay and incremental values for all staff irrespective of any personal characteristics. This has recently been updated nationally. Staff who are not part of AfC include medical staff, who are employed and paid according to the national medical and dental terms and conditions, very senior managers who are paid individual remuneration packages depending on their role, and apprentices who are paid according to national guidelines.

AfC and Medical and Dental T&C’s were designed to ensure equal pay for equal work and therefore all employees, regardless of their protected characteristics, should be paid equally. The Agenda for Change pay scale sets out clear amounts for basic salary for all bands, including incremental progression in line with length of service. This process helps to ensure equal pay across all employees.
The Trust uses the Agenda for Change job evaluation scheme to ensure that all jobs are banded fairly and equally, based on the content of the job i.e. knowledge, skills and experience required, not on the individual carrying out that role. The Trust is satisfied that all job matching and evaluation is carried out robustly and is documented and recorded to enable consistency monitoring. The Trust has recently strengthened the number of assessors to ensure they are more representative of the staff in the Trust with the introduction of an automated system in 2020. As part of the Gender Pay Gap reporting there is an action plan with one of its key objectives to carry out an equal pay audit to ensure pay is applied consistently and fairly across all protected characteristics. A BME pay gap analysis was carried last month and is in the process of being analysed by the Head of ED&I.

3.3 Training & development opportunities are taken up and positively evaluated by all staff.

The Trust has an extensive range of clinical and non-clinical training available for all staff provided by appropriately specialist qualified trainers and educators.

All new staff undergo an induction programme, which aims to ensure that new members of staff are aware of their responsibilities under the NHS Constitution and Trust Values, and also understands key areas including whistleblowing, safeguarding, infection control, dementia awareness, smoking cessation, fire safety, Chaplaincy, learning disabilities, patient safety, and fraud. All clinical members of staff also undergo further local induction training suited to their role such as the Nurse Induction or the Junior Doctor Induction programmes. In the afternoon staff are encouraged to carry out their mandatory training which include Equality, Diversity and Inclusion and Information Governance.

Assurance is provided on a weekly basis of completion of the Core Skills Training as the reports are sent to all managers and for overall review by the Executive Team. Equality and diversity is part of the core skills mandatory training and are monitored through the Trust’s governance processes. The Trust Board also have specific training on an annual basis. All training opportunities are well publicised, through the Engagement App Ryalto, L&D monthly Newsletter, noticeboards and Trust wide team briefs, and are strongly encouraged.

The CPPD Programme and policy is currently under review, this will include the Panel and how individuals access the budgets to ensure fairness and consistency in approach.

A further review is taking place to ensure all training requests (approved/denied) are recorded on our electronic systems to ensure transparency and allow the L&D team to review access to training by protected characteristics and flag any concerns to the Head of OD, senior teams and the monthly Workforce Information reports. The Trust is committed to the integration of equalities, diversity and inclusion in all our work. This is reflected in the selection of course participants, course materials and the language and conduct of trainers and participants. In selecting course participants, we aim to begin to redress discrimination; and promote positive action in order to overcome past discrimination experienced by some individuals and groups of people. All staff should have access to training, development, education or learning according to their needs. We will endeavour to ensure that our training, education or development is accessible to our workforce.
3.4 When at work staff are free from abuse, harassment, bullying and violence from any source.

The recent Staff Survey results showed there are continued concerns around Bullying and Harassment and violence at work. 27.2% of 371 BME staff who completed the survey experience this in the last 12 months against the benchmark group of 26.5%

The Trust has committed to new annual objectives which include demonstrating improvements on the WRES. Yvonne Coghill, Director of NHS WRES recently visited the Trust in March a workshop was designed, to start a conversation on this subject and look at how as managers and senior managers we can influence those results. Senior leaders, Board and staff across the Trust were welcome to join the event. As an outcome of this workshop actions have included: inclusive recruitment initiatives, Staff Network Forums being created and a refresh of the Equality, Diversity & Inclusion Committee.

As a result of the WRES Workshop Staff Network Forums were created as a safe space for staff where they can discuss issues such as bullying in relation to their protected characteristic. In July Staff Network Forums were launched for BAME, LGBT+, Disability and Religion & Belief supported by the Board and sponsored by the CEO.

A WRES action plan is currently being developed for September/October and a regular review of Employee Relations cases is undertaking monthly by HR Business Partners and discussed with Directorate leadership teams. A new pre-Disciplinary process was introduced in February which created a panel (HR Adviser, HR Business Partner and Head of ED&I) to review cases to ensure there is equality in the process – this has now been expanded to include the Deputy Director for Nursing for nursing cases. The number of cases involving BME staff was reduced in the first 6 months and will now be included in the revised Disciplinary Policy. The HR team are looking to expand this process to other ER Policies such as Dignity at Work and Grievances. The recent communication from Dido Harding advised all Trusts to carry out an audit against our current disciplinary policies which as submitted to Board for approval. We are also part of the Pan London WRES3 group of Trusts who are participating in providing employee relations data as BME and junior staff are more likely to be put in these processes – in some cases as a result of Dignity at Work or grievance claim.

The Trust is also currently training Respect at Work Advisors, currently 24, will be advocates and support for staff. They will be fully trained in early October. Respect At Work Advisors: were identified as a key strand to support the Dignity at Work (Bullying and Harassment) Policy. Volunteers from the workforce act as Respect at Work Advisors to provide guidance and support to colleagues who feel they have been subjected to, or accused of, harassment and bullying.

The role of a Respect at Work Advisor is to:

- Provide guidance and support to those who feel that they have been subjected to, or accused of, harassment and bullying
• Explore the various options and forms of intervention which are available and where necessary signpost the employee to further support

• Help the person reach a decision as to the most effective course of action to pursue

The Trust has also recently re advertised the Freedom to Speak Up Guardian role and is looking at how we can further enhance the work they do. An annual report is produced for Board to advice of any trends and issues that are raised.

A major factor in bullying and harassment has been the employee relations processes within the Trust. We have invested in a new ER tracking system and undertaken a review the numbers of cases, ensuring consistency and the length of the investigations were taking to conclude. The average time to complete was reduced by 15 days on average and the focus is on completing within 30 days with formal checkpoints in place for review. Also additional support is provided for staff in those cases through Occupational Health and Counselling.

Support mechanisms are in place to support staff who are affected by bullying either through health referrals or the onsite counselling service. We use counsellors who have knowledge of bullying and can draw upon a range of integrated therapeutic models. Acknowledging the mental health impact of bullying can enable pro-active and targeted support to be available, but the stigma of asking for help can be a barrier – we are training Mental Health First Aiders to support this across the Trust to support managers.

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

The Trust’s Work Life Balance Policy applies to all employees from the point at which they join the Trust. All staff in the Trust have the opportunity to apply for flexible working regardless of any protected characteristics. In addition to part-time working, flexible working options also include staggered working hours, compressed or adjusted hours, job-sharing, flexi-time, term-time working, home working (where possible) and career breaks.

A project is underway to review how we record flexible working requests. the Trust believes there to be higher numbers of flexible working arrangements in place within the Trust compared to those which have been recorded, this can be shown through the e-rostering system. The Trust can also use data collated from the number of flexible working request appeals or the number of grievances raised in relation to flexible working. Although ESR does not record all working patterns it can be used to analyse how many staff are full time or part time to reflect the number of approved flexible working requests (which result in a change of hours) against age, sex, ethnic origin, religion or belief, disability, sexual orientation and marital status. In addition an analysis can be done using the e-rostering system which is now used by 90% of the Trust.
The Trust also offers flexible retirement options, as detailed in the Trust’s Flexible Retirement policy. This aims to support older employees in their retirement plans and therefore demonstrates our commitment, and appreciation of, a diversity workforce.

In addition the Trust provides emergency leave for situations where the individual has to make arrangements for the provision of care for a dependant who is suddenly ill or injured, as outlined in the policy. Bereavement leave is also detailed within this policy, alongside parental leave, both of which are available to all staff members (who meet the criteria) regardless of their protected groups.

The Maternity, Paternity and Adoption Leave policy also outlines the provision of Keep in Touch (KIT) days which allow an employee to come in to undertake work, training or other events for up to 10 days during their leave period for which they receive their usual basic pay. This was enhanced by allowing women who give birth to premature babies’ additional maternity pay and time off to support care of their newly born babies.

### 3.6 Staff report positive experiences of their membership of the workforce.

The Trust has decided to no longer use Listening into Action after seven years of showing incremental improvements using this methodology. A newly developed Staff Engagement Strategy is now in place with an associated action plan which focuses on these key areas: communication, information and feedback, reward and recognition, career development, leadership and management development, health and wellbeing and innovation.

Evidence can be taken from the National Staff Survey which reports against 6 protected characteristics, this can be collaborated by local data collected from the Trust Friends and Family Tests and any local Pulse surveys although these do not currently capture any protected characteristics. The survey provides staff with the opportunity to feedback their views on the organisation and enables the Trust to target action focussing on areas staff identify as requiring improvement. We are now using the new Engagement app Ryalto which allows real time data on the FFT.

Data from the staff survey shows that recommending the Trust as a place to work job satisfaction is relatively consistent across all groups, however is significantly lower amongst disabled staff. Staff over 66 years are significantly more likely to recommend along with LGBT staff. For recommending the Trust as a place to receive treatment again this is lower amongst disabled staff and remained the same for BME staff. However again higher for staff over 66yrs, staff who identify as Hindu men and LGBT staff. All other indicators appear consistent across all groups.

The initial results (not broken down by protected characteristics) have shown that the overall staff engagement score for the Trust has remained slightly better than the average against other Trusts, the score for staff recommending the Trust as a place to work or receive treatment has decreased slightly and continues to be below average against other Trusts. The scores for job satisfaction, effective team working and motivation at work are all around the national average.
The Staff Friends and Family Test (Staff FFT) is a national survey that measures staff recommendation of the Trust to family and friends as a place to receive care and as a place to work. The Trust continues to report positive experiences of their membership of the organisation through the Staff FFT. The survey enables the Trust to triangulate continuous feedback from staff and provides quarterly measurement of staff perspective of the organisation compared to the annual National Staff survey and inpatient and national patient surveys and CQC.

All staff were offered the opportunity to complete the survey and there were 86,769 responses July 2018 to June 2019. The last quarter shows that 84.6% of responses were likely or extremely likely to recommend the Trust, whilst 7% were unlikely or extremely unlikely to recommend the Trust. These results were recently shared at the recent Senior Leaders Forum and will not be published across the Trust through the usual communication channels. The newly appointed Associate Director of Quality with the Chief Nurse will continue to monitor emerging trends and target engagement interventions to address themes highlighted in the surveys.

4.1 **Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation.**

The Executive Director of HR & OD is the Trust Lead for Equality, Diversity and Inclusion and is therefore able to ensure the Board are kept up to date and aware of any development, changes to legislation etc. He is now supported in this role by the new Chief Operating Officer who is taking over these responsibilities from October 2019. All Trust board members receive Equality, Diversity and Inclusion training on an annual basis, they also review and approve the Equality and Diversity Annual Report; both of these cover all the protected characteristics. All papers presented to the Trust Board and to other senior committees ask the author to confirm whether an Equality Analysis (EA) has been completed.

Yvonne Coghill, Director of NHS WRES recently visited the Trust in March to discuss WRES with senior leaders, Board and staff across the Trust this was sponsored by the Chief Executive. In July Staff Network Forums were launched for BAME, LGBT+, Disability and Religion & Belief these all have executive sponsors for these group and are attended by Board members. Quarterly reports will be produced for monitoring at Board and these are looking to be enhanced at Directorate level so senior teams are able to re view the data and provide appropriate actions.

Senior management and trade union representatives engaged in tackling bullying activity. The role of partnership working where senior managers and trade union colleagues are encouraged to tackle and raise concerns about tackling unacceptable and unprofessional behaviour or bullying through their ability to have difficult conversations. Trade union representatives also have an integral role in the Dignity at Work Policy where they represent staff. Proactively monitoring of organisational data to identify patterns and outliers and to help target interventions. These will be produced quarterly for the Trust and used by Board and Directorate Leadership teams to identify areas of concern and triangulate data.
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.

There is a clear process to assess the impact of staff restructures, service delivery, development of strategies and policies. All papers presented to the Trust Board and to other senior committees ask the author to confirm whether an Equality Analysis (EA) has been completed. We have also on an ongoing basis reviewed EA usage and progressed work around updating the Trust's current documentation and ensure that this is built into all appropriate aspects more thoroughly including projects, Cost Improvement Plans (CIP’s) and service changes. To support the agenda around EA within the Trust further training and workshops are going to be rolled out over the forthcoming year.

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

Our approach to developing middle leaders is outlined in the Organisational Development Strategy. The Trust's approach to leadership development is to strengthen the leadership and management development of our team leaders, middle managers and senior leaders enabling them amongst other things to effectively manage people and change.

The HR and OD departments deliver various training sessions to support managers in their leadership and staff management. These include a bespoke leadership development programme called HR & People Development (formerly Licence to Manage) which was designed based on feedback from leaders to support managers in developing their skills. The programme includes sessions on PDR skills, communication skills, equality and diversity (covering all 9 of the protected characteristics), HR policy and procedures, financial awareness, motivational skills, coaching and personal style. PDR training is also provided for both reviewers and reviewees and regular HR Masterclasses and bitesize training are provided to support managers in the understanding and application of the following policies; Recruitment and Selection, Disciplinary, Grievance, Capability, Sickness Absence, Bullying and Harassment, Stress Management and Organisational Change.

There have been bespoke Ward Manager Training carried out across the Trist for senior nursing staff to support their development and resilience to support their teams. There have been two (third one starting next month) Middle Leaders Programme Cohorts which include training on ED&I and how to manage teams and change management.

To help staff understand the essentials of effective and unacceptable behaviour and to establish strategies for managing conflict within the workplace, the PDR process includes objectives being set and reviewed against the Trust’s annual objectives and values The PDR policy, which was developed in collaboration with staff side colleagues provides clear guidance as well as helpful advice on how to get the most out of the process for both reviewers and reviewees to ensure a meaningful and motivating process. The PDR now includes a specific question on health and
wellbeing and will shortly be enhanced with an ED&I section asking staff on their experiences of equality in the Trust.

The National Staff Survey results show that there has been an increase in support from immediate line managers across all protected characteristics except for disability, aged 41-50 and gay women. The percentage of staff experiencing discrimination at work is highest aged 51-65, Bisexual, BME and Disabled 12-18% which is lower than last year which has aged 31-40, disabled and BME staff at 26%.

All staff are expected to complete Equality & Diversity as part of their core skills training, which is mandatory every 3 years. The Trust has the Head of Equality, Diversity and Inclusion Manager who is able to deliver face-to-face equality and diversity training in a particular areas of concern if needed and for equality analysis training to managers. The purpose of this session is to bring them up to speed with the national standards, share information on the employment profile, and keep them informed of their role and responsibility in delivering the equality agenda.

5. **Equality Objectives 2016 -2019**

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

5.2 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 manger, team leader or other colleagues.

- Improve the data, publication, monitoring and actions to address areas of concern in our Workforce Profile.

Progress across these objectives have been demonstrated in the previous section 3.1; 3.4; and 3.6.

5.3 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,

We are currently in the process of reviewing all of our work on patients engagement with the CCG and our partners. Further work in this area will be developed throughout the coming year with the main areas that we are looking to improve being, patient and service user engagement, and the collection of data.
6. **Workforce Race Equality Standard (WRES)**

The WRES measures the experience of BME and white staff across 9 Indicators. As at 1 April 2019 there are 3679 staff employed in the Trust 47% are BME, 37% are White and 16% unknown. The Annual Workforce Profile 2018 – 19 features the numbers of 'unknown' in each directorate which allows for targeted intervention.

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)

6.1 **Indicator 1 - Staff Bands 2018-19**

Diagram 1 shows the profile of non-clinical BME and white staff from Bands 1-6.
Diagram 2 shows the profile of non-clinical BME and white staff from Bands 7 - VSM.

The data in diagrams 1 and 2 indicate that:

- BME staff are significantly over represented in Bands 2 and 6
- Significant underrepresentation of BME staff at Band 7 – 8b
- There has been an increase in BME staff at 8c from 2018 to 19 as it shows even numbers
- Under representation of BME staff at 8d and 9, in 2018 to 19
- VSM showing an equal split in 2018 - 2019, however there is a total of 4 staff and 2 unknown
Diagram 3 shows the profile of clinical BME and white staff from Bands 1-7.

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

The data in diagrams 3 and 4 indicate that:

- Significant underrepresentation of BME staff at Band 7 - 8d, which has remained the same for 3 years.
- BME staff are significantly over represented in Bands 2 & 5 and they have a much higher proportionate number of posts across the trust = 953 staff.
- 2018-19 Band 9 & VSM are the only grades that show an almost equal split of staff (although only 2 staff), however still improved from 2 (W) to 1 (BME) from previous year.
- There has been an increase in the unknown profile of junior doctors.
4.3 Indicator 2- Recruitment

Diagram 5 shows the national WRES indicator for recruitment which includes the whole workforce for 2018-19 and is only required to report on shortlisting and appointments.

The data shows that White staff are 1.40 are more likely to be appointed than BME. This has increased from 2017 - 2018 which was 1.26

To understand WRES Indicator 2 and where the potential issues may arise in the recruitment process it requires more detailed analysis of Indicator 2. Organisations are expected to drill down into the various stages of the recruitment data to understand where appropriate action may be needed.

Our recruitment team have provided further analysis of the recruitment stages and have provided an analysis across each of the directorates from application to appointment.

For 2018 / 19 we have looked closer at the recruitment process from application to appointment.
Diagram 6 shows all CHS recruitment from 2018 -2019 for non-medical appointments.

The data tells us that the total job applicants for non- medical staff represented 72% from BME applicants, and 28% from white applicants. 25% of BME applicants were shortlisted, and 31% of White applicants were shortlisted. However, from application to appointment 3% of BME staff were appointed and 6% of white staff were appointed.

This differs from our overall WRES Indicator submission application to appointment (which includes medical staff) indicating that White people were 1.4% more likely to be appointed than BME.
For each of the directorates for 2018-2019 we have drilled down even further to show from Application to appointment, including how many applicants attended interviews.

Diagram 7 shows the data for the Corporate directorate for 2018 – 2019

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Applied</th>
<th>Shortlisted</th>
<th>Interview attended</th>
<th>Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stated</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>White</td>
<td>746 (26%)</td>
<td>187 (25%)</td>
<td>106</td>
<td>26</td>
</tr>
<tr>
<td>BAME</td>
<td>2088 (73%)</td>
<td>455 (22%)</td>
<td>208</td>
<td>46</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>92</td>
<td>16</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>2927</td>
<td>659</td>
<td>321</td>
<td>73</td>
</tr>
</tbody>
</table>

Job applications to the Corporate Directorate represented 73% from BME applicants, and 26% from White applicants. 22% of BME applicants were shortlisted, and 25% of White were shortlisted. However, of those selected for interview the fallout rate for BME staff was 54%, and for white staff 43%.

Of those who attended interviews and were then appointed, BME staff make up 22% and White staff make up 25%. From application to appointment BME staff make up 2.2%, and White staff make up 3.5%. The data indicates that from appointment to application White staff are 1.3% more likely to be appointed which fits with the workforce WRES data for Indicator 2.
Diagram 7 shows the data for IAC 2018-2019

<table>
<thead>
<tr>
<th>Ethnicity</th>
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<th>Interview attended</th>
<th>Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stated</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>654 (27%)</td>
<td>274 (42%)</td>
<td>163</td>
<td>71</td>
</tr>
<tr>
<td>BAME</td>
<td>1701 (72%)</td>
<td>577 (34%)</td>
<td>352</td>
<td>82</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>49</td>
<td>15</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>2405</td>
<td>867</td>
<td>525</td>
<td>159</td>
</tr>
</tbody>
</table>

Job applicants to IAC represented 72% from BME applicants and 27% from white applicants. 34% of BME applicants were shortlisted, and 42% of white applicants were shortlisted. However, of those selected for interview the fallout rate for BME staff was 39%, and for White staff 31%.

From application to appointment BME staff make up 4.8%, and White staff make up 10.8%. Of those who attended interviews and were then appointed, BME staff make up 23% and white staff make up 43%. The data indicates that within the IAC directorate white staff are twice as likely to be appointed than BME, when BME people make up more than twice the amount in applications. This is higher than the WRES recruitment ratio, which means we need more intervention and action of the recruitment processes in AIC.
Diagram 8 shows the data for ISCS 2018 – 2019

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Applied</th>
<th>Shortlisted</th>
<th>Interview attended</th>
<th>Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stated</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>899 (27%)</td>
<td>241 (27%)</td>
<td>141</td>
<td>44</td>
</tr>
<tr>
<td>BAME</td>
<td>2440 (73%)</td>
<td>536 (22%)</td>
<td>296</td>
<td>58</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>101</td>
<td>25</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>3440</td>
<td>802</td>
<td>447</td>
<td>102</td>
</tr>
</tbody>
</table>

Job applicants to ISCS Directorate represented 73% from BME applicants, and 27% from white applicants. 22% of BME applicants were shortlisted, and 27% of white applicants are shortlisted. However of those selected for interview the fallout rate for BME staff was 45%, and for white staff 42%.

From application to appointment BME staff made up 2.3%, and white staff 4.8%. Of those who attended interviews and were then appointed, BME applicants make up 19% and white 31%. The data indicates that within the ISCS directorate white staff were twice as likely to be appointed than BME, when BME people made up more than twice the amount of applications. This was higher than the WRES data recruitment ratio, which means we need more intervention and action in the recruitment processes in ISCS.
Diagram 9 shows the data for IWCSH 2018 – 2019

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Applied</th>
<th>Shortlisted</th>
<th>Interview attended</th>
<th>Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stated</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>631 (34%)</td>
<td>211 (33%)</td>
<td>114</td>
<td>42</td>
</tr>
<tr>
<td>BAME</td>
<td>1179 (65%)</td>
<td>325 (27%)</td>
<td>160</td>
<td>39</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>35</td>
<td>6</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1845</strong></td>
<td><strong>542</strong></td>
<td><strong>277</strong></td>
<td><strong>82</strong></td>
</tr>
</tbody>
</table>

Job applicants to the IWCSH Directorate represented 65% from BME applicants, and 34% from whites applicants. 27% of BME applicants were shortlisted, and 33% of white staff who apply are shortlisted. Of those selected for interview the fallout rate for BME staff was 51% and the fallout rate for white staff was 46%.

However from application to appointment BME staff made up 2.3%, and white staff 4.8%. Of those who attended interviews and were then appointed, BME staff made up 19% and white staff 31%. The data indicates that within the ISCS directorate white staff were almost twice as likely to be appointed than BME, when BME people made up almost twice the amount of applications. This is higher than the WRES data recruitment ratio, which means we need more intervention and action in the recruitment processes in ISCS.
4.4 Indicator 3 – Disciplinary

The diagram below shows the disciplinary data for 2 years. The National average for 2017 to 2018 is 1.37 and the highest region was London at 1.80. When compared to London Acute Trusts we were lower than the national average and had the 3rd lowest figure at 1.27, of BME staff compared to White staff entering the formal disciplinary process. The data indicates that the proportion of staff being disciplined in both groups have increased, and the likelihood of BME staff being disciplined has increased from 0.85 in 2017-18 to 1.23.

![Disciplinary Cases Chart]

This is one of the areas of work that has been identified under EDS2 3.4. This details the new pre-disciplinary process which was introduced in February which created a panel with the HR Advisor, HR Business Partner, Head of EDI, and Deputy Director for Nursing. Their role is to review cases from the Terms of Reference to ensure equity prior to it becoming a formal investigation.
4.5 Indicator 4 – Training & Development

The diagram below shows the relatively likelihood of white staff accessing training has doubled than for BME staff. **In 2018 it was 2.49 it has increased to 4.89 2019.**

From 2018 to 2019 White staff are almost 5 times more likely to access non-mandatory training than white.

![Diagram showing number accessing training](image)

The new measures that we are exploring as detailed in the EDS2 (section 3.3 in this report) where we will be electronically recording and reviewing all applications for training from staff to managers, will help us to understand what is going on, and any other actions that may need to be taken.

In addition this is an area that was highlighted in the WRES Workshops held in March 2019, and BME Staff Forum meetings and will form one of the BME Staff Forum project Groups.
4.6 Indicator 5 - Bullying & Harassment From Patients - Staff Survey KF25

The diagrams below show BME and White staff experience bullying and harassment from patients, relatives or the public. 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’.

The numbers of staff from both groups have increased dramatically in 2016-2017 and shows a continuous increase for 2017-18, and 2018-2019. The numbers of staff experiencing B & H increased in numbers of staff over the last year for both BME and white staff have continued to increased.

This key indicator has been in the “red” for 3 consecutive years, therefore we need appropriate action in place to address future outcomes.

<table>
<thead>
<tr>
<th></th>
<th>2017 -18</th>
<th>2018 - 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME</td>
<td>29% (33)</td>
<td>34% (139)</td>
</tr>
<tr>
<td>White</td>
<td>30% (36)</td>
<td>27% (199)</td>
</tr>
</tbody>
</table>

![Graph showing BME and White staff experience of bullying and harassment from patients, relatives, or the public. The graph shows a continuous increase from 2017 to 2018 for both BME and White staff. The key indicator has been in the red for 3 consecutive years, indicating the need for appropriate action to address future outcomes.]
4.7 Indicator 6 – Bullying and Harassment from Staff - Staff Survey KF26

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’.

The WRES data is recorded in percentage numbers whilst those staff experiencing B & H slightly decreased over the last year for BME staff, but increased for white staff. The numbers of staff experiencing B & H significantly increased in numbers of staff over the last year for both BME and white staff have continued to increased.

This key indicator has been in the "red" for 4 consecutive years, therefore we need appropriate action in place to address future outcomes.

<table>
<thead>
<tr>
<th></th>
<th>2017 - 18</th>
<th>2018 - 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME</td>
<td>29%(26)</td>
<td>28% (126)</td>
</tr>
<tr>
<td>White</td>
<td>26% (30)</td>
<td>32% (161)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME</td>
<td>29%</td>
<td>28%</td>
</tr>
<tr>
<td>White</td>
<td>26%</td>
<td>32%</td>
</tr>
</tbody>
</table>
4.8 Indicator 7 – Equal Opportunity for Career Progression & Promotion - Staff Survey KF21

The diagram below 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 & 2018 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 2 consecutive years, therefore we need appropriate action in place to address future outcomes.

BME staff feel that less opportunities are provided for career progression compared to white staff, in addition the number of white staff has gone down compared to last year.
The Staff survey indicates this as a negative finding from 2016 - 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.

Although the % of staff experiencing discrimination is broadly the same the numbers of staff have significantly gone up for both BME and White, yet the Staff Survey was from a smaller sample than the previous year.

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.

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME</td>
<td>16% (28)</td>
<td>15% (103)</td>
</tr>
<tr>
<td>White</td>
<td>7% (13)</td>
<td>8% (70)</td>
</tr>
</tbody>
</table>
4.10 Indicator 9 – Board representation

The table below 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 27%, in relation to the overall percentage of the BME staff in the workforce at 47%.

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.
4.11 A Model Employer

A Model Employer is a project introduced by NHS England to increase the numbers of black and minority ethnic representation at senior levels across the NHS. Each Trust have targets to ensure BME representation at all levels of the workforce. This includes leadership being representative of the overall BME workforce by 2028.

The targets set for CHS by 2018 are detailed below and shows organisation staff breakdown by ethnicity for Croydon Health Services NHS Trust as at 31 March 2018. The staff are split into three broad ethnic categories: 'BME' (Black and Minority Ethnic), 'white' and 'unknown'. The ethnic categorisation follows the national reporting requirements of Ethnic Category as outlined in the NHS Data Model and Dictionary, and as used in NHS Digital data.

Croydon Health Services NHS Trust workforce by ethnicity: March 2018

<table>
<thead>
<tr>
<th>Workforce</th>
<th>Total headcount</th>
<th>Overall %</th>
<th>% Known ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME</td>
<td>1730</td>
<td>46.9</td>
<td>54.1</td>
</tr>
<tr>
<td>White</td>
<td>1468</td>
<td>39.8</td>
<td>45.9</td>
</tr>
<tr>
<td>Unknown</td>
<td>487</td>
<td>13.20</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3685</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following table shows the Goal setting for bands 8a-VSM BME recruitment for Croydon Health Services NHS Trust. It details the additional recruitment of BME staff required in Agenda for Change (AFC) Bands 8a to VSM, to achieve equity of representation at Croydon Health Services NHS Trust by 2028. Actions to meet those targets will be set out in our Workforce Race Equality Action Plan 2019-2020.

<table>
<thead>
<tr>
<th>Band</th>
<th>Proportion of BME workforce (n)</th>
<th>Additional BME recruitment over the next 10 years to reach equity</th>
<th>Total BME staff in AFC Band by 2028 to reach equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 8a</td>
<td>37.3% (50)</td>
<td>22</td>
<td>72</td>
</tr>
<tr>
<td>Band 8b</td>
<td>35.9% (14)</td>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td>Band c</td>
<td>27.3% (6)</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Band d</td>
<td>8.3% (1)</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>VSM</td>
<td>25.0% (2)</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
5. Workforce Disability Equality Standard (WDES)

This is the first year of reporting for the WDES through NHS England, which is a set of 10 metrics comparing disabled staff with non-disabled staff.

The profile of disabled staff in the workforce as at 1 April 2019 is featured below:

<table>
<thead>
<tr>
<th>Disability</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Total</th>
<th>FT %</th>
<th>PT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1929</td>
<td>670</td>
<td>2599</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>714</td>
<td>287</td>
<td>1001</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>Yes</td>
<td>61</td>
<td>18</td>
<td>79 (2%)</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>Trust Total</td>
<td>2704</td>
<td>975</td>
<td>3679</td>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>

The challenges that we have nationally in monitoring disabled staff are:

- Significant under reporting of the numbers of staff who declare themselves to be disabled
- 15% difference between ESR and staff survey national declaration rates
- National ESR declaration rates 2018 = 3% and Staff Survey = 18%
- CHS ESR declaration rates 2018 = 2% and staff survey 16%
5.1 Indicator 1 – The numbers of staff in non-clinical AFC Bands

Diagram 1

The data tells us that disabled staff are not represented in bands 5 and above to VSM. However, as the numbers of ‘unknown’ are so high it is difficult to make an assessment, and more work needs to be done to increase declaration rates for disabled staff.
5.2 Indicator 1 – Numbers of Disabled staff in clinical AFC Bands

Diagram 3

The data tells us that disabled staff are not represented in band 5 to VSM and beyond. However, as the numbers of ‘unknown’ are so high it is difficult to make an assessment, and more work needs to be done to increase declaration rates for disabled staff.
Diagram 5 – Represents the disabled and non-disabled staff by cluster clinical bands.

<table>
<thead>
<tr>
<th>2018/19</th>
<th>Disabled / Ratio</th>
<th>Non-Disabled</th>
<th>Unknown / Null</th>
<th>Overall staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster 1 (Bands 1 - 4)</td>
<td>10 (2%)</td>
<td>507 (77%)</td>
<td>139 (21%)</td>
<td>656</td>
</tr>
<tr>
<td>Cluster 2 (Band 5 - 7)</td>
<td>49 (3%)</td>
<td>1118 (78%)</td>
<td>263 (18%)</td>
<td>1430</td>
</tr>
<tr>
<td>Cluster 3 (Bands 8a - 8b)</td>
<td>5 (4%)</td>
<td>96 (77%)</td>
<td>23 (19%)</td>
<td>124</td>
</tr>
<tr>
<td>Cluster 4 (Bands 8c - 9 &amp; VSM)</td>
<td>0</td>
<td>11 (73%)</td>
<td>4 (27%)</td>
<td>15</td>
</tr>
<tr>
<td>Cluster 5 (Medical &amp; Dental Staff, Consultants)</td>
<td>1 (0%)</td>
<td>111 (54%)</td>
<td>94 (46%)</td>
<td>206</td>
</tr>
<tr>
<td>Cluster 6 (Medical &amp; Dental Staff, Non-Consultants career grade)</td>
<td>1 (1%)</td>
<td>8 (4%)</td>
<td>182 (95%)</td>
<td>191</td>
</tr>
<tr>
<td>Cluster 7 (Medical &amp; Dental Staff, Medical and dental trainee grades)</td>
<td>2 (2%)</td>
<td>36 (36%)</td>
<td>62 (62%)</td>
<td>100</td>
</tr>
</tbody>
</table>

Diagram 6 – Represents the disabled and non-disabled staff by cluster non-clinical bands

<table>
<thead>
<tr>
<th>2018 /19</th>
<th>Disabled / Ratio</th>
<th>Non-Disabled</th>
<th>Unknown / Null</th>
<th>Overall staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster 1 (Bands 1 - 4)</td>
<td>13 (2%)</td>
<td>509 (74%)</td>
<td>165 (24%)</td>
<td>687</td>
</tr>
<tr>
<td>Cluster 2 (Band 5 - 7)</td>
<td>5 (3%)</td>
<td>143 (77%)</td>
<td>39 (20%)</td>
<td>187</td>
</tr>
<tr>
<td>Cluster 3 (Bands 8a - 8b)</td>
<td>3 (5%)</td>
<td>48 (76%)</td>
<td>13 (20%)</td>
<td>64</td>
</tr>
<tr>
<td>Cluster 4 (Bands 8c - 9 &amp; VSM)</td>
<td>1 (3%)</td>
<td>21 (72%)</td>
<td>8 (27%)</td>
<td>30</td>
</tr>
</tbody>
</table>

Disabled staff tend to be concentrated in the lower bands. Cluster groups have been developed for the reporting of WDES as the low declaration rates does not give a clear picture.
5.3 Indicator 2 – Relatively likelihood of disabled staff being appointed from shortlisting across all posts

From the known data the relative likelihood of shortlisting disabled staff is 0.13 and for non-disabled staff 0.15. However due to the high % of ‘unknown’, and those that declare a disability in the Staff Survey this is not a true reflection for disabled staff.

5.4 Indicator 3 - Relatively likelihood of disabled staff compared to non-disabled staff entering the formal capability process

<table>
<thead>
<tr>
<th>Measurement of indicator</th>
<th>Disabled</th>
<th>Non-disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff in workforce</td>
<td>90</td>
<td>2608</td>
</tr>
<tr>
<td>Number of staff entering the formal capability process</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Likelihood of staff entering the formal capability process</td>
<td>0</td>
<td>0.01</td>
</tr>
<tr>
<td>Relatively likelihood of disabled staff entering the formal capability process compared to non-disabled staff</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
5.5  **Indicator 4a** – Percentage of disabled staff compared to non-disabled staff experiencing Bullying and harassment or abuse from patients, service users, managers and other colleagues

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Disabled</th>
<th>Non-disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of staff experience harassment, bullying or abuse from patients, relatives or the public</td>
<td>112 (33.9%)</td>
<td>721 30.5%</td>
</tr>
<tr>
<td>% of staff experiencing harassment, bullying or abuse from managers in the last 12 months</td>
<td>113 (30%)</td>
<td>708 (15%)</td>
</tr>
<tr>
<td>% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months</td>
<td>111 (33.3%)</td>
<td>704 (19.7%)</td>
</tr>
</tbody>
</table>

The data indicates that the number of staff with a disability experiencing B & H from all sources is high in comparison to the number of staff that have declared a disability on ESR.

The data also suggests that double the percentage of disabled staff experience B & H from managers in the last 12 months, in comparison to non-disabled staff.

5.6  **Indicator 4b** – Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced B & H, at work they reporting it.

<table>
<thead>
<tr>
<th>Disabled</th>
<th>Non-disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>61 37.7%</td>
<td>264 46.2%</td>
</tr>
</tbody>
</table>

The staff survey highlights that disabled staff experience a greater prevalence of B & H are less likely to report it, and should compare the data against appropriate workforce data.

5.7  **Indicator 5** - Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
64% (69) of disabled staff believe they have equal opportunities, compared to 74% (459) non-disabled staff. The Metric indicator suggests that disabled staff are less positive about whether the organisation acts fairly with regard to career progression and promotion. Over the next year we will engage with disabled staff to get their views, and analyse learning and development data to better understand and improve this Metric.

5.8 Indicator 6 – Percentage of disabled staff compared to non-disabled staff feeling pressured to come to work, despite not feeling well to perform their duties

<table>
<thead>
<tr>
<th>Disabled</th>
<th>Non-disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>79</td>
<td>375</td>
</tr>
<tr>
<td>(50.6%)</td>
<td>(26.4%)</td>
</tr>
</tbody>
</table>

This Metric suggests that ‘Presenteeism’ is unique to WDES. People coming to work when they are ill has more than tripped since 2010 in the UK. CIPD research highlights that 86% of 1000 HR professionals observed this is 2018, a rise from 26% in 2010. Increased presenteeism is associated with increase in reported mental health as well as stress related absences.

Over the coming year we will do more to understand this from disabled staff and our Occupational Health Team and initiatives to address staff well-being.
5.9 **Indicator 7** – Percentage of disabled staff compared to non-disabled staff saying that they are satisfied to the extent to which their organisation values their work.

<table>
<thead>
<tr>
<th>Disabled</th>
<th>Non-disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>113 (29.26%)</td>
<td>719 (45.2%)</td>
</tr>
</tbody>
</table>

Disabled staff have less satisfaction, NHS England indicate that there is likely to be a correlation between this Metric and disabled staff experience in career development.

5.10 **Indicator 8** - Percentage of staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

<table>
<thead>
<tr>
<th>Disabled staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 (70.3%)</td>
</tr>
</tbody>
</table>

Unique to WDES the Staff Survey question 28b should only relate to disabled staff. Q28 relates to if you have a disability. CCG’s have the biggest proportion 81% of disabled staff answered ‘yes’ to their employer providing reasonable adjustments.

5.11 **Indicator 9a** - The staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score for the organisation

<table>
<thead>
<tr>
<th>Disabled</th>
<th>Non-disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>115 (6.4)</td>
<td>729 (6.9)</td>
</tr>
</tbody>
</table>

This Metric emphasises that the principle of engaging disabled staff is a fundamental part of the whole approach underpinning the WDES.

5.12 **Indicator 9b** – Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? Yes provide one example, or No provide an action plan.
The Trust has taken a number of measures to engage with disabled staff through focus groups and the Staff Disability Forum. Over the coming year will be organising a Disability Staff Workshop with the Business Disability Forum, who we hold a membership and subscription and receive support and advice on disability awareness and improving workplace practices.

5.13 Indicator 10 – Percentage difference between the organisations board voting members and its organisations overall workforce, disaggregated;

- By voting members
- By executive membership of the Board

This Metrics in important in regards of visibility and leadership in driving forward change.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Disabled</th>
<th>Non-disabled</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Members</td>
<td>15</td>
<td>0</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Voting Board Members</td>
<td>13</td>
<td>0</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Staff Workforce</td>
<td>3690</td>
<td>90</td>
<td>2608</td>
<td>992</td>
</tr>
<tr>
<td>Overall % workforce</td>
<td></td>
<td>2%</td>
<td>71%</td>
<td>27%</td>
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<tr>
<td>by disability</td>
<td></td>
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</tr>
<tr>
<td>Difference voting</td>
<td>0%</td>
<td>46%</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>board members to</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>overall workforce</td>
<td></td>
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<tr>
<td>2018-19</td>
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</tbody>
</table>

5.14 Challenges in delivering WDES;

- Increasing our declaration rates
- Improving sickness monitoring
- Understanding the impact of invisible disabilities
- Implementing reasonable adjustments for staff
- Working effectively with the Business Disability Forum
- Increasing engagement with disabled staff who do not want to be identified
- Improving the experience of disabled people
6. **Actions for 2019 - 2020**

6.1 **Workforce Monitoring**

We have developed 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 workforce 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.

6.2 **Equality Delivery System 2 – EDS3**

We have made huge improvements in implementing EDS2 and we now have a robust system in place for monitoring staff outcomes. We are in the process of delivering service outcomes for Patients and Service Users. EDS3 is due to replace EDS2 and will be released in 2019/20.

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 set up processes for engaging with a more representative group of patients, carers and service users. We are committed to developing our services to ensure they meet the needs of our diverse community. A number of projects are underway to work with our Patients Experience Team and our partners to improve; access to services; quality of service provision; and to tackle the health inequalities amongst people in Croydon.

6.3 **WRES & WDES**

Whilst there are a number of initiatives under way the WRES and WDES Action Plans must ensure that the actions are robust enough to improve outcomes. The Action Plans will be developed in line with the EDI Strategy Action Plan 2020 -2023. We will continue to encourage all staff to complete the Staff Survey so that we can improve our responses to the WRES and WDES for 2020 submissions.

6.4 **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. With the development of the Equality Team we will be taking this project forward over the coming year.

6.5 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 2020.

6.6 Leadership and accountability

The Board currently review our:

- EDI Annual Report Workforce Race
- EDI Strategy and Delivery Plan 2020-2023
- EDI Workforce profile
- WRES & WDES Action Plans

To deliver the requirements of the PSED and the NHS Standard contract, the Equality Team work in partnership with the HR Team, Senior Managers, Staff Forum, Partners and other external stakeholders. 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 (EDIC) is chaired by the Chief Operating Officer and represented by senior service and human resource managers’. The role of EDIC is to monitor our Equality & Diversity Strategy Delivery Plan, which contains the actions for EDS2 the WRES, WDES and our Equality Objectives.

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.