# Equality, Diversity & Inclusion Strategy 2016 - 2019

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<tr>
<td>Name and Title of originator/author:</td>
<td>Arleen Brown, Equality &amp; Inclusion Manager</td>
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EXECUTIVE SUMMARY

Croydon Health Services NHS Trust is committed to developing and delivering our Equality, Diversity & Inclusion (EDI) Strategy 2016-2018 to meet the requirements of the Equality Act 2010 and requirements set out by NHS England. This Strategy sets out our priorities for delivering the equality and inclusion agenda over the next few years. We will embed the principles of equality, diversity and inclusion at the heart of the services we provide, our key strategies and policies and in our employment practices.

Croydon has a population of approximately 383,000 and its health economy is changing both nationally and locally. Nationally the population is aging and increasing with insufficient growth in health funding to support it. Croydon’s population is growing by about one per cent per year. Over the next 5 years this will result in; a higher number of people aged over 85; a larger proportion of younger people; an increase in the proportion of Black and Minority Ethnic Groups.

Croydon faces a number of key challenges including; the highest overall population and number of looked after children in London, increasing deprivation with more deprivation in the North than South; significant variation in life expectancy; high rates of emergency hospital attendances and admissions; unemployment; poor education; high crime; a growing population with people having more mental health needs; and large and growing numbers of homeless people.

It is clear from national and local commissioners that over the next five years health provision must change significantly to ensure that the key focus is on outcomes. The overall aim is to increase quality and meet safety standards and provide services to patients every day of the week. There is an expectation that there is more investment in prevention of illness and more integrated care provided in the community rather than the hospital.

Our aim is to ensure that the diverse needs of our patients, communities, service users and staff are met and that we improve their experience when using our services. We are committed to working with our partners and stakeholders to tackle health inequality in Croydon and ensure that our staff have a positive experience and view CHS as an attractive place to work.

This EDI Strategy will help provide an environment for patients in which:

- There is equality of access and where patients are enabled to achieve full recovery in an environment in which their dignity, individuality and preferences are respected and their needs met.

- Staff prioritise competing requirements according to medical, physical and psychological needs of the individual patient without discrimination, and welcoming diversity in all forms.

- We provide a framework for managers and staff to ensure that current and potential employees are treated with dignity and respect, regardless of their protected characteristic defined by; age, disability, gender, pregnancy; marriage, race, sex, religion or belief or sexual orientation.

- This Strategy will bring together all the policies and guidance that the Trust has developed over the years to provide for the needs of a range of equality groups, resulted from changing legislation. Our ultimate aim is the commitment to the needs of patients, carers, service users and staff to provide high quality inclusive health services.
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INTRODUCTION

1.1 The Equality Act 2010 has two key requirements - a ‘general’ and ‘public sector duty’.

In line with the Equality Act 2010 ‘general duty’, we are committed to:

- eliminating unlawful discrimination, harassment and victimisation
- advancing equality of opportunity between people
- fostering good relations between people

The NHS Equality & Diversity Council was formed in 2009. It is chaired by Sir David Nicholson, and reports to the NHS Management Board. In 2011 the body developed an NHS Equality Delivery System (EDS) for Trusts’ to meet the Public Sector Equality Duty (PSED). EDS was reviewed in 2013 and a revised version EDS2 is now in place.

Our Equality, Diversity & Inclusion (EDI) Strategy & Delivery Plan 2016-2018 sets out our priorities and the actions required to meet our responsibilities under the ‘general duty’ and PSED.

1.2 We are building a structure to assist us in the delivery of our EDI Strategy, to ensure that there is leadership to scrutinise our outcomes, and to bring about the required accountability. Our aims are to meet the diverse needs of people in Croydon and make improvements to meet the Trusts vision for delivering quality services to patients, service users and staff.

1.3 In 2014 in response to overwhelming and consistent evidence the NHS Equality & Diversity Council (EDC) agreed action to ensure that staff from BME backgrounds have equal access to career opportunities, receive fair treatment in the workplace and that the NHS Trust Boards become reflective of the communities that they serve.

1.4 It draws on research about the less favourable treatment of the BME workforce in respect of treatment and experience and highlights both the scale and persistence of such disadvantage.

Two key documents where the research can be found are:
- Snowy White Peaks ~ Roger Kline - 2013
- Making the Difference Diversity & Inclusion in the NHS ~ The Kings Fund-2015

1.6 The case for a NHS Workforce Race Equality Standard (WRES) was made as it seeks to tackle one particular aspect of equality. The WRES is designed to improve the treatment and experience of BME staff and by association, create higher quality health care for all patients, irrespective of ethnicity. There is overwhelming evidence that staff that are valued, included and cared for, provide better care for patients.

1.7 The Trust’s ‘Here for you’ Promises and Standards set out the desired behaviour from staff, giving them a guide as to what is expected from them.

The Trust’s promise and values to the people of Croydon is that we will do our best to ensure that you:
- feel cared for
- feel safe in our hands
- feel we value your time
- feel it’s getting better
- feel confident
2 PURPOSE

2.1 The purpose of the statutory duty is to assist public and private bodies to tackle persistent and long standing issues of disadvantage and discrimination. The overall aim of our EDI Strategy is to demonstrate how we will deliver services to meet the needs of our diverse community, and work in partnership to address the needs and health inequalities in Croydon.

2.2 We are also committed to ensuring that we demonstrate how we employ and retain our diverse workforce, and develop robust employment practices that are free from discrimination and create equality of opportunity for everyone. Our actions, and implementation will be detailed in the Delivery Plan 2016 - 2018.

2.3 The purpose of this Strategy is to help the Trust perform well and enable the Trust to meet the requirements set down in the Equality Act 2010 PSED, and in the NHS England Standard Contract to meet EDS2 and the National WRES. Having “due regard” to the PSED simply involves considering the aims of the Duty in a way that it is proportionate to the issue at hand. Decision makers should ensure that they give real consideration to these aims and think about the impact of policies with thoroughness and with an open mind, in such a way that might influence the final decision. This should happen during policy formation and when a decision is taken. Addressing equality in this way should be seen as business as usual, not an exceptional activity.

3 DEFINITIONS

3.1 The Equality Act 2010 introduced Section 149 the Public Sector Equality Duty, which came into force on the 5th April 2011. This duty applies to all Public Sector Organisations including NHS Foundation Trusts and bodies proposed under the Health & Social Care Bill. The Public Sector Duty also applies to providers and commissioning NHS organisations. The Act also requires Trusts to publish Workforce data annually.

The Equality Act 2010 was consolidated from previous equality legislation and reclassified groups of people under “Protected Characteristics”. These are known by Age, Disability, Gender reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation.

3.2 Croydon Health Services aims to be a diverse Trust which reflects the community that is serves, our hope is that all our current and future patients, service users, carers and staff and are treated fairly and equally and receive equal services and opportunities, regardless of their protected characteristic.

3.3 The Equality Act 2010 requires us to set equality objectives by 6th April every four years and monitor progress annually. We will need to discuss and confirm the progress of our equality objectives each year with local stakeholders.

3.4 We are committed to the principles of Human Rights which are fairness, respect, equality, dignity, and autonomy. A human rights based approach, is about putting people first in decision making and empowering them to understand their rights, and help them stand up for their rights when they are in question. It is about ensuring that individuals and organisations that are responsible for planning and providing services understand those rights, and are accountable for ensuring that they are respected, protected and fulfilled.
4 ACCOUNTABILITIES AND RESPONSIBILITIES

**Board:** Provide leadership to the Trust Ensure that CHS comply with the Equality Act 2010 in particular the Public Sector Equality Duty, WRES and EDS2, and deliver the outcomes in the Equality Diversity & Inclusion (EDI) Strategy.

**Equality & Diversity Inclusion Committee:** With representation from the Board and Directorate Manger EDI leads. Monitor the progress and outcomes of the EDI Strategy & Delivery Plan. (representatives include: directorate leads, Human Resources, Information technology, patients experience, complaints, governance).

**Equality Diversity & Inclusion Staff Working Groups:** To act as a sub-group to the EDI Committee and develop actions appropriate to the protected characteristic being represented. Monitor and scrutinise the progress of the EDI Delivery Plan and make recommendations for improving outcomes. Organise events to celebrate annual events and progress for the group.

**Executive Management Team:** Ensure that the monitoring of the EDI Strategy is through the Equality, Diversity & Inclusion Group, represented by equality lead managers from all the Directorates.

**Directorate Leadership Teams:** Are responsible for the development of service actions in the Business Plans, reports, equality analysis and outcomes, ensure staff attend appropriate training. To ensure that the EDI Strategy is robustly integrated into all activities concerning service planning, design and delivery. To ensure these items are monitored and discussed at performance meetings.

**Diversity & Inclusion Manager:** Develop the EDI Strategy & Delivery Plan. Prepare reports on the progress of the EDI Strategy & Delivery Plan to the Board, Executive Management Team and Directorate Leadership Teams. Provide training, support and advice on EDI issues to the Trust staff and managers. Liaise with key partners, stakeholders and provide information on progress to the Commissioning Clinical Group (CCG).

**All Staff:** Ensure that they comply with the principles of the Equality & Diversity Strategy and the Trust Equal Opportunity Policy in the delivery of services and employment practices. Ensure that they complete relevant equality and diversity mandatory training. When possible take part in the Annual NHS Staff Survey, Staff Focus Groups, and consultation events locally or through Listening Into Action.

**Trade Unions:** Recognised trade unions are responsible for supporting their members on matters including diversity and equality, and for ensuring that they are consulted on diversity and equality initiatives.

**Improving Patient Experience Committee (IPEC):** Are responsible for ensuring that across the protected characteristics, the monitoring of Patient Experience and Patient Advice & Complaints (PALS), is discussed and fed back to relevant partners, community groups, and the voluntary sector. IPEC will also ensure that relevant information is reported to the Directorate teams.
5 NHS ENGLAND - REQUIREMENTS

5.1 From April 2015 The Equality Delivery System (EDS2) and the Workforce Race Equality Standard (WRES) implementation are mandatory in the NHS. It is designed to help NHS organisations in discussion with stakeholders, review and improve their performance for patients, communities and their staff in respect to all characteristics protected by the Equality Act 2010.

The EDS2 has four goals and 18 outcomes, 9 patient focused and 9 staff focused;

The four goals are;

- Better health outcomes for all
- Improved Patient Access and Experience
- Empowered, engaged and included staff
- Inclusive Leadership

The EDS2 grades must be agreed in consultation with local stakeholders and staff. We need to be able to evidence the 18 outcomes across the protected characteristics of the patients, carers, service users and staff.

The four grades are;

- Excelling
- Achieving
- Developed
- Undeveloped

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

- Workforce Metrics
- National Staff Survey Findings
- Boards – Representation of Leadership

The areas covered in the 9 indicators are;

- Percentage of BME staff at Bands 8-9 & VSM (? define)
- Bullying and harassment
- Disciplinary
- Training and development
- Selection and recruitment

5.1.2 Our aim is to examine the response to our evidence for EDS2, the Annual Staff Survey, our workforce information and feedback from LIA Conversations. Having secured Board sign of we will produce a Report in May 2016 and thereafter annually, detailing the outcomes of EDS2 and WRES.
6 OUR PATIENTS CARERS AND SERVICE USERS

6.1 At the core of the delivery of our services is the NHS Constitution which covers the following areas:

- Improving lives
- Respect & Dignity
- Compassion
- Everyone counts
- Working together for patients
- Commitment to quality of care

The views of our patients and staff are very important to us. We receive feedback through a number of methods including surveys, patient stories, and patient experience trackers, all of which provide us with vital information on how to improve. We will continue to put a focus on what matters most to our patients over the coming years.

6.2 Patient & Public Involvement The Improving Patient Experience Committee (IPEC) was established to ensure that our patients and carers have a clear and route to influence the Trust’s decision making process and supports our plans to continuously improve patients’ experiences. The Committee was chaired jointly by the Director of Nursing and the Director of Operations, and met 6 times a year. In the recent review of IPEC we have decided to replace it with a Patient and Public Involvement Plan.

A revised over-arching Patient and Public Involvement Plan will be produced which will incorporate and build on the work undertaken to date. The Plan will also include a better approach to engaging with community groups and looking at simple and innovative ways of using social media and the Trust website to involve people who use our services. Plugging into social media will also help to engage the younger age range of people. More involvement of our key stakeholders such as Healthwatch will also be key to the development of the Plan.

6.3 A patient survey is being rolled out in 2016, in accordance with the Complaints Policy and to meet the requirements of the NHS Equality Delivery System (EDS) to meet the Public Sector Equality Duty. Our aim is to explore the fundamental elements that we need to consider, in order to be able to provide an excellent experience, both to patients and their families, when they come to access our services. We aim to achieve success and compliance across three areas, to ensure benefits are realised:

(a) Patient satisfaction of the complaints process
(b) Patient satisfaction on complaint responses.
(c) Equality and Diversity

Complaints training for staff is in place throughout 2016 and thereafter. Our aim is to recognise the importance of patient complaints and to create a culture across the Trust to be able to deal with and learn from them and that we are responsive to people’s needs.

6.4 NHS Croydon Interpretation Handbook 2016 Our handbook is a guide and reference point on effective use of the Interpreting Services as part of efficient patient care. It has been developed to take into account the various questions we have received about access to and details of the service. The information is not exhaustive but aims to enable staff to decide on the appropriate service that will best meet patients’ and staff’s needs in line with clinical governance and on the basis of cost effectiveness.
The NHS Croydon CCG commissions professional language interpreting services - both face to face, including British Sign Language (BSL), and over the telephone – for patients in primary and secondary healthcare settings.

There is a language identification card (see handbook - Appendix A) that can be used initially to determine the language the patient requires for a face to face or telephone interpreter.

All Croydon health services, including GPs, dentists, opticians, pharmacists, community health, mental health and hospitals, can make arrangements for patients and carers with language needs to access the interpreting services.

Face-to-face interpreters and telephone interpreters (see handbook - Appendix B) can be accessed through Language Line. Language Line interpreters are qualified in a variety of interpreting techniques (such as three-way communication management, specialist terminology, etc) and have a good knowledge and understanding of local NHS services. They follow strict impartiality and confidentiality codes.

The interpreting service is commissioned by NHS Croydon CCG. Any feedback or complaints regarding Language please contact CUH Service manager who will feed this back to the provider and the commissioner.

7. KNOWING OUR STAFF

7.1 CHS employ 3655 (March 2016) staff from many diverse backgrounds. We try to have a workforce that broadly reflects the community we serve, including the right mix of skills and culture, to provide the right services to the residents of Croydon. We want to ensure that there is a good awareness of the business benefits of equality, diversity and inclusion amongst all staff.

7.2 We are currently reviewing Our Workforce & Organisation Strategy. The overall aim of the Strategy is to ensure that we have the best staff with the right skills, behaviours and attitudes in the right place to deliver high quality care in line with the Trust’s ‘Here for You’ patient promises and standards.

The four key drivers of our strategy are:

- To recruit and retain the best staff with the right range of skills, experience and qualities to meet the demands of an integrated care organisation
- To develop and promote a range of employment models, policies, and excellent practices that support the values and vision of the Trust including a greater emphasis on flexible working and excellent employment practices
- To become an employer of choice by improving the quality of the work and experience and enhance staff well-being and engagement
- To underpin the above with strong, inspirational leadership and performance management.

This Strategy will help us to improve the data currently held on staff profiles and monitoring trends in all aspects of employment practices. This will include areas such as; recruitment, promotions, learning and development, employee relations and leavers by protected characteristics to ensure all areas of employment are accessible, inclusive and non-discriminatory.

7.3 We will try to ensure we have a diverse workforce that broadly reflects the community we serve at all levels throughout CHS. We also want to have the right mix of skills and culture from
staff to provide the right services to our patients, carers and service users. From April 2016 we will publish a full suite of Workforce Data to ensure we meet the Public Sector Equality Duty. We will continue to work closely with the Unions to improve and address employment issues for all staff.

7.4 We are committed to ensuring that staff undertake regular Performance Development Reviews, and that all staff are given the opportunity to access appropriate training and development. In particular we will pay attention to the requirements of the WRES. Over the coming years we will be reviewing our management development training to ensure the principles of equality and diversity are reflected within the programmes. We will continue to ensure that staff complete the mandatory Equality Diversity & Human Rights Training to understand our all of our responsibilities and individual roles in delivering this Strategy.

7.5 Volunteers and volunteering form part of the Human Resources Directorate, which is an essential resource contributing to the patient experience. Volunteers compliment the role of paid staff by adding those little extras. They make a unique and valuable contribution to patients, visitors and staff at CHU. They do not replace staff, however it offers an ideal opportunity for members of the local community to be engaged in activities that can support the development of skills and build confidence that may lead to employment, which may be within the health service. We will ensure that we continue to build a diverse pool of volunteers that reflect the population of Croydon.

7.6 Staff Engagement is a key ingredient to help us meet the challenges that we face, and is essential to help meet the financial challenges and improve productivity. By involving staff in decisions and communicating clearly it improves staff morale during this period of change. Over the last 2 years we have used the “Listening into Action” methodology, which is a National NHS change management initiative to improve staff engagement and empowerment.

The CQC inspection report 2014 noted that we needed to improve our results in the Staff Survey. We will review the Staff Survey results 2016 and develop actions for improvement in our EDI Delivery Plan. We want to ensure staff that we continue our active engagement of staff through LIA big conversations, teams, and focus groups.

7.7 There is strong research evidence supporting the crucial link between high level staff engagement, clinical outcomes and overall organisational performance. The Trust adopted Listening into Action (LiA) as the main staff engagement, change management and quality improvement approach in 2012 and this has resulted in improvements for staff and services users at various levels of the organisation. The LiA aims for 2016/2017 focus on further embedding of LiA as the conduit for delivering the service, quality, safety and diversity objectives of the Trust. This will be achieved through development of a staff engagement strategy and operational delivery plan that provides avenues for empowering staff ‘voice’, to raise concerns, offer suggestions for improvement, participate in decision-making and effectively communicating.

7.8 The Staff engagement agenda is to ensure that the diverse contribution of every member of staff regardless of their status under the nine protected Equality, Diversity and Inclusion characteristics, are recognised, valued and appreciated. The LiA objectives will embed the diversity agenda by actively raising awareness of and building recognition on the values required using all communication channels to bring EDI to the fore front. Staff engagement and LiA will provide a programme of forums, events, tools and communications that actively promotes this culture and ensures staff are motivated and committed to make positive contribution to the delivery of the EDI strategy. The LiA team will continue to support individual staff and teams at all levels of the Organisation as an enabling resource through big conversations, the 7 step process and ‘Let’s do it’ actions to ensure support delivery of the EDI at all levels.
8 WORKING WITH OUR PARTNERS & STAKEHOLDERS

8.1 Outcome based commissioning is really important to us and is a longer journey of collaboration, starting with people aged 65 and over. To deliver more seamless care in Croydon, we have formed an Accountable Provider Alliance (APA) of five providers;

1. Croydon Health Services NHS Trust
2. Croydon Council Adult Social Care
3. Croydon GPs Group
4. South London and Maudsley NHS Foundation Trust (mental health)
5. Age UK Croydon

The new way of working will start from 1st April 2016. We will work with the local community, our patients, their carers, and clinicians to address how best to deliver what is required.

Within Croydon there is an opportunity for major transformation and redesign of services in order to meet Outcomes Based Commissioning for the over 65’s from April 2016. The year 2015/16 is an important transition year with the emphasis on Croydon Health Services (CHS) delivering services as effective as possible, whilst at the same time establishing a Croydon provider alliance with South London & Maudsley NHS Foundation Trust, social care and primary care working together. We will ensure that during this programme the appropriate quality checks on equality and inclusion are evident in the implementation of the new services, and in measuring the outcomes.

8.2 Our Quality Improvement Strategy states that our services for all patients and their families’ care should be safe, effective, and compassionate and be delivered by staff that have the right skills and qualities to care. We are proud of our record in certain areas, for instance our Emergency Department, our record tackling c-difficile cases, falls and pressure ulcers, which are all areas that we have performed well.

We will aim to reduce our reliance on temporary staffing will save us money but also improve the quality of the service we provide as substantive staff, typically are able to provide a better service to our patients. Our Quality Improvement Strategy is currently led jointly by the Medical Director and the Director of Nursing, Midwifery & Allied Health Professionals.

8.3 The further development and implementation of Our Equality Diversity & Inclusion Strategy Delivery Plan will involve all sections of our community, the voluntary sector, and our strategic partners, the Unions and Staff.

We aim to:
- Build relationships with Croydon CCG, Croydon Council, the Voluntary Sector & Community Groups, and other Trusts. To increase our knowledge of patients’ needs and improve patients experience.
- Work with our partners and develop links to new partners with the aim of embedding equality and diversity into our Corporate Strategy Plans and projects.
- Take a proportionate approach, taking into consideration the size of the organisation, our Public Sector Equality Duty and the requirements of NHS England.
- Ensure open and transparent reporting on the outcomes of our Delivery Plan and any progress reports that are to be produced annually.
9 BUILDING AN INFRASTRUCTURE

9.1 The delivery of Equality, Diversity and Inclusion (EDI) forms part of the Trusts Corporate Strategy and annual business planning process. **We have mainstreamed equality, diversity and inclusion into our Business Planning** process, and we have embedded a section in the Business Plans 2016-17. Each directorate is required to identify their EDI objectives and actions to address EDS2 and the WRES.

The Equality, Diversity & Inclusion Committee will plan its work accordingly and Trust equality leads in each directorate, will need to ensure equality and diversity is built into action plans and strategies for their areas of responsibility.

9.2 To improve our **Equality Monitoring** we have conducted an **audit of our IT Systems** to ensure that they are able to record the information that we need to monitor the delivery of our services, across the protected characteristics of our patients, service users and staff. Over the next 2 years we will build up this information to get a better understanding of those who are using our services, and from the population profile of those who are not accessing services. In turn this will allow us to target areas where we need to improve take up across Croydon.

9.3 **Equality Performance indicators** are important to monitor the improvements, quality and access of services received to our patients, service users and staff. Once we have a robust analysis of the outcomes from EDS2 and WRES and information from our IT systems, we will be developing equality performance indicators to improve the outcomes for patients, carers and staff from the protected characteristics.

9.4 **Equality Analysis** (EA) is a process required by the Public Sector Equality Duty and is a systematic way of analysing a proposal or existing strategy or policy. The purpose is to identify what effect or likely effect will follow from the implementation of the policy for different groups in the community or for staff by their protected characteristics. EAs are concerned with anticipating and identifying the equality consequences of strategies, policies and service delivery. EAs are also conducted when we are taking away a service or changing the way in which services are delivered.

9.5 The purpose of conducting equality impact assessments is to assess whether the policies which guide our work, the procedures we operate under, and the day to day working practices we have developed, are likely to have a positive or negative impact on different groups within our diverse community, and amongst employees. Having made the assessment our responsibility is to ensure that we take corrective action to **prevent direct discrimination** and **indirect discrimination and promote equality of opportunity** to improve services delivered to patients, carers, service users and staff experience.

9.6 We will use EAs as far as possible, to ensure any negative consequences for a particular group or sector of the community are eliminated, minimised or counterbalanced by other measures, and this will be our main evidence for meeting **the requirements of the Equality Act’ general duty’**.

We will be carrying out EAs not just to meet our statutory duties but to change outcomes and make a difference to peoples’ lives, and help to address the current health inequalities in Croydon. Over the coming year **we will be developing a robust system for carrying out Equality Analysis, through to publication**.
10 Equality Objectives

10.1 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:

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

Our equality objectives will be monitored through our EDI Delivery Plan by the NHS Board; the Equality, Diversity & Inclusion Committee; and the Staff Working Groups.

11 Training

There is no training required for this Strategy, however Equality Diversity & Inclusion training will be featured within the Delivery Plan for all staff, managers and the Board.

12 Equality Impact Assessment

The Equality Impact Assessment for this policy is attached in Appendix A. (The Equality Analysis will be available during the face to face consultation process in March 2016)

13 COMMISSIONING ARRANGEMENTS

The WRES is now included in the 2015/16 Standard NHS Contract. The WRES along with the contractual EDS2 will be used by the regulators, the Care Quality Commission (CQC), National Trust Development Agency (NTDA) and Monitor to help assess whether NHS organisations are well-led. The WRES will be applicable to providers, and extended to Clinical Commissioning Groups through the annual CCG assurance process.
14 MONITORING COMPLIANCE

The Delivery plan for this Strategy will be monitored on a quarterly basis through the Access to Equality & Diversity Group and the Staff Working Groups. The Equality & Inclusion Manager will provide an annual progress report on both EDS2 and the WRES. The Reports will be made available to the Croydon CCG and published on our website.

The following table may be useful for ensuring key requirements are monitored.

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<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
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<tr>
<td>(What needs Monitoring)</td>
<td>(Who will lead on this aspect of monitoring)</td>
<td>(What tool will be used to monitor/check that everything is working according to this element of the policy)</td>
<td>(How often will we need to monitor)</td>
<td>(Who or what committee will I report the results to for information and action)</td>
<td>(Who will undertake the action planning for deficiencies and recommendations)</td>
<td>(How will changes be implemented and lessons shared)</td>
</tr>
<tr>
<td>Equality &amp; Inclusion Delivery Plan 2016-2019</td>
<td>Arleen Brown - Equality &amp; Inclusion Manager</td>
<td>Progress will be assessed through EDS2 and WRES Outcomes.</td>
<td>Quarterly</td>
<td>The Board / Access to Equality &amp; Diversity Group / Staff working Groups/ Community &amp; Voluntary Sector Involvement Group</td>
<td>Arleen Brown - Equality &amp; Inclusion Manager</td>
<td>Access to Equality &amp; Diversity Group / Staff working Groups / Directorate Management meetings</td>
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14 REFERENCES

- Croydon Health Services – Summary of one Year Operational Plan 2015/16
- NHS Croydon Clinical Commissioning Group - Operating Plan 2015-16
- Croydon - Annual Public Health Report 2015
- Croydon - Joint Strategic Needs Assessment – Key Data Set 2015-16
- Croydon - Health & Well-being Strategy - 2013-2018
- Draft Croydon Borough - Transport Strategy - 2015
15 ASSOCIATED DOCUMENTATION / ENABLING STRATEGIES

List documents that relate to this document, such as related Trust policies and Procedures.

Service provision:

- Quality Improvement Strategy
- Corporate Strategy
- Quality Improvement Strategy
- Equal Opportunities Policy
- Communication Strategy (meeting with Comms Manager)
- Duty of Candour
- Complaints Policy
- Visiting Times & Carers Policy

Employment practices:

- Workforce & Organisational Development Strategy
- Equal Opportunities Policy
- Dignity at Work Policy
- Flexible Working Policy & Procedure
- Serious Incidents Reporting Policy
- DATIX reporting
- Grievance Policy
- Disciplinary Policy

16 VERSION HISTORY TABLE

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<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Ratified by</th>
<th>Comment/Reason for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>one</td>
<td>08.2.16</td>
<td>Arleen Brown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX A – EQUALITY IMPACT ASSESSMENT

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

APPENDIX B – CONSULTATION TEMPLATE

<table>
<thead>
<tr>
<th>1. Procedural Document’s Name:</th>
<th>Equality, Diversity &amp; Inclusion Strategy 2016 -2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Procedural Document Author:</td>
<td>Arleen Brown Equality &amp; Inclusion Manager</td>
</tr>
<tr>
<td>3. Group/Committee Consulted</td>
<td>Date</td>
</tr>
<tr>
<td>Emails sent to 34 voluntary and</td>
<td>15 February 2016</td>
</tr>
<tr>
<td>community sector organisations</td>
<td></td>
</tr>
<tr>
<td>LIA Event – staff Group</td>
<td>8 &amp; 9 March 2016</td>
</tr>
<tr>
<td>LIA- Patients and careers rep group</td>
<td>8 &amp; 9 March 2016</td>
</tr>
<tr>
<td>Directorate Management Team Meetings</td>
<td>February – April 2016</td>
</tr>
<tr>
<td>Access to Equality and Diversity Group</td>
<td>29 March 2016</td>
</tr>
<tr>
<td>Trust Board</td>
<td>13 April 2016</td>
</tr>
<tr>
<td>4 Name and Title of Key Individuals</td>
<td>Date</td>
</tr>
<tr>
<td>Consulted</td>
<td></td>
</tr>
<tr>
<td>Health Watch</td>
<td>February 2016</td>
</tr>
<tr>
<td>BME Forum</td>
<td>February 2016</td>
</tr>
<tr>
<td>Off The Record Croydon</td>
<td>March 2016</td>
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<tr>
<td>Nurses Association of Jamaica</td>
<td>March 2016</td>
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<tr>
<td>5 Comments received</td>
<td></td>
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<tr>
<td>Service users / reps - Services that</td>
<td></td>
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<tr>
<td>work well</td>
<td></td>
</tr>
<tr>
<td>- Maternity</td>
<td></td>
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<tr>
<td>- Sexual health</td>
<td></td>
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<tr>
<td>- Substance misuse for younger people</td>
<td></td>
</tr>
<tr>
<td>Service users / reps - Services that</td>
<td></td>
</tr>
<tr>
<td>need improving</td>
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<tr>
<td>- Improve access to services for young</td>
<td></td>
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<tr>
<td>people with learning difficulties.</td>
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<tr>
<td>- Sickle cell services need to work</td>
<td></td>
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<tr>
<td>better with service users.</td>
<td></td>
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<tr>
<td>- Pregnancy and maternity Services</td>
<td></td>
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<tr>
<td>need to meet the needs of people</td>
<td></td>
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<tr>
<td>from different groups.</td>
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<tr>
<td>- BME Mental health services need to</td>
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<tr>
<td>meet the needs of Asylum seekers.</td>
<td></td>
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<tr>
<td>- Podiatry service to improve</td>
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<tr>
<td>translations services for 1st</td>
<td></td>
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<tr>
<td>appointments.</td>
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<tr>
<td>- Improve engagement between</td>
<td></td>
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<tr>
<td>professionals and patients and</td>
<td></td>
</tr>
<tr>
<td>carers.</td>
<td></td>
</tr>
<tr>
<td>Staff – Services that need improving</td>
<td></td>
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<tr>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Improve the diversity of the ethnic profile of senior managers.</td>
<td></td>
</tr>
<tr>
<td>Young People’s views are rarely asked when consulting over hospital services.</td>
<td></td>
</tr>
<tr>
<td>Improve the focus on the LGBT community, it is currently an issue especially with younger people.</td>
<td></td>
</tr>
<tr>
<td>Staff – Employment practices that need improving</td>
<td></td>
</tr>
<tr>
<td>Improve the communication between junior and senior staff</td>
<td></td>
</tr>
<tr>
<td>Lack of cultural awareness in the Trust, educate front line staff to deal with everyday situations</td>
<td></td>
</tr>
<tr>
<td>More visible and vocal engagement on Edi issues from senior managers, setting an example to others</td>
<td></td>
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<tr>
<td>More senior level staff reflecting the staff workforce</td>
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<tr>
<td>Staff not aware on the usefulness of collecting patients data for equality monitoring need to raise awareness and provide training</td>
<td></td>
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<tr>
<td>Encourage young recruits into the NHS</td>
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<tr>
<td>Need to have an independent person on recruitment panels, in particular at Band 7 and above.</td>
<td></td>
</tr>
<tr>
<td>Lack of diversity in senior management Mangers should be held to account for access to training and development, recruitment, and promotion opportunities</td>
<td></td>
</tr>
<tr>
<td>Develop / review the existing policy for applications to training and development. Monitoring should be done at every level, in particular 1st application from staff to managers, to ensure that access is fair and transparent.</td>
<td></td>
</tr>
<tr>
<td>Data cleansing exercise is need for ESR, requests to change details are not actioned in a timely fashion</td>
<td></td>
</tr>
</tbody>
</table>

IT systems not conducive to getting details updated for patients and staff.