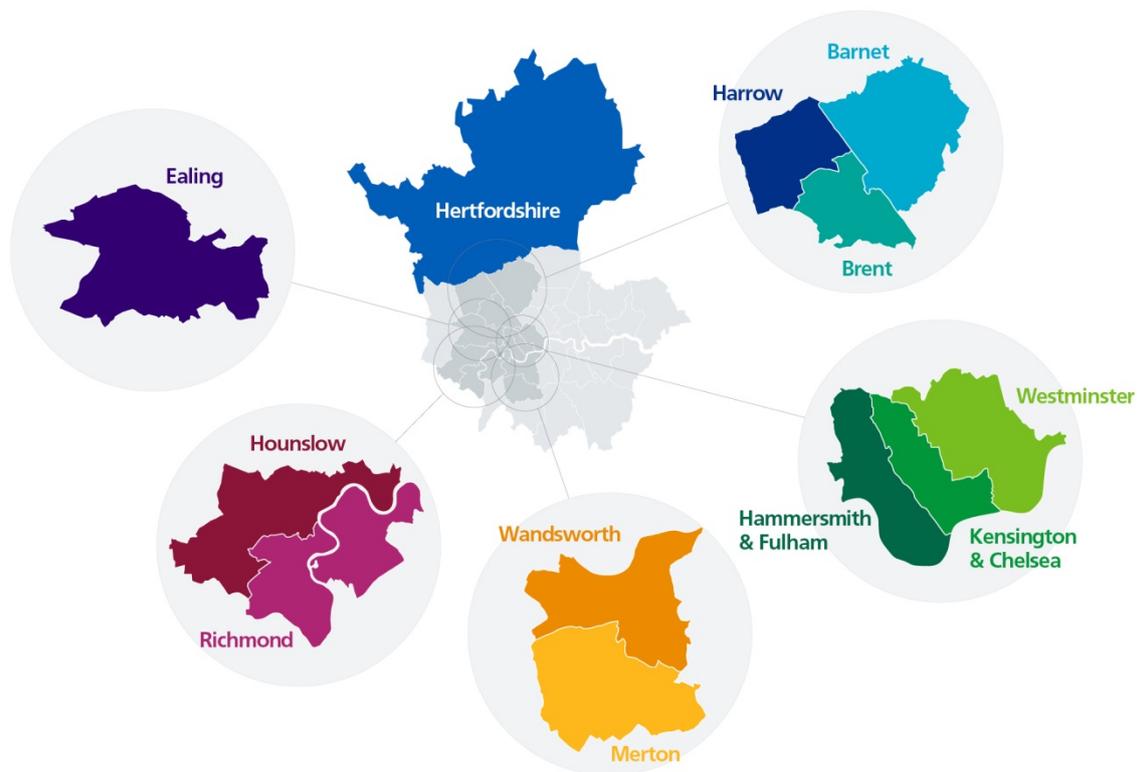


Public Sector Equality Duty Report 2018



October 2018

Foreword

We are pleased to present the Public Sector Equality Duty Report for 2018. The report documents the work Central London Community Healthcare (CLCH) NHS Trust has undertaken to proactively address inequality and improve outcomes for patients and employees between April 2017 and August 2018.

The report includes a detailed analysis of take up of services and patient experience by protected characteristics – which we will continually monitor to ensure we are able to meet the needs of people we serve.

Likewise, it includes detailed information on our workforce to help us understand the trends and patterns of inequality that exist within it, so that we are able to mitigate them in a systematic manner.

Some of the key highlights of the past 18 months include:

- Procuring a new 24-hour Translation and Interpretation service for patients with communication and language support needs, which includes face-to-face, telephonic and video interpretation services for patients.
- Good patient experience results, which have inspired us to continuously challenge ourselves with patient stories and engagement which help us understand the everyday barriers patients face and how we can work to overcome them.
- The establishment of the Workforce Race Equality Standard (WRES) Taskforce and led by the Chief Executive. Involving a cross-section of employees, the Taskforce has embarked on an ambitious plan to improve the experiences and outcomes for Black Asian and Minority Ethnic (BAME) staff in recruitment and selection, employee relations and career progression.
- Developing the scope and influence of our staff networks to ensure they continue to advocate for change for the groups they serve. The Trust currently facilitates the BAME and Rainbow networks for Lesbian, Gay, Bisexual and Transgender (LGBT) staff – and is working towards establishing a network for staff with disabilities.

We recognise that change and improvement require time, effort and resources, but we are confident that the commitment of our staff and support of our partners across the geographies we serve will help us see the desired improvements over the next few years.



Angela Greatley
Chair
Central London Community Healthcare NHS
Trust



Andrew Ridley
Chief Executive Officer
Central London Community Healthcare NHS
Trust

1. Executive Summary

The Equality Act 2010 requires all public bodies to show due regard to the following 3 aims:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations between those who share a protected characteristic and those who do not.

To meet the general duties, they are expected to show due regard to the following specific duties:

- To publish annually relevant, proportionate information showing how they meet the equality duty
- To develop one or more equality objectives to meet the general duty, which can be refreshed every four years or earlier.

The Trust's Equality Objectives for 2016/18 are as follows:

- We will deliver more targeted intervention and outreach activities to protected groups in order to promote our health services.
- We will improve how we communicate with diverse patients using alternative and accessible formats.
- We want to provide reasonable adjustments for patients with Learning Disabilities and Dementia who use our mainstream health services.
- We will improve the reporting of discrimination, harassment, bullying or abuse at work and seek to reduce the occurrence of incidents by valuing diversity and difference in our workforce.
- We will increase the representation of our Black Asian and Minority Ethnic (BAME) staff at senior manager levels.
- We will improve the number of young people the Trust employs and respond to the challenge of a multi-generational workforce.

This report aims to meet the first specific objective, and also reports on progress against its equality objectives for the period through its services and workforce. These objectives are in the process of being refreshed.

The report includes information on the Trust's patients and employees, analysed by protected characteristics. It shows how the Trust has sought to minimise disadvantage, meet the needs of protected groups and encouraged their participation in decision-making, both in service delivery and employment.

Some of the key work undertaken to support inclusion in the past year includes:

- Engaging elderly housebound patients through phone groups.
- Collecting dynamic patient stories (film or picture) from patients with a learning disability, enabling their voice to be heard.

- Facilitating listening events across Hammersmith and Fulham and Richmond to understand the experiences of young people accessing the school nursing service.
- Provision of a sexual health service in South West London, which runs a Sexual Health Service Users Forum including representatives from the Lesbian, Gay, Bisexual and Transgender (LGBT) communities.
- Provision of sexual health services in Hertfordshire, which run gay specific clinics and a clinic for transgender people.
- Providing staff access to a range of networks and support services, including the BAME and LGBT staff networks and Mental Health minders for people with mental health concerns.
- Providing staff access to a range of career development opportunities, such as the Ready Now programme, which aims at developing a representative talent pipeline.
- Promoting good relations among staff through events such as the annual BAME Conference, the London and Hertfordshire Pride events and World Mental Health Month.
- Adoption of performance improvement standards to monitor progress on equality and diversity systematically, such as the Workforce Race Equality Standard (WRES) and the Disability Confident accreditation. The WRES Taskforce has developed a robust action plan to address concerns around recruitment and selection, bullying and harassment, career progression and disciplinaries.

2. Purpose of the report

The purpose of this report is to present the actions taken by Central London Community Healthcare NHS Trust (CLCH) to meet its Public Sector Equality Duty in the period 1 April 2017 to 31 March 2018. The report includes key workforce data for that period and actions that have taken place between March 2017 and August 2018.

The report meets the first specific duty of the Equality Act 2010, which requires public bodies to publish information annually to demonstrate compliance with the general equality duty.

According to guidance from the Equality and Human Rights Commission, the report must include information on:

- Its employees (for authorities with 150 staff or more)
- People affected by its policies and practices (for example, service users).

The above information needs to relate to their protected characteristics.

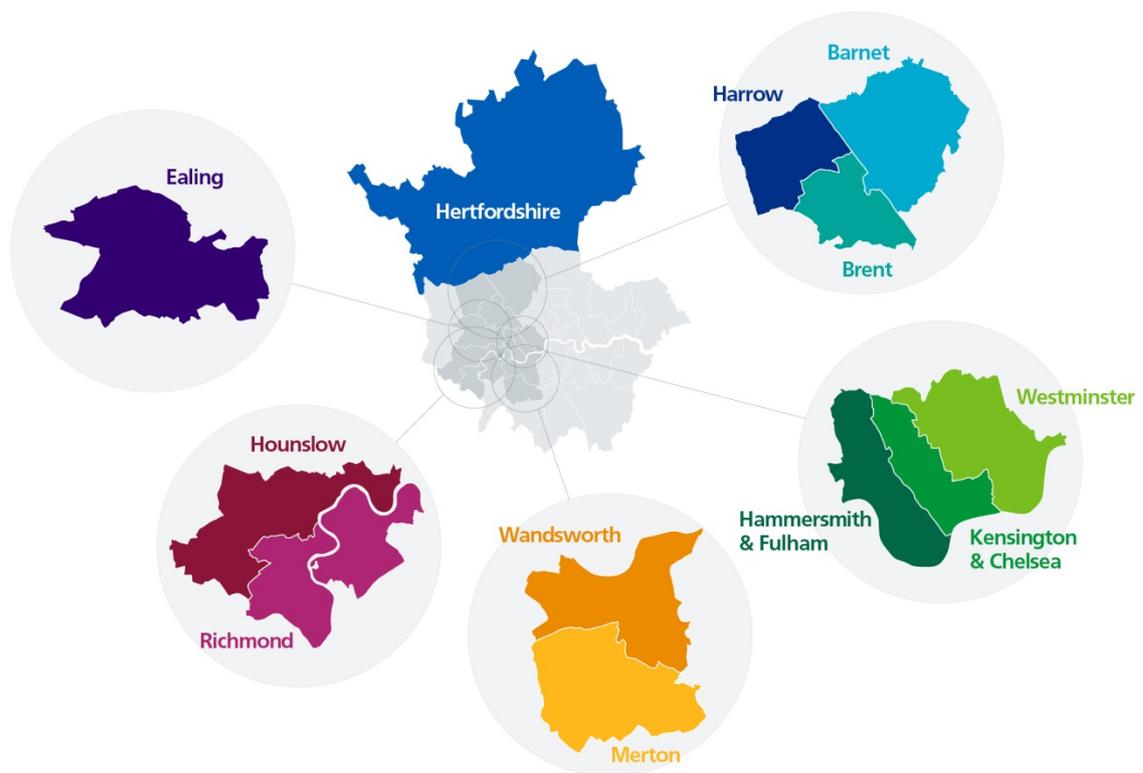
In keeping with the guidance, this report is divided into 2 parts. Part 1 covers patient information and Part 2 covers information related to the workforce. The information covers:

- Patient feedback analysed by protected characteristics
- Access to services analysed by protected characteristics
- Engagement activity undertaken to improve patient access and experience
- Key improvements made based on patient feedback
- Gaps in information
- An analysis of the workforce by protected characteristic

- Steps taken to improve employee engagement and wellbeing
- Plans to improve workforce representation at all levels and satisfaction rates.

In addition to demonstrating legal compliance, this report helps to meet regulatory standards. The Care Quality Commission (CQC) inspection framework introduced in 2016 assesses health care providers for their progress on the WRES under the 'Well-Led' domain. CQC rated CLCH 'Good' overall and for the Well Led domain in its last inspection report published in February 2018.

3. About CLCH



CLCH provides more than 70 different community healthcare services in London and Hertfordshire. We employ approximately 3,468 staff who care for more than two million patients. We help people stay well, manage their own health and avoid unnecessary trips to, or long stay in, hospital.

We provide care and support for people through every stage of their lives from health visiting for new-born babies through to community nursing and palliative care for people towards the end of their lives.

In 2017/18 we provided a broad range of services in eleven different London boroughs plus specialist sexual health and respiratory services in Hertfordshire.

Our range of services includes:

- **Adult community nursing** including district nursing, community matrons and case management.
- **Children and family services** including health visiting, school nursing, community nursing, speech and language therapy, blood disorders and occupational therapy.
- **End of life care** supporting people to make decisions and receive the care they need at the end of their life.
- **Long-term condition management** supporting people with complex ongoing health needs caused by disability or chronic illness.
- **Rehabilitation and therapies** including physiotherapy, occupational therapy, foot care, speech and language therapy and osteopathy.
- **Specialist services** including delivering care for people living with diabetes, heart failure, Parkinson's and lung disease, homeless health services, community dental services, sexual health and contraceptive services and psychological therapies.
- **Walk-in and urgent care centres** providing care for 226,000 people with minor illnesses and injuries and providing a range of health advice and information.

Many of our services are open seven-days-a-week and our community nursing and inpatient rehabilitation and palliative care units offer 24 hour care.

Our vision is to deliver: **Great care closer to home.**

Our mission is: **Working together to give children a better start and adults greater independence.**

We have four core values, providing a reference point for all our staff on how we should conduct ourselves when working with patients, colleagues and partners.

- **Quality:** We put quality at the heart of everything we do.
- **Relationships:** We value our relationships with others.
- **Delivery:** We deliver services we are proud of.
- **Community:** We make a positive difference in our communities.

Part 1- Patient Information

We are a high performing trust that puts quality of care at the heart of everything we do. Our most recent CQC inspection took place in September 2017. During the visit, we hosted a team of 28 CQC inspectors and specialist advisors, who assessed four of our core services: Children's; Adults; Inpatient and End of life care. The team visited 17 sites, in six boroughs, where they talked to over 150 staff, carers, patients and service users about their experience of CLCH and shadowed staff on their visits to observe the care that our staff provide. They also reviewed our documentation and patient notes, evaluated our systems and processes and assessed the environment in which we provide care. Following the inspection, we were pleased to receive an overall Good rating as outlined in the image below.



At CLCH, we recognise that equality means treating everyone with equal dignity and respect irrespective of any protected personal characteristics. In doing so we acknowledge that people have different needs, situations and goals. The trust provides a number of different services across ten different London boroughs and Hertfordshire. This means that the population we serve is extremely diverse and it is important to ensure that we understand this in order to engage and listen to patients from all different backgrounds and diverse groups to improve and make changes to the care and services we provide.

An example of the populations within the areas that we work in has been provided below in order to highlight their diversity.

Barnet: For 2018, the population of Barnet is estimated to be 394,400, which is the largest of all the London boroughs. The number of people aged 65 and over is predicted to increase by 33% between 2018 and 2030, compared with a 2% decrease in young people (aged 0-19) and a 4% increase for working age adults (aged 16-64), over the same period. The Barnet population is projected to become increasingly diverse, with the proportion of Black, Asian and Minority Ethnic (BAME) people in the borough population rising from 39.5% in 2018 to 42.3% in 2030. Women in Barnet have a significantly higher life expectancy than men, with the life expectancy of people living in the most deprived areas of the borough

being on average 7.4 years less for men and 7.8 years less for women than those in the least deprived areas.

Wandsworth: The population of Wandsworth is estimated to be 316,096. While the majority of the Wandsworth population is remarkably young and healthy, there are significant areas of deprivation and our older population is more likely to have poor health and live in deprivation than that of other areas of South West London. There are approximately 2,800 deaths in Wandsworth a year and approximately 1,000 of these are of people under the age of 75. The two most frequent underlying causes of death in the under 75's are cancer and circulatory disease.

Harrow: Around 243,500 people live in Harrow with just over 50% being female. Compared to London, the population of Harrow has a greater proportion of older people (over 60) and a lower proportion of people in their 20s and 30s. In 2011, 43% of the Harrow population were from an Asian / Asian British background, the percentage from a White ethnic background was almost equal at 42% and a further 8% were from Black / African / Caribbean / Black British ethnic background. Over the next 10 years it is predicted that the local Black, Asian and Minority Ethnic (BAME) population will increase from almost 54% to 68%.

Merton: In 2018, Merton has an estimated resident population of 209,400, which is projected to increase by about 3.9% to 217,500 by 2025. The age profile is predicted to shift over this time, with notable growth in the proportions of older people (65 years and older) and a decline in the 0-4 year old population. Currently 77,740 people are from a Black, Asian, or Minority Ethnic (BAME) group and by 2025 this is predicted to increase to 84,250 people (38% of Merton's population). There is a gap of 6.2 years in life expectancy for men between the 30% most deprived and 30% least deprived areas in Merton, and the gap is 3.4 years for women.

Kensington and Chelsea: In 2017, the population of the Royal Borough of Kensington and Chelsea was estimated to be 155,700. 39.3% of the population are White British, 4.1% Arab and 3.5% Black African.

Hammersmith and Fulham: In 2017 the population of the London Borough of Hammersmith and Fulham was 183,000. 44.9% of the population are White British, 19.6% Other White, 5.8% Black African and 3.5% White Irish.

Hertfordshire: In 2012, the population of Hertfordshire was 1,129,000. It is projected to increase over the next 25 years to 1,400,700 in 2037. There are 168,000 Hertfordshire residents aged over 65. People born overseas make up 13.4% of our population. 19.2% of Hertfordshire residents identified themselves in ethnic groups other than "White British", which compares to 11.23% in 2001.

Ealing: The 2017 mid-year population estimate for Ealing was 342,700. There are 169,175 males and 169,274 females living in Ealing. There are 67,042 people over the age of 55 and 76,605 people under the age of 18.

1. Patient Experience

The Trust Quality Strategy, 'Simply the Best, Every Time' aims to support the delivery of outstanding care to all of our patients. As part of the strategy, there are six campaigns, each with enabling strategies and key objectives. The first campaign is 'Positive Patient Experience' and the key objective and outcomes have been reflected in the revised Trust Public and Patient Engagement Strategy: Ensuring patients are at the very heart of the decision making process (2018 – 2020). This aims to put patients at the heart of the decision making process. It ensures that patient feedback helps drive service improvements and that co-design and working in partnership with our patients to transform services and improve care and experience is embedded into the way that we do things.

There are three key objectives which are:

- We will change staff behaviours and care to improve the experience of our patients. We will do this by continuing to focus on strengthening the methods used to gain patient and public feedback, the core communication channels we use to engage with our patients and the public and improve how feedback is used to inform and influence service delivery and patient care.
- We will aim to make sure that our patients are involved in all decisions about their care and the service/s they are using: We will do this by continuing to embed the co-design methodology and putting the patient at the forefront of the decision making process.
- We will aim to make sure that we engage with all of our patients, with a specific objective of engaging communities who are less frequently heard: In order to do this, we will ensure that we work in partnership with our patients through working closely with Healthwatch and other key stakeholders, engaging with patient experts on proposed service changes, Shared Governance – Quality Councils and focused engagement and listening events.

We administer both national and in-house surveys to large numbers of patients, such as the Friends and Family test, in order to review the experience of all aspects of a patient's journey. In 2017/18, the Trust collected between 2500-3500 pieces of feedback from patients using our services every month. Some key headlines included:

- Over 92% of our patients said that their care was explained in an understandable way for the whole of 2017/18.
- Over 95% of our patients said that they felt that they were treated with both dignity and respect for the whole of 2017/18.
- Over 85% of our patients reported that they were involved in planning their care throughout the whole of 2017/18.
- Over 90% of our patients rated their overall experience as good or excellent for the whole year.

As part of the 2018-2020 strategy we continue to collect feedback in a variety of different ways, these include the use of the following initiatives:

Patient Stories

Patient stories are a valuable way of listening to our patient's feedback about their experience and for us to learn and continuously improve the services we provide. The Patient Experience Team delivers the patient story training to all staff and helps support teams and the division to set annual targets of numbers of stories to collect.

These stories are then thematically analysed and the findings/actions are shared with staff in order to enable them to identify areas for improvement and share learning. Patient stories are also shared by either the patient themselves or the service lead at all key trust forums, from the Patient Experience Co-ordinating Committee to the Trust Board.

An example of positive change that has come from the analysis of a number of District Nursing specific patient stories is the implementation of service level leaflets. These leaflets aim to ensure that each of our patients is aware of how to contact their District Nursing team. This followed feedback that not all of our patients knew how to contact their nursing team and often struggled to find out when they were due to be visited.

15 Steps Challenge

The 15 Steps Challenge is a tool developed by the NHS Institute for Innovation and Improvement following a mother's visit to an acute setting who stated: "I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward." Working together staff, including Non-Executive Directors, patient representatives and carers, 'walk around' a site providing structured feedback on how welcoming, safe, caring and well organised they experienced the services. These visits offer staff a way of better understanding a patient, relative or carer's first impressions of our services. The Patient Experience Team support teams to respond to suggested areas for improvement and the implementation of an action plan to address these.

Following the analysis of 7 completed fifteen step challenges and 6 follow up visits completed revisiting services from the preceding year, much of the feedback centred on the welcome that each of the teams received at a number of the visited sites. As a result, externally facilitated 'front of house' training sessions were implemented for all reception staff to attend. The sessions were designed to ensure that the welcome and first impression that our patients receive each time they enter a clinic, walk-in centre or ward is always exceptional.

Shared Governance

Shared governance is a dynamic staff-leader partnership that promotes collaboration, shared decision making and accountability for improving quality of care, safety, and enhancing work life. The Trust has developed a model of shared governance to support continued quality improvement and to support the implementation of the Trust Quality Strategy. To date we have successfully implemented 15 Shared Governance Quality Councils across the Trust.

All Quality Councils are chaired by a Band 6 member of staff and nine of the councils have one or two patient representatives as active council members. Each quality council has been asked to focus on one project aligned with one of the quality campaigns in the Quality

Strategy with the aim of making an improvement. An example of this is where one quality council, focusing on the positive patient experience campaign, explored why patients were not attending their appointments. Having spoken to patients, they established that they were unable to find the clinic to attend. As a result, the council have added a map to the existing leaflet providing clear directions for patients.

Always Events

Always Events are an Institute for Healthcare Improvement (IHI) initiative. They are aspects of the patient experience that are so important to patients, their relatives and carers, that health care providers must aim to perform them consistently for every individual, every time they have contact with a healthcare service. The Always Events methodology requires genuine partnerships between patients, service users, care partners, and clinicians. This partnership is the foundation for co-designing and implementing reliable care processes that hold promise for transforming care experiences.

The Trust has successfully implemented its first Always Event across all community nursing teams focusing on patients' involvement in care, with the aim being:

“We will always support patients, relatives and carers to be involved in the planning and delivery of their care”.

As a result of listening and working with patients and staff, a new location specific service leaflet has been developed to provide consistent and clear information about the service to patients. A script was produced for each member of the Single Point of Contact team and the nursing staff to make sure that the initial contact with the patient was concise, clear and ensured that the patient felt involved in the care they would be receiving. This has been supported with a training video developed and including one of our patient representatives and community staff. As a result of these actions, there has been a significant improvement to the proportion of patients that feel that they have been involved in the decision making about their care across the community nursing teams.

The Trust is one of only three in the country who have successfully implemented Always Events and are committed to the continued implementation of these in the future.

Following the success of the Trust's first Always Event there has now been a plan developed to roll out our next Always Event across the Learning Disability services. Following the initial engagement with staff and patients it has been agreed that the event will focus on the transition between children and adult services and will look to ensure our patients are fully involved in their care planning throughout this transition.

2. Equality and Diversity Analysis from patient feedback

In order to understand if our patient feedback is representative of the populations we serve, we ask our patients a number of equality and diversity questions as part of the Friends and Family test (FFT) survey. These include:

- Age.

- Ethnicity.
- Sex (Gender).
- Disability.
- Sexual Orientation.

The data has been broken down into the four divisions within which we work which are aligned to specific boroughs (with the exception of the Children’s division who work across the Trust).

- South division: Merton, Wandsworth, Richmond.
- Inner division: Westminster, Kensington and Chelsea, Hammersmith and Fulham, Harrow, Hounslow.
- North division: Barnet, Brent, Hertfordshire (Walk-in Centres across trust).

In addition, to establishing whether the feedback is representative of the populations we serve, the graphs outline how likely or unlikely each group would be to recommend the Trust to family or friends.

Protected Characteristic: Age

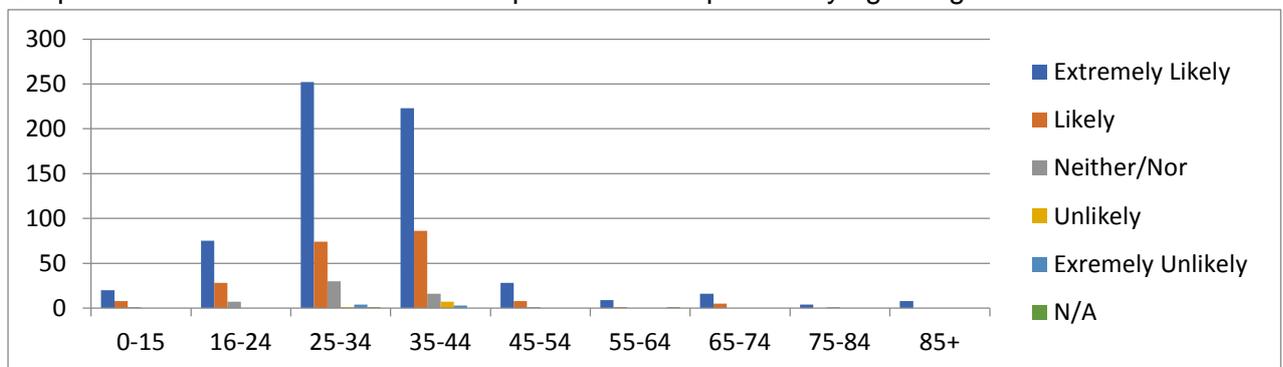
In accordance with the Equality Act 2010 in relation to the protected characteristic of age:

- A reference to a person who has a particular protected characteristic is a reference to a person of a particular age group.
- A reference to persons who share a protected characteristic is a reference to persons of the same age group.

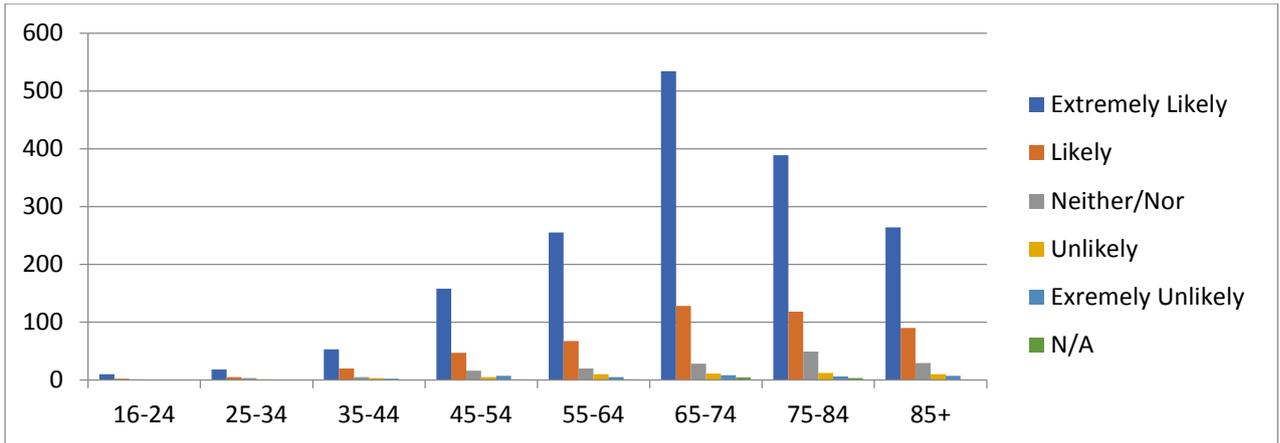
A reference to an age group is a reference to a group of persons defined by reference to age, whether by reference to a particular age or to a range of ages.

Of the 9788 responses that have been received, 8317 were from people over the age of 55 and 1246 were from those over the age of 85, equating to 85% of the patients who responded to the question being over the age of 55. The number of people over the age of 65 is increasing in the boroughs that we work within. Therefore, this would suggest that the responses received are representative of our population in relation to age.

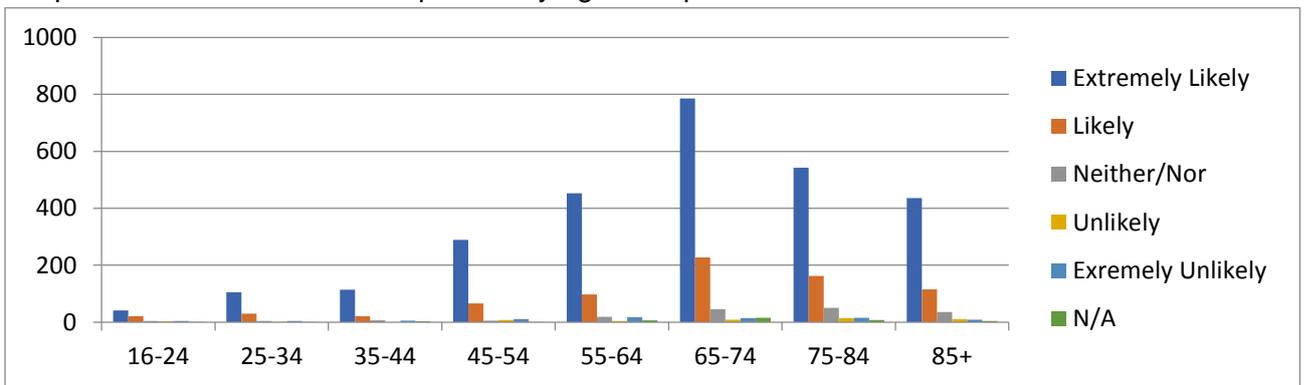
Graph 1: Children’s Health and Development FFT responses by age range.



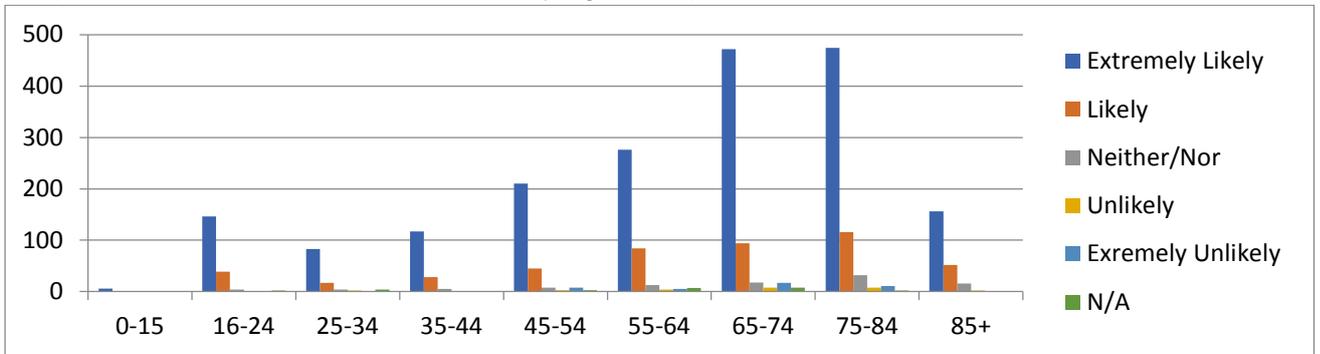
Graph 2: Inner division FFT responses by age group



Graph 3: North division FFT responses by age Group



Graph 4: South division FFT responses by age Group



Protected Characteristic: Race

In accordance with the Equality Act 2010 the definition of race includes:

- Colour.
- Nationality.
- Ethnic or national origins.

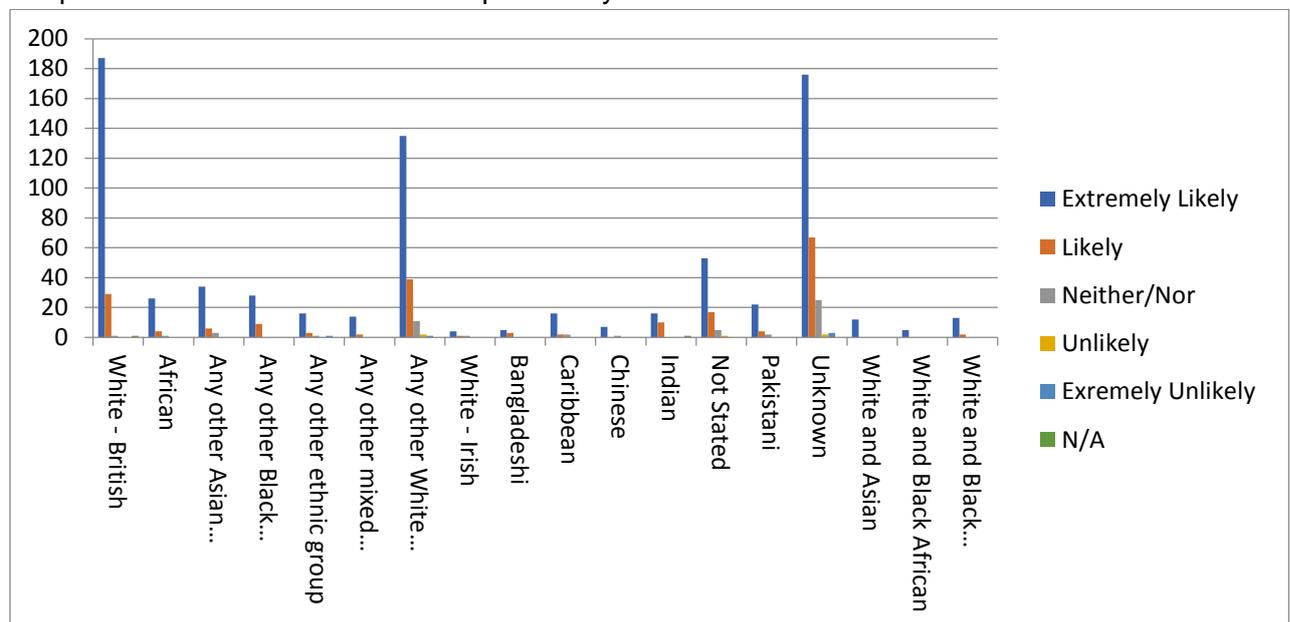
In relation to the protected characteristic of race:

- A reference to a person who has a particular protected characteristic is a reference to a person of a particular racial group.
- A reference to persons who share a protected characteristic is a reference to persons of the same racial group.

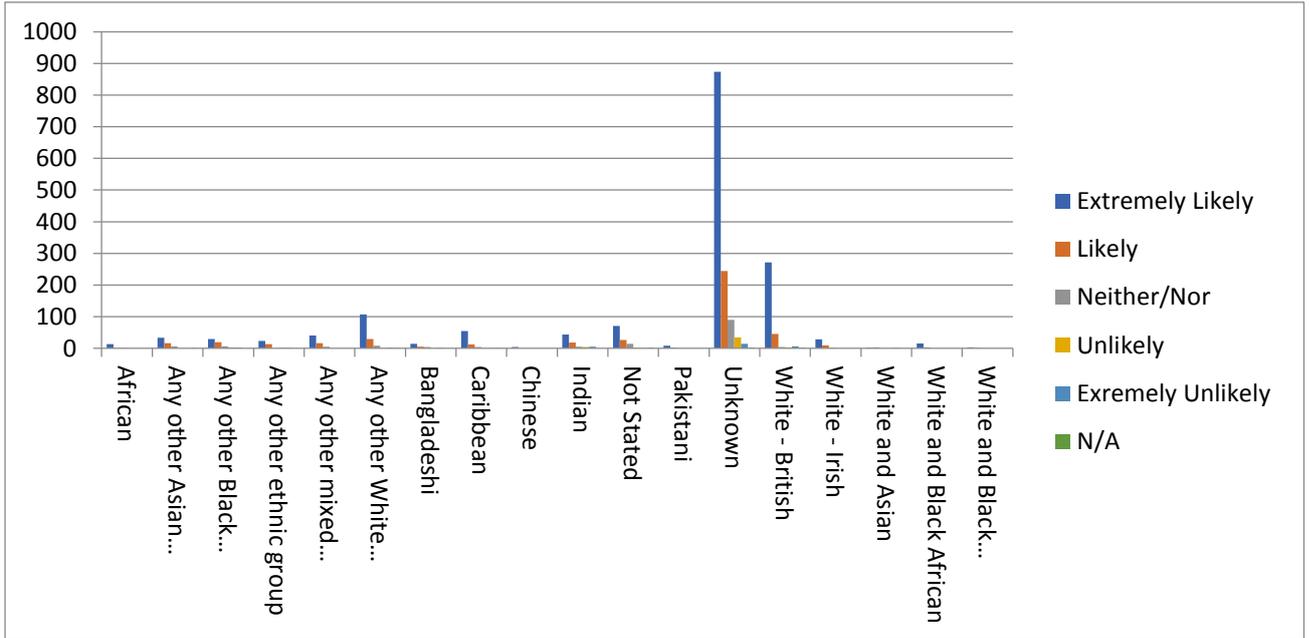
- A racial group is a group of persons defined by reference to race; and a reference to a person's racial group is a reference to a racial group into which the person falls.
- The fact that a racial group comprises two or more distinct racial groups does not prevent it from constituting a particular racial group.

Of the 9305 responses that have been received across the Trust, 3611 patients have reported to be either White or White other, and 3701 responded with ethnicity unknown (equating to 40% of all responses). As a result of the large number of unknown responses, it is difficult to ascertain if the feedback received is representative of the populations in which we work. Therefore, in 2018/19, we will explore how we can reduce the number of unknown responses we receive in conjunction with focused engagement events with BAME patient groups in order to listen to their experience of care.

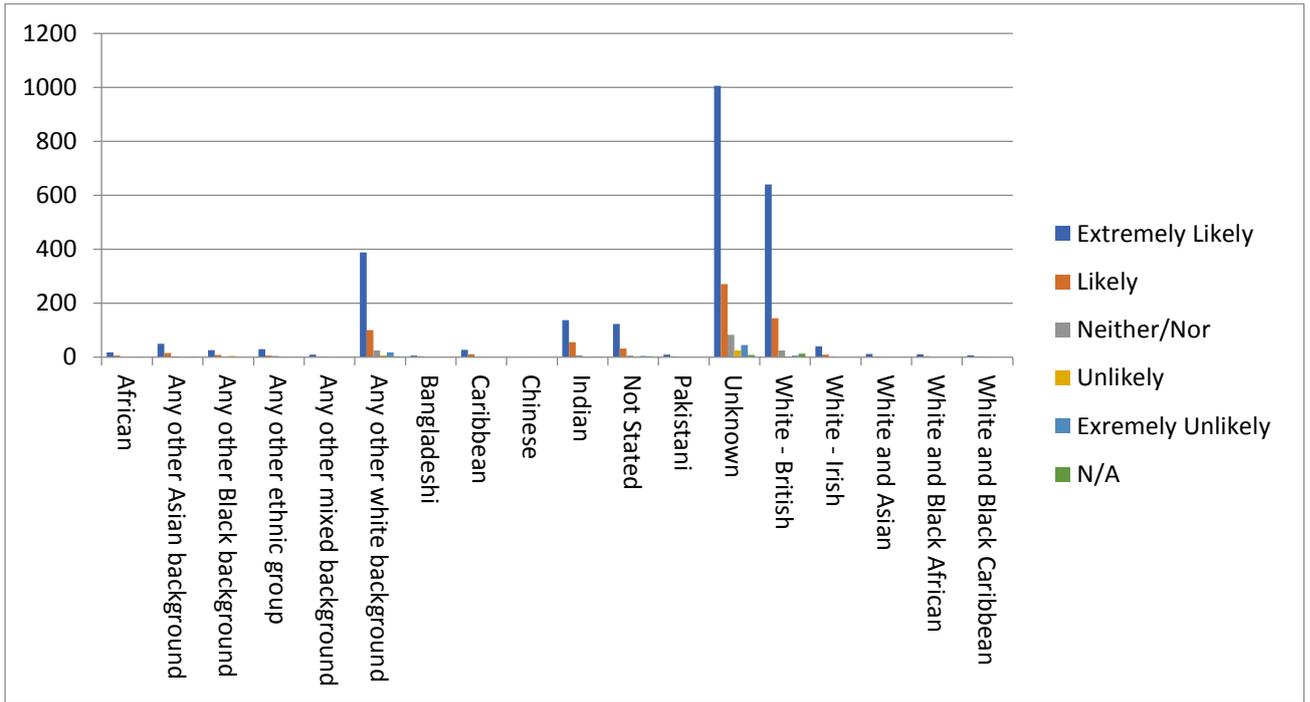
Graph 5: Children's division FFT responses by race



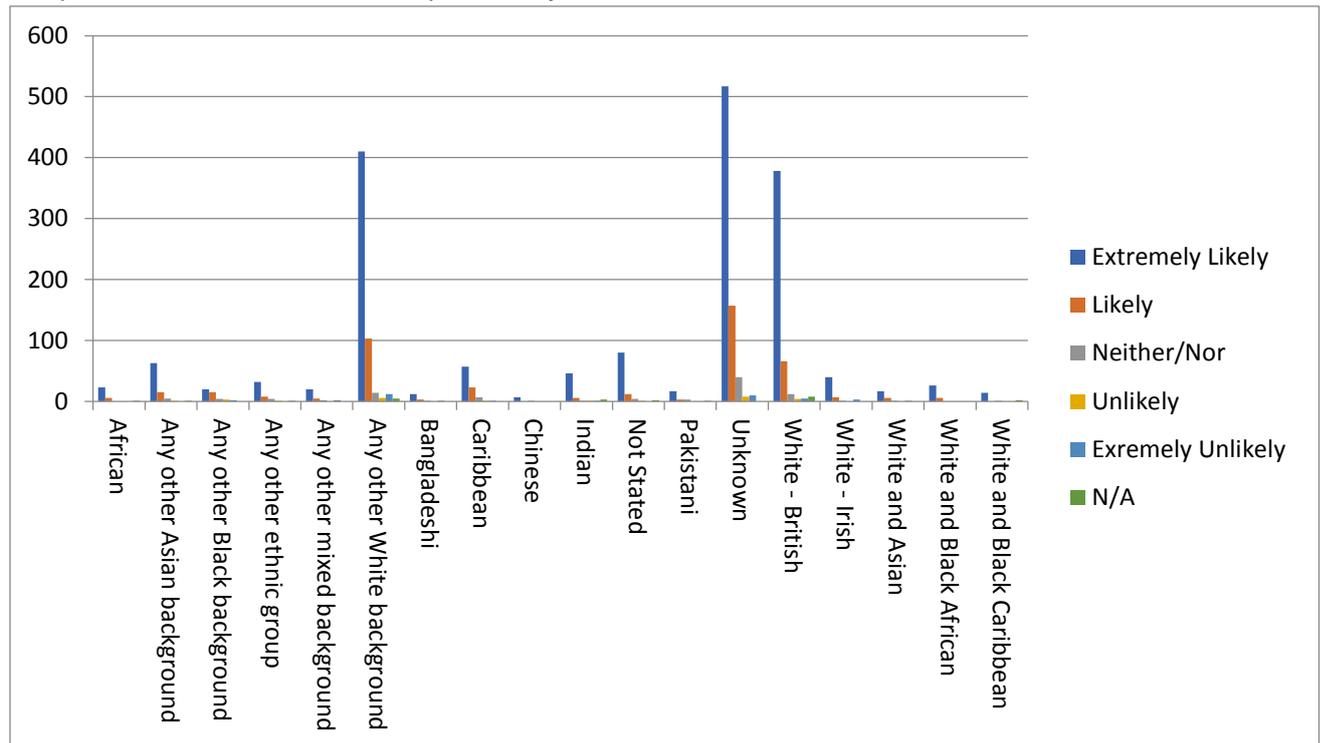
Graph 6: Inner division FFT responses by Race



Graph 7: North division FFT responses by race



Graph 8: South division FFT responses by race



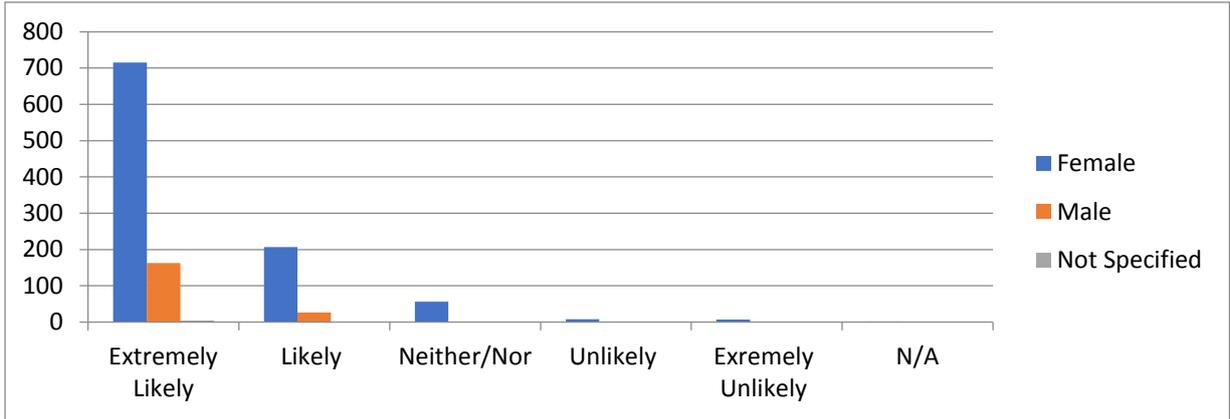
Protected Characteristic: Sex

In relation to the protected characteristic of sex as stated in the Equality Act 2010:

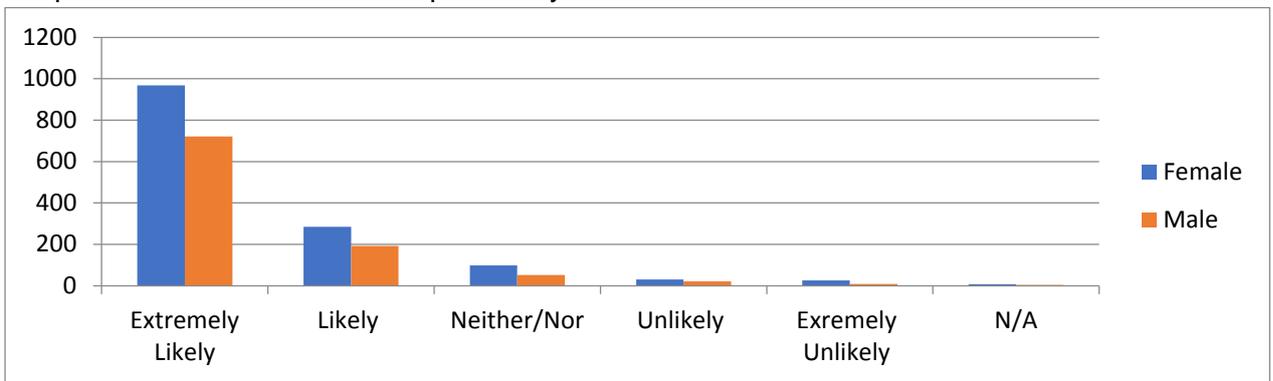
- A reference to a person who has a particular protected characteristic is a reference to a man or to a woman.
- A reference to persons who share a protected characteristic is a reference to persons of the same sex.

Of the 10156 responses that have been received across all divisions regarding our patient's sex (gender), 6325 responses have been completed by females, which would suggest that we see more females in the community than males. Or indeed, it simply means if you are a female you are more likely to complete our patient feedback surveys, 62% of responses were completed by females.

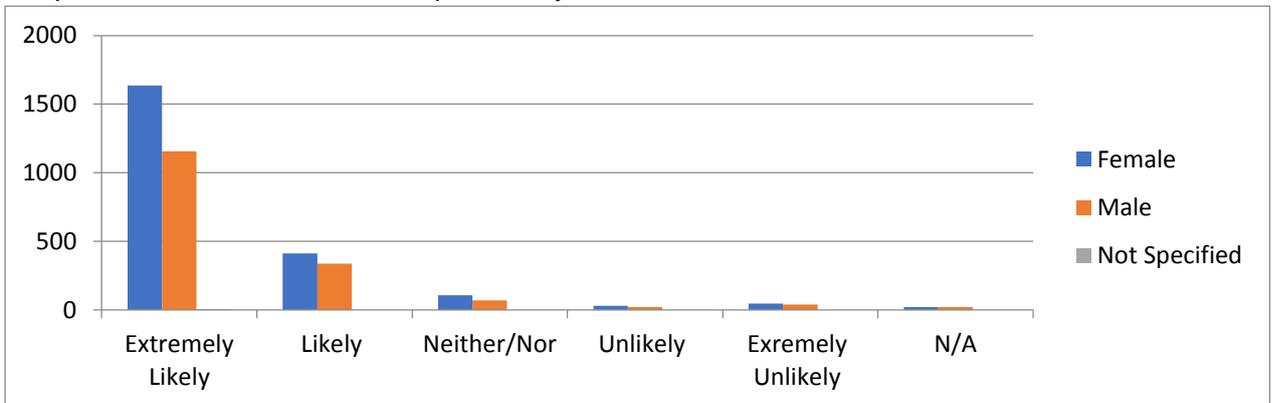
Graph 9: Children's division FFT responses by sex



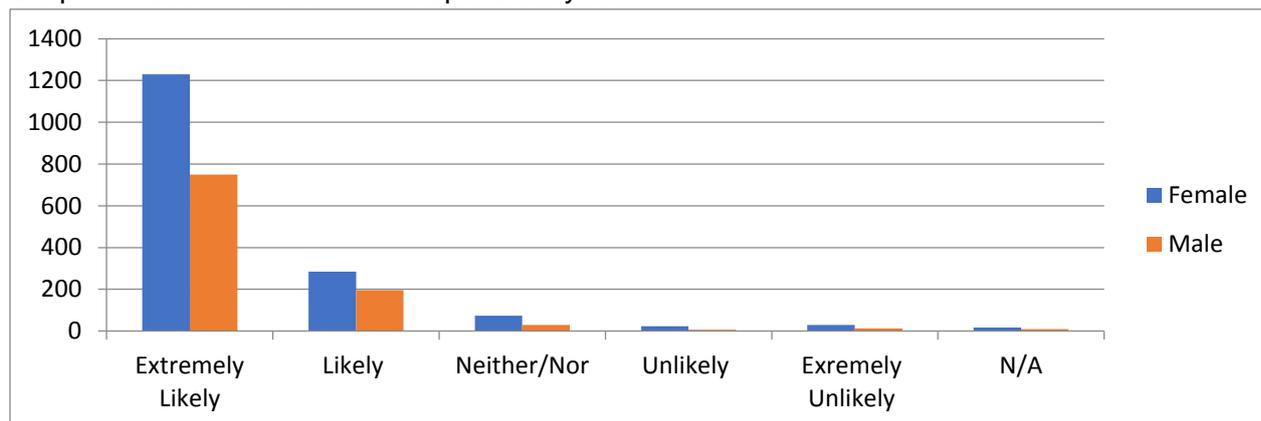
Graph 10: Inner division FFT responses by sex



Graph 11: North division FFT responses by sex



Graph 12: South division FFT responses by sex



Protected Characteristic: Disability

In accordance to the Equality Act 2010 a person has a disability if:

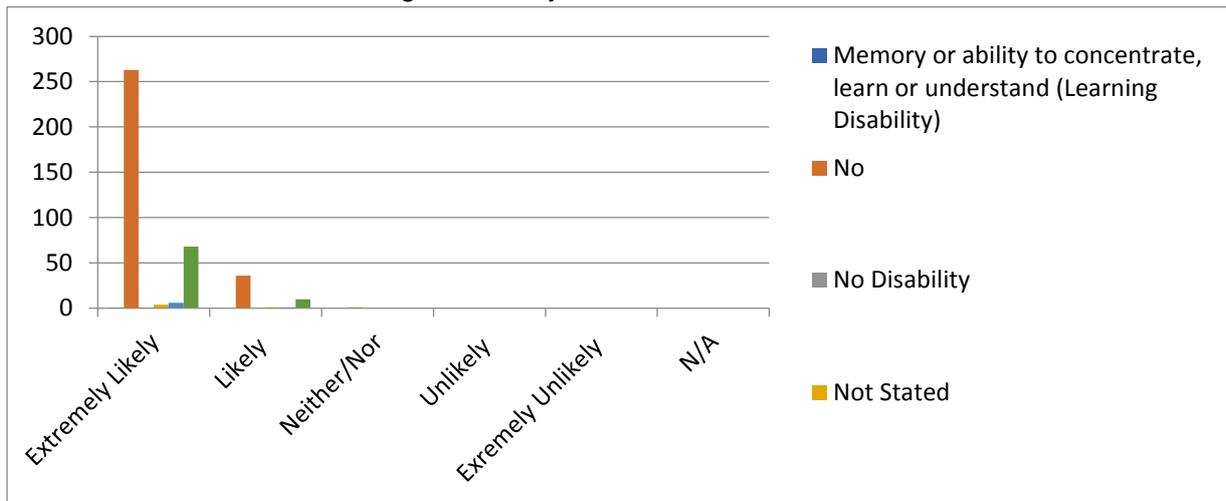
- The person has a physical or mental impairment.
- The impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

In relation to the protected characteristic of disability:

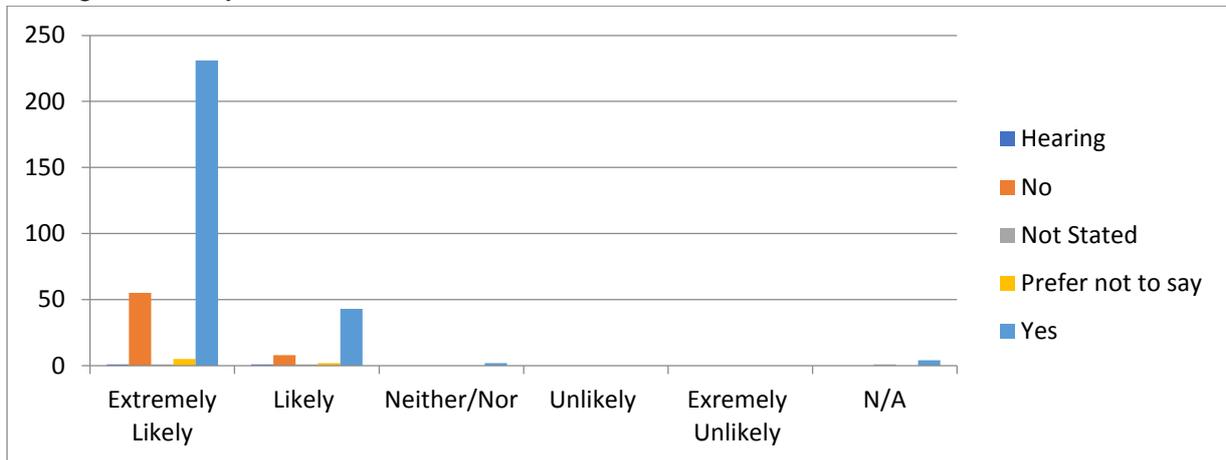
- A reference to a person who has a particular protected characteristic is a reference to a person who has a particular disability.
- A reference to persons who share a protected characteristic is a reference to persons who have the same disability.

Of the 3377 responses that have been received across all divisions regarding whether or not our patients identify as having a disability, 2003 responses have been completed by patients that don't have a disability, or that they would rather not say, equating to 59% of all responses received. Where people have stated that they do have a disability, it is unclear what this is. However, as part of the responsibility for all NHS Trust is to offer reasonable adjustments to help people with disabilities or sensory loss, we will continue to ensure that we provide accessible information and monitor access to our services through 15 step challenge visits and annual PLACE assessments.

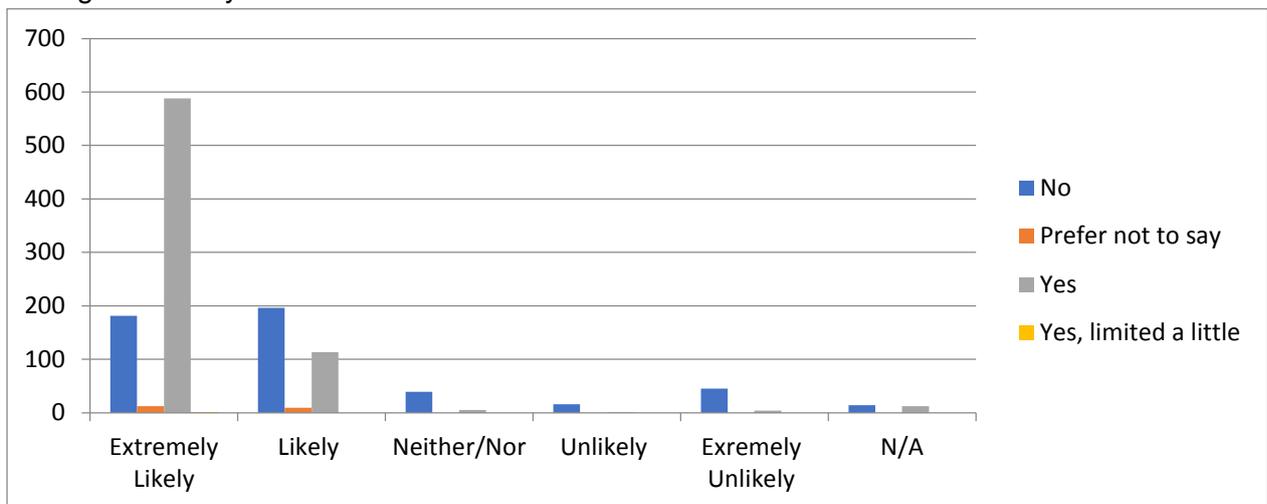
Graph 13: Children's Health and Development FFT responses given by people who have identified themselves as having a disability



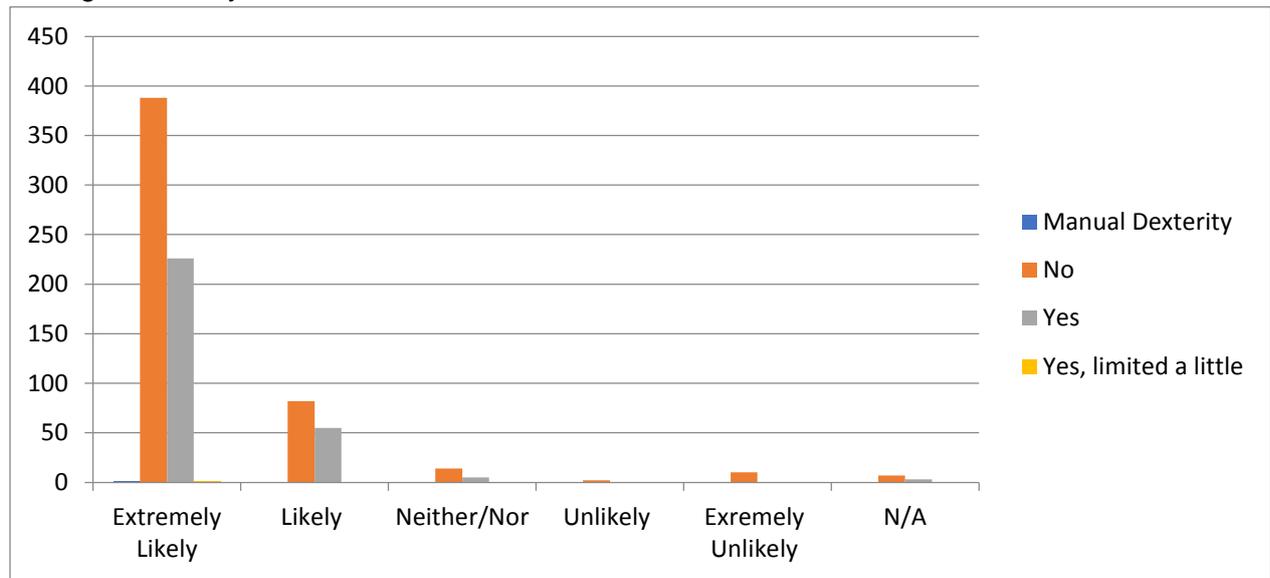
Graph 14: Inner division FFT responses given by people who have identified themselves as having a disability



Graph 15: North division FFT responses given by people who have identified themselves as having a disability



Graph 16: South division FFT responses given by people who have identified themselves as having a disability



Protected Characteristic: Sexual Orientation

In accordance to the Equality Act 2010 sexual orientation means a person's sexual orientation towards:

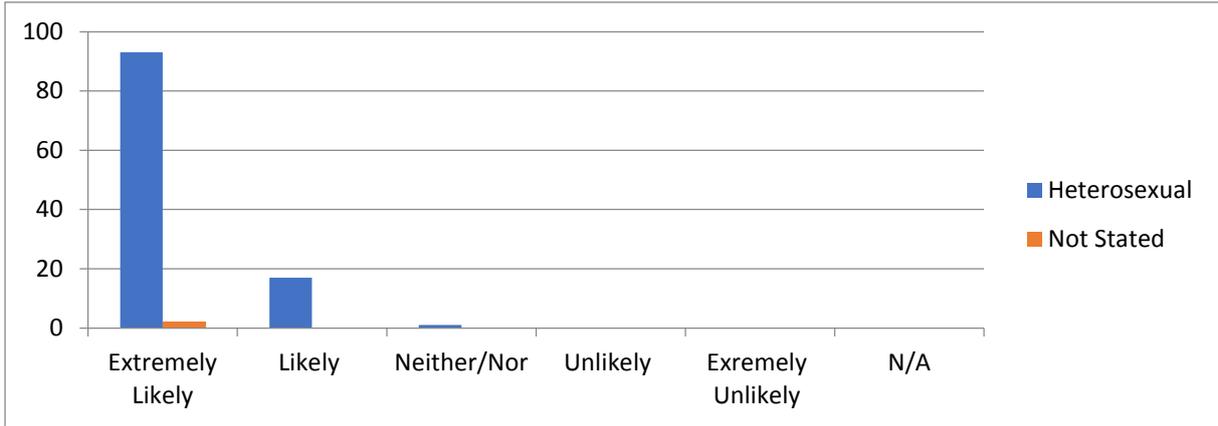
- Persons of the same sex.
- Persons of the opposite sex.
- Persons of either sex.

In relation to the protected characteristic of sexual orientation:

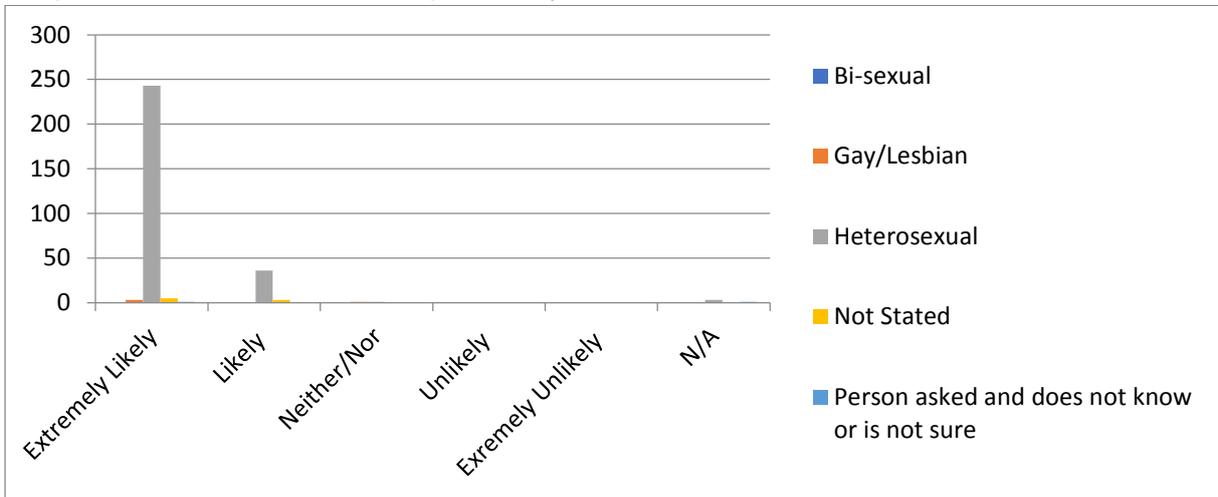
- A reference to a person who has a particular protected characteristic is a reference to a person who is of a particular sexual orientation
- A reference to persons who share a protected characteristic is a reference to persons who are of the same sexual orientation

Of the 2851 responses that have been received across all divisions regarding the sexual orientation of our patients, 1990 have ticked the 'rather not say' box, equating to 70% of our patients who perhaps did not feel comfortable telling the organisation of their sexual orientation.

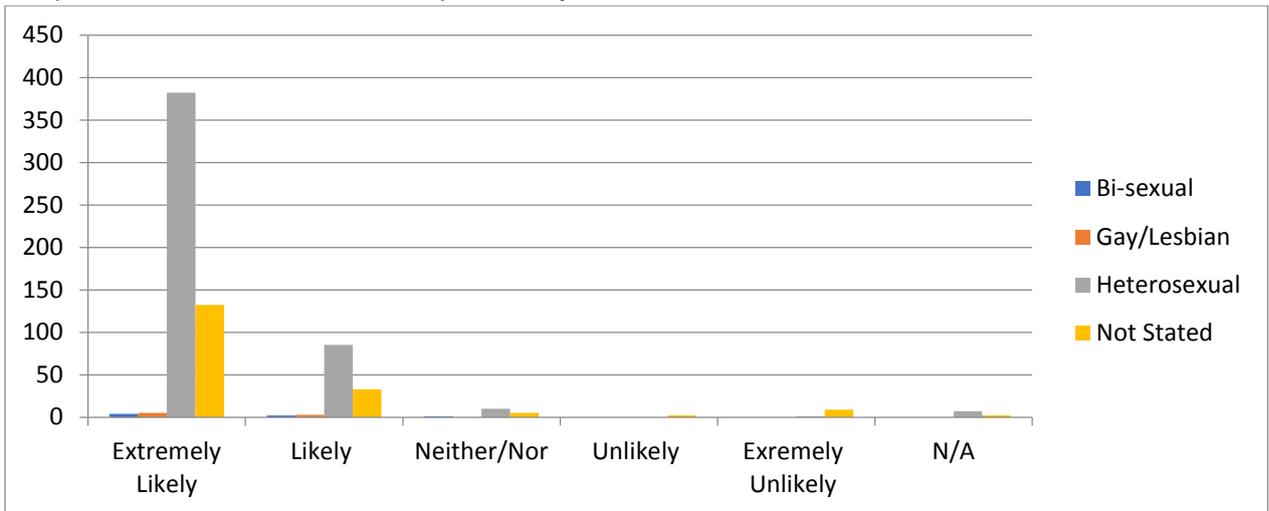
Graph 17: Children's FFT responses by sexual orientation



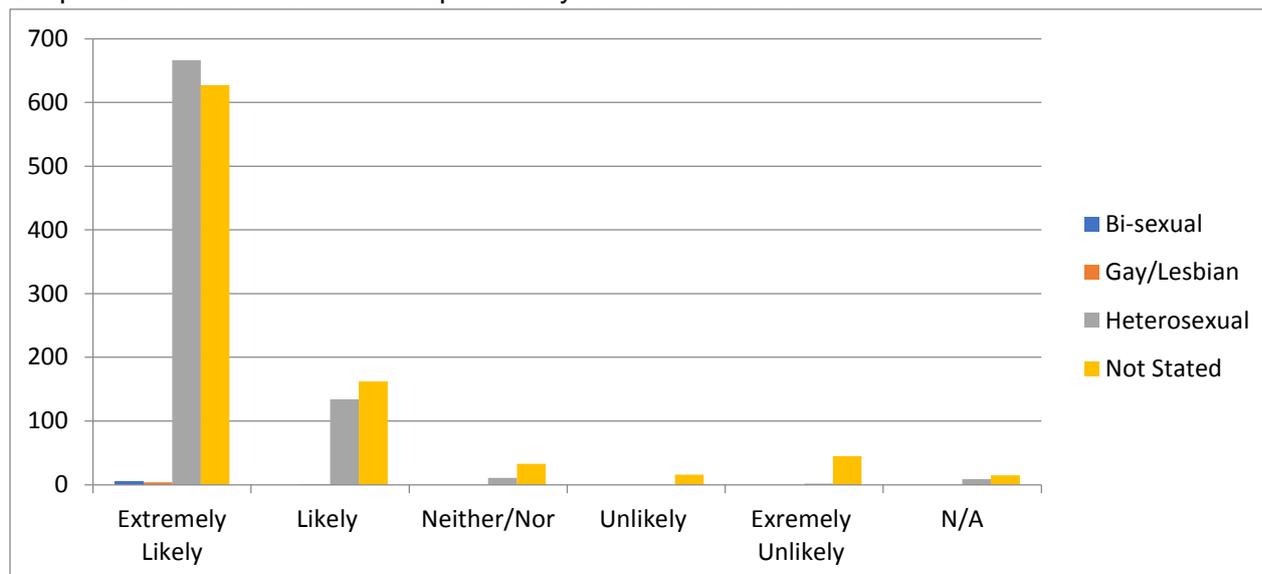
Graph 17: Inner division FFT responses by sexual orientation



Graph 19: South division FFT responses by sexual orientation



Graph 18: North division FFT responses by sexual orientation



Complaints

When written complaints are received, the individual's equality and diversity information is not usually provided and an attempt to capture this is made at a later stage by way of a phone call if a contact number is available, or a letter. In addition, an equality monitoring form is sent with all acknowledgement letters. We gather this information and pass it on to the Diversity and Inclusion Lead to help assess whether we are providing equal access and treatment for different groups of people. The data requested is as follows: Ethnicity; Age; Sexual Orientation; Religion or Beliefs. In addition, there will also be retrospective aftercare calls made to the complainants by the complaints team. At this point the equality data will also be requested and captured.

A total of 98 formal complaints were received by the Trust during 2017/2018 and none of these were accompanied by a completed equality monitoring form despite follow up requests from the Complaints team when sending the complaint acknowledgement letter. As a result of this, there is very limited information to report on. Therefore, in 2018/19, the complaints team have started following up each formal complaint response letter with a telephone call to the complainant to establish whether they are satisfied by the outcome of the complaint investigation and response, and to ask the equality monitoring questions. To date, although these calls have been undertaken every quarter, patients have declined to give this information.

The Trust work closely with POWHER advocacy service, there have been two complaints received into the Trust through POWHER one of which was resolved through a local resolution meeting, the second was resolved through a formal complaint response which was provided to the complainant in an easy read version. In 2018/19, we will continue to work with POWHER advocacy service ensuring we are making reasonable adjustments so that patients with a disability have easy access to our Complaints service and receive a response that meets their needs.

3. Engaging with our communities

The Head of Patient Experience has undertaken an analysis of patient engagement activity across the trust against each of the 9 protected characteristics (Age, Disability, sex, Transgender, Race, Sexual Orientation, Pregnancy and Maternity, Civil Partnership/Marriage, Religion and belief). The analysis showed that there are some excellent examples of engagement with patients for certain equity groups relating to age, disability, sex and race. These include:

- The trust is now delivering phone groups to engage elderly housebound patients.
- Our patients with a learning disability also have their own feedback form to ensure their feedback is captured and helps inform service improvements.
- The trust collects dynamic patient stories (film or picture stories) from our patients with a learning disability enabling their voice to be heard.
- There have been a number of listening events across Hammersmith and Fulham and Richmond to help the trust understand our young service user's experiences of the school nursing service.
- The trust has an excellent sexual health service in South West London which runs a Sexual Health Service Users Forum including representatives from the LGBT communities.
- Sexual Health Services in Hertfordshire run gay specific clinics and the Clinic U for transgender people.
- A number of events were held across the Trust to listen to our patients and help inform our revised Patient and Public Engagement strategy.

However, the results highlighted areas where the trust needs to improve and this is mainly around religion and belief. Therefore, in 2018/19, the Patient Experience team will be working with patients and carers to understand what is important to them in relation to their belief and religion and whether there are any specific initiatives that could be undertaken.

We continue to work with a number of "expert patients" through our Learning Disability Forum, Dementia Steering group, End of Life Care group and Patient Experience Coordinating Committee. We also invite "expert patients" to sit on service reviews and projects to redesign services, through our Service improvement teams.

4. Progress with 2016-2018 Equality objectives

The Trust set objectives in order to meet its obligations under the Equality Act and a brief account of the progress made with the two patient specific objectives is provided as follows:

- **We will improve how we communicate with diverse patients using alternative and accessible formats**

The Accessible Information Standard means all NHS Trust's must offer reasonable adjustments to help people with disabilities or sensory loss to fully understand the information we give them. Accessible Information requires us as an NHS organisation to record the information and communication support needs of disabled patients, service users

and carers, and take action to ensure that those needs are met. It applies to both communications during an appointment and any information we give people to take away.

The Trust implemented the Accessible Information Standard in 2016 and in order to support staff, an Accessible Information Policy was developed providing guidance on best practice around meeting the information and communication needs of people with a disability. In addition, posters were developed along with related guidance on identifying, recording and sharing information on people's communication support needs. These are supplemented with guidance on types of accessible information that people may need. All documents are accessible to staff through the Trust's intranet. To capture patient's needs, an electronic template has also been developed in the electronic patient records system.

One of the Shared Governance Quality Councils has chosen a project looking at monitoring staff's adherence with the Accessible Information Standards Policy across the Trust. The project has conducted an initial baseline survey and an audit of the electronic systems template completion in the patient records across three District Nursing teams in Westminster. This will enable the council to understand if there are any gaps and understand what actions need to be taken to improve adherence with the Accessible Information Standard.

The Trust has worked closely with both patient representatives and Mencap to help develop and design an easy read version of our new Trust Learning Disability Strategy. We have also worked alongside a number of patient representatives to help us design a more patient friendly version of our new Trust End of Life Care Strategy.

The North Division have a Quality Stakeholder Reference Group made up of patient representatives which now specialises in the design and review of patient leaflets, posters and other patient information. This group helps the trust to ensure that all of our leaflets, posters and information are now patient friendly in terms of design and language.

- **We want to provide reasonable adjustments for patients with Dementia and Learning Disabilities who use our mainstream health services**

A number of projects have been undertaken throughout 2017/18 and an example of two has been outlined below:

Learning Disability Buddying project:

The objectives of this project were: to provide support for individuals with Learning Disabilities whilst attending appointments within our services; to ensure that our service users feel confident when attending appointments; and to give opportunities to those with Learning Disabilities to gain experience within our Trust in a supported working environment.

The Patient Experience team have worked with service users and staff from the Learning Disability services and have developed picture maps and easy read tools to guide service users to appointments. In addition, we have developed a buddy role for volunteers who then meet service users and accompany them to their appointment. As part of this, the Volunteers Manager has worked with Mencap to enable those with a Learning Disability to join the buddy programme and become volunteers. The feedback received has been mainly positive

throughout as volunteers are well received with service users. Some advice from service users that we are working on is to make picture maps (Parkview) more concise as well as placing our volunteers in a yellow volunteering t-shirt to stand out.

Dementia Engagement Project:

The Dementia Engagement project 'Engaging people with Dementia and their carers as partners in training and education' used an experience based co-design methodology to gather information that was meaningful to people with Dementia. A series of open action group meetings took place in order to explore the critical issues as identified by people with Dementia and their carers. From the engagement work undertaken throughout the project, a film has now been developed by our patients. This is being used in training for front line nursing staff to ensure they are always considering what is important for our patients with Dementia.

Furthermore, the Dementia Engagement lead has worked closely with people with Dementia and their carers to design the 'This is me' leaflet. This leaflet was initially produced by the Alzheimer's society but has been adapted for CLCH and is a simple form for anyone receiving professional care that is living with Dementia or is experiencing delirium or other communication difficulties. It is for people living in any setting - at home, in hospital, respite care or a care home and includes space to record information about the person along with detailed guidance to help with its completion. It can help provide background information about the person including likes, dislikes, interests, preferences and routines, enabling staff to tailor care specifically to the person's needs.

Identifying and meeting the need for reasonable adjustments:

The GP referral form and District Nurse referral form have been revised to enable the identification of a patients need for reasonable adjustments when they attend one of our services. The Dental, Podiatry and other specialist services have scheduled longer appointments times in order to support patients with a Learning Disability and their families ensuring that any additional support can be identified and provided. In addition, work has been undertaken with the SPA/SPOR staff to enable awareness of making reasonable adjustments including longer appointment times.

Part 2 - Workforce Information

Introduction

The Trust workforce during the financial year ending 31 March 2018 was 3468. Based on information held on the Electronic Staff Record (ESR) systems the breakdown of staff by protected characteristics is:

- **By Gender:** 86.6% female, 13.4% male.
- **By Ethnicity:** 45.1% White, 41.9% Black, Asian or Minority Ethnic (BAME) and 13% of the workforce not having disclosed their ethnicity.
- **By Disability:** 65% declared 'No' disability, 2.6% declared 'Yes' to having a disability and 32.5% either chose not to answer at all ('undefined') or answered that they do not wish to declare ('undisclosed').
- **By Religious Belief:** 43.5% Christian; 10.1% of another major world religion (Buddhism, Hinduism, Islam, Jainism, Judaism, and Sikhism), 4.6% of another faith, 6.2% atheists and 35.6% chose either undefined or undisclosed.
- **By Sexual Orientation:** 62.2% Heterosexual, 2.1% Lesbian, Gay or Bisexual and 35.7% chose either undefined or undisclosed.
- **By Age:** 94.7% were between the ages of 25 and 64. This is evenly spread across the age groups 25 to 34 (22.3%); 35 to 44 (24.4%); 45 to 54 (27.8%) and 55 to 64 (20.2%).
- **By Maternity Leave:** The average number of women on maternity leave in any given month during 2017/18 was 89.
- **Marital status:** 42.1% were married, 39.3% were single, 9.1% null, 6.1% divorced or legally separated, 1.1% widowed, 0.9% were in a civil partnership, and the marital status of 1.4% was unknown.
- **Transgender / gender neutral identity:** We record gender on ESR as male or female. We use the classification unknown where no information has been provided. We do not record information about staff who have transitioned from one gender to another. When they declare they have changed their gender, it is changed on ESR based on their guidance. We do not record on ESR the fact that a change has been requested and made. Therefore we cannot report any information on how many transgender staff we have. For those staff who wish to declare a gender neutral identity, they can use the title Mx, which is recorded on ESR at their choice. In the financial year 2017/18, no staff member used the title Mx. For this reason there is no analyses for these characteristics but there is reference to actions and initiatives we have taken in relation to transgender staff.
- **By hours worked:** 65.6% full-time; 34.4% part-time. Anyone working less than 37.5 hours is classified as part-time. 94.6% of part-time workers are female; 5.4% male. Of Full-time workers, 82.5% are female, 17.5% are male.

Of the total workforce, 2746 (79.2%) are clinicians and 722 (20.8%) are non-clinicians. Of the Clinicians, 59 are medical or dental staff, which is 1.7% of the total workforce.

The biggest groups of clinicians are Qualified Nurses, of whom there are 1540 (44.4%). Of the others, Clinical Support (529) comprise 15.3% of our workforce and Allied Health professionals (439) 12.7% of the same.

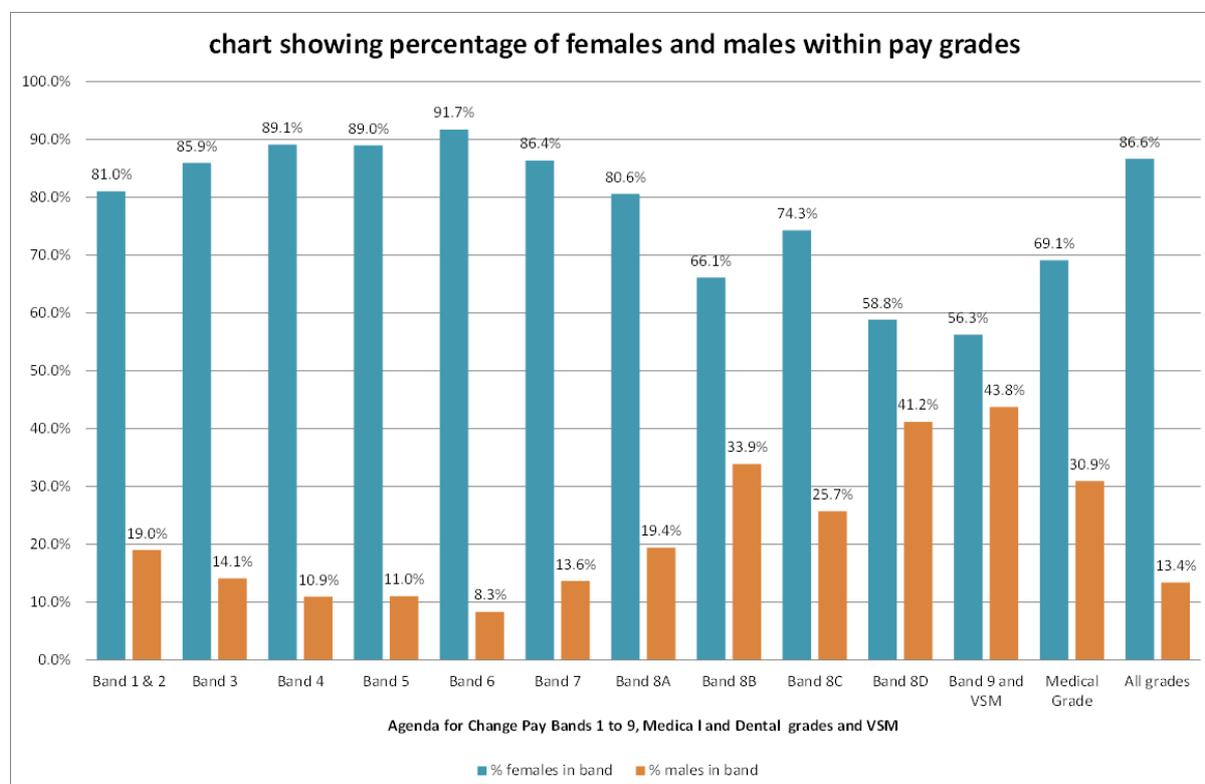
Contractual arrangements

Staff are employed under three types of contract: Agenda for Change (98%); Medical and Dental (1.7%) or Very Senior Manager (VSM). The 5 Executive Board Directors are on VSM contracts.

Analysis of pay bands / grades by protected characteristics

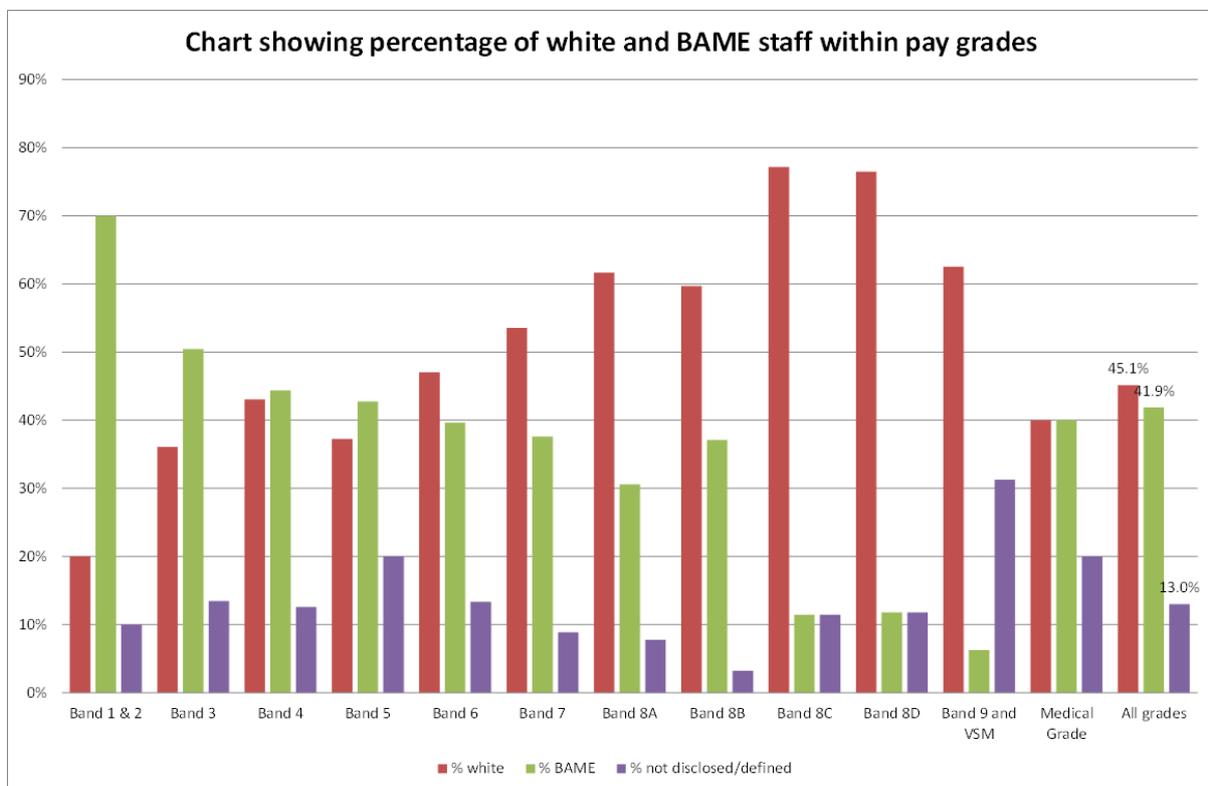
The following charts show the percentage of staff within pay bands analysed by gender, ethnicity, religious belief, sexual orientation and disability, based on data we currently hold on these protected characteristics. Where the numbers who have disclosed a particular protected characteristic are small or the number of not disclosed / not defined is high or incomplete – that is highlighted as the data should be treated with caution or not reported.

The chart below shows that the proportion of women within an Agenda for Change pay grade decreases with seniority (i.e. as the staff moves from Bands 1 through to 9). This is not an unusual trend in the NHS. As explained in the later sections on recruitment and selection and perceptions of equality of opportunity and discrimination, women are 1.42 times more likely to be appointed than a man. Based on our 2017 national staff survey results, 83% of women versus 81% of men believed there was equality of opportunity in career progression and promotion. Also from the national staff survey, a lower percentage of women than men reported they had experienced discrimination (13% compared to 16%). There are multiple factors which may be contributing to the lower percentage of women in more senior grades. As part of refreshing its equality strategy, the Trust will look at the barriers women face in seeking or being appointed to more senior roles.

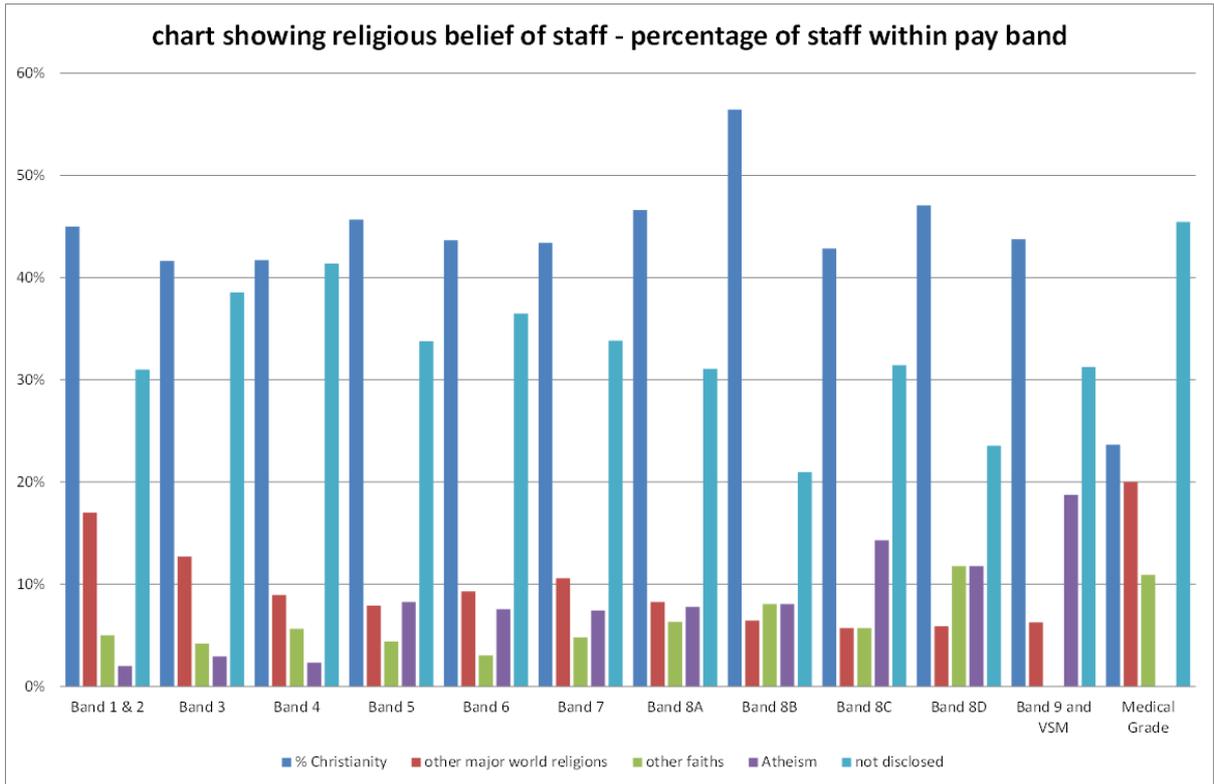


The chart below shows the percentage of White and BAME staff by pay grade. The percentage of BAME staff in all grades across the workforce is 41.9%. As the chart shows, the percentage of BAME staff within the grade decreases significantly with seniority, most noticeably from Band 7. Our Workforce Race Equality Standard report for 2018 shows that White staff are 1.73 times more likely to be appointed than BAME staff and a smaller percentage (69%) of BAME than White staff (90%) believe there is equality of opportunity in career progression and promotion. Also, based on the responses in the 2017 national staff survey, 12% of BAME staff reported experiencing discrimination at work from a manager/team leader or work colleague in last 12 months, compared with 6% of White respondents.

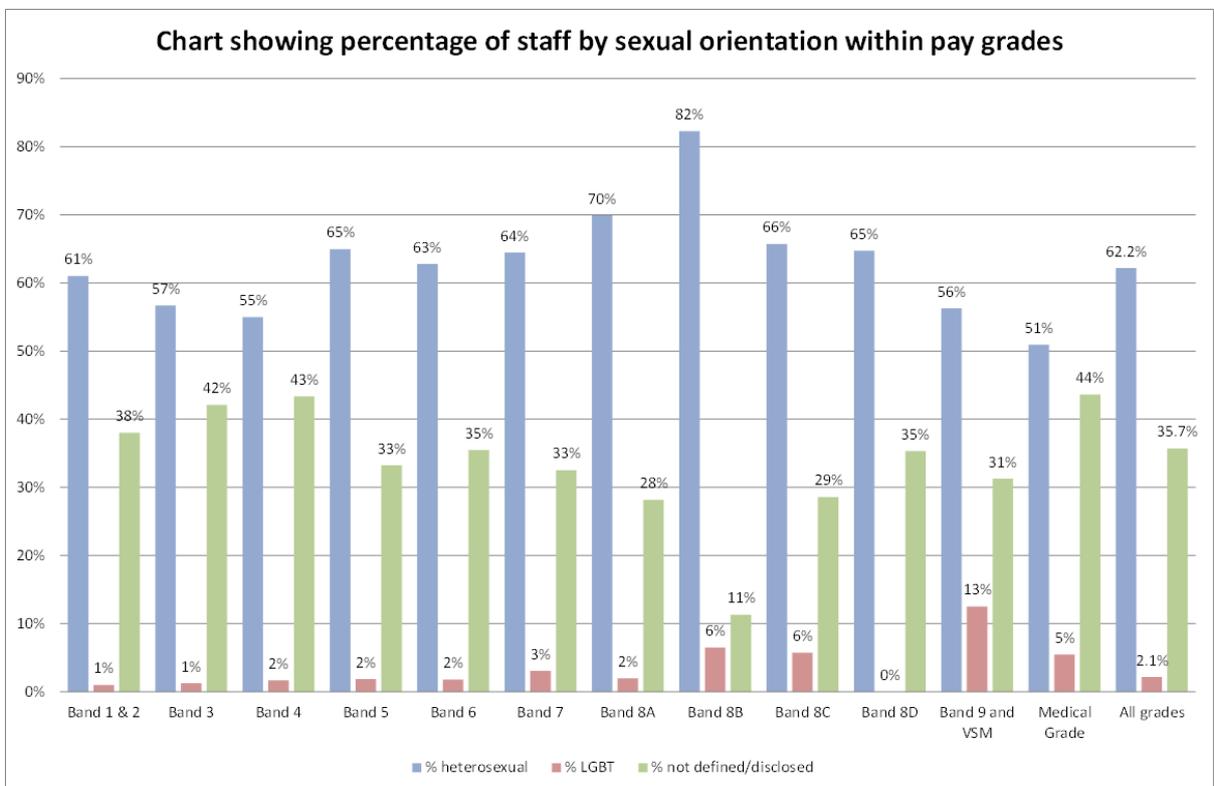
The Trust is addressing these issues through its 2018 Workforce Race Equality Standard (WRES) action plan, details of which can be found on our website through the link given, and which are summarised in later sections of this report. See https://www.clch.nhs.uk/application/files/9315/3812/8497/Workforce_Race_Equality_Standard_Report_2018.pdf for more information.



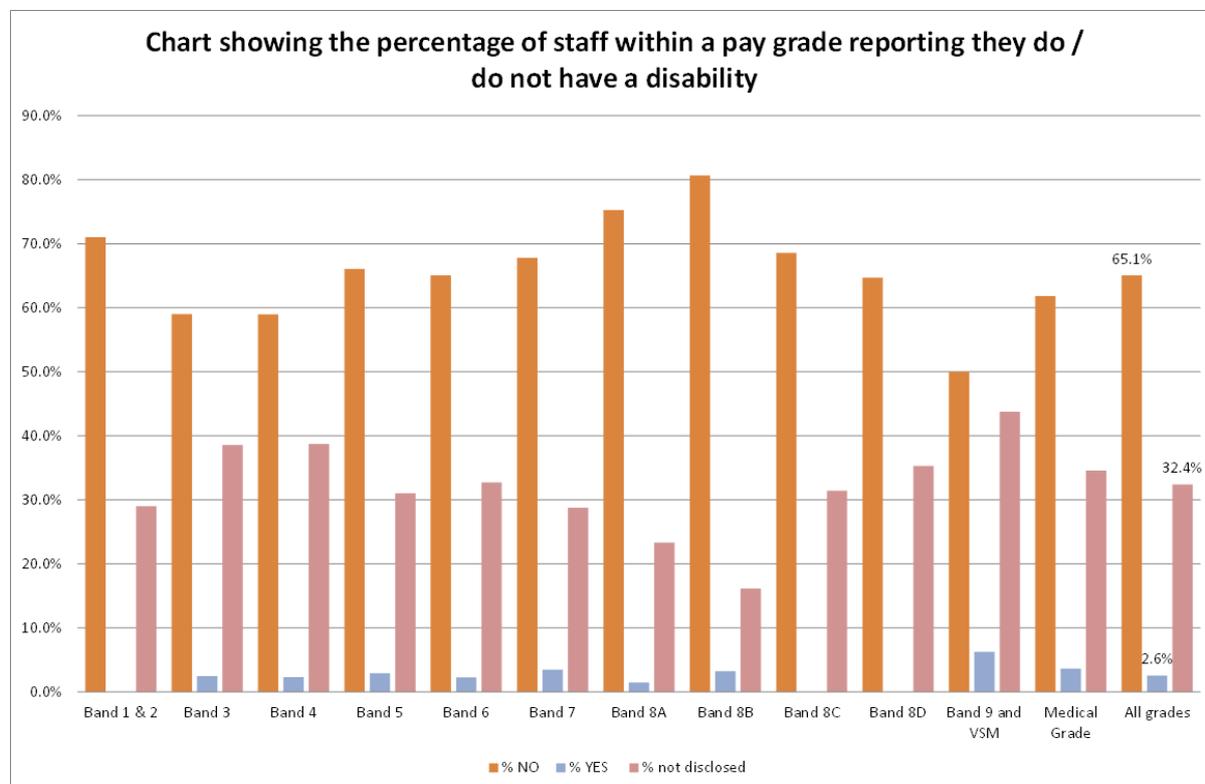
The chart below shows the percentage of staff within a pay grade analysed by religious belief. There does not appear to be any disproportionality, but the high percentage of staff who have not disclosed or defined their religious belief, suggests the data should be treated with caution.



The chart below shows the percentage of staff within pay grade by sexual orientation. There does not appear to be any disproportionality, however the numbers of declared LGBT staff is small and the percentage of staff that have not disclosed or defined their sexual orientation is high.



The chart below shows the percentage of staff within a pay grade that has disclosed they do or do not have a disability. The numbers are small and the levels of non-disclosure / not defined are high and should be treated with caution.



Analysis of employment practices by protected characteristics

The following section provides a workforce analysis by protected characteristics under the following headings:

- Recruitment and selection; based on shortlisting and appointments in the financial year 2017/18
- Employee Relations: based on HR cases relating to grievances, disciplinary cases – including suspensions, complaints of bullying or harassment, and formal management of sickness absence
- Career progression and treatment at work: based on staff perceptions of equality of opportunity and their experience of discrimination, bullying or harassment as reported in the 2017 national staff survey results for CLCH
- Leavers – staff who leave CLCH's employment

Recruitment and selection

In analysing our recruitment and selection data by protected characteristics, we have adopted the methodology of the Workforce Race Equality Standard (WRES). In the Table below, we have outlined the relative likelihood of appointment from shortlisting for each protected group for the financial year ending 31 March 2018. The comparison we have made

for each group is against the dominant staff population of that group (e.g. comparing the relative likelihood of White staff being appointed as compared with BAME staff).

In 2017/18, 2,395 staff were shortlisted and 483 were appointed. The table below highlights the following facts in terms of equality and diversity.

Protected characteristic	Relative likelihood of appointment	Percentage of those appointed who did not disclose or define
Ethnicity	White candidates were 1.73 times more likely to be appointed than BAME candidates.	15.8%
Gender	Women were 1.42 times more likely to be appointed than men.	Nil
Disability	Candidates without disabilities were 1.46 times more likely to be appointed than people with disabilities	9.1%
Sexual orientation	Heterosexual candidates were 0.96 times as likely to be appointed when compared with LGBT candidates.	16.6%%
Religion	Christians were 0.83 times as likely to be appointed as people of other faiths.	20.7%%
Age	See note below	Nil
Pregnancy and maternity	No valid analysis possible	Nil
Marriage and Civil Partnership	No valid analysis possible	1.4%

Note: this information needs to be treated with caution where there is a high proportion of undisclosed information

Age:

For this protected characteristic we are not using the above methodology as there is no dominant age group to measure against. The data on this characteristic (see table below) shows that there is no significant statistical difference between shortlisting and appointment based on age criteria. The table also shows CLCH's current workforce is multi-generational. With 49% of staff appointed being below the age of 35, the Trust is reducing the risk of creating an older age profile and a significant proportion of staff retiring at the same time.

Age	% 16-24	% 25-34	% 35-44	% 45-54	% 55-64	% 65+	not stated	total
Shortlisted	10.90%	36.90%	24.90%	20.00%	6.90%	0.30%	0.20%	100.10%
Appointed	10.10%	38.80%	24.80%	19.50%	5.80%	1.00%	0.00%	100.00%
Difference	-0.80%	1.90%	-0.10%	-0.50%	-1.10%	0.70%	-0.20%	

Current workforce profile	1.8%	22.3%	24.4%	27.8%	20.2%	3.5%	0.00%	100.00 %
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Employee Relations

The Table below collates information on suspensions, grievances, sickness absence, bullying and harassment and formal disciplinary proceedings, and analyses it by the protected characteristics of the employee raising the complaint or against whom proceedings are being brought.

Protected characteristic	Formal Grievances	Suspensions	Formal sickness reviews	Disciplinary proceedings	Bullying and Harassment
All staff	17	23	67	52	6
Ethnicity	White: 5 BAME: 10 Undefined: 2	White: 7 BAME: 14 Undefined: 2	White: 28 BAME: 35 Undefined: 4	White: 17 BAME: 29 Undefined: 6	Too small a number – potential risk of breaching confidentiality
Gender	Female: 13 Male: 4	Female: 19 Male: 4	Female: 58 Male: 9	Female: 46 Male: 6	As above
Disability	Not Disabled: 9 Disabled: 4 Undefined: 4	Not Disabled: 17 Disabled: 0 Undefined: 6	Not Disabled: 46 Disabled: 3 Undefined: 18	Not Disabled: 42 Disabled: 0 Undefined: 10	As above
Sexual Orientation	Heterosexual: 10 Gay/Lesbian: 0 Bisexual: 0 Undefined: 6 Do not wish to disclose: 1	Heterosexual: 18 Gay/Lesbian: 1 Bisexual: 0 Undefined: 4 Do not wish to disclose: 0	Heterosexual: 51 Gay/Lesbian: 1 Bisexual: 0 Undefined: 11 Do not wish to disclose: 4	Heterosexual: 38 Gay/Lesbian: 0 Bisexual: 0 Undefined: 8 Do not wish to disclose: 6	As above
Religion					As above
Age					As above
Pregnant	Too small a number – potential risk of breaching confidentiality				As above
Marriage and civil Partnership					Too small a number – risk of breach of confidentiality

The table below analyses the findings on employee relations by protected characteristics.

Protected characteristic	Findings
Age	The age profile information is too small on a granular level to provide a robust analysis and maintain anonymity of the individual involved so has not been included in this section.
Ethnicity	BAME staff were found to be overrepresented across the range of employee relations areas.
Gender	Of the total grievances raised in 2017/18, 23.5% were male and 76.5% female.
Disability	23% of disabled staff had raised a grievance in the past year. This is disproportionately high given the low level representation. It will be further analysed and addressed under the Workforce Disability Equality Standard (WDES) action plan.
Faith	The religious affiliation information is too small on a granular level to provide a robust analysis and maintain anonymity of the individual involved so have not be published in these sections.
Sexual Orientation	In terms of the employee relations data, in all the areas, there is no statistically significant indicators of disproportionate use of ER procedures.
Pregnancy and Maternity	As above.
Marriage and Civil Partnership	As above.

Note: Owing to the high level of non-disclosure on disability and sexual orientation, the information provided needs to be treated with caution. The employee relations data on age and religion is incomplete and not being published in full due to the small numbers.

Experience and perceptions of staff working in CLCH: Career progression and treatment at work

This section provides information on staff perception of career progression, discrimination and bullying and harassment. The data is drawn from the NHS National survey which was

conducted between October and December 2017. The survey takes place annually and includes all eligible staff (not just a sample), who are able to give their feedback anonymously. Approximately 40% (1100) of CLCH's staff completed the survey. Their responses are provided in the tables below:

Overall staff survey responses on career progression, discrimination and bullying and harassment

Question	CLCH 2017 Results	CLCH 2016 Results	Community Trust Average 2017
Percentage of staff believing the Trust acts fairly with regard to career progression/promotion regardless of ethnic background, gender, disability, sexual orientation age of religious affiliation	82%	82%	89%
Percentage of staff experiencing discrimination at work from manger/team leader or work colleague in last 12 months	13%	13%	9%
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	26%	25%	23%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	21%	23%	19%
Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse. (<i>higher the score, the better</i>)	54%	51%	53%

The data shows:

- 82% of staff believes the Trust acts fairly with regards to career progression/promotion and 13% feel they have been discriminated by a manager, team leader or work colleague in the past year, which was the same for 2016, but was worse than the Community Trust average (89% and 9% respectively).
- 26% of staff in the Trust stated experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This is higher (worse) than the national median score for community trusts (23%) and the 2016 score of 25%.
- 21% of staff in the Trust stated experiencing harassment, bullying or abuse from staff in the last 12 months. This is higher (worse) than the national median score for community trusts (19%), but lower than the 2016 score of 23%.

- 54% of staff reported their most recent experiences of harassment, bullying or abuse in 2017. For this finding, the higher the score the better as *reporting* of this unacceptable behaviour is encouraged. The 2017 score is therefore better than that for 2016 (51%) and higher (better) than the national community trust average of 53%.

The Tables below highlight the disaggregated data for the questions by protected characteristics:

2017 Survey responses on career progression and discrimination disaggregated by– gender, disability and ethnicity

Question	CLCH 2017	Women	Men	Not Disabled	Disabled	White	BAME	Full-time	Part-time
Percentage of staff believing the Trust provides equal opportunities for career progression/promotion regardless of ethnic background, gender, disability, sexual orientation age of religious affiliation	82%	83%	81%	82%	81%	90%	69%	81%	87%
Percentage of staff experiencing discrimination at work from manger/team leader or work colleague in last 12 months	13%	13%	16%	12%	23%	6%	12%	14%	9%

2017 Staff survey responses on career progression and discrimination disaggregated by protected characteristics – age

Question	CLCH results 2017	16-30 years	31-40 years	41-50	51+
Percentage of staff believing the Trust acts fairly with regard to career progression/promotion regardless of ethnic background, gender, disability, sexual orientation age of religious affiliation	82%	88%	81%	82%	82%
Percentage of staff experiencing discrimination at work from manger/team leader or work colleague in last 12 months	13%	13%	15%	16%	10%

The key points from the tables above show:

- A significantly smaller percentage (69%) of BAME staff, compared with 90% of White staff, believes the Trusts provides equal opportunities for career progression.
- Twice the percentage of BAME staff (12%) compared with 6% of White staff responded that they had experienced discrimination at work from colleagues in the last 12 months.
- Nearly twice the percentage of Disabled staff (23%) compared with 12% of non-disabled staff responded that they had experienced discrimination at work from colleagues in the last 12 months.

The next set of tables disaggregates the staff survey findings for bullying, harassment and abuse by protected characteristics.

Staff survey responses on bullying, harassment and abuse disaggregated by gender, disability, ethnicity, full or part-time

Question	Women	Men	Not Disabled	Disabled	White	BAME	F/T	P/T
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	26%	26%	26%	30%	28%	24%	27%	26%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	21%	18%	20%	28%	20%	22%	23%	18%
Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse.	55%	57%	56%	48%	56%	53%	57%	40%

2017 Staff survey responses on bullying, harassment and abuse disaggregated by age

Question	16-30 years	31-40 years	41-50	51+
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the	30%	28%	29%	23%

Question	16-30 years	31-40 years	41-50	51+
last 12 months.				
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	13%	25%	24%	19%
Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse.	63%	54%	55%	53%

When disaggregated by protected characteristics, the staff survey results on bullying and harassment highlights the following with regards to the public:

- 26% of men and women experienced harassment by the public – demonstrating little significant difference in experience by gender.
- 30% of disabled staff stated experiencing harassment by the public, compared with 26% of staff without disabilities.
- 28% of White staff stated experiencing harassment from the public, compared with 24% of BAME staff.
- 30% of staff in the 16-30 years age group stated experiencing harassment from the public, followed by 29% in the 41-50 age group and 28% in the 31-40 age group.
- Full-time staff experienced more harassment from the public than part-time.

With regards bullying harassment and abuse by staff against staff, the key points are:

- 21% of women stated experiencing harassment, bullying or abuse from staff, compared with 18% of male staff.
- 28% of disabled staff stated experiencing harassment from staff, compared with 20% of non-disabled staff.
- 22% of BAME staff stated experiencing harassment, bullying or abuse from staff, compared with 20% of White staff.
- 25% in the 31-40 year age group stated experiencing harassment from staff, followed by 24% in the 41-50 age group and 19% in the 51+ group.
- Full-time staff experienced more harassment from staff than part-time.

In terms of reporting most recent experience of harassment, bullying or abuse:

- 57% of men reported abuse, compared with 55% of women.
- 56% of staff without disabilities reported abuse, compared with 48% of disabled staff.
- 56% of White staff reported abuse compared with 53% of BAME staff.
- The majority of staff reporting abuse were in the 16-30 age group (63%), followed by 55% in the 41-50 age group, 54% in the 31-40 age group and 53% in the 51+ age band.
- More full-time staff reported harassment than part-time.

To address the perceptions stated above, the Trust has taken the following actions since March 2018:

- A Workforce Race Equality Standard (WRES) Taskforce has been set up to address career progression, discrimination, bullying and harassment and recruitment and selection.
- It has developed a new policy called Addressing Bullying and Harassment Policy – A Framework for Managing Unwanted Behaviour.
- The data recorded on Datix is reviewed monthly for key trends.
- A working group, which includes representatives from the Joint Staff Consultative Committee and the staff networks, has been set up to review guidance and support for staff to deal with and report aggressive or abusive behaviour from the public. This is a sub-group of the WRES Taskforce led by the Chief Executive.

The full 2018 WRES report and action plan can be found on our website through this link:

https://www.clch.nhs.uk/application/files/9315/3812/8497/Workforce_Race_Equality_Standard_Report_2018.pdf.

Leavers – staff who have left the Trust

This section analyses by protected characteristics the leavers data for the financial year ending 31.3.2018 and compares it with the previous financial year (ending 31.3.2107)

A total of 740 staff left the Trust between April 2016 and March 2017. 163 of the leavers (22%) cited work life balance as their reason for leaving. The next highest reason for leaving was staff leaving for a promotion (97) -13%.

The table below shows the breakdown of leavers by protected characteristics, first comparing the percentage of leavers in 2017 with the percentage that protected characteristic is in the staff population. The difference is then calculated for 2017 (leavers percentage minus staff population percentage). This is repeated for 2018 data and the differences between the two years are compared. The data below shows no clear trend in terms of *adverse* disproportionality by protected characteristics.

Group	2017 leavers %	2017 Staff Population	Difference	2018 leavers %	2018 Staff Population	Difference
BAME	38.70%	38.90%	-0.20%	35.00%	41.90%	-6.90%
White	51.70%	49.60%	2.10%	52.30%	45.10%	7.20%
Not disclosed /defined	9.60%	11.50%	-1.90%	12.70%	13.00%	-0.30%
Female	85.57%	85.23%	0.34%	86.76%	86.58%	0.18%
Male	14.43%	14.77%	-0.34%	13.24%	13.42%	-0.18%
Disabled	1.92%	2.73%	-0.81%	2.57%	2.56%	0.01%
Not Disabled	71.37%	68.85%	2.52%	71.49%	64.99%	6.50%
Not disclosed /defined	26.69%	28.42%	-1.73%	25.95%	32.45%	-6.50%

Group	2017 leavers %	2017 Staff Population	Difference	2018 leavers %	2018 Staff Population	Difference
Bi-Sexual	0.38%	0.28%	0.10%	0.54%	0.37%	0.17%
Gay/Lesbian	1.15%	1.82%	-0.67%	1.49%	1.76%	-0.27%
Heterosexual	69.60%	67.63%	1.97%	68.24%	61.95%	6.29%
Not disclosed /defined	20.05%	30.27%	-10.22%	29.73%	35.92%	-6.19%
Atheism	9.07%	6.56%	2.51%	10.00%	6.19%	3.81%
Buddhism	0.77%	0.78%	-0.01%	0.95%	0.65%	0.30%
Christianity	46.62%	47.71%	-1.09%	44.32%	43.44%	0.88%
Hinduism	3.19%	4.55%	-1.36%	3.24%	3.92%	-0.68%
Islam	3.96%	3.86%	0.10%	4.46%	3.44%	1.02%
Jainism	0.26%	0.38%	-0.12%	0.00%	0.34%	-0.34%
Judaism	0.64%	1.10%	-0.46%	1.08%	1.11%	-0.03%
Other	5.11%	4.71%	0.40%	5.81%	4.57%	1.24%
Sikhism	0.38%	0.66%	-0.28%	0.81%	0.60%	0.21%
Not disclosed /defined	30.01%	29.70%	0.31%	29.32%	35.75%	-6.43%
16-24	1.92%	1.00%	0.92%	2.84%	1.82%	1.02%
25-34	31.67%	20.17%	11.50%	30.81%	22.26%	8.55%
35-44	22.73%	24.87%	-2.14%	26.76%	24.28%	2.48%
45-54	19.28%	28.58%	-9.30%	20.68%	27.68%	-7.00%
55-64	17.50%	20.77%	-3.27%	13.51%	20.39%	-6.88%
65-74	6.39%	4.33%	2.06%	5.27%	3.44%	1.83%
75+	0.51%	0.28%	0.23%	0.14%	0.14%	0.00%

The key points from the leavers analysis are:

Ethnicity: The proportion of BAME leavers has reduced in relation to the overall staffing population, there is no indication of disproportionality.

Gender: Although the proportion of female leavers has increased from 2017 to 2018, it remains in line with the overall population size with a nominal variance.

Disability: There is no statistically significant movement of variance in terms of declared disabled leavers and the wider workforce population.

Sexual Orientation: There is no statistically significant movement of variance in terms of declared sexual orientated categories. The level of non-disclosure presents and issue however.

Religion: There is no statistically significant movement of variance in terms of declared religion. The level of non-disclosure presents and issue however.

Age: There were three groups in the 2017/18 period which show a statistical difference in leavers, 25-34 at 8.55% higher than the staff population (although this is down from 11.50% in 2016/17), 45-54 at -7.00% (a less variance than 2016/17 at -9.30%) and 55-64 at -6.88% (up from 2016/17 at -3.27%).

Pregnancy and maternity: To clarify the number of staff who did not return following completion of their maternity leave, further analysis of multiple data sources would be required. This could be an area of investigation for the Public Sector Equality Duty report for 2018/19.

2016/18 Equality Objectives on workforce were as follows:

- We will improve the reporting of discrimination, harassment, bullying or abuse at work and seek to reduce the occurrence of incidents by valuing diversity and difference in our workforce.
- We will increase the representation of our BAME staff at senior manager levels
- We will improve the number of young people the Trust employs and respond to the challenge of a multi-generational workforce.

To address the first two objectives the Trust has set up the WRES Taskforce and is working closely with the Joint Staff Consultative Committee.

To address the third objective, the Trust has introduced an apprenticeship programme, within its People Strategy.

The section below provides more detail.

Staff Engagement

CLCH facilitates a range of initiatives to promote employee engagement and good relations between staff. These include the annual structured NHS Staff Survey which provides the Trust some baseline information on equality and diversity (as stated in the previous section).

The staff survey also provides the Trust with an engagement score. For the 2017 survey, the Trust engagement score was 3.89, which was higher than the previous year's score of 3.86 and the national average for community trusts (3.78).

In addition, the Trust facilitates a range of networks, forums and committees (given below), which provide staff the opportunities to express concerns and support improvement plans in the workplace. In addition to the WRES Taskforce, key engagement activities facilitated annually include:

- An annual BAME Conference.
- Black History Month.
- LGBT History Month.
- London and Hertfordshire Pride events.
- World Mental Health Month.

Forums and Networks

There are currently a range of formal and informal mechanisms in place to promote employee engagement within CLCH. These include:

Joint Staff Consultative Committee (JSCC): CLCH has a partnership agreement with recognised trade unions (Staff Side). Managers and HR leads regularly meet workplace representatives (who are part of the JSCC) to discuss and agree issues related to employment terms and conditions, service changes, policies and practices.

All staff are encouraged to join a trade union, which entitles them to local representation and advice from a trade union workplace representative. This ensures they are not disadvantaged unfairly and have expert support on key issues affecting their employment status.

Staff Networks

CLCH currently facilitates a number of networks for protected groups, including a network for Black Asian and Minority Ethnic (BAME) staff and the Rainbow Network for Lesbian, Gay, Bisexual and Transgender (LGBT) staff.

BAME staff network

The BAME network has expanded in the past year and its work programme includes an annual conference, followed by smaller workshops which provide staff an opportunity to develop their skills and advocate for change and improvement within the workplace.

The network is currently working towards establishing a new committee, to ensure it is sustainable and offers BAME staff a safe space to voice their concerns and influence policies and practices. The BAME staff network, with the WRES Taskforce, is playing a key role in driving the WRES Action Plan 2018-19, organising activities for Black History Month and planning the annual staff BAME conference in November 2018.

Rainbow Network

The Trust's Rainbow Network plays an active role in supporting LGBT staff. It organises monthly meetings to provide LGBT staff and allies an opportunity to meet and discuss concerns. The network participates in a range of events annually to celebrate diversity and promote inclusion, including the London Pride and Hertfordshire Pride events, the LGBT History Month in February and workshops and conferences to raise awareness.



London Pride 2018

The Trust is in the process of setting up a network for staff with disabilities, called Positive about Disability, which will be launched by December 2018.

The above networks have been involved in updating key policies for the Trust, including the Equality, Diversity and Inclusion (Staff) Policy, the Disability Policy and Code of Practice and the Trans Equality Policy. The networks will receive a special focus during the National Freedom To Speak Up Month in October 2018.

Staff Awards

To recognise and reward staff for their contribution and to promote diversity, the Trust has instituted an award for Promoting Diversity.

Support services for staff

The Trust offers a range of services to staff to promote their health and well-being. These include:

Time to Change Pledge

CLCH signed the Time to Change Pledge in the summer of 2017. This means that CLCH is actively attempting to break down stigma and discrimination around mental health in the workplace.

The Employee Health Department offer workshops to teams to raise awareness about mental health, how to access support and how to support colleagues.

The Employee Health Department have also recruited a group of staff members who are interested in Mental Health, to be a listening ear and a friendly face in the workplace, called Mental Health Minders.

The Mental Health Minders support their colleagues, signpost them to Employee Health or other services and provide activities to help break down stigma and discrimination, such as coffee and chat mornings, walking groups and workshops. A regular blog is published on the Trust intranet that offers advice on mental well-being, sleep and common mental health issues.

Employee Health Counselling Service

Staff have access to the Employee Health professional counselling service for support with anxiety, stress and depression. In addition, the Trust has a stress management policy, which managers and teams can access for guidance on best ways to manage stress within teams.

Dementia Friends

The Trust has participated in campaigns around raising awareness of Dementia – which includes support and guidance for staff who are carers for people with Dementia and increasing the number of Dementia Friends across the organisation.

Freedom to Speak Up Guardians

All staff have access to confidential support from Freedom to Speak Up (FTSU) guardians. The guardians are staff members who have been given special responsibility and training in dealing with concerns. They act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the Trust, including our Chief Executive, or if necessary, outside the Trust. Information on the FTSU guardians is available on the Trust's intranet and the *Freedom to Speak Up: Raising Concerns Policy*.

Mediation Service

CLCH staff have access to an informal confidential mediation service, which is supported by independent, accredited mediators who help resolve disagreements, if the concerned parties are agreeable. By encouraging positive communication in a safe and structured environment, the mediators help staff understand each other's perspectives, enabling them to find solutions, rebuild relationships and work together more effectively. The service helps staff resolve differences early and informally to avoid the emotional and financial costs of formal processes.

Access to Training and Development

To ensure staff are supported with access to training and development, the Trust offers a range of training programmes. These are highlighted below:

Statutory and mandatory training

All staff receive statutory and mandatory training on a range of topics, including equality, diversity and inclusion as part of their induction through a statutory and mandatory training booklet – which they sign to confirm completion. At CLCH, the compliance rate for equality, diversity and inclusion training as of March 2018 was 96.14%. Other mandatory training related to inclusion which our staff receive is listed:

- Adult and Child safeguarding, including Prevent Violent Extremism (PREVENT) training for clinical staff.
- Domestic Violence awareness training for health visitors.

Career Development Opportunities

Since March 2018, the Trust has offered a range of development courses aimed at developing a representative talent pipeline, including:

- The Ready Now Programme, a 12-month group coaching programme targetted at developing leadership skills of BAME staff at Bands 8A and 8B.
- An Empowerment Programme open to all staff below Band 7, with 12 places available on the upcoming programme later in 2018/19.
- Mentoring with a senior staff member for any BAME staff member who requests it, although the resource is limited. Coaching and mentoring are available to all staff in other ways.
- The WRES action plan has a specific strand on career development, which includes access to acting up and secondment opportunities and a range of interventions to improve effective teams and interpersonal skills. For more details see the summary WRES Action Plan in the section: Equality benchmarking.

This is in addition to the suite of development opportunities available, some to managers and others to all staff, which include short, maximum one-day training events offered several times a year, such as:

- Managing for the First Time.
- Coaching Skills for Managers.
- Appraisals.
- Assertiveness.
- Presentation Skills.

The Trust has offered Unconscious Bias training as part of its Recruitment and Selection training package for interview panels in the past. This package is now being refreshed and will be offered to all interview panels as part of the WRES Action Plan 2018-19.

Equality analysis

The Trust has updated its Equality analysis templates – which include screening and full analysis templates - in keeping with Department of Health guidelines. These are now used when reviewing services or developing or updating policies.

Between April 2017 and August 2018, 12 Equality analyses were undertaken, which include:

- Equality analyses on six HR policies.
- Equality analyses on three TUPE transfers and three team restructures.

Equality benchmarking

CLCH has been delivering on the following benchmarking and performance improvement initiatives with a view to developing a structured, collaborative approach to improvements in employment and service delivery for all population groups.

Workforce Race Equality Standard (WRES)

The National Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by NHS England to assess annually the progress of race equality within NHS organisations, following an initial evidence baseline gathered in 2015. The WRES is part of the NHS Standard Conditions of Contract and providers employing over 150 staff are expected to report their WRES results annually.

It is designed to improve outcomes for BAME staff when compared with White staff, by analysing quantitative and qualitative data against nine indicators, with a view to closing the gap between the experience of BAME and White staff over time through an action plan.

CLCH has analysed its performance against the WRES annually since 2015 to identify outcomes for BAME staff when compared with White staff.

In May 2018, a WRES Taskforce was set up and led by the Chief Executive to focus the action plan for 2018-19 on key areas where BAME staff were found to experience poorer outcomes when compared to White staff.

The intention was to focus on specific employment practices that were likely to lead to a step change in outcomes for BAME staff over the next 2 years. The taskforce comprises a cross-section of staff from across the Trust and includes representation from the staff side. It is supported by senior management, including functional heads and directors.

Between May and September 2018, the taskforce met fortnightly to discuss key findings and national best practice. Their recommendations have informed the 2018 WRES action plan.

The taskforce has also been involved in raising awareness of their work with different teams across key divisions. Feedback from this engagement exercise is being used by the taskforce to improve the action plan.

The WRES action plan developed by the taskforce is set out in the infographic overleaf. The full report and action plan can be found on:

https://www.clch.nhs.uk/application/files/9315/3812/8497/Workforce_Race_Equality_Standard_Report_2018.pdf.

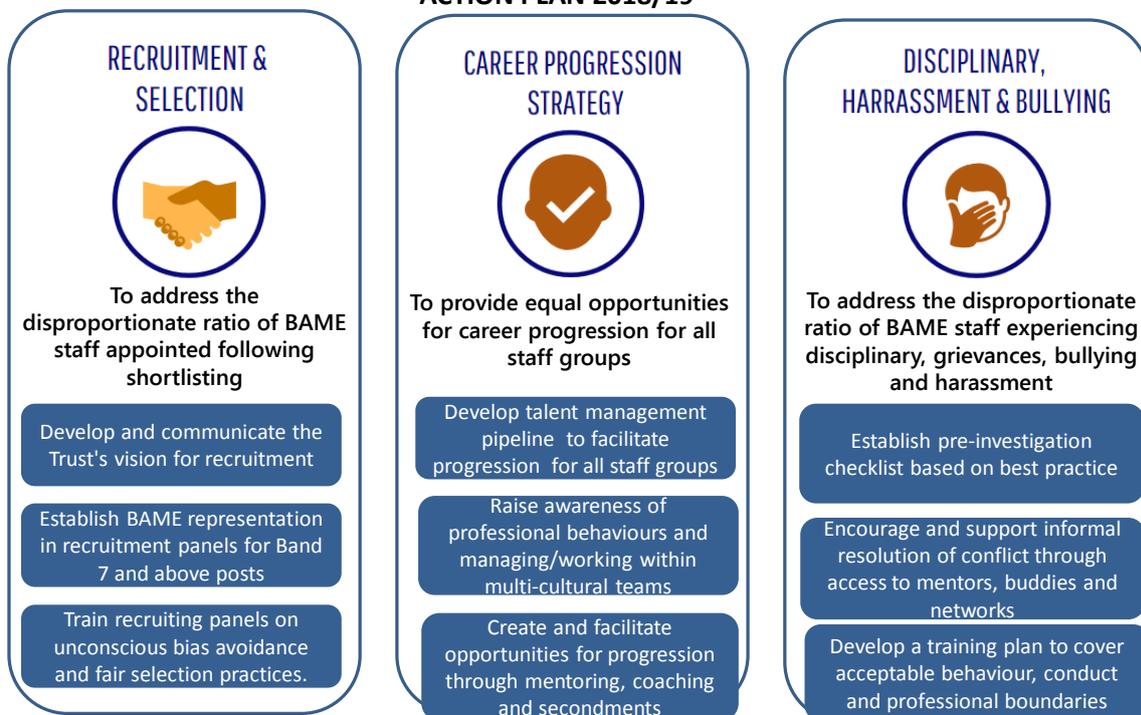
Improvements resulting from the WRES include:

- Development of career progression initiatives for BAME staff through initiatives such as the Ready Now Programme in 2018.
- A review of recruitment and selection processes and training to ensure interview panels are trained and receive guidance on unconscious bias avoidance.
- Plans to develop a cohort of BAME staff trained to participate as decision-makers on interview panels by January 2019.
- A review of the disciplinary processes and introduction of a pre-disciplinary checklist for managers to increase informal resolution of workplace disputes.
- A working group to review bullying and harassment of staff by the public and internally, by staff.

The CLCH Workforce Race Equality Standard

ACTION PLAN 2018/19


 Central London
 Community Healthcare
 NHS Trust



For the detailed version of the plan visit the hub or email: yasmin.mahmood1@nhs.net

The WRES action plan will be part of the Trust's wider equality and diversity plan.

Disability Confident Committed

Disability Confident is a scheme that is designed to help organisations recruit and retain disabled people and people with health conditions for their skills and talent. It is an accredited scheme managed by the Department of Work and Pensions to support organisations develop inclusive practices that enable people with disabilities to be productive members of the workforce.

CLCH was reaccredited as a Disability Confident Committed employer in 2018. It was assessed as being Disability Confident Committed in 2017, with plans of aiming for Level 2 of the scheme (Disability Confident Employer) by September 2019. This is Level 1 of the accreditation process, which means that the organisation has committed to:

- Ensuring that recruitment processes are inclusive and accessible.
- Communicating and promoting vacancies.
- Offering an interview to disabled people.
- Anticipating and providing reasonable adjustments as required.
- Supporting any existing employee who acquires a disability or long-term condition to ensure they are able to stay in work.
- Undertaking at least one activity that will make a difference for disabled people.

Gender Pay Gap Report

The Trust published its first Gender Pay Gap Report in March 2018. The report can be found in the following link:

https://www.clch.nhs.uk/application/files/5115/2233/6699/Gender_Pay_Report_2017.pdf.

The report highlighted that the Trust's gender pay gap (8.99%) is smaller than the UK average (18%) but this means that the overall average hourly rate is £1.84 per hour more for men than women. More importantly, the median pay gap tells us that the difference in the middle pay between men and women within CLCH is 1%, or £0.18p.

The Trust pays most of its staff via the Agenda for Change pay bands, which means that gender is not a factor in the amount we pay staff.

It is recognised that proportionately, CLCH have more men in the higher quartile which results in a mean pay gap in favour of men.

It is also acknowledged that there is a gap between part time men and women of £3.88 per hour. This can be attributed to the number of women working part time for CLCH (1078) compared to men (76) working in different roles within the Trust. However, women do compare favourably across a range of pay bands within CLCH.

The statistics have provided CLCH data to inform actions, which include:

1. Ongoing review of barriers that prevent women from applying and being selected for senior medical and dental roles as well as senior management roles.
2. Reviewing the pay gap as part of the Quality and People strategies. This will ensure that, not only do we attract women into the most senior management posts, we also encourage men to apply for roles predominantly filled by women and create a more even gender balance.
3. Supporting women who return to work after maternity or adoption leave and continuing to communicate and promote caring initiatives for both men and women such as shared parental leave and other flexible working opportunities.

Incident Reporting

CLCH encourages all staff to report incidents within the workplace or in interactions with the public and patients. This includes reporting incidents related to racist, homophobic or any other verbal abuse aimed at a person's protected characteristics.

The incidents are reported on an internal system called Datix and monitored monthly for trends. The Trust is in the process of developing corporate messaging for the public and staff to demonstrate its commitment to protect staff against any form of abuse, violence, threat, harassment or other forms of unwanted behaviour from any source. The publicity material will be promoted at all sites by March 2019.

Procurement

As part of procuring services, the Trust stipulates that potential suppliers declare that they do not meet any of the grounds of exclusion, such as corruption and employment of child labour and other forms of human trafficking. The information would need to cover any sub-contractors involved in delivering a service. Examples of grounds of exclusion would include supplier complaints (service or employment), which were investigated and upheld.

All tender applications are evaluated as part of the Trust's Quality Impact Assessment process, which include a review of responses related to diversity and inclusion.

The NHS Standard Conditions of Contract CLCH signs with a supplier states that the latter would need to:

- Ensure that (a) it does not; engage in any act or omission that would contravene the Equality Act both in employment and service delivery, and (b) it takes reasonable endeavours to ensure that staff do not unlawfully discriminate.
- Co-operate with the Trust in the management of its affairs and the development of its equality and diversity policies.
- Take reasonable and proportionate steps to promote equality and diversity.
- Ensure its subcontractors comply with the conditions of the contract.
- Provide evidence of compliance with the Equality Act.