

Health Care Equality, Diversity, and Inclusion Steering Group

Annual Report 2018

1. Introduction

- 1.1 The Health Care division is committed to developing, supporting, and sustaining a diverse workforce and creating a working environment where everyone is able to do their job to the best of their ability without having to face discrimination or harassment.
- 1.2 The division is also committed to delivering health care in a manner that recognises, respects, and responds to the diversity of the people to whom we provide services.

2. Overview

- 2.1 Notwithstanding a significant policy framework and individual local commissioner requirements, our approach to Equality, Diversity, and Inclusion is impacted by specific legislation, regulatory requirements, and service contract provisions;

- **The Public Sector Equality Duty Act** (applicable to independent providers of public services) provides a general duty to eliminate unlawful discrimination, harassment, and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who do not, and to foster good relations between people who share a protected characteristic and those who do not. The Act includes a specific duty to publish information to demonstrate compliance with the general duty at the beginning of each calendar year and to prepare and publish equality objectives at least every 4 years.
- **The Equality Delivery System 2 (EDS2)** is an assessment tool designed to measure equality performance and to lead to better outcomes for people using, and working, in our services. All organisations providing health care in accordance with the NHS standard contract are obliged to adopt EDS2. It promotes equality throughout the planning, development, and delivery of health care, whilst appreciating and respecting the diversity of the people that work in, as well as access, our services. There are four categories to EDS2 – better health outcomes for all, improved patient access and experience, a representative and supported workforce, and inclusive leadership.
- **The Workforce Race Equality Standards (WRES)** require provider organisations to demonstrate progress against a number of indicators of workforce equality. There are nine metrics. Four of the metrics are specifically related to workforce data and four of the metrics are based on data derived from the NHS Staff Survey indicators. The latter are designed to highlight any differences between the experience and treatment of white staff and black minority ethnic (BME) staff, with a view to closing the gaps highlighted by those metrics. The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve. In a Care UK context, Board is interpreted as the local senior management team given that the units and services are registered with the CQC on a multiple basis as

opposed to Care UK as a single entity. Compliance with the WRES is measured through an annual report and as part of the CQC Well Led inspection framework.

3. Governance

- 3.1 To realise these obligations, and fulfil our own additional internal aspirations, an Equality and Diversity Steering Group was established in December 2015.
- 3.2 As our work has progressed so has our thinking, leading to the re-badging of the Steering Group as the Equality, Diversity, and Inclusion Steering Group in the summer of 2017. This was to reflect national best practice together with our own emerging philosophies to improve the experiences of our patients and to make Care UK a better place to work. As well as reducing discrimination (equality) and promoting the positive difference everyone makes (diversity), our work at the Steering Group has been more latterly targeted at meeting the needs of different people and taking deliberate action to create environments where everyone feels respected and able to reach their full potential (inclusion).
- 3.3 The Steering Group is accountable to the Health Care Managing Director and reports to the Health Care Governance, Risk, and Compliance Committee with reporting and escalation to the Health Care Divisional Executive Team as necessary.
- 3.4 Chaired by the Group Chief Information Officer, with membership drawn from all levels of the division, the core aim of the Steering Group is to ensure that appropriate corporate governance is in place with regard to Equality and Diversity from both a service delivery and workforce perspective and more specifically to;
 - Ensure compliance with the applicable legislative framework including in relation to the protected characteristics
 - Ensure compliance with the applicable regulatory frameworks
 - Ensure appropriate divisional wide promotion and initiatives are undertaken in relation to Equality, Diversity, and Inclusion
 - Demonstrate the commercial, organisational, and service delivery benefits of Equality, Diversity, and Inclusion

4. Background

- 4.1 2016 was a breakthrough year for the Health Care division regarding how Equality, Diversity, and Inclusion is approached from a profile and activity perspective. The 2016 divisional objectives were as follows;
 - Establish clear governance and reporting accountabilities
 - Raise awareness and profile of Equality and Diversity issues at all levels of the division
 - Mainstream equality and diversity into the planning and delivery of health care services
 - Improve workforce data collection and collation
 - Diagnose current Equality and Diversity compliance to inform future priorities
- 4.2 The annual report relating to 2016 (published in March 2017) was able to convey pleasing progress in relation to the majority of objectives. This report also identified, however, that there was still much work to do, particularly with regard to the collection of data, both in terms of patient and workforce composition which, in turn, would reliably inform aspects of our onward Equality and Diversity priorities.

- 4.3 Having established strong governance, created a credible platform for progress, and significantly raised corporate awareness during 2016, the challenge for 2017 was very much to build on these solid foundations to engender real and sustainable improvement within the organisation.
- 4.4 After much consideration and following an articulation of “anticipated objectives” in the March 2017 report five divisional objectives were formally adopted by the Equality, Diversity, and Inclusion Steering Group for the period April 2017 to March 2019. These objectives are consistent and commensurate with the requirements of EDS2, WRES, the Equality Act, the Public Sector Equality Duty Act, the CQC regulatory framework, and Care UK policy.
- 4.5 Progress against these formal objectives as at December 2017 is as follows;

Objective 1 – Improve the recording of employee equality monitoring data

- For employee Self-Service (ESS), an on-line employee led employment database, a personal data prompt was incorporated into the monthly management induction to reiterate to new managers that data collection is a priority throughout our services
- Refreshed additional company-wide communications were issued periodically and regularly regarding the necessity for all staff to ensure ESS records are up to date
- On-going reporting of the collection of data was a standing agenda item at each meeting of the Equality, Diversity, and Inclusion Steering Group
- A pop-up message was added to the ESS portal (where day to day activity such as annual leave bookings are made) to remind individuals to complete the relevant personal data section
- A scheme was launched to award smart phones to randomly selected individuals that added their ESS personal data for every 500 additional records updated/added. During the course of the calendar year 2 smart phones were distributed.
- Standard recruitment practice across the division was embedded to ensure that data relating to the protected characteristics is collected at the point of application for employment as opposed to commencement date thus enabling on-going analysis in accordance with WRES
- Data collection improvement was achieved in all measured protected characteristics (indicated in the table below);

Date	Employee Headcount	Ethnicity Known	Disability Known	Sexual Orientation Known	Religion Known	Nationality Known
Jan 17	6190	65%	47%	54%	54%	39%
Jan 18	6093	74%	56%	64%	65%	48%
Variance	-97	+9%	+9%	+10%	+11%	+9%

- Looking forward, a timetabled and divisional wide plan is in place to enable us to reach our current year data collection improvement target of 80% completion by December 2018.

Objective 2 – Increase awareness of how equality and diversity can be used to design and develop services

- EDS2 was formally extended to our Health in Justice services
- EDS2/WRES core template plans (for use across the Health Care division) were routinely updated each quarter
- Following a formal application process Care UK was invited to join the NHSE Equality and Diversity Partners Group, which provides participants with detailed strategic policy support, a forum to share good practice and thus exposure to national thought leadership and latest best practice. Care UK is the only independent provider to be accepted into the Network.
- Within the Health Care division the accessible Information Standard policy was adopted. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- All CQC inspections were successfully completed from an Equality, Diversity, and Inclusion perspective. The “Well Led” aspect of the CQC standard inspection framework incorporates Equality, Diversity and Inclusion including the applicable WRES metrics.
- Equality, Diversity and Inclusion remained an on-going agenda item at the Health Care Governance, Risk, and Compliance Committee ensuring consistent visibility to the most senior management within the division.
- General Medical Council and Nursing and Midwifery Council guidance was formally incorporated into the divisional core template planning documentation
- Translation guidelines were issued to all our sites and locations to ensure a safe translation service is in place for patients. Covering access to services, the booking of interpreters, timeliness of access, a personalised approach, Professionalism and Safeguarding, Compliments, Concerns, and Complaints, and the translation of documents, the guidelines have been universally adopted throughout the Health Care portfolio.

Objective 3 – Complete the existing education and awareness programme through to December 2018

- The communications and education plan, generated in response to the 2016 “Over to you!” staff survey findings, was updated and progressed on a planned and timetabled basis throughout the year. This included the continued development of intranet resources and the Health Care Equality, Diversity, and Inclusion pages. In-house generated materials now include a library of guidance notes regarding the protected characteristics, helpful hints and tips, standard template documentation, a multi faith calendar and information regarding the 6 most widely practiced religions in the UK, support notes relating to CQC inspections and Equality, Diversity, and Inclusion, good practice notes regarding the creation of prayer/contemplation rooms in our sites and services, and CQC guidance pertaining to the “Well Led” inspection framework. In-year, detailed management guidance notes were added to the site advising line managers how as an employer we should approach gender re-assignment, disability, mental health, and race. In addition TUC guidance regarding the use of appropriate language was added to the site to help identify what is and what is not acceptable in terms of language within the workplace.
- Traffic to the intranet web site and pages were routinely reviewed showing a steady stream of visits and downloads during the course of the reporting period. The most regularly accessed information includes posters, template EDS2/WRES planning

documentation, and our “Introduction to Equality, Diversity, and Inclusion” guidance notes.

- Work began to update the Equality and Diversity on-line mandatory training module (applicable to all employees) to reconfigure the content on a more bespoke basis to our own health care delivery environment and to incorporate information regarding the progress of our Equality, Diversity, and Inclusion work.
- Further publicity materials were generated and distributed including posters for notice boards and staff rooms to both raise the profile of Equality, Diversity, and Inclusion and elicit interest in, and publicise the work of, the Steering Group.
- The inaugural Health Care Equality and Diversity Annual Report was completed and approved in March 2017 and added to the Care UK external web site.
- The first award in the newly introduced category of “Special Contribution to Equality and Diversity” at our Annual Awards Ceremony was made in the year. This was to the Care UK Health Care Team at Campsfield House, an immigration Detention Centre based in Oxfordshire. The team routinely see over 500 patients a month from in excess of 40 different countries including refugees and asylum seekers from war-torn environments. The nomination included the following wording; “In an average 4 week stay the Nurses and GPs focus on a welcoming and safe service for those suffering trauma and anxiety, including victims of torture, trafficking and people smuggling. Time is given to take each individual personal history and health background mindful of where they have come from and of WHO alerts including Ebola and often with little prior access to healthcare or education. The team produce leaflets in 10 main languages and use translation services to ensure the service is accessible. Patients say: ‘very friendly and inviting’; ‘safe and comfortable’; ‘great service’; they try to help’; ‘the best doctor I’ve met in the world!’”
- Action plans remained current in all Secondary Care services throughout the year. Typically the local plans will address how services are designed and delivered to meet the health needs of the local communities, how individual health needs are assessed and delivered, and how access can be provided to all and in particular hard to reach groups. In addition, the plans include workforce elements such as the necessity to follow fair recruitment and selection processes leading to a more representative workforce at all levels, the requirement to ensure when at work people are free from abuse, harassment, bullying and violence from any source, and that leaders and managers support colleagues to work in culturally competent ways within a work environment free from discrimination.
- In the 2017 “Over to you” staff survey (October 2017) the most improved result across the whole survey from prior year related to the question “People where I work are treated fairly regardless of their race and ethnic origin/age/gender/sexual orientation/disability”. This shows not only a positive swing in terms of opinion at unit level but is also a demonstrable indication of the effectiveness of the Equality, Diversity, and Inclusion communications and education strategy.

Objective 4 – Monitoring recruitment of BME staff using the WRES

- Interventions to increase data collection (which is our biggest challenge in terms of WRES) are covered above under objective one.
- In order to inform our on-going approach to WRES an assessment of publically available information from other independent providers was undertaken. It became evident that nothing from any of our competitors was currently available.
- A series of spot-reviews of recruitment processes were undertaken within both Primary Care and Secondary Care and in all cases documentation was found to be clear, legible, and inclusive of the necessary justification to evidence decision making.

- Our inaugural WRES data submission was made to NHSE in October 2017 in accordance with a nationally determined deadline.
- Data was collated and analysed in connection with the percentage of BME staff at higher salary levels compared with the percentage of BME staff in the overall workforce and the relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all roles. This analysis revealed that in terms of pay levels BME staff were reasonably proportionately represented in comparison to white staff. However, the analysis relating to the likelihood of BME staff being appointed from shortlisting compared to that of white staff indicated that certain ethnic groups appear proportionately less likely than others to be offered employment following the selection process. On-going planning to address this is underway although initial steps taken including the arrangement of formal train the trainer sessions regarding “unconscious bias”.

Objective 5 – Divisional Participation in the Group wide Gender Pay exercise

- This is progressing to plan and the divisional returns to comply with the Gender Pay Regulations will be submitted at the beginning of April 2018 in accordance with the legislative provisions. At the time of writing, the data for this first return is being analysed, the outcomes of which will inform next steps.
- Preparation will commence shortly for our April 2019 submission.

Objective 6 – Devise, ratify, and implement Divisional Policy to protect staff from patients that unlawfully discriminate

- This is an additional objective to those initially envisaged. The development of an appropriate policy to protect Health Care staff from any incidents of unlawful patient discrimination is currently in progress and should be completed by mid- 2018. Whilst this is a prevalent and “known” issue across the Health Care sector there are virtually no meaningful industry tools or processes for meaningfully addressing discrimination of this type. The policy that we are developing is therefore relatively ground-breaking and at the leading edge of Equality, Diversity, and Inclusion practice within our sector.

5. Summary and Conclusion

- 5.1 Whilst significant and genuine progress has again been made during 2017 (building on the good work from the prior year) a number of challenges remain. In particular, the collection, collation, and manipulation of both workforce and patient data represents an opportunity to upgrade the employment and patient experience. The WRES data analysis necessitates further attention to ensure that all groups are proportionately as likely as each other to be offered employment following short-listing.
- 5.2 Data therefore remains a frustrating barrier to further achievements in some aspects of our work. As part of our on-going plans a more forceful and targeted approach has now been adopted to address the gaps which we envisage will enable us to significantly accelerate (for the duration of this year and the next) our progress thus far.
- 5.3 More pervasive risks relate to consistency of application across such a large and geographically fragmented portfolio, operational constraints, and changes to the external regulatory frameworks.

6. Next Steps - 2018

- 6.1 Continue to progress the Steering Group's articulated objectives to March 2019.
- 6.2 The Equality, Diversity, and Inclusion Steering Group to continue to sponsor and support related work programmes and further engage the operational units.
- 6.3 A copy of this report is published on mycareuk.com

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March 2018