Imperial College Healthcare NHS Trust

# Workforce Equality, Diversity and Inclusion Annual Report

# 2021/2022

## (Incorporating - Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap Report)

Directorate of People and Organisational Development

Authors: Olayinka Iwu, Olivia Cummins and Dorothy Heydecker

Data collection: Sebastiano Rossitto

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## 1. Welcome

Equality, diversity and inclusion (EDI) are central to our vision and strategy. It is a key priority for the Trust to become a truly inclusive organisation which celebrates its diverse workforce, and where staff feel they are treated equally regardless of their ethnic background, gender, religion, sexual orientation, disability or age.

Over the last 12 months, we have made progress in embedding inclusivity and equity throughout our organisation; from reviewing our practices and policies to create a fairer and more inclusive place to work and implementing race equity training for managers to further consolidating and developing our staff networks, who have been instrumental in shaping, influencing and guiding our equality, diversity and inclusion agenda.

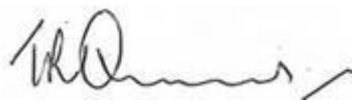
We want to create a culture where diversity is led by all. Working with our divisions and directorates, we have created bespoke action plans that focus on addressing equity with in our workplace.

While the EDI agenda has been amplified across our Trust, we know there is still much more we can do to embed our commitment to equality, diversity and inclusion within all our processes and to ensure we provide opportunities for all our staff to thrive and progress.

We are committed to increasing the proportion of Black, Asian and minority ethnic staff at senior level, but recognise we can do more to ensure our workforce is representative of the communities it serves. We want to ensure our staff with disabilities have the reasonable adjustments needed to thrive in their careers at the Trust. We are determined to ensure our LGBTQ+ staff feel confident in bringing their whole selves to work, and have a positive and inclusive experience. Gender inclusion remains an area of focus and we will continue to address inequalities in access and opportunities.

Over the coming year we will focus on imbedding our educational and cultural tools as well as our inclusive recruitment process, and ensuring we develop our talent through targeted talent programmes.

The changes we are driving cannot be achieved overnight, but we have laid firm foundations for an organisation where everyone feels valued and diversity is celebrated.



***Professor Tim Orchard, Chief Executive Officer***

## 1.1 Use of data and information

Within this report, we refer to important equality monitoring information about our workforce. When you join our organisation as an employee, we ask you questions about personal details, including protected characteristics such as your age and sexual orientation. This is known as equality monitoring information. Sometimes people are concerned or confused as to why we ask for this type of information and are not sure why we would need to know.

Any information you provide is held securely and confidentially on our electronic staff record system (known as ESR). The data, when extracted for analysis in reports such as this one, is anonymous. We have to comply with strict rules in managing and using people's personal information. We analyse the anonymised information to identify and respond to any issues affecting groups that share certain protected characteristics.

We use data and information in relation to a range of national standards relating to workforce equality that we are required to meet annually as outlined in this report. Staff can update their personal data via employee self-service at any time.

## 1.2 Terminology

Throughout this report, we use the term Black, Asian and minority ethnic, to refer to those members of the NHS workforce who are not white. As set out in the WRES technical guidance, the definitions of "Black, Asian and minority ethnic" and "white" used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and are as used in NHS digital data. We are aware that terminology is being reviewed and we will follow NHS guidance as it is produced.

## 1.3 Purpose and Scope

In line with the Equality Act 2010, the Trust is required to publish equality information annually to show how it has complied with the public sector equality duty. This annual report, which covers from 1 April 2021 to 31 March 2022, focuses on workforce and provides the Trust with valuable insights into our workforce equality performance. It identifies priority areas for improvement. In addition, this report has incorporated information required by the workforce race equality standard (WRES) and workforce disability equality standard (WDES) that is mandated in the NHS standard contract. It also includes the gender pay gap report as well as an ethnicity pay gap report, which the Trust is voluntarily reporting on as part of its commitment to improving race equality. We report separately on other internal NHS requirements, such as the Model Employer Goals and Equality Delivery System 2.

## 1.4 About us

At Imperial College Healthcare NHS Trust we provide acute and specialist healthcare to over one million people a year. Formed in 2007, we are one of the largest NHS trusts in the country, with more than 14,500 staff. Our five hospitals in central and west London have a long track record in research and education, influencing care and treatment nationally and worldwide. We continue to develop a growing range of integrated and digital care services and offer private healthcare in dedicated facilities on all our sites. We have an ambitious vision for the future of our patients, staff and local communities. We want you to know all about who we are, what we do and where we are heading.

## 2. Executive Summary

This report comprises of the Trust's 2021/2022 workforce EDI programme which set out our strategic plan which was co-designed with our EDI committee members. Our workforce EDI programme was accompanied by a detailed project plan.

There are six key objectives for 2021/2022. Our objectives were:

- **Objective 1:** To create a suite of divisional and directorate-level diversity data to guide areas for improvement
- **Objective 2:** To re-design people management processes, practice and policy to create a fairer and more inclusive place to work
- **Objective 3:** To continue the growth and empowerment of our staff networks
- **Objective 4:** To deliver the WRES 2 focused improvement on improving the likelihood of BME staff being appointed from shortlisting
- **Objective 5:** To design and deliver a range of equality education tools and interventions for all staff
- **Objective 6:** to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed

These objectives have been updated for 2022/2023. Our objectives are:

- **Objective 1:** To utilise the suite of divisional and directorate-level diversity data to guide areas for measured improvement
- **Objective 2:** To review our talent management processes, practice and policy to create a fairer and more inclusive place to work
- **Objective 3:** To grow sustainable staff network membership and strategic influence
- **Objective 4:** To deliver the WRES 2 focused improvement on improving the likelihood of Black, Asian and minority ethnic staff being appointed from shortlisting
- **Objective 5:** To implement a range of equality education tools and intervention for all staff.
- **Objective 6:** To focus on improving knowledge, access, information and internal implementation for reasonable adjustments

For completeness and statutory reporting, full data is provided in the appendices of the annual report as below:

- Equality profile of our workforce (Appendix 1)
- Workforce equality, diversity and inclusion programme 22/23 (Appendix 2)
- Workforce race equality standard 21/22 (Appendix 3)
- Workforce disability equality standard 21/22 (Appendix 4)
- Gender pay gap report 21/22 (Appendix 5)
- Ethnicity pay gap report 21/22 (Appendix 6)

The WRES and WDES action plans required under the NHS contract are incorporated in the Workforce EDI Programme 22/23 and are highlighted.

## 3. Our approach

The work of Imperial College Healthcare NHS Trust touches almost a million and a half people every year who rely on our care. We make many judgements every day so it is vital that our people reflect the society that we serve and that we bring diverse attitudes and opinions to our work.

We have continued to raise awareness of diversity and improve the way we recognise and value differences in our people. We need to continue to promote and embed inclusive behaviours in order to develop an inclusive and collaborative culture.

We recognise that to support the NHS to deliver its ambition to reduce health inequalities across ethnic minority communities, we must look at delivering equality internally for the people we employ. We want to understand the communities we serve, understand their lived experience, and how this in turn affects their health outcomes. We acknowledge we must create an organisation where diversity is welcomed and the benefits understood, and where there is strong evidence of equality, belonging and psychological safety.

We understand that if we are successful in achieving this cultural shift, we will fundamentally improve the quality of our practice and, ultimately, the quality of care all patients receive.

### 3.1 Our governance

The workforce EDI programme is comprised of six key objectives with a strong focus on race, and we have a monthly workforce race equity steering group with a specific focus on race equality actions. The bi-monthly EDI Committee is chaired by the Trust's chief executive officer, Professor Tim Orchard. The EDI Committee includes representatives from our clinical divisions, staff networks and staffside. It also reviews progress on the Workforce EDI Programme.

The newly-created People Committee receive staff stories to connect them with the staff experience. In 2021/22 the staff stories have all been from staff with protected characteristics to reinforce our focus on equality, diversity and inclusion. The staff stories have been accompanied by feedback from the relevant Staff Network Chair so the Committee also receive an unfiltered view of progress and challenges for our staff networks and the wider workforce with that particular protected characteristic

The Trust People Committee and Board also continues to receive reports and presentations on the workforce EDI programme and other statutory reports, as well as playing a pivotal role in shaping the strategy and vision for the long-term EDI agenda.

We have executive sponsors for all our networks. We have four nationally trained WRES experts at the Trust, including the Chair of the People Committee (a non-executive director) and the Chief People Officer, both of whom are also on the board. Two of our experts take part in a monthly WRES steering group and connect with other networks in other organisations to share best practice. Externally, we have EDI lead representatives on the pan-London EDI network and the North West London EDI network.

## 3.2 Our progress 21/22

### Developing our staff

We made our internal equality, diversity and inclusion (EDI) team substantive to support the delivery of our work programme, recognising the importance of progressing the EDI agenda.

We supported two more staff to attend the formal WRES experts programme, including one of our Non-Executive Directors and the head of EDI at the Trust. They take part in a monthly WRES experts group and connect with networks in other organisations to share best practice.

The Capital Nurses' programme restarted in May 2021 after a pause due to Covid-19. The programme builds on the existing Capital Nurse programme, to support the career development of band 4-6 nurses, by also responding to the unique challenges affecting minority ethnic nurses. After they were selected as part of a competitive process, we supported nine nurses on the programme to complete their improvement project. We also supported staff with the programme of work around the Capital Midwife programme.

We successful secured a place for one of our nurse and midwifery colleagues on the Getting into Equity sponsorship programme in September 2021. This was a six-month programme that allowed our Chief Nurse to support the career aspirations of ethnic minority nurses and midwives. In October 2021, we successfully supported and secured a place on the Aspiring Deputy Director of Nursing programme led by NHS England and NHS Improvement, in partnership with The University of Hertfordshire. We are pleased that we have been able to secure places on national programmes as these talent programmes support the development of ethnic minority talent.

We had six senior leaders complete the NHS London White Allies programme and share their learning. We also had seventeen individuals participate in the Calibre Leadership programme, many of whom presented their personal projects to our executive colleagues, the London Race Strategy team and the national WDES team.

### HR Policies

We have introduced a new style and tone to our HR policies, templates and the way we work in autumn of 2021, and we will continue to roll this out as each of our policies comes up for review. The new style and approach is simpler and more accessible to a wider group of staff. The approach is a culture of fairness, openness, and learning, encouraging people to take ownership of issues that arise in the workplace so that we can resolve these – where possible – in a less formal way. We have seen early indications that this approach of compassion is having an impact; 72% of alleged misconduct cases in 2021/22 were resolved informally, compared with 49% the year before. More than half of the grievances raised by colleagues in 2021/22 were successfully resolved informally, compared with 19% the year before. Where concerns relate to bullying, harassment and/or discrimination, we do not put the onus on employees to "go formal" for these to be taken seriously anymore; we are also proactively identifying and addressing these behaviours as a result of our new cultural review process, which was successfully piloted by the central investigations team in 2021.

We are currently working on amalgamating all our family-friendly policies to provide a clear, one-stop policy for all parents, guardians and prospective parents and guardians. Our aim is to be more inclusive to all types of families and to include innovative approaches that are supportive of family life, including entitlements around fertility treatment and early pregnancy loss.

As part of our engagement with the Rainbow Badge Accreditation programme, several of our policies were reviewed by the LGBT Foundation to identify possible improvements relating to LGBTQ+ concerns. We received their feedback in March 2022 and will look to incorporate these changes going forwards.

**Diversity Data**

We achieved getting two of our three metrics onto Trust scorecards to allow departments to drive local improvements linked to our WRES action plan. We will be working to get our final metric on our scorecard in 2022. Our comprehensive EDI workforce composition data is at both directorate and divisional level and allows our organisation to see the composition of their workforce by ethnicity, gender, band, religion, and sexual orientation.

We had approximately 1,300 records for our staff where their ethnicity category was unknown on ESR. The people and organisational development directorate reviewed staff personal files to improve the quality of data, and we have achieved 100% compliance in reporting on the ethnicity of our staff. We have also made improvements in our disability data on ESR, reducing the gaps in data by 25.3% with the support of our I-CAN network and the participants on the Calibre leadership programme.

Along with our ESR campaign and engagement with our staff networks, we carried out an HR review that resulted in 1,000 staff electronic employee files being checked and 2,500 staff contacted via survey. As per NHS digital guidelines, where we have asked employees three times to share their diversity data with us and there has been no response, we have changed their status from “unspecified” to “not declared”.

We produced mid-year Model Employer goals to support our work to become a more representative workforce at senior levels. This has resulted in our three largest clinical divisions developing local divisional actions plans. These were presented to the EDI committee in November 2021; the divisions are now working to implement these plans.

**Reverse Mentoring**

We concluded our reverse mentoring pilot in the summer of 2021 and conducted an evaluation that autumn. The evaluation highlighted the need for a more structured programme and less fluidity within a reverse mentoring programme. The effectiveness of the programme was inconclusive due to the small pilot group of the programme, as well as the impact of the pandemic, which stalled the delivery of the programme. Our evaluation aligned with the findings of an evidence review of reverse mentoring in ‘No More Tick Boxes’ by Roger Kline. Reverse mentoring has mixed outcomes and should be “considered with caution”. The Trust has now concluded to halt any further roll out of reverse mentoring.

**Race Equity Leadership Programme**
We are in the process of delivering our race equity leadership programme. This programme was developed in collaboration with SEA-Change consultancy, who are also our delivery partners. This programme supports managers in their understanding of race and how it can impact decision-making within teams and could have an impact on a patient's outcomes. The programme consists of five core elements of learning. We will be evaluating the impact of this programme and reporting back on the outcomes in 2023.

**Improving our WRES 3 Indicator**
We have taken further steps to de-bias our formal processes. Investigation reports are subject to rigorous peer review before being finalised, and all misconduct triage decisions – including where we resolve things informally – are ratified by a senior colleague at band 8C or above to ensure consistency and fairness.

This has led to a significant reduction in the number of formal disciplinary hearings at the Trust overall (over 50%). While our data set is smaller than in previous years, this still indicates that Black, Asian and minority ethnic employees are still more likely to face a formal disciplinary process than their white colleagues. 70% of the colleagues who went through a disciplinary hearing in 2021/22 were from Black, Asian and minority ethnic backgrounds, compared with 71% the year before. The majority of the colleagues who were subject to disciplinary hearings work in bands 2 and 3, where there is a higher percentage of Black, Asian and minority ethnic colleagues.

We published an updated Disciplinary Policy in March 2022 introducing plurality of decision making at any disciplinary hearing, not just the ones that may result in a dismissal. We are also looking at expanding our pool of external panel members – and the diversity of this pool – to further de-bias future disciplinary hearings.

**Accessibility**
We continue to make improvements in our Trust approach to accessibility with the engagement of I-CAN, our disability staff network. We have been working with the disability service advocacy team within the Department for Work and Pensions (DWP), who have run quarterly sessions for our line managers on understanding Access to Work and how to ensure staff with disabilities are supported during the Access to Work process. Our HR business partners are also providing ongoing support through bespoke training to managers on supporting reasonable adjustments.

Our people and organisational development team continue to keep up to date with best practice through bespoke sessions, including a legal update on disability legislation from Capsticks Solicitors, and a tailored session delivered by the DWP's disability service advocacy team to ensure we take a proactive approach to accessibility.

In collaboration with I-CAN, we hosted a session with Dr Ossie Stuart, an expert disability consultant, which focused on the importance of advocacy and centring the voice of our staff with disabilities.

**The Calibre programme**
In September 2021, the first of five cohorts of the Calibre Programme began at Imperial College Healthcare NHS Trust. Calibre is a talent development and leadership programme for disabled people. It is developed and delivered by Dr Ossie Stuart, an

international disability consultant and academic transforming perspectives on disability.

The Trust had seventeen people participate in the programme, with 2 places offered to Chelsea and Westminster Hospital NHS Foundation Trust. The Trust reaffirmed its commitment to disability equity at the Calibre graduation and is currently piloting a central reasonable adjustment budget as result of feedback from participants on the programme.

There is overwhelming evidence in the evaluation of programme and the link between the programme and positive improvement in areas of the workforce disability equality standard (WDES). As a result, the Trust will be running a second cohort of the Calibre programme in September 2022. The Trust's EDI team will also be leading the implementation of a regional pilot programme on behalf of NHSE and I, in which a further four more cohorts will take place.

*"An excellent opportunity for me to change my perspective on disability in the workplace and gain confidence in my ability to lead others."* - Calibre participant 2021

## 4. Our staff networks

Our networks continue to play a pivotal role in supporting the Trust's equality, diversity and inclusion commitments. We now have five established staff networks with full governance. These networks continue to be a critical friend to the Trust in the advancement of the equality, diversity and inclusion agenda. We are proud that our network membership continues to grow; our Women's network has grown by 9%, our multidisciplinary race equality network has grown by 3%, our I-CAN network has grown by 245%, and our LGBTQ+ network has grown by 52%. We will continue to support the growth of our networks.

Our two **race equality networks** work in partnership to help the Trust meets its race equality objectives.

**The Black, Asian and minority ethnic nursing and midwifery network** is sponsored by the Director of Nursing, Professor Janice Sigsworth. The network's projects in 2021/2022 included:

- Closing and evaluating the reverse mentoring programme pilot. The programme was co-designed by the members of the nursing and midwifery race equity network as a way to raise senior leaders' awareness of the unique and different challenges certain staff groups face to create a more open and inclusive culture.
- Working in partnership with the purchasing department to source various products to meet the hair care needs of our Black, Asian and ethnic minority inpatients that are ethically sourced, natural and of good quality. The network's previous project, regarding hair caps for Black, Asian and minority ethnic healthcare workers, was recognised with several accolades, including the Best Diversity and Inclusion Practice category at the Nursing Times Workforce Awards.

The **multidisciplinary Black, Asian and minority ethnic network** is sponsored by Professor Julian Redhead, Medical Director. The network's projects in 2021/2022 included:

- Strengthening the capabilities of our Black, Asian and minority ethnic (BAME) Ambassadors, including commissioning training on cultural intelligence to empower our ambassadors to support staff across different cultural backgrounds, and developing a monitoring and evaluation process to measure success. The ambassadors were created as a response to the disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities, and provide a safe and supportive space for ethnic minority staff to raise concerns.
- Supporting and contributing to the Imperial Maternity Cultural Safety Champions to ensure that they facilitate and accelerate organisational change within maternity services, especially in relation to racial disparities in maternity care.

The networks' joint projects in 2021/2022 included:

- Celebrating a host of cultural observances; during Black History Month the networks, with the support of Imperial Health Charity and the EDI team, hosted a series of activities to celebrate the contributions of Black staff (past and present) to the Trust and to raise awareness of racial workforce and health inequalities. This included an open forum with Professor Tim Orchard, chief executive officer and Kevin Croft, chief people officer, as well as a lunch-time discussion with celebrity chef Levi Roots.
- Supporting the design and development of the Trust's race equity leadership training programme to support managers in their understanding of race and how it can impact decision-making within teams and patient outcomes.

The **LGBTQ+ network** is working to connect LGBTQ+ staff, reduce health inequalities and improve experience for LGBTQ+ patients and staff. The network is sponsored by Professor Frances Bowen, divisional director for medicine and integrated care, and Jeremy Butler, director of transformation. The network's projects in 2021/2022 included:

- In June 2021, the network organised a suite of activities for Pride, including an evening of poetry with LGBT Poet Laureate Trudy Howson, and a frank discussion of mental health within the community with author Matthew Todd. Imperial Health Charity also supported the network with a talk from artist Matt Smith on queer curatorship, as well as a virtual creative arts workshop.
- The network had pledged to march in Pride in London, which had been postponed from its usual summer date to September 2021. However, due to the ongoing Covid-19 pandemic, the Pride in London march was cancelled by organisers. The network will march in future events.

**I-CAN,** the network for people with disabilities, is working to raise awareness of disability issues, the government's Access to Work scheme and the importance of disability data reporting. The network's executive sponsors are Peter Jenkinson, director of corporate governance and Trust secretary, and Professor Catherine Urch, divisional director for surgery, cancer and cardiovascular. The network's projects in 2021/2022 included:

- Commemorating Disability History Month by holding a series of interactive listening sessions throughout November and December, covering topics such as experiences of the Covid-19 pandemic, hidden disabilities in the Trust, and reasonable adjustments. There were around 20 participants for each listening session, providing lots of interactivity. Feedback is available to view by current employees on the I-CAN intranet page. International Day of People with Disabilities saw a talk from Dr Ossie Stuart, academic and disability expert, covering disability and leadership and its potential to enact change.
- Establishing a buddy scheme, where members are matched to build a relationship and gain mutual support. The scheme began in December 2021 and to date has resulted in 6 buddy relationships across 12 participants.
- Hosting several deaf awareness and British Sign Language (BSL) taster sessions. There was highly positive feedback from the 35 attendees across the two sessions, with attendees saying it was very engaging, insightful, and educational, with particular praise for the BSL taster part. The network has gone on to secure funding from the Patient Experience team to deliver further BSL education as well as deaf awareness training.

The **women's network** is working to help promote equality and diversity at all levels across the Trust, supporting skills development, improve women's experience at work and focusing on women's health including the menopause. The network's executive sponsors are director of communications Michelle Dixon and chief financial officer Jazz Thind. The network's projects in 2021/2022 included:

- Holding an afternoon of discussions and informative sessions to support International Women's Day and its theme "breaking the bias". Sessions included advice on leadership and development, clinical excellence awards, shared parental leave, recognising intersectionality and unpacking unconscious bias.
- Working with our facilities and estates directorate to ensure the provision of sanitary wear is available through e-procurement and welfare shops.
- Working in collaboration with people and organisation development and facilitates and estates to improve safety at the Trust, including commissioning 2,000 personal alarms for staff, and overseeing an audit of CCTV and lighting at our sites to identify blind spots.
- Working in collaboration with our wellbeing team to host a series of events to mark World Menopause Day and Breast Cancer Awareness Month.

## 5. Project SEARCH

Project SEARCH is a supported internship programme that gives young adults with a learning disability the opportunity to learn skills to do a job in a real working environment. The programme's main aim is to give a transition from education and is to help young people with special educational needs and disabilities to gain the experience and skills needed to obtain paid employment. Due to the pandemic, we were only able to recruit 9 interns; our interns on the programme have just started their final rotations. 1 intern has started an external placement in the Entertainer at Westfield, and the others are in various departments across Charing Cross Hospital in roles such as ward hosts, canteen hosts and admin roles within the clinical areas. A new rotation in the ICT department this year has been highly successful and has opened the door for other interns interested in an ICT placement in the future.

The group has handled Covid-19 well and has learnt to work around the various restrictions within the different departments, with a clear understanding of the correct procedures for a safe rotation. The graduation is currently being planned for July 2022, and we look forward to the recruitment and supporting further interns in September 2022.

## 6. Apprenticeship

The apprenticeship levy was introduced in 2017 and since then, 528 staff members have undertaken an apprenticeship at the Trust. Staff members are able to choose from a range of apprenticeship standards that will either extend their skill and knowledge in their current role, or develop new skills to new areas and new roles. There are opportunities from level 2 (GCSE equivalent) to level 7 (Master's equivalent) in clinical, business and management subjects. 80% of people undertaking a clinical apprenticeship (healthcare support worker, registered nurse, midwife etc.) are from Black, Asian and minority ethnic groups. To date, everyone from the group who has completed their apprenticeship has stayed with the Trust and progressed their career moving from lower paid, unregistered roles into healthcare professional roles with a clear career path. The majority of apprentices are mature adult learners, aged between 31 and 50.

## 7. Work placements

The Trust works in partnership with West London College and Harrow & Uxbridge College to provide work placements to students studying BTEC Level 3 Health & Social Care. Second year students are offered a two week placement to work alongside our experienced healthcare support workers and gain valuable practical workplace experience. This helps students decide if a career in healthcare is for them and gives our healthcare support workers an opportunity to develop their supervisory and mentoring skills. This innovative and collaborative approach has been recognised by both colleges who awarded the Trust "Work Experience employer of the year" in 2021 and 2022. The work has also been recognised by the awarding body Pearson and NHS Confederation as an example of good practice.

## 8. Our wellbeing with an EDI Focus

The Trust's wellbeing work constantly strives to implement an inclusive EDI perspective on all workstreams. The wellbeing team and EDI teams collaborate closely, ensuring that EDI is considered wherever possible in all sectors of the wellbeing offering at the Trust. There are many areas in the wellbeing domain that consider the protected characteristics; religion has been considered within spiritual wellbeing, where we have installed a streaming service from the chapel at St Mary's for both staff and patients who may not be able to physically attend. Other workstreams within the wellbeing programme this year that have had collaboration with the EDI team and/or a strong EDI focus include:

**Menopause programme**

With a high percentage of our workforce being women in the menopause age bracket, the wellbeing and EDI team worked to launch its own menopause guidance for staff last October with a launch event on World Menopause Day. The engagement with the event was so high across the Trust that we went on to establish a menopause programme of support for the following year. The Trust has also introduced the recording of menopause-related sickness as an absence reason on eRostering.

**New Carers network**
Recognising that a high number of staff said they were carers in the national staff survey, the wellbeing team established a new Carers network with a programme of support for working carers for the following year, including a membership with Carers UK and bi-monthly support sessions alternating between Carers UK and CONTACT. We have worked to consider Carers in a range of areas, such as in our flexible working policies and the review of car parking.

**Wellbeing Champions**
The Trust has implemented a new network of wellbeing champions. The champions are staff volunteers at all levels of the NHS who promote, identify and signpost ways to support the wellbeing of their colleagues. The recruitment process for the champions was designed to foster inclusivity and encourage a broad range of staff to volunteer for the role. The champions have been mapped out against departments and staff groups, to see where there may be any gaps of areas where champions are not included. All champions are required to attend an initial half day training session, where the content puts a strong emphasis from the beginning on the importance of considering EDI in all that they do. The monthly network check-in sessions led by CONTACT and the wellbeing team provide additional guidance, direction and updates, including those from the EDI team.

**Schwartz rounds**
We have run a variety of Schwartz Rounds, including on topics aimed supporting the EDI agenda. For example, an open round in February focused on the experiences of staff who are on the receiving end of vile (specified as abusive, prejudiced or racist) behaviour from patients who are unwell, whether mentally or physically. Schwartz Rounds are a well-established, evidence-based process for open, expressive discussion of what healthcare staff value and feel. They are guided by expert facilitators who speak and listen compassionately and reflectively to welcome multiple personal perspectives, without the pressure to problem-solve. As well as providing a direct wellbeing benefit and strengthening the sense of community and joint values, Rounds can yield useful insights to shape project plans, priorities and messaging. The upcoming content plan for Rounds the following year will continue to consider key EDI issues and messages.

**Wellbeing News / Calendar**
The Trust's wellbeing calendar includes significant dates that also appear in the EDI calendar, such as mental health awareness week and men's health awareness month. The content of the calendar is curated considering main EDI events and also EDI language, for example "people with a cervix" when writing about cervical screening awareness week. The wellbeing team release a Wellbeing Wednesday Newsletter every few weeks which includes key EDI updates, ensuring further collaboration and a joined-up approach.

## 9. Our accreditations

The Trust is a Disability Confident Committed (level 2) employer and we have committed to the following:

- Ensuring our recruitment process is inclusive and accessible
- Communicating and promoting vacancies
- Offering an interview to disabled people who meet the required criteria

- Anticipating and providing reasonable adjustments as required
- Supporting any existing employee who acquires a disability or long-term health conditions, enabling them to stay in work
- At least one activity that will make a difference for disabled people (Project SEARCH)

The Trust is a professional member of Employers Network for Equality Inclusion (enei), Stonewall and Business Disability Forum. These memberships have provided a number of opportunities:

- Allowing the Trust to access exclusive online resources tailored to the specific protected characteristics, access to online webinars and resources that are CPD accredited, which allows our managers to enhance their technical equality, diversity and inclusion knowledge
- Supporting the Trust's networking opportunities through quarterly membership networking meetings with NHS Trusts and private sector organisations across the country, which allows us to be at the forefront of best practice on disability inclusion
- Our membership with Stonewall has supported the Trust to carry out a gap analysis of the Trust's LGBTQ+ agenda. We look forward to reporting on the output in next year's annual report.

We will continue to review the impact and uptake of our membership before their annual renewal.

## 10. Commentary: Our Workforce Profile 21/22

The first appendix of this report provides data and analysis for the overall Trust workforce in the same standard format as previous years, reviewing age, ethnicity, disability and gender composition. This varies little from year to year. There have been no significant changes in the workforce composition in regard to age since 2010/11. The workforce split in regard to gender has also remained unchanged in the last five years. The Trust continues to seek to increase its attractiveness to people of all age groups through a range of measures including the widespread provision of work experience opportunities and apprenticeships, and the promotion of flexible working.

Likewise, there has been no significant change in the workforce composition regarding ethnicity. The Trust continues to have a higher percentage of staff employed from Black, Asian and minority ethnic backgrounds than the London population.

We know as a Trust that when we examine our ethnicity data in more detail, the majority of people in band 7 and above are from white backgrounds. The Trust has committed to a workforce EDI programme with a strong focus on race equality in order to improve the representation of Black, Asian and minority ethnic staff at band 7 and above.

The workforce profile section also reviews the Trust's ESR information for disability, sexual orientation and religion. We have seen significant improvement in our disability, sexual orientation and religious data due to an HR review that resulted in 1,000 staff electronic employee files being checked and 2,500 staff contacted via survey.

We has seen a 23% increase on information recorded on disability and we have seen a 10% increase for information recorded on sexual orientation and religion since last year.

We only report on protected characteristics that we currently hold data for on our electronic staff record system. Therefore, we do not capture data for gender reassignment or marriage/civil partnership and are unable to report on this for the purpose of this report.

### 10.1 Commentary: Workforce EDI Programme 21/22

The Workforce EDI Programme is aligned to support delivery of the Trust's overarching strategy and vision of "better health for life", as well as the Trust's people strategy in which equality, diversity and inclusion is one of the seven priority areas.

This programme is to address inequity identified across the largest groups of protected characteristics, which are race, gender, and disability equality, as well as addressing inclusion across all protected characteristics. We recognise that progress on particular projects was delayed due to the impact of the pandemic.

- **Objective 1:** To create a suite of divisional and directorate-level diversity data to guide areas for improvement
- **Objective 2:** To re-design people management processes, practice and policy to create a fairer and more inclusive place to work
- **Objective 3:** To continue the growth and empowerment of our staff networks
- **Objective 4:** To deliver the WRES 2 focused improvement on improving the likelihood of BME staff being appointed from shortlisting
- **Objective 5:** To design and deliver a range of equality education tools and interventions for all staff
- **Objective 6:** to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed

The Workforce EDI Programme has been revised and updated in order to support the continued delivery of work for 2022/2023 across all protected characteristics (Appendix 2). Presenting and reviewing the programme alongside WRES, WDES, gender pay gap and ethnicity pay gap data allows us to ensure that our approach to data-driven EDI is fit for purpose and the actions are relevant. The Trust, under the governance of the EDI Committee, will continue to review equality data separately for attendance on our leadership and development programmes and our employee relations cases to allow actions and interventions to be more agile and responsive.

In 2020 the NHS launched the People Plan that outlines actions for leaders across the NHS. It includes specific commitments around:

- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – with a particular focus on tackling the discrimination that some staff face
- **New ways of working and delivering care** – making effective use of the full range of our people's skills and experience
- **Growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return

Our workforce EDI programme addresses all of the equality, diversity and inclusion actions required in the People Plan, which are recruitment and promotion practices, leadership diversity, tackling the disciplinary gap, staff governance, information and education, accountability, regulation and oversight, and building confidence to speak up.

### 10.2 Commentary: Race Equality 21/22

We know that the Trust continues to have a higher percentage of staff employed from Black, Asian and minority ethnic backgrounds than the London population, therefore race equality will continue to be a key focus for the Trust. In addition, the WRES data demonstrates that the majority of people in band 7 above are from white backgrounds.

The full analysis and data for the WRES Report is presented in Appendix 3. In summary for 2022, for the non-clinical workforce, the percentage of Black Minority Ethnic workforce increased in Band 2 to 3, Band 5 to 6, Bands 8A, 8B, 8C and 8D. Increases have also been seen in VSM posts compared to 20/21. The percentage of the Black Minority Ethnic workforce has decreased for Bands 4, 7 and 9, and those on spot salaries compared to 20/21.

For the clinical workforce, the percentage of Black Minority Ethnic workforce increased in Band 3 to 8B. Consultant and doctor in training grades also show an increase compared to 20/21. The percentage of the Black Minority Ethnic workforce has decreased for Bands 2, 8C and 8D, while there has been no movement in band 9, VSM and doctors in the non-consultant grades compared to 20/21.

The WRES data shows that the relative likelihood of white applicants being appointed from shortlisting compared to applicants from Black Minority Ethnic groups (Indicator 2) is 1.39 times greater, the same figure as last year. In the last three reporting periods, the Trust has shown a successive improvement in this metric. We will focus in 2022/23 on fully embedding diverse recruitment panels, including selection assessments that give candidates a better chance to demonstrate their skills and abilities and providing effective feedback to candidates. We are introducing metrics to help monitor our improvements in this area.

Our disciplinary data (WRES 3) shows that we disciplined 24 individuals, with 17 from a Black Minority Ethnic background. The relative likelihood of Black Minority Ethnic staff being disciplined compared to white staff is 1.82; this is a decrease from last year when the relative likelihood was 2.69.

Our relative likelihood of undertaking non-mandatory training (White/ Black Minority Ethnic) has increased to 1.62, compared to 1.23 last year (Indicator 4). We have improved our data collection which includes CPD from allied health professionals, radiotherapists, consultants' study leave, apprenticeships and all recorded non-mandatory courses from LEARN. This is a change from previous years where the data collection only included data held by leadership development and skills training held by the learning and development team. The data does not yet include our nursing and midwifery workforce who account for a significant amount of our workforce. The switch to online learning means that many of our staff do not need to record training as study leave and so it is not captured in the same way that classroom training is. We will continue to work to improve how we capture this data.

The national staff survey (Indicators 5 to 8) results show that we have much to do to improve fairness and to tackle discrimination.

There has been no change in our board composition (indicator 9) since we reported last year. We continue to place an importance on ensuring that our board is representative of our workforce as part of our commitment to EDI. We continue to support the NExT Director Scheme, a development programme which supports those under-represented in non-executive roles on NHS boards.

We recognise that there is significant work to be done to improve the experience of our Black, Asian and minority ethnic staff, which includes imbedding our approach to conflict management approach along with the continued delivery of our training offer, which includes the race equity training programme for managers, as well as toolkits to support understanding of microaggressions and race within the workplace. Our EDI work programme places a high priority on improvement of the experience of our Black, Asian and minority ethnic staff with a clear focus on career progression. We also recognise that the impact of these programme of work will take time and will need to be implemented, embedded, monitored and evaluated for progress.

This is the first year that we are making our ethnicity pay gap report accessible to the public. Being open and transparent about equality, diversity and inclusion issues really matters to us, and as a Trust we believe that the publication of this report is an important tool to help us achieve our ambition to fully embed a diverse and inclusive culture and tackle inequality in our workplace. In the report, we have used the same principles and formulas that are applied to statutory gender pay gap reporting.

We fully acknowledge that there is considerable work to be done in this area. As with many Trusts, a significant driver of our ethnicity pay gap is a simple structural reason: we still have too few Black, Asian and minority ethnic colleagues in senior roles. This situation cannot continue, and we recognise that we must improve in this area. As a result, our key areas of focus as a Trust is to address discrepancies in relation to race. Reporting on our ethnicity pay gap will help us to progress our race equity agenda.

We know that reducing our ethnicity pay gap will be challenging, but our board and executive team are fully committed to delivering on this ambition and making long-term sustainable changes with lasting impact.

### 10.3 Commentary: Disability Equality 21/22

The reporting period of 21/22 is the fourth year of reporting on WDES for NHS organisations. Only 2% of our staff have declared a disability on ESR. We know from our annual review of workforce composition data that recording for disability status on ESR is 96%. However, we also know that the staff survey disability declaration data at 16%, which is considerably higher than ESR.

We launched a promotional campaign and animation in 2021 to encourage people to update their personal information on ESR. We also conducted an internal HR review to update records with existing data we held on paper. This resulted in a 10.22% increase in reporting.

We were disappointed to see that we had declined on from 70.1% to 63.8% of staff who said that we had made adequate reasonable adjustments. We recognise we have

more to do in 2022, including implementing a reasonable adjustments central budget, continuing our education programme for managers and improving our uptake of Access to Work support. We have committed to the following areas of work as part of the Workforce EDI Programme (Appendix 2):

1. Training for managers and individuals on implementing and supporting accessibility e.g. through Microsoft Teams
2. Recruit and train Read & Write champions and Dragon champions to support users of these assistive technologies across the Trust
3. Run a second cohort of the Calibre Leadership Programme in September 2022 and lead the implementation of a regional pilot of the programme on behalf of NHS England and Improvement, in which a further four more cohorts will take place
4. Implement an ICT Strategy to improve assistive technology access and support access the Trust
5. Continue the promotion and implementation of our ESR campaign to encourage all staff to share their diversity data with us, including disability
6. Continue the promotion of the government's Access to Work programme including, working with the Department for Work and Pensions (DWP) and our HR business partners to help managers to understand the programme and ensure that disabled staff are supported throughout the process
7. Continue the development and support of the I-CAN network to promote sustainable growth and strategic influencing, including support to their buddy system programme.
8. Develop and roll out a toolkit on neurodiversity, to enable managers and staff to understand and support neurodiversity within their teams, and to continue promotion of our existing toolkits on challenging microaggressions and being an ally to influence attitudes and behaviour towards disability and other protected characteristics
9. Continue using and promoting our BDF (Business Disability Forum) and enei (Employee Network for Equality and Inclusion) memberships to improve our disability confidence by utilising events & resources and advice services (e.g. policy review)
10. Continue implementation of the equality impact assessments across Trust policies and implement in projects/programmes; to mitigate adverse or negative impacts on disabled staff and to promote best practice
11. Review our on-boarding and sign-on processes for disabled staff and make improvements
12. Implement recruitment and selection training to develop the skills and confidence of hiring managers, including considerations of conscious and unconscious bias in recruitment,
13. Ensure guidance is available to managers to reasonable adjustments, accessibility, and awareness of our Disability Confident Employer (level 2) status and responsibilities as part of the Disability Confidence Scheme
14. Work with Royal Academy of Dramatic Arts (RADA), to implement the ‘How I show up’ programme; a series of workshops to help disabled staff build confidence and personal presence to show up positively for themselves and other disabled people staff.

Our complete WDES Report is in Appendix 4.

### 10.4 Commentary: Gender Equality 21/22

In summary, for 2022, when considering ordinary pay, the mean hourly rate of male employees is 9.3% higher than that of female employees. When median calculations are used, the hourly rate of male employees' ordinary pay is 1.6% higher than that of female employees. There has been a further decrease of 0.4% in the mean pay gap, again making this year's gap the lowest since reporting began. However, the median pay gap has risen by 2.8% to 1.6%, indicating that using the median, men out-earned women. This is in contrast to 2021 where for the first time the Trust reported that women out-earned men using the median measure.

For 2022, relevant bonus pay includes Clinical Excellence Awards (CEA) for consultants, long service awards and one month of one-off incentive payments relating to the Trust's Covid-19 response. Long service awards of £150, awarded to those who completed their twentieth year of service in 2020/2021, were issued in September 2021 and are therefore included in this analysis.

During Covid-19, our substantive pay for Agenda for Change staff was impacted by a one-off incentive scheme, where we paid ICU surge rota enhancements for a period of 10 weeks. This incentive was paid to nursing staff over a set period, and one month of this fell into April 2021 pay.

For the second year running, the CEA bonus award payments were delayed and distributed rather than awarded on merit. The gender pay gap data for March 2022 was the 2019/2020 awards distribution was paid in April 2021.

It is important to note that the CEA awards bonus data does not include any newly issued awards in this reporting period of 2021/2022. The tripartite negotiating group (NHS Employers, the British Medical Association and HCSA) advised Trusts to equally distribute the year's Local CEA funds (and any remaining from previous years) among all eligible consultants. This approach has been replicated this year, so will also impact on next year's reporting.

Considering overall the Trust population, 3.9% of male employees received a bonus payment compared to 2.5% of female employees. Of the 447 employees who received a bonus, 40.3% were men and 59.7% were women.

When considering all types of bonus pay, there is a 63.7% mean gender pay gap and a 94.8% median gender pay gap between men and women. It is difficult to compare these figures to previous years' results, due not only to the halt in issuing new CEAs but also the inclusion of the Covid-19 incentive, which has only ever appeared in the previous report and was awarded for a very short period.

There is a 30.3% mean pay gap between male and female consultants' CEA pay and a 52.0% median pay gap. There has been a 0.9% increase in the mean gender pay gap for bonus pay (CEA only), compared to previous year's data, continuing a trend of increases from 2018. There has been a 24.9% increase in the median gender pay gap for bonus pay (CEA only), compared to previous year's data, bringing the median pay gap to the highest it has been since 2018.

The complete Gender Pay Gap Report is in Appendix 5.

### 10.5 Commentary: LGBTQ+ Equality 21/22

While there is no statutory reporting for LGBTQ+ equality comparable to Workforce Disability Equality Standard and Workforce Race Equality Standard which we can include in our annual report, we have taken proactive steps to ensure that LGBTQ+ inclusion forms a core part of our equality agenda, and these steps are summarised here. In 2021/22 we became members of Stonewall and became a part of their diversity champion programme, helping us to ensure all LGBTQ+ staff are free to be themselves in the workplace. In autumn of 2022 we will take part in Stonewall workplace equality index which will assess our progress on LGBTQ+ inclusion. In March 2022, the Trust funded spaces for three attendees at the Stonewall Workforce Conference in order to proactively introduce best practice and recent learning into our approach to LGBTQ+ equity. The conference highlighted several action points for the Trust to consider, covering communication, changes to policy and practice, the functioning of the staff network and the need for specialist LGBTQ+ training. Approaches to these action points will be incorporated into the EDI work plan.

In 2021/22 we embarked on process of conducting a baseline gap analysis with Rainbow Badge Accreditation scheme. This scheme is run in conjunction with NHS England, Stonewall and charity the LGBT Foundation. The scheme follows an assessment model, and this will allow the Trust to put in place robust action to support our LGBTQ+ workforce. We expect the findings of the report in summer 2022 and will provide a detailed update in next year's report.

## 11. Equality Delivery System 2

We reported on our Equality Delivery System (EDS) in 2019/2020 and this was published on our external website in March 2020. The five EDS2 priorities agreed for the Trust for the period of 2020-2023 remain as:

- Ensuring that Black, Asian and minority ethnic patients who do not speak English are able to access appropriate support so that they have a clear understanding of their treatments and options
- Transitions from one service to another for people on care pathways, are made smoothly with everyone informed - protected characteristics being considered
- Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised
- Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
- When at work, staff are free from abuse, harassment, bullying and violence from any source.

We are scheduled to review our EDS2 in March 2023 and this is included in our EDI work programme for 2022/2023.

## 12. Conclusion

'We have come a long way in the last two years - in spite of, as well as because of Covid. We recognise we have a long way to go to reach our goals for the workforce and workplace we want to see. We are committed to making positive progress in

resolving inequalities, creating an inclusive culture allows our workforce to speak up and bring their whole selves to work. The NHS Planning Guidance provides a clear focus on belonging in the NHS and addressing inequalities.

Our plan for 2022/2023 is designed to continue with the improvement plans based on our WRES metrics, including improving representation and career progression. Our plan for 2022/2023 continues to incorporate the recommendation of the London Workforce Race Equality Strategy and seeks to address the 15 recommendations.

Model Employers outlines the ambitions set by NHS England and NHS Improvement and for each NHS organisation to set its own target for Black, Asian and minority ethnic representation across its leadership team and broader workforce by 2025. We continue to work towards this commitment and our EDI work programme is intended to help us accelerate towards this goal. We continue to produce annual, bi-annual and divisional clinical model employer goals data to help to develop local interventions and drive accelerated progress.

As part of our commitment to making significant progress, in the coming year we will be working to progress in the following areas:

- A continued focus on workforce race equality; this is a major priority for the Trust as well as a focus on workforce disability equality.
- We will be extending our race equity training to a further 200 managers
- We will embed and share good practice regarding our three toolkits on microaggressions, talking about race and allyship
- We will be delivering a targeted Black, Asian and minority ethnic talent development programme designed to accelerate progress in our representation.
- We will continue to review incidents of discrimination and abuse in our people processes relating to protected characteristics and develop responsive, innovative approaches to reduce incidents.
- We will be delivery a second cohort of our disability leadership programme, Calibre
- We will be expand our work in becoming a disability confident Trust; this includes improvement in our reasonable adjustment process
- We will continue to empower our five staff networks to ensure they remain a critical friend to the Trust.
- We will continue to work with our North West and Pan-London sector searching and learning from best practices and approaches to workforce inclusion.

## Appendices

### Appendix 1: Equality profile of our workforce 21/22

### Appendix 2: Workforce Equality, Diversity and Inclusion Work Programme 21/22

### Appendix 3: Workforce Race Equality Standard 21/22

### Appendix 4: Workforce Disability Equality Standard 21/22

### Appendix 5: Gender Pay Gap Report 21/22

### Appendix 6: Ethnicity Pay Gap Report 21/22

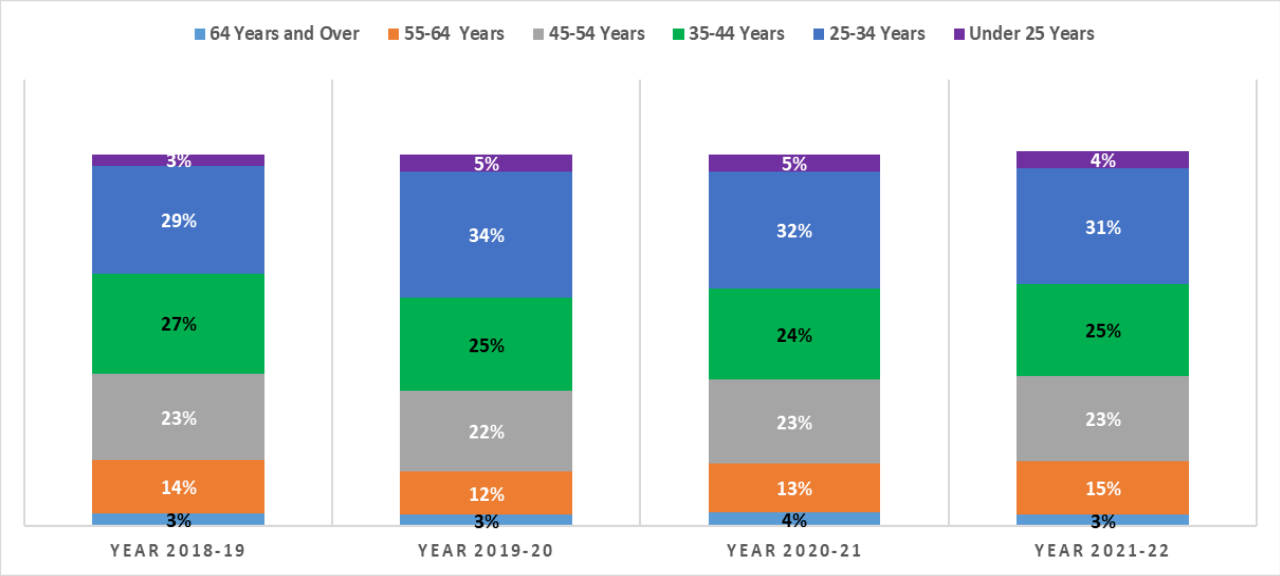
### Appendix 7: Glossary of Terms

## Appendix 1: Equality profile of our workforce 21/22

The below diagrams show the percentage of staff employed by the Trust by age, disability, ethnicity and gender at 31 March 2022.

### Workforce composition: Age

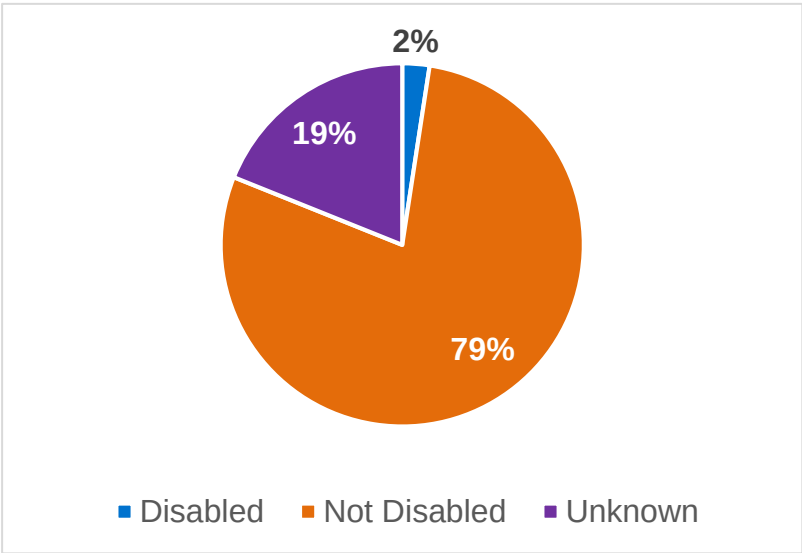
*Diagram 1: Trust age composition over four years*




There has been no significant change in the workforce composition in regards to age since 2010/11. While there has been a small decrease in the number of our people aged 25-34, the majority of our staff are aged 25-54.

### Workforce composition: Disability

*Diagram 2: Disability disclosure*



## Workforce composition: Disability, Sexual orientation and Religion

*Table 1: Disability, sexual orientation and religion records for all staff (including new staff)*

| Protected Characteristic | Recorded demographic for all staff in 2017/18 | Recorded demographic for all staff in 2018/19 | Recorded demographic for all staff in 2019/20 | Recorded demographic for all staff in 2020/21 | Recorded demographic for all staff in 2021/22 |
|---|---|---|---|---|---|
| Disability | 66% | 68% | 71% | 73% | 96% |
| Sexual Orientation | 70% | 70% | 73% | 74% | 84% |
| Religion | 70% | 70% | 73% | 74% | 84% |

We have seen significant improvement in our disability, sexual orientation and religion data due to a HR review that resulted in 1,000 staff electronic employee files being checked and 2,500 staff contacted via survey. This has been an overall Trust reduction in all records with categories with missing information on ESR by 8.5%, and this is reflected in both Table 1 showing improvements in demographic data.

Table 1 above illustrates that the Trust has seen a 23% percentage increase on information recorded on disability and we have seen a 10% increase for information recorded on workforce sexual orientation and religion since last year.

Table 2 below illustrates that the Trust has seen an increase in the information recorded for new staff in 2021/2022. We have seen an increase of 13% for disability since last year, whilst sexual orientation increased by 23% and religion data collection increased by 18%.

*Table 2: Disability, sexual orientation and religion records for new staff*

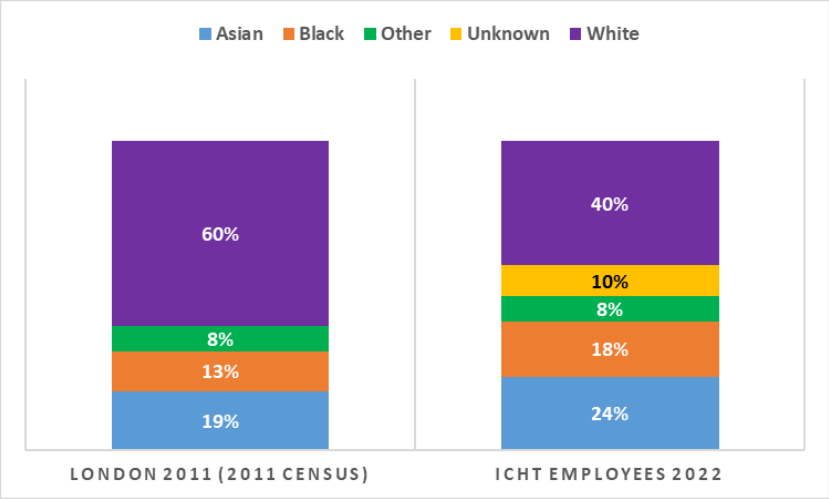
| Protected Characteristic | Recorded demographic for NEW staff in 2017/18 | Recorded demographic for NEW staff in 2018/19 | Recorded demographic for NEW staff in 2019/20 | Recorded demographic for NEW staff in 2020/21 | Recorded demographic for NEW staff in 2021/22 |
|---|---|---|---|---|---|
| Disability | 88% | 82% | 78% | 78% | 91% |
| Sexual Orientation | 88% | 82% | 82% | 76% | 99% |
| Religion | 88% | 82% | 82% | 76% | 94% |

## Workforce composition: Ethnicity

The percentage of staff employed by the Trust from Black, Asian and minority ethnic backgrounds is higher than the local population. White people make up 40% of the workforce compared to 60% of the London population, based on census information taken in 2011.

In March 2021, a new census was carried out. Full details of the census figures are expected to be published between September 2022 and 2023. At the time of this report, the census data for 2021 had not been released.

*Diagram 3: Trust ethnicity compared against 2011 census of London*



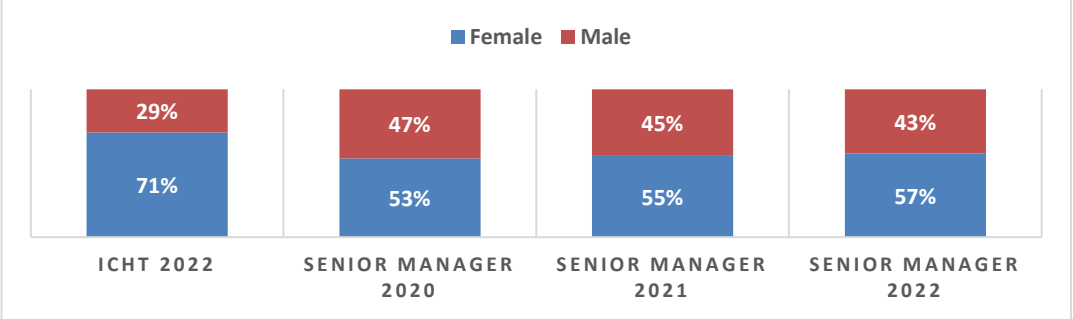

We know when we examine our ethnicity data in more detail, the majority of people in roles Band 7 and above are from white backgrounds. Our workforce EDI programme has actions designed to address this imbalance.

## Workforce Composition: Gender

The workforce split in regard to gender has remained unchanged in the last 7 years: 71% of our staff are female and 29% are male. The high proportion of female workers is typical of NHS organisations, reflecting the gender split of people entering healthcare professions.

The proportion of male employees decreased in senior roles by 2% compared to last year. The figures below shows that 43% of people employed as senior managers are men and 57% are women. This is a small increase in female representation of 2% compared to last year.

“Senior manager” is defined as roles that are Agenda for Change band 7 and above, and does not include doctors.



## Appendix 2: Workforce Equality, Diversity and Inclusion Programme 22/23

### Overview

The Workforce EDI Programme focuses on the delivery of six objectives. Objectives 4 focusses directly on improvement in our WRES performance and Objective 6 focuses directly on improvement in our WDES performance.

| Objectives | WRES | WDES | Gender |
|---|---|---|---|
| **Objective 1:** To utilise the suite of divisional and directorate-level diversity data to guide areas for measured improvement | | | |
| **Objective 2:** To review our talent management processes, practice and policy to create a fairer and more inclusive place to work | | | |
| **Objective 3:** To grow sustainable staff network membership and strategic influence | | | |
| **Objective 4:** To deliver the WRES 2 focused improvement on improving the likelihood of black, Asian and minority ethnic staff being appointed from shortlisting | | | |
| **Objective 5:** To implement a range of equality education tools and intervention for all staff. | | | |
| **Objective 6:** To focus on improving knowledge, access, information and internal implementation for reasonable adjustments | | | |

### Further Detail

**Objective 1:** To utilise the suite of divisional and directorate-level diversity data to guide areas for measured improvement

*Workstreams:* jointly lead by Head of Workforce Equality, Diversity and Inclusion, & People Planning Lead, by March 2023:

- Incorporate second ethnicity pay gap report in EDI reporting requirements (September 2023)
- Raise awareness of diversity dashboards at directorate and Trust level to support action planning at directorate level
- Improve the quality of our personal data including protected characteristics data in ESR
- Produce Model Employer goals and action plan (June 2023)
- Deliver action plan for medical WRES report
- Agree action plan for medical WRES Report

**Objective 2:** To review our talent management processes, practice and policy to create a fairer and more inclusive place to work

We want to continue to ensure that the decisions and practices of our managers are underpinned by proactive policies, and that we attract and retain and develop diverse talent.

*Workstreams:* jointly lead by Head of Workforce Equality, Diversity and Inclusion, Divisional Director of People (Employee Relations) and Associate Director of Leadership, OD and Wellbeing by March 2023:

- Develop and implement anti-racist strategy
- Imbedding conflict strategy for employee relations with a focus on Black, Asian, and minority ethnic experience of disciplinary and conflict resolution practices
- Promote the Career Focus digital platform and support session to ensure diverse representation.
- Design, develop and implement the Chief Nurse Black, Asian, and minority ethnic Fellowship.
- Support recruitment into EDI development programmes (such as White Allies, Capital Nurses)
- Train the wider organisation how to complete robust and effective equality impact assessments for major decision-making.

**Objective 3:** To grow sustainable staff network membership and strategic influence

The Trust has five employee networks. Our networks are essential to enhancing our culture of inclusivity and ensuring people feel able to bring their whole selves to work.

*Workstreams:* lead by Head of Workforce Equality, Diversity and Inclusion, by March 2023:

- Continue to develop network leads and develop transparent network infrastructure
- Delivery of structured calendar of EDI communications to support change
- Implementation of LGBTQ+ action plan following the Rainbow Badge accreditation scheme
- Develop Trust capacity to deliver the Stonewall Workplace Equality Index
- Embed our professional memberships to share good practice and upskill our network chairs
- In collaboration with the race equality networks, deliver the Trust's first race equality conference
- Work with the I-CAN network to use the Business Disability Forum's self-assessment tool

**Objective 4:** To deliver the WRES 2 focused improvement on improving the likelihood of black, Asian and minority ethnic staff being appointed from shortlisting

*Workstreams:* jointly led by Head of Workforce Equality, Diversity and Inclusion, Associate Director of People and Associate Director of Leadership, OD and Wellbeing by March 2023

- Setting specific KPIs that measure the effectiveness of our recruitment and selection practices

- Embed inclusive interview panels (including training, monitoring and data reviews)
- Design and deliver Recruitment & Selection training to managers
- Support recruitment into EDI development programmes (such as White Allies, Capital Nurses)
- Train wider organisation how to complete robust and effective equality impact assessments for major decision-making and policy development
- Widen access and improve routes to employment for our local communities and under-represented groups

**Objective 5:** To implement a range of equality education tools and intervention for all staff.

We want to increase our cultural and EDI knowledge within our organisation to increase the inclusion of different identity groups.

*Workstreams:* lead by Head of Workforce Equality, Diversity and Inclusion, by March 2023:

- Design and deliver race training to 200 managers
- Implicit association development and diagnostic assessors training
- Deliver executive/board development on equality, diversity and inclusion
- Co-design anti-racist statement
- Promote and embed toolkits to support EDI behavioural change
- Imbed robust and effective equality impact assessments for major decision-making
- Create and provide education and support material for neurodiverse staff
- Provide a suite of training resources to support women's safety at work.

**Objective 6:** To focus on improving knowledge, access, information and internal implementation for reasonable adjustments

*Workstreams:* lead by Head of Equality, Diversity and Inclusion, by March 2023

- Training for managers and individuals on implementing and supporting accessibility e.g. Microsoft Teams
- Recruit and train Read & Write champions and Dragon champions to support users of these assistive technologies across the Trust
- Run a second cohort of the Calibre Leadership Programme in September 2022 and lead the implementation of a regional pilot of the programme on behalf of NHS England and Improvement, in which a further four more cohorts will take place
- Implement an ICT Strategy to improve assistive technology access and support access the Trust
- Continue the promotion and implementation of our ESR campaign to encourage all staff to share their diversity data with us, including disability
- Continue the promotion of the government's Access to Work programme including, working with the Department for Work and Pensions (DWP) and our HR business partners to help managers to understand the programme and ensure that disabled staff are supported throughout the process

- Continue the development and support of the I-CAN network to promote sustainable growth and strategic influencing, including support to their buddy system programme.
- Develop and roll out a toolkit on neurodiversity, to enable managers and staff to understand and support neurodiversity within their teams. And to continue promotion of our existing toolkits on challenging microaggressions and being an ally to influence attitudes and behaviour towards disability and other protected characteristics
- Continue using and promoting our BDF (Business Disability Forum) and ENEI (Employee Network for Equality and Inclusion) memberships to improve our disability confidence by utilising events & resources and advice services (e.g., policy review)
- Continue implementation of the equality impact assessments across Trust policies and implement in projects/programmes; to mitigate adverse/negative impacts on disabled staff and to promote best practice
- Review our on-boarding and sign-on processes for disabled staff and make improvements
- Implement recruitment and selection training to develop the skills and confidence of hiring managers. Including considerations of conscious and unconscious bias in recruitment, reasonable adjustments, accessibility, and awareness of our Disability Confident Employer (level 2) status and responsibilities as part of the Disability Confidence Scheme
- Work with Royal Academy of Dramatic Arts (RADA), to implement the ‘How I show up’ programme; a series of workshops to help disabled staff build confidence and personal presence to show up positively for themselves and other disabled people staff

# Appendix 3: Workforce Race Equality Standard 21/22

## Introduction

There are nine WRES indicators. Four of the indicators focus on workforce data, four are data from the national NHS Staff Survey, and one indicator focuses upon Black Minority Ethnic representation on boards.

## Why is WRES important?

The WRES is a tool for identifying a number of key gaps, referred to as Indicators, between white and Black, Asian and minority ethnic staff experience of the workplace - gaps which we want to close. Closing these gaps will achieve tangible progress in tackling discrimination, promoting a positive culture and valuing all staff for their contributions to their work.

This will in turn positively impact on patients, as it is known that a decrease in discrimination against Black, Asian and minority ethnic staff is associated with higher levels of patient satisfaction. An environment that values and supports the entirety of its diverse workforce will result in high quality patient care and improved health outcomes for all.

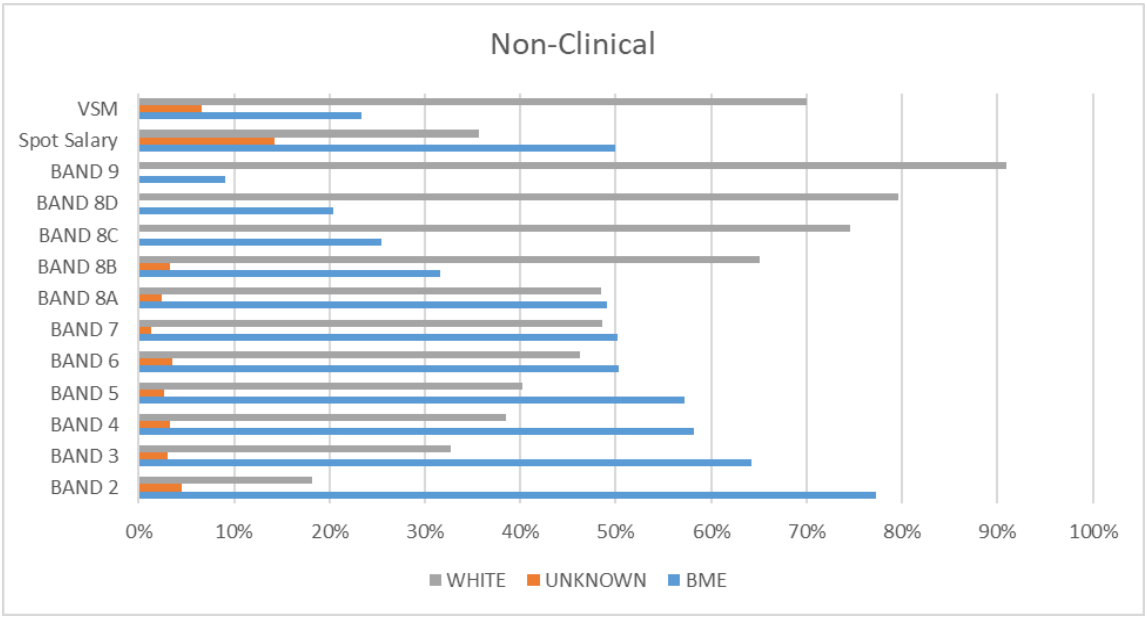
The WRES indicators:

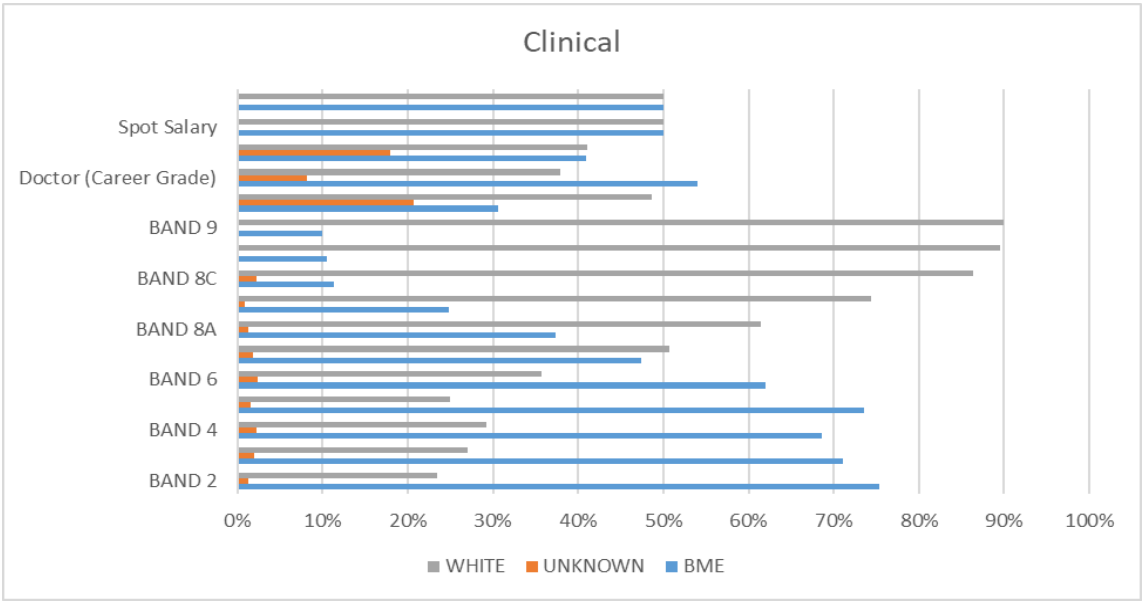
- Four of the indicators focus on workforce data (1 to 4)
- Four are based on data from the national NHS Staff Survey questions (5 to 8)
- One indicator focuses upon Black, Asian and minority ethnic staff representation on boards (9)

## Indicator 1

**Percentage of staff in each of the AFC Band 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by clinical and non-clinical staff**

*Graph 1 Ethnicity profile – percentage of staff in each of the AfC bands, medical grades and Very Senior Managers (VSM) – March 2022*




For the non-clinical workforce, the percentage of Black Minority Ethnic Workforce increased in Bands 2 to 3, Bands 5 to 6, and Bands 8A to 8D. Increases have also been seen in VSM posts compared to 20/21. The percentage of the Black Minority Ethnic workforce has decreased for Bands 4, 7 and 9, and those on spot salaries compared to 20/21.

For the clinical workforce, the percentage of Black Minority Ethnic workforce increased in Band 3 to 8B. Consultant and doctor in training grades also show an increase compared to 20/21. The percentage of the Black Minority Ethnic workforce has decreased for bands 2, 8C and 8D. There has been no movement in band 9, VSM and doctors in the non-consultant grades compared to in 20/21.Those on spot salaries decreased by for Black Minority Ethic staff compared to 20/21.

## Indicator 2

**Examines the relative likelihood of staff being appointed from shortlisting across all posts.**

| Descriptor | Number of shortlisted applicants | Number appointed | Likelihood of being appointed from shortlisting |
|---|---|---|---|
| White | 3073 | 691 | 22.49% |
| Black, Minority Ethnic | 6024 | 973 | 16.15% |
| Unknown | 249 | 12 | 4.82% |

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from Black, Asian and minority ethnic groups is **1.39;** this is the same as last year. We will continue to work to embed the actions outlined in Appendix 2.

### Indicator 3

**Examines the relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**

*Note: This is the second year in which we will be report on the data at year end and not a two-year rolling average.*

We report on the formal disciplinary hearings excluding doctors, who are managed in accordance with Maintaining High Professional Standards. In 21/22 the Trust held 27 disciplinary hearings.

| Descriptor | Number of staff in workforce | Year-end number of formal disciplinary meeting | Likelihood of entering formal disciplinary meetings |
|---|---|---|---|
| White | 5473 | 7 | 0.13% |
| Black, Minority Ethnic | 8160 | 19 | 0.23% |
| Unknown | 853 | 1 | 0.12% |

The relative likelihood of Black, Asian and minority ethnic staff being disciplined compared to white staff is **1.82**; this is a decrease from last year when the relative likelihood was 2.69. This is the second year in which we will be reporting using this methodology which focuses on year-end for 2022 and not a two-year average.

## Indicator 4

**Examines the relative likelihood of staff accessing non-mandatory training and CPD**

Note: The data collection includes CPD from allied health professionals, radiotherapists, consultants' study leave, apprenticeships and all recorded non-mandatory courses from LEARN This is a change from previous years where the data collection only included data held by leadership development and skills training held by the learning and development team. The data does not yet include our nursing and midwifery workforce who account for a significant amount of our workforce. The switch to online learning means that many of our staff do not need to record training as study leave and so it is not captured in the same way that classroom training is. We will continue to work to improve how we capture this data.

| Descriptor | Number of staff in workforce | Staff accessing non mandatory training (data held by leadership team) | Likelihood of accessing non mandatory training |
|---|---|---|---|
| **White** | 5473 | 2560 | 46.78% |
| **Black, Minority Ethnic** | 8160 | 2351 | 28.81% |
| **Unknown** | 853 | 139 | 16.30% |

**Indicators 5 to 8**

Indicators 5 to 8 relate to the 2021/2022 national staff survey results, comparing the responses of Black Minority Ethnic and white staff. For the first time, in 2021 the questions were aligned with the NHS People Promise to track progress against its ambition to make the NHS the workplace we all want it to be by 2024. The fieldwork for the NHS Staff Survey 2021 was carried out between September and November 2021.

The wording of these four indicators is taken directly from the national NHS Staff Survey.

## Indicator 5

**Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last**

For this indicator, a lower score is better. There has been an increase for both our white and Black Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public since 2020. Our Black Minority Ethnic staff experience is slightly better than our white staff.

| | White | Black, Minority Ethnic |
|---|---|---|
| 2021 | 36.2% | 32.7% |
| 2020 | 33.0% | 27.9% |

### Indicator 6

**Examines the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months**

For this indicator, a lower score is better. There has been an increase for our Black Minority Ethnic staff experiencing harassment, bullying or abuse from staff since 2019. While there has been an increase for our white staff since 2020, our Black Minority Ethnic staff experience is worse than our white staff experience.

| | White | Black, Minority Ethnic |
|---|---|---|
| 2021 | 30.2% | 31.5% |
| 2020 | 28.6% | 30.1% |

### Indicator 7

**Examines the percentage of staff believing that the trust provides equal opportunities for career progression or promotion.**

For this indicator, a higher score is better. Both our white and Black Minority Ethnic staff experience has worsened since 2020. Our Black Minority Ethnic staff experience has decreased significantly since 2020, and is worse than our white staff experience.

| | White | Black, Minority Ethnic |
|---|---|---|
| 2021 | 55.8% | 41.2% |
| 2020 | 57.0% | 42.8% |

### Indicator 8

**Examines percentage staff personally experience discrimination at work from manage/team leader or other colleague** (In the last 12 months)

For this indicator, a lower score is better. Our white staff experience has got slightly worse since 2020 and our Black, Asian and minority ethnic staff experience has improved slightly. However, our Black, Asian and minority ethnic staff experience is considerably worse than our white staff experience.

| | White | Black, Minority Ethnic |
|---|---|---|
| 2021 | 10.5% | 16.3% |
| 2020 | 9.5% | 16.7% |

## Indicator 9

**Examines percentage difference between the organisations board voting membership and its overall workforce** (Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce)

| | White | Black, Minority Ethnic | Unknown |
|---|---|---|---|
| Overall Trust Workforce | 5473 | 8160 | 853 |
| Overall Trust Workforce % | 37.8% | 57% | 6% |
| Overall Trust Board Members % | 80.0% | 20.0% | 0.0% |
| Voting Board Members % | 83.3.% | 16.7% | 0.0% |
| Executive Board Members % | 80.0% | 20.0% | 0.0.% |
| Non – Executive Board Members % | 80.0% | 20.% | 0.0% |

**Note: only voting members of the board are included when considering this indicator**

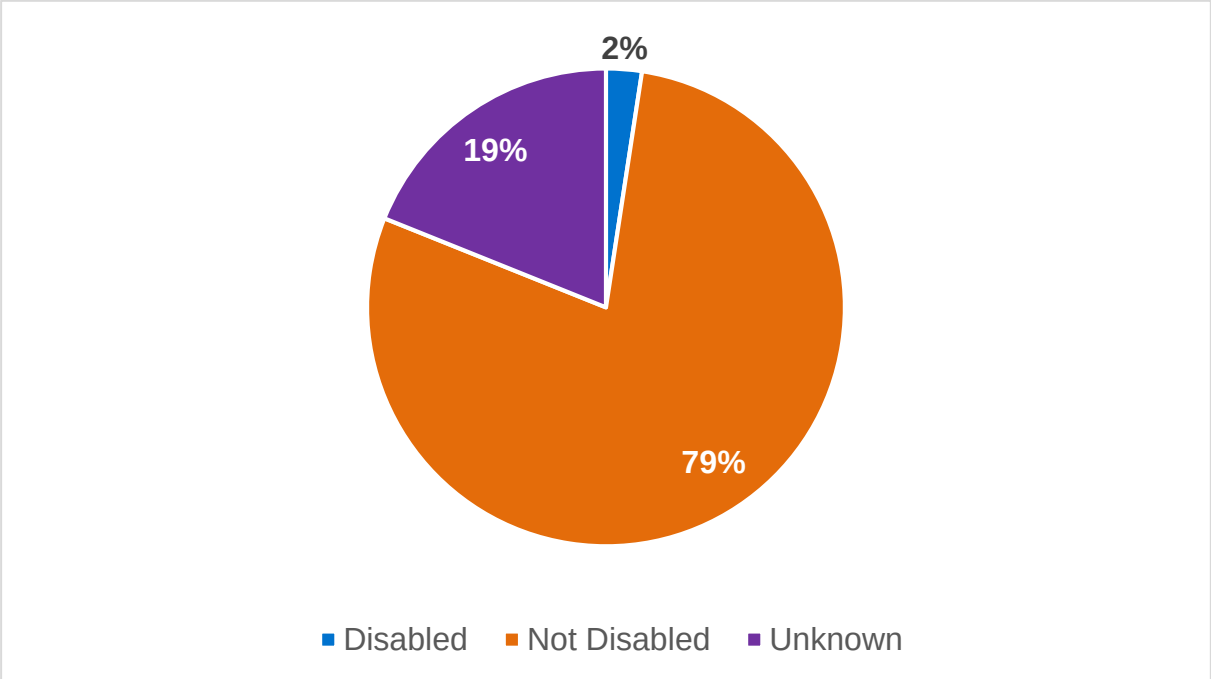
# Appendix 4: Workforce Disability Equality Standard Report 21/22

## 1. Background

The Workforce Disability Equality Standard is a set of ten specific metrics to enable NHS organisations to compare the career and workplace experiences of disabled and non-disabled staff. This is the fourth year of reporting WDES. WDES is an important step for the NHS and is a clear commitment in support of the Government's aims of increasing the number of disabled people in employment.

## 2. Organisational Breakdown by Disability

The diagrams below detail the overall breakdown of employees who have and have not declared a disability, and where this is unknown, based on data from our electronic staff records. This data excludes bank and locum staff, students on placement and staff employed by contractors. The data is correct as of 31 March 2022.



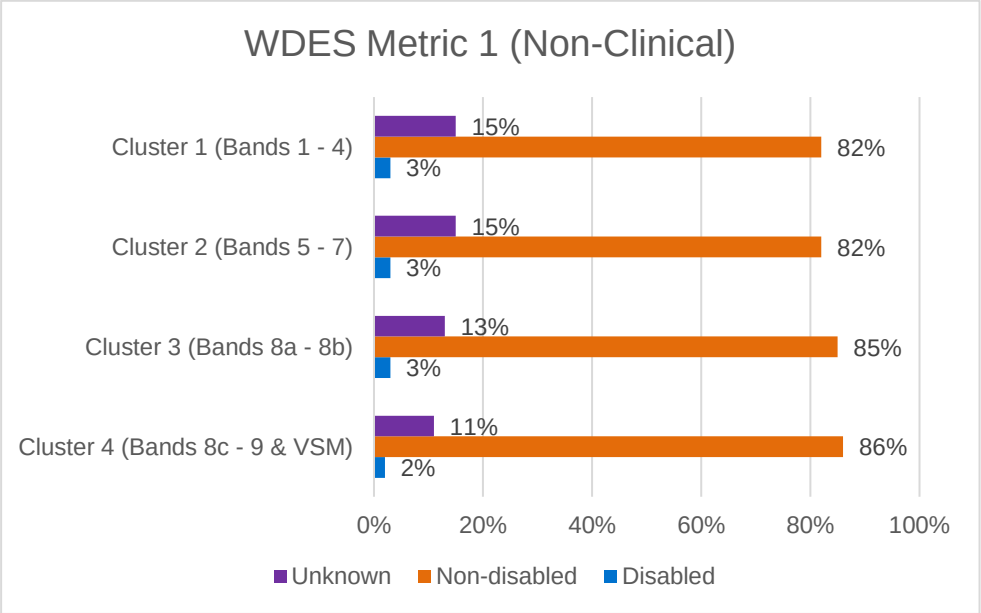

Out of 14,500 employees, 2% (335 people) have disclosed a disability and 79% (11,441) are recorded not to have a disability. Out of the 19% (2724 people) where the disability status is unknown, 14% are coded as 'not declared', 1% are coded as 'prefer not to answer' and 4% as 'unspecified.'

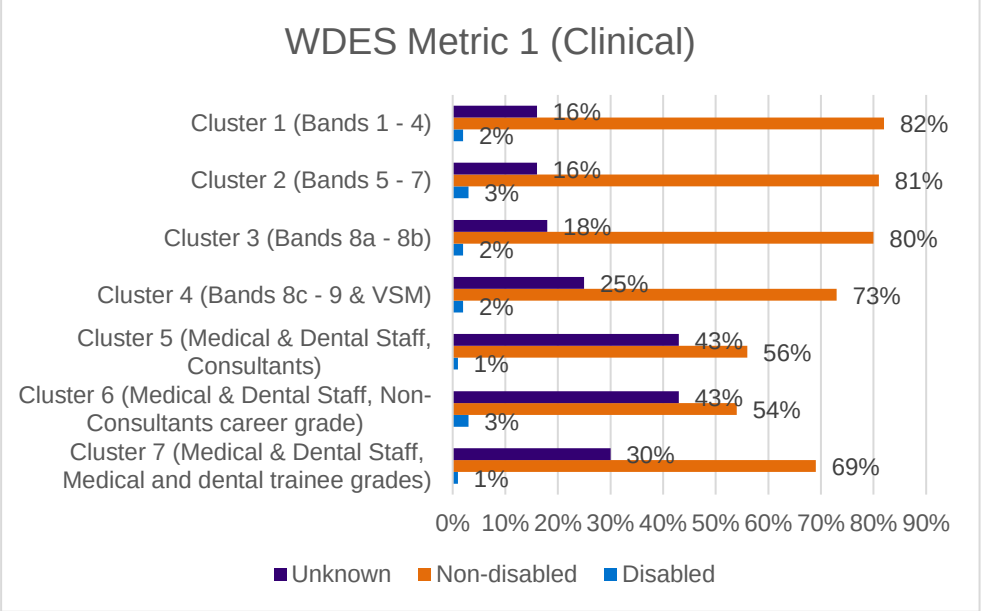
Compared to 2020/2021, the proportion of people reporting a disability has remained unchanged at 2**%,** and the proportion of people reporting to have no disability has increased by 10%. The unknown group has reduced by 11%, and within the breakdown codes of the unknown group, 'prefer not to answer' remains unchanged at 1%, 'not declared' has increased by 7% from 7% to 14%, and 'unspecified' has decreased from 27% to 4%.

## 3. WDES Metrics

**Metric 1: Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with**

**the percentage of staff in the overall workforce (based on data from electronic staff record)**




While the proportion of disabled staff is low across all clusters, it is evident that with non-clinical roles there is a higher proportion of disabled staff in clusters 1 to 3, whereas in clinical roles, the higher proportion of disabled staff are in clusters 2 and 6. This pattern for clinical roles remains unchanged since 2020/21, however, there is a slight improvement by 1% in the percentage of disabled staff in cluster 3 for non-clinical roles.

**Metric 2: Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.**

Data from this metric is taken from two online recruiting systems. Candidates are given a yes or no option regarding whether they wish to declare a disability. This includes

medical and non-medical staff. We run a guaranteed interview scheme for disabled candidates who meet essential criteria. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made.

The likelihood of applicants with no disability being appointed from shortlisting is 17% and the likelihood from those declaring a disability is 12%.

The relative likelihood of applicants with no disability being appointed from shortlisting compared to applicants with a declared disability is 1.38 times greater. This is an increase from the previous year's figure of 1.25.

| Descriptor | Number of shortlisted applicants | Number appointed | Likelihood of being appointed from shortlisting |
|---|---|---|---|
| Disability | 407 | 49 | 0.12 |
| No disability | 8543 | 1418 | 0.17 |
| Unknown | 396 | 209 | 0.53 |

**Metric 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure**

This metric relates to capability on the grounds of performance (not ill-health). Staff whose disability is unknown are excluded for the purpose of this metric. The data is based on a 2-year rolling average of the annual average number of formal performance meetings recorded on the employee relations tracker system for non-medical staff.

The relative likelihood of staff with a disability entering the formal capability procedure, compared to staff without a disability was zero.

It is important to note the very small amount of performance management cases that this metric is based on, as outlined below, which means the likelihood of any of the below groups entering the formal capability process is less than 0.00. There were no new performance cases for staff with a disability in 2021/22.

| Descriptor | Number of staff in workforce | Annual average of number of formal performance meeting | Likelihood of entering formal performance meetings |
|---|---|---|---|
| Disability | 331 | 0 | 0 |
| No Disability | 11119 | 10 | 0.001 |
| Unknown | 2153 | 1 | 0.0005 |

**Metrics 4 to 9: National Staff Survey Responses**

Metrics 4 to 9 relate to the 2021/2022 national staff survey results, comparing the responses of disabled and non-disabled staff. This is based on a sample of 5,523 staff who responded to the survey, which represents a 42% completion rate across the Trust.

Within the demographic section of the staff survey, respondents are asked if they have any physical, mental health conditions, disabilities or illness that have lasted or are expected to last for 12 months or more. There are only 'yes' or 'no' responses to this question. 5,434 staff chose to answer this question. Out of these staff, 16.6% answered yes.

However, the staff survey disability declaration percentage of 16.6% is considerably higher than electronic staff record, where 2% of staff are recorded to have a disability. This is a similar contrast to the last two years.

It is noted that staff survey questions are not compulsory, so the number of responses fluctuates per question. Where a metric is marked with a *, this means a higher percentage indicates a positive response. For all other metrics, a lower percentage is positive.

**Metric 4**

1. Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months

| | Disabled respondents | Non-disabled respondents |
|---|---|---|
| 2021 | 41.5% | 32.9% |
| 2020 | 38.2% | 29.3% |

2. Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months

| | Disabled respondents | Non-disabled respondents |
|---|---|---|
| 2021 | 23.9% | 13.4% |
| 2020 | 24.3% | 14.0% |

3. Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

| | Disabled respondents | Non-disabled respondents |
|---|---|---|
| 2021 | 35.2% | 23.9% |
| 2020 | 33.8% | 21.9% |

4. Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months*

| | Disabled respondents | Non-disabled respondents |
|---|---|---|
| 2021 | 43.8% | 43% |
| 2020 | 43.4% | 42.8% |

**Metric 5**

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion*

| | Disabled respondents | Non-disabled respondents |
|---|---|---|
| 2021 | 40.6% | 49.4% |
| 2020 | 64.3% | 74.5% |

**Metric 6**

Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

| | Disabled respondents | Non-disabled respondents |
|---|---|---|
| 2021 | 37.9% | 25.2% |
| 2020 | 36.2% | 28.1% |

**Metric 7**

Percentage of staff saying that they are satisfied with the extent to which their organisation values their work*

| | Disabled respondents | Non-disabled respondents |
|---|---|---|
| 2021 | 32.9% | 44.5% |
| 2020 | 38.7% | 52.7% |

The below table summarises these metrics outlining the differences between disabled and non-disabled staff responses.

**Summary of Metrics 4-7 by percentage of responses to staff survey questions 2021**

| Staff survey question | % of disabled respondents | % of non-disabled respondents | Difference |
|---|---|---|---|
| % of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months | 41.5% | 32.9% | 8.6% |
| % of staff experiencing harassment, bullying or abuse from managers in the last 12 months | 23.9% | 13.4% | 10.5% |
| % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months | 35.2% | 23.9% | 11.3% |
| % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months* | 43.8% | 43% | 0.8% |
| % of staff believing that the Trust provides equal opportunities for career progression or promotion* | 40.6% | 49.4% | 18.8% |
| % of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties | 37.9% | 25.2% | 12.7% |
| % of staff saying that they are satisfied with the extent to which their organisation values their work* | 32.9% | 44.5% | 11.6% |

**Metric 8: Adequate Adjustments**

This metric relates to the percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This is only answered by those who have declared a disability within the staff survey. 528 of disabled staff who required workplace adjustments chose to answer this question. 63.8% of staff said that their employer has made adequate adjustments, compared to a national average of 70.9%. This is down from 2020, where 70.1% responded positively to this question.

**Metric 9a: Engagement Score**

The staff engagement score is calculated based on nine questions in the staff survey relating to motivation, ability to contribute to improvements and recommendation of the organisation as a place to work or receive treatment. The engagement score for disabled staff is 6.4 compared to 7.1 for staff who have not stated to have a disability. The engagement score for disabled staff is the same as the national average, while the engagement score for non-disabled staff is slightly above the national average (7.0). Both engagement scores for staff who stated a disability and for staff that have not, have decreased compared to last year; by 0.2 for disabled staff and 0.1 for non-disabled staff.

**Metric 9b: Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes)**

The questions refers to action specifically related to disabled staff, rather than all staff engagement exercises. We answered yes due to:

- Supporting the ongoing development of our disability network, including the development of our networking guidelines, which outlines the governance structure and support for all networks.
- Our role as the lead trust for the Calibre leadership programme, which aims to transform how disabled staff about themselves and their disability, and to show them how to take control of the discussion in a constructive way. We were commissioned on NHS England and Improvement to co-ordinate the programme across a number of London trusts. In 2022/3, this will be expanded to include trusts across England.
- Our continued implementation of our equality impact assessment process within trust-wide policies, encouraging policy owners to engage with disabled staff and disability considerations within their decision-making.
- Awareness raising of reasonable adjustments and support for disabled staff such as rolling out disability awareness training for managers and promoting resources and tools such as the reasonable adjustment passport.
- Becoming members of Employers Network for Equality & Inclusion (enei) and the Business Disability Forum to build disability confidence across the EDI team and the wider trust.

**Metric 10: Board Representation Metric**

This metric looks at the percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated by voting membership of the board and by executive membership of the board. The below data is based on board membership as of 31 March 2022 and disability declaration data from the electronic staff record. No members of the board have declared a disability.

| | Disabled | Not disabled | Unknown |
|---|---|---|---|
| Total Board members - % by Disability | 0% | 100% | 0% |
| Voting Board Member - % by Disability | 0% | 100% | 0% |
| Non-Voting Board Member - % by Disability | 0% | 100% | 0% |
| Executive Board Member - % by Disability | 0% | 100% | 0% |
| Non-Executive Board Member - % by Disability | 0% | 100% | 0% |
| Overall workforce - % by Disability | 2% | 79% | 19% |
| Difference (Total Board - Overall workforce) | -2% | 21% | -19% |
| Difference (Voting membership - Overall Workforce) | -2% | 21% | -19% |
| Difference (Executive membership - Overall Workforce) | -2% | 21% | -19% |

# Appendix 5: Gender Pay Gap Report 21/22

## Summary

In line with gender pay gap reporting requirements, this report provides the six mandatory calculations, with additional analysis and commentary:

1. Proportion of males and females in each pay quartile
2. Mean gender pay gap for ordinary pay
3. Median gender pay gap for ordinary pay
4. Proportion of males and females receiving a bonus payment
5. Mean gender pay gap for bonus pay
6. Median gender pay gap for bonus pay

Once again, there are a higher proportion of male employees in the upper pay quartile of the Trust compared to proportions of male employees in the lower quartiles, although the difference is most pronounced in the second and third quartile. This pattern is largely similar to last year's demographic makeup.

When considering ordinary pay, the mean hourly rate of male employees is 9.3% higher than that of female employees, which has decreased by 0.4% from last year's difference. When median calculations are used, the hourly rate of male employees' ordinary pay is 1.6% higher than that of female employees. The mean pay gap has continued to decrease, though by a less substantial percentage as last year, and the median pay gap has increased so that once again, men are earning more than women by both the mean and the median measure.

Considering the Trust population overall, 3.9% of male employees received a bonus payment compared to 2.5% of female employees. Relevant bonus pay relates to Clinical Excellence Awards (CEA) for Consultants, Long Service Awards, and a bonus payment paid to nurses for shifts worked on ICU during the month of March 2021; due to the setup of the rostering system, attachments are paid a month in arrears and therefore fall into this reporting period.

There is a 30.3% mean pay gap between male and female consultants' CEA pay and a 52.0% median pay gap. There has been a 0.9% increase in the mean gender pay gap for bonus pay (CEA only), compared to previous year's data, continuing a trend of increases from 2018. There has been a 24.9% increase in the median gender pay gap for bonus pay (CEA only).

**Gender Pay Action plan**

Refer to Workforce, EDI Programme (Appendix 2).

## Background

This report is published in line with gender pay gap reporting requirements for organisations with more than 250 staff. All calculations relate to the pay period in which the snapshot day falls, which is 31 March 2022. This report is in line with the Equality Act 2010 regulations. 15,393 employees were categorised as "relevant employees" for the purposes of the gender pay calculations. Please see definitions at end for further details.

A gender pay gap is the difference between the average earnings of men and women across an organisation, expressed relative to men's earnings.

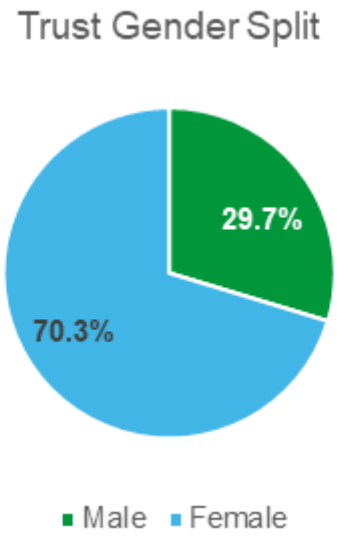
The mean pay gap is the difference between the pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce.

The median pay gap is the difference between the pay of the middle male and the middle female, when all male employees and then all female employees are listed from the highest to the lowest paid.

The gender pay gap is different to equal pay for equal value work. The Trust operates within a national pay structure and job evaluation system for staff on Agenda for Change terms and conditions and those on medical and dental terms and conditions.

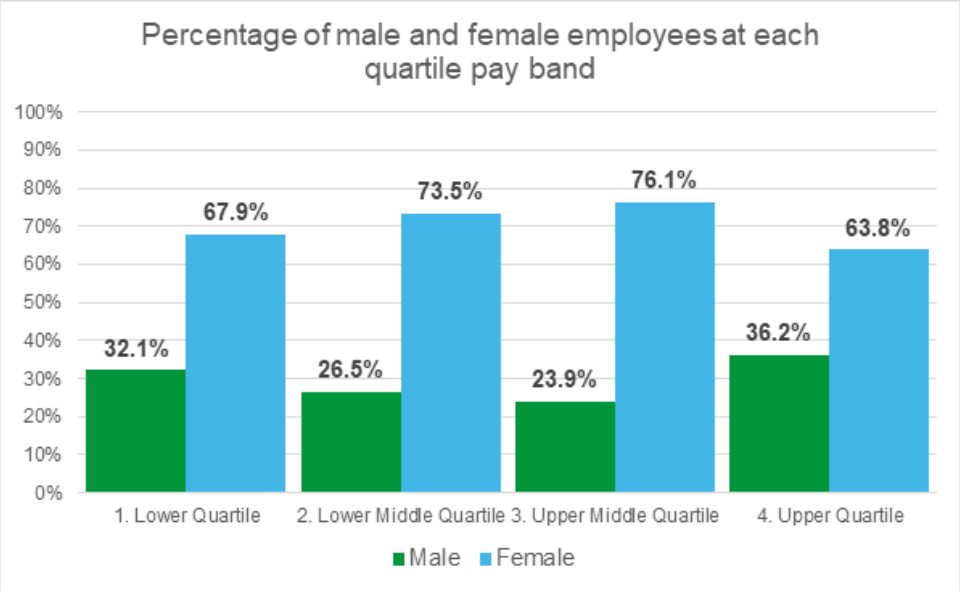
## Trust Gender Mix

Overall, 70.3% (10,824) of Trust employees are female, while 29.7% (4,569) are male. These percentages relate to the 15,393 staff included for the purposes of this calculation.




## Quartile pay band gender representation

The data below ranks our full-pay employees from lowest to highest paid, divides this into four equal parts (quartiles) to establish the percentage of men and women in each quartile. Quartile 1 contains the lowest pay groups, while Quartile 4 contains the highest pay groups.




As in last year, there is a higher proportion of women than men in Quartile 2 and Quartile 3 compared to overall Trust population proportions. The Trust has a higher proportion of male employees in the upper pay quartile of the Trust compared to proportions of male and female employees in the lower quartiles, which partly explains the gender gap in ordinary pay.

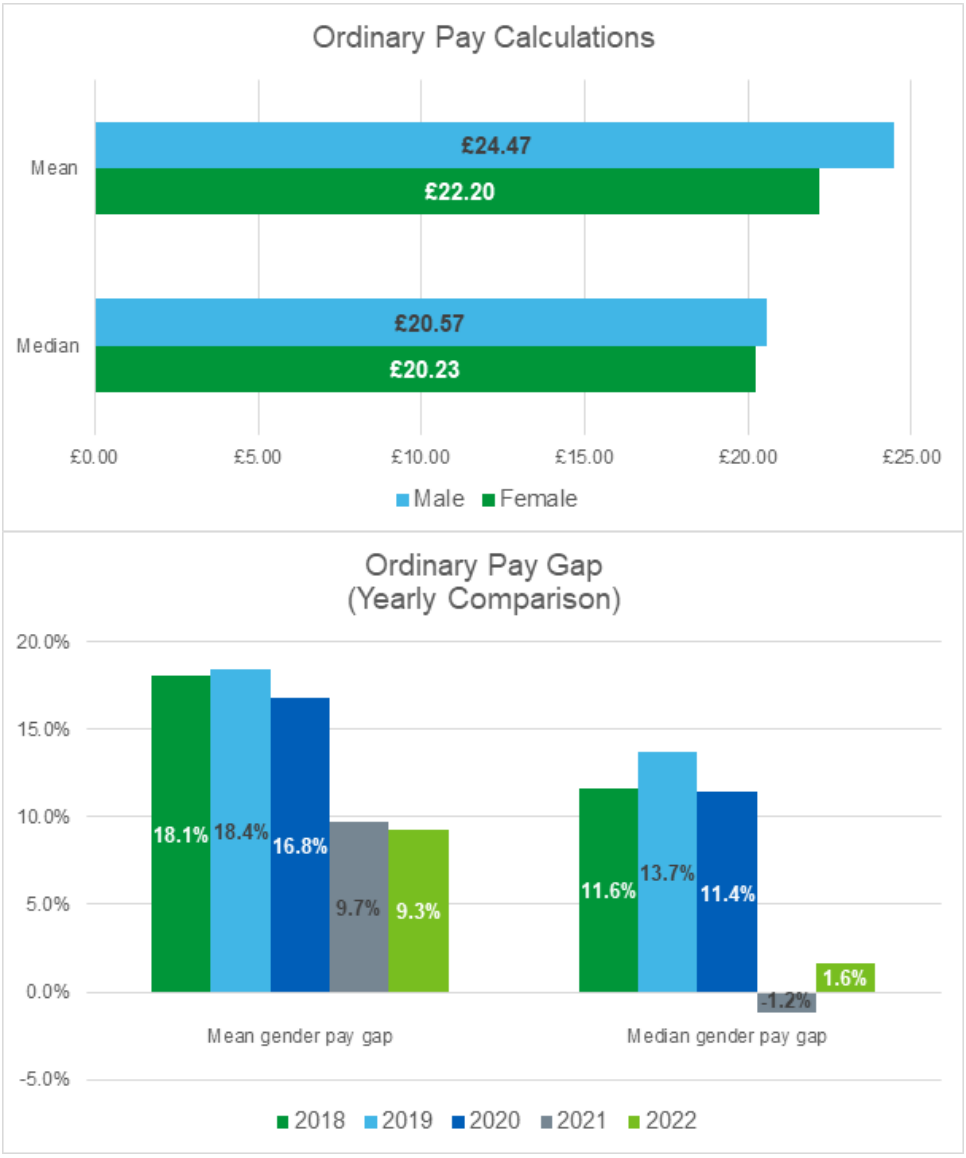
There has been a change to the proportions of male and female employees in each quartile, with the proportion of female employees increasing in all quartiles but quartile 3. However, the changes are smaller than they have been in previous years:

Quartile 1: The proportion of female employees has increased by 0.8%
Quartile 2: The proportion of female employees has increased by 0.4%
Quartile 3: The proportion of female employees has decreased by 0.6%
Quartile 4: The proportion of female employees has increased by 0.6%

## Ordinary Pay

This section establishes the mean and median differences in hourly rates of ordinary pay between male and female employees.

During the defined pay period that includes the snapshot date of 31 March 2022, the mean hourly rate of male employees was 9.3% higher than that of female employees and the median hourly rate of male employees was 1.6% higher than that of female employees. The mean pay gap has continued to decrease and is once again the lowest it has been since gender pay gap reporting, but the median gap has increased so that men earn more than women when considering the median pay gap, in contrast to the previous year where women earned more than men using this measure.



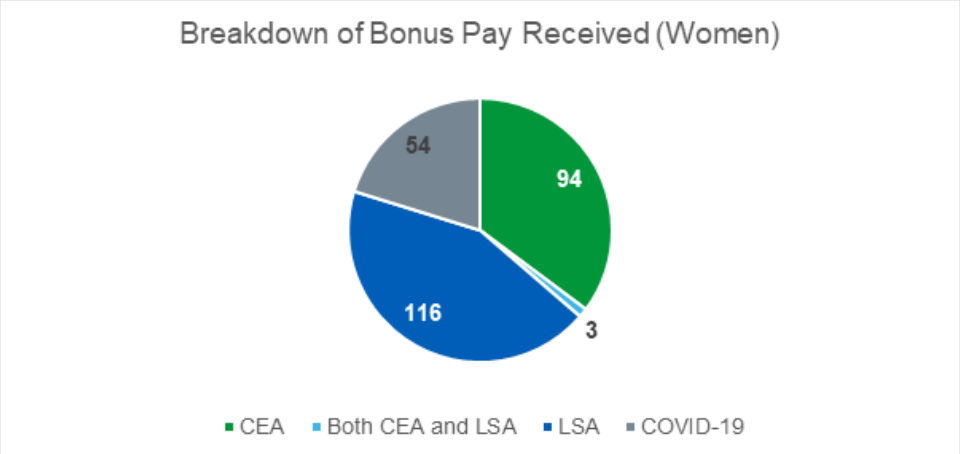

## Bonus Pay

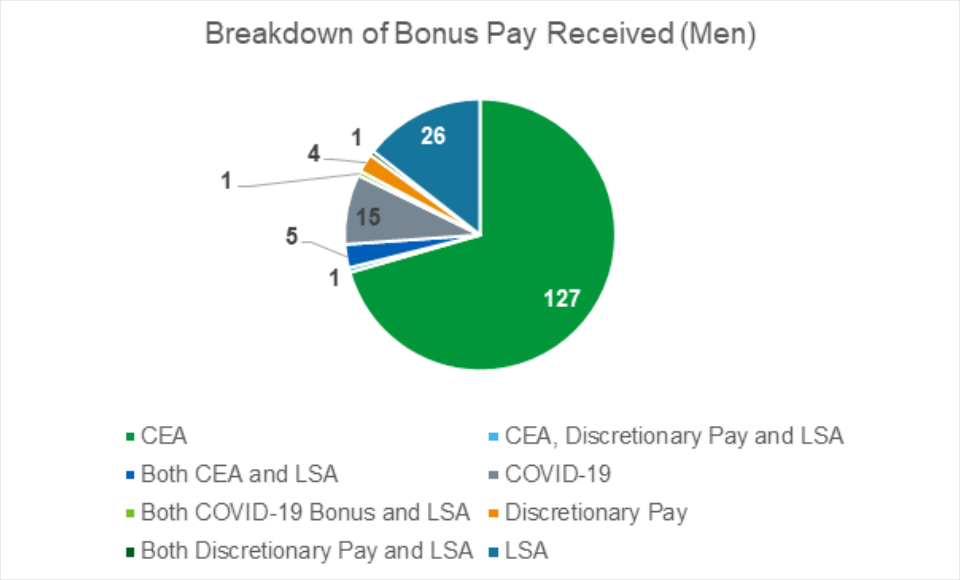
Clinical Excellence Awards (CEA), Long Service Awards (LSA) and an incentive payment for nursing staff working within ICU are identified as the relevant bonus payments made within the 12-month period ending on the snapshot date. There are also a number of non-CEA bonus payments made to consultants in recognition of additional responsibilities. The CEA awards bonus data does not include any newly issued awards in 2021/2022, due to a pause in this process due to Covid-19. The Long Service Awards included in this report were issued in September 2021 for the financial year 2020/21. The analysis also includes a bonus that has only once been included in the Gender Pay Gap report. This will impact on our data and comparative analysis drawn.

## Overall calculations

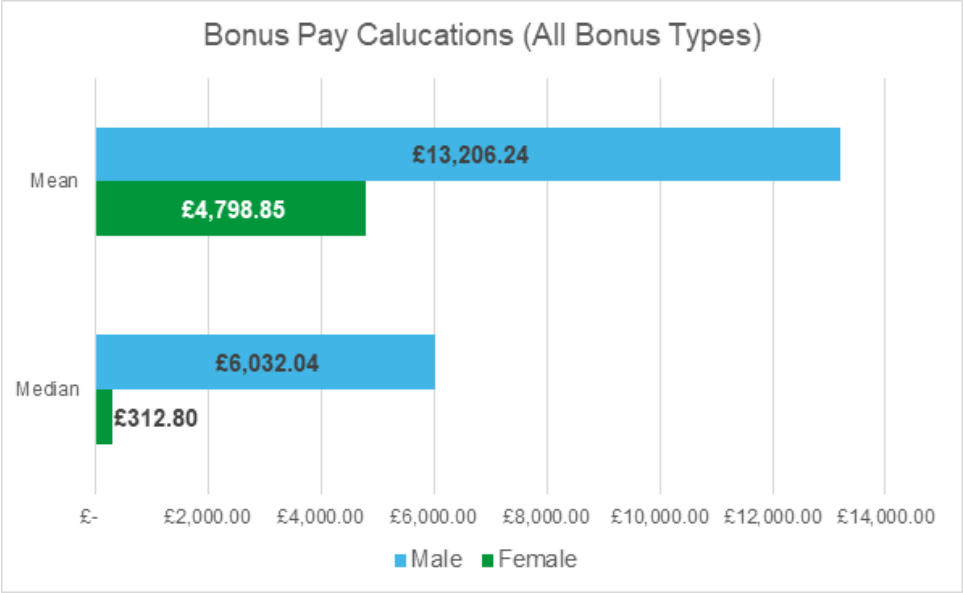
When considering the overall Trust gender populations, 3.9% of male employees receive a bonus payment, while 2.5% of female employees do. Therefore, 1.4% more men receive bonus payments compared to women across the Trust. Only specific groups of employees are eligible for the three types of payments.

Overall, there were 180 male and 267 female employees who received a form of bonus pay for the relevant period. 9 consultants received both a CEA and a Long Service Award, with one person receiving both the Covid-19 bonus and Long Service Award, and one consultant receiving a pay award for additional duties and a Long Service Award. For the purposes of the overall bonus calculations, where individuals received multiple types of bonus payment, they were combined, so the individuals were not counted twice. The charts below detail the breakdown of the types of bonus pay received for each gender.




When considering all bonus pay data together, the figure below indicates that men receive significantly more bonus pay than women. Contributing to this, women were more likely to receive either an LSA or Covid-19 award than a CEA, which were awarded at a flat rate of £150 or an average of £637.94 for the former two awards. Men received the majority of CEAs (57.8%) and the average value of their CEAs was higher than their female counterparts, being £18,395.63 compared to £12,818.47. However, it should also be considered that the value of the CEA is for a bonus given over an entire year, and the Covid-19 incentive payment was given over a period of weeks, which makes a direct comparison difficult.



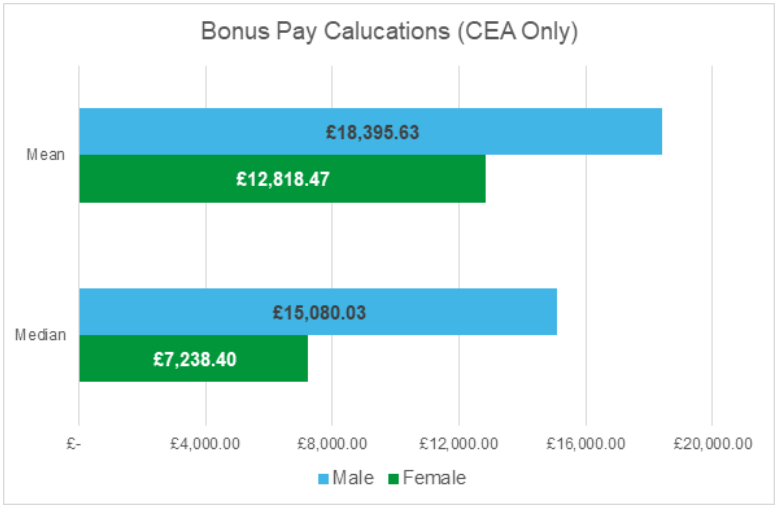

## Clinical Excellence Awards (CEAs)

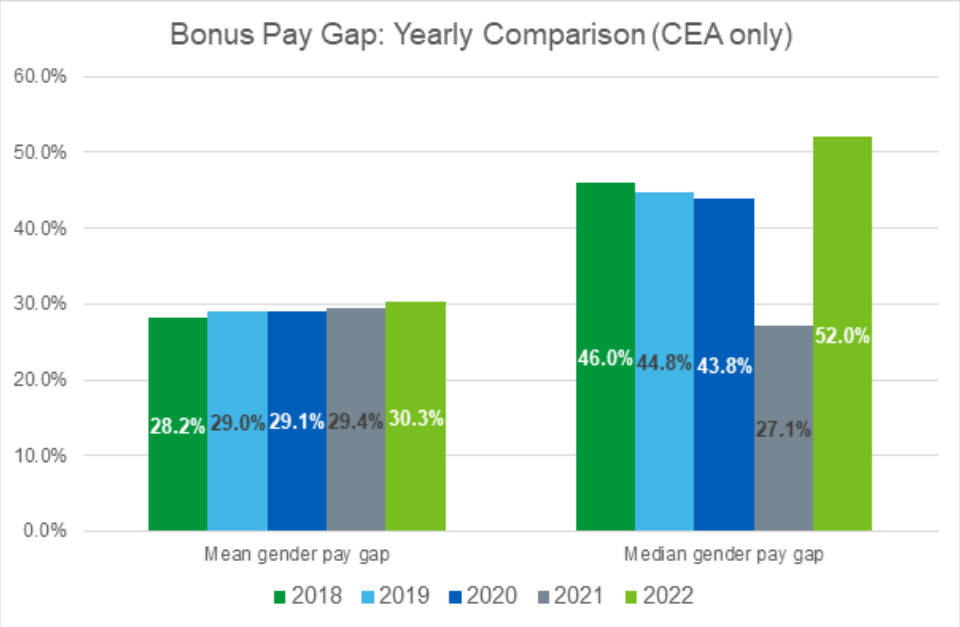
The CEA scheme is intended to recognise and reward those Consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. Eligible consultants are those in substantive posts with more than one year's Trust service at the time of the application.

For the purpose of the bonus pay gap calculations, all CEA payments made to relevant employees in the 12 months to the snapshot date are included. This includes local awards, which are awarded by the Trust and national awards which are awarded by the Department of Health and Social Care paid via the Trust payroll.

The diagram below demonstrates that there is a 30.3% mean pay gap between male and female consultants' CEA pay. When looking at the median difference, the difference is higher; with male consultants receiving 52.0% more bonus pay than female consultants.

The below yearly comparison demonstrates a largely similar picture to previous years relating to the mean bonus pay. However, there is a significant increase in the median gender pay gap, reversing last year's trend of a decrease.






## Long Service Awards

LSAs are awarded to staff who have completed 20 years' of service at the Trust. Recipients are awarded a monetary voucher of the value of £150.00. Therefore, there is no difference in the mean or median values of this type of bonus payment awarded to male and female employees.

Out of the 153 recipients of a LSA, 22.2% were male and 77.8% recipients were female, which is largely representative of the overall organisational gender mix.

## Covid-19 Incentive Payment

From 21 January 2021 to 31 March 2021, people carrying out registered nurse duties at night were offered an incentive payment of £13.60 an hour, to be added to their contractual pay for the shift. Due to the setup of the Trust's rostering system, people who worked shifts in March 2021 received their payments in April 2022's pay, hence this incentive's inclusion in this year's gender pay gap report.

70 individuals received this payment in 2021/22; 77.1% were women and 22.9% were men. While the overall average payment was £625.21, women received an average payment of £637.94 and men received a lower average payment of £582.25.

# Appendix 6: Ethnicity Pay Gap Report 21/22

## Background

The UK government in 2017 published the first report to examine the barriers people from Ethnic Minorities face in employment, named *Race in the workplace*. Their report highlighted the need to first be able to measure the disadvantage some ethnic groups face in order to address the barriers to earning as much as their white colleagues.

In 2018, the Race Disparity Unit and CIPD led the call for the introduction of ethnicity pay gap reporting in "Our Manifesto for Work". This led to the government consultation on whether to introduce mandatory ethnicity pay gap reporting, which ran from October 2018 to January 2019. The Women and Equalities Committee published a report calling for the Government to implement mandatory reporting of ethnicity pay by April 2023. The Government confirmed no mandatory ethnicity pay gap reporting. The Trust will be report on it ethnicity pay gap as part of its anti-racist approach.

In the absence of a mandatory framework for ethnic pay gap reporting, Trusts who do take the steps to report their ethnicity pay gaps have to select their own reporting measures. As a Trust we have worked with the NHS London Region Equality, Diversity and Inclusion team to ensure that the areas we have chosen to report on align with the gender pay gap but also take into account the complexity of ethnicity pay reporting compared with gender pay reporting.

We have chosen to replicate the measure used in gender pay gap reporting with some changes, to account for the different data sets. The gender pay gap report compares two distinct groups – male and female – whereas ethnicity recorded on ESR can fall into one of four broad categories: white, Black, Asian and minority ethnic, blank (not recorded) and unspecified (chose not to answer). The way that gender is recorded on ESR means that there can be no blank or unspecified records. In calculating the mean and median differences, we have chosen to focus on those who have specified their ethnicity to give the most precise view of the ethnicity pay gap in the Trust, as people with blank or undeclared ethnicities could either be Black, Asian and minority ethnic or white. The blank and unspecified records are included in the Trust average.

As the CIPD observed, use of a single category for Black, Asian and minority ethnic people masks the variations in labour and pay market outcomes between ethnicity groups. Therefore, we have presented a further data breakdown in section 5 using the ONS Census's five ethnicity categories.

This report includes:

- The mean and median ethnicity pay gaps
- The mean and median ethnicity bonus pay gap
- The proportion of Black, Asian and minority ethnic and white employees who received a bonus
- The proportions of Black, Asian and minority ethnic and white employees in each pay quartile

The ethnicity pay gap report shows the difference in the average pay between Black, Asian and minority ethnic staff in our workforce. Where there is a positive percentage, this mean that the pay of white staff is higher than the pay of Black, Asian and minority ethnic employees; the higher the percentage, the greater the ethnicity pay gap.

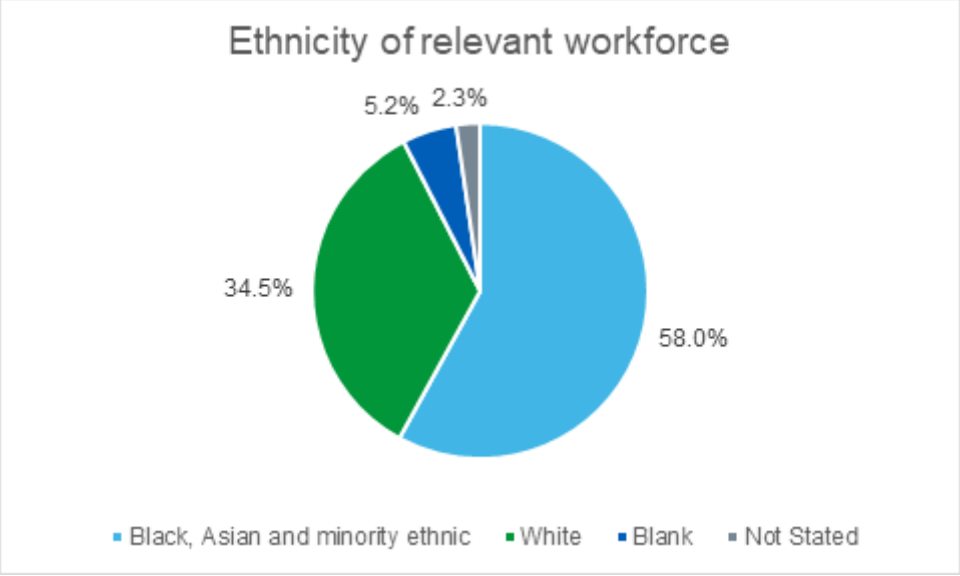
The ethnicity pay gap is different to equal pay. Ethnic pay disparities are not primarily about those from a white background and other ethnic groups being paid differently for the same job. The Equality Act 2010 make it unlawful to discriminate (both directly and indirectly) against employees (and people seeking work) because of their race. Therefore, unless there is a failure to comply with existing law, pay disparities between ethnic groups are likely to be due other factors to that impose disadvantage on people from ethnicity minorities.

## Our workforce

This report aligns the ethnicity pay reporting with gender pay reporting, but recognises the differences. All calculations relate to the pay period in which the snapshot day falls, which is 31 March 2022. This report is in line with the Equality Act 2010 regulations. **15,393** employees were categorised as "relevant employees" for the purposes of the ethnicity pay calculations; the same data set as the gender pay gap was used. Please see definitions at end for further details.

## Ethnicity

The table below shows the proportions of the relevant workforce from a Black, Asian and minority ethnic background and a white background, as well as those who had not completed their ethnicity on Electronic Staff Record (ESR) ("Blank") and those who had indicated they did not wish to disclose their ethnicity ("Not Stated").




The proportion of employees who have disclosed their ethnicity is 92.5%. There is a breakdown of the groups within the Black, Asian and minority ethnic category within section 5 and Appendix 2 of this report.

We have maintained the separation of the "Blank" and "Not Stated" categories in this diagram as they are fundamentally different; those who have indicated they do not wish

to disclose their ethnicity have made an active choice to do so, whereas those with blank records may yet declare themselves to be Black, Asian and minority ethnic, white, or indicate that they do not wish to make this declaration.

## Bonus pay

For 2022, relevant bonus pay includes Clinical Excellence Awards (CEA) for consultants, long service awards and one-off incentive payments relating to the Trust's Covid-19 response.

Long service awards of £150, awarded to those who completed their twentieth year of service in 2020/2021, were issued in September 2021 and are therefore included in this analysis, including the mean and median bonus pay for all bonuses. However, they do not appear in the tables at 4.3 and 4.4 as an individual line (mean and median bonus pay) as the value of the award is the same for each recipient (£150).

During Covid-19, our substantive pay for Agenda for Change staff was impacted by a one-off incentive scheme, where we paid ICU surge rota enhancements for a period of 10 weeks. This incentive was paid to nursing staff over the period of 21 January 2021 to 31 March 2021. As this incentive was paid in arrears, the period reported on will be 1 March 2021 to 31 March 2021, as these payments were received in April 2021.

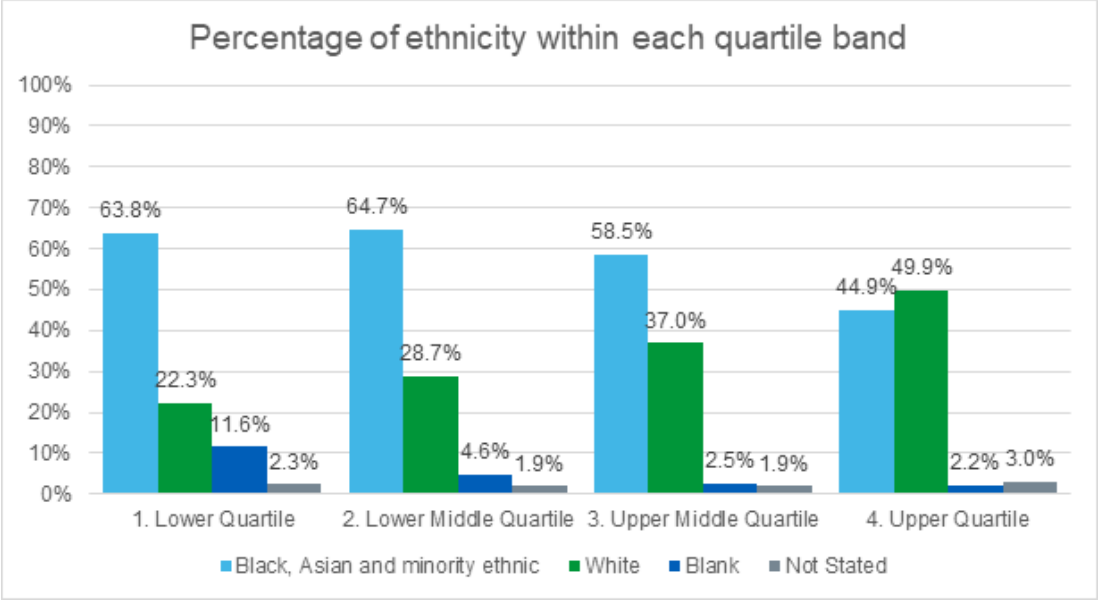
For the second year running, the CEA bonus award payments were delayed and distributed rather than awarded on merit. The pay gap data for March 2022 was the 2019/2020 awards distribution was paid in April 2021.

It is important to note that the CEA awards bonus data does not include any newly issued awards in this reporting period of 2021/2022. The tripartite negotiating group (NHS Employers, the British Medical Association and HCSA) advised Trusts to equally distribute the year's Local CEA funds (and any remaining from previous years) among all eligible consultants. This approach has been replicated this year, so will also impact on next year's reporting.

## Overall ethnicity Pay Gap Analysis

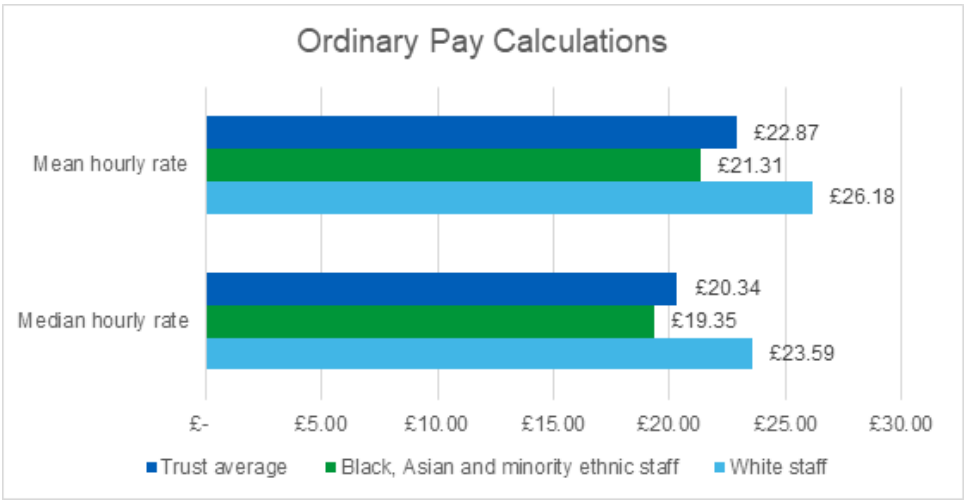
This section examines the overall pay gap between white and Black, Asian and minority ethnic staff.

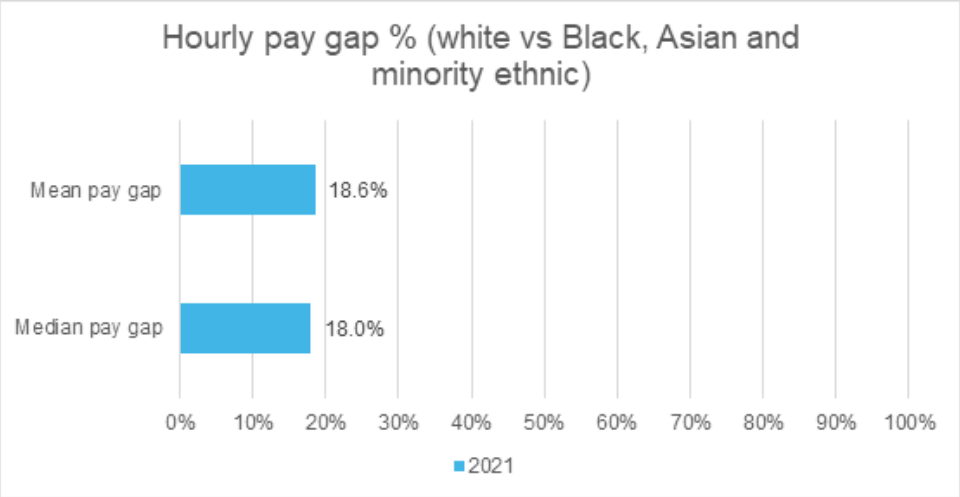
## Quartile pay bands




There are several aspects to note about the distribution of ethnicity within the pay bands. The highest proportion of people with no ethnicity completed is within the first quartile, suggesting the records of those paid the least are more likely to be incomplete. There is no significant variation in the proportion of people who chose not to declare their ethnicity throughout the quartiles.

The proportion of Black, Asian and minority ethnic staff is consistently over 50% in the first three quartiles, but drops by 13.6% in the fourth and highest-earning quartile. This is indicative of under-representation of Black, Asian and minority ethnic staff in the highest bands. There are fewer white people in quartile one and more white people in quartile four, indicating that white people are under-represented in lower-earning positions yet over-represented in the highest-earning positions.






## Mean ethnicity pay gap

This is defined as the difference between the mean hourly rate of pay of all white full-pay relevant employees and the mean hourly rate of relevant employees from a Black, Asian and minority ethnic background. The mean pay gap between white staff and Black, Asian and minority ethnic staff was **18.6%**.

As well as there being a sizable pay gap between Black, Asian and minority ethnic staff and their white counterparts, the former also earn less on average than the mean across the Trust.

## Median ethnicity pay gap

This is defined as the difference between the median hourly rate pay of all white full-pay relevant employees and that of full-pay relevant employees from a Black, Asian and minority ethnic background. The median pay gap between white staff and Black, Asian and minority ethnic staff was **18.0%**.

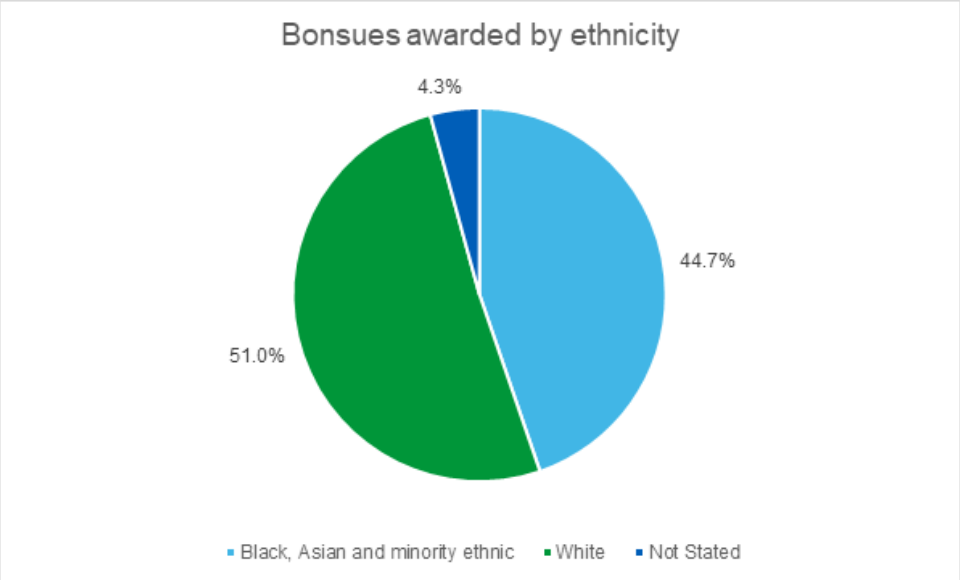
Black, Asian and minority ethnic staff still earn less than the Trust median. While the median pay gap is smaller than the mean pay gap, it is not by a large amount.

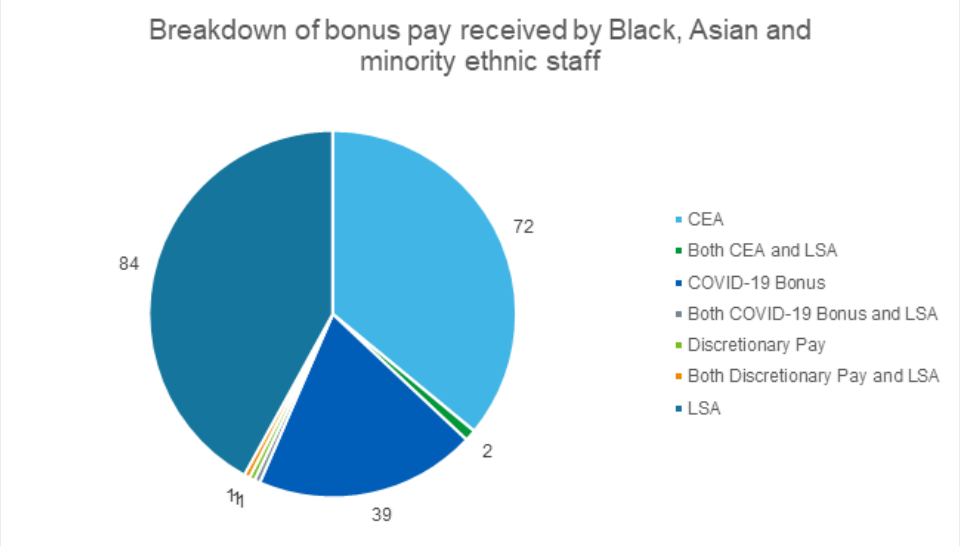
## Proportion of Black, Asian and minority ethnic people and white people receiving bonus pay

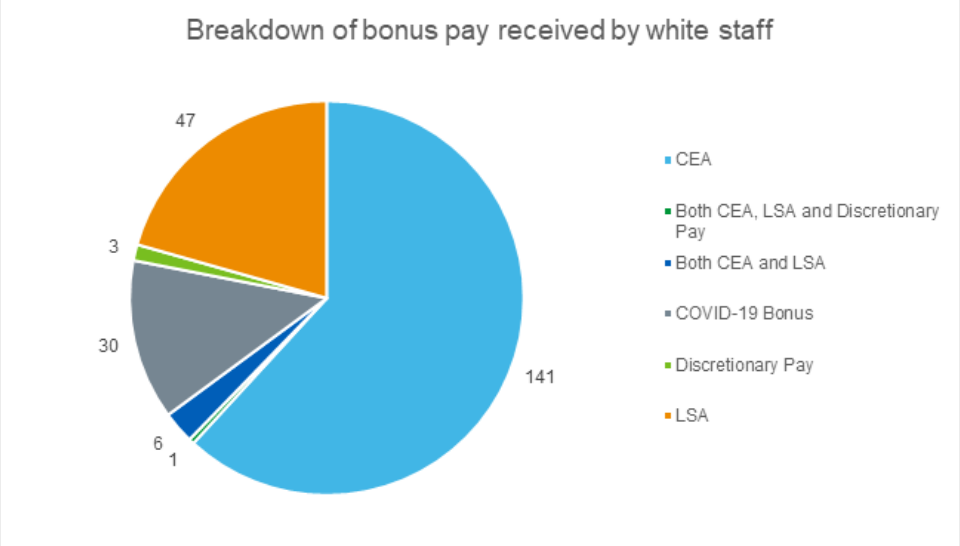
When considering the overall Trust population, 4.3% of white employees receive a bonus payment, while 2.2% of Black, Asian and minority ethnic employees do. Therefore**,** 2.1% more white employees receive bonus payments compared to Black, Asian and minority ethnic employees across the Trust.

Overall, there were 228 white employees and 200 Black, Asian and minority ethnic employees who received a form of bonus pay for the relevant period, along with 19 individuals who chose not to declare their ethnicity. No one with a blank ethnicity record received a bonus. 9 consultants received both a CEA and a Long Service Award, with one person receiving both the Covid-19 bonus and Long Service Award, and one consultant receiving a pay award for additional duties and a Long Service Award. For the purposes of the overall bonus calculations, where individuals received multiple

types of bonus payment, they were combined, so the individuals were not counted twice. The charts below detail the breakdown of the types of bonus pay received for both white staff and Black, Asian and minority ethnic staff.



## Clinical Excellence Awards

Clinical Excellence Awards can only be awarded to consultants, which reduces the pool of potential awardees. The CEA scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. Eligible consultants are those in substantive posts with more than one year's Trust service at the time of the application.

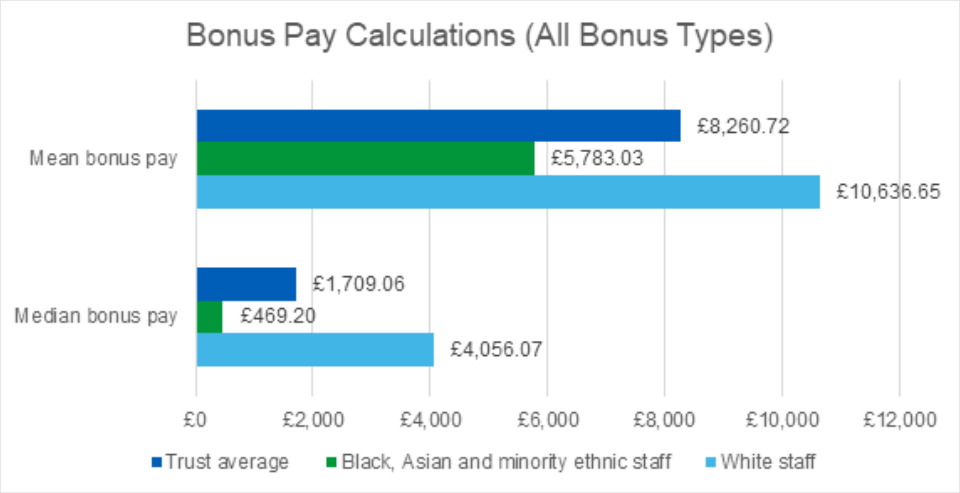
There are a higher proportion of white consultants, making up 57.5% of the consultants in the relevant group, where consultants from a Black, Asian and minority ethnic background made up 38.6% of consultants. However, 64.4% of the CEAs were awarded to white consultants and 32.2% to Black, Asian and minority ethnic consultants, indicating that white consultants were more likely to be awarded CEAs than their counterparts.

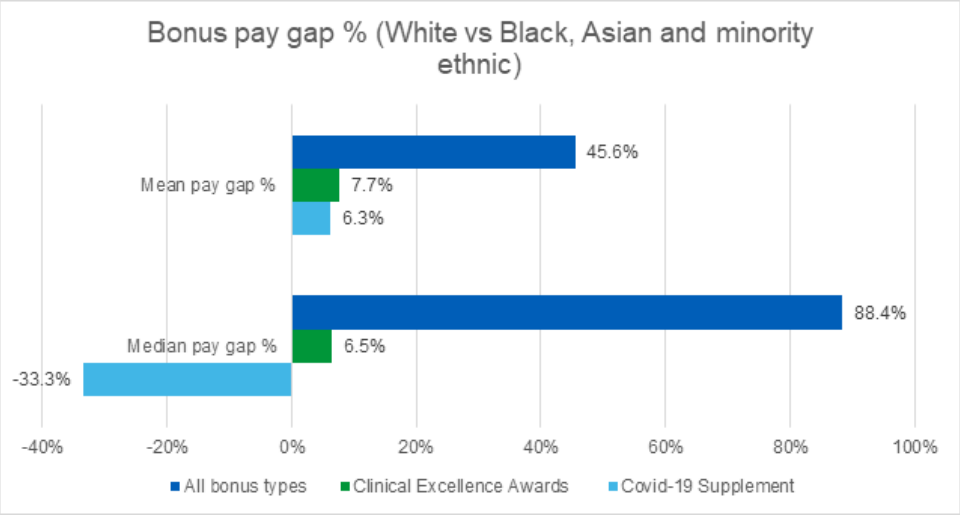
## Covid-19 Bonus

A higher number of Black, Asian and minority ethnic nurses than white nurses undertook shifts for which the Covid-19 bonus was payable, which may be reflective of there being more nurses from a Black, Asian and minority ethnic background within the Trust's workforce.

## Long Service Award

More Black, Asian and minority ethnic employees completed their twentieth year of service than white employees; however, the proportions mirror the Trust's overall ethnicity breakdown (with 57.5% of awardees being from a Black, Asian and minority ethnic background and 35.3% being white).






## Mean bonus gap

This is defined as the difference between the mean bonus pay of all white relevant employees and the mean bonus pay of relevant employees from a Black, Asian and minority ethnic background. The mean bonus pay gap percentage between white staff and Black, Asian and minority ethnic staff was **45.6%**.

## Median bonus gap

This is defined as the difference between the median bonus pay of all white full-pay relevant employees and the median bonus pay of relevant employees from a Black, Asian and minority ethnic background. The median bonus pay gap percentage between white staff and Black, Asian and minority ethnic staff was **88.4%**.

## Summary of ethnicity pay gap

While Black, Asian and Minority ethnic staff make up 58.0% of the Trust's workforce population eligible for the report, Black, Asian and minority ethnic staff make up only 44.9% of the top quartile of pay (quartile 4). Their white counterparts are overrepresented in quartile 4, making up 49.9% of this top quartile, and they are underrepresented in quartile 1, making up only 22.3%.

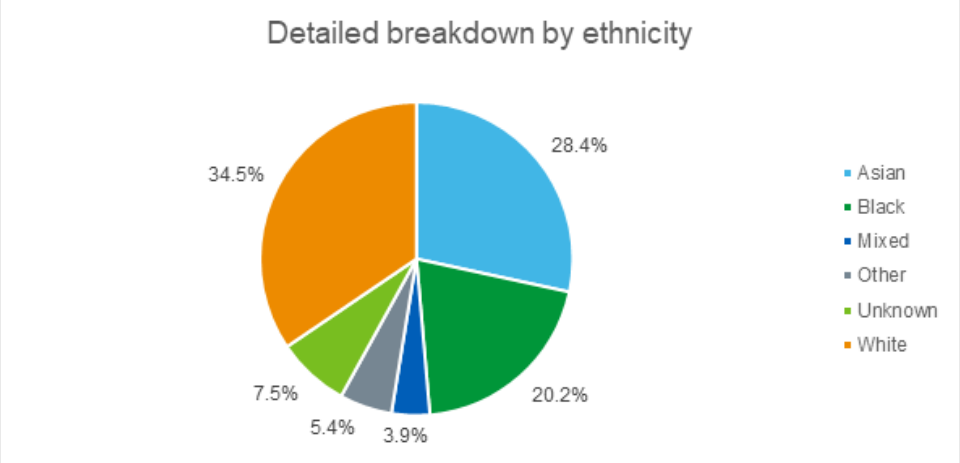
The pay gap is not a surprise due to the under-representation of Black, Asian and Minority ethnic at the most senior level of the Trust. The NHS national EDI team has established a goal to eliminate the ethnicity pay gap through greater representation of Black, Asian and minority ethnic talent in senior leadership, with aims of achieving their targets by 2028.

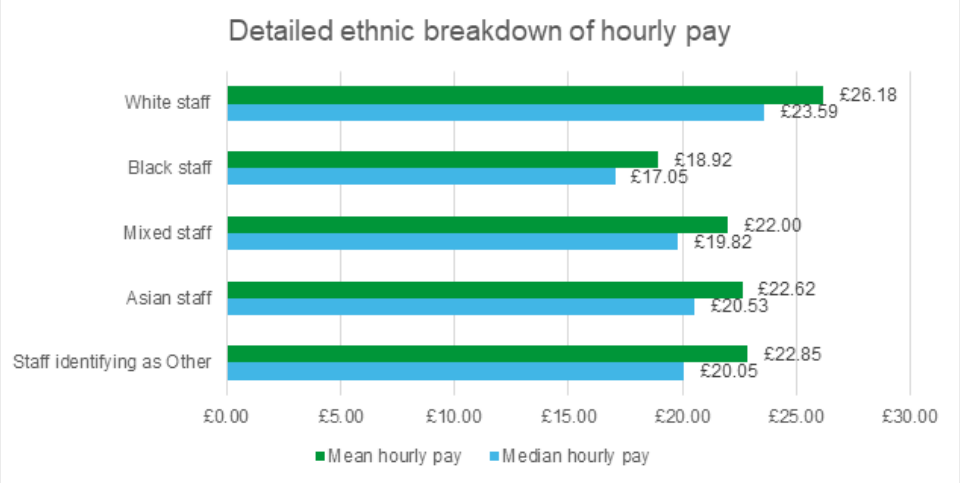
## Ethnicity Pay Gap Analysis – Detailed ethnic breakdown

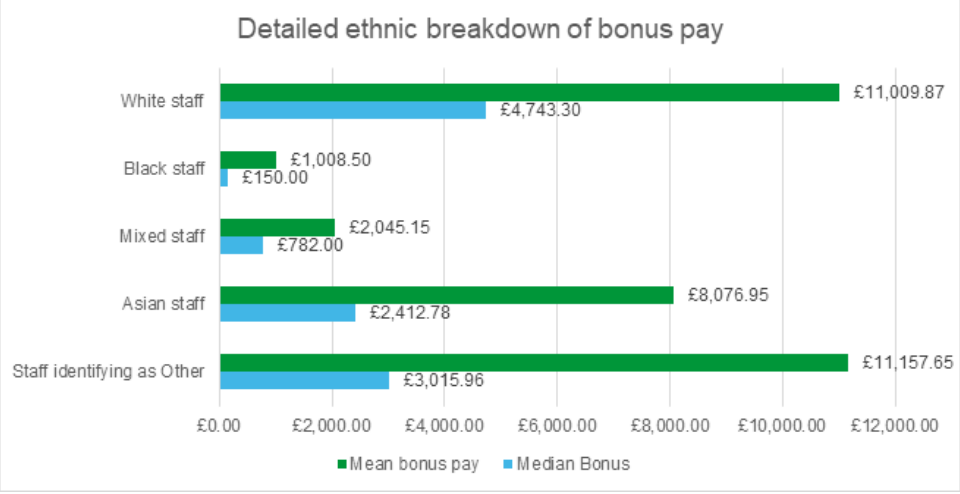
It is important to recognise that the group referred to as "Black, Asian and minority ethnic" is not homogeneous. We recognise the need to ensure that the pay gap data analysis takes into account the significant differences in pay gaps between our staff from within the groups otherwise defined as Black, Asian and minority ethnic within this report. The analysis below therefore highlights the differences between the five groups as defined by the ONS, compared against the white staff group. Those who

are “Blank” and “Unknown” are included in the chart showing the Trust’s makeup but not included in the analysis.

The order of the groups below are by the largest mean hourly pay gap, in descending order. For a full description of the demographic makeup of these groups, please see the end of the report.

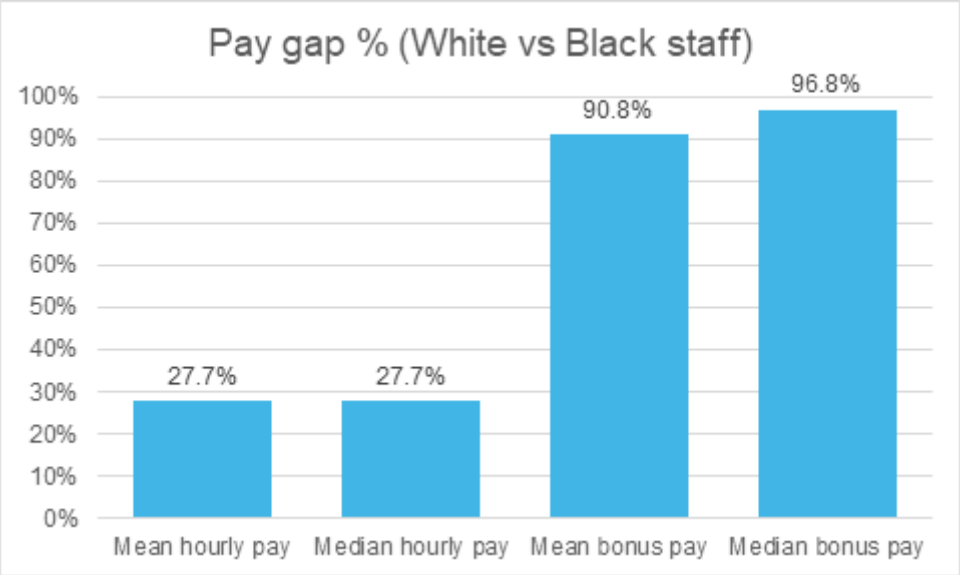


## Black Staff

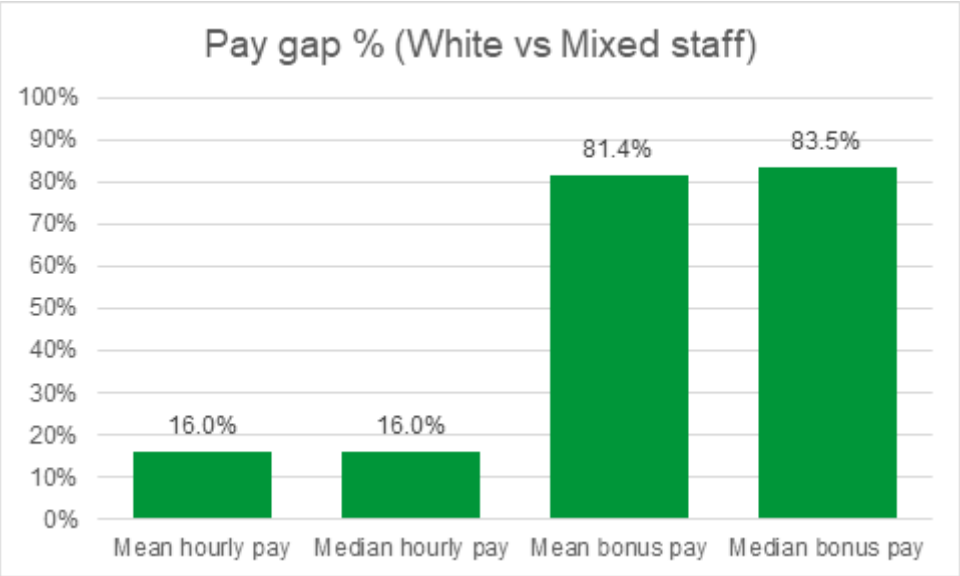
The Black staff group generally refers to our staff with Black African and Black Caribbean heritages. This group accounts for 20.2% of our workforce.




The pay gaps between white and Black staff are larger than the pay gaps for the Black, Asian and minority ethnic group as a whole, and reflect the starkest gap of any of the ethnic groups in this analysis.

## Mixed Staff

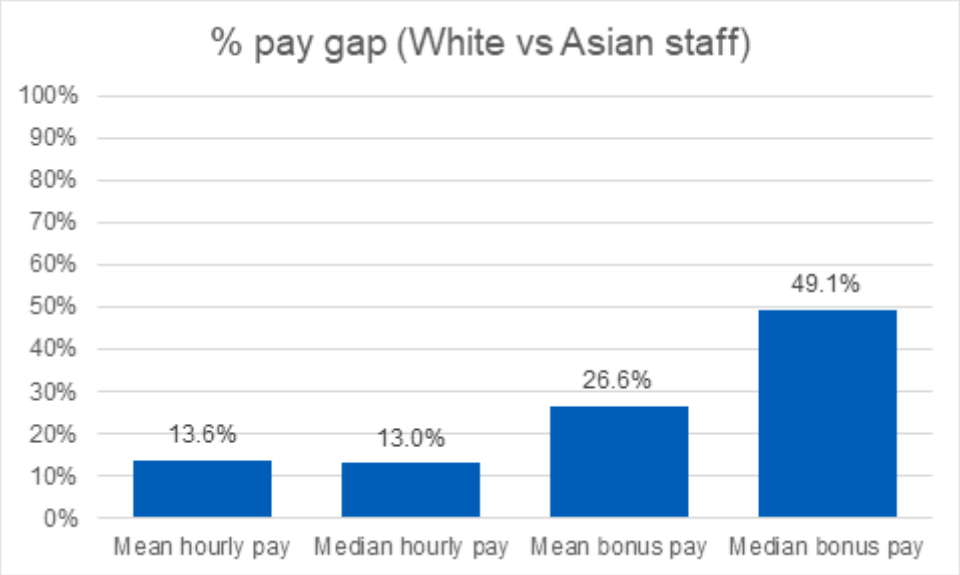
The Mixed staff group refers to those who identified with an ESR category beginning with the word “Mixed”. The analysis did not include those in groups such as “White Mixed”, “Black Mixed” or “Asian Mixed” as ESR counts them within their respective overall group. This staff group accounts for 3.9% of our workforce.



There was a comparatively smaller group of individuals identifying as being of mixed heritage than those identifying as white, Black, or Asian. However, the trends were similar, with this staff group experiencing a substantial pay gap in all areas, second only to Black staff.

## Asian Staff

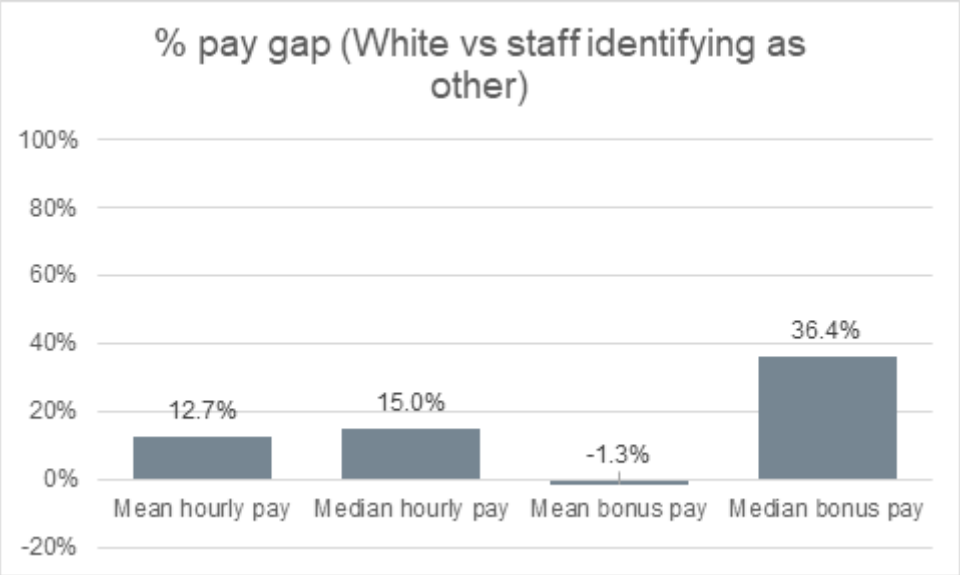
The Asian staff group refers to our staff from both a South Asian background (e.g. Indian, Pakistani and Bangladeshi staff), as well as those from an East Asian background (e.g. Chinese and Japanese staff) and South East Asian background (e.g. Filipino and Malaysian staff). Staff of Central Asian backgrounds are more likely to be included in the “Other” group as people from that background may record themselves as “Any Other Ethnic Group”. The Asian staff group accounts for 28.4% of our workforce; the next largest group after white staff.




There is at least a ten per cent gap between Asian staff and white staff for all of the types of pay examined in this report, but the size of the gap is smaller than those of Black backgrounds or those who identify as mixed. The mean hourly pay gap between white and Asian staff is less than the pay gap for Black, Asian and minority ethnic staff as a whole (13.6% for the former and 18.6% for the latter).

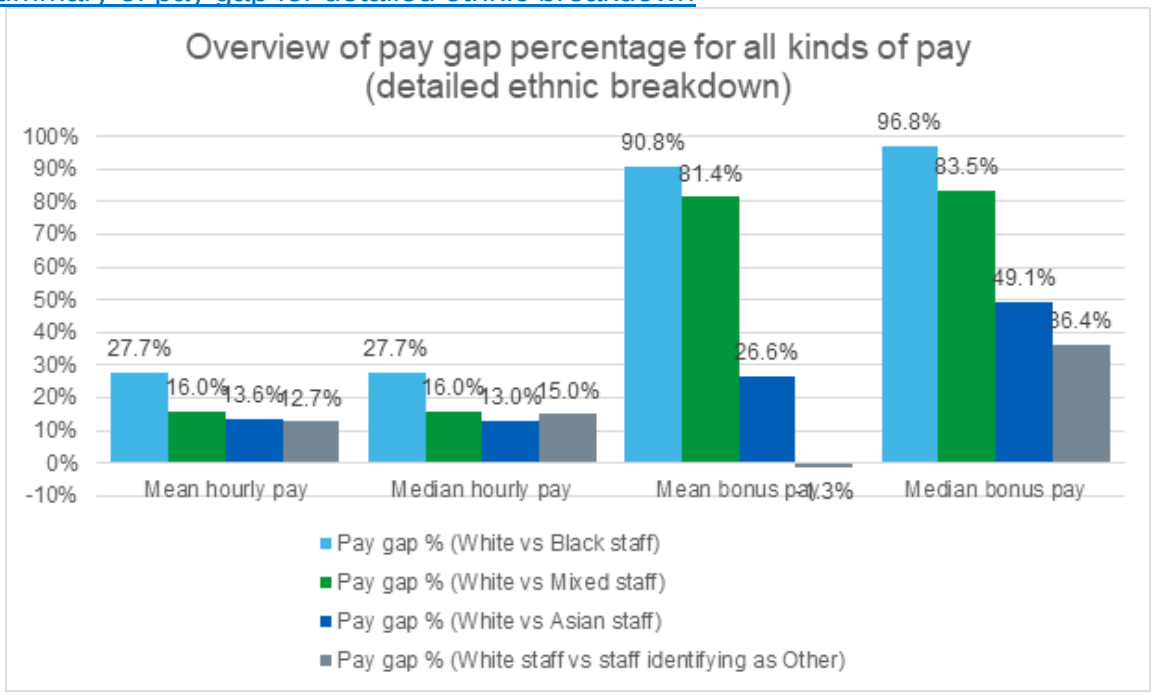
## Other Ethnic Minorities Staff

The other ethnic minorities staff group refers to those who identified with an ESR category not otherwise covered (excluding “Not stated”) or the specific category “Any Other Ethnic Background”. This staff group accounts for 5.4% of the workforce.




This is the group with the smallest gap between their white counterparts, and in one case the mean bonus pay gap is negative, meaning people in this group earn more than their white colleagues. However, this is by a small percentage and only within this one measure.

Summary of pay gap for detailed ethnic breakdown




Within the groups considered Black, Asian and minority ethnic, it is our Black staff group who account for the largest pay gap with a difference of 27.7% for both mean and median hourly pay compared to our white staff group. The Mixed group has a larger gap than the Asian group, and both are larger than the group defined as other. However the data suggests that the pay gap disproportionately affects Black staff (Black African, Black Caribbean and Black British staff), who make up 20.2% of our total workforce.

This analysis has focused purely on examining the workforces as a whole and does not examine potential differences in staff group and professions. The cause of the pay gap may run deeper than simply under-representation in the higher pay bands.

## Conclusions

Our Workforce EDI work programme and the following key interventions will support improvement in this area to close the gap:

- Our three-year ESR Campaign will support improvement in the ethnicity disclosure rate and ensure that people choose the category with which they identify
- Working with the HR Admin team to review and amend blank ESR records to improve the accuracy of our data analysis
- Development and delivery of our race equity training for over 400 managers
- Delivery and promotion of toolkits to support understanding of race within the workplace
- A continued review of incidents of discrimination and abuse in our people processes relating to protected characteristics, including racism, and development of responsive, innovative approaches to reduce incidents
- Diverse interview panels (in race and gender) for all roles at Band 7 and above and all consultant roles
- Support and empowerment of our two Race Equality networks

We will also review the current programme of work outlined in light of this report to ensure that the recommendation take into account the analysis.

## Definition of categories used

**Blank** – the information was not entered onto ESR

**Not stated** – the person was asked and declined to provide a response (for example "Z Not Stated")

**White** – people who self-described as the following:

- White - British
- White - Irish
- White - Any other White background
- White Northern Irish
- White Unspecified
- White English
- White Scottish
- White Welsh
- White Cornish
- White Cypriot (non specific)
- White Greek
- White Greek Cypriot
- White Turkish
- White Italian
- White Polish
- White ex-USSR
- White Kosovan
- White Albanian
- White Croatian
- White Serbian
- White Other Ex-Yugoslav
- White Mixed
- White Other European

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**Black** – people who self-described as the following:

- Black or Black British - Caribbean
- Black or Black British - African
- Black or Black British - Any other Black background
- Black Somali
- Black Mixed
- Black Nigerian
- Black British
- Black Unspecified

**Asian –** people who self-described as the following:

- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Any other Asian background
- Asian Mixed
- Asian Punjabi
- Asian East African
- Asian Sri Lankan
- Asian Tamil
- Asian British
- Asian Caribbean
- Asian Unspecified
- Chinese
- Vietnamese
- Japanese
- Filipino
- Malaysian

**Mixed** – people who self-described as the following:

- Mixed - White & Black Caribbean
- Mixed - White & Black African
- Mixed - White & Asian
- Mixed - Any other mixed background
- Mixed - Black & Asian
- Mixed - Black & Chinese
- Mixed - Black & White
- Mixed - Chinese & White
- Mixed - Asian & Chinese
- Mixed - Other/Unspecified

**Other** – people who self-described as the following:

- 9 Not given (legacy category)
- Any Other Ethnic Group
- Other Specified

Countries of birth for people in this group included:

- Afghanistan
- Brazil
- Chile
- Egypt
- Georgia
- Indonesia
- Jordan
- Korea (both Democratic People's Republic of Korea and Republic of Korea)
- Lebanon
- Mexico
- Nepal
- Peru
- the Philippines
- Russia
- Singapore
- Tunisia
- Yemen

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## Definitions for gender and ethnicity pay gap reports

**Gender pay gap**: The difference between the average earnings of men and women, expressed relative to men's earnings. This is a broad measure of the difference in the average earnings of men and women, regardless of the nature of their work.

**Equal pay:** A legal requirement that within an organisation, male and female staff members who are engaged in equal or similar work or work of equal value must receive equal pay and other workplace benefits. This definition is included for clarification purposes as this report relates to the gender pay gap, and not equal pay.

**Ethnicity pay gap:** This is the difference between the average earnings of employees who are indicated as white on ESR, and the average earnings of employees who are indicated to be from a Black, Asian and minority ethnic background. A positive figure indicates that white employees are paid more than Black, Asian and minority ethnic employees, whereas a negative figure indicates the opposite.

**Ordinary pay**: Basic pay, paid leave, including annual, sick, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual or nothing because of being on leave), high cost area and other allowances, shift premium pay, and pay for piecework. This would include on call framework and banding supplement in Doctor's pay, for example.

**Bonus pay:** 'Bonus pay' is defined as any remuneration that is in the form of money, vouchers, securities or options and relates to profit sharing, productivity, performance, incentive or commission. For the purposes of this report, the relevant bonus pay relates to Consultant Clinical Excellence Awards (CEA) and Long Service awards, in line with guidance from NHS Employers.

**Inclusion Criteria:** A wider definition of who counts as an employee is used for gender pay gap reporting. This means staff who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This includes those under Agenda for Change terms and conditions, medical staff, very senior managers and Trust bank workers. Agency workers and people employed by another employer to provide services to the Trust but counted directly by the agency/employer. Apprentices at the Trust are employed by an apprentice training agency, therefore the contract of apprenticeship is with the agency. Doctors under honorary contracts are also excluded from calculations, but counted by their academic institution. Self-employed workers and contractors of the Trust are also excluded as it is not reasonably practicable to obtain the data to include within the calculations. This is in line with Regulation 2(3) of the Gender Pay Gap Information Regulations 2017.

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## Appendix 7: Glossary of Terms

| | |
|---|---|
| **Protected characteristic** | The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act. The Act refers to 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation. |
| **Black, Asian and minority ethnic (BAME)** | Term currently used to describe a range of minority ethnic communities and groups in the UK – can be used to mean the main Black, Asian and Mixed racial minority communities (also referred to as BME) or it can be used to include all minority communities, including white minority communities. The term ethnic minorities is also used interchangeably with this acronym. |
| **Disability** | The Equality Act 2010 define disability as a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. |
| **Discrimination** | Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care. |
| **Diversity** | Valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make. |
| **EDS2** | Equality Delivery System 2 is a mandatory assessment tool that requires NHS Trusts to analyse and grade their equality performance across 18 outcomes. |
| **Equality** | Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways. Equality can be defined 'as the state of being equal, especially in status, rights, or opportunities.' |
| **Ethnicity** | A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group. |
| **Gender** | This describes characteristics such as appearance, presentation and behaviour to identify gender (not sex). Characteristics could be masculine, feminine or androgynous. |
| **Gender reassignment** | Gender reassignment refers to individuals who either have undergone, intend to undergo or are currently undergoing |

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| | gender reassignment (medical and surgical treatment to alter the body). |
| **Inclusion** | Inclusion means that all people, regardless of their abilities or health care needs, have the right to be respected, appreciated and included as valuable members of their communities. |
| **LGBTQ+** | It may refer to anyone who is non-heterosexual or non-cisgender, instead of exclusively to people who are lesbian, gay, bisexual, or transgender. To recognize this inclusion, a popular variant adds the letter Q for those who identify as queer or are questioning their sexual identity; LGBTQ has been recorded since 1996. |

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This document can be requested in alternative formats via the Trust Communications Department.