Imperial College Healthcare
NHS Trust

Workforce Equality, Diversity and Inclusion Annual Report

2020/2021

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

Directorate of People and Organisational Development

Authors: Olayinka Iwu, Gemma Glanville, Sebastiano Rossitto

disability confident COMMITTED

Contents

1. Welcome

The last year has been particularly challenging with a global pandemic. Our staff have been responding to covid-19 at a pace that has never been seen. We understand that the pandemic has brought inequalities to the forefront and our commitment to improving inequalities for our staff has not wavered.

As Chief Executive and Chair of the Equality, Diversity and Inclusion Committee, I am very proud of the commitment of our staff networks and the contributions that they have made. We are actively working on improving inclusiveness through contributions of our staff network groups.

We made a financial investment in our EDI agenda, to fund training for 200 managers on race relations, we also expanded our team from one part time person to four full time people, and we became members of professional EDI organisations, and now have a budget for financial support for our networks.

We will continue to develop opportunities for staff to engage on equality, diversity and inclusion, including through our reverse mentoring programme, which is giving our senior leaders more exposure to the insights of Black, Asian and Minority Ethnic staff with different lived experiences.

I am very proud of our diversity at Imperial College Healthcare – it is a huge strength. We have to ensure that everyone has an equal chance to succeed so that we can harness that potential for everyone's benefit. I have made a commitment to achieve real and meaningful progress in challenging inequality and prejudice – both through formal means, such as chairing our Equality, Diversity and Inclusion Committee, and through my own personal development and learning. I would like this to be a commitment shared by everyone in our organisation, whatever their background.

Professor Tim Orchard, Chief Executive Officer

1.1 Use of data and information

Throughout this report, we refer to important equality monitoring information about our workforce. When you join our organisation, for employment, 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 systems (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, which 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”, expressed as the acronym BAME, 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 (1 April 2020 - 31 March 2021) to show how it has complied with the public sector equality duty. This annual report 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 Equality Disability Standard (WDES) that is mandated in the NHS standard contract. It also includes the Gender Pay Gap report. We report separately on other internal NHS requirements, such as the Model Employer Goals and Equality Delivery System 2.

This data was captured during the unprecedented pandemic of coronavirus (covid-19). During covid-19, many factors affected our equality data, including changes to our workforce, streamlined recruitment practices, changes to on-boarding new staff, training opportunities were reduced or paused in many areas, many of our employee relations cases were postponed and elements of our Equality, Diversity and Inclusion (EDI) Work Programme were placed on hold as individuals were redeployed.

1.4 About us

We are an NHS Trust of 13,000 people, providing care for around a million people every year, in our five hospitals and a growing number of community services. We have a rich heritage and 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 marks the third year of the new format in which the Trust publishes all its equality data together. This report comprises of the Trust’s updated 2021/2022 Workforce EDI programme which sets out our strategic plan which has been co-

designed with our EDI committee members. Our Workforce EDI programme is accompanied by a detailed project plan.

There are six key objectives for 2021/2022. We have kept the main objectives from 2020/2021 and expanded the remit of objective 1 and objective 5 to broaden our data collection and our educational interventions. Our objectives are:

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

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 21/22 (Appendix 2)
Workforce Race Equality Standard 20/21 (Appendix 3)
Workforce Disability Equality Standard 20/21 (Appendix 4)
Gender Pay Gap Report 20/21 (Appendix 5)

The WRES and WDES action plans required under the NHS contract are incorporated in the Workforce EDI Programme 21/22 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 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, the benefits understood and there is strong evidence of equality, belonging and psychological safety.

3.1 Our governance

- The Workforce EDI programme comprises of six key objectives with a strong focus on race
- We have a monthly WRES Implementation Steering group with a specific focus on race equality actions
- The bi-monthly EDI Committee is chaired by the Trust Chief Executive Officer. The EDI Committee includes representatives from divisions, staff networks and staff side. It also reviews progress on the Workforce EDI Programme.
- In 2021, we introduced a new board committee, focused on People. The People Delivery Board oversees the EDI Committee on the overall work programme and is accountable for the Trust workforce EDI performance.
- The Trust People Committee and Board receive reports, presentations and verbal feedback 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 and four trained WRES experts.
- Externally we have EDI lead representatives on the pan-London EDI network and the North West London EDI network.

3.2 Our progress 20/21

Developing our staff

We expanded our internal EDI team to add three full time members of staff, to support the delivery of our work programme.

We have four nationally trained WRES experts at the Trust (including the Director of People and Organisational Development). They take part in a monthly WRES steering group and connect with other networks in other organisations to share best practice.

We completed the NHS Employers, Diversity and Inclusion Partners programme for 2020/21. The programme is designed to support and develop equality performance. The programme offered a number of benefits including advice, guidance and an opportunity to discuss, network and test our new concepts and approaches.

Our Capital Nurses' Programme was paused during the covid-19 pandemic and the programme restarted in May 2021. We are supporting nine nurses on the programme to complete their improvement project, expecting the programme to conclude at the end of 2021.

HR Policies

We reviewed many of our policies this year, with active involvement from our network chairs, line managers and trade union partners. We reviewed and updated our Supporting Staff Transitioning guidance.

We also combined our former Equal Opportunities Policy, with our former Equality and Diversity Policy in a new single policy, Equality, Diversity and Inclusion. This policy clearly sets out how the Trust will achieve its aim of protecting the rights of people

under the law and ensuring that the Trust is compliant with its statutory and regulatory obligations.

The Trust formally launched new guidance on making reasonable adjustments, including an optional reasonable adjustment passport. This was accompanied by new training for managers and a dedicated intranet page and links to Access to Work. We also improved our Performance Management Policy to state that reasonable adjustments should be implemented before commencing formal performance management, and to allow a set time to see if the adjustments result in an improvement.

Diversity Data

We have agreed three metrics that will drive improvements for our WRES indicator 2. Two of these metrics are now included on our Trust management dashboards. We will also be working to deliver EDI workforce composition data for both directorate and division in 2021.

We had approximately 1300 records for our staff with an unknown category for ethnicity on ESR. The People and Organisational Development directorate reviewed staff personal files to improve the quality of data. This project resulted in confirming the ethnicity of 1200 staff. Not all of these were entered into ESR by 31 March 2021, so are not reflected in our 2021 data. Approximately 100 records therefore remain where the organisation does not hold data on ethnicity. These staff will be directly invited to update their records as part of our wider plan to improve ESR declaration.

We produced mid-year Model Employer Goals as part of a pilot to help support our three largest clinical divisions to enable them to consider local divisional actions to employing a more representative workforce at senior levels.

Reverse Mentoring

Our Reverse Mentoring programme helped support our response to the covid–19 pandemic. The executive mentees had a session during the pandemic in response to the disproportionate effect of covid–19 on Black Asian and Minority Ethnic communities. The programme has clearly affected attitudes of our executive directors and concludes in 2021.

Improving our WRES 3 Indicator

We continue to focus on how we can improve our disciplinary processes and the experiences of staff involved in this. We adapted and reviewed our checklists and ways of working to ensure our decision making around potential disciplinary cases is robust and considered. We have trained over 100 senior managers and executive team members to chair disciplinary panels in accordance with ACAS best practice. We introduced the use of external panel members at disciplinary hearings that may result in dismissal to ensure the process is as impartial and fair as it can be.

In addition, we commissioned an external organisation to review some of our disciplinary cases involving black, asian and minority ethnic colleagues to identify key themes and issues. The review found that there has been an improvement in the quality of investigation reports since the Central Investigations team was formed, and

that we are probing issues around race more deeply. This was accompanied by training for 37 managers on Managing Diverse teams and two days of bespoke training for 16 employee relations professionals on how race impacts in the management of employee relations.

Following this, peer review mechanisms have been put in place around our employee relations internal processes, to build a culture of continuous improvement and encourage us to reflect on and challenge our own potential biases and assumptions. We also will take forward the recommendations to implement a new employee relations tone of voice to make our communications more concise, accessible, straightforward and kind.

Hair caps and hijabs
Our WRES frontline expert worked with procurement to ensure that appropriate hair caps were ordered for black, asian and minority ethnic staff who wear uniforms. We have distributed over 300 hair caps to staff across all of our sites. We also now have hijabs easily available to order for muslim staff in any clinical role and for hotel services staff who are based in clinical areas.

Accessibility
Following feedback and engagement with the I-Can disability staff network, we took a range of steps to make our online all-staff briefing lead by our CEO more accessible. We have also created a new page on the intranet explaining more about the accessibility tools that Windows and MS teams offers, and we will build on this over the coming year. The promotion of accessibility features addressing vision, hearing, mobility, neurodiversity and colour/contrast.

4. Our staff networks

Our networks play a pivotal role in supporting the Trust's equality, diversity and inclusion commitments. This year we placed a strong focus on developing our networks to develop governance, membership and organisational support available for them. We recognise the CIPD advice that if staff networks are to be effective tools in improving inclusivity and tackling discrimination at work, networks need to function as real vehicles for employee voice at an individual and collective level. They need to be able to support organisations in delivering real change, not just existing as a tokenistic nod towards inclusion.[1]

We now have five established staff networks. All our networks have two or three chairs, terms of reference, a membership list and regular meetings.

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 2020/2021 include:

[1] CIPD, A guide to establishing staff networks, March 2020

- guiding the response to covid-19, including vaccination strategy and approach, risk assessments, broadening our health and well-being offer to look at spiritual support.
- the procurement of hair caps for our Black Asian Minority Ethnic staff with afro hair. This initiative has been adopted across the NHS.
- supporting the review of the Trust's disciplinary process.

The **multidisciplinary black, asian and minority ethnic network** is working in partnership with the Nursing and Midwifery Network to help the Trust meet its race equality objectives. Professor Julian Redhead, Medical Director, is the network's executive sponsor. The network's projects in 2020/2021 include:

- the development and training of 21 Black, Asian and Minority Ethnic Ambassadors. Our ambassadors went through a structured training programme, which consisted of development and received a certificate of completion from our CEO. The ambassadors are vital to ensuring staff can speak up and raise concerns. Imperial Charity funded this programme.

Both the networks have collaborated on:

- providing input into the Trust's approach and development of inclusive recruitment and diverse panels.
- celebrating Black History Month, the network alongside the EDI team invited Lord Simon Woolley to lead a conversation on race and the NHS.
- Supporting the design of individual risk assessment and identified concerns around personal protective equipment (PPE).

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 2020/2021 included:

- distributing rainbow badges, asking each member of staff to make a pledge to support the community before receiving their badge.
- celebrating LGBTQ+ History Month, the network published a blog that reflected on the inequalities that persist for LGBTQ+ people and on the important role healthcare providers have in improving the experiences of LGBTQ+ staff, patients and communities
- raising awareness as the subject of a photo story in the Pride edition of *Attitude* magazine, and in December were the first recipients of the Society Award (on behalf of the NHS) in the Attitude Awards.

'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 2020/2021 included:

- providing advice to introduce more accessible communication, resulting in improvements in the accessibility of All Staff Briefings, an example of this was providing captions on recordings and written transcripts. This focus on accessibility has carried over to other Trust activities such as the Trust's well-being podcast producing transcripts of episodes.
- providing advocacy and support to people shielding during the covid-19 pandemic through virtual coffee mornings.
- co-designing the new guidance for the reasonable adjustment's passport, designed to provide a documented record of an individual's needs, which will allow our staff to function in a supportive and encouraging environment. They have also worked on new policies to ensure they are accessible, use the correct terminology for disabilities, and are relevant to disabled staff.
- working with the internal transport (Hopper bus) service to ensure bus drivers were aware that disabled staff with mobility aids (such as frames) were permitted to bring these onto the site-to-site bus, as well as consulting on various projects including the redevelopment programme and the staff spaces programme.
- representing the Trust at the National Disabled Staff Networks meetings by NHS England's Workforce Disability Equality Standard Team.

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 at Imperial and focusing on women's health such as menopause. The network's executive sponsors are director of communications Michelle Dixon and chief financial officer Jazz Thind. The network's projects in 2020/2021 include:

- re-electing new chairs and surveying membership
- developing their web page and raising their profile
- held a conversation to celebrate International Women's Day, including a blog from their executive sponsor. This year's theme was #ChooseToChallenge, so our panel of women from across the Trust discussed the challenges they have faced in their roles and the impact Covid-19 has had on them.
- held a series of events for International Women's Month including a development event "finding your voice and developing personal impact workshop," a cut-up poetry workshop to explore gender identity, an 80's dancercise class
- designing and facilitating listening sessions for women and all staff to improve safety in and around the workplace
- contributing to the design of the Trust's wellbeing strategy

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 get paid employment. The Trust offers 12 interns a placement in which they undertake 10 to 12 week placements around our hospitals.

Due to the covid-19 pandemic the internship programme was adapted and we had interns on site at Imperial College from September – December returning to our hospitals in January. Due to the lockdown we had to take a more blended approach using online learning for development sessions. Some of the adaptions to the programme included the development of physical tasks around interns' homes. All participants have either taken up employment or are in an apprenticeship. We have five interns in employment with the Trust, with a further intern finishing the apprenticeship and other interns employed with Hammersmith and Fulham Council.

6. Our wellbeing with an EDI Focus

The Trust's initial response to covid-19 was informed by a steering group of 30 staff that represented both professional groups and our diversity networks. This representative group informed the design of the wellbeing interventions we put in place, provided feedback on further improvements and acted as outreach support to communicate the offers across the organisation.

The wellbeing response included physical, emotional and psychological, spiritual as well as vocational wellbeing interventions including but not limited to; accommodation support, groceries and food supplies, free parking, staff rest spaces, supportive resources including "before you go home" checklists, remote working guidance, a Filipino staff support champion network to support our Filipino staff community during the latest surge of the pandemic and a shielding staff network that included bi-weekly information briefings, a Christmas day social and emotional wellbeing groups.

Our emotional and psychological wellbeing response was led by the Trust's CONTACT counselling service who have provided a wide-ranging, holistic support offer throughout the pandemic. This included a bespoke psychological support offer for the Trust's critical care teams, expanded counselling service with online and telephone provision to support accessibility and client choice, and a delivery of psychological first aid and mental health awareness training. We were grateful to receive additional funding from Imperial Health Charity to support our wellbeing response.

We have also promoted the Keeping Well North West London (NWL) psychological support services and the national Our NHS People that includes the nationally curated wellbeing resources and mental health apps. The Trust is part of the NWL London ICS Keeping Well programme board.

7. Our accreditations

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

- Ensure our recruitment process is inclusive and accessible
- Communicate and promote vacancies
- Offer an interview to disabled people
- Anticipate and provide reasonable adjustments as required
- Support 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)

In 2021, the Trust will become professional members of Employers Network for Equality Inclusion, Stonewall and Business Disability Forum. We will use membership of these organisations to share good practice, upskill our network chairs and expand our understanding of EDI.

8. Commentary: Our Workforce Profile 20/21

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. To note, on 1 April 2020 hotel services transferred approximately 1000 staff into the hospital, therefore this is the first year that these staff members appear in our workforce composition metrics. This new department has a large percentage of black, Asian and minority ethnic staff.

There have been no significant changes in the workforce composition in regards to age since 2010/11. The workforce split in regards 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.

There has been no significant change in the workforce composition regarding ethnicity either. 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 that 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. This split of workforce profile data demonstrates that for 2020/2021 we have seen a very small 1% increase in the overall recorded data for all staff for all areas (sexual orientation, religion and disability).

We started to roll out a new applicant tracking system for recruitment in 2020, this was delayed due to covid-19 and then withdrawn later in the year, so we were not able to realise the benefits for improvements in our ESR recruitment data that we anticipated.

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.

8.1 Commentary: Workforce Equality, Diversity and Inclusion 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 and the Trust people strategy.

This programme is to address inequity identified across the largest groups of protected characteristics that is - race, gender and disability equality as well as addressing inclusion across all protected characteristics.

- Objective 1: **(measurement for improvement)** To create a divisional and directorate-level diversity dashboard to guide areas for improvement
- Objective 2: **(people practices)** To re-design people management processes, practice and policy to create a fairer and more inclusive place to work
- Objective 3: **(engagement and empowerment)** To continue the growth and empowerment of our staff networks
- Objective 4: **(focussed improvement and culture change)** To deliver the WRES 2 focused improvement on improving the likelihood of black, asian and minority ethnic staff being appointed from shortlisting
- Objective 5: **(education and leadership)** To design a range of equality education tools and intervention for all staff.
- Objective 6: **(WDES)** 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 2021/2022 across all protected characteristics (Appendix 2). Presenting and reviewing the programme alongside WRES, WDES and Gender Pay data allows us to ensure it 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. Including 1) recruitment and promotion practices 2) leadership diversity, 3) tackling the disciplinary gap, 4) staff governance, 5) information and education 6), accountability, 7) regulation and oversight, and 8) building confidence to speak up.

8.2 Commentary: Race Equality 20/21

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 2021, for the non- clinical workforce, the percentage of black, asian and minority ethnic Workforce increased in band 6, 8b, 8c and 9. Increase have also been seen in VSM compared to 19/20. The percentage decreased for band 2 –3, band 8d and spot salary.

For the clinical workforce the percentage of black, asian and minority ethnic workforce increase in band 5, 7, 8a, 8c and 8d. Doctors (career grade) and doctors (training grade) also show an increase compared to 19/20. The percentage of the black, Asian and minority ethnic workforce has decrease for band 2-4, band 6, 8b, 9 and consultants. Spot salary decreased by 2%.

The WRES data shows that the relative likelihood of white applicants being appointed from shortlisting compared to applicants from black, asian and minority ethnic groups is roughly 1.39 times greater. This is an decrease of 0.02 from last year when the relative likelihood was 1.43 times greater. In the last three reporting period this has shown a successive improvement in this metric. We will focus in 2021 on fully embedding diverse recruitment panels and we are introducing metrics to help monitor our improvements in this area.

Our disciplinary data (WRES 3) shows that in the year we disciplined 46 individuals, with 33 from a black, asian and minority ethnic background. The relative likelihood of black, asian and minority ethnic staff being disciplined compared to white staff is 2.69 this is an increase from last year when the relative likelihood for the former two year average indicator was 1.27.

We have introduced a number of changes to our disciplinary practices, and a dedicated senior employee relations specialist was appointed in March to conduct a full review of our practices, and help us to manage individual and team conflict more promptly and constructively. We have introduced external panel members for dismissals. We have taken on recommendations from an external review by a specialist race consultancy and our employee relations and investigation team received bespoke training on race. Ways of working in the central investigations team have been overhauled to encourage informal resolution to issues wherever possible. From September 2021, all allegations of bullying, harassment related to discrimination will be investigated centrally with a peer review system in place. Our immediate manager programme will focus on developing managers that are able and skilled to manage diverse teams and recognise bias earlier.

We recognise that there is significant work to be done which include the delivery of a new conflict management approach. The delivery of our race equity training programme for managers. The delivery of a number of toolkits to support understanding of microaggressions and race within the workplace. We recognise that

the impact of these programmes of work may not take effect until 2022. We also recognise that other work with our programmes will not commence until late 2021 and these interventions will then need to be implemented, embedded and monitored and evaluated for progress.

8.3 Commentary: Disability Equality 20/21

The reporting period of 20/21 is the third year of reporting on WDES for NHS organisations. Only 2% of our staff have declared a disability on ESR. We already know from our annual review of workforce composition data that recording for disability status on ESR is 78% (Table 1). However, we also know that the staff survey disability declaration data at 13%, is considerably higher than ESR.

We have a promotional campaign designed for 2021 to encourage updating of personal information onto ESR. In addition, the actions outlined in the Workforce EDI Programme will create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed.

We were pleased to see a continued improvement from 67.7% to 70.1% of staff who said that we had made adequate reasonable adjustments. Since the staff survey we have updated Supporting Staff with Disabilities Guidance, introduced an optional reasonable adjustment passport and new training for managers including a dedicated intranet and guidance from Access to Work.

We recognise more action is required to support staff with disabilities. We have committed to the following areas of work as part of the Workforce EDI Programme (Appendix 2)

- training for managers and individuals on accessibility e.g. MS teams
- implementation of our Business Disability Forum membership and relevant resources
- commission and a roll out of a Calibre Leadership Programme, for disabled staff, across five Integrated Care Systems in London.
- implementation of our ICT Strategy to provide assistive technology
- implementation of reasonable adjustments passports

The complete WDES Report is in Appendix 4.

8.4 Commentary: Gender Equality 20/21

In summary, for 2021, when considering ordinary pay, the mean hourly rate of male employees is 9.7% higher than that of female employees. When median calculations are used, the hourly rate of male employees' ordinary pay is 1.2% lower than that of female employees. There have been decreases in both mean (7.1% decrease) and median gender pay gaps (12.6% decrease), which are both the lowest figures recorded since the introduction of gender pay gap reporting.

For 2021, 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 2019/2020, were issued in September 2020 and are

therefore included in this analysis. Long service awards for 2020/2021 will be paid in 2021/2022 and will be reported on in next year's gender pay gap report.

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 21 January 2021 to 28 February 2021, with the remaining payments to be reported on in next year's gender pay gap report.

It is also noted that the CEA awards bonus data does not include any newly issued awards in 2020/2021, due to a pause in this process due to covid-19. 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 was a one-off, non-consolidated payment in place of a normal Local CEA round and was not transacted into payroll until after March 2021.

Considering overall the Trust population, 4.2% of male employees received a bonus payment compared to 2.6% of female employees. Of the 464 employees who received a bonus, 61% were men and 39% were women.

When considering all types of bonus pay, there is a 33.3% mean gender pay gap and a 52.5% 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 not appeared in any previous reports.

There is a 29.4% mean pay gap between male and female consultants' CEA pay and a 27.1% median pay gap. There has been a 0.3% decrease in the mean gender pay gap for bonus pay (CEA only), compared to previous year's data. There has been a 16.7% decrease in the median gender pay gap for bonus pay (CEA only), compared to previous year's data.

The complete Gender Pay Gap Report is in Appendix 5.

9. Equality Delivery System 2

We reported on our Equality Delivery System (EDS) in 2019/2020 and these were 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.

10. Conclusion

We are committed to making positive progress in resolving inequalities within our workforce to ensure that our workforce is representative of the communities we serve at all levels. 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 2021/2022 is designed to continue with the improvement plans based on our WRES metrics, including improving diversity through recruitment and promotion practices.

London has one of the most diverse workforces and we have welcomed the development and implementation of London's Workforce Race Equality Strategy that outlines the challenges and complexity involved in addressing race equality. We will be working to address the 15 recommendations within our Workforce EDI Programme 2021/2022.

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 Porgramme 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 and 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
- We will be rolling out our race training to 200 managers starting in October 2021. This training is designed to enhance the understanding of the issue of race and inclusive leadership to support personal change and action to support race equity. We will be evaluating this programme using a number of techniques including the Kirkpatrick Longitudinal Evaluation Tool Methodology.
- 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 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 20/21

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

Appendix 3: Workforce Race Equality Standard 20/21

Appendix 4: Workforce Disability Equality Standard 20/21

Appendix 5: Gender Pay Gap Report 20/21

Appendix 6: Glossary of Terms

Appendix 1: Equality profile of our workforce 20/21

Below shows the percentage of staff employed by the Trust by age, disability, ethnicity and gender at 31 March 2021.

Workforce composition: Age

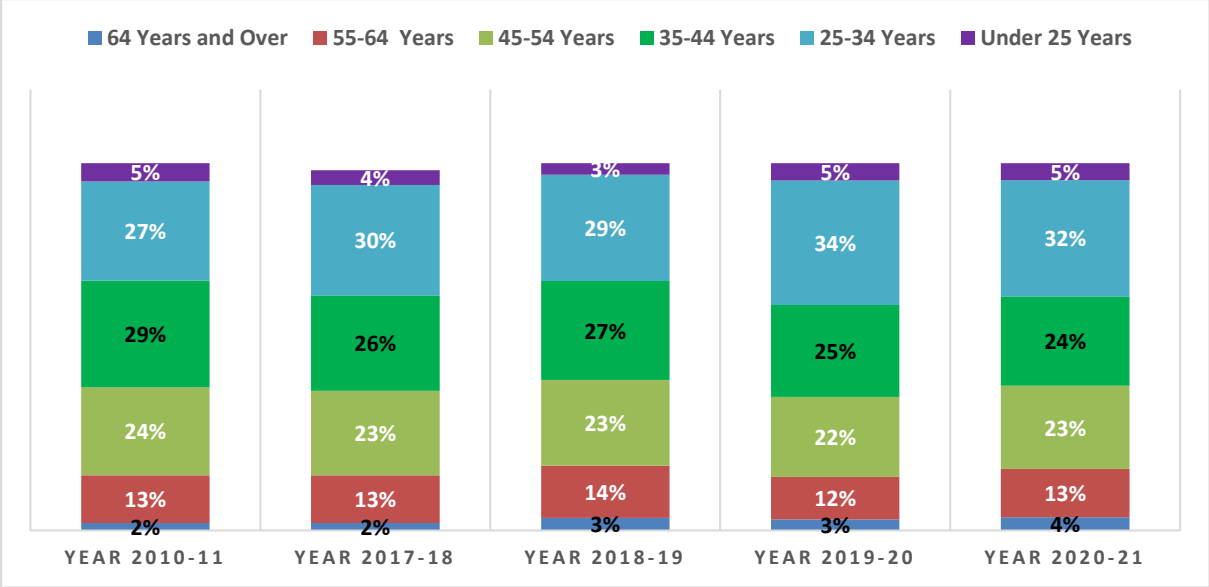
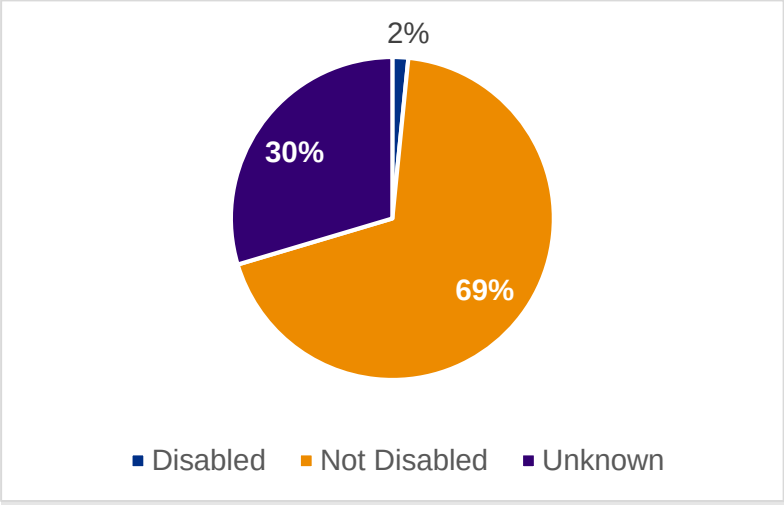


Diagram 1: Trust age composition over four years

There has been no significant change in the workforce composition in regards to age since 2010/11. While there has been a small increase 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 2016/17	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
Disability	62%	66%	68%	71%	73%
Sexual Orientation	67%	70%	70%	73%	74%
Religion	67%	70%	70%	73%	74%

Table 1 above illustrates that the Trust has seen a 1% percentage increase in all areas for the information recorded on workforce disability, sexual orientation and religion since last year.

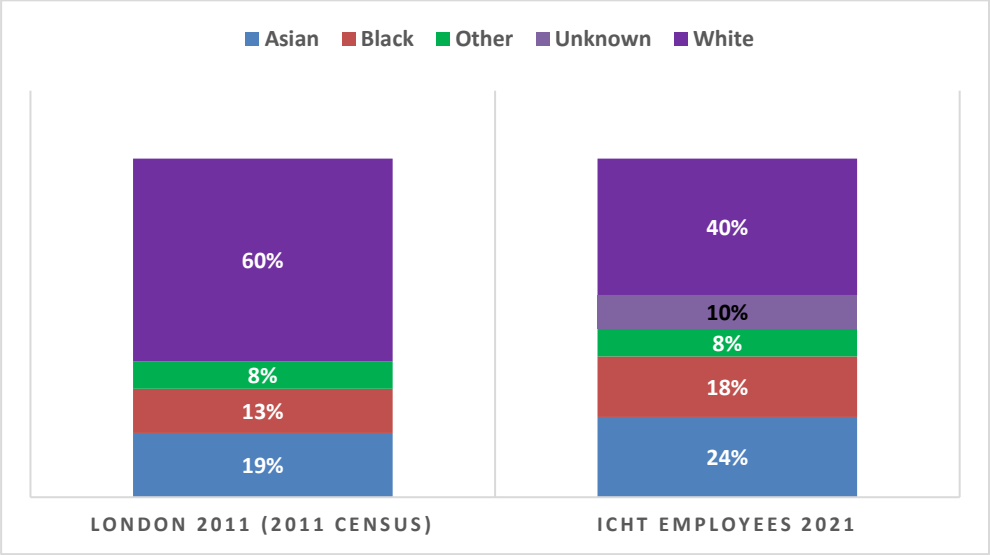
Table 2 below illustrates that the Trust has seen a decline in the information recorded for new staff in 2020/2021 for disability since last year, whilst sexual orientation and religion data collection remains consistent.

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

Protected Characteristic	Recorded demographic for NEW staff in 2016/17	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
Disability	87%	88%	82%	78%	78%
Sexual Orientation	88%	88%	82%	82%	76%
Religion	88%	88%	82%	82%	76%

Workforce composition: Ethnicity

The percentage of staff employed by the Trust from BAME backgrounds is higher than the local population. White people make up 40% of the workforce compared to 60% of the London population based on the census information taken in 2011. At the time of this report the census data for 2021 had not been released.



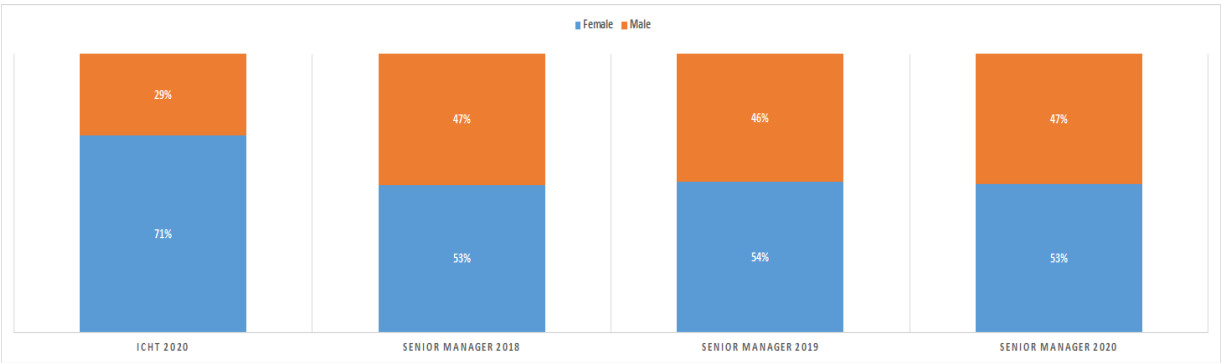
We know when we examine our ethnicity data in more detail the majority of people in roles Band 7 and above are from white backgrounds. Our Workforce EDI Programme has actions designed to address this imbalance.

Workforce Composition: Gender

The workforce split in regard to gender has remained unchanged in the last 6 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 increased in senior roles. The figures below shows that 47% of people employed as senior managers are men and 53% are women. This is a small increase in female representation of 1% compared to last year.

Senior manager is defined as Agenda for Change, band 7 and above, excluding doctors.



Appendix 2: Workforce Equality, Diversity and Inclusion Programme 20/21

Overview

The Workforce EDI Programme focuses on the delivery of six objectives. Objectives 4 and Objective 5 focusing directly on improvement in our WRES performance and Objective 6 focuses directly on improvement in our WDES performance.

Objectives	WRES	WDES	Gender
Objective 1: (**measurement for improvement**) To create a divisional and directorate-level diversity data to guide areas for improvement			
Objective 2: (**people practices**) To re-design people management processes, practice and policy to create a fairer and more inclusive place to work			
Objective 3: (**engagement and empowerment**) To continue the growth and empowerment of our staff networks			
Objective 4: (**focused improvement and culture change**) To deliver the WRES 2 focused improvement on improving the likelihood of black, asian and minority ethnic staff being appointed from shortlisting			
Objective 5: (**education and leadership**) To design a range of equality education tools and intervention for all staff.			
Objective 6: **(WDES)** to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed			

Further Detail

Objective 1: **(measurement for improvement)** To create a suite of divisional and directorate-level diversity data to guide areas for improvement

Workstreams: jointly lead by Head of Workforce Equality, Diversity and Inclusion, & People Planning Lead, by March 2022

- Complete first ethnicity pay gap report (September 2021)
- Raise awareness and deliver action plan for medical WRES report
- Design, develop and implement different diversity dashboards for directorate, Trust level
- Improve the quality of our protected characteristics data in ESR
- Produce Model Employer goals and action plan (June 2021)

Objective 2: **(people practices)** To re-design people 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.

Workstreams: jointly lead by Head of Workforce Equality, Diversity and Inclusion, Divisional Director of People (Employee Relations) by March 2022

- Improve people practices – disciplinary process
- Implement new conflict strategy for employee relations
- Support recruitment into EDI development programmes (White Allies, Capital Nurses)
- Review diversity and decision making in Emergency Preparedness, Resilience and Response (Site Director, October 2021)
- Train wider organisation how to complete robust and effective equality impact assessments for major decision-making
- Development of a menopause and andropause guidance and supporting communications for staff
- Review and improve access to support returning mothers (breastfeeding, return to work)

Objective 3: **(engagement and empowerment)** To continue the growth and empowerment of our staff networks

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 2022

- Continue to develop network leads and develop transparent network infrastructure
- Plan for promotion of pronouns on email
- Delivery of structured calendar of EDI communications to support change
- Implementation of LGBTQ+ action plan, self-assessment of rainbow badge scheme
- Develop Trust capacity to deliver the Stonewall Workplace Equality Index
- Develop resources to support staff understanding on LGBTQ+ inclusion for patients
- Set up and embed the professional memberships to share good practice and upskill our network chairs
- Work with the I-CAN Network to use Business Disability Forum self-assessment

Objective 4: **(focused improvement and culture change)** To deliver the WRES 2 focused improvement on improving the likelihood of Black, Minority Ethnic staff being appointed from shortlisting

Workstreams: lead by Deputy Director People and Organisational Development (Resourcing) and Divisional Director of People (EDI Lead) by March 2022

- Setting specific KPIs and targets link to recruitment
- Roll out inclusive panels (including training, monitoring and data reviews)
- Design and delivery race training to 200 managers
- Support recruitment into EDI development programmes (White Allies, Capital Nurses)
- Conduct a review of Band 9 recruitment practices
- Train wider organisation how to complete robust and effective equality impact assessments for major decision-making
- Introduce talent pools for under-represented groups

Objective 5: (**education and leadership**) To design 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 2022

- Design and delivery race training to 200 managers
- Implicit association development and diagnostic assessors training
- Develop resources to support staff understanding on LGBTQ+ inclusion for patients
- Deliver executive/board development on equality, diversity and inclusion
- Co-design anti-racist statement
- Design range of toolkits to support EDI behavioural change
- Review and evaluate reverse mentoring pilot
- Implement robust and effective equality impact assessments for major decision-making

Objective 6: **(WDES)** to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed

Workstreams: lead by Head of Equality, Diversity and Inclusion, by March 2022

- Training for managers and individuals on accessibility e.g. MS teams
- Implementation of our Business Disability Forum membership and relevant resources
- Commission and a roll out of a Calibre Leadership Programme, for disabled staff, across five Integrated Care Systems in London.
- Implementation of our ICT Strategy to provide assistive technology
- Implementation of reasonable adjustments passports & access to work guidance

Appendix 3: Workforce Race Equality Standard 20/21

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 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 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 -4)
- Four are based on data from the national NHS Staff Survey questions (5-8)
- One indicator focuses upon black and minority ethnic representation on boards (9)

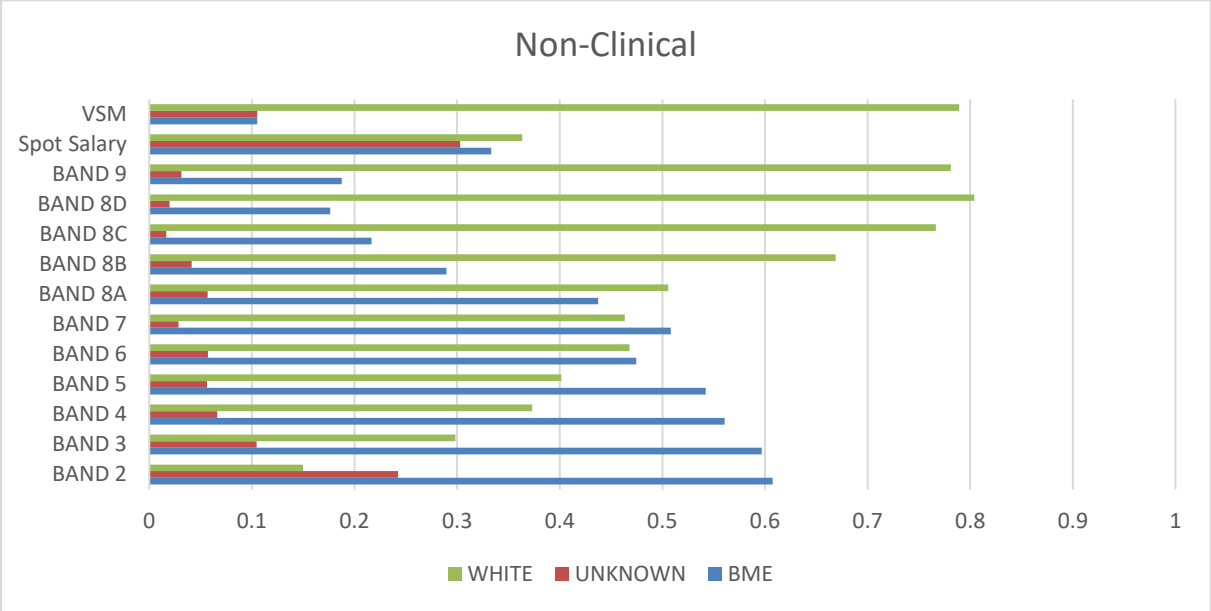
A small number of revisions were made to the WRES reporting requirements for 2021.

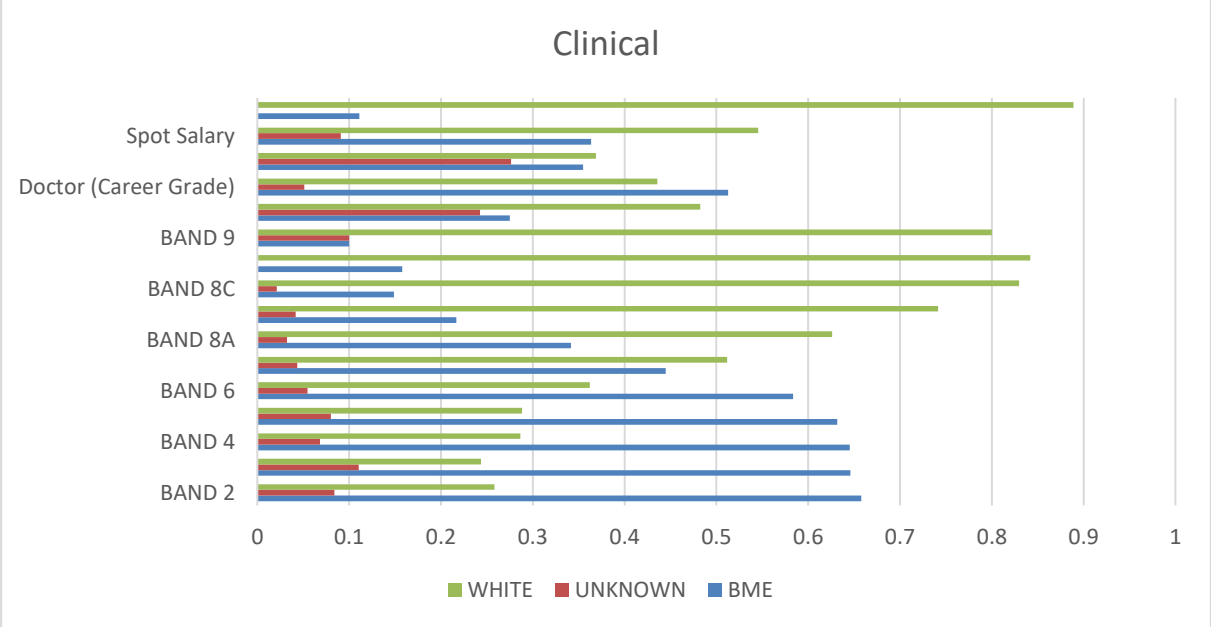
- WRES Indicator 1 now has a clearer definition of “senior medical manager” and “very senior manager”.
- WRES Indicator 2 and 3 have been simplified. The calculation has been changed from using a two-year rolling average to using the year end figure
- WRES Indicator 9 now requires submission of data that disaggregate: (i) the voting and non-voting members of boards, and (ii) the executive and non-executive members of boards. Trusts are encouraged to try and ensure that there are no board members with an unknown ethnicity.

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 2021





For the non- clinical workforce, the percentage of Black Minority Ethnic Workforce increased in Band 6, 8b, 8c and 9. Increase have also been seen in VSM compared to 19/20. The percentage of the Black Minority Ethnic workforce has decreased for Band 2 –3, Band 8d and spot salary compared to 19/20.

For the clinical workforce the percentage of Black Minority Ethnic workforce increase in Band 5, 7, 8a, 8c and 8d. Doctors (career Grade) and Doctors (training grade) also show an increase compared to 19/20. The percentage of the Black Minority Ethnic workforce has decrease for Band 2-4, Band 6, 8b, 9 and Consultants. Spot salary decreased by 2% for Black Minority Ethic staff compared to 19/20.

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	3483	713	20.47%
Black, Minority Ethnic	5965	877	14.70%
Unknown	307	33	10.75%

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 an decrease from last year when the relative likelihood was 1.41 times greater. We will continue to work to embed the actions outlined in Appendix 2.

Note: Data is drawn from a both Trac and the new recruitment system which we partially operated on during 2020/2021. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made.

Indicator 3

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

Note: This year this indicator has been changed from a a two year rolling average to the data at year end.

We report on the formal disciplinary hearings, excluding doctors who are managed in accordance with Maintaining High Professional Standards. In 20/21 the Trust held 46 disciplinary hearings.

Descriptor	Number of staff in workforce	Year end number of formal disciplinary meeting	Likelihood of entering formal disciplinary meetings
White	5341	9	0.17%
Black, Minority Ethnic	7280	33	0.45%
Unknown	1728	4	0.23%

The relative likelihood of black, asian and minority ethnic staff being disciplined compared to white staff is **2.69**; this is an increase from last year when the relative likelihood was 1.27. To note the indicator methodology has changed from a two year average to a year end for 2021.

Indicator 4

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

Note: The data collected only includes leadership development and skills training held by the learning and development team. This is the only data which is centrally available for equality analysis. It does not include locally delivered training, professional and clinical education or any externally provided training which is a significant proportion of the training offered and accessed.

Therefore results are not seen as a reliable indication of all training activity available within the Trust. However, all Trusts are expected to maintain internal consistency of approach from year to year, so that changes in uptake trends can be compared over time.

Descriptor	Number of staff in workforce	Staff accessing non mandatory training (data held by leadership team)	Likelihood of accessing non mandatory training
White	5341	465	8.70%
Black, Minority Ethnic	7280	515	7.07%
Unknown	1728	36	2.08%

Indicators 5-8

Indicators 5 -8 relate to the 2020/2021 national staff survey results, comparing the responses of Black Minority Ethnic and white staff.

The wording of these four indicator is taken directly from the national NHS Staff Survey. For indicators 5, and 8 a low score is better. For indicator 7, a high score is better.

Indicator 5

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

There has been a decrease for both our white and Black Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public since 2019. Our Black Minority Ethnic staff experience is slight better than our white staff.

	White	Black, Minority Ethnic
2020	33.0%	27.9%
2019	35.5.%	31.8%

Indicator 6

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

For indicator 6 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 a decrease for our white staff. Our Black Minority Ethnic staff experience is worse than our white staff experience.

	White	Black, Minority Ethnic
2020	28.6%	30.1%
2019	29.6%	28.1%

Indicator 7

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

For indicator 7 a higher score is better. Both our white and Black Minority Ethnic staff experience has worsened since 2019. Our Black Minority Ethnic staff experience has decreased significantly since 2019, whereas white is a small decrease. Our Black Minority Ethnic staff experience is worse than our white staff experience.

	White	Black, Minority Ethnic
2020	81.9%	65.5%

2019	85.5%	70.8%

Indicator 8

Examines percentage staff personally experience discrimination at work from manage/team leader or other colleague

For indicator 8 a lower score is better. Our white staff experience has got slightly worse since 2019 and our black, asian and minority ethnic staff experience has worsened considerably. Our black, asian and minority ethnic staff experience is slightly worse than our white staff experience.

	White	Black, Minority Ethnic
2020	9.5%	16.7%
2019	7.0%	9.0%

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	5341	7280	1728
Overall Trust Board Members	81.8%	18.2%	0.0%
Voting Board Members	75.0%	25.0%	0.0%
Executive Board Members	75.0%	25.0%	0.0.%
Non – Executive Board Members	85.7%	14.3%	0.0%

Note: only voting members of the board should be included when considering the indicator

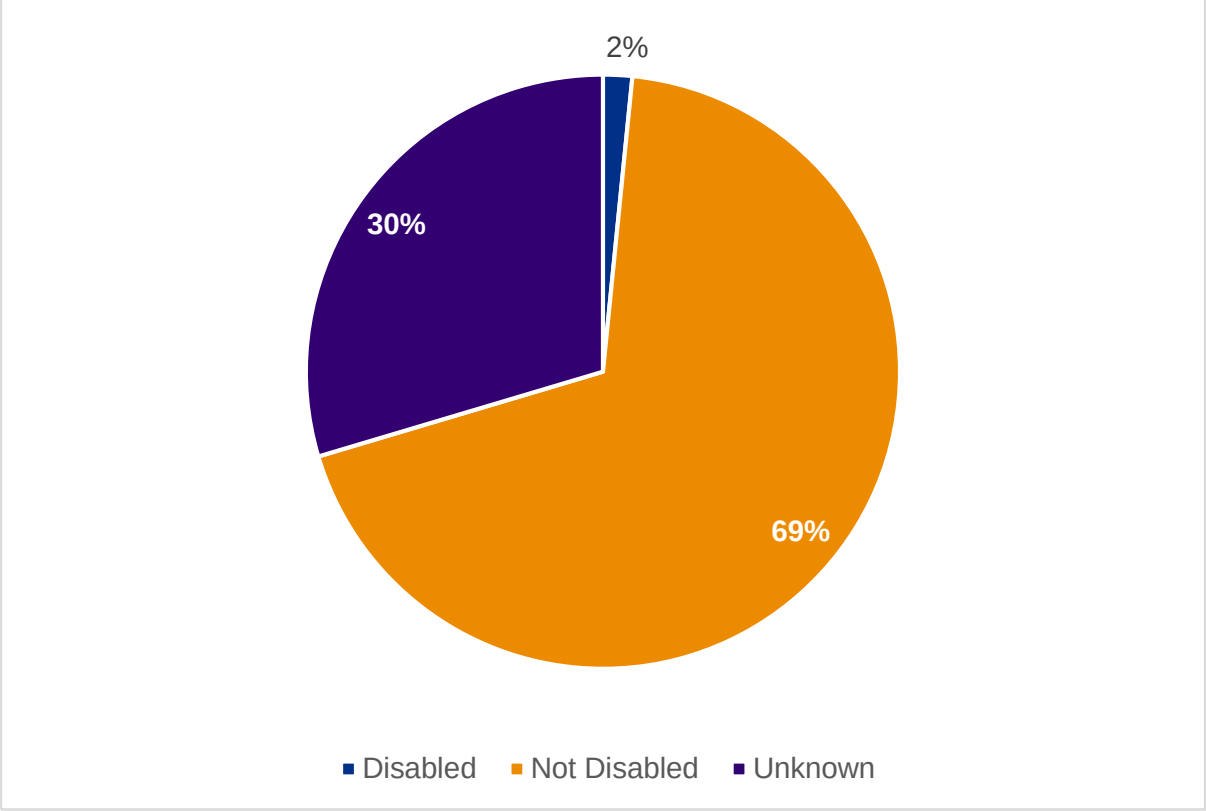
Appendix 4: Workforce Disability Equality Standard Report 20/21

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 second 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

Below details the overall breakdown of employees who have and have not declared a disability, and where this is unknown, based on data from electronic staff record. This data excludes bank and locum staff, students on placement and staff employed by contractors. The data is correct as of 31 March 2021.



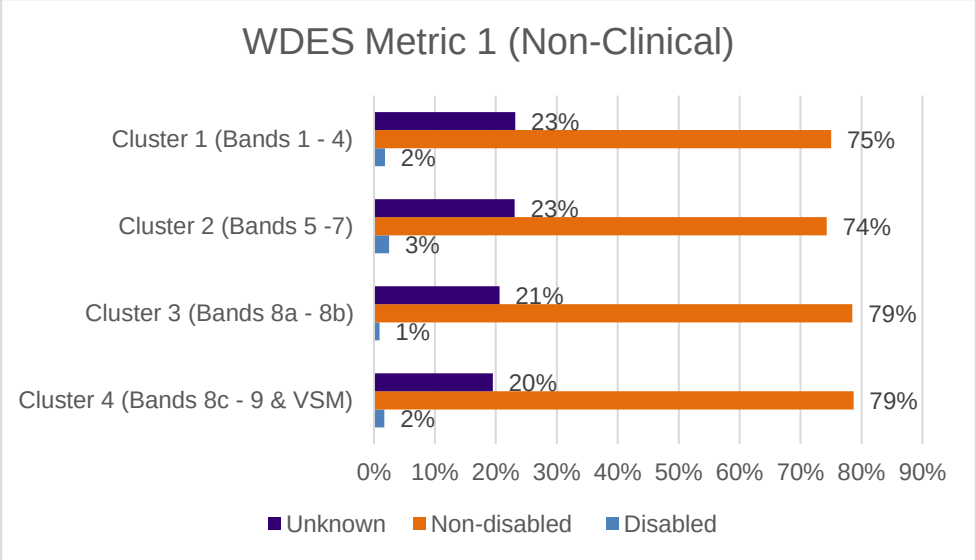
Out of 14,382 employees, 2% (228 people) have disclosed a disability and 69% (9896) are recorded not to have a disability. Out of the 31% (4258 people) where the disability status is unknown, 27% are coded as 'unspecified', less than 1% prefer not to answer and 2% are listed as 'not declared'.

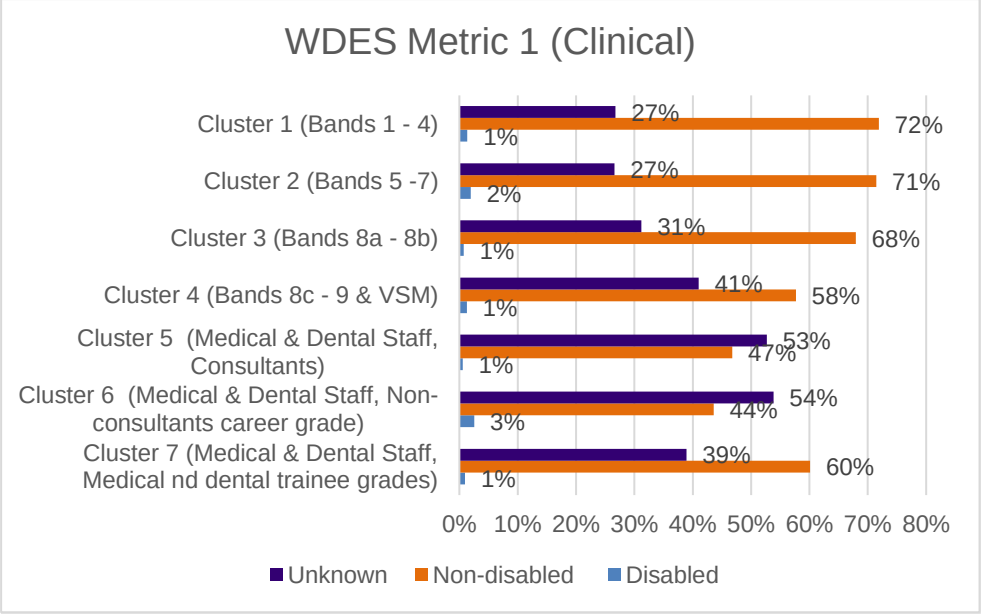
Compared to 2019/2020, the proportion of people reporting a disability has remains unchanged at 2**%** and the proportion of people reporting to have no disability has increased by 2%. The unknown group has reduced by 1%, and within the breakdown codes of the unknown group, Prefer Not To Answer has remained the same at 1**%,** Not

declared has increased by 2**%** from 5 to 7 percent, and unspecified has decreased by 2**%** from 94 to 92 percent**.**

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 and 2, whereas in medical, the higher proportion of disabled staff are in clusters 2 and 6. This pattern slightly differs from the previous year where the higher proportion of disabled staff were in clusters 1 and 2 within both clinical and non-clinical areas.

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 of our 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 16% and the likelihood from those declaring a disability is 13%.

The relative likelihood of applicants with no disability being appointed from shortlisting compared to applicants with a declared disability is 1.25 times greater. This is a small increase from the previous year's figure of 1.12.

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
Disability	398	51	0.13
No disability	9096	1456	0.16
Unknown	167	24	0.14

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 2020/21.

Descriptor	Number of staff in workforce	Annual average of number of formal performance meeting	Likelihood of entering formal performance meetings
Disability	228	0	0
No Disability	9896	12	0.001
Unknown	4258	0	0

Metrics 4 to 9: National Staff Survey Responses

Metrics 4 to 9 relate to the 2020/2021 national staff survey results, comparing the responses of disabled and non-disabled staff. This is based on a sample of 5370 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. 5370 staff chose to answer this question, Out of these staff, 13% answered yes to having a disability.

However, the staff survey disability declaration percentage of 13% 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
2020	38.2%	29.3%
2019	39.5.%	33.0%

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

	Disabled respondents	Non-disabled respondents
2020	24.3%	14.0%
2019	21.1%	13.2%

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

	Disabled respondents	Non-disabled respondents
2020	33.8%	21.9%
2019	34.7%	22.5%

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
2020	43.4%	42.8%
2019	47.8%	46.7%

Metric 5

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

	Disabled respondents	Non-disabled respondents
2020	64.3%	74.5%
2019	72.1%	78.8%

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
2020	36.2%	28.1%
2019	33.0%	23.3%

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
2020	38.7%	52.7%
2019	40.1%	51.9%

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 2020

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	38.2%	29.3%	8.9%
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	24.3%	14.0%	10.3%
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	33.8%	21.9%	11.9%
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a	43.4%	42.8%	0.6%

colleague reported it in the last 12 months*			
% of staff believing that the Trust provides equal opportunities for career progression or promotion*	64.3%	74.5%	10.2%
% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	36.2%	28.1%	8.1%
% of staff saying that they are satisfied with the extent to which their organisation values their work*	38.7%	52.7%	14.0%

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. 404 of disabled staff who required workplace adjustments chose to answer this question. 70.1% of staff said employer has made adequate adjustments, compared to a national average of 75.6%. This is up from 2019, where 67.7% 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/receive treatment. The engagement score for disabled staff is 6.6 compared to 7.2 for staff who have not stated to have a disability. The engagement score for disabled staff is lower than the national average (6.7), while the engagement score for non-disabled staff is above the national average (7.1). Both engagement scores for staff who stated a disability and for staff that have not, have decreased by 0.1 each compared to last year.

Metric 9b: Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

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.
- Re-designing our Equality Impact Assessment process to encourage engagement with disabled staff and disability considerations within decision-making.

- Stakeholders on our redevelopment projects for the sites, including foods and access

- Shielding feedback and support groups throughout the pandemic

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 2021 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%	69%	30%
Difference (Total Board - Overall workforce)	-2%	31%	-30%
Difference (Voting membership - Overall Workforce)	-2%	31%	-30%
Difference (Executive membership - Overall Workforce)	-2%	31%	-30%

Appendix 5: Gender Pay Gap Report 20/21

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

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.

When considering ordinary pay, the mean hourly rate of male employees is 9.7% higher than that of female employees, which has decreased by 7.1% from last year's difference. When median calculations are used, the hourly rate of male employees' ordinary pay is 1.2% lower than that of female employees. There have been decreases in both mean and median gender pay gaps, which are both the lowest figures recorded since the introduction of gender pay gap reporting.

Considering overall the Trust population, 4.2% of male employees received a bonus payment compared to 2.6% 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 for a ten week period.

There is a 29.4**%** mean pay gap between male and female consultants' CEA pay and a 27.1**%** median pay gap. There has been a 0.3% increase in the mean gender pay gap for bonus pay (CEA only), compared to previous year's data. There has been a 16.7% decrease in the median gender pay gap for bonus pay (CEA only), compared to previous year's data.

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 2021. This report is in line with the Equality Act 2010 regulations. 15,092 employees were categorised as "relevant employees"[1] 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.

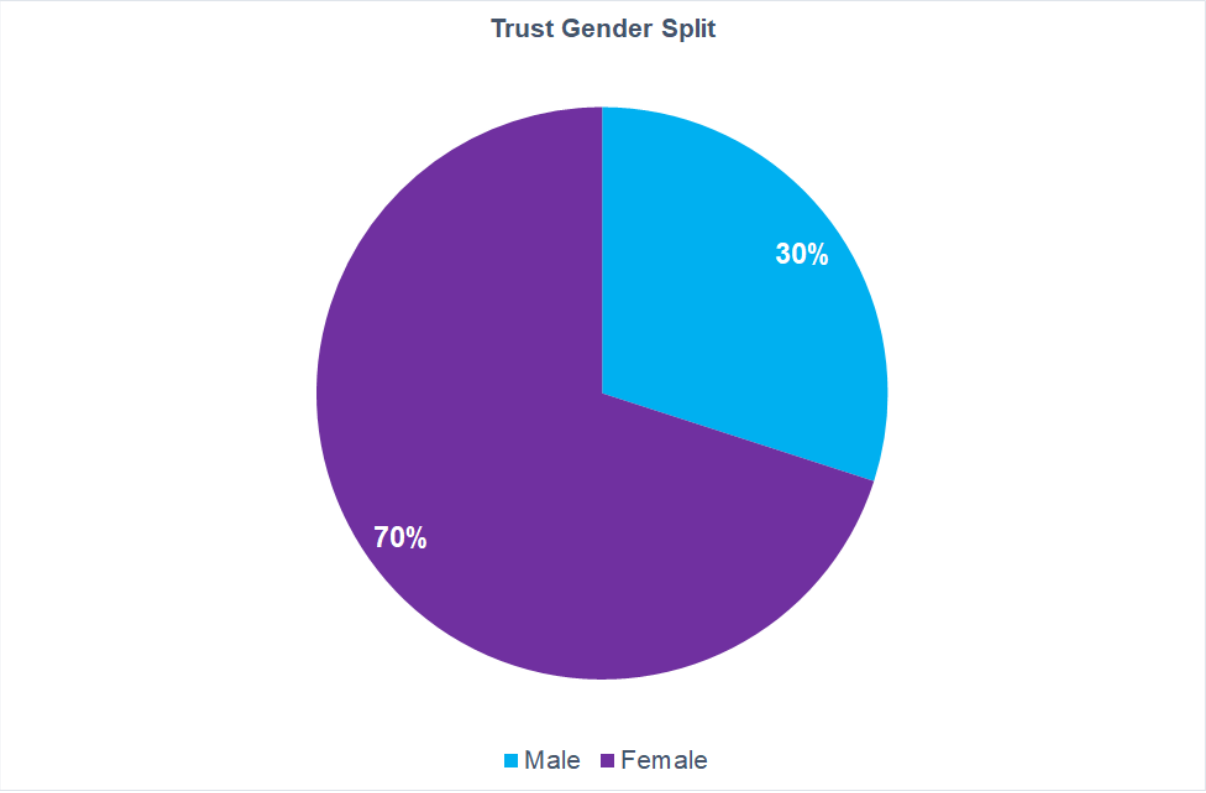
The mean pay gap is the difference between the pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce.

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.

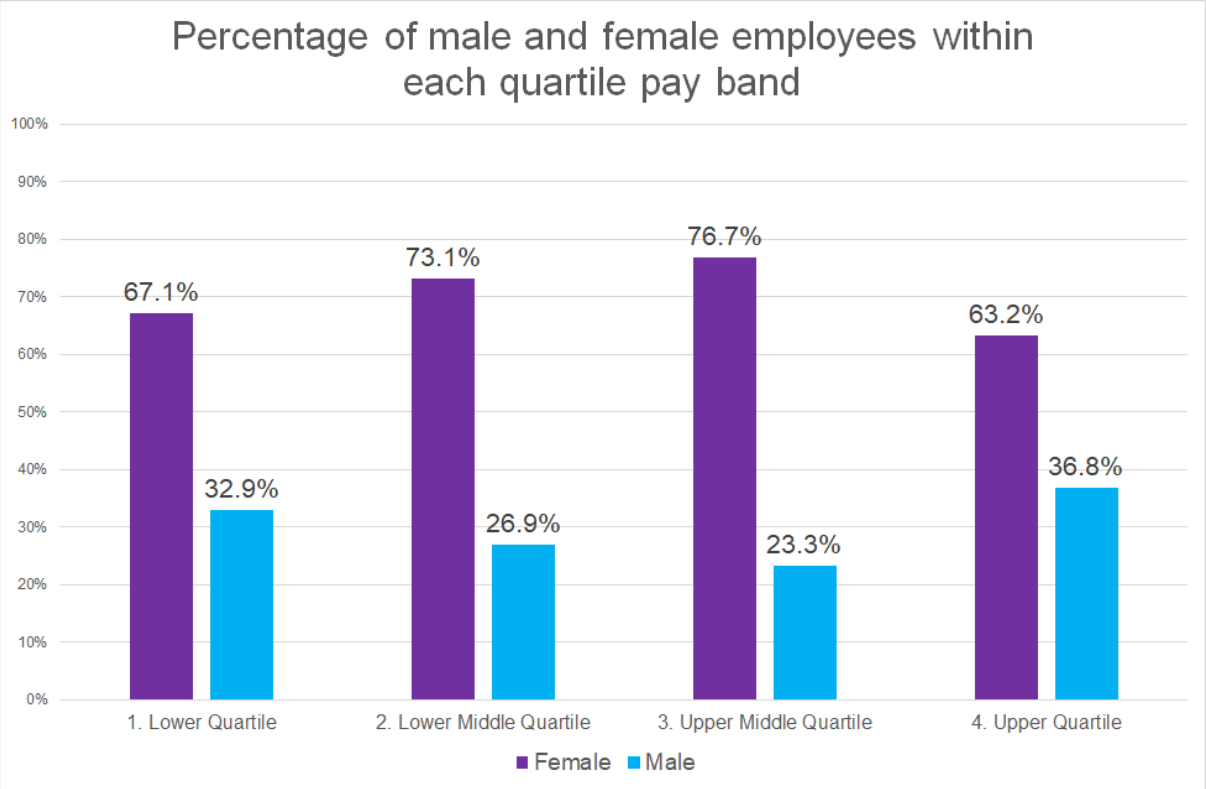
Trust Gender Mix

Overall, 70% (10,569) of Trust employees are female, while 30% (4,523) are male. These percentages relate to the 15,092 staff[2] 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.



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.

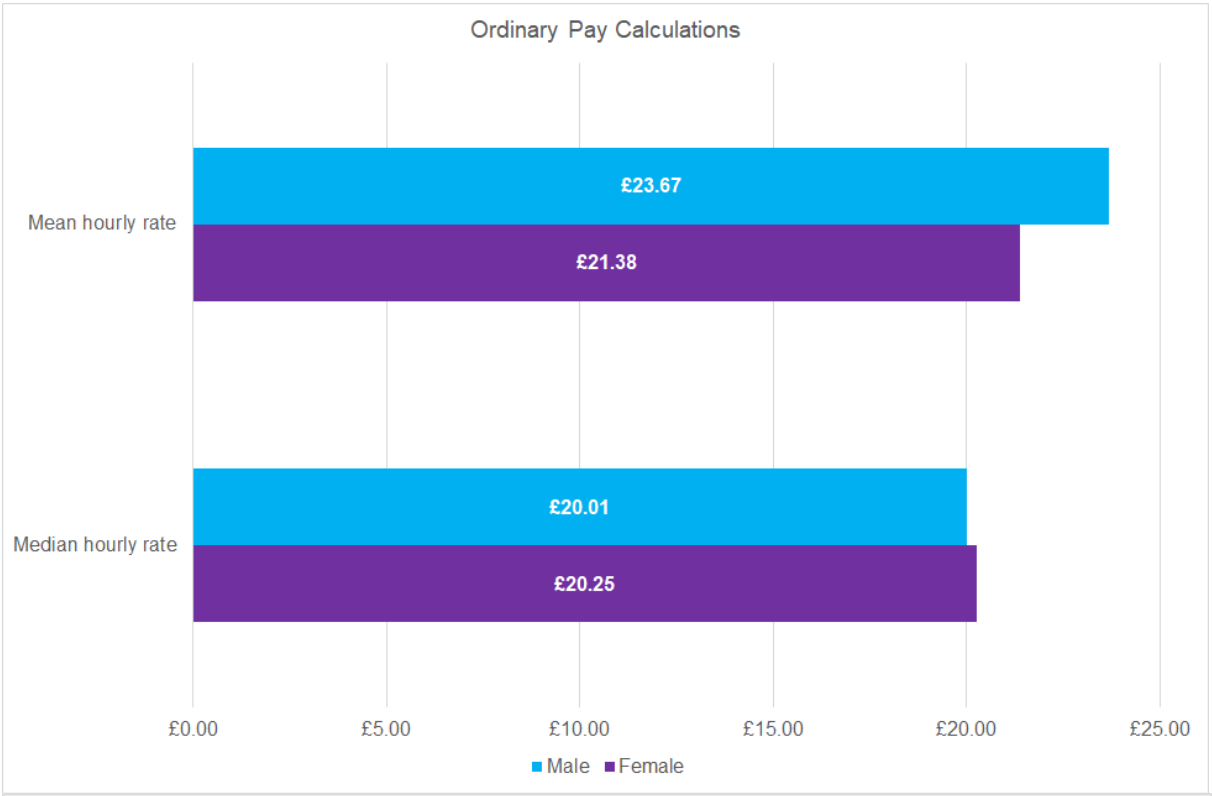
There has been a change to the proportions of male and female employees in each quartile, with the proportion of female employees decreasing in all but the highest-paid quartile:

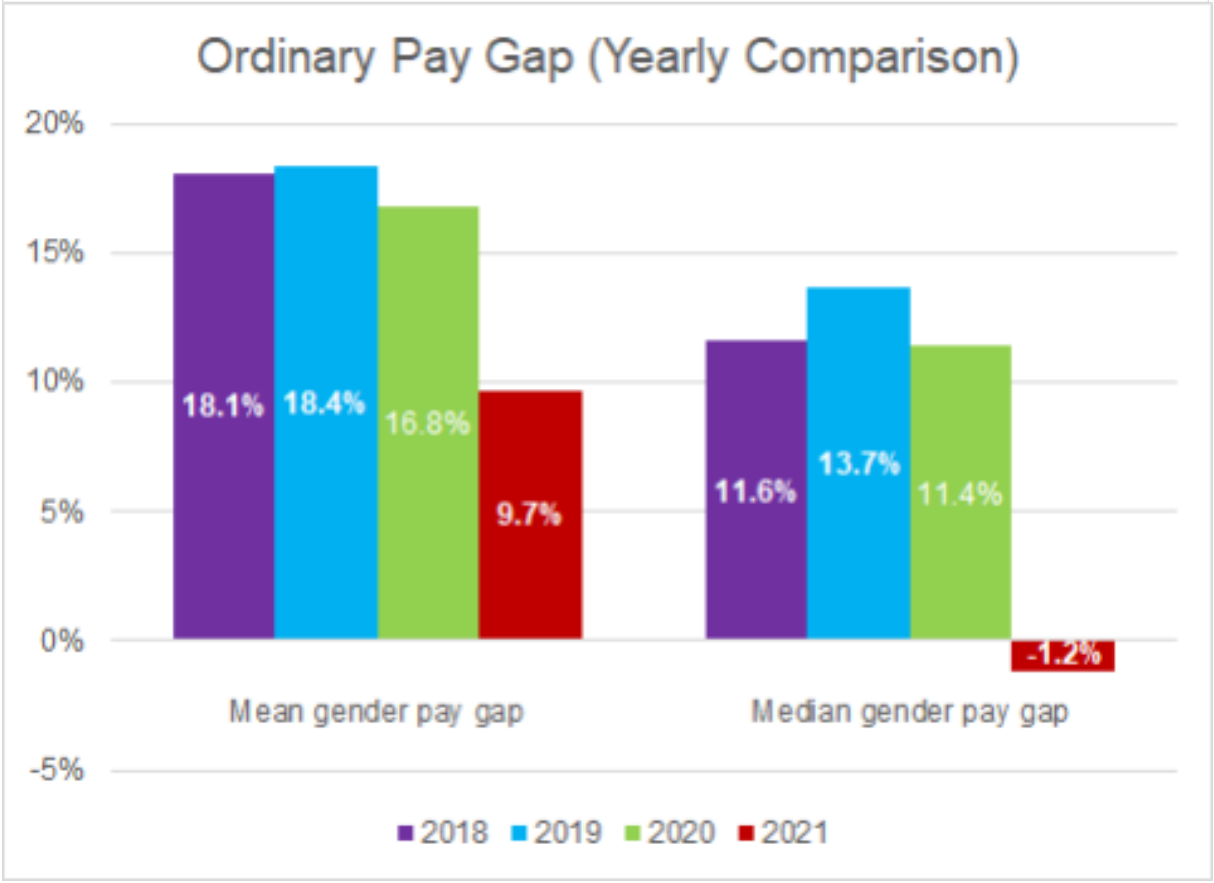
Quartile 1: The proportion of female employees has decreased by 6.5%
Quartile 2: The proportion of female employees has decreased by 4.1%
Quartile 3: The proportion of female employees has decreased by 0.5%
Quartile 4: The proportion of female employees has increased by 4.2%

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 2021, the mean hourly rate of male employees was 9.7% higher than that of female employees and the median hourly rate of male employees was 1.2% lower than that of female employees. Both pay gaps have decreased since last year, and are the lowest figures reported by the Trust, compared to all previous years, as outlined below.





Bonus Pay

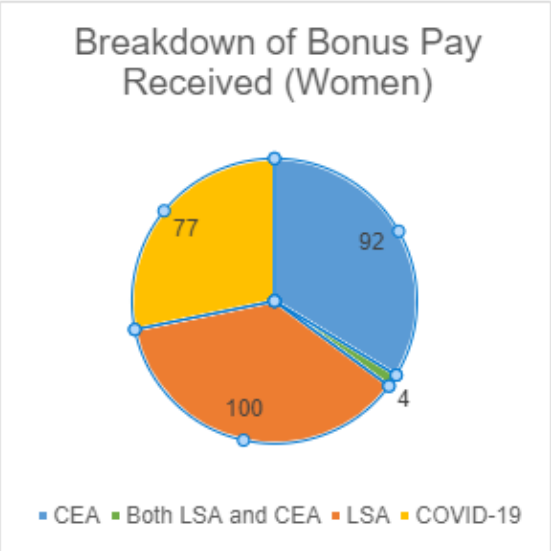
Clinical Excellence Awards (CEA), Long Service Awards (LSA) and an incentive payment for nursing staff working within ICU are identified as the relevant bonus payments made within the 12-month period ending on the snapshot date. The CEA awards bonus data does not include any newly issued awards in 2020/2021, due to a

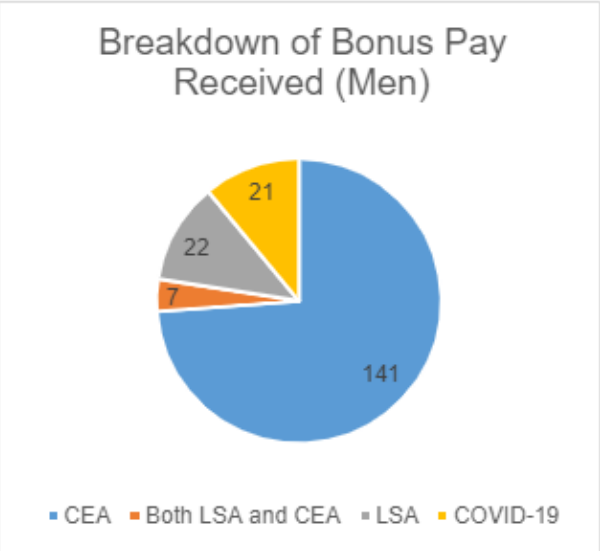
pause in this process due to covid-19. The Long Service Awards included in this report were issued in September 2020 for the financial year 2019/20. The analysis also includes a bonus never previously included in the Gender Pay Gap report. This will impact on our data and comparative analysis drawn.

Overall calculations

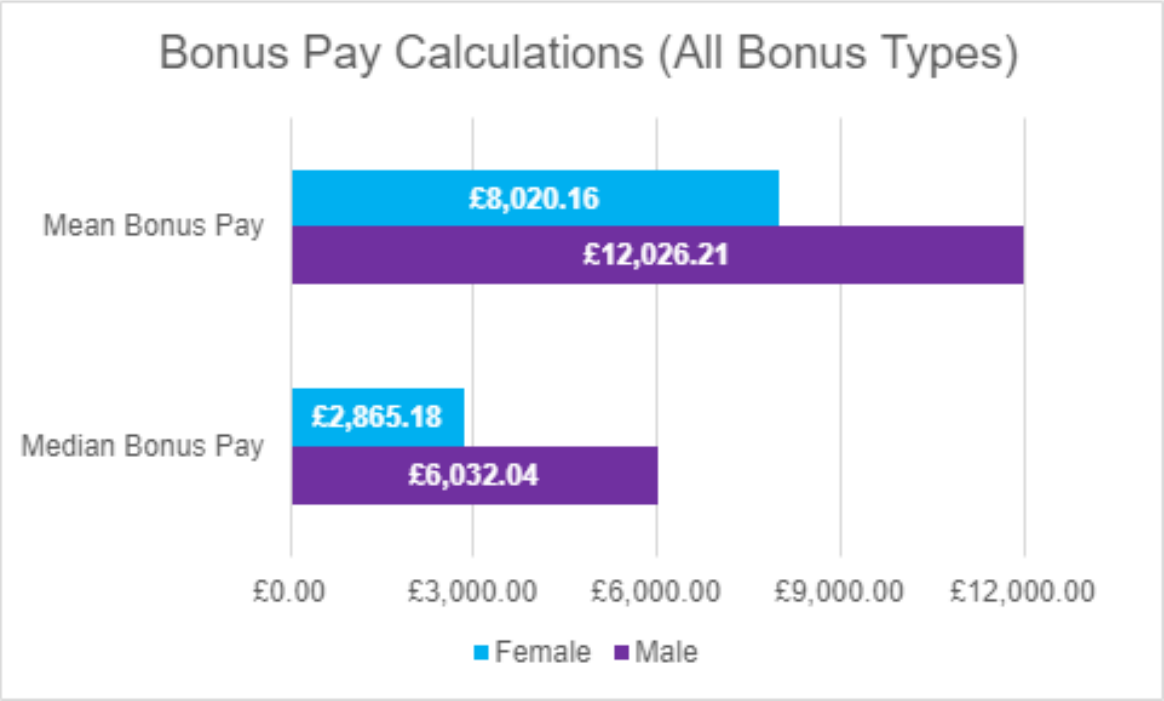
When considering the overall Trust gender populations, 4.2% of male employees receive a bonus payment, while 2.6% of female employees do. Therefore**,** 1.6% more men receive bonus payments compared to women across the Trust. Only specific groups of employees are eligible for all three types of payments.

Overall, there were 273 male and 191 female employees who received a form of bonus pay for the relevant period. While no employee received both a Long Service Award and covid -19 incentive payment, 11 consultants received both a CEA and Long Service Award. For the purposes of the overall bonus calculations, both types of bonus payment made to these individuals were combined, so the individuals were not counted twice; multiple payments of covid-19 incentive payments were combined. 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. It should be considered that the LSA is a flat rate of £150 and the average covid -19 incentive payment was £861.65, and it was women who received the majority of these payments. Men received the majority of CEAs (59.5%), of which the average value was £18,519.67. However, it should also be considered that the value of the CEA is an annual value, and the covid -19 incentive payment was given over a period of weeks, which makes a direct comparison difficult.



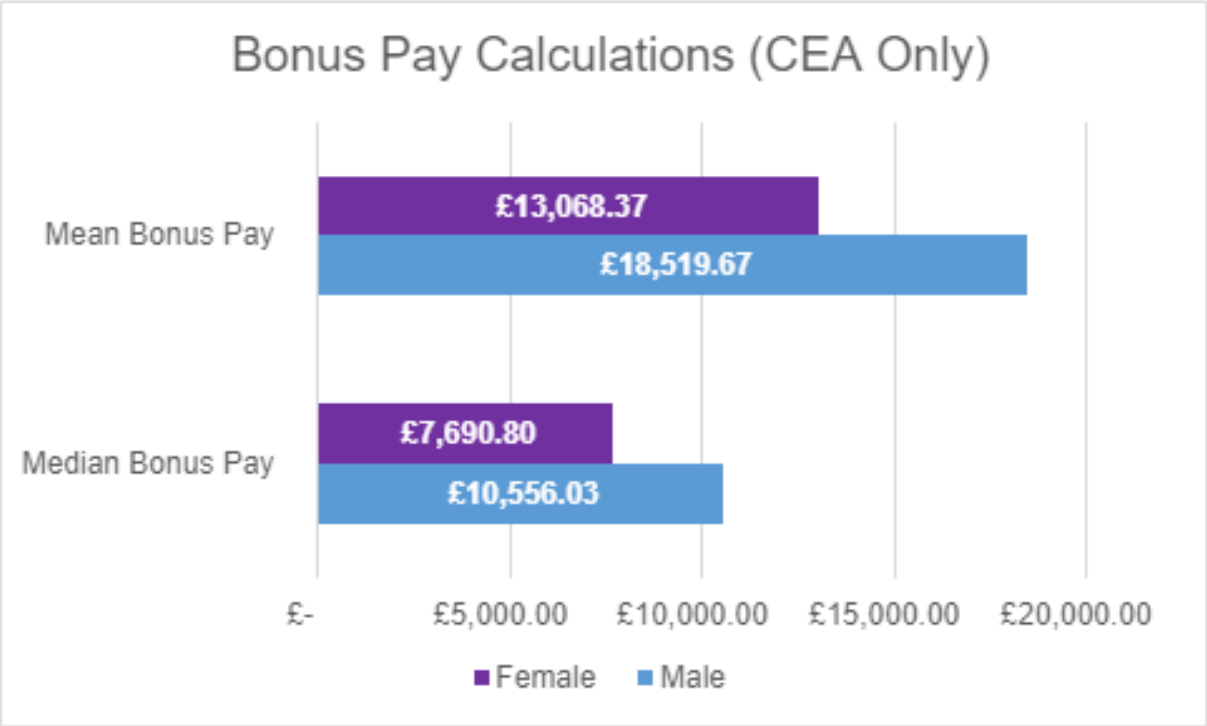
Clinical Excellence Awards (CEAs)

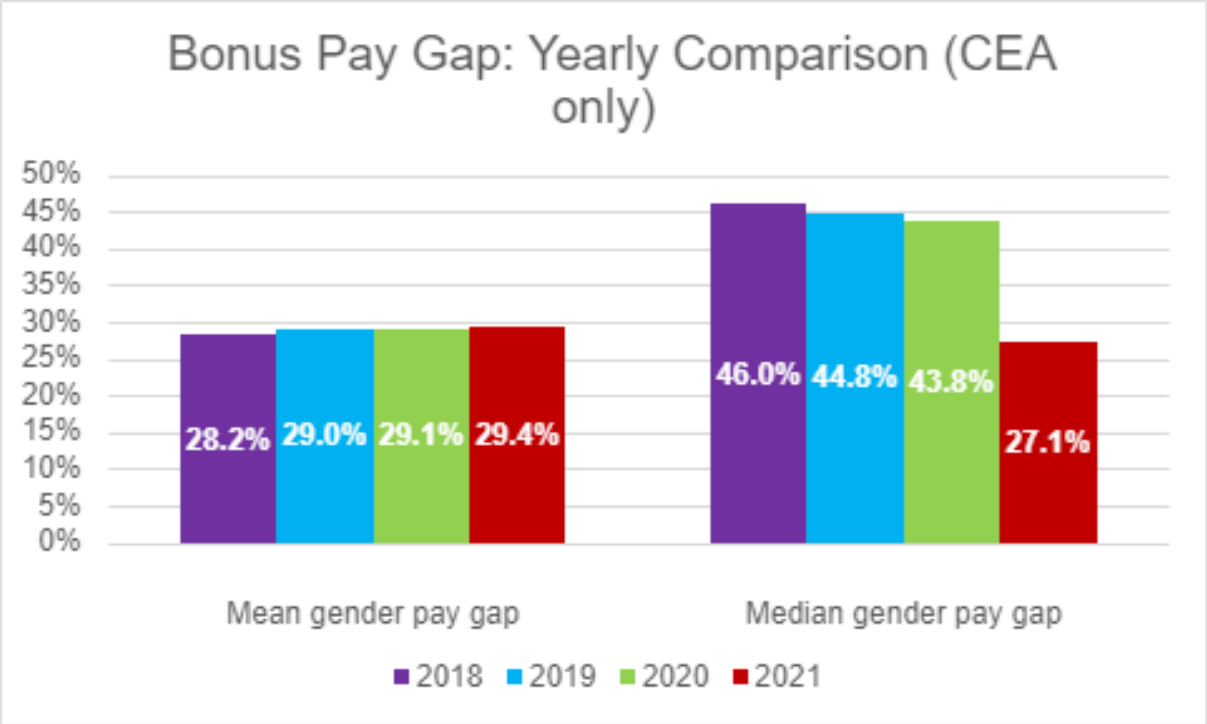
The CEA scheme is intended to recognise and reward those Consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. Eligible consultants are those in substantive posts with more than one year's Trust service at the 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 29.4% mean pay gap between male and female consultants' CEA pay. When looking at the median difference, the difference is lower yet still substantial, with male consultants receiving 27.1% more bonus pay than female consultants.

The below yearly comparison demonstrates a largely similar picture to the previous year relating to the mean bonus pay, and a significant decrease relating to the median bonus pay.





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 134 recipients of a LSA, 22% were male and 78% 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.

98 individuals received this payment in 2020/21; 79% were women and 21% were men. While the overall average payment was £861.65, women received an average payment of £855.82 and men received a slightly higher average payment of £883.03.

Definitions

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.

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.

Appendix 6: 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

	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.

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