Imperial College Healthcare
NHS Trust

Workforce equality, diversity and inclusion annual report 2022/23

(Incorporating: workforce race equality standard, workforce disability equality standard and gender pay gap report)

Directorate of People and Organisational Development

Authors: Olivia Cummins, Dorothy Heydecker and Olayinka Iwu

Data collection: Sebastiano Rossitto

Contents

1. Welcome

Thank you for reading our annual workforce report on our equality, diversity and inclusion (EDI) activities.

We are continuing to make progress but we still have much more to do, particularly to:

- increase the representation of Black, Asian and minority ethnic staff at senior levels so that our workforce is representative of the communities it serves
- make reasonable adjustments for our disabled staff to help them thrive in their careers
- create a positive and inclusive culture where our LGBTQ+ staff feel confident to be themselves fully at work.

We want to create a culture where all our people feel ownership and shared responsibility for improving equality, diversity and inclusion. This year, I asked each division and directorate to develop an EDI action plan to address the issues most important to their areas. We reviewed all of the plans at our EDI committee and found there was much value in sharing challenges and responses across teams to complement developments at an organisational level.
We have rolled out a wide range of training and development opportunities and have continued to have fantastic engagement and support from our very active staff networks. We were pleased to be shortlisted for the Healthcare People Management Association awards for the progress we have made in equality, diversity and inclusion over the last five years. This is great recognition for our EDI team and for all of the work that have undertaken and supported across the organisation.

Looking ahead, we will launch a major engagement programme in November 2023 – with staff across the organisation, as well as patients and community groups – to share experiences and develop a shared understanding of the behaviours and actions we all need to see for us to be truly fair and inclusive. Working with a specialist agency who are helping us train a cadre of staff who have volunteered to help facilitate these important discussions, we will use the outputs to create anti-racism and anti-discrimination statements and to feed into our EDI improvement plan.

T R Orchard

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 must 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 workforce race equality standard (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 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 covers 1 April 2022 to 31 March 2023, and focuses on our workforce, providing 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 1.3 million people a year. Formed in 2007, we are one of the largest NHS trusts in the country, with more than 15,000 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 are a member of the North West London Acute Provider Collaborative, a collaborative partnership with the other acute NHS trusts in the sector. We work together to make the most effective use of our collective resources to provide better

care, for more people, more fairly. More detail on the governance structure of the collaborative is included in the corporate governance report, available on our website.

2. Executive summary

This report comprises of the Trust's 2022/23 workforce equality, diversity and inclusion (EDI) programme which sets 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 were six key objectives for 2022/23. Our objectives were:

- **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 interventions for all staff.
- **Objective 6:** To focus on improving knowledge, access, information and internal implementation for reasonable adjustments.

These objectives have been updated for 2023/24. Our objectives are:

- **Objective 1:** To create individual and collective accountability at board, divisional and directorate level for specific, measurable EDI objectives so that there will be organisational progress on equality, diversity and inclusion.
- **Objective 2:** To create a talent management strategy that targets under-representation and lack of diversity as well as equity of career progression opportunities for staff of all protected characteristics to create a fairer and more inclusive place to work.
- **Objective 3:** To improve engagement and impact staff experience through working collaboratively with our networks.
- **Objective 4:** To embed fair and inclusive recruitment processes to enhance equity of career progression.
- **Objective 5:** To implement a range of equality education tools and interventions for all staff to address bullying, harassment, discrimination, physical violence, and sexual harassment.
- **Objective 6:** To focus on improving shared knowledge, access, information and internal implementation for reasonable adjustments and disability experience.

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

- Equality profile of our workforce 2022/23 (Appendix 1)
- Workforce equality, diversity and inclusion programme 2023/24 (Appendix 2)
- Workforce race equality standard 2022/23 (Appendix 3)
- Workforce disability equality standard 2022/23 (Appendix 4)

- Gender pay gap report 2022/23 (Appendix 5)
- Ethnicity pay gap report 2022/23 (Appendix 6).

The WRES and WDES action plans required under the NHS contract are incorporated in the Workforce EDI Programme 2023/24 and are highlighted, as well as being published on our website.

3. Our approach

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

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

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 and their lived experience, and how this in turn affects their health outcomes. We must create an organisation that welcomes diversity and understands the benefits of equality, belonging and psychological safety.

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

Six key objectives make up our workforce EDI programme, with a strong focus on race and disability, 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, 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 and corporate and clinical EDI action plans.

The People committee receives stories from members of our networks to connect them with experiences of staff. The Committee continues to receive an unfiltered view of progress and challenges for our staff networks and the wider workforce.

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, as well as four nationally trained WRES experts at the Trust, including the Chair of the People committee (a non-executive director) and the Chief people officer. Two of our experts take part in a monthly WRES steering group and connect with other networks in other organisations to share best practice. We constantly review and evaluate our governance process to ensure we are inclusive, effective and impactful at every level of the organisation. Externally, we have EDI lead representatives on the pan-London EDI network and the north west London EDI network.

3.2 Developing our people

Over the course of 2022/23, we have offered development opportunities and advocate for career progression for all that work at the Trust. This aligns with our fifth objective on education and intervention, as well as nationally-set standards including WRES indicator 4 (likelihood of staff accessing non-mandatory training) and WDES indicator 5 (relating to opportunities for career progression or promotion).

Disability workshops: *How I show up*

We worked with the Royal Academy of Dramatic Arts (RADA) to deliver a series of workshops over four sessions to build confidence and personal presence with members of our disability network, I-CAN. The programme taught attendees about maintaining a powerful presence in the workplace and helped them discover techniques to manage their state when under pressure. Participants examined the power of storytelling to build emotional connections, and how to build self-confidence and credibility to share their own stories with ease. The listening and questioning skills developed will support our third objective around building the strategic influence of our networks. The session also supported our fifth objective, to improve knowledge within our workforce.

Race equality workshops: *Creating a powerful leadership presence*

We started our targeted work on talent development with a tailored programme of development for our Black, Asian and minority ethnic workforce with RADA. We worked with RADA to deliver a modular programme which explored behaviours that helped participants to lead with confidence, warmth and authority. The programme included modules on building personal presence, influencing others, and becoming the leader you want to be. Several participants in *Creating a powerful leadership presence* went on to take part in the Healthcare Leaders' Fellowship.

Healthcare Leaders' Fellowship

The Healthcare Leaders' Fellowship is a targeted talent development programme which has been designed and developed by our Head of EDI and Head of learning, and sponsored by our Chief nurse. The programme aims to retain and upskill nurses, midwives, allied health professionals and science professionals from Black, Asian, and minority ethnic groups, in order to improve representation across senior leadership roles. The programme directly contributes to our WRES indicators and the Trust's model employer goals.

The fellowship programme consists of two pathways: *Get on* and *Go further*.

- *Get on*
    - The *Get on* pathway targets band 7 AHPs, nurses, midwives, healthcare scientists and registered pharmacy professionals who aspire to embark on their leadership and management careers.
- *Go further*
    - The *Go further* pathway caters to professionals in band 8a and above, supporting their progression within leadership careers.

The overall structure is consistent across the two pathways, but each pathway offers a development programme that is appropriate to the level of the fellow:

- **Level 5 or 7 'Leadership & Management' apprenticeship** – fully funded apprenticeship delivered by our partner Corndel that provides core knowledge and skills in key areas, including personal effectiveness, inclusive strategic leadership, strategy and change management, business performance, and transformation and systems thinking.
- **Internal workshops** – monthly workshops around mentoring, career coaching, communications, and people management.
- **Executive mentorship** – offered by our executive colleagues and board members for effective guidance and networking.
- **Strategic stretch projects** – offered across divisions and directorates as an opportunity for skill enhancement and career development outside of day-to-day practice.
- **Career coaching** – bespoke guidance on interview preparation, written job applications and career guidance.

Applications opened before the end of the year covered in this report, with 25 applications received. Details of the first cohorts of *Get on* and *Go further* will be covered in next year's report.

The Healthcare Leaders' Fellowship Programme presents a strategic solution to address the lack of Black, Asian and minority ethnic representation in senior-level and executive positions within the healthcare sector and we look forward to seeing the impact of this programme of work.

Gender equality and safety workshops, with Solace Women's Aid

We commissioned Solace Women's Aid to run several sessions available to our workforce as part of our commitment to promote gender equality and safety for all:

- **Practical strategies for building resilience** – to help staff build practical strategies by exploring the definitions and dynamics of self-care, and responses to trauma within front-line work.
- **Unmasking stalking: stalking awareness training** – to improve awareness and understanding around stalking, build confidence in identifying stalking at the earliest opportunity and apply learning to practice within the organisation.
- **Domestic abuse and the workplace** – to explore how domestic abuse can impact people at work, and the impacts on the wider organisation, what organisations can do to support their employees and practical strategies for having conversations about domestic abuse and signposting to sources of support.
- **Sexual harassment and the workplace** – to explore what sexual harassment is, as defined in the Equality Act (2010), how it might appear in the workplace, and what we can do to tackle and prevent sexual harassment.
- **Safety society sessions** – to explore how gender inequality affects us all and what can we do as a society to overcome it.

Race Equity Leadership Programme

In 2021, we trained 200 senior middle managers in our Leadership for Race Equity Programme developed in collaboration with Sea-Change consultancy. A further 200 managers were funded through Invest to Save funding in October 2021 and November 2022.

The programme aimed to help leaders and managers tackle race inequity through increasing their understanding of race and how it can impact decision-making within teams, as well as how perceptions about race can affect patient outcomes.

306 members of staff took part across 27 directorates. Our evaluation showed a significant difference in the confidence, learning, behaviour and actions of participants, such as increased awareness of effective methods to manage diverse teams and in identifying microaggressions.

In 2023/24, we hope to commission further training to target divisions where take up was low, and to ensure teams who expressed interest are able to attend training. We continue to use our WRES experts programme, including one of our non-executive directors and the Head of EDI at the Trust, who take part in a monthly WRES experts group and connect with networks in other organisations to share best practice.

3.3 Disability inclusion

The Trust has made a firm commitment to improve the experience of disabled staff in our workplace.

Reasonable adjustments

In April 2022, we introduced a centralised reasonable adjustment budget to ensure a consistent approach to the implementation of reasonable adjustments across all areas of the Trust. It also ensured we bridge any shortfall between Access to Work funding and departmental budgets. We had 28 successful applicants to the reasonable adjustments budget since April 2022, which accounts for 6.7% of all disabled staff who have shared their disability status on ESR. These consisted of 99 requested items, including physical adjustments (like chairs and desks), technological adjustments (including software and additional monitors) and awareness training. Some items have been requested multiple times for the same individual, for example where the individual works from home or across multiple sites. Ensuring we make claims to Access to Work means the Trust will be able to recoup around 68% of costs attributable to the budget. This fund was renewed in 2023/24.

We continue to work with the disability service advocacy team within the Department for Work and Pensions (DWP) to promote 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 people business partners are providing bespoke training to managers on supporting reasonable adjustments and disability awareness. We also have plans to train champions in Read & Write in 2023/24. This is a literacy tool to support neurodiverse individuals who may need additional help with reading and writing. The champions will support neurodiverse employees to use Read & Write, which can help with communication and boost confidence.

Neurodiversity toolkit

Our neurodiversity toolkit helps managers and staff to understand neurodiversity and support neurodivergent colleagues. The toolkit was developed in consultation with our I-CAN network and our wider colleagues who shared insight on the challenges on accessing and providing support.

We developed a communication plan to share the toolkit and will be delivering talks and workshops to promote it as part of our wider diversity training offer in 2023/24.

The Calibre Programme

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.

In September 2022, we ran a second cohort of Calibre programme at the Trust, and led a regional pilot programme on behalf of NHS England and Improvement (NHSE&I), in which a further four cohorts took place from October to April. 76 participants from 22 different trusts around the UK took part. The programme had a very positive impact on staff, with many of requesting to run Calibre again at their own trusts.

In October 2022, we held our first in-person Calibre Programme graduation ceremony for disabled staff across London that took part in the first five cohorts of the Calibre Programme in 2021/22. Senior staff from NHS England and participating trusts also attended, including the senior sponsors for the I-CAN network.

As with our first cohort in September 2021, all participants rated the programme excellent or very good, and there is evidence that the programme has positively contributed to the improvement in our 2022/23 WDES scores, such as the number of staff sharing their disability on ESR and disabled staff who have received a promotion since completing the programme.

A third cohort is planned to take place in 2023/24.

3.4 Employee relations

We strive towards a just and learning culture – one of fairness and openness, 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. There is tangible evidence that the work we have done in this area is having a positive impact: 71% of alleged misconduct cases in 2022/23 were resolved informally, and 49% of employee grievances. We doubled the size of our volunteer mediator pool in 2022/23, enabling us to resolve more workplace relationship issues at an earlier stage in the conflict.

38 colleagues went through a formal disciplinary process in 2022/23. Two of these colleagues received a first written warning by agreement. This is a new process we introduced in 2022. It allows colleagues who take ownership for their misconduct to accept a low-level disciplinary sanction without the need for a formal hearing, aligned to our just and learning culture principles.

While the number of formal disciplinary cases is small, particularly for an organisation of our size, the data still indicates that Black, Asian and minority ethnic employees are more likely to face these processes than their white colleagues. Colleagues from Black, Asian and minority ethnic backgrounds represent 60% of our employees, but 74% of colleagues who went through a formal disciplinary process were from these groups, compared with 70% in 2021/22. The majority of these colleagues (61%) worked in bands 2-4, where there is a higher percentage of Black, Asian and minority ethnic colleagues.

We will carry out a further analysis into misconduct themes to identify opportunities to manage performance well throughout the employee life cycle. We will particularly focus on how we induct, support and develop colleagues in entry level roles. We are also looking to roll out just culture training for managers across the Trust to include reflection around the potential for biased thinking at all stages of the misconduct process.

We amalgamated all our family-friendly policies to provide a clear, inclusive, one-stop policy for all parents, guardians and prospective parents and guardians. We are currently consulting on changes to our special leave policy to extend bereavement leave rights, ensuring our policy is kinder and more inclusive to colleagues with loved ones based overseas, and to colleagues with atypical families and support networks.

3.5 Diversity data

We monitor our comprehensive EDI workforce composition data at both directorate and divisional level to see the composition of our workforce by ethnicity, gender, band, religion, and sexual orientation.

We had 838 records for our staff where their ethnicity was unknown on ESR, a decrease from approximately 1,300 the previous year. Each year, our people and organisational development directorate reviews staff personal files to improve the quality of data, and we have achieved an overall 99.9% compliance in reporting on the ethnicity of our staff. Once again, we have also made improvements in our disability data on ESR, reducing the gaps in data from approximately 19% to 14% 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 three records being updated, from 24 staff contacted via survey to update their ESR data. This is an improvement from last year, when we updated 1,000 records from 2,500 staff contacted.

As per NHS Digital guidelines, if 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, which resulted in our three largest clinical divisions developing local divisional action plans. Since November 2021, these plans and updates on implementing them have been reported at our EDI committee meetings.

4. Our staff networks

Our networks continue to play a pivotal role in supporting the Trust’s equality, diversity and inclusion commitments acting as a critical friend in the advancement of the EDI agenda. We now have five established staff networks with full governance. 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 meet its race equality objectives.

The Nursing and midwifery race equality network is sponsored by the Director of nursing, Professor Janice Sigsworth. The network's activities in 2022/23 included:

- Announcing Jinju James as the new chair of the network, in addition to three new co-chairs: Miriam Phillip, Chenika Goldson, and Nancy Kountourgioti. These new chairs replaced Katharine Brown and Winsome Thomas, who both retired in 2023.
- In partnership with Imperial Health Charity and the EDI team, the network helped to develop the Imperial Healthcare project, to help identify a series of projects that the Trust can implement to reduce health inequalities, such as procuring mannequins for midwifery education in various skin tones.

The Multidisciplinary race equality network is sponsored by Raymond Anakwe, Medical director and Bob Klaber, Director of strategy, research and innovation. The network's projects in 2022/23 included:

- announcing a deputy chair, Nana Boakye, to support existing chair Joselyn King;
- holding its first race and health inequalities conference in June 2022, to raise the Trust's collective awareness around race and health inequalities, to discuss how we can work together for the benefit of both our staff and the communities we serve. The conference included a keynote speaker, Professor Michael West, who gave a presentation titled *Compassion, diversity, and inclusion: the heart of healthcare.* Dr Bob Klaber, consultant paediatrician and director of strategy, research and innovation, provided a picture of health inequalities in north west London; and
- the BAME ambassadors changing their name to the race equality ambassadors, to align with the terminology used across the NHS and the race equality networks. The ambassadors, who celebrated their one-year anniversary on 30 July 2022, aim to ensure the Trust is a safe and supportive place to work while also responding to the issues and concerns our Black, Asian and minority ethnic staff may be experiencing. The ambassadors also began hosting drop-in clinics to further support staff in various areas, including career development, applications and interview techniques.

The networks' joint projects in 2022/23 included:

- celebrating South Asian Heritage Month (18 July to 17 August 2022) for the second year running, with events and delicious South Asian food at our Trust sites. Our events included a Q&A on diabetes in the South Asian community, led by our diabetes specialist nurses Carol Jairam, Fharzana Begum and Lavanya Devarajan. Renowned author and journalist, Yasmin Alibhai-Brown, discussing her life and book *The settler's cookbook: A memoir of love, migration, and food*, and senior staff members Satnam Sagoo, Poonam Lumb, and Amrish Mehta participating in a panel, sharing career path stories and answering questions from the audience;
- celebrating Black History Month (October) with a mix of fun and informative activities to celebrate the achievements and contributions of Black people to the

Trust and across the UK. Events included a talk titled *Researching your family tree (a Caribbean perspective)* led by Olivia Cummins from the EDI team, a Schwartz round with a panel from the multidisciplinary race equality network discussing their experiences of racism within the Trust, and *Mental health and the Black community,* a discussion with Simon Arday, lead mental health nurse and our staff counselling team, CONTACT; and

- a charity walk across our Trust sites to raise money for Imperial College Healthcare Blood Fund and other charities, raising a total of £1,145.

The LGBTQ+ network is working to connect LGBTQ+ staff, reduce health inequalities and improve the experience of 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 2022/23 included:

- marching at Pride in London, in July 2022, for the first time since the pandemic. This was the network's biggest group yet with over 40 people taking part;
- the Trust receiving a Bronze Rainbow Badge Accreditation, with the support of the network. The Rainbow Badge Accreditation Programme evaluates how the Trust supports and recognises LGBTQ+ patients and staff. Funded by NHS England and Improvement, it is delivered by the LGBT Foundation in conjunction with Stonewall, the LGBT Consortium, Switchboard, and GLADD; and
- the network marking LGBTQ+ History Month, in February 2023, to celebrate the lives and achievements of LGBTQ+ staff and communities. This included Co-chair Professor Andrew Hartle facilitating a talk and panel discussion on the British legal and social history of LGBTQ+ communities.

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 (prior to her leaving the Trust) Professor Katie Urch, Divisional director for surgery, cancer and cardiovascular. The network's projects in 2022/23 included:

- continuing to support the Calibre Programme, a disability leadership programme designed and facilitated by international disability consultant Dr Ossie Stuart, across the Trust. The programme aims to transform how disabled staff think about themselves and disability with the aim of boosting their confidence and self-worth. The network also supported our first ever in person Calibre graduation event in October 2022, which was attended by more than 100 participants and colleagues from five London trusts;
- celebrating Disability History Month between 16 November to 16 December 2022 to commemorate the history of disabled people's struggle for equality and human rights. The network held a talk from Jessica Sturrock about disabled people's natural problem-solving skills, as well as a discussion on managing wellbeing, We published an interview with Employee relation specialist Khi Rafe about her work and her own neurodiversity, and ran events through the month to raise awareness about disability equality and accessibility work at the Trust; and
- recruiting a new chair, Victoria Cosgrove, to replace Chloe Wortelhock and Sharon Hall who stepped down as chairs.

The Women's network is working to help promote equality and diversity at all levels across the Trust, supporting skills development, improving women's experience at work and focusing on women's health, including the menopause. The network's executive sponsors are Director of engagement and experience Michelle Dixon and Chief financial officer Jazz Thind. The network's projects in 2022/23 included:

- marking International Women's Day on 8 March 2023, by hosting a series of activities to celebrate social, economic, cultural, and political achievements of women around the world. This included an #EmbraceEquity workshop (to explore actions staff can take to embrace equity within our own workspaces), a coffee roulette (to encourage women across the Trust to connect and network), and a Q&A on gender and pensions;
- ongoing collaboration with P&OD, and Estates and facilities to promote safety within the Trust, including running engagement sessions with the police and also reviewing the lone working policy; and
- collaborating with the safeguarding team to mark 16 Days of Activism against gender-based violence (25 November to 10 December 2022). This included the launch of White Ribbon at the Trust (on White Ribbon Day, 25 November) as part of the Trust's commitment to becoming White Ribbon UK Accredited and ending male violence against women.

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 purpose of the programme is to enable these young adults to gain paid employment and move towards financial independence. Each year we welcome twelve interns to Charing Cross Hospital, where they are supported by our programme partners, North West London College and Kaleidoscope Sabre, to develop skills and confidence in the workplace.

Since the Covid-19 pandemic, the programme has struggled to recruit and fill all places. The team is working in partnership with West London Alliance and NHSE to introduce a new five-year special educational needs and disability (SEND) strategy to ensure we are engaging effectively with our local communities and to give more young people an opportunity for education and employment.

6. Apprenticeships

The apprenticeship levy was introduced in 2017 and since then more than 750 staff members have enrolled on an apprenticeship at the Trust, with a 76% programme retention rate. 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 in 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. 78% of staff members undertaking a nursing or midwifery apprenticeship (healthcare support worker, registered nurse, midwife etc.) are from Black, Asian and minority ethnic groups. To date, 92% of those who have completed their apprenticeship are still working at the Trust and many have progressed their career from lower paid, unregistered roles into registered healthcare professional roles with a clear career path. The majority of apprentices are mature female adult learners, aged between 31 and 50.

7. Work placements

Covid-19 presented an opportunity to rethink work experience and make use of virtual broadcast technology to widen access to high quality information and advice about careers in medicine and applications to medical school.

Since July 2022, almost 1,000 young people have accessed live, virtual work experience programmes delivered by our dedicated team of consultants, junior doctors and medical students, each sharing their experiences and perspectives of working or training to be a doctor.

The Trust has worked collaboratively with charities and non-selective secondary schools and colleges across north west London to promote the opportunity, so students from all backgrounds have an equal chance of getting a place.

8. Our wellbeing with an EDI focus

The Trust's wellbeing team adds an EDI perspective to all workstreams. We analysed our national staff survey results against all protected characteristics and used our findings to develop action plans. Some of the major EDI focused projects in our wellbeing programme are as follows:

Menopause programme

We ran our menopause programme for a second year, alternating bi-monthly workshops hosted by a specialist external facilitator on a particular topic (such as hormone replacement therapy (HRT) and menopause for managers), with a 'menopause meet', where staff experiencing menopause can connect for peer support, as well as support from CONTACT. All sessions are virtual so staff can join them remotely from their workplace. The menopause meets are a private, safe space that aren't recorded, but the workshops and annual world menopause day events are made available to watch back on our menopause intranet page. We also held another very successful World Menopause Day event during October 2022, which was attended by over 150 staff.

New carers' network

The carers' network has also been established for two years, with our Carers UK partnership commissioned again to keep access for all staff to the Carers UK platform, Employers for Carers (EfC) Digital. As well as having a range of online practical support resources for carers themselves, it is aimed at all those who have a responsibility for supporting carers, (including EDI teams). Resources include employers' guides, managers handbooks, e-Learning (one for all staff, one for line managers), best practice examples, templates, toolkits and more. We also ran a programme of sessions alternating between a recorded workshop with Carers UK on a specific topic, and a carers' emotional wellbeing group with CONTACT.

Wellbeing champions

The Trust now has 90 fully trained wellbeing champions in a variety of roles, bands and locations across the organisation. 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 or areas where champions are not included. All champions are required to attend an initial half-day training session. 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.

Wellbeing news and 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 wellbeing team send out information to wellbeing champions and the wider wellbeing network 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 condition(s), enabling them to stay in work; and
- 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) and the Business Disability Forum. These memberships have provided a number of opportunities, including:

- allowing the Trust to access exclusive online resources tailored to the specific protected characteristics, access to online webinars and resources that are continuing professional development (CPD) accredited, which allows our managers to enhance their technical equality, diversity and inclusion knowledge; and
- 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.

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

10. Commentary: our workforce profile 2022/23

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 age composition since 2010/11. The workforce gender split has also remained largely 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.

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 continue to see improvements from our HR review to improve data quality. Recording of disability, sexual orientation, and religious data are all above 95% and people at the Trust are encouraged to ensure this information is accurate through our ESR data campaign.

We only report on protected characteristics that we currently hold data for on our ESR system. We do not capture data for gender reassignment and are unable to report on this for the purpose of this report.

The complete equality profile of our workforce is available at Appendix 1.

10.1 Commentary: Workforce EDI Programme 2022/23

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 industrial action. The objectives of the programme are below:

- **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.

The Workforce EDI programme has been updated to support our work for 2023/24 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. Under the governance of the EDI committee, we will continue to review equality data for specific areas and initiatives, such as attendance on our leadership and development programmes, and our employee relations cases. This will allow our actions and interventions to be more agile and responsive.

In 2020 the NHS launched the People Plan. It outlines actions for leaders across the NHS, with 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. Theseare: 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.

Our Workforce EDI programme for 2023/24 is available at Appendix 2.

10.2 Commentary: Race equality 2022/23

Race equality is a key focus area for Imperial College Healthcare NHS Trust. We continue to have a higher percentage of staff employed from Black, Asian and minority ethnic backgrounds than the London population (as per the 2021 Census data). However, as our WRES (Workforce Race Equality Standards) data shows, there are racial disparities in the work and career experiences of our white, and Black, Asian and minority ethnic staff.

In summary for 2022, for the non-clinical workforce, the percentage of Black Minority Ethnic workforce increased across all bands, except for bands 2 and 8c (which remained the same), and bands 8a, 8d, and VSM, which has seen a decline.

For the clinical workforce, the percentage of Black Minority Ethnic workforce increased across all bands, except bands8d and 9, which has seen a decrease. There was also a decrease in the percentage for VSM roles, however, this is attributed to one of the VSM roles being vacant at the time of reporting.

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 1.36, which is a slight improvement from last year, which was 1.39 times more likely to be shortlisted. Part of this success has been the introduction of inclusive recruitment panels and recruitment and selection training, which aims to reduce overt and covert bias throughout the recruitment and selection process. We've also introduced metrics to help our divisional areas to monitor improvements in these areas.

Despite making improvements in our misconduct triage, investigations, and disciplinary hearings, our disciplinary data (WRES 3) shows that we disciplined 37 individuals: 7 from a white background, 28 from an ethnic minority background, and 2 from an unknown background. This means that our relative likelihood of Black Minority Ethnic staff being disciplined compared to white staff is 2.35. This is an increase from last year's figure of 1.82 times more likely to receive disciplinary action.

Our analysis shows that half of disciplinary cases involved colleagues from bands 2-3, who are more likely to experience greater supervision, increasing the likelihood of misconduct being identified. As Black, Asian and minority ethnic staff are overrepresented in these bands, this may partly explain why the likelihood has increased. Our analysis also suggests that some managers have a lower tolerance for minor misconduct involving Black, Asian and minority ethnic staff. For example, most cases involving white colleagues that go to disciplinary result in a higher-level sanction (final written warning or dismissal). We plan to address this bias by introducing further training and education for managers around culture, and potentially introducing further modules to our Immediate Manager programme on managing conduct and performance (with emphasis on mitigating bias).

Our relative likelihood of undertaking non-mandatory training (white compared to Black Minority Ethnic) has decreased to 1.27 compared to 1.62 from the previous year (indicator 4). This may be influenced by the fact we have once again improved our data collection for activities around CPD, which gives us a fuller picture of our staff undertaking non-mandatory training. 2022/23's data collection includes CPD from LEARN (the Trust's eLearning platform), consultants, nurses, allied health professionals, radiotherapists, radiographers, improvements team, scientists, pharmacists and apprentices. This is the first year that we've been able to include data from our nursing and midwifery workforce, who account for a significant number of our workforce. This is the second year we have included data external to the data held by the learning and development team.

The national staff survey results (Indicators 5 to 8) show that overall, our Trust has made improvements in regard to staff who experience harassment, bullying or abuse from other staff, and believe that the Trust acts fairly in regard to career promotion or progression. However, Black, Asian and minority ethnic staff are still far more likely to report a poorer experience, while scores for staff experiencing harassment, bullying, or abuse from patients and discrimination from managers have worsened. Therefore, we still have much to do to improve fairness and tackle discrimination.

The overall composition of our Trust board has remained the same. However, there has been a slight increase in Black, Asian and minority ethnic members in our voting and non-executive boards, while there has been a decrease within our executive board. For indicator 9, only the composition of voting members is considered.

As with previous years, we continue to place importance on ensuring that our Trust board is representative of our workforce as part of our commitment to EDI. This includes supporting 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:

- continuing to embed inclusive recruitment processes for bands 7 upwards to ensure that our interview panels are diverse regarding race and gender;
- creating education and development programmes, and content on race so staff can improve their awareness and confidence in promoting a fairer organisation. These include our Race Equity Leadership Programme, and EDI toolkits;
- delivering development programmes aimed at underrepresented staff to improve their likelihood of being appointed and running Healthcare Leader Fellowships to improve the likelihood of Black Minority Ethnic staff being shortlisted or selected for senior roles; and
- developing an anti-racism/anti-discrimination engagement programme underpinned by statements to communicate our commitment to tackling racism and discrimination.

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 programmes of work will take time and will need to be implemented, embedded, monitored and evaluated for progress.

Our complete WRES report is in Appendix 3.

Ethnicity pay gap

This is the second year that we are making our ethnicity pay gap report accessible to the public. In the report, we have used the same principles and formulas that are applied to statutory gender pay gap reporting.

Although we've made some progress in reducing the disparity of Black, Asian and minority ethnic colleagues in senior roles, there's still a very significant gap. Reporting on our ethnicity pay gap will help us to progress our race equity agenda. The ethnicity pay gap is available at Appendix 6.

10.3 Commentary: Disability 2quality 2022/23

The reporting period of 2022/23 is the fifth year of reporting on WDES for NHS organisations.

2.9% of our staff have shared a disability on ESR, an increase from previous years' reporting. There were more people sharing a disability in the 2022 NHS Staff Survey, although the overall percentage of those sharing they had a disability is 14.6%, a decrease from last year. However, there is still a large difference between what is recorded on ESR and those who share a disability in the staff survey.

The Trust continues to run a campaign to encourage people to share their disability data, with 0.5% of records missing this information, compared with 4% from last year's WDES report, showing a continuing trend of better data quality. 83.3% of employees have shared that they do not have a disability.

Overall, our WDES metrics demonstrate that there is still a difference in experience between disabled people and non-disabled people. Disabled people are more likely to have worse experiences regarding abuse, less likely to believe in career progression, and more likely to feel pressure to come to work when feeling unwell. Despite the difference in experience, most metrics have not changed from previous years, and we

improved the number of people who report that we have made adequate adjustments to enable them to carry out their work, from 63.8% last year to 68.1%. We will continue to promote our centralised reasonable adjustment budget to ensure that reasonable adjustments are provided quickly, easily, and equitably. Our disability network and other interventions continue to have support from our executive team, including the second cohort of Calibre which ran in September 2022.

Disability inclusion is considered throughout our work programme, and objective 6 specifically covers improving shared knowledge, access, information and internal implementation for reasonable adjustments and the disability experience. We have committed to the following areas of work:

- establishing a Disability equality steering group, chaired by our Chief people officer, to support and advocate for disability-related initiatives at the Trust;
- continuing to promote and facilitate the centralised reasonable adjustment budget, aiming to provide a faster, simpler and more equitable experience for disabled people at the Trust;
- continuing the promotion of the Government's Access to Work programme including, working with the Department for Work and Pensions and our HR business partners to help managers to understand the programme and ensure that disabled staff are supported throughout the process;
- running a further cohort of the Calibre Leadership Programme at the Trust;
- continuing the development and support of the I-CAN network to promote sustainable growth and strategic influence, including prioritising disability inclusion within policies and projects to ensure we examine situations with a disability inclusion lens;
- working towards the Trust becoming a Disability Confident Leader (level 3 of the Government's Disability Confident scheme);
- reflecting the Trust's commitment against ableism and disability discrimination in our anti-discrimination statement, due in 2023/24;
- continuing the use and promotion of our memberships with Business Disability Forum and enei (the Employers Network for Equality and Inclusion) to improve our disability confidence through events, advice, and resources;
- promoting our existing toolkits on understanding neurodiversity, challenging microaggressions, and being an ally to influence attitudes and behaviour towards disability and other protected characteristics;
- implementing and continuing support and guidance for disabled staff with locally available resources, such as the reasonable adjustments passport, as well as informing and educating managers;
- rolling out our Read & Write champions and Dragon champions to support users of these assistive technologies across the Trust;
- continuing our work with our ICT team on a strategy to improve assistive technology access and support access the Trust; and
- continuing the promotion and implementation of our ESR campaign to encourage all staff to share their diversity data with us, including disability.

Our complete WDES report is in Appendix 4.

10.4 Commentary: Gender equality 2022/23

In 2022/23, the mean hourly rate of ordinary pay for male employees is 8.3% higher than that of female employees. When median calculations are used, the hourly rate of male employees' ordinary pay is 0.48% lower than that of female employees. Each year, we are seeing further decreases in the mean pay gap, this year by 1%, making this year's gap the lowest since reporting began. The median has also decreased, this time from 1.6% to 0.48% in favour of female employees. This means, using the median measure, that women out-earned men – reversing last year's increase by 2.8% to 1.6% in favour of male employees.

For 2022/3, relevant bonus pay includes Clinical Excellence Awards (CEA) for consultants, long service awards, and discretionary pay for consultants. Long service awards of £150, awarded to those who completed their twentieth year of service in 2021/22, were issued in July 2023 and are therefore included in this analysis.

Some consultants received discretionary payments in recognition of additional responsibilities, which are counted as a bonus for the purposes of the gender and ethnicity pay gap reporting.

For the third year running, the CEA bonus award payments were delayed and distributed rather than awarded on merit. The gender pay gap data for March 2023 was the 2022/23 awards distribution was paid in April 2023.

It is important to note that the CEA awards bonus data does not include any newly issued awards in this reporting period of 2022/23. Based on guidance and recommendations from NHS Employers, the Trust made the decision to equally distribute the year's Local CEA funds (and any remaining from previous years) among all eligible consultants based on last year. In 2023/24, we will move away from equal distribution and set up a new excellence-based reward system.

3.7% of male employees received a bonus payment compared to 2.4% of female employees. Of the 458 employees who received a bonus, 38.9% were men and 61.1% were women.

When considering all types of bonus pay, there is a 67.1% mean gender pay gap and a 12% median gender pay gap between men and women. It is difficult to compare these figures to the previous two years' results, which included Covid-19 incentives. These were awarded for a brief period in 2021 and hence are not included in this year's report.

There is a 30.6% mean pay gap between male and female consultants' CEA pay and a 7.9% median pay gap. There has been a 0.3% increase in the mean gender pay gap for bonus pay (CEA only), compared to previous years' data, continuing a trend of increases from 2018. There has been a 44.1% decrease in the median gender pay gap for bonus pay (CEA only).

The complete Gender Pay Gap Report is at Appendix 5.

10.5 Commentary: LGBTQ+ equality 2022/23

While there is no statutory reporting for LGBTQ+ equality comparable to Workforce Disability Equality Standard and Workforce Race Equality Standard, 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 2022/23:

- we were awarded a Bronze Level by the Rainbow Badge Accreditation scheme, which evaluated how we support and recognise LGBTQ+ patients and staff. The scheme is funded by NHS England & Improvement and delivered by the LGBT Foundation in conjunction with Stonewall, the LGBT Consortium, Switchboard and GLADD, and several trusts across the country are participating in the hopes of achieving an award at Foundation, Bronze, Silver or Gold level. Our Bronze accreditation means that while there are some areas which we are doing well to reduce barriers for LGBTQ+ people in our employment or care, there is a still lot of work to be done. In 2023/24 we will be developing an action plan, supported by a task and finish group, to address issues raised in the comprehensive feedback report;
- we published guidance on pronouns to support staff to understand why people share their pronouns, and help them decide if this is something that they would like to do. During LGBTQ+ History Month, we ran several interactive sessions to support the guidance and provided a Q&A; and
- we continued promotion of the Trust's guidance on supporting employees in transitioning to the gender with which they identify, through various forums. This includes the Springboard and Emerge programmes for emerging leaders.

11. Equality Delivery System 2

In conjunction with our Patient experience team, we reported on our Equality Delivery System (EDS) in March 2023 and this was published on our external website in July 2023.

Our equality objectives for workforce within the EDS2 report mirror our overall objectives. For the nine workforce-related outcomes, we rated ourselves as developing in five and achieving in four, which is an improvement on the EDS2 report published in 2019/20 where we rated ourselves as undeveloped against three outcomes, developing against five outcomes, and achieving only one outcome. We will next review our scoring and achievements for EDS2 in 2025/26.

12. Conclusion

We are on a journey and have come a long way since the establishment of the Trust's EDI team. However, we understand that there is still more we can, and will do, to support the advancement of equality, diversity and inclusion, as well as learn from best practice and the best approaches to workforce inclusion. We are committed to the eradication of discrimination throughout the Trust and are committed to ensuring an anti-racist and anti-discriminatory approach in all that we do. We are proud of the progress we have made since we last reported, including:

- our continued improvements regarding data quality, allowing us to draw better conclusions about our people;
- positive movements in our NHS Staff Survey results, indicating an improvement in bullying and harassment within the workplace, greater

recognition of equality and diversity, and more engagement with our disabled workforce; and
- launching an innovative and comprehensive programme to improve racial equity in the senior leaders of tomorrow.

However, we understand that there is still more to do to make tangible and sustainable progress in resolving inequities, and creating an inclusive culture of belonging, which allows all our people to bring their whole selves to work. Our plan for 2023/24 is designed to continue with the improvement plans based on our WRES metrics, including improving representation and career progression. Our plan is also aligned with the NHS Equality, Diversity and Inclusion Improvement Plan set out by NHS England in March 2023, and we will continue to incorporate the recommendations of the London WRES.

We continue to have discrepancies in experience within our disciplinary process. Black, Asian and minority ethnic people are much more likely to experience formal processes. The model employer goals outline the ambitions set by NHS England and NHS Improvement 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 are behind in our model employer trajectory, but we continue to work towards this commitment, and our EDI work programme is intended to help us move closer towards this goal. We continue to produce annual Trust-wide and divisional clinical model employer goals data to help develop local interventions and drive accelerated progress.

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

- renew our focus on workforce race equality; this is a major priority for the Trust as well as our focus on workforce disability equality;
- embed our four toolkits (microaggressions, talking about race and allyship and neurodiverse toolkit) through online learning and sharing good practice;
- implement our Healthcare Leader Fellowship, a targeted Black, Asian and minority ethnic talent development programme designed to accelerate progress in our representation;
- deliver our anti-racism and anti-discrimination engagement programme with both workforce and patients;
- review incidents of discrimination and abuse in our people processes relating to protected characteristics, and develop responsive, innovative approaches to reduce incidents;
- deliver the third cohort of our disability leadership programme, Calibre;
- expand our work in becoming a Disability Confident Trust; this includes improvement in our reasonable adjustment process and our work to deliver bespoke training to support the implementations of reasonable adjustments;
- improve the experience of our LGBTQ+ communities through the implementation of our LGBTQ+ action plan;
- improve gender equity at all levels of the organisation; and
- empower our five staff networks to ensure they remain a critical friend to the Trust.

We will continue to work with our north west London colleagues and the entire London sector to share good practice, learn from each other, and work towards delivery of better health, for life.

Appendices

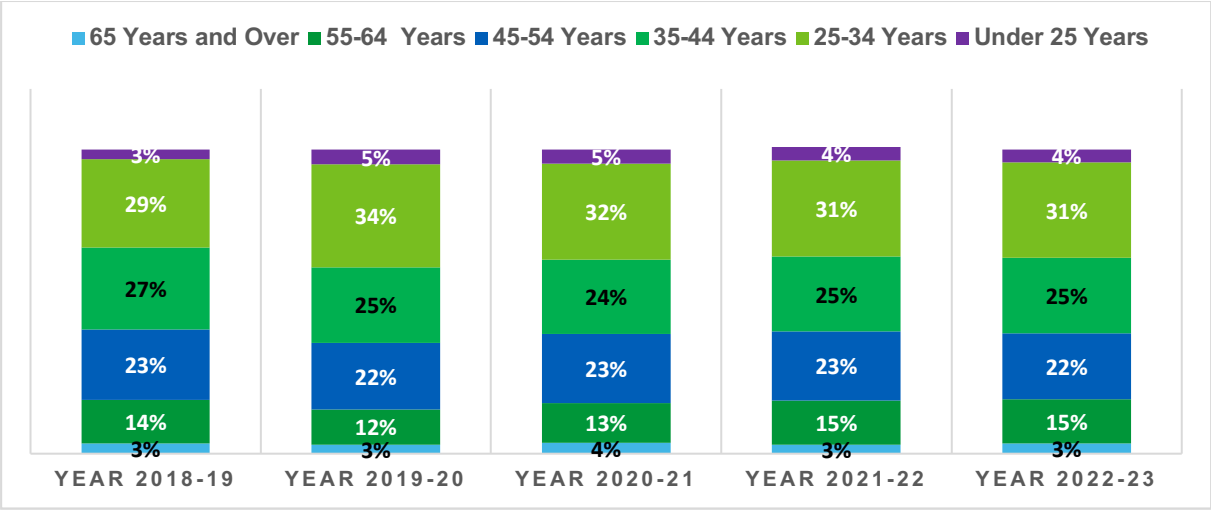
Appendix 1:	**Equality profile of our workforce 2022/23**
Appendix 2:	**Workforce equality, diversity and inclusion work programme 2023/24**
Appendix 3:	**Workforce Race Equality Standard 2022/23**
Appendix 4:	**Workforce Disability Equality Standard 2022/23**
Appendix 5:	**Gender Pay Gap Report 2022/23**
Appendix 6:	**Ethnicity Pay Gap Report 2022/23**
Appendix 7:	**Glossary of terms**

Appendix 1: Equality profile of our workforce 2022/23

The diagrams below show the percentage of staff employed by the Trust by age, disability, ethnicity and gender at 31 March 2023.

Workforce composition: age

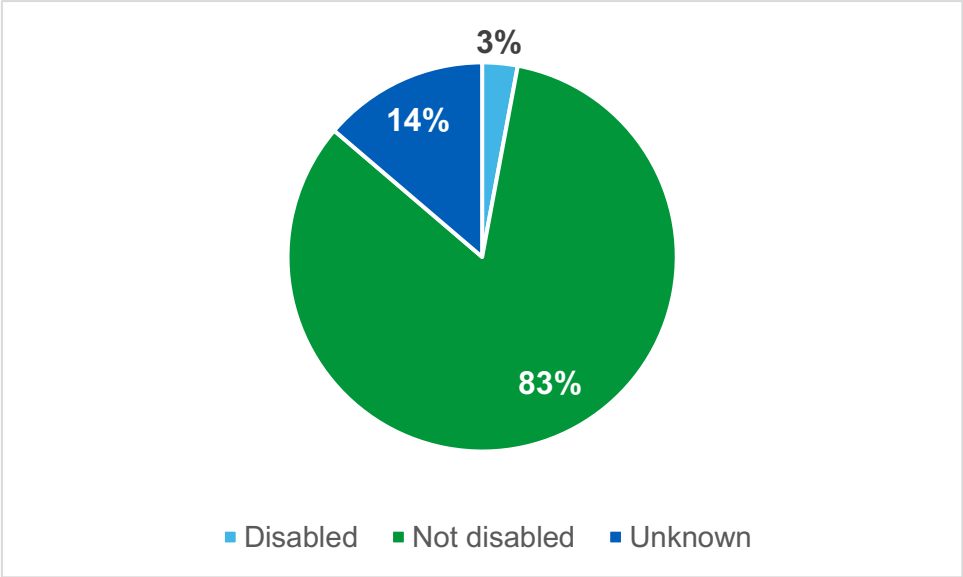
Diagram 1: Trust age composition over five years



There has been no significant change in the workforce composition for age since 2010/11. While there has been a small decrease in the number of our people aged 25-34 and an increase in those 65 and over compared to five years ago, the majority of our staff are aged 25-54.

Workforce composition: disability

Diagram 2: disability disclosure



In the previous year's report, 2% of our workforce had shared that they have a disability, with 19% of records missing this information. This has improved this year with 3% of the workforce choosing to share that they have a disability and 17% of records missing this information.

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 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	Recorded demographic for all staff in 2022/23
Disability	68%	71%	73%	96%	96%
Sexual orientation	70%	73%	74%	84%	95%
Religion	70%	73%	74%	84%	96%

We see improvement in our sexual orientation and religion data due to our on-going ESR campaign, as well as the high proportion of records that record information around disability, as seen in Table 1, above. Table 2, below, shows that this information for new staff in 2022/23 has reached almost 100% for sexual orientation and religion, and is above 95% for disability.

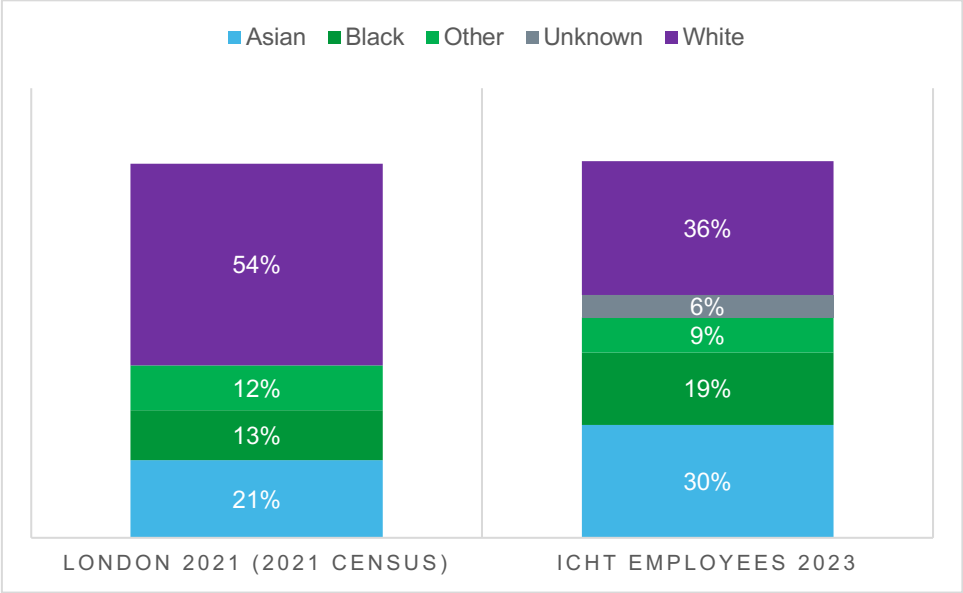
Table 2: Disability, sexual orientation and religion records for new staff

Protected characteristic	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	Recorded demographic for NEW staff in 2022/23
Disability	82%	78%	78%	91%	96%
Sexual orientation	82%	82%	76%	99%	99%
Religion	82%	82%	76%	94%	99%

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 36% of the workforce, compared to 54% of the London population, which is based on the most recent 2021 census information.

Diagram 3: Trust ethnicity compared against 2021 census of London



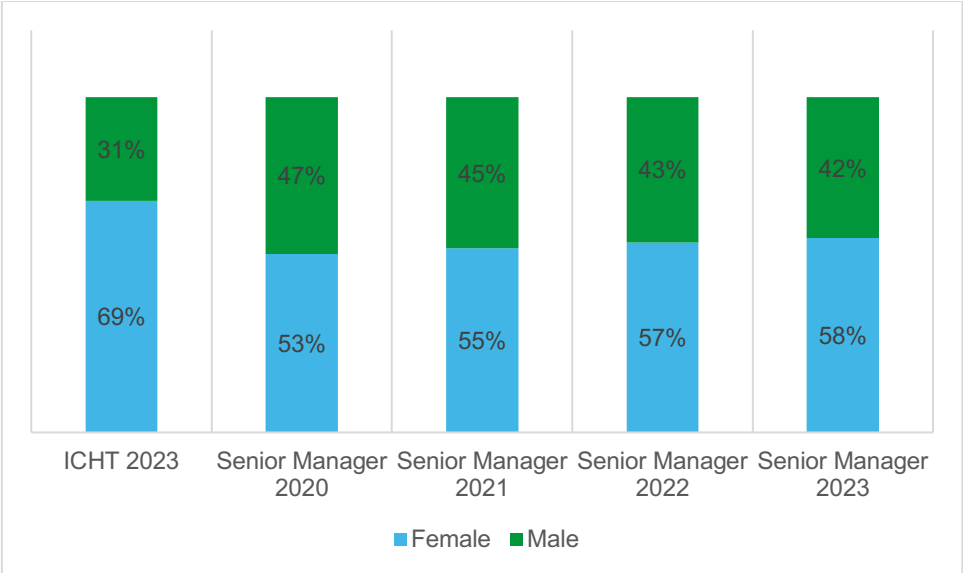
When we examine our ethnicity data in more detail, the majority of people in roles at band 7 and above are from white backgrounds. Our workforce EDI programme has actions designed to address this imbalance.

Workforce composition: gender

The workforce gender split has remained unchanged in the last seven years: 69% of our staff are female and 31% 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 1% compared to last year. The figures below show that 42% of people employed as senior managers are men and 58% are women. There is a small increase in female representation of 1% compared to last year.

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



Appendix 2: Workforce equality, diversity and inclusion programme 2023/24

Overview

The Workforce EDI programme focuses on the delivery of six objectives, which aim to improve our workforce race and disability equality standards, and our gender pay gap. However, all staff will benefit from these objectives. Objective six focuses directly on improvement in our workforce disability equality standards performance.

Objectives	WRES	WDES	Gender
Objective 1: To create individual and collective accountability at board, divisional and directorate level for specific, measurable EDI objectives so that there will be organisational progress on equality, diversity and inclusion.			
Objective 2: To create a talent management strategy that targets under-representation and lack of diversity, as well as equity of career progression opportunities for staff of all protected characteristics to create a fairer and more inclusive place to work.			
Objective 3: To improve engagement and staff experience through working collaboratively with our networks.			
Objective 4: To embed fair and inclusive recruitment processes to enhance equity of career progression.			
Objective 5: To implement a range of equality education tools and interventions for all staff to address bullying, harassment, discrimination, physical violence, and sexual harassment.			
Objective 6: To focus on improving shared knowledge, access, information and internal implementation for reasonable adjustments and disability experience.			

Further Detail

Objective 1: To create individual and collective accountability at board, divisional and directorate level for specific, measurable EDI objectives so that there will be organisational progress on equality, diversity and inclusion.

Workstreams: jointly led by Head of workforce equality, diversity and inclusion, and People planning lead, by March 2024:

- Publish our EDI data in our workforce annual report, including WRES, WDES, gender and ethnicity pay gaps, and EDS2.
- Promote and implement e-learning for equality impact assessments.
- Establish a medical WRES working group to deliver an action plan of recommendations from the national MWRES reports.

- Increase accountability of all leaders through divisional led EDI action plans.
- Report against our Model employer aspirational goals and action plan.
- Develop an LGBTQ+ action plan to implement recommendations from our Rainbow Scheme Accreditation.
- Implement Cultural Intelligence (CQ) training to develop awareness and accountability.
- Implement a sprint approach to EDI projects within the clinical divisions, together with clinical senior management and EDI team.

Objective 2: To create a talent management strategy that targets under-representation and lack of diversity, as well as equity of career progression opportunities for staff of all protected characteristics to create a fairer and more inclusive place to work.

Workstreams: jointly led by Head of workforce equality, diversity and inclusion, and Associate director of leadership, OD and wellbeing, by March 2024:

- Provide a new platform for stretch projects and mentoring within the Trust.
- Implement our Healthcare leaders' fellowship programmes; Get on and Go further.
- Increase diversity in apprenticeships and work experience.
- Increase participation in national programmes (Getting to Equity, Capital Nurse and Capital Midwifery).
- Deliver targeted interventions such as Calibre, and the Race Equity Leadership programme.

Objective 3: To improve engagement and staff experience through working collaboratively with our networks.

Workstreams: led by Head of workforce equality, diversity and inclusion, by March 2024:

- Share EDI communications to support our work through our intranet, social media and our newsletters.
- Measure our actions and outcomes with relevant accreditation bodies who review workplace inequalities across sexual orientation and gender, disability, and ethnicity.
- Support the on-boarding of our international nurses.
- Develop outreach activities to engage with our older and younger workforce.
- Host site-based drop-in sessions for staff to meet the team and learn about our work and staff networks.
- Work in collaboration with our networks on EDI projects relating to patients.

Objective 4: To embed fair and inclusive recruitment processes to enhance equity of career progression.

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 2024:

- Review and update our Equality, diversity, and inclusion policy.
- Continue to embed our inclusive recruitment process.

- Continue to roll out our Recruitment and selection training to managers.
- Work towards Disability Confidence level 3.
- Continue to report on our recruitment metrics to measure the effectiveness of our recruitment and selection practices.
- Support the implementation of the inclusive board race equity intervention.
- Collaborate with and involve the White Allies and WRES experts.

Objective 5: To implement a range of equality education tools and interventions for all staff to address bullying, harassment, discrimination, physical violence, and sexual harassment.

Workstreams: lead by Head of workforce equality, diversity and inclusion, by March 2024:

- Promote the Active Bystander training to increase uptake.
- Develop an anti-racism and anti-discrimination engagement programme.
- Promote and embed our EDI toolkits to support EDI behavioural change.
- Deliver a structured calendar of EDI communications to support continuous cultural change, including the promotion of events.
- Use DATIX, the Trust's incident reporting system, to monitor discrimination and influence behaviour.

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

Workstreams: lead by Head of workforce equality, diversity and inclusion, by March 2024

- Review and revise our disability policy, including our reasonable adjustment process and disability passport.
- Continue to deliver the Calibre Programme together with Dr Ossie Stuart.
- Train and deploy Read and Write and Dragon champions to support colleagues who require assistive technology.
- Establish a Disability Equality steering group.
- Continue to support staff through our assistive technology working group.
- Evaluation of disability awareness training delivered by Employee relations, including assessment of accessibility.
- Promote awareness of Access to Work and our centralised reasonable adjustment fund.

Appendix 3: Workforce Race Equality Standard 2022/23

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 on 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. Our aim is to close these gaps by tackling discrimination, promoting a positive culture and valuing all staff for their contributions to their work.

This will in turn positively impact on patients. A more diverse and equal workforce 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.

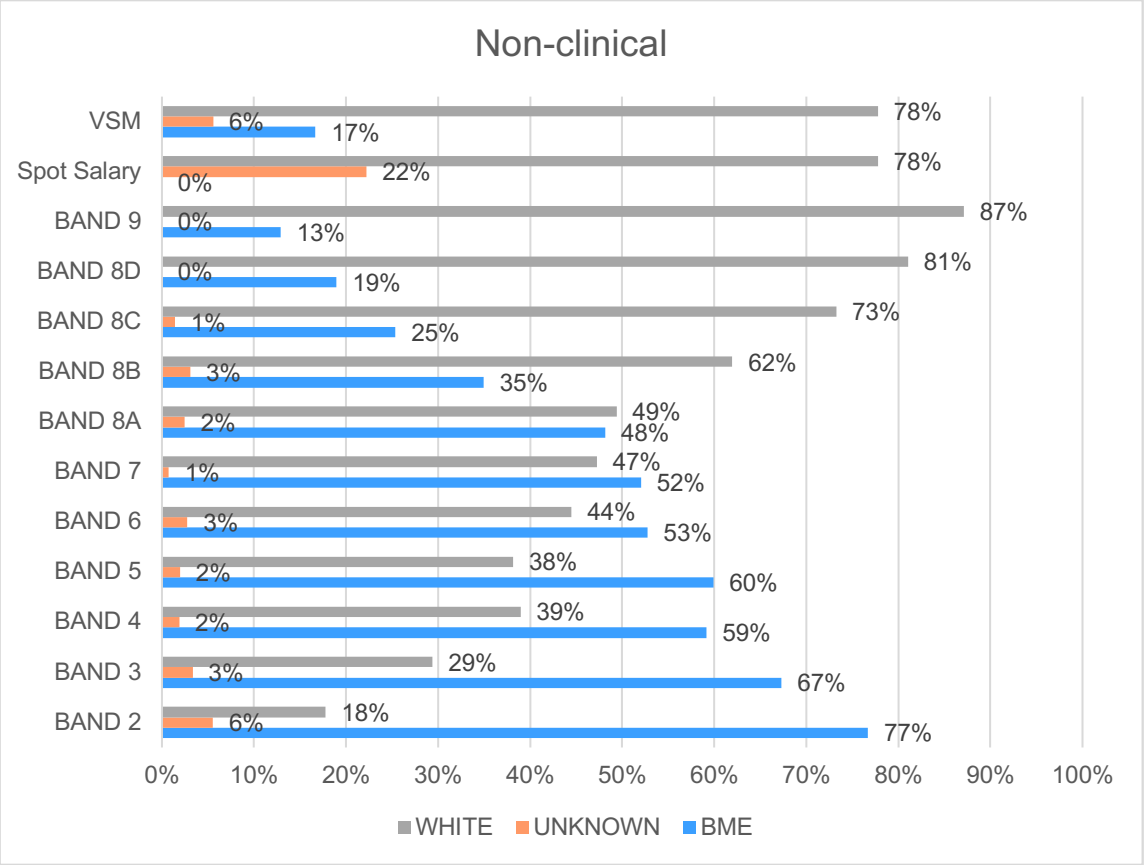
The WRES indicators are split into three groups:

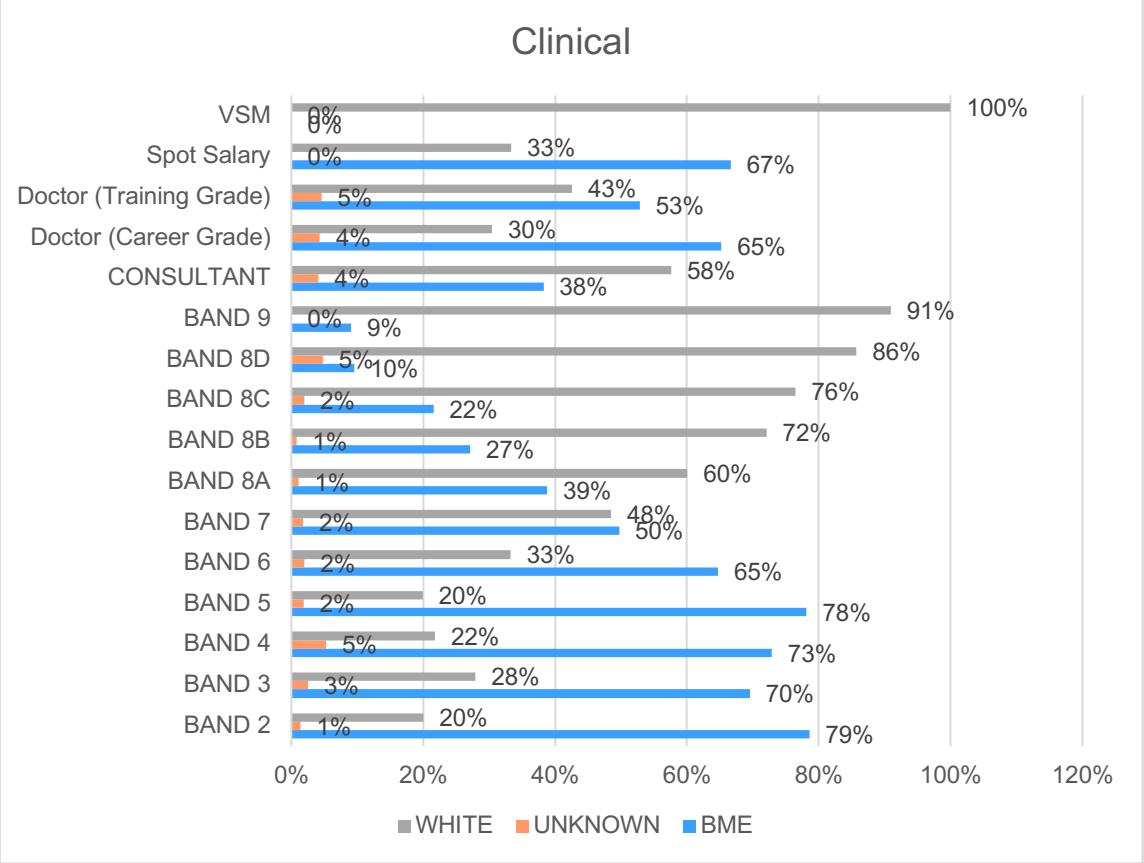
- four of the indicators focus on workforce data (1 to 4)
- four are based on data from the national NHS Staff Survey questions (5 to 8)
- one indicator focuses on Black, Asian and minority ethnic staff representation on boards (9).

Indicator 1

Percentage of staff in each of the Agenda for Change (AfC) bands 1-9 or medical and dental subgroups and very senior managers (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 2023





For the non-clinical workforce, the Black, Asian and minority ethnic staff workforce increased from 60% to 62%. The percentage Black, Asian and minority ethnic staff has

increased across all bands, except for bands 2 and 8c (which have remained the same), and bands 8a, 8d, and VSM, which have seen a decline.

For the clinical workforce, the overall percentage of Black, Asian and minority ethnic staff has increased from 55% to 61%. There have been increases across all bands except for 8d and 9, which have seen a decrease in the percentage of Black, Asian and minority ethnic staff. VSM has also seen a decrease, which is attributed to a vacant VSM role.

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	4,985	950	19.06%
Black, Asian and Minority Ethnic	11,856	1,663	14.03%
Unknown	1,102	61	5.54%

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from Black, Asian and minority ethnic groups is 1.36; this is slight improvement from last year, which was 1.39.

Indicator 3

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

We report on the formal disciplinary hearings excluding doctors, who are managed in accordance with Maintaining High Professional Standards. In 2022/23 the Trust held 37 disciplinary hearings, up from 27 in 2021/22.

Descriptor	Number of staff in workforce	Year-end number of formal disciplinary meetings	Likelihood of entering formal disciplinary meetings
White	5,143	7	0.14%
Black and Minority Ethnic	8,757	28	0.32%

Unknown	898	2	0.75%

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.

The relative likelihood of Black, Asian and minority ethnic staff being disciplined compared to white staff is 2.35, which is an increase from year's figure of 1.82. This is the third year in which we are 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 included continuous professional development (CPD) from the Trust's eLearning platform LEARN, which includes training relating to consultants, nurses, allied health professionals, radiotherapy, radiographers, the Improvement team, scientists, pharmacists and apprentices. This is the first year that we've been able to include data from our nursing and midwifery workforce, who account for a significant amount of our workforce. This is the second year we have included data from sources other than the learning and development team.

The relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian and minority ethnic staff is 1.27. This is a decrease from the previous year's figure of 1.62.

Descriptor	Number of staff in workforce	Staff accessing non mandatory training (data held by leadership team)	Likelihood of accessing non mandatory training
White	5,143	1,491	28.99%
Black, Asian and Minority Ethnic	8,757	1,992	22.75%
Unknown	398	88	22.11%

Indicators 5 to 8

Indicators 5 to 8 relate to the 2022/23 national staff survey results, comparing the responses of Black, Asian and Minority Ethnic and white staff. Since 2021, the questions have been 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 2022 was carried out between September and November 2022.

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 12 months.

For this indicator, a lower score is better. There has been an increase for both our white and Black and Minority Ethnic staff stating that they have experienced harassment, bullying or abuse from patients, relatives or the public since 2021. Our Black and Minority Ethnic staff experience is slightly better than our white staff.

Year	White	Black and Minority Ethnic
2022	37.0%	34.0%
2021	36.2%	32.7%

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 a decrease for both white and Black, Asian and minority ethnic staff stating that they have experienced harassment, bullying or abuse from staff since 2021. However, the percentage for Black, Asian and minority ethnic staff was slightly higher for 2021 and 2022.

Year	White	Black and Minority Ethnic
2022	27.8%	28.9%
2021	30.2%	31.5%

Indicator 7

Examines the percentage of staff believing that the organisation acts fairly with regard to career progression/promotion.

This indicator changed from examining the percentage of staff who believe that the Trust provides equal opportunities for career progression/promotion to those who believe that the organisation acts fairly in regard to career progression/promotion.

For this indicator, a higher score is better. Both scores for our white, and Black, Asian and minority ethnic staff have increased since 2021. However, the latter are less likely to believe the Trust acts fairly with regard to career progression and promotion.

Year	White	Black and Minority Ethnic
2022	58.3%	47.8%
2021	55.8%	41.2%

Indicator 8

Examines the percentage of staff who personally experience discrimination at work from their manager/team leader or other colleagues (in the last 12 months).

For this indicator, a lower score is better. Scores for both white, and Black, Asian and minority ethnic staff have improved since 2021. However, Black, Asian and minority ethnic staff are more likely than white staff to say that they have experienced discrimination from their manger/team leader or other colleague.

Year	White	Black and Minority Ethnic
2022	9.9%	15.3%
2021	10.5%	16.3%

Indicator 9

Examines the percentage difference between the organisation's board voting membership and its overall workforce (percentage difference between (i) the organisation's board voting membership and its overall workforce and (ii) the organisation's board executive membership and its overall workforce)

	White	Black and Minority Ethnic	Unknown
Overall Trust workforce	5,143	8,757	398
Overall Trust workforce %	36%	61.2%	2.8
Overall Trust board members %	75.0%	25.0%	0.0%
Voting board members %	75.0%	25.0%	0.0%
Executive board members %	66.7%	33.3%	0.0.%
Non-executive board members %	83.3%	16.7%	0.0%

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

Medical Workforce Race Equality Standard (MWRES)

In July 2021, NHS England published a report applying the principles of the Workforce Race Equality Standard to the NHS's medical workforce. This report identified the disparity in experiences of doctors from a Black, Asian and minority ethnic background across areas including recruitment, promotion, pay, representation and experience of bullying and harassment. The metrics for the MWRES draw on data from a range of sources, including Universities and Colleges Admissions Service (UCAS), deaneries, and the General Medical Council (GMC). While data for the 2021 MWRES report had been gathered centrally, for the reporting year of 2022/23, trusts were asked for the first time to provide data, including details of recruitment, Clinical Excellence Awards

and ethnicity of directors. The full MWRES report will be published by NHS England and on our external website when available.

The Trust will develop an action plan based on the complete MWRES report and have an MWRES working group specifically to look at the outcomes raised.

Bank WRES

Bank workers do not have a substantive contract at their organisation but work with us via an in-house bank. We participated in the first ever Bank WRES, which covers an estimated 150,000 bank-only workers across all NHS trusts. Although the data shows some similarities with the main WRES report, there are a large portion of bank-only workers across our banks who have not disclosed their ethnicity. Therefore, it is difficult for us to draw any reliable conclusions. In the short term, we will work with Reed (who provide our bank staff) to encourage temporary staffing to share their ethnicity. In the long term, we will wait for NHS England's national bank report to inform our WRES Bank action plan.

We also participated in the first ever Bank staff survey. An overview of the anticipated results were published by NHS England. We have not included these in our report, as they are not directly comparable with the NHS Staff Survey results. However, they have been considered as part of our overall EDI programme.

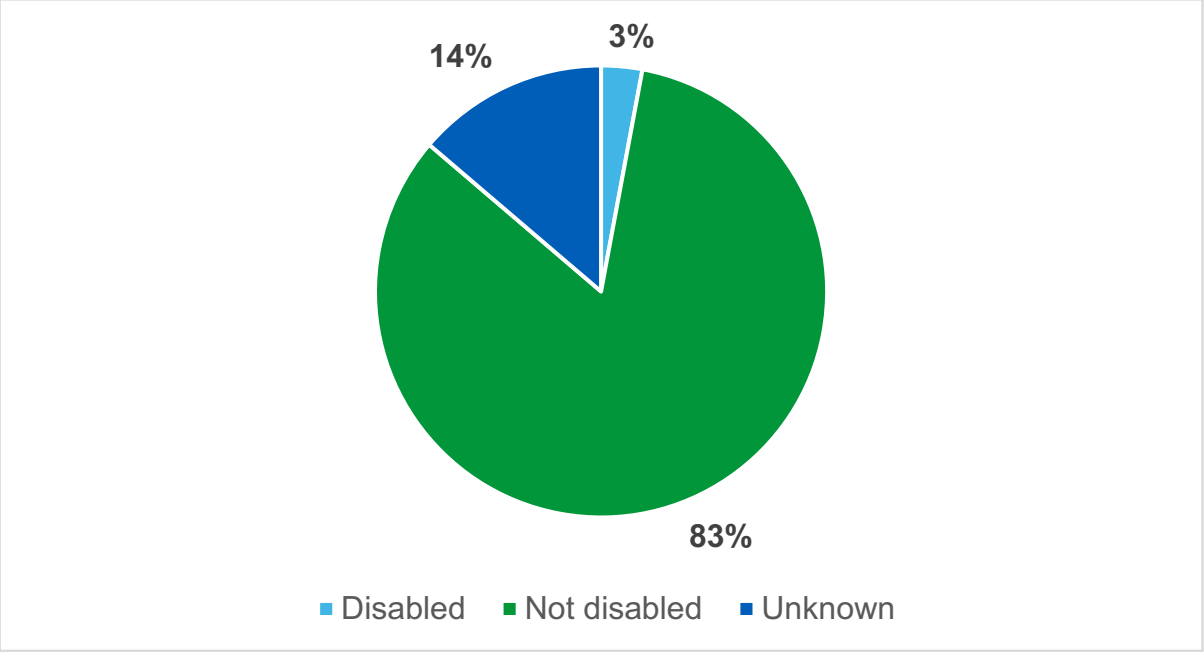
Appendix 4: Workforce Disability Equality Standard Report 2022/23

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 fifth 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.

Organisational breakdown by disability

The following diagrams detail the overall breakdown of employees who have and have not shared 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 2023.



Out of 14,298 employees, 2.9% (420 people) have disclosed a disability and 83.3% (11,912) are recorded as not having a disability. Out of the 13.8% (1,966 people) where the disability status is unknown, 12.3% (1,755 people) are coded as 'not declared', 0.9% (134 people) are coded as 'prefer not to answer' and 0.5% (77 people) as 'unspecified.'

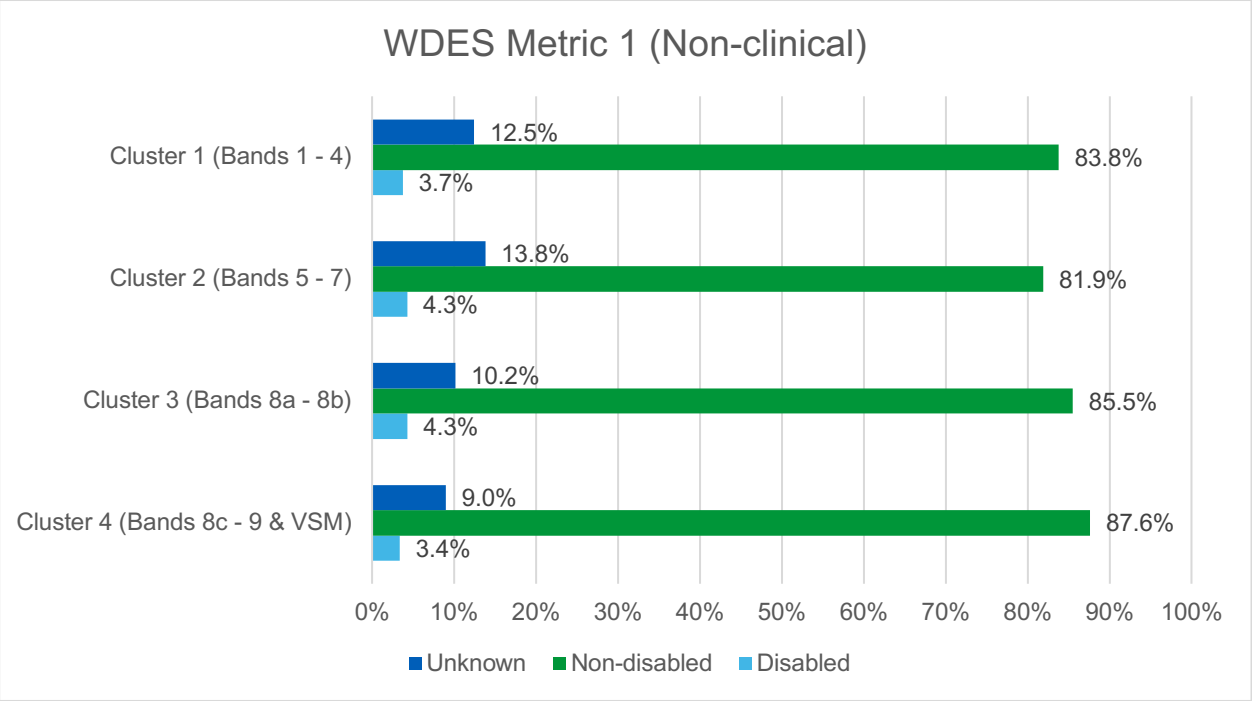
There has been continued improvement in the quality of our disability data compared to previous years. There has been an increase from 2.3% to 2.9% of people sharing a disability, as well as a 4.4% increase of people recording that they do not have a disability, rather than leaving the field blank or 'not declared' Those stating 'not declared' decreased from 14% to 12.3%, and those recorded as 'unspecified' (where the record on ESR is blank) has decreased from 4% to 0.5%. The number of those who prefer not to answer this question has remained at around 1%.

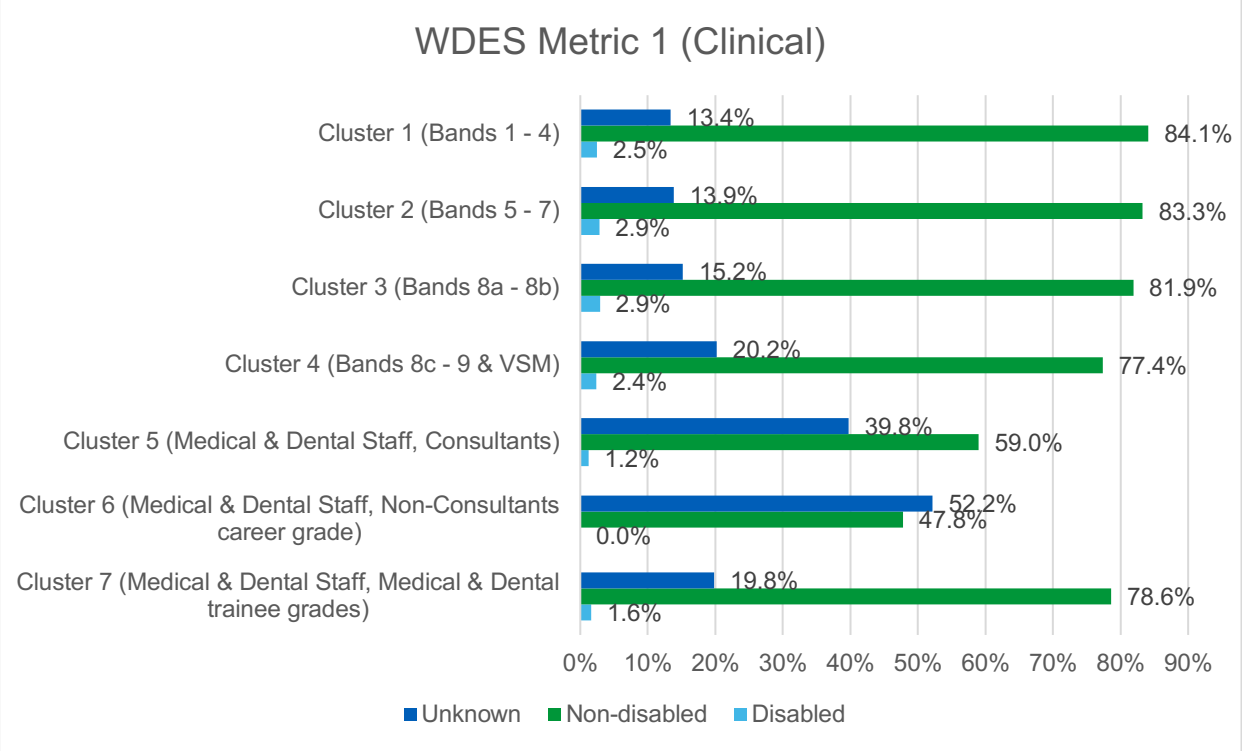
However, we recognise that the true number of people with disabilities is likely higher than 3% of the Trust, and continue to work to create a workplace where people feel comfortable recording that they have a disability.

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 ESR).





Consistently across all clusters, the proportion of disabled people in the workforce is low. Representation is higher in non-clinical roles than the clinical roles, and

comparatively higher in clusters two and three for both clinical and non-clinical roles. This shows a lack of representation in the lowest-banded and highest-banded roles.

There are proportionally more disabled doctors in training than there are disabled consultants. The number of people in cluster six is low (23) due to the number of career-grade doctors in the organisation, which may help explain the drop from 3% of cluster six in 2022/23 to 0% this year.

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 the electronic recruitment management system, TRAC. Candidates for both medical and non-medical roles are offered three choices regarding whether they wish to share a disability (yes, no, and an option not to disclose whether or not they have a disability). In the cases of offline application forms, this information may be omitted by the applicant; this accounts for those applications where this information is unknown.

We provide a guaranteed interview scheme for disabled candidates who meet the essential criteria described in each job description. 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 15% and those sharing a disability is 12%. This represents a reduction in likelihood for applicants with no disability from 17% last year, and no change for applicants sharing a disability.

The relative likelihood of applicants with no disability being appointed from shortlisting compared to applicants with a shared disability is 1.21 times greater. This is an improvement from the previous year's figure (1.38), but we still have work to do in closing this gap.

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
Disability	977	120	0.12
No disability	15,582	2,309	0.15
Chose not to share	298	35	0.12
Unknown	1,086	210	0.19

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 two-year rolling average of the annual average number of formal performance meetings under the Trust's poor performance policy, recorded on the employee relations tracker system for medical and 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 2022/23.

Descriptor	Number of staff in workforce	Annual average of number of formal performance meeting	Likelihood of entering formal performance meetings
Disability	420	0	0
No disability	11,912	6.5	0.0005
Unknown	1,966	0	0

Metrics 4 to 7

National staff survey responses

Metrics 4 to 7 relate to the 2022 NHS Staff Survey results, comparing the responses of disabled and non-disabled staff. This is based on a sample of 7,459 staff who responded to the survey, which represents a 52% 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. 7,360 staff chose to answer this question. 15% answered yes. This indicates a sizable difference between those people recording their disability on ESR compared and those sharing that they have a disability through the staff survey.

Staff survey questions are not compulsory, so the number of responses varies per question. Where a metric is marked with an *, 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

Year	Disabled respondents	Non-disabled respondents
2022	43.2%	33.6%
2021	41.5%	32.9%

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

Year	Disabled respondents	Non-disabled respondents
2022	22.1%	11.6%
2021	23.9%	13.4%

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

Year	Disabled respondents	Non-disabled respondents
2022	32.3%	22.4%
2021	35.2%	23.9%

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*

Year	Disabled respondents	Non-disabled respondents
2022	47.3%	49.1%
2021	43.8%	43%

Metric 5

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

Year	Disabled respondents	Non-disabled respondents

2022	44.7%	52.8%
2021	40.6%	49.4%

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

Year	Disabled respondents	Non-disabled respondents
2022	35.9%	24.5%
2021	37.9%	25.2%

Metric 7

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

Year	Disabled respondents	Non-disabled respondents
2022	30.5%	47.1%
2021	32.9%	44.5%

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

Summary of metrics 4 – 7 by percentage of responses to the NHS Staff Survey 2022

Staff survey question	Disabled respondents	Non-disabled respondents	Difference
Staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	43.2%	33.6%	9.6%
Staff experiencing harassment, bullying or abuse from managers in the last 12 months	22.1%	11.6%	10.5%
Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	32.3%	22.4%	9.9%

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*	47.3%	49.1%	1.8%
Staff believing that the Trust provides equal opportunities for career progression or promotion*	44.7%	52.8%	8.1%
Staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	35.9%	24.5%	11.4%
Staff saying that they are satisfied with the extent to which their organisation values their work*	30.5%	47.1%	16.6%

Metric 8

Adequate adjustments

This metric relates to the percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work. This is only answered by those who have shared a disability within the staff survey. 661 of disabled staff who required workplace adjustments answered yes or no to this question. 68.1% of these staff said that their employer has made adequate adjustments, which is an improvement on 2021's results where 63.8% stated reasonable adjustments had been made. The national average in 2022 was 73.0%, and the Trust will be continuing its work around reasonable adjustments to improve this score.

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 6.5 compared to 7.1 for staff who have not stated to have a disability. The engagement scores are both higher than the national average; for disabled staff the national average is 6.4, while the engagement score for non-disabled staff is 6.9. The engagement score for disabled staff has increased by 0.1, and the engagement score for non-disabled staff has remained the same.

Metric 9b

Has your trust taken action to facilitate the voices of disabled staff in your organisation to be heard?

The Trust answered yes to this question. The question 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 supporting the network chairs and members to attend the NHS Disability Summit in December 2022.
- Our role as the lead trust for the Calibre leadership programme, which aims to transform how disabled staff view themselves and their disability, and to show

them how to take control of the discussion in a constructive way. In 2022/23, we facilitated four cohorts across England in association with the WDES team.

- Encouraging policy owners to engage with disabled staff and consider those with disabilities in their decision-making, as part of our equality impact assessment process.
- Raising awareness 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 and the centralised reasonable adjustment budget.
- 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 data below is based on board membership as of 31 March 2023 and disability data from ESR. No members of the board have shared they have a disability.

	Disabled	Not disabled	Unknown
Total board members – % by disability	0%	100%	0%
Voting board member – % by disability	0%	100%	0%
Non-noting 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	3%	83%	14%
Difference (total board – overall workforce)	-3%	-17%	-14%
Difference (voting membership – Overall workforce)	-3%	-17%	-14%
Difference (executive membership – overall workforce)	-3%	-17%	-14%

Appendix 5: Gender Pay Gap Report 2022/23

Summary

This report provides six mandatory calculations, in line with gender pay gap reporting requirements, 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 similar to last year's demographic makeup.

When considering ordinary pay, the mean hourly rate of male employees is 8.3% higher than that of female employees, which has decreased by 1% from last year's difference. When median calculations are used, the hourly rate of male employees' ordinary pay is 0.48% lower than female employees. The mean pay gap has continued to decrease. However, men still out-earn women. In contrast, women are now earning more than men using the median measure.

Considering the Trust population overall, 3.7% of male employees received a bonus payment compared to 2.4% of female employees. Relevant bonus pay relates to Clinical Excellence Awards (CEA) for Consultants, Long Service Awards, and discretionary pay to consultants in recognitions of additional responsibilities.

There is a 30.62% mean pay gap between male and female consultants' CEA pay and a 7.87% median pay gap. There has been a 0.32% 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 44.13% decrease 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 2023. This report is in line with the Equality Act 2010 regulations. 16,375 employees were categorised as 'relevant employees' or 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.

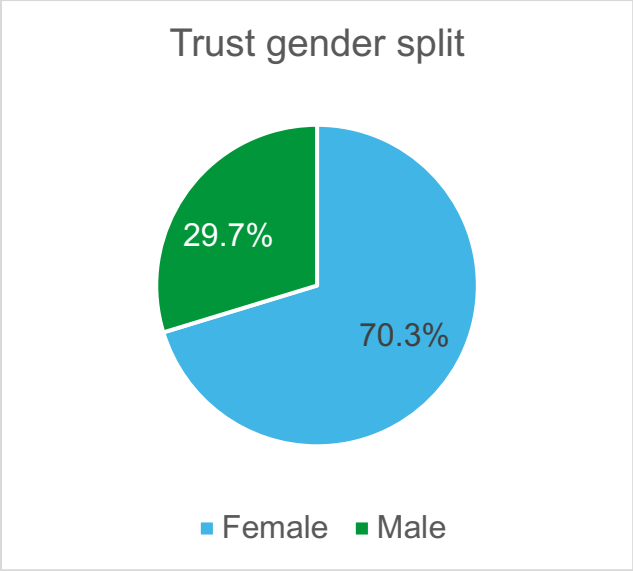
The mean pay gap is the difference between the total amount of pay for all male employees combined, divided by the amount of male employees, and the total amount of pay for all female employees combined, divided by the number of female employees..

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.

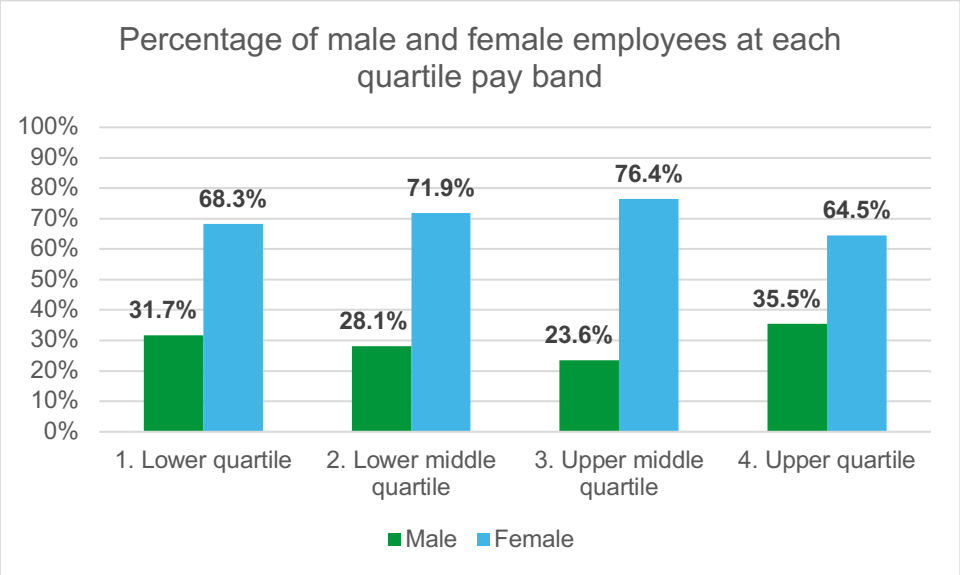
Trust gender mix

Of 16,375 staff, 70.3% (11,510) of Trust employees are female, while 29.7% (4,865) are male.



Quartile pay band gender representation

The data below ranks our full-pay employees from lowest to highest paid, and 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 with previous years, there is a higher proportion of women than men in quartiles two and three compared to the Trust's overall gender split. The Trust continues to have 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 have been small changes in the proportions of male and female employees in each quartile, with the proportion of female employees increasing in all quartiles but quartile two:

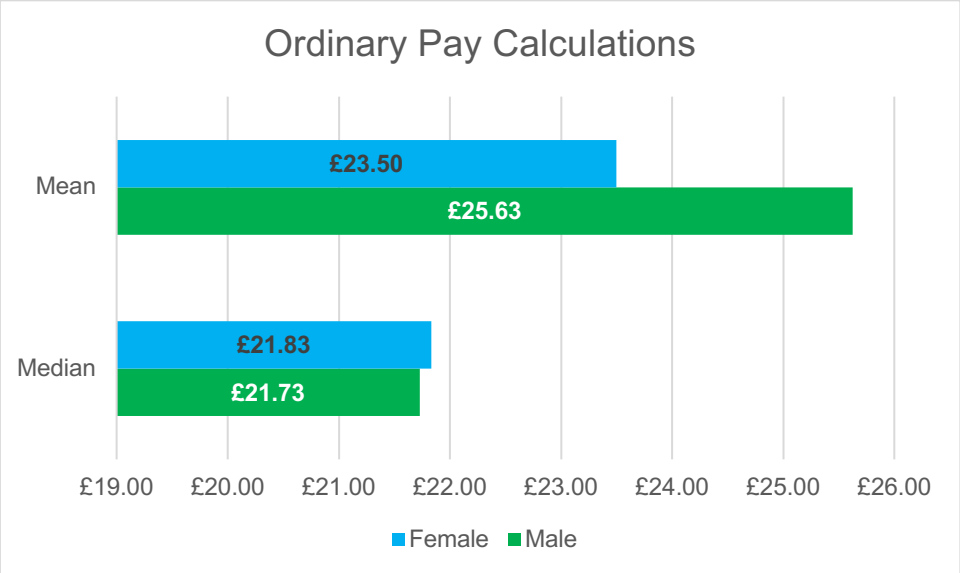
Quartile 1: The proportion of female employees has increased by 0.4%.
Quartile 2: The proportion of female employees has decreased by 1.6%.
Quartile 3: The proportion of female employees has increased by 0.3%.
Quartile 4: The proportion of female employees has increased by 0.7%.

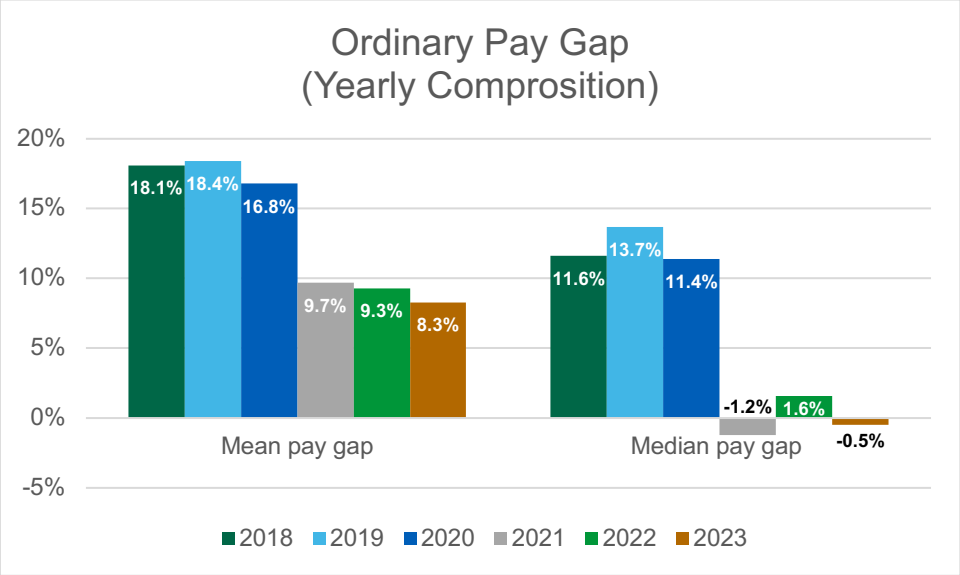
As with last year, the proportion of female employees in quartile four has increased by more than 0.6%.

Ordinary pay

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

As of 31 March 2023, the mean hourly rate of male employees was 8.3% higher than that of female employees and the median hourly rate of male employees was 0.48% higher than that of female employees. The mean pay gap has decreasedto its lowest point since we began reporting. The median gap has also fallen below zero, meaning that women earned more than men when using this measure.





Bonus pay

Clinical Excellence Awards (CEA), Long Service Awards (LSA) and discretionary pay made to consultants in recognition of additional responsibilities are identified as the relevant bonus payments made within the 12-month period ending on the snapshot date.

The Trust operates the CEA awards in in accordance with the provisions of schedule 30 of the consultant contract 2003, and in partnership with our Local Negotiating Committee. Due to Covid-19 and the pandemic recovery period, there was an 'equal distribution' system in the 2020/21, 2021/22 and 2022/23 financial years – in line with the national guidance from NHS Employers. This means that all consultants who met the local criteria received an award – the value of the award being an equal share of the total investment pot.

The 2022/23 eligibility criteria were:

- At least one year's completed service as a consultant as of 1 April 2022.
- Not in receipt of a National Clinical Impact Award or local level 9 award.

- Not subject to a 'live' formal disciplinary warning or formal capability improvement plan.
- Full compliance with trust requirements for appraisal, job planning and statutory and mandatory training.

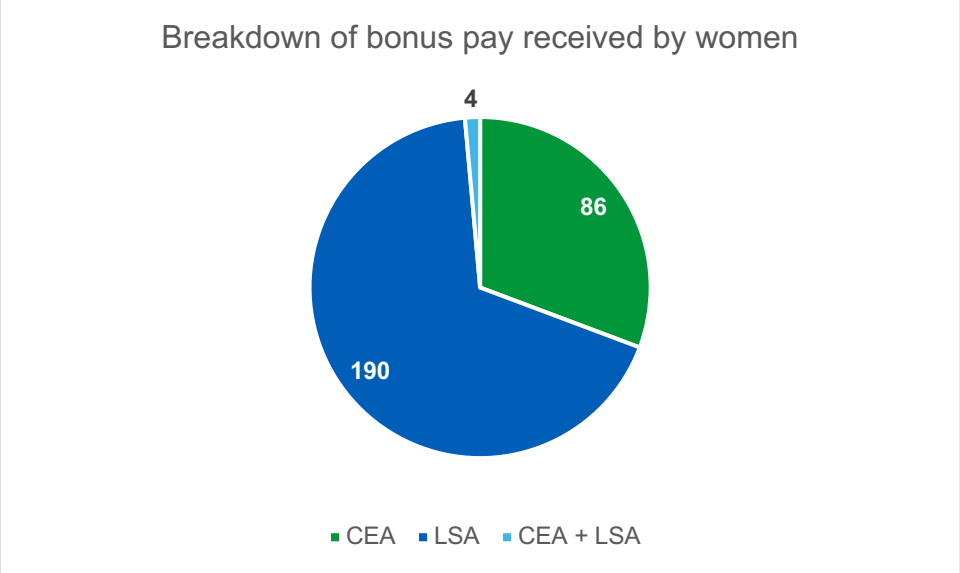
The Trust plans to return to an assessment based LCEA model from 2023/24 in collaboration in with North West London Acute Collaborative and the Local Negotiation Committee.

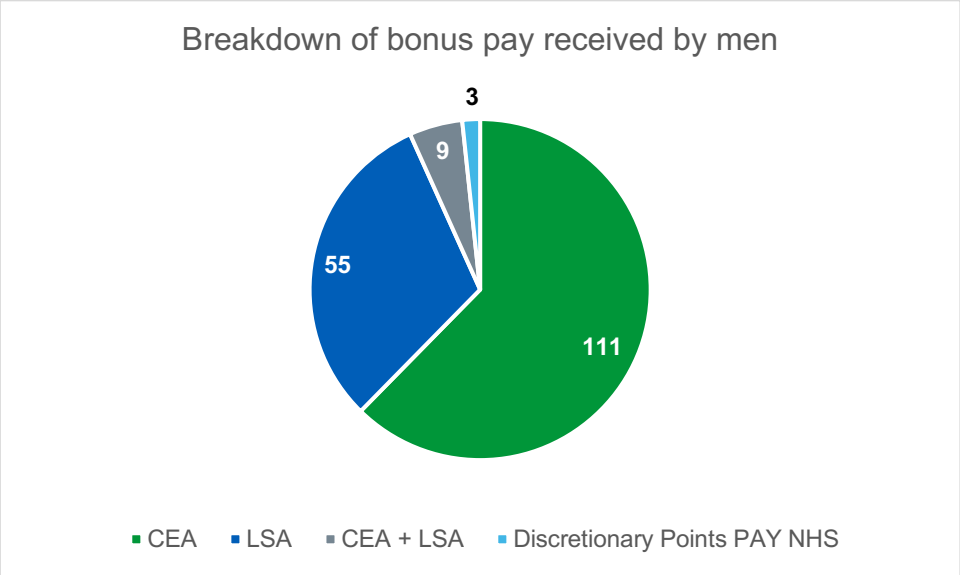
The Long Service Awards included in this report were issued in July 2023 for the financial year 2022/23.

Overall calculations

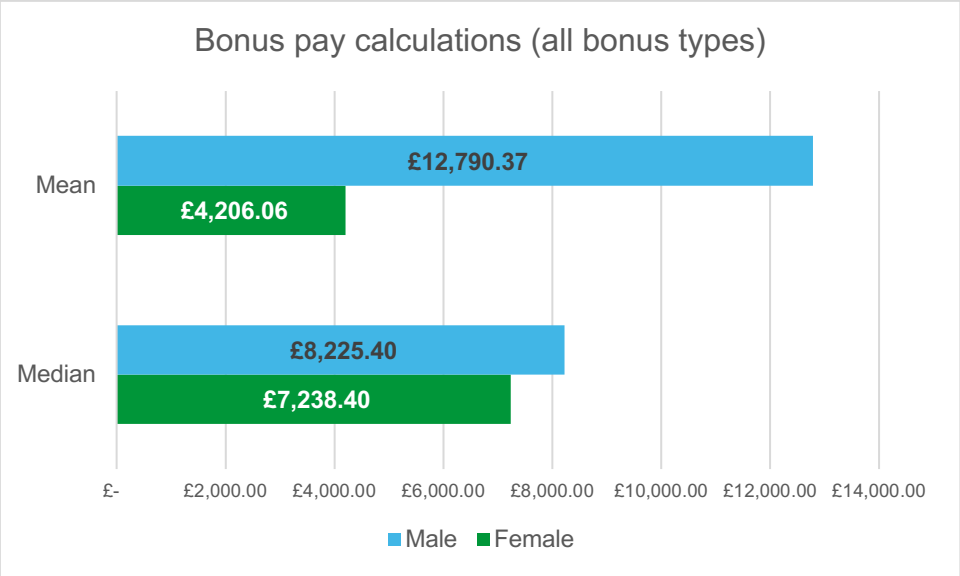
When considering the overall Trust gender populations, 3.7% of male employees receive a bonus payment, while 2.4% of female employees do. Therefore, 1.2% more men receive bonus payments compared to women across the Trust. Only specific groups of employees are eligible for the three types of payments.

Overall, there were 178 male and 280 female employees who received a form of bonus pay for the relevant period. 13 consultants received both a CEA 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.





As with last year, 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 bonus pay than a CEA or discretionary pay, which were awarded at a flat rate of £150. Men received the majority of CEAs (57.1%) and the average value of their CEAs was higher than their female counterparts, being £18,393.71 compared to £12,762.18.



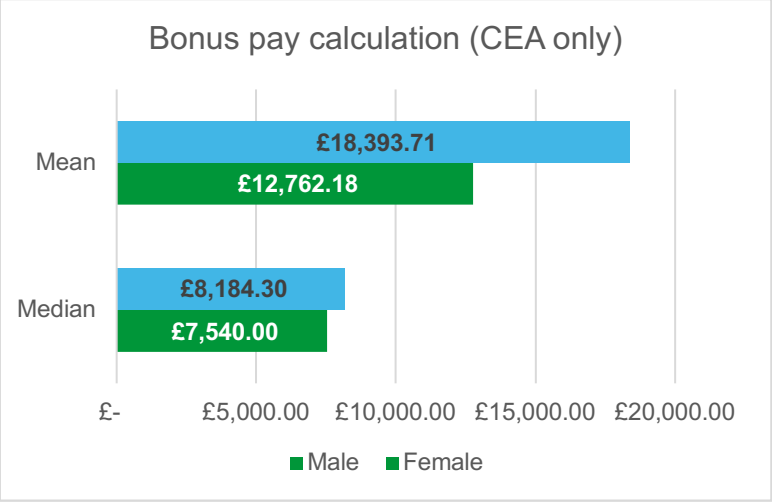
Clinical Excellence Awards (CEAs)

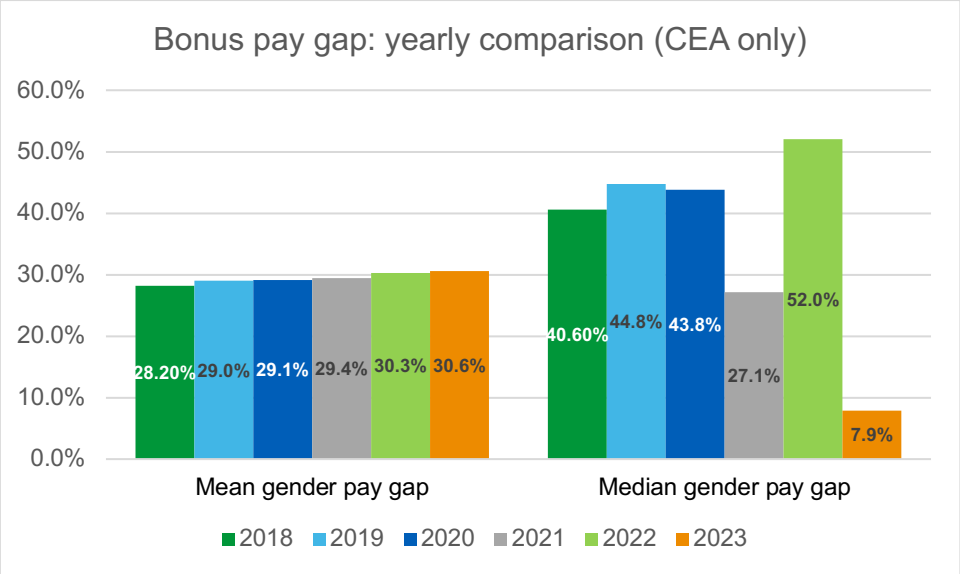
The CEA scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. Eligible consultants are those in substantive posts with more than one year's Trust service at the 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 30.76% mean pay gap between male and female consultants' CEA pay. When looking at the median difference, the difference is much lower; with male consultants receiving 7.87% more bonus pay than female consultants.

The below yearly comparison demonstrates a largely similar picture to previous years relating to the mean bonus pay.





Long Service Awards

LSAs are awarded to staff who have completed 20 years of service at the Trust. Recipients are awarded a £150 voucher.

Out of the 258 recipients of a LSA, 24.8% were male and 75.2% recipients were female, which is largely representative of the overall organisational gender mix.

Discretionary points pay

Discretionary pay is made to consultants in recognition of additional responsibilities. From 1 April 2022 to 31 March 2023, discretionary pay was awarded to three male employees. The average payment was £19,946.80.

Appendix 6: Ethnicity pay gap report 2022/23

Background

In 2017, the UK government published *Race in the workplace,* the first report to examine the barriers people from ethnic minorities face in employment. Their report highlighted the need 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 The Chartered Institute of Personnel and Development (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 its 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. 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 means 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.

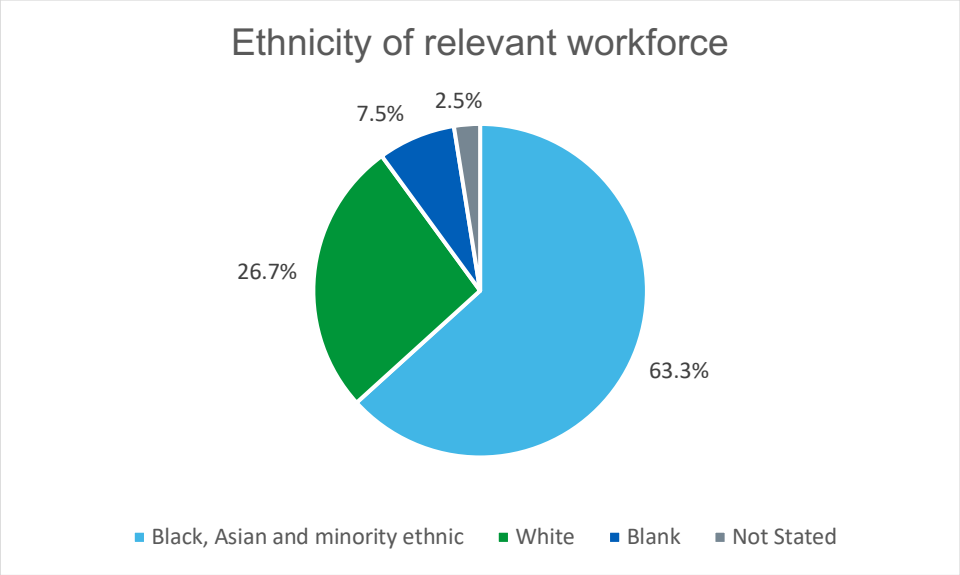
The ethnicity pay gap is different to equal pay. Ethnic pay disparities are not primarily about those from a white background and other ethnic groups being paid differently for the same job. The Equality Act 2010 makes it unlawful to discriminate (both directly and indirectly) against employees (and 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 ethnic 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 2023. This report is in line with the Equality Act 2010 regulations. **16,375** 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 ('blank'), and those who had indicated they did not wish to disclose their ethnicity (‘not stated’).



90% of our employees disclosed their ethnicity. 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.

- those with blank records may yet identify themselves to be Black, Asian and minority ethnic, white, or indicate that they do not wish to make their ethnicity known.

Bonus pay

For this report, relevant bonus pay includes Clinical Excellence Awards (CEA) for consultants, long service awards, and discretionary payments to consultants.

Long service awards of £150, awarded to those who completed their twentieth year of service in 2021/22, were issued in July 2023 and are therefore included in this analysis.

Some consultants received discretionary payments in recognition of additional responsibilities, which are counted as a bonus for the purposes of the gender and ethnicity pay gap reporting.

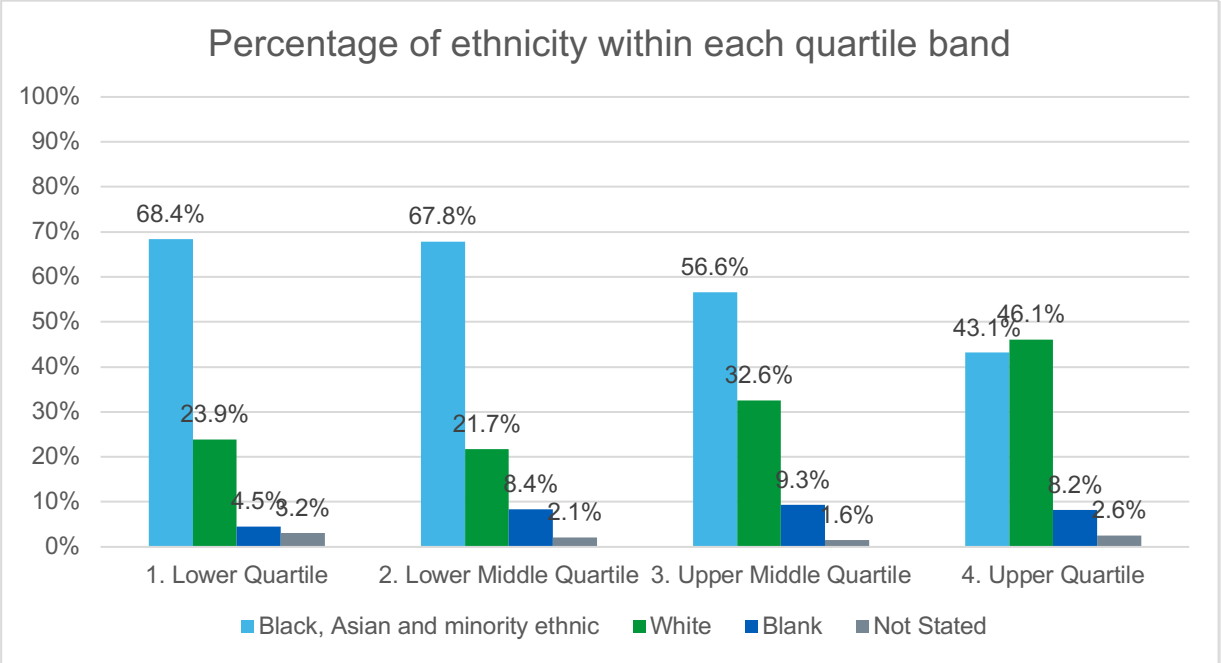
For the third year running, the CEA bonus award payments were delayed and distributed amongst eligible consultants rather than awarded on merit. The gender pay gap data for March 2023 was the 2022/23 awards distribution was paid in April 2023.

It is important to note that the CEA awards bonus data does not include any newly issued awards in this reporting period of 2022/23. Based on guidance and recommendations from NHS Employers, the Trust made the decision to equally distribute the year's Local CEA funds (and any remaining from previous years) among all eligible consultants. In 2023/24, we will move away from equal distribution and set up a new excellence-based reward system.

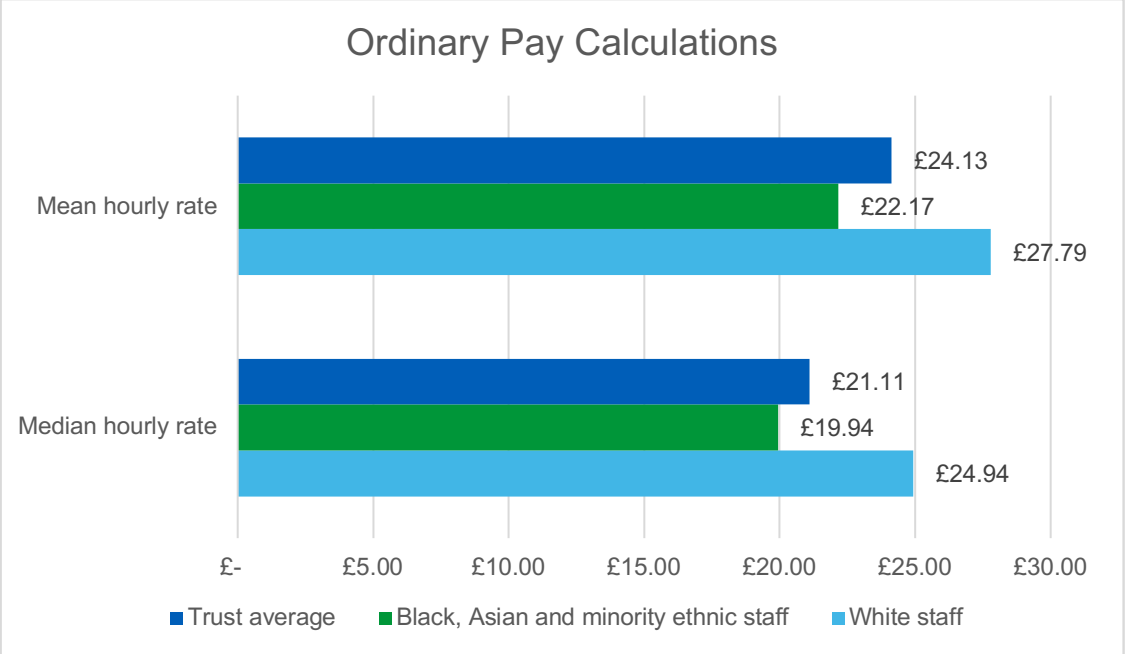
Overall ethnicity pay gap analysis

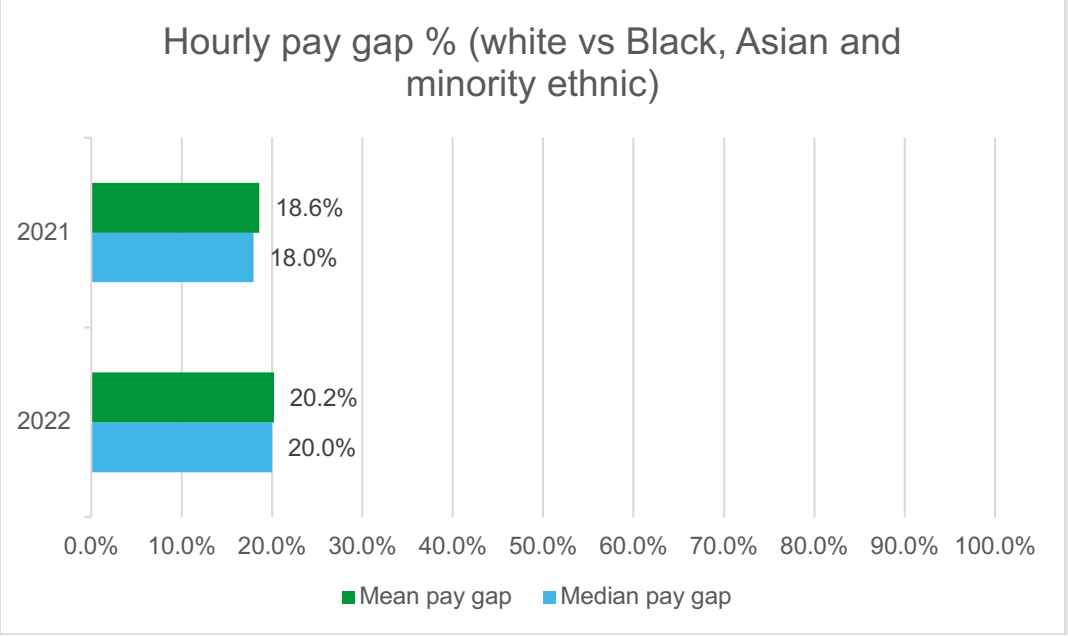
This section examines the overall pay gap between white and Black, Asian and minority ethnic staff.

Quartile pay bands



Following the trend seen in last year's ethnicity pay gap, the proportion of Black, Asian and minority ethnic staff is consistently over 50% in the first three quartiles, but drops by 13.5% 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 **20.2%**.

As well as there being a notable 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. The pay gap has also increased by 1.6% compared to the previous year's report.

Median ethnicity pay gap

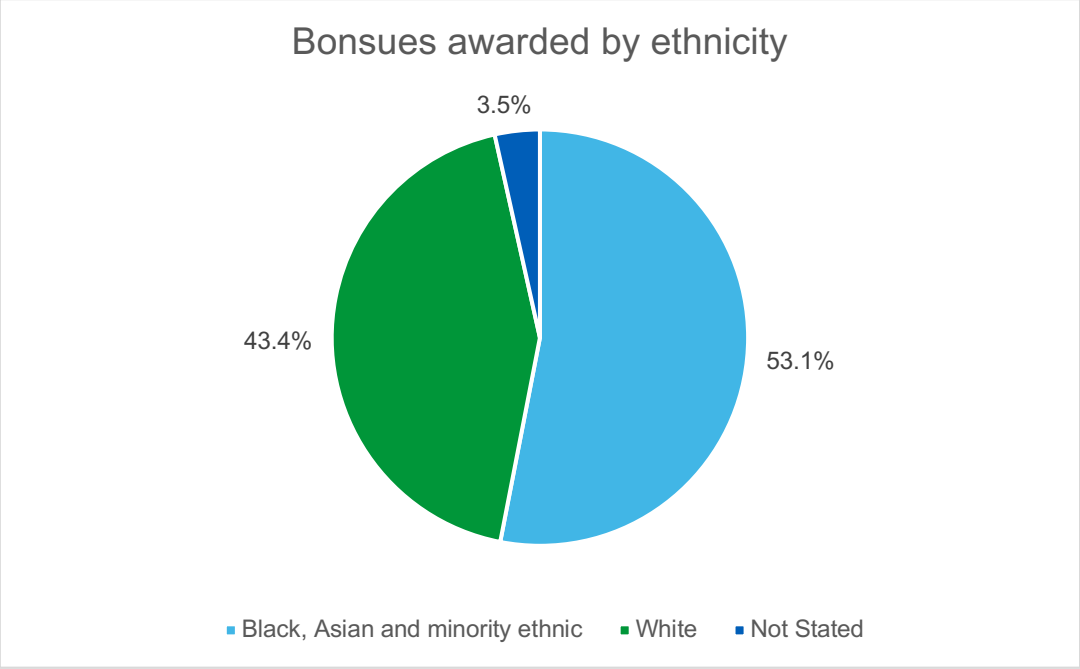
This is defined as the difference between the median hourly rate pay of all white full-pay relevant employees and that of full-pay relevant employees from a Black, Asian and minority ethnic background. The median pay gap between white staff and Black, Asian and minority ethnic staff was **20.0%**.

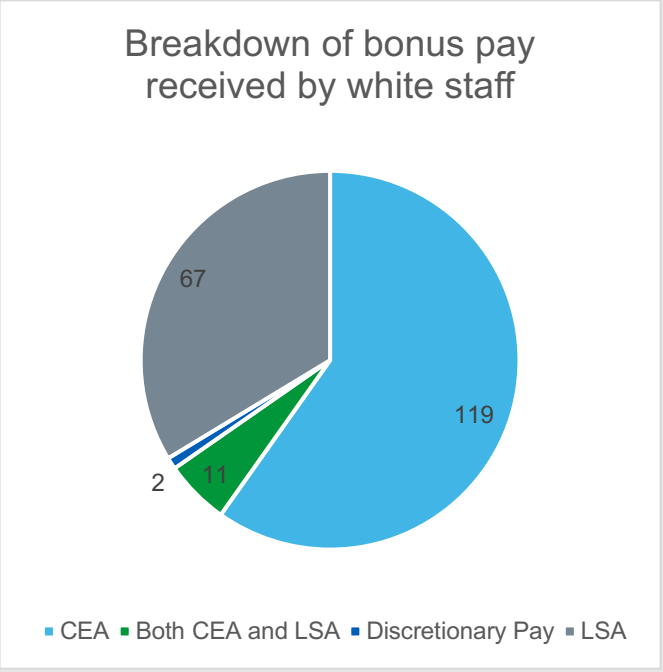
Black, Asian and minority ethnic staff still earn less than the Trust median. The median pay gap between Black, Asian and minority ethnic people and white people has also grown by 2.0% compared to last year.

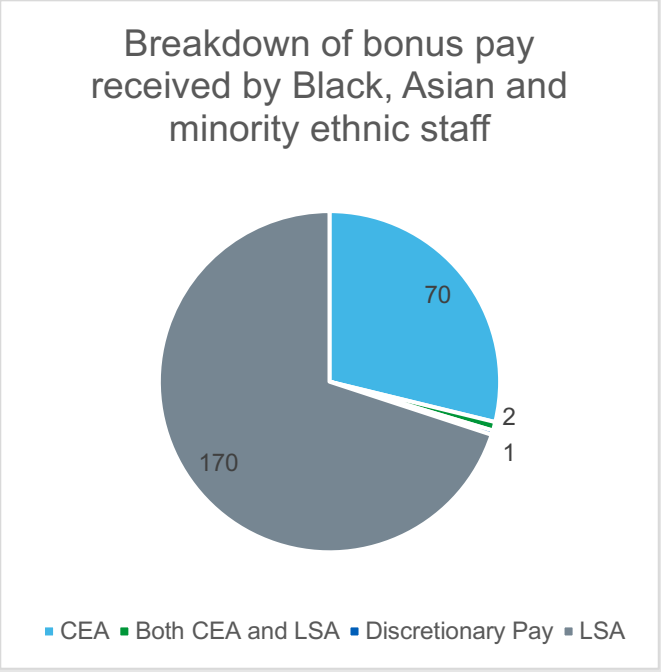
Proportion of Black, Asian and minority ethnic people and white people receiving bonus pay

When considering the overall Trust population, 4.6% of white employees received a bonus payment, while 2.3% of Black, Asian and minority ethnic employees did. Therefore, 2.3% more white employees received bonus payments compared to Black, Asian and minority ethnic employees. This is largely similar to last year's proportions, where 2.1% more white employees received bonus payments.

Overall, there were 199 white employees and 243 Black, Asian and minority ethnic employees who received a form of bonus pay for the relevant period, along with 16 individuals who chose not to share their ethnicity. No one with a blank ethnicity record received a bonus.







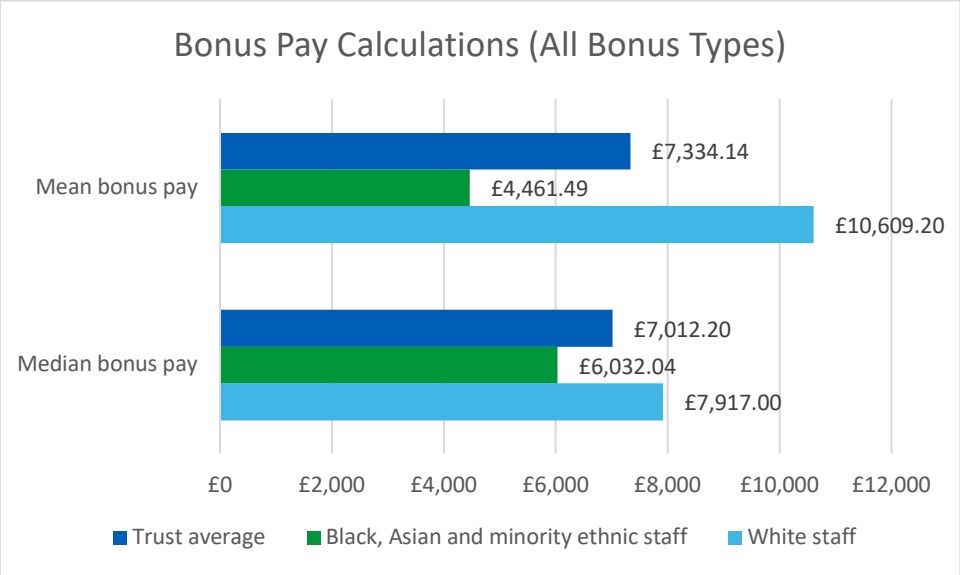
Clinical Excellence Awards

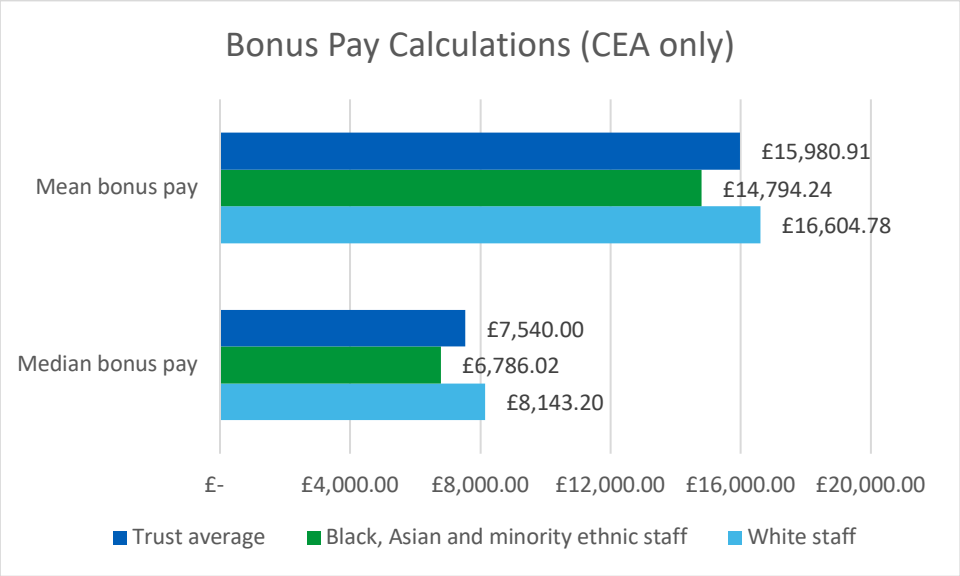
Clinical Excellence Awards can only be awarded to consultants, which reduces the pool of potential awardees. The CEA scheme is intended to recognise and reward consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services.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

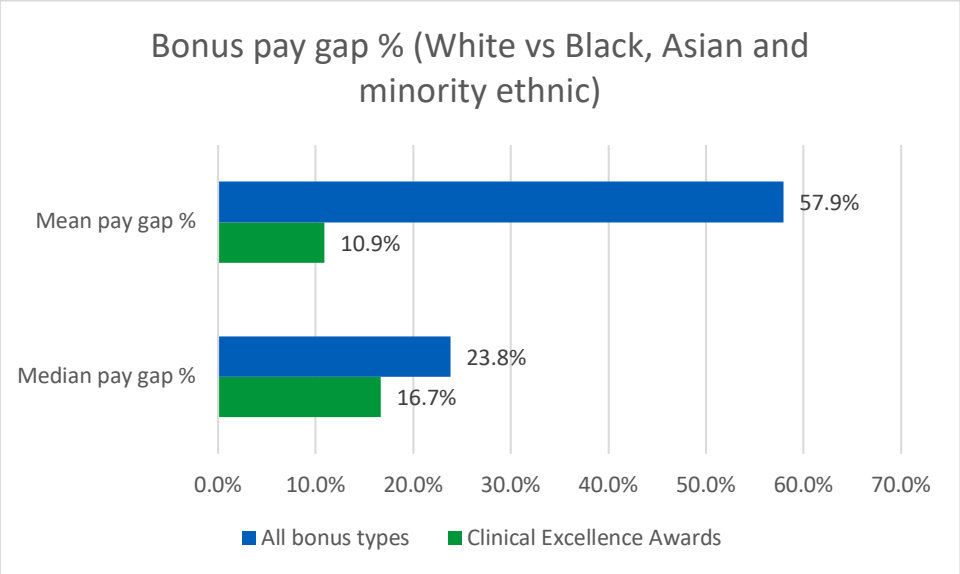
61.9% of the CEAs were awarded to white consultants and 34.3% to Black, Asian and minority ethnic consultants, indicating that white consultants were more likely to be awarded CEAs than their counterparts.

Long Service Award

More Black, Asian and minority ethnic employees completed their twentieth year of service than white employees; however, the proportions are similar to the Trust's overall ethnicity breakdown (with 66.7% of awardees being from a Black, Asian and minority ethnic background and 30.2% being white).


Bonus Pay Calculations (All Bonus Types)
Mean bonus pay
£7,334.14
£4,461.49
£10,609.20
Median bonus pay
£7,012.20
£6,032.04
£7,917.00
£0
£2,000
£4,000
£6,000
£8,000
£10,000
£12,000
Trust average
Black, Asian and minority ethnic staff
White staff


Bonus Pay Calculations (CEA only)
Mean bonus pay
£15,980.91
£14,794.24
£16,604.78
Median bonus pay
£7,540.00
£6,786.02
£8,143.20
£-
£4,000.00
£8,000.00
£12,000.00
£16,000.00
£20,000.00
Trust average
Black, Asian and minority ethnic staff
White staff


Bonus pay gap % (White vs Black, Asian and minority ethnic)
Mean pay gap %
57.9%
10.9%
Median pay gap %
23.8%
16.7%
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
70.0%
All bonus types
Clinical Excellence Awards

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 **57.9%**, an increase from the previous year.

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 **23.8%**, a significant decrease from the previous year.

Summary of ethnicity pay gap

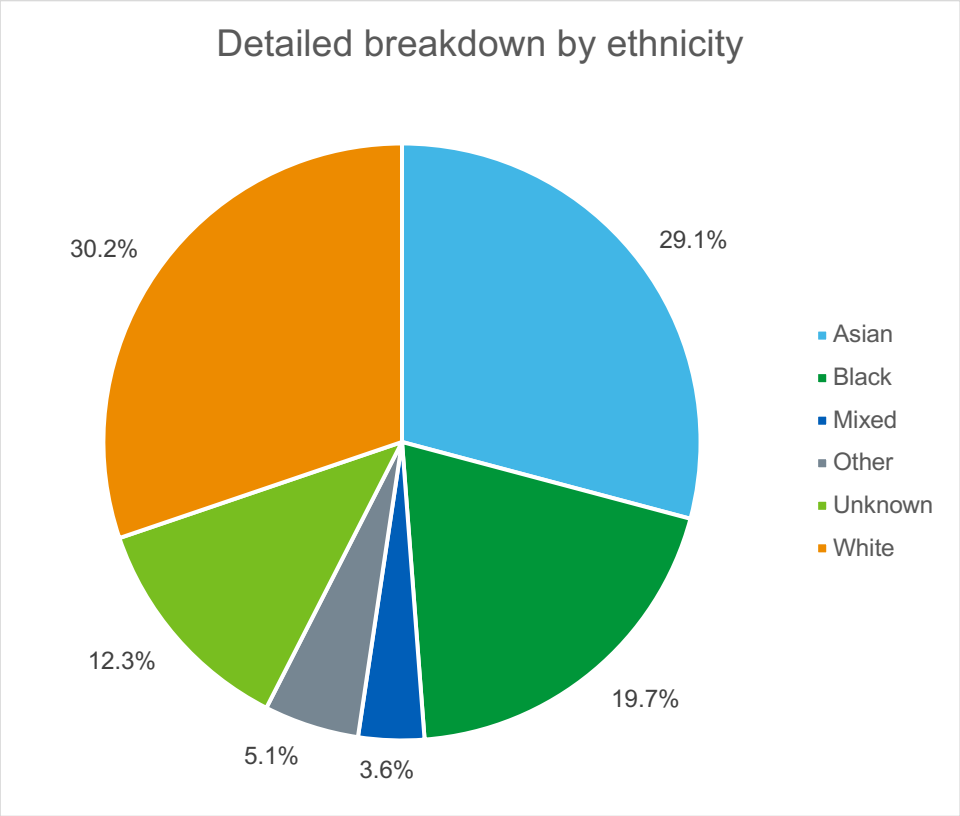
While Black, Asian and Minority ethnic staff make up 59.0% of the Trust's workforce population eligible for the report, Black, Asian and minority ethnic staff make up only 43.1% of the top quartile of pay (quartile 4). Their white counterparts are overrepresented in quartile 4, making up 46.1% of this top quartile, and they are underrepresented in quartile 1, making up only 23.9%.

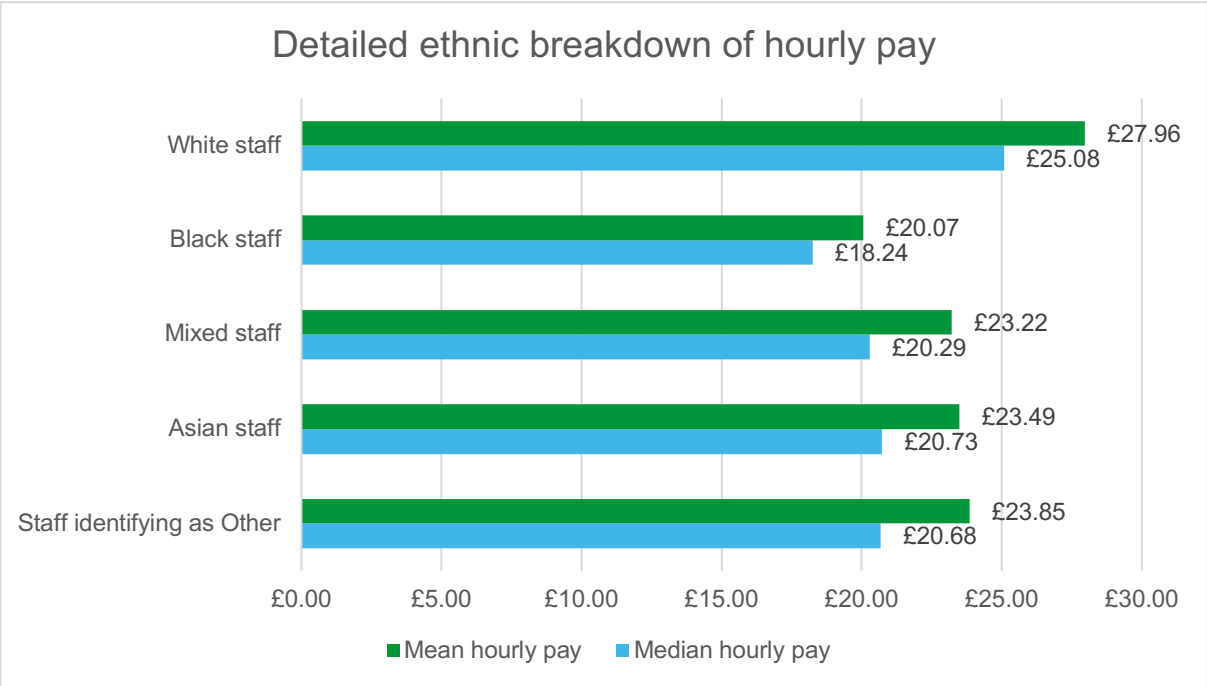
The pay gap is not unexpected due to the under-representation of Black, Asian and Minority ethnic at the most senior level of the Trust. The NHS national EDI team has established a goal to eliminate the ethnicity pay gap through greater representation of Black, Asian and minority ethnic talent in senior 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 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.

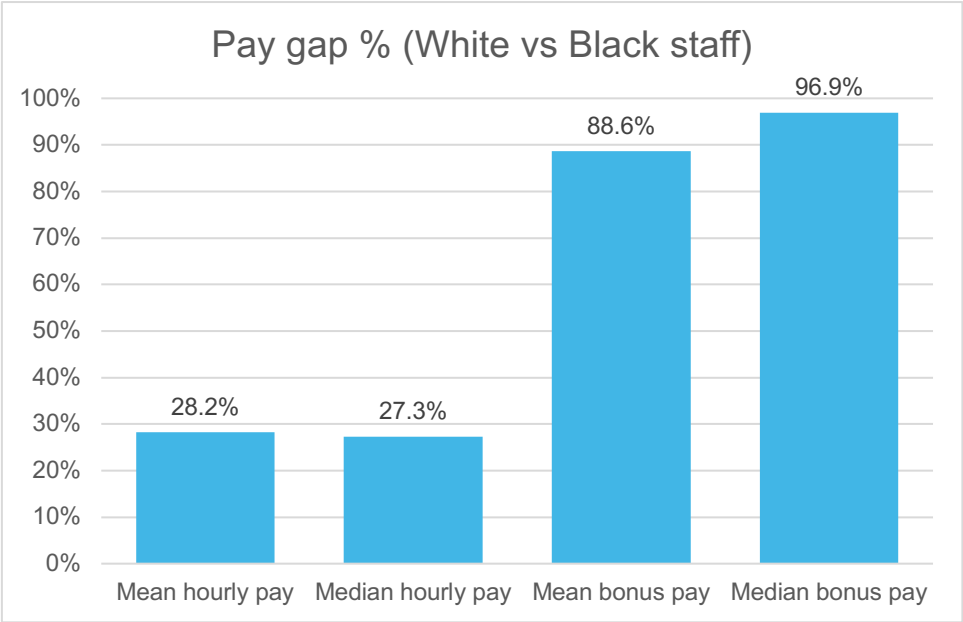
The groups below are in descending order, starting with the largest mean hourly pay gap. For a full description of the demographic makeup of these groups, please see the end of the report.


Detailed breakdown by ethnicity
30.2%
29.1%
12.3%
19.7%
5.1%
3.6%
Asian
Black
Mixed
Other
Unknown
White


Detailed ethnic breakdown of hourly pay
White staff
£27.96
£25.08
Black staff
£20.07
£18.24
Mixed staff
£23.22
£20.29
Asian staff
£23.49
£20.73
Staff identifying as Other
£23.85
£20.68
£0.00
£5.00
£10.00
£15.00
£20.00
£25.00
£30.00
Mean hourly pay
Median hourly pay

Black staff

The Black staff group generally refers to our staff with Black African and Black Caribbean heritages. This group accounts for 19.7% of our workforce.



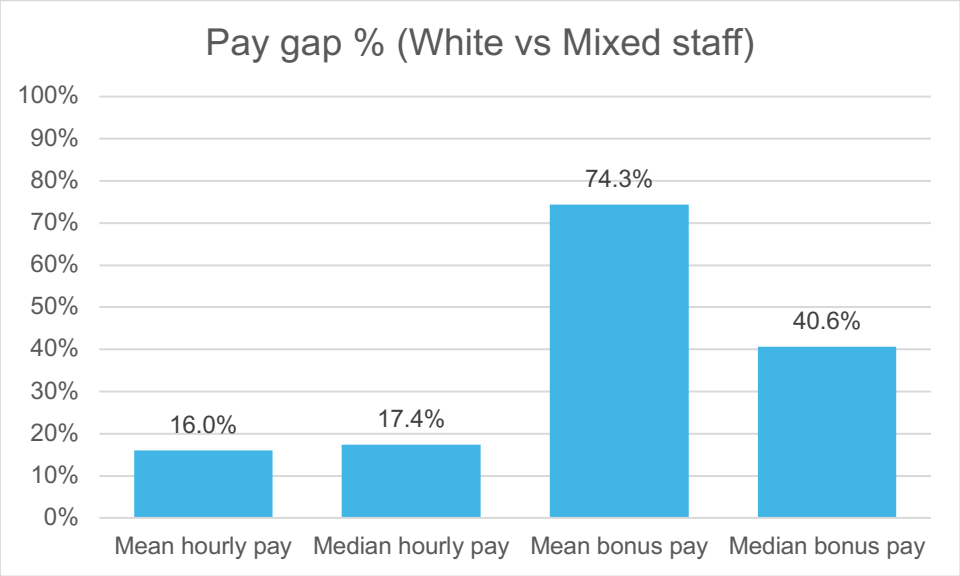
The pay gaps between white and Black staff are larger than the pay gaps for the Black, Asian and minority ethnic group as a whole. Each measure has the largest gap compared to all other staff groups.

Mixed staff

The M

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’,

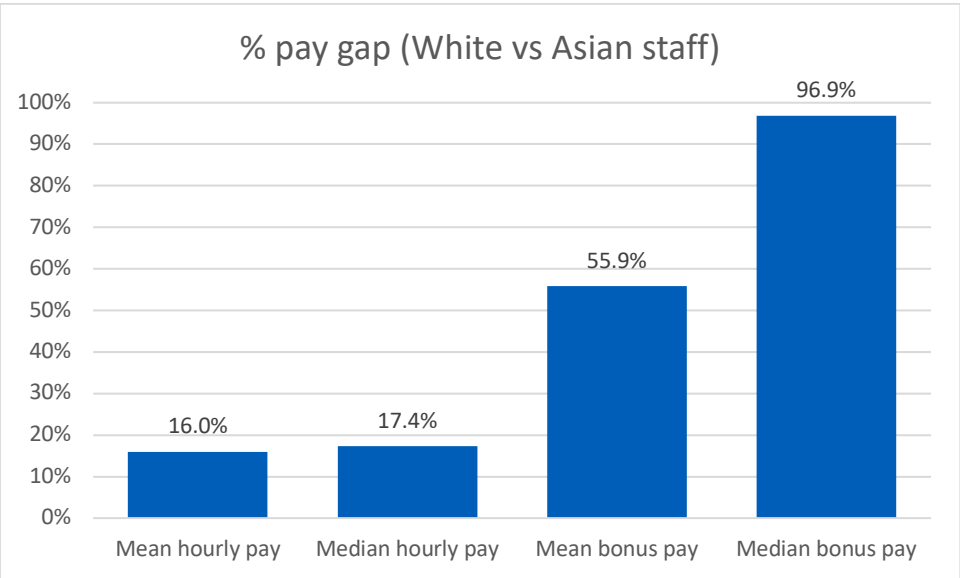
'Black mixed' or 'Asian mixed' as ESR counts them within their respective overall group. This staff group accounts for 3.6% of our workforce.



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.

Asian staff

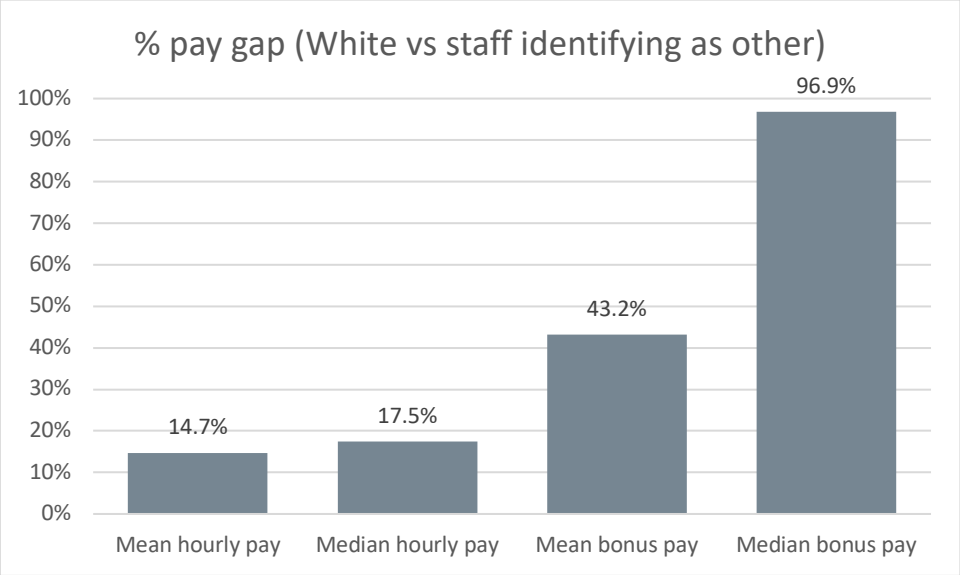
The Asian staff group refers to our staff from both a South Asian background (e.g. Indian, Pakistani and Bangladeshi staff), as well as those from an East Asian background (e.g. Chinese and Japanese staff) and South East Asian background (e.g. Filipino and Malaysian staff). Staff of Central Asian backgrounds 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 29.1% of our workforce; the next largest group after white staff.



There is at least a 15% 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 (16.0% for the former and 20.0% for the latter).

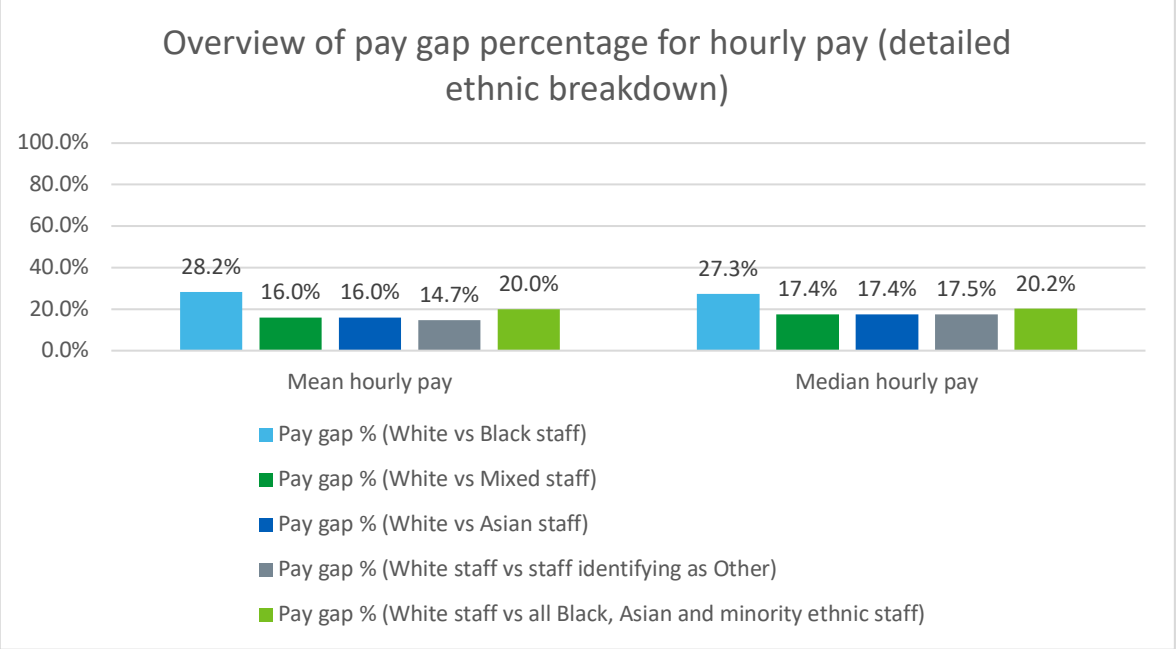
Other ethnic minorities staff

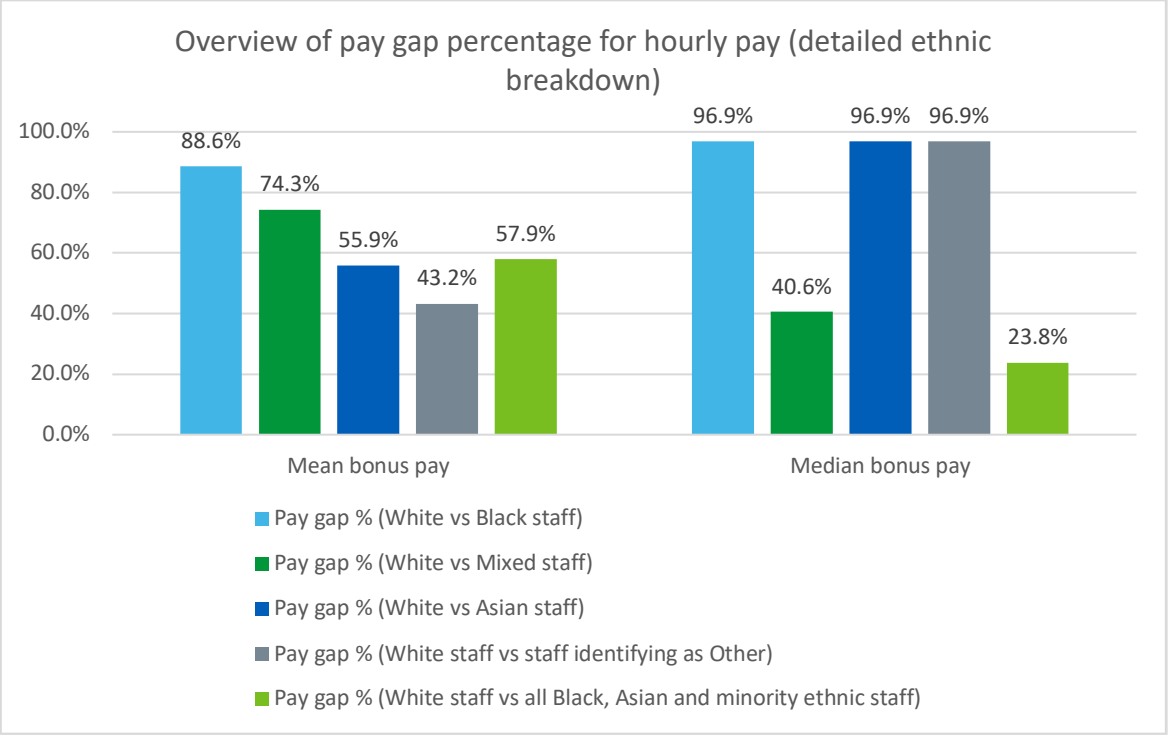
The other ethnic minorities staff group refers to those who identified with an ESR category not otherwise covered (excluding 'Not stated' or the specific category ‘any other ethnic background”. This staff group accounts for 5.1% of the workforce.



The trend for this group is similar to those from an Asian background, with the gap in hourly pay being substantially smaller than for bonus pay.

Summary of pay gap for detailed ethnic breakdown





While a pay gap exists for all our Black, Asian and minority ethnic staff compared to their white counterparts, the gap is largest for our Black staff. Across hourly pay, the gap is largely the same for Mixed, Asian, and other minority ethnic staff, with more variation being found in the gaps for bonus pay. The median bonus awarded for several groups was the Long Service Award, which at a value of £150 is much less than the value of the CEAs, which may contribute to the size of the pay gap.

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.
- Supporting the development of our Black, Asian and minority ethnic healthcare professionals with a bespoke leadership and development fellowship.
- 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

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

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 allowance, and other allowances, shift premium pay, and pay for piecework. This would include on-call framework and banding supplement in doctors' pay, for example.

Bonus pay: 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 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 nine 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.