



# Workforce equality and diversity report

2019/20





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## **SECTION 1**

# **INTRODUCTION**

We are delighted to present our workforce equality report with details of the actions taken to address gaps in equality identified last year. This is one of our responsibilities under the Equality Act 2010 and supports the delivery of the general public sector equality duty (PSED).

At our Trust, we are committed to providing fair and inclusive services and employment which meet the diverse needs of our patients and staff. During the last year we have continued to focus on embedding equality, diversity and inclusion in everything we do.

COVID-19 shone a light on inequality and why equality, diversity and inclusion are crucial elements to address in all NHS organisations. Our staff have been challenged by the response to COVID-19 and many lessons were learned—these will form part of our year 2 and year 3 equality, diversity and inclusion plan. Over the next 2 years we want to foster a culture of inclusion and belonging and live our PROUD values which bring our EDI ambitions alive.

We cannot put patients first or be responsive to patients and staff if we don't take into account their diverse needs. We need to be open and honest and have brave conversations about diversity and inclusion. We must be unfailingly kind in all of our interactions and determined to develop in this area.

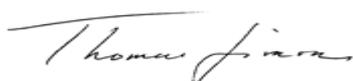
We will not just embed equality—we will look at how we value people and how we can encourage others to value people, reflect, and improve our behaviours towards our people and our patients.

Our report includes:

- An outline of our vision at the Trust to be the employer of choice
- An overview of key achievements
- The profile of our workforce and key findings
- Future plans for 2020/21 based on our priority areas for action

We certainly have more work to do to ensure that we improve the experience of our people but we remain confident that the plans we have in place and the launch of the NHS People Plan—which has a clear focus on belonging in the NHS—means we will achieve our ambition to ensure all our staff have a great experience working at the Trust.

Our new Board Diversity and Inclusion Advisor role could not be timelier and assures the Trust's resolve and determination to address recognised equality gaps. This will be achieved by implementing processes and promoting an inclusive and culturally sensitive organisational culture. Diversity is a fact in our Trust with 100 nations represented by our staff—but inclusion is a choice. This report and the EDI plan will map our journey to ensuring that inclusion is **not** a choice, but simply the way we work.



Thomas Simons  
**Director of Human Resources and OD**



Gubby Ayida  
**Board Diversity and Inclusion Advisor**

18 Jun 2020

## **SECTION 2**

# **OUR STRATEGIC PRIORITIES**

The Trust has three strategic priorities:

- Deliver high-quality, patient-centred care
- Be the employer of choice
- Deliver better care at lower cost

Our staff also work to a strong set of PROUD values which are:

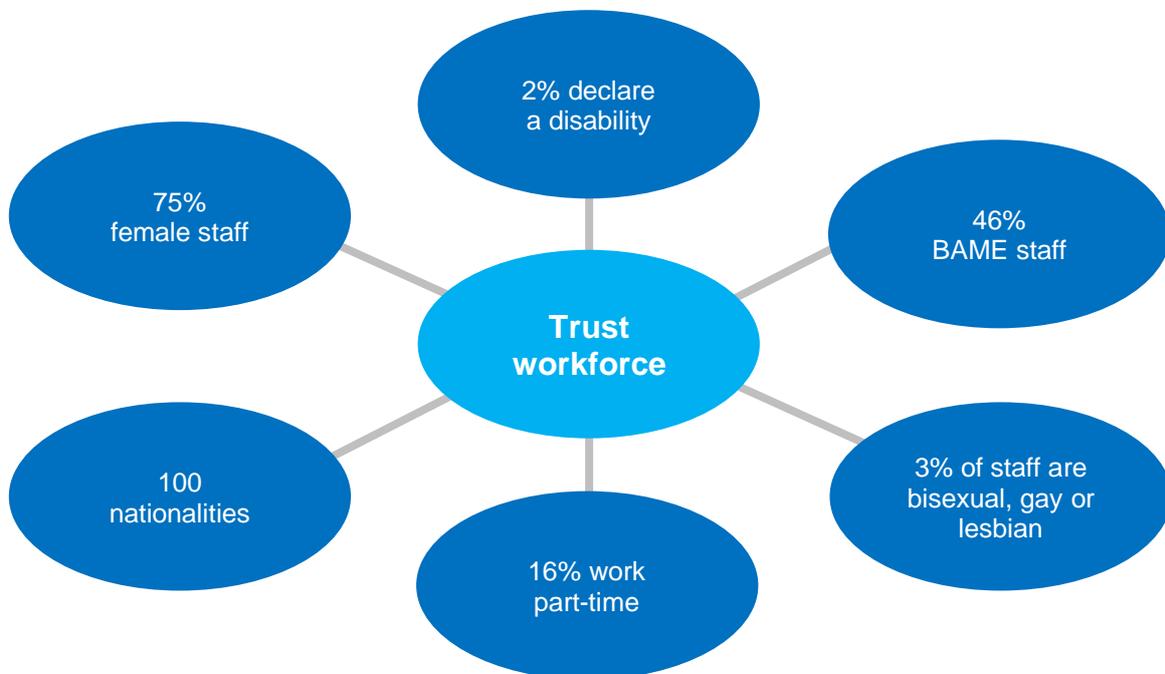
- Putting patients first
- Responsive to patients and staff
- Open and honest
- Unfailingly kind
- Determined to develop



The Trust is committed to promoting equality of opportunities for all its employees and believe individuals should be treated fairly in all aspects of their employment—including training, career development and promotion—regardless of their race, gender, disability or any other protected characteristic. We aim to create a culture that respects and values individual differences and that encourages individuals to develop and maximise their true potential.

## Key findings

Our workforce remains broadly representative of the population we serve and the workforce data is similar to previous years. The data in the report covers financial year 2019/20 running 1 Apr 2019 to 31 Mar 2020.



- Our staff survey results highlight that, as a Trust, we score below average at 8.6 for equality, diversity and inclusion compared to other Trusts—the best Trust scored 9.4 and the average was 9.0.
- The staff survey highlighted that the percentage of staff experiencing bullying and harassment or abuse from patients or relatives reduced, teamworking and the quality of care improved, and the quality of appraisals was significantly higher than last year. Black, Asian and Minority Ethnic (BAME) staff were also more positive in believing that the Trust provides equal opportunities for career progression or promotion.
- There has been a continued increase in the number of BAME staff in post—an increase of 2% since last year—and BAME staff now represent 46% of our workforce which is the same percentage as our non-BAME staff.
- In Apr 2020 the Trust undertook an initiative to decrease the numbers of staff recorded under ethnicity as *not stated*, resulting in a 5% increase of staff declaring their ethnicity. This work will continue in 2020/21.
- BAME staff report a poorer experience than non-BAME staff—for example, non-BAME staff are 1.4x more likely to be shortlisted than BAME, and BAME staff are 2.4x more likely to enter into formal disciplinary processes than non-BAME staff, which is higher than the London average for acute trusts.
- The gender pay gap report highlighted that female employees earn an hourly mean average pay of 17.7% less than male employees.
- Only 2% of staff have declared a disability yet 11.5% stated in the confidential staff survey that they had a disability, highlighting significant under-reporting.

## **SECTION 3**

# **KEY ACHIEVEMENTS**

We are proud to have achieved the following as at Aug 2020:

- Launched an LGBTQ+ staff network sponsored by an executive board member and became a member of the Stonewall Diversity Champions programme.
- Commenced a Reciprocal Mentoring for Inclusion programme in partnership with NHS Elect to mentor executives and senior leaders by diverse, under-represented staff members from across the organisation.
- Joined the Timewise Accredited Partnership programme to develop and drive cultural change and introduce best practice flexible working into the organisation.
- Launched Diversity and Inclusion Champions into the Trust recruitment process for Band 8a and above roles and ensured our recruitment practices encourage and enable all staff to be successful.
- Positive progress against our Model Employer targets, with more of our BAME staff in leadership positions, 33% BAME staff on our new MBA Leadership programme and 45% BAME staff on MSc Leadership.
- Introduced a check and challenge process when investigation and disciplinary action are being considered, reducing the number of staff going through formal processes.
- Executive-led lived experience listening events focusing on career progression and recruitment.
- Maintained our Disability Confident status at level 2 and working towards Level 3.
- Achieved 100% compliance in completing individual staff risk assessments, prioritising 'at risk' staff, to ensure the physical and psychological safety of our people during COVID-19.

## **SECTION 4**

# **FUTURE ACTIONS AND PRIORITIES FOR 2020/21**

Our future actions and priorities for 2020/21 are to:

- Implement the Improving Equality, Diversity and Inclusion Action Plan years 2–3 and the Trust-level priorities identified in the NHS People Plan.
- Improve key metrics for WRES/WDES/gender pay gap and be among the best performing Trust nationally.
- Work collaboratively across North West London to prioritise a focus on equality, diversity and inclusion and put in place resources to make necessary changes.

## **SECTION 5**

# **WORKFORCE COMPOSITION**

At the end of financial year (FY) 2019/20, the Trust had 6,394 substantive staff, an increase of 214 (3.5%) compared to the end of FY 2018/19. This compares to a 5.3% increase from FY 2017/18 to 2018/19. The section provides a high-level summary of the workforce composition by protected characteristics.

## Workforce composition by ethnicity

For the purposes of this report, the Trust has combined staff categories as non-BAME, BAME and 'not stated'. The national electronic staff record does not give the option of 'do not wish to declare' for ethnicity so these are recorded by default as 'not stated'.

The non-BAME category incorporates staff that identify as White British, White Irish and any other White background. BAME includes staff who identify as Asian (Indian, Pakistani, Bangladeshi), mixed (White and Black/Asian), Black (Caribbean, African) and other (Chinese and any other). This is in line with the Office of National Statistics census categories.

46% of our workforce (2,931 staff) identify as non-BAME compared to 46% (2,934 staff) as BAME. This compares with 48% and 44% respectively at the same point last year. 8% (529) of our staff are recorded as 'not stated', which is the same as the previous year.

The Trust employs an ethnically diverse workforce reflective of the population of London.

### Trust diversity compared to London

	Asian	Black	Mixed	White British	White other	Other
Chelsea and Westminster	23%	13%	3%	33%	14%	14%
London (2020) <sup>1</sup>	19%	13%	5%	45%	15%	3%

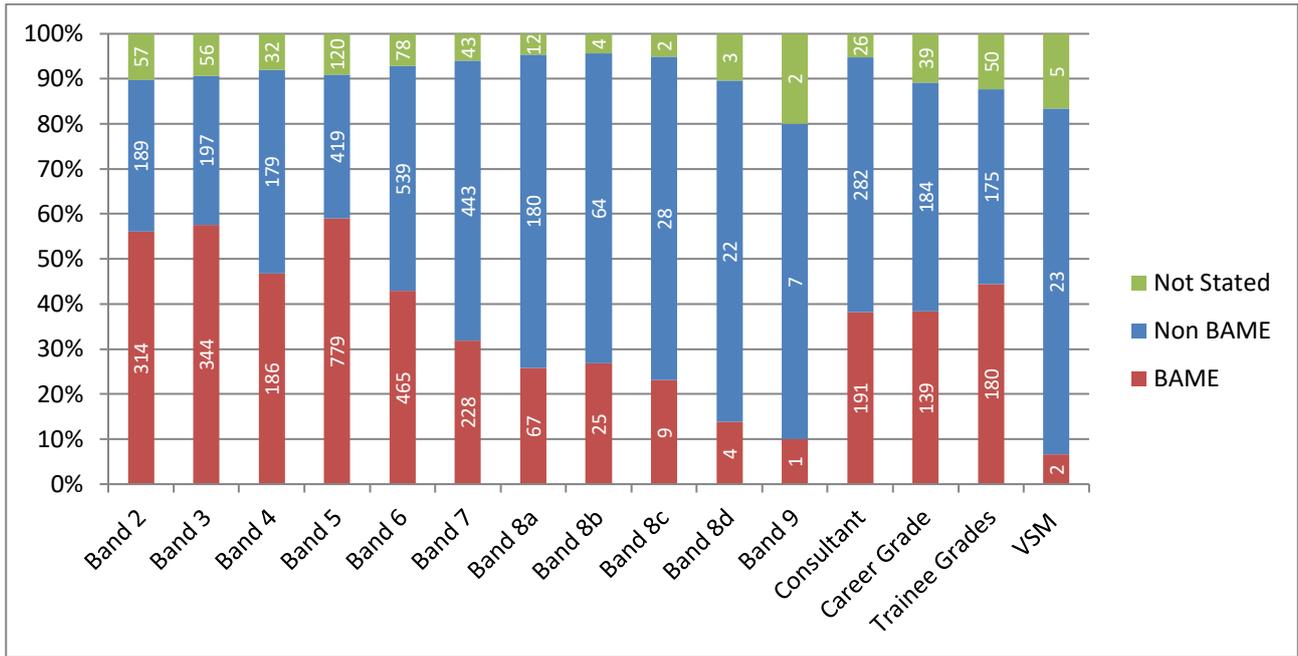
BAME staff form the majority of staff in Agenda for Change (AfC) bands 2–5. Within the BAME staff group there have been increases 16% in AfC Band 5 and 125% in trainee medical grades compared to last year.

Non-BAME staff form the majority of staff from bands 6–VSM (very senior manager).

There have been no significant increases in non-BAME staff across staff groups, however medical career grades have shown reductions of 63 BAME and 60 non-BAME during 2019/20.

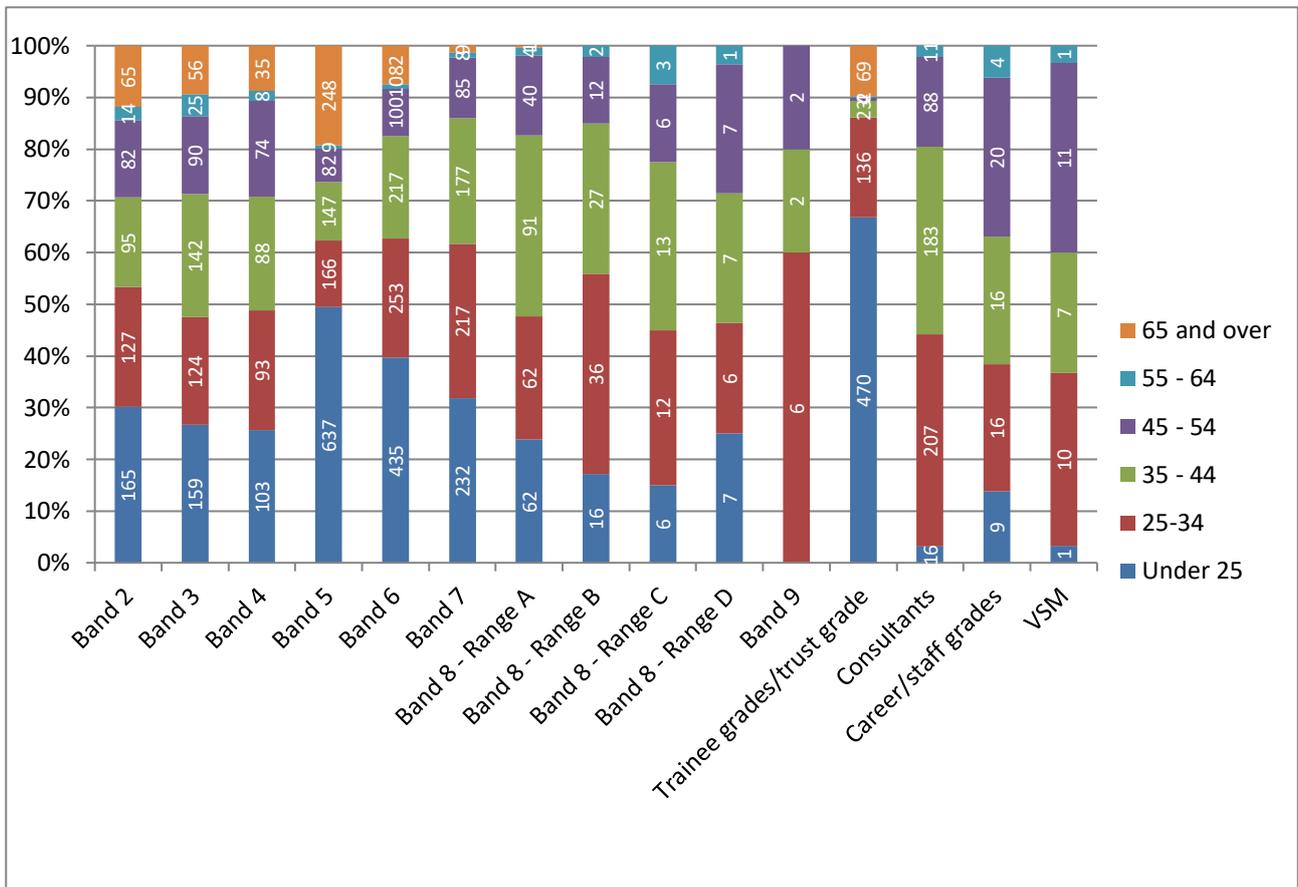
<sup>1</sup> [www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest](http://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest)

## Pay grade distribution of non-BAME and BAME staff across staff groups



## Workforce composition by age

### Age profile by pay grade



## Age ranges of our workforce

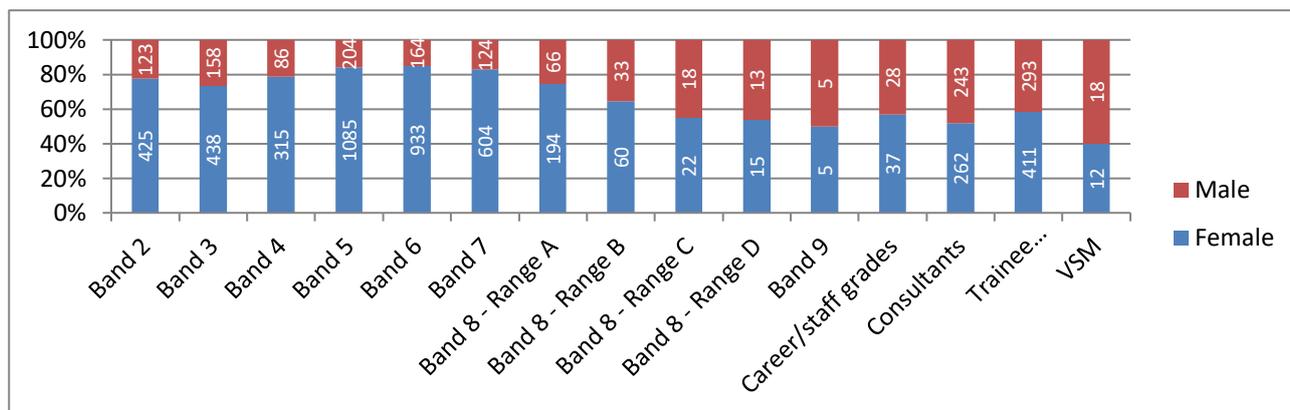
Age range	Workforce
<25	9%
25–34	38%
35–44	24%
45–54	20%
55–64	11%
65+	2%

The 25–34 age range represents the single largest age group, accounting for 38% of the Trust workforce—an increase of 3% on the previous year. The 35–44 age range is the second-largest group at 24%. Staff aged 55 and over account for 13% of workforce.

## Workforce composition by gender

Our workforce consists of 75% (4,818) female staff and 25% (1,576) male staff. In AfC bands 2–8D there are more females than males in each of the grades. At Band 9 the split is 50:50. In the medical grades, including consultant grade, there are more females than males. The very senior manager (VSM) grade<sup>2</sup> is the only grade where the gender balance is in favour of males by 60% to 40%. This is an increase from 56% to 43% male/female last year.

### Gender profile by band



## Trust Board of Directors composition by gender and ethnicity

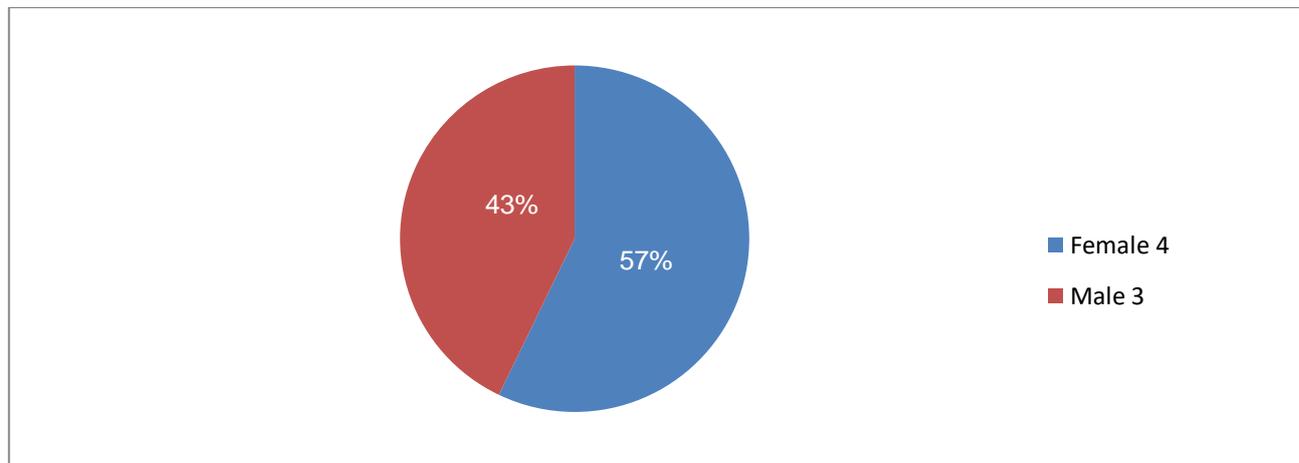
The Board of Directors comprises seven posts—the chief executive supported by six executive directors:

- Deputy Chief Executive and COO
- Medical Director and CCIO
- Chief Financial Officer
- Director of HR and OD
- Chief Nursing Officer
- Chief Information Officer

<sup>2</sup> Across the NHS, 47% of very senior manager roles are held by women—see [Gender in the NHS](#)

At 31 Mar 2020, the gender balance at executive director level was 57% female and 43% male compared to the overall workforce profile of 75% female and 25% male.

## Trust Board by gender



The ethnicity profile of the executive directors is 100% non-BAME with no BAME staff at this level within the organisation.

The Trust chair and seven non-executive directors complete the Trust Board. Of these, seven are male and one is female.

Five (63%) are non-BAME and three (37%) are BAME. BAME representation at non-executive director level within the organisation has increased by 13% in 2018/19 following more diverse recruitment channels.

## Workforce composition by religious belief

In 2019/20, the majority of staff, who stated a religious belief, identify as Christian (43%), compared to 41% in 2018/19. Other religious groups have changed less than 1% since last year.

The percentage of staff recorded as unspecified, meaning no data is recorded on the electronic staff record (ESR) system is 18%, down from 21% the previous year.

Religious belief	n°	%
Atheism	616	10%
Buddhism	60	<1%
Christianity	2,740	43%
Hinduism	305	5%
Islam	412	6%
Jainism	16	<1%
Judaism	21	<1%
Sikhism	106	2%
Did not wish to disclose religion/belief	673	11%
Other	274	4%
Unspecified	1,171	18%
<b>Total</b>	<b>6,394</b>	<b>100%</b>

## Workforce composition by sexual orientation

In 2019/20, the majority of our staff (69%) identify as heterosexual, an increase of 3% from the previous year. Less than 3% of staff declare themselves as gay or lesbian and less than 1% as bisexual.

Declaration rates in other groups have changed by less than 1% from last year. The percentage in the undefined category is 18%, which has reduced from 21% last year.

Sexual Orientation	Total	%
Bisexual	37	<1%
Gay or lesbian	161	3%
Heterosexual or straight	4,403	69%
Not stated (person asked but declined to provide a response)	616	10%
Other sexual orientation not listed	3	<1%
Undecided	5	<1%
Undefined	1,169	18%
<b>Total</b>	<b>6,394</b>	<b>100%</b>

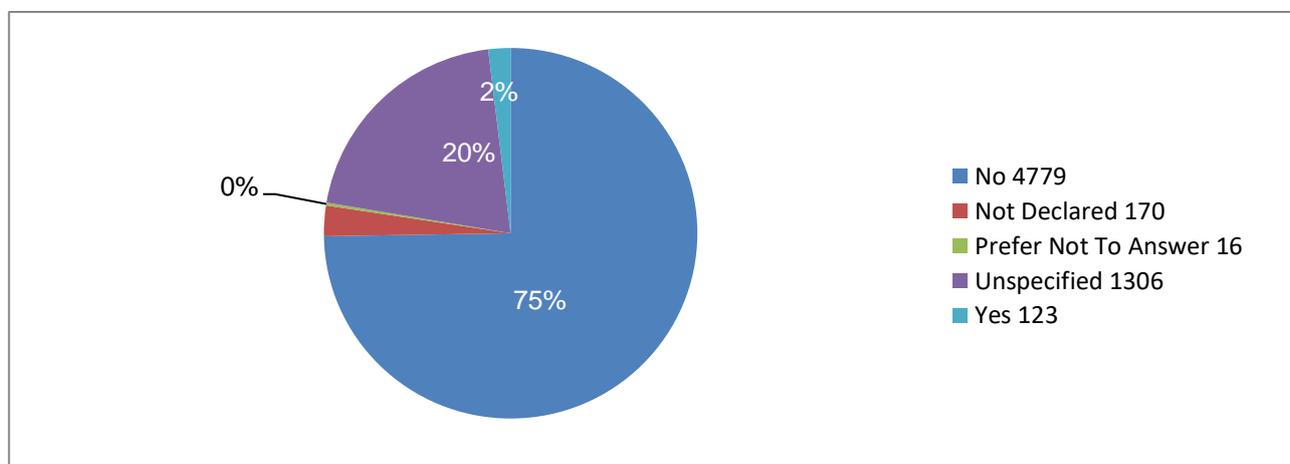
## Workforce composition by disability

There are five possible responses that staff can give in this category—yes, no, prefer not to answer, not declared and unspecified.

In 2019/20, 123 staff (2%) have a disability declared on the Trust ESR system. 1,476 staff were in the 'not declared' and 'unspecified' categories. 170 staff did not declare if they had a disability and 16 staff preferred not to answer. There has been a 6% reduction in the 'not declared' and 'unspecified' categories since 2018/19.

The 2019 staff survey shows that 2,671 members of staff responded to the question “*Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?*” Of these respondents 11.6% (309) members of staff stated that they had. This means 186 have not declared their disability on their staff records. However, due to all staff undertaking a risk assessment which asked staff to declare if they had a disability, this data is being reviewed to update ESR.

## Workforce composition by disability



## Workforce Disability Equality Standard (WDES)

Every NHS organisation is required to submit 10 evidenced-based metrics and action plans to NHS England by 31 Aug 2020. The Trust's WDES metrics and action plan can be found at [www.chelwest.nhs.uk/equalityinfo](http://www.chelwest.nhs.uk/equalityinfo).

### Disability, sexual orientation and religion data quality

Trust data on sexual orientation and religion has increased by 3% since 2018/19 and data on disability has remained consistent. We highlight the importance of completing demographic data by encouraging staff to update their information on our ESR self-service system and by utilising robust data capture processes when new employees join the Trust.

We encourage staff who become disabled over the course of their employment to declare their disability and ensure that this is recorded on their ESR record.

Protected characteristic	Known status for all staff at 31 Mar 2019	Known status for all staff at 31 Mar 2020
Disability	77%	77%
Sexual orientation	79%	82%
Religion	79%	82%

### Staff networks

The Trust's BAME, women's and LGBTQ+ staff networks provide an important way for staff to have a voice within the organisation and provide opportunities to convey their experiences. They also enable staff to feel empowered to help shape workplace culture and the environment in which they work.

In 2020/21, the Trust will develop a disability staff network. The work of all the networks will be brought together and play a pivotal role as part of implementing the Improving Equality, Diversity and Inclusion Action Plan years 2–3. Network chairs participate in the Trust's workforce development committee.

## **SECTION 6**

# **RECRUITMENT**

We are committed to delivering open, transparent recruitment processes that do not discriminate against people on the grounds of their protected characteristics. In support of this commitment, we monitor the progress of applicants throughout the selection process.

The Trust uses the NHS Jobs website as its main source for advertising internal and external vacancies and undertakes periodic overseas recruitment, primarily for nursing staff. Our recruitment management system is TRAC. We also utilise social media platforms including LinkedIn and Twitter and take part in events such as the London-wide virtual careers fair in autumn 2020.

## Recruitment for leadership diversity

In Jan 2020, in conjunction with the BAME staff network, we launched the Diversity and Inclusion Champions programme, which was initially aimed at recruitment for AfC Band 8a and above. The diversity and inclusion champions are staff members from diverse backgrounds across the organisation who have received interview skills training to participate in these interview panels.

As at Aug 2020 the Trust has 28 trained diversity and inclusion champions and monthly training sessions are ongoing. We plan to extend the programme to recruitment for AfC Bands 6–7 and medical appointments during years 2–3 of our Improving Equality, Diversity and Inclusion Action Plan.

### Projected numbers of BAME staff in post

	2019	2020	2021	2022	2023
Band 8a	74	78	82	86	90
Band 8b	25	27	29	31	33
Band 8c	10	11	12	13	14
Band 8d	6	6	7	7	8
Band 9	2	2	3	3	3
VSM	5	6	7	8	9

### BAME staff in post 2019

	2019 ambition	2019 actual	Gap
Band 8a	74	70	-4
Band 8b	25	20	-5
Band 8c	10	8	-2
Band 8d	6	4	-2
Ban 9	2	1	-1
VSM	5	2	-3

### BAME staff in post 2020

	2020 ambition	2020 actual	Gap
Band 8a	78	71	-7
Band 8b	27	30	+3
Band 8c	11	14	+3
Band 8d	6	4	-2
Ban 9	2	4	+2
VSM	6	3	-3

## Recruitment by ethnicity

67% of all non-medical job applications in 2019/20 were by candidates from a BAME background, consistent with the previous year. For medical posts (excluding junior doctors in training), 85% of all applicants were from a BAME background, an increase of 5% on the previous year.

At the application stage, 3.5% of non-medical applicants choose not to disclose their ethnicity, a decrease from 4% from the previous year. For medical applicants, 2.8% chose not to disclose their ethnicity, compared to 3% the previous year.

At the shortlisting stage, 57% of BAME candidates were shortlisted for non-medical posts, compared to 55% in 2018/19. For medical posts, 60% of BAME candidates were shortlisted, compared to 63% the previous year.

At the appointment stage, 40% of BAME applicants were appointed for non-medical posts, an increase of 1% from the previous year. For medical posts, 45% of BAME applicants were appointed, a decrease of 1% from the previous year.

### Recruitment analysis by ethnicity (non-medical and medical posts)<sup>3</sup>

Ethnic group	% of		
	Applicants	Shortlisted	Appointed
BAME	70%	58%	50%
Non-BAME	25%	34%	41%
Not stated	5%	8%	18%
<b>Total n°</b>	<b>23,583</b>	<b>5,443</b>	<b>1,142</b>

### Relative likelihood of being appointed from shortlisting by ethnicity

Descriptor	Non-BAME	BAME
Number of shortlisted applicants	1,865	3,159
Number appointed from shortlisting	467	566
Relative likelihood of non-BAME candidates being appointed over BAME staff at shortlisting stage	1.4	

The likelihood of non-BAME candidates being appointed from shortlisting in 2019/20 is 1.4 times greater than BAME staff. This is an improvement from 2018/19 when the likelihood was 1.60 times greater.

## Recruitment by gender

Recruitment analysis by gender shows that 63% of applications were from female applicants and 37% from male applicants. The following table shows that females are disproportionately appointed from shortlisting and further work to review roles and professional groups will take place in 2020/21.

<sup>3</sup> The data on applicants and shortlisted candidates comes from TRAC and covers the period from 1 Apr 2019 to 30 Mar 2020. Junior doctors on rotation to the Trust are appointed via Health Education England and are not included as part of applicants, shortlisted or appointed candidates.

## Recruitment analysis by gender

Group	% of		
	Applicants	Shortlisted	Appointed
Female	63%	71%	72%
Male	37%	29%	27%
Do not wish to disclose	<1%	<1%	<1%
<b>Total n°</b>	<b>23,583</b>	<b>5,443</b>	<b>1,142</b>

## Recruitment by age, disability, sexual orientation and religion

Analysis by age, disability, sexual orientation and religion shows the conversion rates from shortlisting to appointment are broadly in line with the breakdown of applicants and the Trust profile for age and disability.

- The 25–34 age group makes up the largest percentage of applicants and appointees
- 4% of appointees declared a disability, compared to 3% of applicants
- 87% of applicants identified as heterosexual
- 49% of applicants identified as Christian

## Recruitment analysis by age

Group	% of		
	Applicants	Shortlisted	Appointed
<25	16%	14%	17%
25-34	47%	46%	47%
35-44	21%	22%	19%
45-54	11%	13%	13%
55-64	4%	4%	3%
65+	<1%	1%	<1%
Not stated	<1%	0%	0%
<b>Total n°</b>	<b>23,583</b>	<b>5,443</b>	<b>1,142</b>

## Recruitment analysis by disability

Group	% of		
	Applicants	Shortlisted	Appointed
No	94%	90%	79%
Not stated	3%	6%	17%
Yes	3%	4%	4%
<b>Total n°</b>	<b>23,583</b>	<b>5,443</b>	<b>1,142</b>

## Recruitment analysis by sexual orientation

Group	% of		
	Applicants	Shortlisted	Appointed
Bisexual	1%	1%	1%
Gay	2%	2%	2%
Heterosexual	87%	88%	86%
Lesbian	1%	1%	1%
Not stated	9%	8%	10%
<b>Total n°</b>	<b>23,583</b>	<b>5,443</b>	<b>1,142</b>

## Recruitment analysis by religion

Group	% of		
	Applicants	Shortlisted	Appointed
Atheism	9%	11%	10%
Buddhism	1%	5%	1%
Christianity	49%	47%	41%
Hinduism	7%	6%	13%
Not disclosed	13%	17%	9%
Islam	18%	11%	24%
Jainism	<1%	<1%	<1%
Judaism	<1%	<1%	<1%
Sikhism	2%	2%	1%
<b>Total n°</b>	<b>23,583</b>	<b>5,443</b>	<b>1,142</b>

## **SECTION 7**

# **NON-MANDATORY TRAINING**

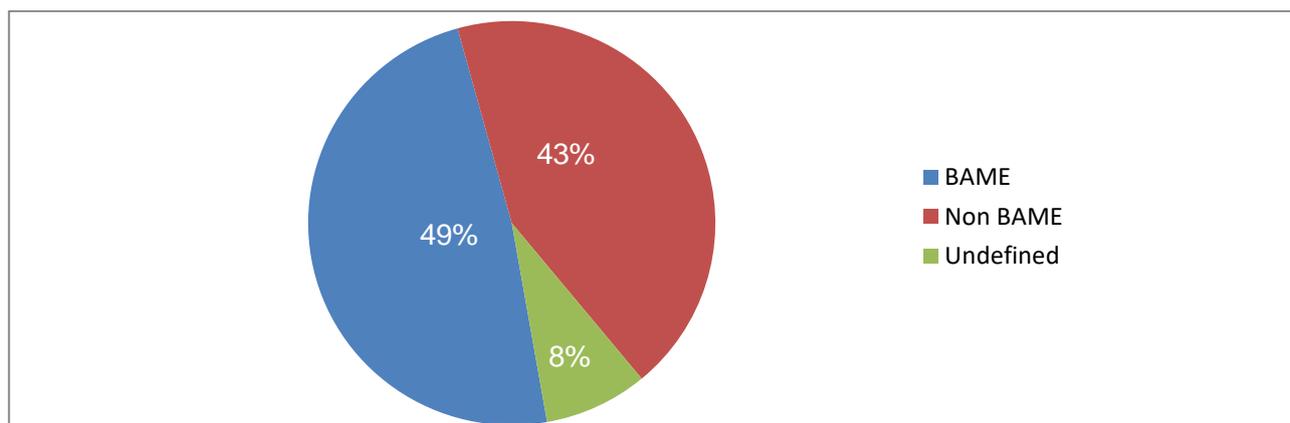
The Trust offers development through a variety of methods—including eLearning, internal courses and access to external courses—across a wide spectrum of topics from clinical specialist courses to personal and management development. We have also increased our use of the apprenticeship levy and offer a variety of programmes funded through that scheme.

**Note:** A large proportion of our professional development training is provided by external organisations from which we may not always receive participation rates.

The data below is based on substantive staff and leavers only during the 2019/20 financial year, recorded within ESR on the continuous personal and professional development (CPPD) database. An additional 51 non-substantive staff attended non-mandatory training during this period but are not included in the statistics—for example bank, honorary or secondee staff.

We have seen a decrease in funding from Health Education England for the past 4 years. Funding for 2019/20 was £197,000, down from £250,000 in 2018/19. Less funding available for the CPPD budget remains challenging—however, development has been targeted towards specific clinical areas of focus.

### Staff attending non-mandatory training by ethnicity

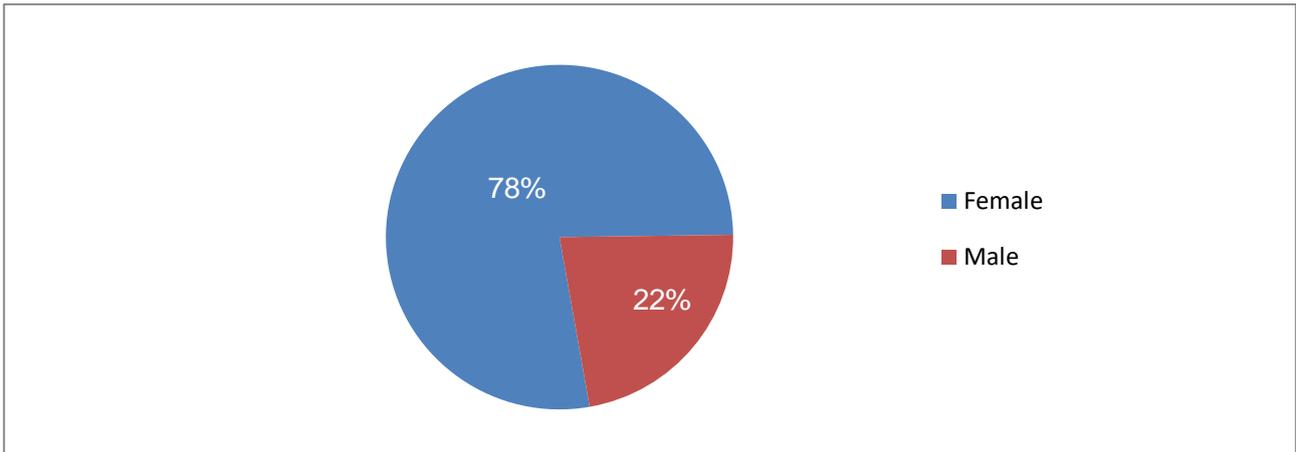


Analysis of non-mandatory training shows that the relative likelihood of non-BAME staff accessing non-mandatory training compared to BAME staff is 0.9. The ratio was 1.1 in the previous year. This reflects that during the reporting period, proportionally more BAME staff have accessed non-mandatory training than non-BAME staff compared to the previous year.

### Relative likelihood of accessing non-mandatory training by ethnicity

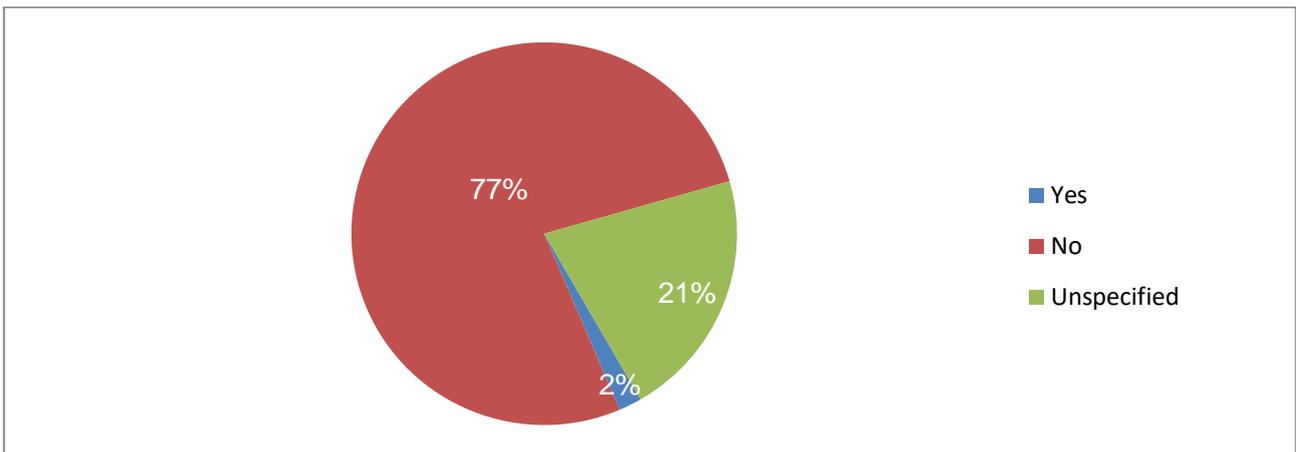
Descriptor	Non-BAME	BAME
Number of staff in organisation	2,931	2,934
Number of staff who have accessed non-mandatory training	515	577
Relative likelihood of non-BAME staff accessing non-mandatory training over BAME staff	0.9	

## Staff attending non-mandatory training by gender



Female staff accounted for 78% of staff attending non-mandatory training, with males at 22%—the gender composition of the workforce is 75% and 25% male.

## Staff attending non-mandatory training by disability



Disabled staff account for 2% of the overall number of staff accessing non-mandatory training courses, which reflects the percentage of staff recorded on ESR as having declared a disability.

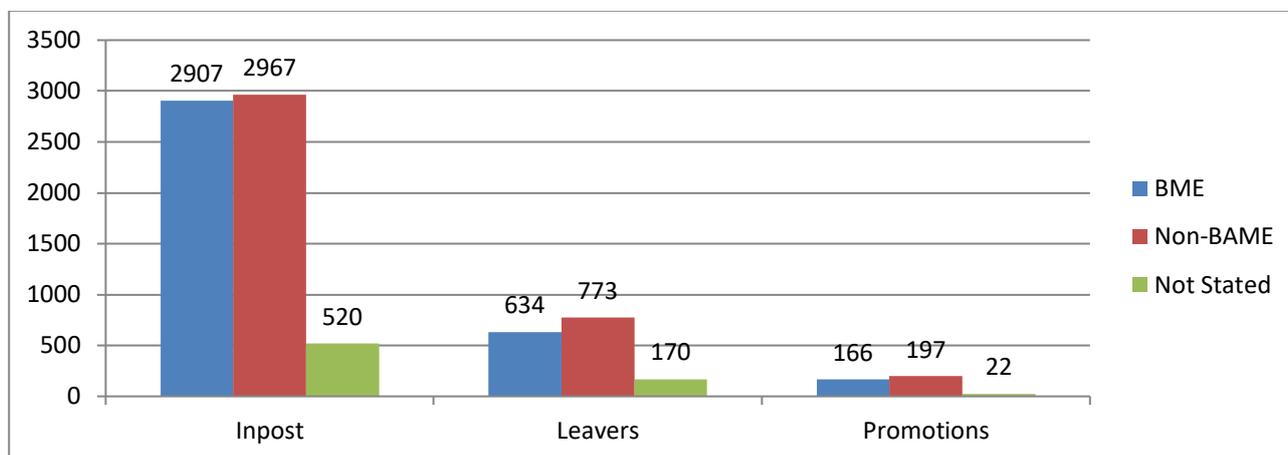
## **SECTION 8**

# **PROMOTIONS AND LEAVERS**

## Promotions and leavers by ethnicity

During 2019/20, 51% of staff who received promotions were non-BAME and 43% were BAME. 49% of staff who left the Trust during the year were non-BAME and 40% were BAME.

### Analysis of promotions and leavers by ethnicity

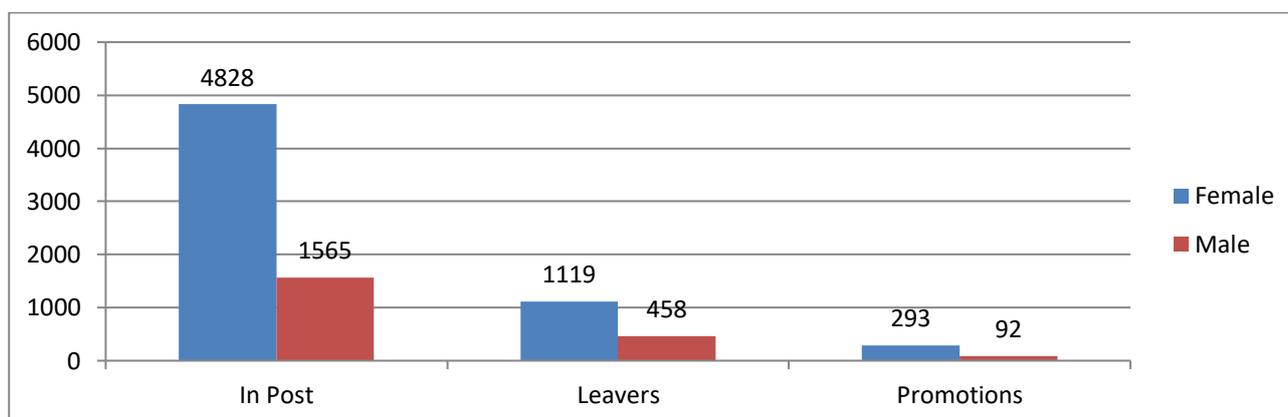


Group	Promotions	Leavers
BAME	43%	40%
Non-BAME	51%	49%
Not Stated	6%	11%

## Promotions and leavers by gender

In 2019/20, 76% of staff who received promotions were female and 24% were male, closely mirroring the gender distribution of our workforce which is 75% female and 25% male. 71% of staff who left the Trust were female and 29% were male.

### Analysis of promotions and leavers by gender



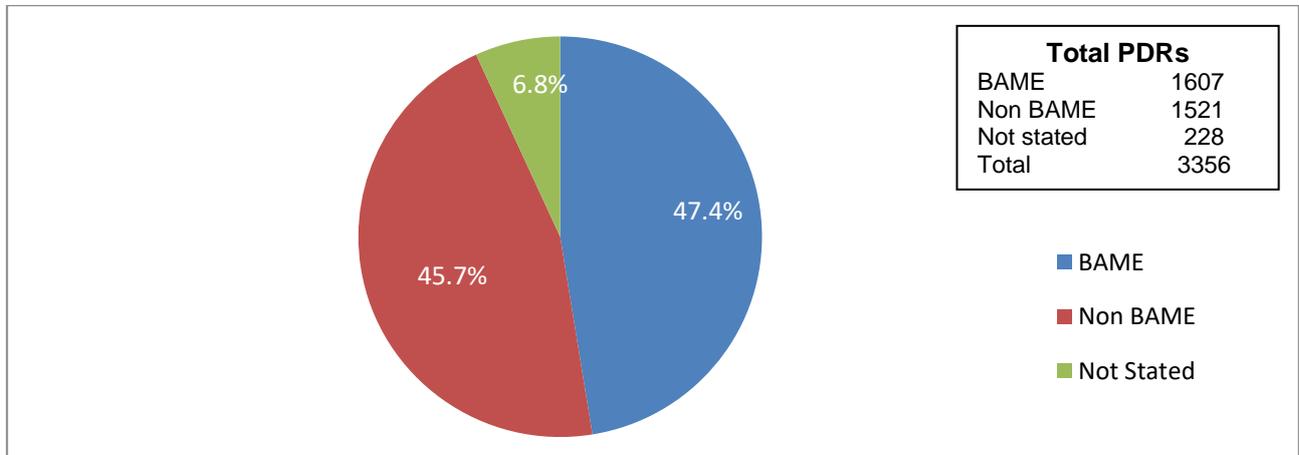
Group	Promotions	Leavers
Female	76%	71%
Male	24%	29%

## **SECTION 9**

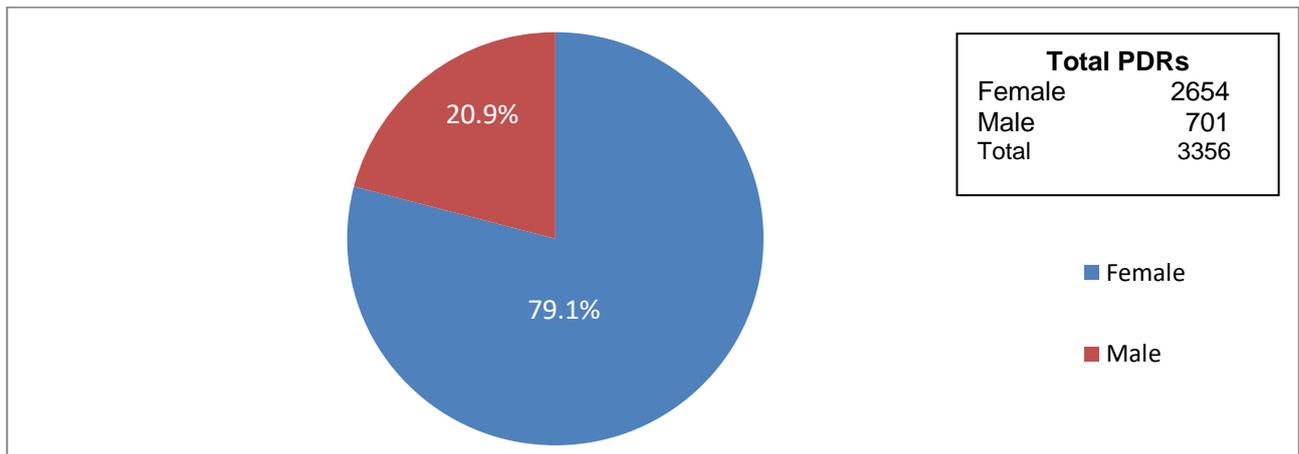
# **PERFORMANCE DEVELOPMENT REVIEWS—NON-MEDICAL STAFF**

During 2019/20, 3,356 performance development reviews (PDRs) were completed. This number excludes medical staff and those on maternity leave or career breaks.

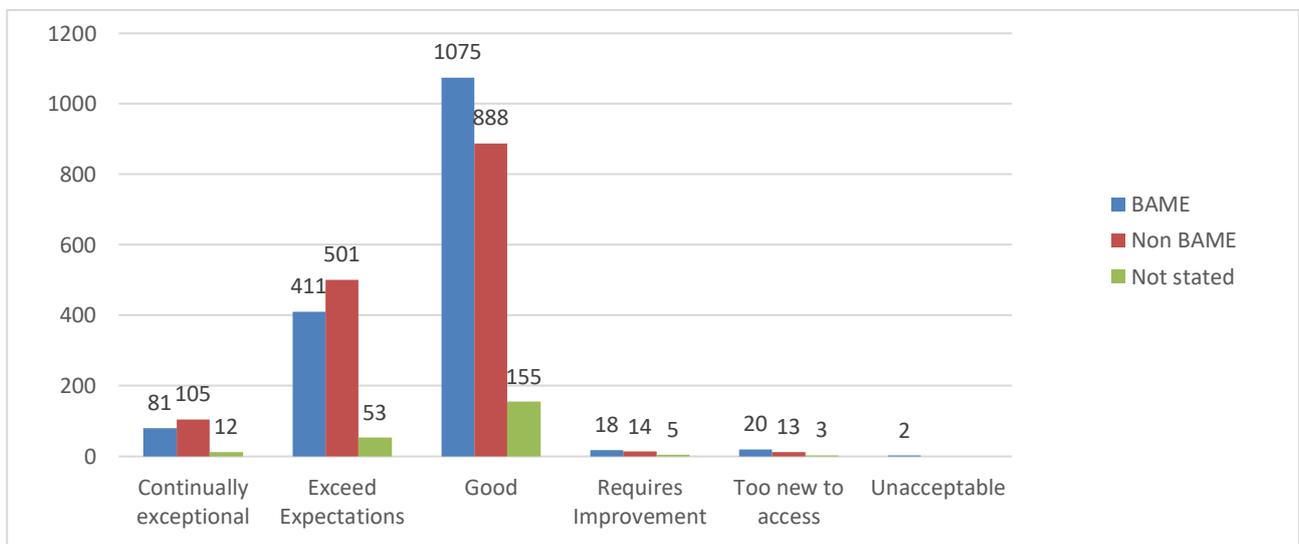
### PDRs by ethnicity



### PDRs by gender



### PDR outcomes by ethnicity



'Good' continues to be the most common PDR rating across the Trust, 'Exceeds expectations' second and 'Continually exceptional' the third most common.

Of the 2,118 staff in the 'Good' category, 51% were BAME staff and 42% were non-BAME, 9% in favour of BAME staff with an increase of 2% from 2018/19.

Of the 965 staff in the 'Exceeded expectations' category, 43% were BAME staff and 52% were non-BAME. The percentage for BAME staff has increased by 7% since last year and the percentage for non-BAME staff has decreased by 4%.

Of the 198 staff in the 'Continually exceptional' category, 41% were BAME staff and 53% were non-BAME, 12% in favour of non-BAME staff with an increase of 1% from 2018/19 and no change for non-BAME staff.

Of the 37 staff in the 'Requires improvement' category, 49% were BAME staff and 38% were non-BAME. This an increase of 7% for BAME staff and a reduction of 4% in non-BAME staff from 2018/19 but must be taken in the context of the small numbers of staff involved.

Of the 2 staff in the 'Unacceptable' category, both were BAME staff.

## **SECTION 10**

# **APPLICATION OF FORMAL EMPLOYEE RELATIONS PROCEDURES**

During 2019/20 there were 327 formal employee relations cases compared to 451 cases in 2018/19. Employee relations cases are recorded in the following categories:

- Disciplinary
- Sickness absence
- Probation
- Performance (capability)
- Grievance including bullying and harassment

## Employee relations cases

Case Type	2018/19	2019/20
Disciplinary	79	48
Sickness absence	265	215
Probation	55	39
Performance (capability)	20	8
Grievance including bullying and harassment	32	17
<b>Total</b>	<b>451</b>	<b>327</b>

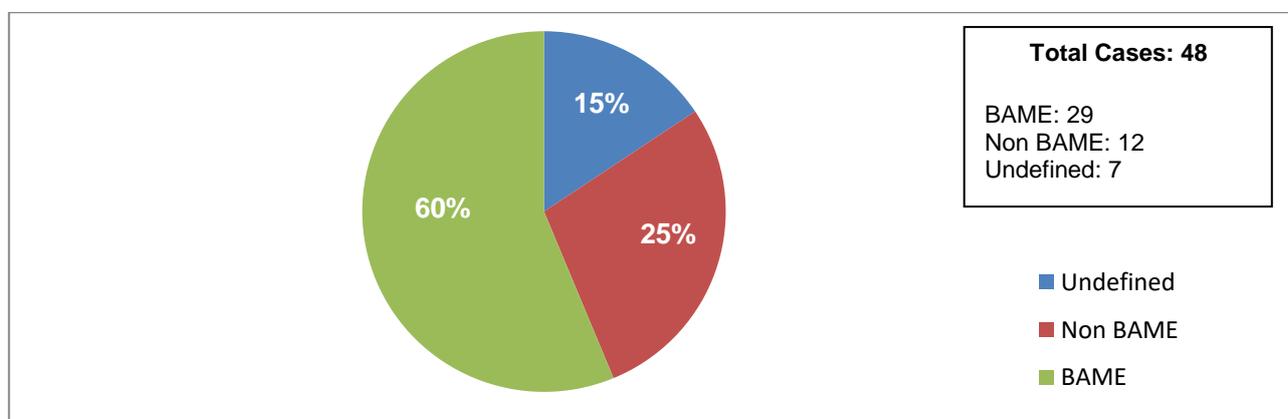
The cases in the above categories are broken down by ethnicity, gender and age to give an indication of how these relate to the composition of the workforce.

## Disciplinary cases

There were 48 disciplinary cases during 2019/20 compared to 79 cases in 2018/19. BAME staff accounted for 29 of these (60%) while representing 46% of the total workforce. Non BAME staff accounted for 12 of cases (25%) while representing 46% of the workforce. In Oct 2019 the Trust introduced a pre-formal disciplinary investigation checklist with the objective of reducing the overall numbers of cases and reducing the disproportionate impact on BAME staff.

As the overall number of cases has decreased, so has the percentage of BAME staff involved in disciplinary proceedings. This has fallen from 64% in 2018/19 to 60% in 2019/20, but remains higher than the percentage of BAME staff in the workforce.

### Disciplinary cases by ethnicity<sup>4</sup>



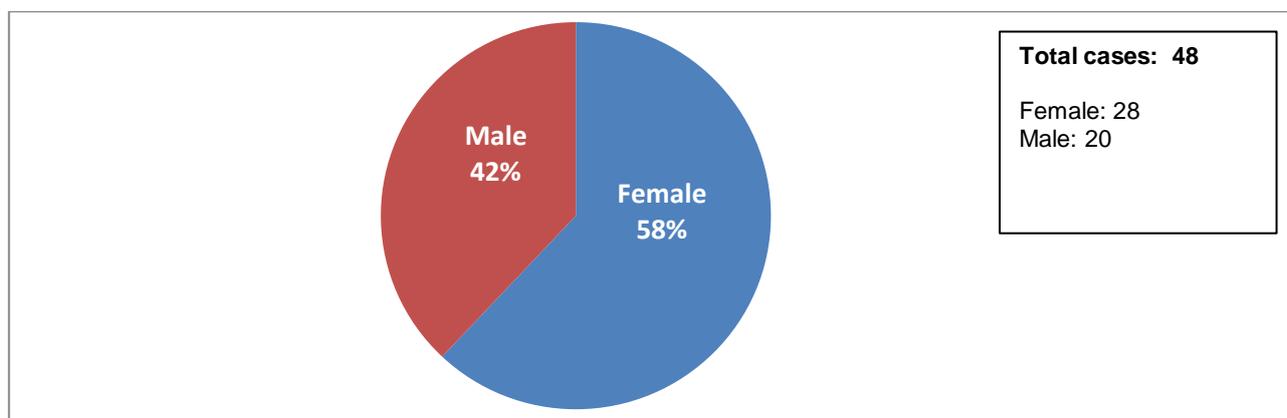
<sup>4</sup> 'Undefined' indicates that ethnicity data has not been recorded on the electronic staff record

The relative likelihood of BAME staff entering the formal disciplinary procedure is 2.4x greater than for non-BAME staff. This is an improvement from 2.7x greater in 2018/19. The calculation does take into account the changes in the overall number of BAME and non-BAME staff within the organisation.

### Likelihood of entering the formal disciplinary hearing by ethnicity

Descriptor	Non-BAME	BAME
Number of staff in organisation	2,931	2,934
Number of staff who have entered into disciplinary proceedings	12	29
Relative likelihood of BAME staff entering into disciplinary proceedings compared to non-BAME staff	2.4	

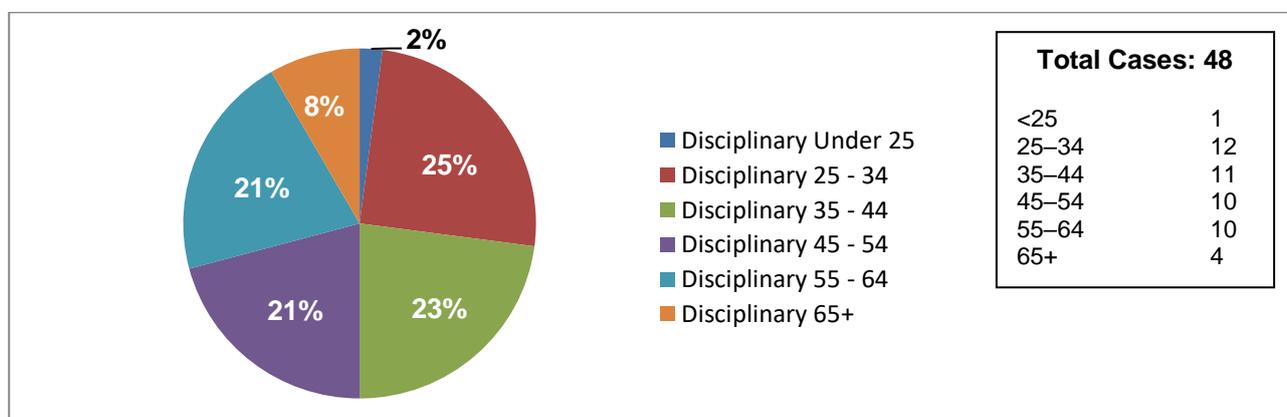
### Disciplinary cases by gender



Analysis of disciplinary cases by gender shows that females account for 58% of cases, an increase of 2% from the previous year. Cases involving male staff have decreased by 1% to 42% from the previous year. This remains disproportionate to the number of male staff and will be investigated as part of our ongoing review following the launch of our disciplinary checklist.

Disciplinary cases by age shows that the 25–34 age group is the single largest age group at 25% of cases. This age group represents 38% of the workforce.

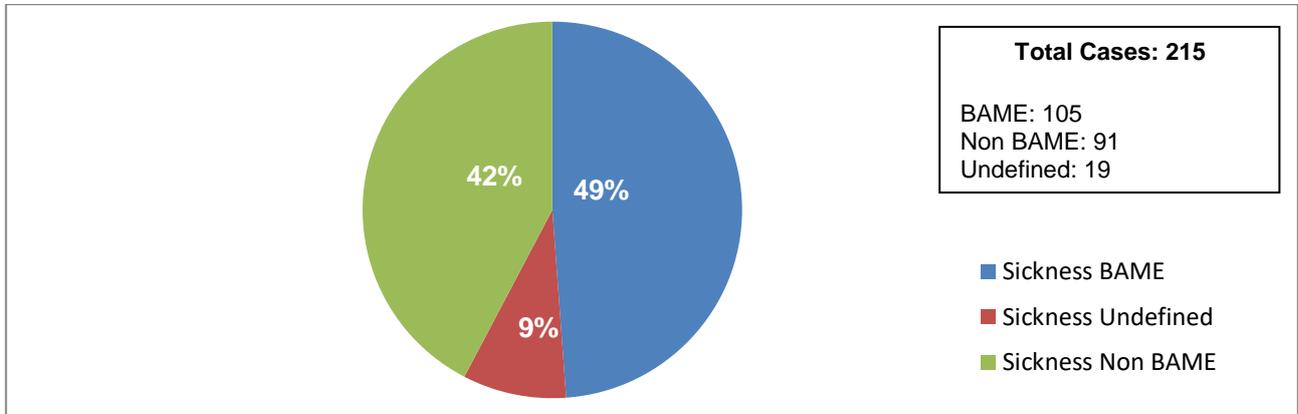
### Disciplinary cases by age



## Sickness absence cases

There were 215 sickness absence cases in 2019/20, compared to 265 in 2018/19.

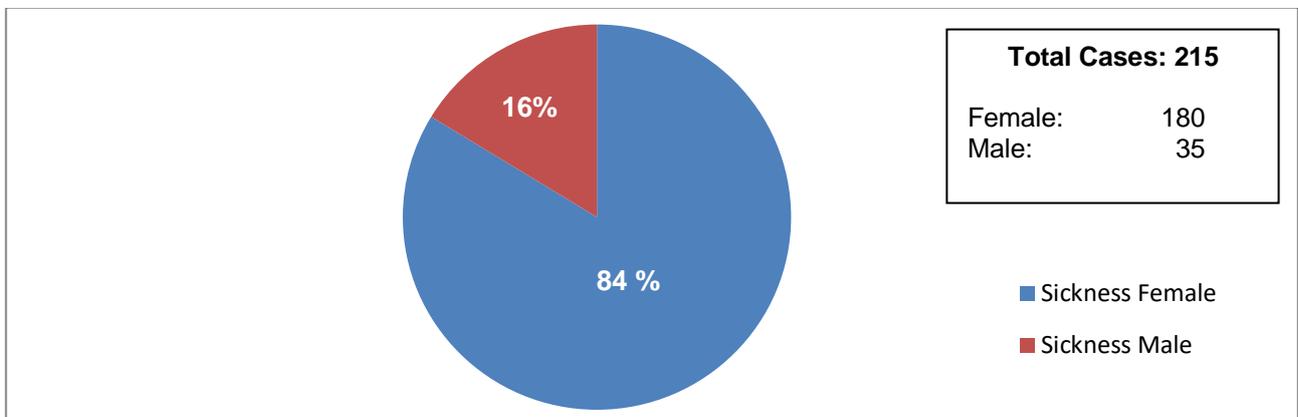
### Sickness cases by ethnicity



Sickness absence by ethnicity shows that BAME staff accounted for 49% of cases, which is an increase of 8% from 2018/19. Non-BAME staff accounted for 42% of cases, which is a 10% reduction from previous year.

The number of undefined, which indicates that ethnicity data has not been recorded on the electronic staff record, has increased by 2% from 2018/19.

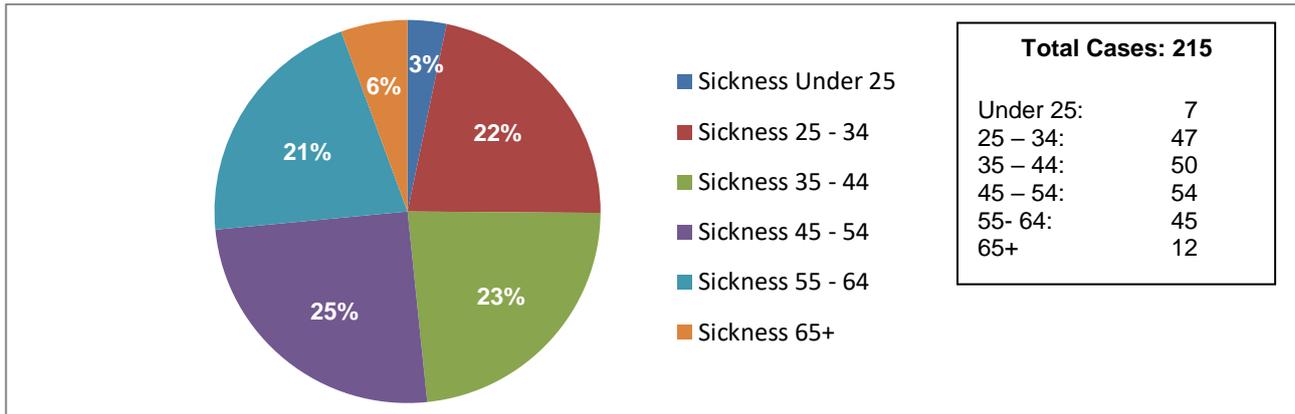
### Sickness cases by gender



In 2019/20, sickness absence cases by gender shows that females accounted for 84% of cases, an increase of 7% from 2018/19. Males accounted for 16% of cases.

In 2018/19 females accounted for 77% of sickness absence cases which was roughly in line with the workforce split of 75% female and 25% male.

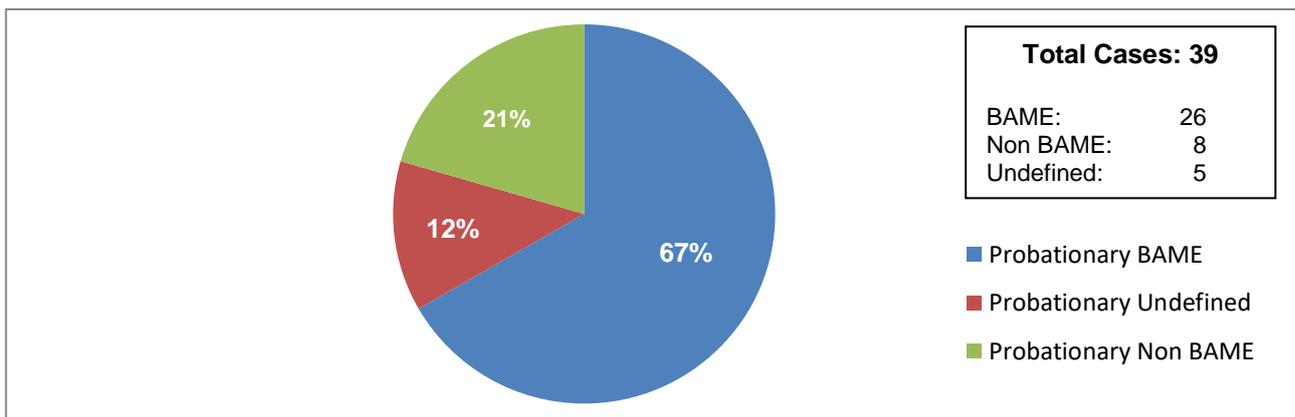
## Sickness cases by age



In 2019/20, sickness absence cases by age shows that the 45–54 age group make up the single largest group of cases at 25%. All categories remain consistent with the results in 2018/19.

## Probationary cases

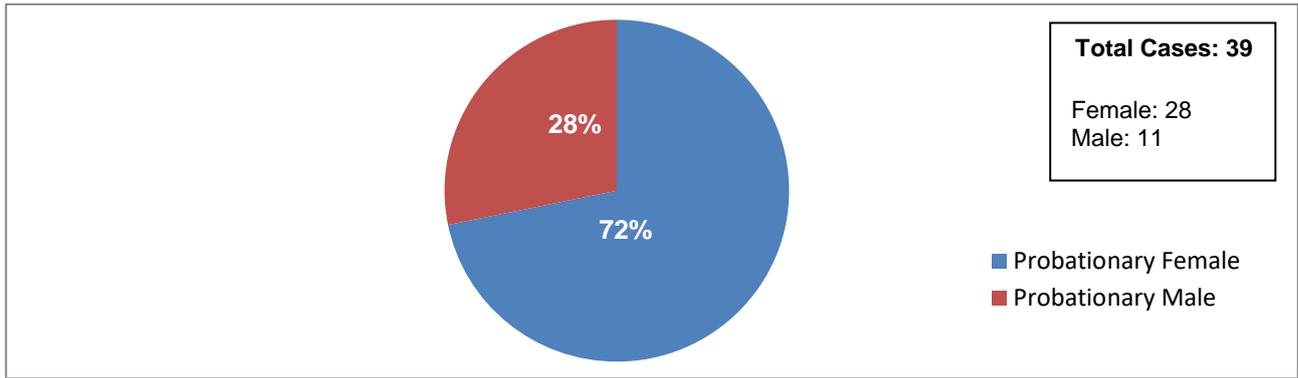
### Probationary cases by ethnicity



There were 39 probationary cases in 2019/20, down from 55 in 2018/19. BAME staff accounted for the 67% of probationary cases, an increase of 5% from the previous year. 21% of probationary cases related to non-BAME staff who represent 46% of the Trust workforce.

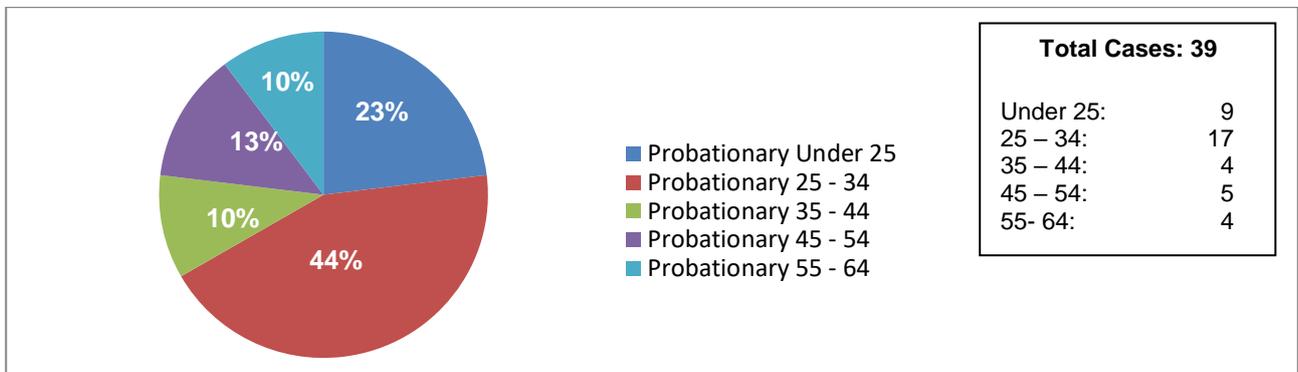
The number of undefined, where the ethnicity data has not been recorded on the electronic staff record, has increased to 12% from 5% the previous year. The Trust is implementing a probation checklist similar to the disciplinary checklist to ensure a robust decision-making process.

## Probationary cases by gender



Female staff accounted for 72% of probation cases, an increase from 65% in 2018/19. The percentage for males has decreased to 28% from 35% the previous year.

## Probationary cases by age

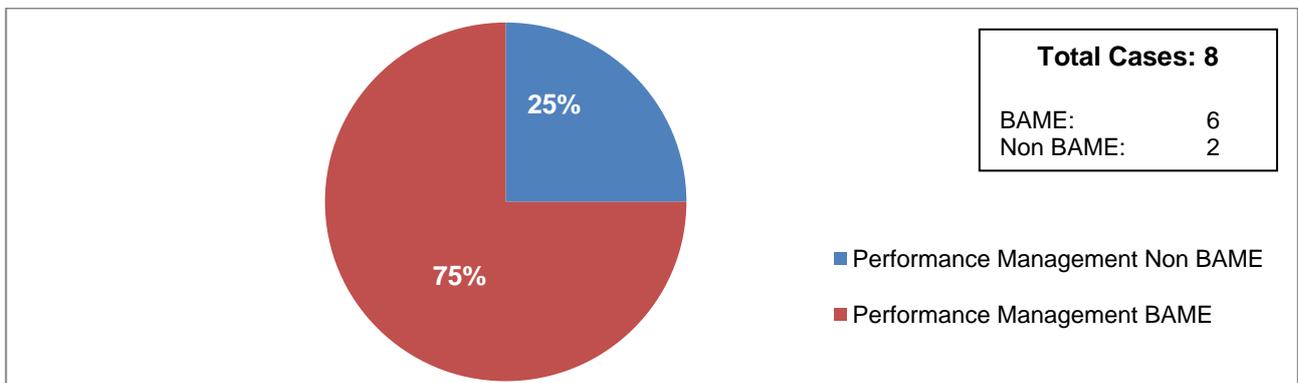


Probation cases by age show that the 25–34 age range account for the majority of cases at 44% cases, which remains unchanged from last year. This age group is also the largest single age range, representing 38% of the workforce.

## Performance (capability) cases

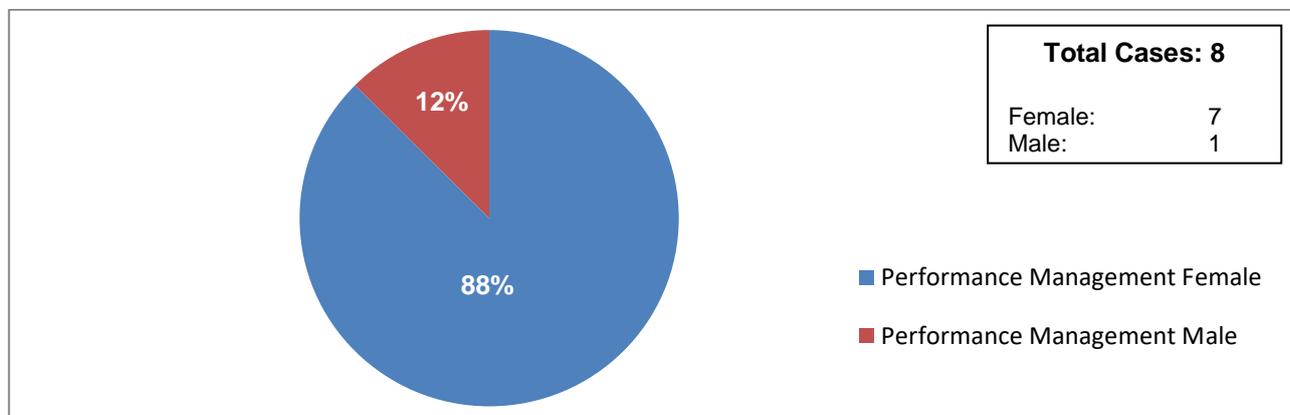
There were 8 performance cases in 2019/20 down from 20 the previous year.

## Performance cases by ethnicity



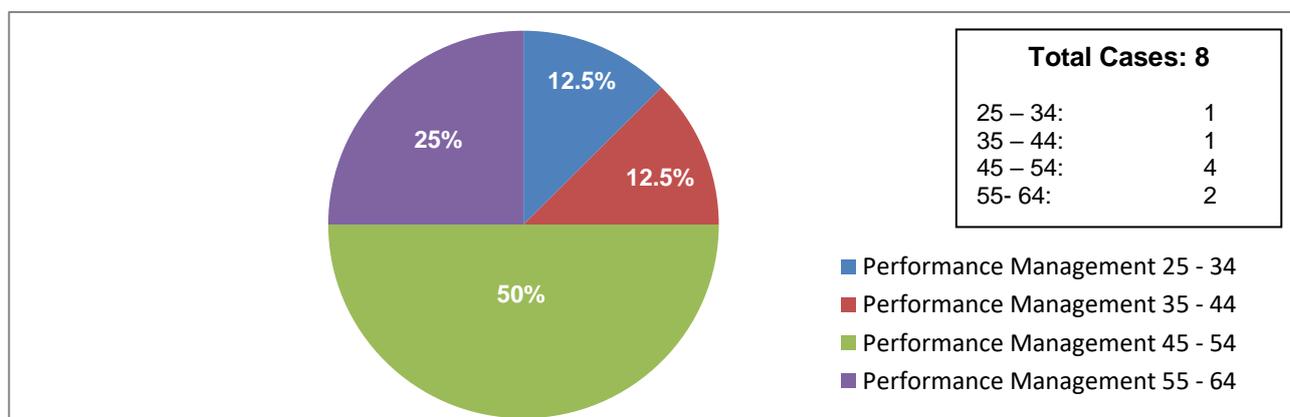
BAME staff accounted for 75% of cases compared to 60% of cases in 2018/19, and increase of 15%, despite fewer cases overall. In line with the disciplinary checklist and probation checklist, a review of these cases will be undertaken as part of the actions in the EDI plan.

### Performance cases by gender



Performance cases by gender shows that of the 8 cases, 7 (88%) involved female staff, an increase of 13% from 2018/19. 1 case (12%) involved male staff, a decrease of 13% from the previous year.

### Performance cases by age



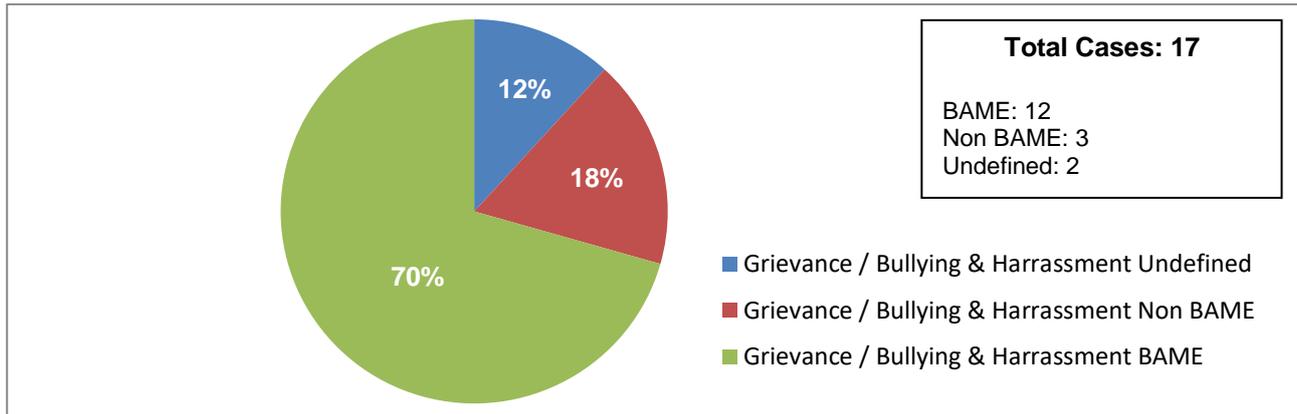
Performance cases by age show that the 45–54 age range account for 50% of cases, and increase of 30% from 2018/19. In the previous year the 55–64 age range accounted for the largest percentage of cases at 35%.

### Grievance cases (including bullying and harassment)

Grievance cases (which include bullying and harassment) often involve multiple employees, including the individual submitting the complaint and the person who may be accused of inappropriate behaviour.

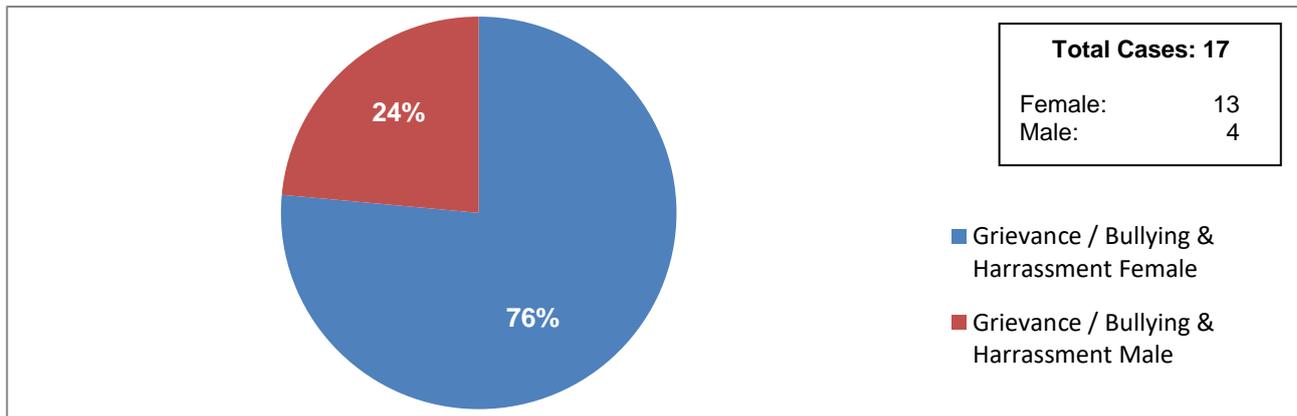
There were 17 cases in 2019/20 a reduction from 32 in 2018/19.

## Grievance cases by ethnicity



12 of the grievance cases (70%) involved BAME staff, an increase from 41% in 2018/19. Non-BAME staff accounted for 3 cases (18%) a decrease from 50% the previous year. The percentage of undefined has increased to 12% in 2019/20 from 9% the previous year.

## Grievance cases by gender



Female staff accounted for 76% of grievance cases, a 10% increase from 2018/19. Cases involving males staff decreased by 10% from the previous year.

## **SECTION 11**

# **LOCAL CLINICAL EXCELLENCE AWARDS FOR CONSULTANTS**

The 2019/20 local clinical excellence round was cancelled and in its place the Trust was asked to pay a one-off payment to all consultants who meet the eligibility criteria. 398 consultants met the criteria to receive the payment.

### One off payment by ethnicity

<b>Ethnic origin</b>	<b>%</b>
Non-BAME consultants	224 (56%)
BAME consultants	154 (39%)
Unknown	20 (5%)
<b>Total</b>	<b>398</b>

### One off payment by gender

<b>Gender</b>	<b>%</b>
Female	214 (54%)
Male	184 (46%)
<b>Total</b>	<b>398</b>

## **SECTION 12**

# **STAFF EXPERIENCE—2019 NHS STAFF SURVEY**

The 2019 staff survey results revealed some differences in experience when analysed by disability status, ethnicity, age and gender. The full results of the 2019 staff survey can be found at [www.nhsstaffsurveyresults.com](http://www.nhsstaffsurveyresults.com).

## 2019 staff survey by gender

Theme	Female	Male
Staff engagement	7.3	7.4
Bullying and harassment	7.5	7.7
Equality diversity and inclusion	8.5	8.8
Morale	6.1	6.0
Health and wellbeing	5.7	6.0
Immediate managers	7.0	6.9
Quality of appraisals	6.3	6.3
Safety culture	7.0	7.0

Disabled staff are the least likely group to report positive experiences across a range of indicators. Our disabled staff are significantly less engaged than our non-disabled staff and score less positively on the majority of factors. Staff in the age groups of 21–30 are also the least engaged and, interestingly, score the lowest in relation to health and wellbeing, whereas staff over 65 score the highest. BAME staff have a higher engagement score and are more positive than non-BAME staff across the majority of factors despite some of the WRES scores.

## 2019 staff survey by disability

Theme	Disabled	Non-disabled
Staff engagement	6.9	7.4
Bullying and harassment	6.7	7.6
Equality diversity and inclusion	8.2	8.6
Morale	5.7	6.1
Health and wellbeing	4.6	5.9
Immediate managers	6.9	6.9
Quality of appraisals	5.3	6.4
Safety culture	6.6	7.0

## 2019 staff survey themes by age

Theme	21–30	31–40	41–50	51–65	66+
Staff engagement	7.1	7.3	7.4	7.4	7.9
Bullying and harassment	7.3	7.6	7.6	7.6	8.6
Equality diversity and inclusion	8.6	8.5	8.5	8.6	9.4
Morale	5.8	6.0	6.0	6.2	7.1
Health and wellbeing	5.4	5.8	5.8	5.8	7.3
Immediate managers	7.1	7.1	6.9	6.7	7.1
Quality of appraisals	6.4	6.4	6.4	6.0	6.1
Safety culture	6.9	6.9	7.0	7.0	7.3

## 2019 staff survey themes by ethnicity

Theme	Non-BAME	BAME
Staff engagement	7.2	7.5
Bullying and harassment	7.5	7.6
Equality diversity and inclusion	8.1	9.1
Morale	6.2	6.1
Health and wellbeing	5.7	5.8
Immediate managers	6.8	7.1
Quality of appraisals	5.6	7.0
Safety culture	6.9	7.1

## NHS national staff survey questions mandated by the WRES

Under the Workforce Race Equality Standard (WRES), the Trust is required to publish the responses by ethnicity to specific NHS staff survey results as detailed below.

Question	Ethnicity	%
5. Percentage of staff experiencing bullying, harassment or abuse from patients or relatives	non-BAME	37%
	BAME	37%
6. Percentage of staff experiencing bullying, harassment or abuse from staff	non-BAME	27%
	BAME	28%
7. Percentage believing the Trust provides equal opportunities for career progression or promotion	non-BAME	87%
	BAME	75%
8. Percentage of staff experiencing discrimination at work from managers or colleagues	non-BAME	7%
	BAME	13%

# APPENDICES

# Appendix 1: Workforce Race Equality Standard (WRES)

The table below summarises the Trust's annual WRES return which was submitted to the national WRES team in Aug 2020.

WRES indicator	Ethnicity	Headcount	Explanatory notes
1. Workforce reporting	Non-BAME	2,931	At 31 Mar 2020
	BAME	2,934	
	Unknown	529	
2. Relative likelihood of staff being appointed from shortlisting across all posts	Non-BAME staff 1.4x more likely		Based on NHS Jobs and TRAC data captured during 2019/20
3. Relative likelihood of staff entering the formal disciplinary process	BAME staff 2.4x more likely		Based on 2019/20 cases
4. Relative likelihood of staff accessing non-mandatory training and continuing professional development	Non-BAME staff 0.9x more likely		Data should be read with caution, as not all non-mandatory training is captured through the current training databases across both sites
5. Percentage of staff experiencing bullying, harassment or abuse from patients or relatives	Non-BAME	37%	2019 staff survey
	BAME	37%	
6. Percentage of staff experiencing bullying, harassment or abuse from staff	Non-BAME	27%	
	BAME	28%	
7. Percentage believing the Trust provides equal opportunities for career progression or promotion	Non-BAME	87%	
	BAME	75%	
8. Percentage of staff experiencing discrimination at work from managers or colleagues	Non-BAME	7%	
	BAME	13%	
9. Percentage difference between BAME Board voting membership and overall BAME workforce	BAME board members	19%	As at 31 Mar 2020
	Overall BAME workforce	46%	

## Appendix 2: Gender pay gap 2019/20

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees.

The results must be published on both the employer's website and the government website [gender-pay-gap.service.gov.uk](http://gender-pay-gap.service.gov.uk). The requirements of the legislation are that employers must publish six calculations:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay

The Trust's full gender pay gap report is published at [www.chelwest.nhs.uk/genderpaygap](http://www.chelwest.nhs.uk/genderpaygap) and highlights that female employees earn an hourly mean average pay of 17.7% less than men, and the actions the Trust is taking.

## Appendix 3: Workforce Disability Equality Standard (WDES) Mar 2020

Metric	Description	Notes
<b>Metric 1</b>	Percentage of staff in Agenda for Change (AfC) pay bands or medical and dental subgroups and very senior managers (VSM)—including executive board members—compared to the percentage of staff in the overall workforce	Data from ESR—123 staff have a disability recorded on ESR. Data identified by: <ul style="list-style-type: none"> <li>• Non-clinical or clinical</li> <li>• Band or grade</li> </ul>
<b>Metric 2</b>	Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts	A figure below 1 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting. Trust score is 1.1. Data comes from TRAC—207 applicants with disabilities shortlisted/38 appointed in 2019/20. <ul style="list-style-type: none"> <li>• Doesn't take into account how many withdraw after shortlisting or attending interviews</li> <li>• Trust holds Disability Confident Employer Level 2 status until Oct 2020</li> <li>• Disability Confident Employer Level 2 info pack is available</li> </ul>
<b>Metric 3</b>	Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	A figure above 1 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process. Trust score is 2.2. Data from ESR 2018/19—13 cases where the employee had a disability recorded in ESR. <p>Breakdown by case type:</p> <ul style="list-style-type: none"> <li>• Sickness cases: 6</li> <li>• Disciplinary cases: 0</li> <li>• Grievance/bullying and harassment cases: 2</li> <li>• Performance management cases: 1</li> <li>• Probation cases: 4</li> </ul> <p>The Trust on place <i>Maintaining the Employment of People with Disabilities: Guidance for Line Managers</i></p>
<b>Metric 4a</b>	Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: <ul style="list-style-type: none"> <li>• patients/service users, their relatives or other members of the public</li> <li>• managers</li> <li>• other colleagues</li> </ul>	Four questions from staff survey combined—higher percentages are worse <p>From patients/service users, their relatives or other members of the public:</p> <ul style="list-style-type: none"> <li>• N° of respondents: 2,637</li> <li>• Disabled: 42%</li> <li>• Non-disabled: 36%</li> </ul> <p>From managers:</p> <ul style="list-style-type: none"> <li>• N° of respondents: 2,627</li> <li>• Disabled: 26%</li> <li>• Non-disabled: 14%</li> </ul> <p>From other colleagues:</p> <ul style="list-style-type: none"> <li>• N° of respondents: 2,617</li> <li>• Disabled: 30%</li> <li>• Non-disabled: 20%</li> </ul>

Metric	Description	Notes
<b>Metric 4b</b>	Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	<ul style="list-style-type: none"> <li>• N° of respondents: 1,141</li> <li>• Disabled: 48%</li> <li>• Non-disabled: 52%</li> </ul>
<b>Metric 5</b>	Percentage of disabled staff compared to non-disabled staff believing the Trust provides equal opportunities for career progression or promotion	<p>Question from staff survey—higher percentages better</p> <ul style="list-style-type: none"> <li>• N° of respondents: 1,808</li> <li>• Disabled: 79%</li> <li>• Non-disabled: 81%</li> </ul>
<b>Metric 6</b>	Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	<p>Question from staff survey—higher percentages worse</p> <ul style="list-style-type: none"> <li>• N° of respondents: 1,524</li> <li>• Disabled: 30%</li> <li>• Non-disabled: 23%</li> </ul>
<b>Metric 7</b>	Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	<p>Question from staff survey—higher percentages better</p> <ul style="list-style-type: none"> <li>• N° of respondents: 2,651</li> <li>• Disabled: 39%</li> <li>• Non-disabled: 55%</li> </ul>
<b>Metric 8</b>	Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work	<p>Question from staff survey—higher percentages better</p> <ul style="list-style-type: none"> <li>• N° of respondents: 179</li> <li>• Trust score: 74%</li> </ul>
<b>Metric 9a</b>	Staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score for the organisation	<p>One of 10 staff survey themes scored from 0–10</p> <ul style="list-style-type: none"> <li>• N° of respondents: 2,742</li> <li>• Disabled: 6.9</li> <li>• Non-disabled: 7.4</li> <li>• Overall Trust score: 7.3</li> </ul>
<b>Metric 9b</b>	Has your trust taken action to facilitate the voices of disabled staff in your organisation to be heard (yes or no)?	<p>Yes—Trust had disabled staff start/finish a task group which helped produce the <i>Maintaining the Employment of People with Disabilities: Guidance for Line Managers</i></p>
<b>Metric 10</b>	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: <ul style="list-style-type: none"> <li>• By voting membership of Board</li> <li>• By executive membership of Board</li> </ul>	<p>Make-up of Trust Board including non-executive directors by disability:</p> <ul style="list-style-type: none"> <li>• Executive Board: 0%</li> <li>• Overall workforce: 2%</li> </ul>

## Appendix 4: Improving Equality, Diversity and Inclusion Action Plan years 2–3

The Trust's year 1 race equality plan has been updated to reflect our priorities for the next 2 years of our 3-year plan. It focuses on a shift from our commitment to ensuring processes are in place to treat staff fairly, equally and free from discrimination, to ensuring all staff are provided with a positive working environment. Therefore, as well as embedding and reviewing the processes implemented in year 1, the plan focuses on creating a safe, inclusive work culture. This includes learning to listen more and understanding the lived experiences of our staff.

### Our vision and success measures

- Leadership commitment at all levels for the equality, diversity and inclusion agenda
- Influential staff networks for BAME, LGBTQ+, Women and Disability operating and having a voice in the organisation
- Improving our key metrics for WRES/WDES/gender pay gap to be among the best performing Trusts nationally
- Significantly improving our staff survey results for EDI, harassment and bullying

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
<b>Objective 1: Continue to embed the Board's and senior managers' commitment to improving equality, diversity and inclusion</b>				
1. The Board and Executive Cabinet sign-up to, and sign-off, the Year 2 and 3 of the Action Plan and pledge commitment to delivery	End Q2 2020	Staff, are clear of the Board commitment to provide a fair, inclusive and non-discriminatory work environment	Staff experience Q9b, Q9c, Q9d Commitment is published	Board executive
2. All ward/ department managers and heads of services to be able to talk to their staff about the board commitment	End Q4 2020	Improve staff awareness of the commitment to be a fair and inclusive employer	Staff experience Q9b, Q9c, Q9d	Board executive
3. The Board, executive and senior managers participate in development and mandatory training on race equality, and compassionate and inclusive leadership annually	End Q4 each year	Increased awareness amongst senior staff of diversity, inclusion issues and changes in leadership behaviour where appropriate	Staff experience Q9b, Q9c, Q9d Evidence of training CQC well-led domain	Board executive
4. All senior and middle managers to have an objective to embed inclusion as part of the appraisal process	Q4 2020	The Board, executive cabinet and senior managers act as role models for equality and inclusion	Staff experience Q9c, Q9d	Board executive

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
5. All executives and senior managers to participate in reciprocal mentoring for inclusion programme	Q2 2020	The executive and senior managers are mentored by a member of staff from an under-represented group to get a deep understanding about the lived experience of staff in the organisation. Create a safe environment to have uncomfortable conversations.	Staff experience Q9, Q9a, Q9d	Board executive
6. Share learning and celebration of staff participating in reciprocal mentoring scheme	Q4 2020	To determine benefits of reciprocal mentoring scheme and positive experiences	Staff experience Q9, Q9a, Q9d	Deputy director of people and OD
7. Ongoing communication programme to facilitate conversations about inclusivity and specific issues on race, LGBTQ+ and disability among senior managers	End Q4 2020	Increased awareness for managers of the BAME/LGBTQ+/Disability/Women's staff experience	Staff survey Q9c, Q9d	Director of HR and OD
8. Trust people strategy to include the key equality, diversity and inclusion outcomes aligned to NWL tackling inequalities and creating inclusive cultures/workstreams	End Q4 2020	Staff and managers understand the work to be undertaken over the next 3–5 years and key measures for improvement over period agreed	Staff experience Q9a, Q9d, Q14 WRES/WDES/GPG	Director of HR and OD
<b>Objective 2: Develop influential staff networks for BAME, LGBTQ+, Women and Disability</b>				
1. Develop regular feedback/listening events for staff attending the networks and undertake 'look forward' surveys to assess how the Trust can support staff using lessons learnt	End Q1 2020 and every quarter	BAME staff share what they want from a BAME network and are involved in its creation	Staff experience Q9c, Q9d	Network chairs
2. Ensure terms of reference and governance arrangements for the networks	End Q1 2020 and annual review	Provides an opportunity for the Board and executive team to engage directly with BAME/LGBTQ+/Disabled/Women about their experience		EDI manager/ network chairs
3. Launch the Disability network	End Q3 2020	Provides a voice for disabled staff in the organisation	Staff experience questions WDES score	EDI manager/ network chairs
4. Produce and develop calendar of significant events for BAME/LGBTQ+/Disabled/Women staff communities	End Q4 every year	Improve staff experience through celebrating difference	Staff experience Q14	EDI manager/ network chairs

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
5. Develop a communication strategy for the staff networks	End Q2 2020 and every quarter	Provides an opportunity for staff to directly influence Trust strategy		EDI manager/ network chairs/ communications staff engagement lead
6. Establish resources (financial and time) required to support network officers to effectively carry out roles	Q2	Network officers support chair attending meetings, planning and undertaking network activities, producing network work plan and contributing to EDI plans	Improvement in impact and effectiveness of network and providing personal development opportunities for network officers	Director of HR and OD
7. Network chairs to produce an annual report to update the people and OD committee	Q1–Q4 all scheduled dates	Communicate work and output from staff networks		Network chairs
8. Set meetings/agenda/reporting structures	Q1–Q4	The network has a demonstrable impact on the culture of the Trust		EDI manager/ network chairs
9. Develop annual work plan with detailed action plan	Q1–Q4	Record and evidence work from network and enable visibility of work plan		EDI manager/ network chairs and officers
10. Celebrate success of BAME/LGBTQ+/ Disabled/Women in the organisation	End Q2 2020	Increase awareness of all staff's contribution to the Trust	Staff experience Q9, Q9a, Q9d	
<b>Objective 3: Ensure fairness in Trust disciplinary, grievance and performance management processes</b>				
1. Review the impact of the disciplinary checklist for BAME staff	End Q1 each year	Provides a transparent and structured approach to the disciplinary process and a reduction in the number of staff going through the disciplinary process	WRES indicator 3	Head of employee relations
2. Articulate the lessons learned from the review of 79 disciplinary cases and implement changes in approach as required	End Q2 each year	Themes are understood and guide revisions in process	Staff survey Q15	Head of employee relations
3. Identify and train interview experts from BAME backgrounds staff to support and participate in disciplinary panels contribute and participate in training events	End Q3 2020	A sustained reduction in actual or perceived discrimination against BAME staff	Staff survey Q12, Q13, Q15c WRES indicators 5, 6, 8	Head of employee relations

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
4. Undertake an analysis of the application of use of performance management processes across the Trust by site, staff group and protected characteristics	End Q3 2020	'Hot spots' identified and provide focus for additional support and performance process minimises bias	WRES indicators 3, 7 WDES	Head of employee relations/deputy director of people and OD
5. Develop a process for "check and challenge" for the review of probationary "failures"	Q3 2020	Reduce the number of staff failing the probation process	Reduction in number of all staff and, particularly, BAME staff impacted	Head of employee relations
6. Introduce the resolution framework to approach employee relations issues informally	Q3 2020	Reduction in formal ER cases Reduction in BAME staff entering the formal disciplinary process 'Supportive conversations' handled through mediation Managers have increased cultural awareness	WRES indicators 3, 5 Staff survey questions Reduction in formal cases Staff experience	Deputy director of people and OD
<b>Objective 4: Ensure fairness of recruitment processes and progression opportunities for under-represented staff</b>				
1. Embed new recruitment processes to make sure that they are fair and equitable throughout the pathway from JDs to post-interview processes with new guidance promoted	Q2 2020	Competency-based and non-discriminatory selection practices are used by the Trust	Staff survey Q14 WRES indicator 2	Head of resourcing/deputy director of people and OD
2. Further roll-out of EDI champions from all protected characteristic to participate in panels bands 6–7	Q3 2020	To ensure check and challenge of potential biases within the interview process	Staff engagement score in staff survey	Head of resourcing/deputy director of people and OD
3. Develop a process and associated guidance to ensure that unsuccessful internal candidates for band 8a roles initially and then Band 7 and above receive support when applying for roles and feedback and an associated personal/career development plan	End Q3 2020	Processes in place to track the career progression of BAME and other under-represented groups	WRES indicators 1, 2 Staff survey Q19f WDES indicator 2	Associate director of learning and OD

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
4. Develop a consistent approach and process for providing 'stretch' opportunities for under-represented staff and BAME representation is included on senior leadership development selection panels	End Q2 2020	Opportunities are provided to BAME staff for professional, career development and increase in numbers of BAME staff applying and getting on leadership courses	Staff experience Q4, Q5, Q19f Formal monitoring and reporting to be included as part of evaluation process	Associate director of learning and OD
<b>Objective 5: Address the negative experience that BAME and other groups have of bullying and harassment</b>				
1. In partnership with staffside, networks and FTSU guardian, review and triangulate hard and soft intelligence regarding staff experience of bullying and harassment	End Q2 2020	Understand themes or areas of greater reporting of bullying and harassment	Staff survey Q14 WRES indicator 6 WDES indicator 4a	Deputy director of people and OD
2. Develop a comprehensive set of interventions to address the issues emerging from the review	Q3 2020	A sustained reduction in actual or perceived discrimination against BAME/disability	Staff survey Q12, Q13, Q15c WRES indicators 5, 6, 8	Deputy director of people and OD
3. Develop a zero tolerance to 'racism' reported by staff	End Q3 2020	Reduce impact of aggression from patients to all BAME staff	Staff experience Q4, Q5	Security manager/site director of nursing
4. Hold 6-monthly focus groups with staff who have reported violence and aggression	Q4 2020	Provide support and identify root causes to find practical solutions to reduce incidents of violence and aggression and improve staff experience	WRES indicators 5, 6	Violence and aggression lead
5. Annual report on violence and aggression experienced by staff	Q1 2021	Identify root causes to identify solutions to reduce violence and aggression from patients and staff on staff	WRES indicators 5, 6	Violence and aggression lead
6. Develop and educate managers on how to support staff who have experienced racially motivated violence and aggression	Q4 2020	Improve support of staff who have experienced racial/homophobic/other abuse	Staff experience Q4, Q5 WRES indicator 5	Violence and aggression lead

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
<b>Objective 6: Embed a culture of inclusion and compassion</b>				
1. Undertake deep dive into EDI metrics/ WRES/WDES/GPG	Q4 2021	Develop action to move the needle on cultural indicators	WRES indicators 5–8 WDES/GPG	Deputy director of people and OD
2. Identify leaders to support areas which may required to transform workplace cultures	Q4 2020	CW leaders who understand the causes of the distress of difficulties staff experience	WRES indicators 5–8	Deputy director of people and OD
3. Raise awareness of responsibility of all managers for the culture of the organisation	Q4 2020	Leaders embody compassion in their leadership, and that means for behaviours	Staff Experience	Associate director of learning and OD/deputy director of people and OD
4. Identify areas of focus within the organisation, such as divisions and, where possible, departments/wards	Q4 2020	Target areas to focus support and cultural transformation work	WRES indicators 5–8	Deputy director of people and OD
5. Buddy with NELF (organisation with improved WRES metrics)	Q3 2020	Shared replicable good practice models of improvement	WRES indicators 5–8	Deputy director of people and OD
6. Communicate to the public the Trust zero tolerance of violence and aggression to our staff	Q3 2020	Reduce abuse and harassment from patients	WRES indicators 5–8	Deputy director of people and OD/chief nurse

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
<b>Objective 7: Understand the impact of COVID-19 on specific staff groups and the underlying health inequalities to ensure all staff are kept safe and well at work</b>				
1. Ensure that all risks are mitigated for staff through individual risk assessments/ workplace assessments/access to health and well-being services by ensuring they are culturally sensitive.	Q3 2020	<p>Ensure the health and wellbeing of those disproportionately impacted by COVID-19</p> <p>Pro-active use of information from risk assessments about the health of our workforce to promote better health</p> <p>Culturally sensitive services</p> <p>Proportionate take up of counselling/EAP/psychological support services by BAME staff and men which are known to be under-represented</p>	<p>Staff survey Q11</p> <p>Health and wellbeing</p>	Director of HR
2. Understand lived experiences of specifically BAME staff adversely affected by COVID 19 pandemic working at the Trust	Q3 2020	<p>Staff are able to have conversations about and participate and contribute to changes needed that they have personally experienced</p>	<p>Staff survey Q11</p> <p>Health and wellbeing</p> <p>Specific survey—BAME network</p>	BAME network chair/deputy director of people and OD





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