

***proud***  
***to care***

# Equality, Diversity and Inclusion Annual Report

2021 - 2022

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## FOREWORD

At Chelsea and Westminster Hospital NHS Foundation Trust, we want all our people and patients to feel they belong to an organisation that puts people's unique voice, needs and experience at the heart of our thinking. 2022 was the second year of our 3 year EDI plan, which signalled our ongoing commitment to inclusive services and employment for our patients and staff. A huge part of this was listening more, understanding the lived experiences of our staff and taking action.

We are PROUD of the work we have done and we are making progress, yet we recognise that we have more to do to address some persistent challenges. From our patients to our staff, we are looking at the whole picture and we continue asking ourselves challenging questions about equality, diversity and inclusion (EDI).

We responded to our Public Sector Equality Duty (PSED) and strived towards agreed equality objectives. We are PROUD to share this report in which we provide:

- A summary of steps taken and progress made throughout 2022
- Key findings from our national reporting requirements and equality monitoring information
- A summary of key successes towards our equality and inclusion aspirations
- An overview of future plans for 2022/23

We know that for us to be truly responsive to the unique needs of our patients and staff, we must take account of account people's diverse needs. We must be open, honest and embrace conversations about diversity and inclusion. We must go beyond equity, to truly valuing people and reflecting this in our behaviours.

We undoubtedly have more work to do. Our plans are expansive, we are determined and we know that true transformation requires something different from us.

When it comes to our EDI journey, we are PROUD.

## SECTION 1: Introduction

### About us



Chelsea and Westminster Hospital



West Middlesex Hospital

Chelsea and Westminster Hospital NHS Foundation Trust is one of the top ranked and top performing hospital trusts in the UK. We employ more than 7,000 staff over our two main hospital sites—Chelsea and Westminster Hospital and West Middlesex University Hospital—and across 12 community-based clinics within North West London.

We pride ourselves in providing outstanding care to a community of more than 1.5 million people.

Both hospitals have major A&E departments, treating over 300,000 patients each year. The Trust is the second largest maternity service in England, delivering over 11,000 babies every year. Our specialist care includes the world-renowned burns service, which is the leading centre in London and the South East, we run Chelsea Children's Hospital with paediatric inpatient and outpatient services, and our specialist HIV and award winning sexual health care services.

In partnership with CW+ our hospital charity, we build and enhance clinical facilities to create an outstanding care environment for our patients and for our staff. We are growing our existing portfolio of innovation projects and our reputation in this field, to become a national leader for innovation within the NHS.

Through the Health and Care Partnership (HCP) in both North West and South West London, we work as a wider health system to drive improvements to care, and to deliver integrated care in Hammersmith and Fulham, Hounslow and West London and beyond.

### Our Strategic Objectives

Our Board-agreed strategic priorities have remained the same as the previous year:

#### **Strategic priority 1: Deliver high-quality, patient-centred care**

Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department, and their experience and quality of care will be second to none.

#### **Strategic priority 2: Be the employer of choice**

We will provide every member of staff with the support, information, facilities and environment they need to develop in their roles and careers. We will recruit and retain the people we need to deliver high-quality services to our patients.

### Strategic priority 3: Delivering better care at lower cost

We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources (financial and human, including staff, partners, stakeholders, volunteers and friends).

Towards our people strategic objective to 'be the employer of choice', our aim is to ensure our people can provide great care for our patients and communities because they have the skills, tools and capacity to do their job in environments that are inclusive and supportive. This Equality, Diversity and Inclusion (EDI) Annual Report summarises the progress we made in 2021-2022, towards this aim.

### Our values



### Our values

Our Trust values demonstrate the standard of care and experience patients and members of the public should expect from any of our services.

These values, which bring together the former values of both Chelsea and Westminster and West Middlesex hospitals, form the mnemonic **PROUD**:

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

We challenge each other in our day to day practice, so that our behaviours and interactions are truly reflective of our PROUD values. In so doing, we continue to build on a culture that respects and values individual differences and where people develop and maximise their true potential.

### Our Public Sector Equality Duty

As a public sector acute care service provider, we must comply with the Public Sector Equality Duty (S149) within the Equality Act (2010), which requires public bodies to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
2. Advance equality of opportunity between people who share a protected characteristic and those who do not
3. Foster good relations between people who share a protected characteristic and those who do not

We take our duty seriously, but we want to go beyond compliance to truly valuing people and being inclusive. This is the thinking led to our agreed Trust's equality objectives.

### **Our equality objectives**

In 2021, we established our 3 year Equality, Diversity and Inclusion plans and we committed to the following objectives for 2022:

1. Reinforce Leadership teams' commitment to Equality, Diversity and Inclusion
2. Develop our staff networks
3. Improved staff experience reflected in improvements to our key metrics for WRES/WDES/Gender Pay Gap, aiming towards best performing, nationally and
4. Eliminate harassment and bullying

We made good strides and are proud to share some of our key successes, summarised in section 5 of this report.

## **SECTION 2: How we use equality data**

### **The data we collect**

People who come into contact with our organisation, either for care and treatment or employment are asked for their personal details as well as questions about protected characteristics such as age, disability, ethnicity and sexual orientation. We collect this data, known as equality monitoring information, for equality monitoring purposes. Analysing and understanding this data helps us respond to people's individual needs

The information we receive or write down about people is securely and confidentially stored on our electronic patient record or electronic staff record (ESR). Data extracted for analysis in this report is anonymised and used only to identify and respond to any findings, particularly those affecting minority and disadvantaged groups which share certain protected characteristics.

We must respond to a range of national standards relating to workforce equality for which that we must provide data and demonstrate compliance and progress annually. These are currently:

1. Equality Delivery System (EDS2),
2. Workforce Race Equality Standard (WRES),
3. Gender Pay Gap (GPG),
4. Workforce Disability Equality Standard (WDES) and
5. Accessible Information Standards (AIS)

The next section provides a summary of our compliance and key findings.

## Equality Delivery System (EDS2)

The Equality Delivery System (EDS2) is a mandatory equality framework that NHS organisations use to review their performance in improving access, experience and outcomes for people with protected characteristics as defined in the Equality Act (2010). Also used to support NHS organisations towards their Public Sector Equality Duty, the goals and outcomes within EDS2 relate to the issues that matter to people using services, the workforce and the wider public.

EDS2 outlines 18 outcomes, grouped under 4 goals, that NHS organisations assess and grade themselves against equality objectives.

The 4 groupings are:

1. Better health outcomes,
2. Improved patient access and experience,
3. A representative and supported workforce and
4. Inclusive leadership.

Goals 1 and 2 focus on how Trust services meet our population's needs. Goals 3 and 4 focus on the Trust's workforce.

The four grading options used are:

<b>Undeveloped</b> (i.e. no evidence of activity for protected groups)	<b>Developed</b> (i.e. evidence of activity (often good) but not for all protected groups)	<b>Achieving</b> (i.e. good evidence of activity for most protected groups)	<b>Excelling</b> (i.e. good evidence of activity for all protected groups)
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The COVID-19 pandemic, residual impact and recovery throughout 2021/22 brought many lessons for our Trust. Where it highlighted inequality, inequity and negative impact across protected characteristics, nationally, our immediate focus remained on safety, wellbeing and belonging. As we navigated through recovery, we committed to an overhaul of our approach to EDS at a time we also started as preparing a transition to the revised framework, EDS 2022. We are in good stead, and once EDS 2022 is officially released, we will undertake a whole regrade, which we anticipate to coincide with the end of our 2021/23 EDI action plan. We continually monitor our work through robust internal governance and we are confident that there are no areas in which we are undeveloped.

## Workforce Race Equality Standards

The Workforce Race Equality Standard (WRES) is an annual submission completed by all NHS healthcare providers. It compares information against nine key metrics regarding the experiences of Black, Asian and minority ethnic staff compared to white staff within the Trust.

Key findings from our Trust's WRES report as at 31<sup>st</sup> March 2022 are:

- 49% of staff declared their ethnicity as being from a Black, Asian and minority ethnic background. 7.4 % of staff preferred to not declare their ethnicity.



- There were 444 BME staff in Agenda for Change roles from band 7 up to VSM and 577 BME staff in medical and dental roles.
- BAME staff were 1.72 times less likely to be appointed into senior roles (Band 7 and above) from shortlisting, compared to white staff.
- BAME staff were 1.77 times more likely to undergo the formal disciplinary process compared to white staff.
- BAME staff were 0.90 times less likely to access non-mandatory training and CPD compared to white staff.
- BAME voting Board members made 30.0% of the voting Trust Board membership.
- BAME staff are less likely than white staff to experience harassment, bullying or abuse from patients, their relatives or the public (BAME: 36.3 % / White: 37.1%).
- BAME staff are 3.4% more likely than white staff to experience harassment, bullying or abuse from staff (BAME: 29.4% / White: 24.3 %).
- 46% of BAME staff believe that the Trust offers opportunities for career progression or promotion, compared to 59.7 % of white staff respondents.
- 16.8 % of BAME had experienced discrimination at work from a manager or colleague, compared to 7.8% of white staff.

Our WRES data for 2021-22 has showed some improvements in the experience of BAME staff across all indicators. However, work continues towards reducing the disparities. Importantly, with 49 % of employees being from BAME background, a 3% increase from 2021 figures, we continue efforts to ensure this is reflected evenly in senior roles and across professional groups.

The full WRES report can be viewed on [Microsoft Word - WRES Report - 21-22 Final Web version \(chelwest.nhs.uk\)](https://www.chelwest.nhs.uk/wres-report-21-22-final-web-version)

## Gender Pay Gap

The Gender Pay Gap (GPG) report consists of a set of calculations which enable organisations to identify the mean and median differences in hourly earnings between men and women. Organisations with over 250 employees must publish this information each year, using a snapshot date of the most recent 31<sup>st</sup> March 2022. Our key findings were:

- The gender balance at Executive Director level is 50% female and 50% male compared to the overall workforce profile of 75% female and 25% male.
- This is the fifth year the Trust has published a gender pay gap report showing a reduction of 0.9% in the mean and an increase in 1.1% in the median pay gap.
- A pay gap exists of 15.5% when expressed, equating to a difference of £4.19p/hr as a mean average. As a median average, this figure is 12.5% and equates to a difference of £2.95.
- The average bonus pay gap as a median average was £7,238 for males and £9,048 for female staff. Therefore, the bonus gap differentiation between genders is £1,809 towards female staff.



- Over the last 5 years since the first GPG report, we have reduced our GPG by 5.5% from a starting point of 20.5% in 2017/18. We report a 1% reduction this year.

We started targeted review of our wellbeing support to include programmes that help alleviate some of the problems that traditionally present a barrier for career progression for women. For example, we looked at child care, menopause support and financial wellbeing offers. We made strides in Timewise accreditation towards being a flexible employer, thereby helping address some of the long standing barriers for women in work. We look forward to collaborative work with the Women's Staff Network over the next year.

The full Gender Pay Gap report can be found at [Microsoft Word - Gender Pay Gap Report - 21-22 Final web version \(chelwest.nhs.uk\)](https://www.chelwest.nhs.uk/microsoft-word-gender-pay-gap-report-21-22-final-web-version)

## **Workforce Disability Equality Standards**

The Workforce Disability Equality Standard (WDES) is a set of ten key measures (metrics) which enable NHS organisations to compare the workplace and career experiences between disabled and non-disabled staff. Key findings from our WDES data as at 31<sup>st</sup> March 2022 were:

- Disability declaration increase rate on ESR was 2% and remain between 2% 3% year on year.
- There is less than 1% increase in the 'not declared' and 'unspecified' categories compared to 2020/21.
- The relative likelihood of a staff member without a disability being appointed from shortlisting compared to a staff member with a disability is 1.74 times more likely.
- The relative likelihood of disabled staff entering a formal capability process is 1.95 times more likely, compared to staff who are not disabled.
- 46% of disabled staff experienced bullying, harassment and abuse from service users and members of the public, compared to 35% of staff without a disability.
- 19% of disabled staff experienced bullying or harassment from their line manager, compared to 13% of staff who are not disabled.
- 32% of disabled staff experienced bullying or harassment from other work colleagues, compared to 22% of staff without a disability.
- 42.3 % of staff with a disability felt they had equal access to career progression, compared to 54.4% of staff without a disability.
- 36.7% of staff with a disability felt pressured to come to work by their line manager, compared to 25.9% of staff without a disability.
- 65.1 % of staff with a disability felt that the Trust had put in place sufficient reasonable adjustments
- Disabled voting Board members made 10.0% of the voting Trust Board membership.

Work continues to narrow the disparities and we see improvement from the year before. Notably, we saw an increase in the number of job applicants declaring a disability, rising to 31% of all applicants, up from 3% in 2020/21. The percentage of those appointed has also

gone up to 15% from 3% the previous year. Our efforts will be helped by the steps we are taking to upgrade from Disability Confident status (L2) to Disability Leader status (L3).

The full Workforce Disability Equality Standard report can be found [Microsoft Word - WDES Report - 21-22 Final web version \(chelwest.nhs.uk\)](#)

## **Accessible Information Standards**

Since 2016, NHS organisations have been legally required to comply with the Accessible Information Standard (AIS). The AIS aim to ensure that people who have a disability or a sensory impairment are able to access communication materials in the way they require, and are given information in a format they can understand. The AIS outlines the need to identify, record, flag, share and meet the communication and information needs of people using Trust services and their carers.

We have several structures, tools and resources in place that we continually assess for efficacy. Notably, we strengthened our governance when we reviewed our Accessible Informal Standards policy in May 2021 and our Interpreting and Translating policy in 2022. As of 1<sup>st</sup> March 2022, we outsourced our language interpreting and translation to a carefully selected provider, to ensure quality, effective and responsive services.

## **SECTION 3: Our Patients**

We aspire to provide locally-based and accessible services enhanced by world-class clinical expertise. We know that to continue providing outstanding care, we must be deliberate about patient and public engagement. Whilst we undertake many patient engagement activities in our day-to-day services, we want to do more around co-production of the services that best support our population.

Our patient experience strategies recognise people have unique needs and that we must strive for health equality. Therefore, we are deliberate about active participation of patients, carers, community representatives, community groups and the public in how services are planned, delivered and evaluated. We go broader and deeper than traditional consultation. Our approach is an ongoing process of developing and sustaining constructive relationships, building strong, active partnerships and holding a meaningful dialogue with stakeholders that mean our services are truly accessible and equitable.

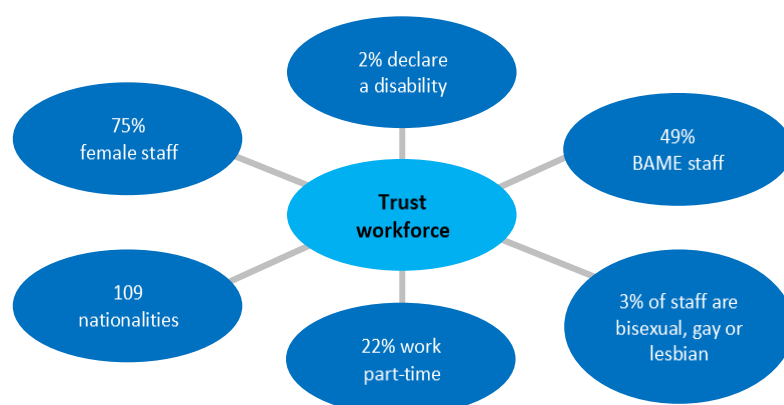
We have ambitious plans for health equality, for example, the ground-breaking Maternity Cultural Safety Champions programme, spearheaded by our Director of Midwifery.

We have made progress, but for continuous improvement, we are doing more around both staff and patient data quality, as we know staff and patient experience and outcomes are strongly linked.

## **SECTION 4: Our People**

### **Overall workforce profile**

The illustration below shows our workforce demographic profile:



## Workforce by ethnicity

Following publication of the NHS Race and Health Observatory report [The Power of Language](#), it was noted that use of acronyms such as BAME or BME should be avoided, spelled-out where possible and specific when referring to a particular community. In this report we recognise that the use of language is evolving, however we use the collective terminology BAME to refer to Black and Minority Ethnic communities in line with national reporting requirements within the Workforce Race Equality Standard.

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

The White staff 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.

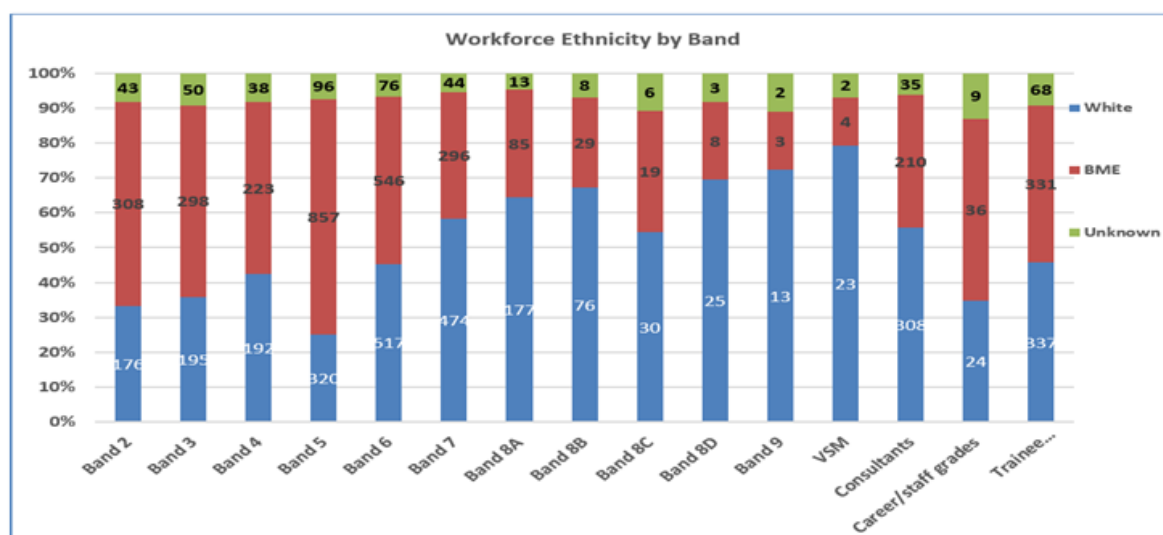
44.1% of our workforce identify as White compared to 49% being from BAME backgrounds. This compares with 44.6% and 46.9% respectively at the same point last year. 7.4% of our staff are recorded as 'not stated', broadly similar to last year.

The ethnicity profile is reflective of the population of London as illustrated here:

	Asian	Black	Mixed	White British	White other	Other
Chelsea and Westminster	24.4%	13.8%	3.8%	30.7%	12.8%	5.5%

London (2020) <sup>[1]</sup>	18.5%	13.3%	5.0%	44.9%	14.9%	3.4%
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The illustration below shows ethnicity by band, that BAME staff are over-represented in Agenda for Change (AfC) bands 2–5, and under-represented in many of the bands from 6–VSM (very senior manager).



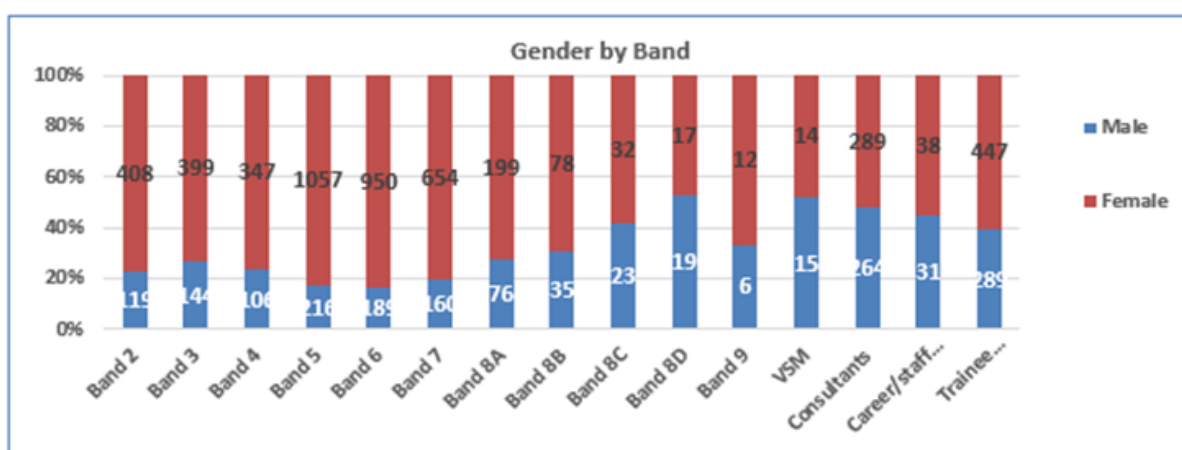
## Workforce by sex

Our workforce comprises 75% female staff and 25% male staff, similar to last year. On the ESR, we are unable to record non-binary gender which is a national NHS issue on gender reporting.

There are 3489 (75.03%) female staff, compared to 2672 (72.41%) in 2021. There are 1161 (24.97%) male staff, compared to 1018 (27.59%) in 2021.

The following illustration shows that there are more female staff in AfC bands 2–8D than male staff in each of these grades. In the medical grades, including consultant grade, there are more female staff. The very senior manager (VSM) grade is the only grade where the gender balance is in favour of male staff at 15 compared to 14 female staff.

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



### Workforce by disability

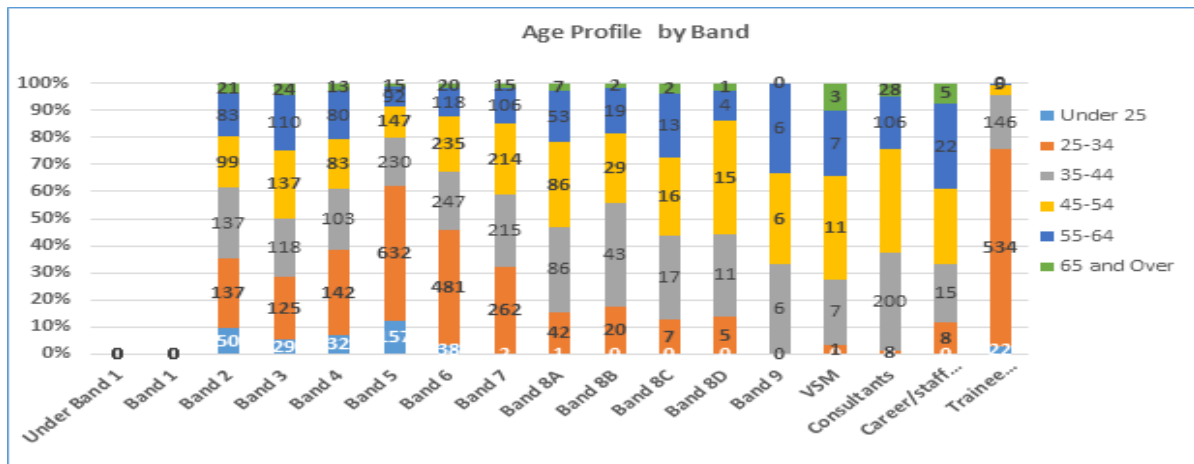
151 (2.2%) staff declared a disability, compared to 198 (5.36%) staff in 2021. However, in the annual staff survey, between 12% and 15% declare that they have a disability or a long term health condition.

Disability Declaration	Percentage 2020/2021	2021/2022	Percentage 2021/2022
No	75%	5127	77.2%
Not Declared	2%	157	2.3%
Prefer Not to Answer	<1%	10	<1%
Unspecified	20%	1188	17.9%
Yes	2%	151	2.2%
<b>Total</b>	<b>100%</b>	<b>6633</b>	<b>100%</b>

### Workforce by age

The largest workforce groups are in ages 41-50 with 1100 staff (23.67%) and ages 51-60 with 1120 staff (24.09%). The smallest proportions of the workforce are those aged 61 and above (382, 8.22%), and those aged 20 and below (79, 1.69%)

The chart below illustrates the age profile by band:



### Workforce by religion and beliefs

In 2021/22, the majority of staff who stated a religious belief identify as Christian. The percentage of staff recorded as unspecified is 14.44%, a decrease from 16.84% the previous year.

Religious belief	2020/21	Number	2021/22
Atheism	10%	748	11.2%
Buddhism	1%	78	1.1%
Christianity	43%	2908	43.8%
Hinduism	5%	351	5.2%
Islam	9%	479	7.2%
Jainism	<1%	9	<1%
Judaism	<1%	27	<1%
Sikhism	1%	102	1.5%
Did not wish to disclose religion/belief	10%	681	10.2%
Other	4%	289	4.3%
Unspecified	17%	964	14.5%
<b>Total</b>	<b>100%</b>	<b>6633</b>	<b>100%</b>

### Workforce by sexual orientation

72.34% of staff identify as heterosexual, 2.94% of staff identify as gay or lesbian and 1.03% identify as bisexual.

Declaration rates in the other sexual orientation groups have changed by less than 1% from last year. The percentage in the unspecified category is 14.44%, which has reduced from 17% last year.

	2020/2021	Number	2021/2022
Bisexual	<1%	68	1.03%
Gay or lesbian	3%	195	2.9%
Heterosexual or straight	70%	4798	72.3%
Not stated (person asked but declined to provide a response)	9%	607	9.1%
Other sexual orientation not listed	<1%	5	<1%
Undecided	<1%	2	<1%
Unspecified	17%	958	14.4%
<b>Total</b>	<b>6,495</b>	<b>6633</b>	<b>100%</b>

## **Workforce by gender re-assignment**

Data is currently not available to present information in a safe and confidential way. We however, recognise that people may undergo gender re-assignment and we will take all steps towards an accepting and inclusive culture for people undergoing / who have had gender re-assignment. This includes support structures for people to feel able and safe to disclose their information confidently.

## **SECTION 5: Delivering our Trust's equality objectives**

### **Our 2021/22 objectives**

In 2021, our three year EDI action plan was established and we committed to the following objectives for 2022:

1. Reinforce Leadership teams' commitment to Equality, Diversity and Inclusion,
2. Develop our staff networks,
3. Improved staff experience reflected in our key metrics for WRES/WDES/Gender Pay Gap, aiming towards best performing, nationally, and
4. Eliminate harassment and bullying.

The following section outlines key successes under each objective.

### **Key successes**

1. Reinforce Leadership teams' commitment to Equality, Diversity and Inclusion.

We committed to an EDI related annual appraisal objective for senior managers and this enabled progressive conversations and actions towards inclusive leadership. We retained the EDI Advisor to Board role and continued to work closely with the post holder, who advised on strategic direction of our plans. Towards representative leadership, we further developed the Diversity Inclusion Champions to aid fair interview outcomes at Band 8a and above. In collaboration with the NWL ICS, we participated in a pilot for Inclusive and Compassionate Leadership programme which included four days of training around unconscious bias, self-compassion and creating inclusive and compassionate teams, as well as three action learning sets. We were also part of The Leadership Ladder pilot, providing and enabling cross sector six-month placements for BAME staff in AfC bands 8a–8c, to increase exposure and likelihood of successful appointment into more senior roles within the ICS. We strengthened our participation and contribution as members on the North West London Inclusion Board, which focuses on equality, diversity and inclusion across the sector.

2. Develop staff networks

With residual impact of Covid 19, we recognised the importance of staff networks as sources of peer support and collective voice at a time when well-being was ever more important. We worked closely with our four staff networks: Disabled staff, LGBTQ+, BAME and Women's networks to increase reach and influence across the Trust. Key highlights include:

- Launch of the Disabled Staff Network sponsored by an executive board member.



- Started formalisation of coherent and structured support for staff networks that would establish and embed Staff Network Executive Sponsors for each of the networks.
  - LGBTQ+ Staff network submitted an application for the Stonewall Workplace Equality Index (WEI) 2022, demonstrating significant strides when benchmarked against other organisations nationally. We identified the areas of development and are determined to increase our ranking for the coming years.
  - We continued to promote our Rainbow Badge scheme reinforcement of our commitment to champion LGBTQ+ and equity for our staff and patients.
  - The Women's' Network led International Women's Day celebrations with a special programme exploring the #BreakTheBias theme.
  - We celebrated LGBTQ+ History Month 2022 with celebratory events running throughout the month including a powerful book club event.
  - The BAME network launched Black History Month Race Equality with a range of celebrations including marking the history of WRES, career planning and progression sessions and a book club.
  - The Disabled staff network successfully marked International Day for Disabled People in December 2021.
  - Commencement of joint network leads meeting on a quarterly basis to share ideas and improve smart and collaborative working.
  - Increased frequency of staff network meetings.
3. Improved staff experience reflected in our key metrics for WRES/WDES/Gender Pay Gap, aiming towards best performing, nationally

Broadly, our data demonstrated an improvement across all metrics, compared to the previous year. To sustain this, we achieved the following:

- Design of a new recruitment training programme that focusses on fair recruitment and equitable appointment practices.
- Introduction of a new PDR conversation framework that enhances quality of the conversation and encourages both line manager and individual to take practical steps towards their career progression aspirations.
- Participation in the Calibre Leadership Programme hosted by Imperial College hosted by Imperial Healthcare NHS, to support career progression for disabled staff who wish to go into senior roles.
- Targeted review of our wellbeing support to include programmes that help alleviate some of the problems that traditionally present a barrier for career progression for women. For example, we looked at child care, menopause support and financial wellbeing offers.
- Strides in Timewise accreditation towards being a flexible employer. This is part of our response to widely documented research that flexible working further reduces barriers to progression for people in underrepresented groups.
- Evaluated our Reciprocal Mentoring for Inclusion programme with a view to expand and strengthen over the coming years.

- Awarded a bid of £73k for regional funding for the Accelerated Development Transformation Fund to support development of international nurses.

The year was a challenge for monitoring our WRES, WDES, GPG aspirations as we continued to focus on after care, well-being and safety, in the aftermath of COVID-19. However, the improved indicator scores reflect the determination and efforts that continued throughout the COVID-19 recovery phase.

#### 4. Eliminate harassment and bullying

We saw an improvement in our WRES and WDES scores from 2021, a testament of the work that has gone in. Our staff survey People Promise score for 'We are Compassionate and Inclusive' was 7.2 and higher than the national average. While this is encouraging, disparities remain. 16.8% of BAME staff reported experiencing harassment and discrimination from colleagues, compared to 7.8% of white colleagues. 19% of disabled staff experienced bullying or harassment from their line manager, compared to 13% of staff who are not disabled. 32% of disabled staff experienced bullying or harassment from other work colleagues, compared to 22% of staff without a disability. In response to these findings, we embarked on a series of actions which led to the following key successes:

- Continued reduction in the overall number of formal employee relations cases, introducing Conflict Resolution approaches and Just Culture, spearheaded the ER team.
- Participation in the North West London White Allies programme.
- Developed readiness for senior-level participation in the Workforce Race Equality Standard (WRES) experts programme in the next available cohort.
- Strengthened the BAME Staff Network, including leadership stability and structures for support, and plans to relaunch the network with a refreshed focus.
- Started review of our equal opportunities policies and equality impact assessments to ensure they reflect the level of commitment to equitable experience that we aspire for.
- Launched the Disabled Staff Network to increase sources for peer support.
- Strengthened our Freedom to Speak Up service, with more people using this channel to raise their concerns.

#### **Future actions**

We strive for transformation, yet we are keen to get basics right. While we have made great strides, we want to ensure a good foundation of our EDI commitment and practice. As we go into year 3 of our EDI strategy, our focus will be on advancing our existing equality objectives, to put us in good stead for a comprehensive strategy for 2024 and beyond. A high level summary of focus for 2022 is in appendix 1.

### **SECTION 6: Conclusion**

We recognise that fulfilling our EDI plans requires transformational change from within our organisation and we must continue to embrace this in all we do to ensure better experiences for our staff, service users and people we serve. Above all, we will do this by facilitating more

feedback opportunities for staff and patients, so that we are engaging our people through a variety of methods and providing opportunities for feedback.

