



proud
to care

Equality, Diversity and Inclusion Annual Report

2022 - 2023

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FOREWORD

We are PROUD to publish our 2022/23 EDI report, highlighting our key successes over the past year and the measures we will take in 2023/24. A lot has been achieved, yet we do not become complacent towards ensuring each individual patient and member of staff, regardless of their protected characteristics, has a great experience of our services and at work respectively. Indeed, we know that many of our people are also our patients and within the wider context of population health and reducing health inequalities, it is ever more important to achieve the link between equitable and inclusive services and experience of our staff.

We know that being truly inclusive involves commitment from all individuals across the Trust. By doing so, we enhance the compassionate and inclusive culture we need to recruit and retain a workforce that represents our patients, reflects our Trust's values and in turn, continually improves patient outcomes and experience.

The following are some of the key highlights involving our work and progress in 2022/23:

- Positive NHS staff survey results under the People Promise theme “We are compassionate and inclusive”. We maintained a score of 7.2, higher than the national average.
- Our Director of Midwifery facilitated the expansion of our ground breaking Cultural Safety Champions Programme, which as a staff led initiative became the first maternity service in London to be awarded an anti-racism framework Bronze award under the NHS London Race Strategy. The incredible work by the cultural safety champions means we are in good stead for a silver award, at a time we have started work around “De-biasing Recruitment in Maternity”.
- Achieved the Veterans Gold Award through fastest progression from silver to gold of any organisation, and one of 5 Trusts in London with Gold award status.
- Significant work went into what would establish the Chelsea Centre for Gender Surgery, making our Trust the first NHS Trust to offer both medical and surgical care for gender dysphoria. Further, in recognition of its pioneering work and success, NHS England awarded us the contract to deliver Trans Plus, the first integrated gender, sexual health and HIV service to be commissioned in England.
- We established Accessible Working Group chaired by our Deputy Chief Nurse, following an extensive review by AccessAble, an external organisation that audited our estates, facilities and practices towards reasonable adjustments. The working group will progress actions from the audit and advance our journey towards inclusion for disabled patients and staff. Our Disabled Staff Network is key stakeholder in this group.
- Each of the 4 staff networks is now supported by a network endorsed “Executive sponsor”. Our BAME, Women’s and Disabled staff network leads submitted our compliance and progress workforce reports for 2022.
- Our LGBTQ+ Staff Network worked extremely hard to submit our second Stonewall Workplace Equality Index application, in which we were subsequently ranked 271 out of 403 participants, and 36 out of 56 participants for Healthcare Services.
- We achieved Time wise accreditation, marking our status as a flexible employer, so that people from underrepresented group may face less challenges in staying in work and towards career progression.
- We increased scope and equitable access to our health and wellbeing offer aimed at supporting specific groups and those at intersection, including staff who may come from poorer socio-economic backgrounds.

- We responded to widely documented research that people from under-represented groups are more likely to experience mental and physical health issues by expanding our Mental Health First Aiders (>150) and Wellbeing Champions > (80).
- Our work across the NWL sector included the Leadership Ladder programme where our Trust had 4 participants.
- In partnership with leading VR Company Kiin and CW+, we led the way when we piloted virtual reality (VR) technology to provide immersive learning experiences for staff in equality, diversity and inclusion training. This put us in good stead for further funding from the NHS Civility and Respect national team, to lead an expansion of the pilot across NWL sector.
- The Trust is now in the fifth year of Project SEARCH, with interns who have autism and/or a learning disability placed within the Trust to gain work experience and progress to future employment with us. A number of previous interns are now part of our substantive workforce.
- In December 2022, we started a refresh of our People Strategy and associated EDI objectives to prioritise areas with the biggest impact.

Further context and other key successes are highlighted throughout this report, as are our key challenges for the year ahead.

Overall, this report outlines:

- A summary of steps taken and progress made throughout 2022,
- Key findings from our national reporting requirements and equality monitoring information,
- Our key challenges and
- An overview of our future priorities.

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.

In the early part of 2023, in consultation with the members the BAME staff network voted on and agreed the new name Equality Network for Race Inclusion and Cultural Heritage (ENRICH) which is felt to be a better reflection of the diversity and multiple backgrounds of staff across the organisation. The formal name change would take place later in 2023.

SECTION 1: Introduction

About us



Chelsea and Westminster Hospital



West Middlesex Hospital

Chelsea and Westminster Hospital NHS Foundation Trust (the Trust) was founded on 1 Oct 2006 under the Health and Social Care (Community Health and Standards) Act 2003 and is a statutory body. We are one of the top ranked and top performing hospital trusts in the UK. We employ 7,000 staff over 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.

We deliver specialist and general hospital care and both hospitals have major A&E departments, treating over 300,000 patients each year. We are 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, Chelsea Children's Hospital with paediatric inpatient and outpatient services, and our specialist HIV and award winning sexual health care services.

We are active partners in the North West London integrated care system (ICS), which brings together all parts of the NHS and local authorities to focus on improving the health of the local population. Within the ICS, we are part of the North West London Acute Provider Collaborative which is focused on reducing health inequalities in acute care across North West London, through joint clinical pathways and provision of mutual aid.

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 and deliver integrated care in Hammersmith and Fulham, Hounslow and West London and beyond.

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.

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).

For our people strategic objective to '**be the employer of choice**', this report lends itself to the progress we made in 2022 - 23, towards this aim.

Our values

The Trust values are firmly embedded throughout our organisation. They outline the standard of care and experience that our patients and members of the public should expect from any of our staff and services. They are:

- **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. We want anyone who comes in contact with our organisation, be they patients, staff or members of the public, to immediately see that we are PROUD to care.

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, and

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 that underpins our agreed Trust's equality objectives, year on year.

Our equality objectives

In 2021, we established our 3 year Equality, Diversity and Inclusion plans and embarked on a series of actions throughout 2021-22. Recognising that much of the work the needs to be sustained over the long term, our 2022-23 objectives, therefore, reinforced objectives that were already in train, with renewed energy to ensure we continue achieving tangible outcomes.

We committed to:

1. Reinforced leadership teams' commitment to Equality, Diversity and Inclusion,
2. Develop our staff networks, with a shift from 'develop' to 'strengthen' the networks in 2022/23,
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.

Our key successes are 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 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 formulate our plans and 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 equality for which 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 reporting compliance and key findings.

Equality Delivery System

The Equality Delivery System 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 EDS relate to the issues that matter to people using services, the workforce and the wider public.

In 2022, as we navigated the complex pandemic recovery phase, we committed to an overhaul of our approach to EDS at a time we also started preparing a transition from EDS 2 to the revised framework, EDS 2022. This was subsequently released in summer 2023, and outlines 11 outcomes grouped under the following 3 domains:

1. Commissioned or provided services,
2. Workforce health and wellbeing and
3. Inclusive leadership.

We must assess ourselves against each of the 11 outcomes, using the following grading options:

Undeveloped activity (i.e. no evidence of activity for protected groups)	Developing activity (i.e. evidence of activity (often good) but not for all protected groups)	Achieving activity (i.e. good evidence of activity for most protected groups)	Excelling activity (i.e. good evidence of activity for all protected groups)
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With the recent release, we are now in a position to implement EDS 2022, undertaking a multi-stakeholder regrade at a time we are starting impact evaluation against our agreed 3 year EDI action plan. We continually monitor our work through robust internal governance and we are confident there are no areas in which we would emerge undeveloped.

Workforce Race Equality Standards

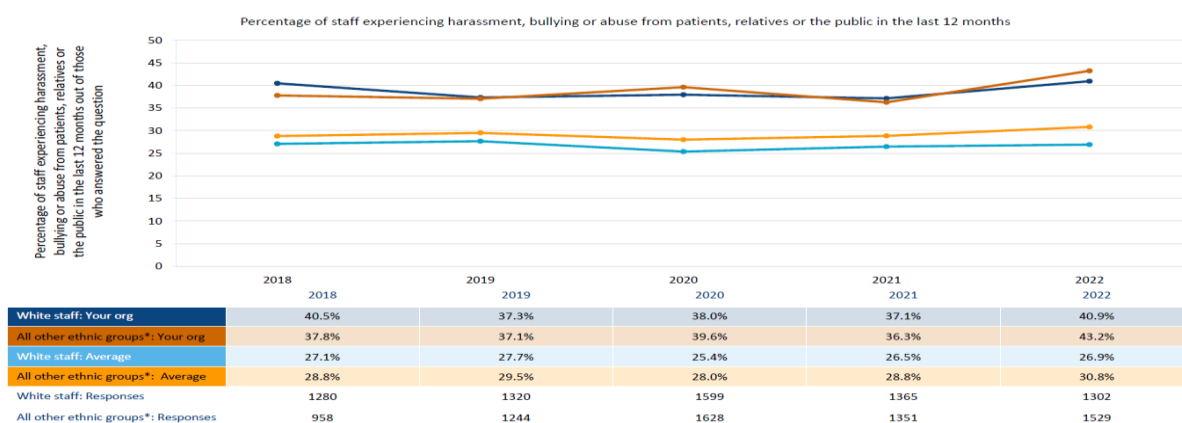
The Workforce Race Equality Standard (WRES) came into force in 2015 and is an annual submission completed by all NHS healthcare providers. It compares information against nine key metrics regarding the experiences of Black, Asian and minority ethnic staff compared to white staff within the Trust.

Key findings from our Trust's WRES report as at 31 March 2023 and in comparison to previous years are illustrated in the table below. Areas where there has been improvement from last year are highlighted in green.

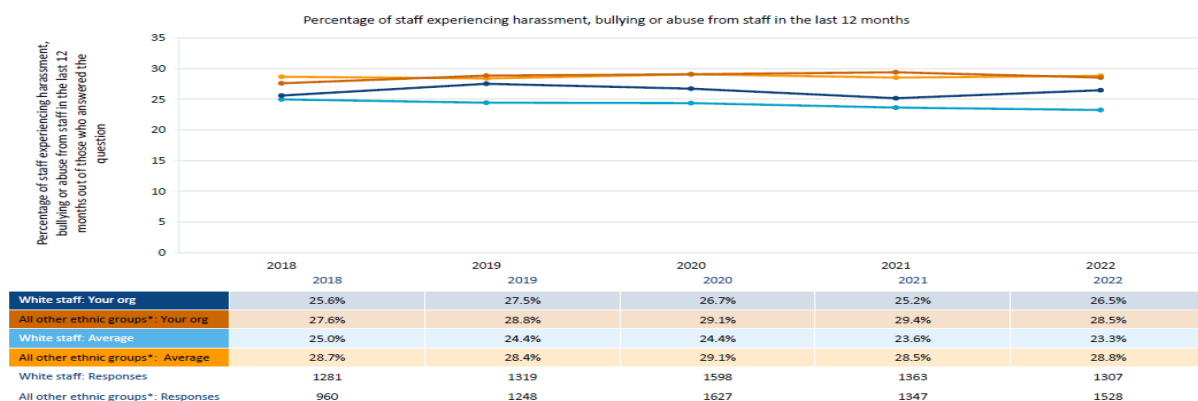
WRES indicator score	Trust score 2023	Trust score 2022	Trust score 2021	Trust score 2020	Trust score 2019	Trust score 2018	Trust score 2017
2 – likelihood of appointment following shortlisting (non-BAME staff)	1.71 Times more likely	1.72 Times more likely	1.60 Times more likely	1.40 Times more likely	1.60 Times more likely	1.66 Times more likely	2.40 Times more likely
3 – likelihood of BME staff entering formal disciplinary process	1.56 Times more likely	1.77 Times more likely	1.91 Times more likely	2.41 Times more likely	2.65 Times more likely	2.49 Times more likely	2.84 Times more likely
4 – likelihood of access to non-mandatory training/CPD (non-BAME staff)	0.90 Times more likely	0.90 Times more likely	1.08 Times more likely	1.03 Times more likely	0.99 Times more likely	1.03 Times more likely	1.08 Times more likely
9 – BME Board Representation (where ethnicity declared)	27.3%	27.3%	23.1%	5.0%	5.0%	10.5%	13.3%
9 – BME Voting Board Representation (where ethnicity declared)	30.0%	30.0%	27.3%	5.9%	5.9%	7.7%	9.1%

Further, key findings from the staff survey results incorporated into WRES reporting are illustrated below:

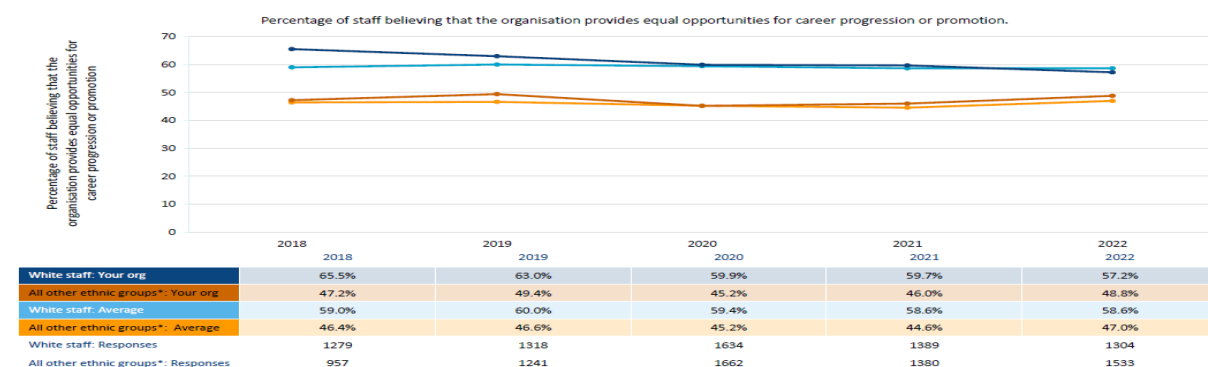
BAME staff are more likely than white staff to experience harassment, bullying or abuse from patients, their relatives or the public (BAME: 43.2 % / White: 40.9%).



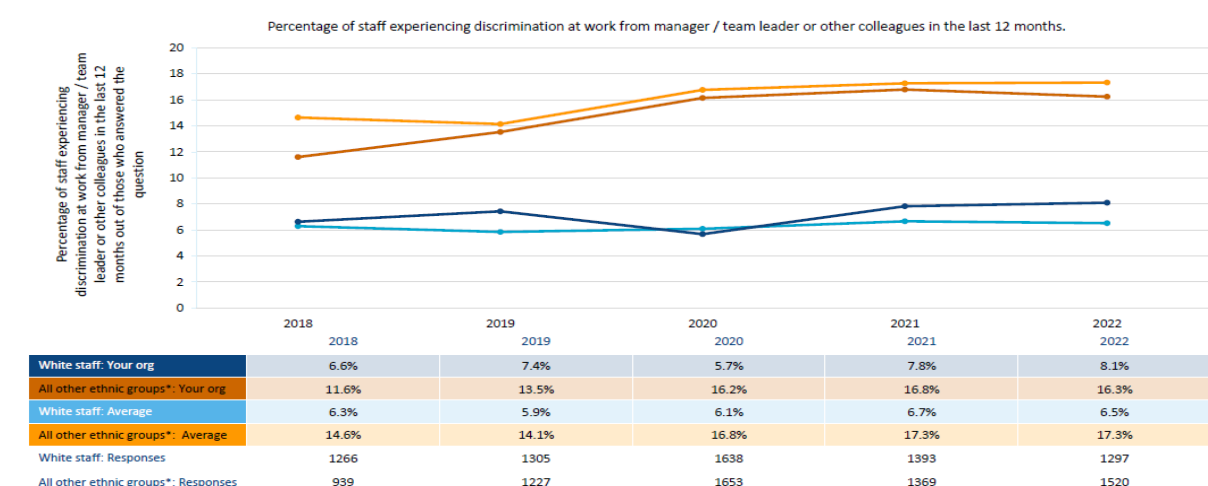
BAME staff are 3.4% more likely than white staff to experience harassment, bullying or abuse from staff (BAME: 28.5% / White: 26.5%).



48.8% of BAME staff believe that the Trust offers opportunities for career progression or promotion, compared to 57.2 % of white staff respondents.



16.3 % of BAME had experienced discrimination at work from a manager or colleague, compared to 8.1% of white staff.



Generally, our WRES data and staff survey scores have fluctuated over the years, with linear improvement over the last three. However, disparities remain and work must continue towards elimination of these. This is especially so, as more than half of our people are from a BAME background 51.29%, an increase from 49% last year.

This data has been shared with BAME staff network for collaborative solution planning. The focus will remain on fair recruitment, career progression, harassment and bullying and referral to formal disciplinary action.

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 data of the most recent 31 March 2023. Our key findings were:

- Women's median hourly rate of pay is 12.5% lower than men's. This translates to female staff earning 88p for every £1 that male staff earn.

- When comparing mean (average) hourly pay, women's mean hourly pay is 15.5% lower than men's.
- Women occupy 74.4% of the highest paid jobs and 61.5% of the lowest paid jobs.
- For the bonus pay gap, women earn £1.25 for every £1 that men earn when comparing median bonus pay. Their median bonus pay is 25% higher than men's.
- When comparing mean (average) bonus pay, women's mean bonus pay is 21.7% lower than men's. For the purpose of this report, the bonus payments are those made to consultants in the form of clinical excellence awards (CEAs), discretionary points and distinction awards.
- 1.4% of women received bonus pay, compared to 5.1% of men.

Work continued on our wellbeing offer to include support that help alleviate some of the problems known to traditionally present a barrier for career progression for women. We continued provision of 'Back up Care' for emergency child care support and introduced menopause support and financial wellbeing offers. Our Time wise accreditation as a flexible employer reinforced our commitment to address some of the known long standing barriers for women in work. This data has been shared Women's Staff Network, for collective solution planning over the next year.

The full Gender Pay Gap report can be found at:

<https://gender-pay-gap.service.gov.uk/EmployerReport/ACgjr8QI/2022>

Workforce Disability Equality Standards

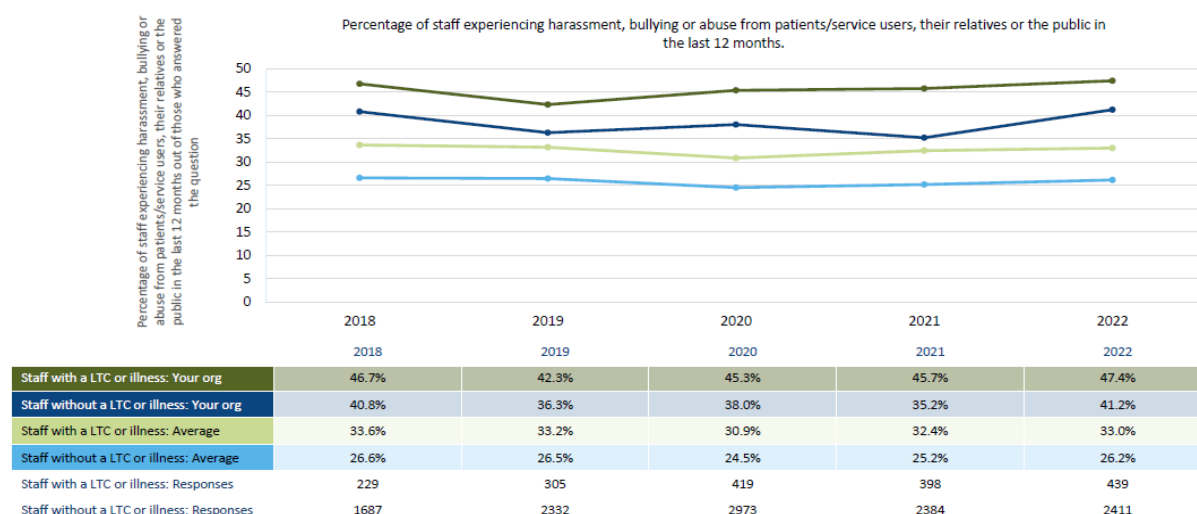
The Workforce Disability Equality Standard (WDES) came into force on 1st April 2019 and is a set of ten key measures (metrics) which enable NHS organisations to compare the workplace and career experiences between disabled and non-disabled staff. Key findings from our WDES data as at 31 March 2023 and in comparison to previous years were:

WDES indicator score	Trust score 2023	Trust score 2022	Trust score 2021	Trust score 2020	Trust score 2019
2 – likelihood of non-disabled staff being appointed following shortlisting compared to disabled staff	1.14 Times more likely	1.74 Times more likely	1.54 Times more likely	1.09 Times more likely	1.20 Times more likely
3 – likelihood of disabled staff entering the formal capability process	0.0 Times more likely	1.95 Times more likely	3.89 Times more likely	2.24 Times more likely	2.04 Times more likely
8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	68%	65.1%	69.3%	75.4%	78.0%
9 – Board voting membership	0%	10%	0%	0%	0%

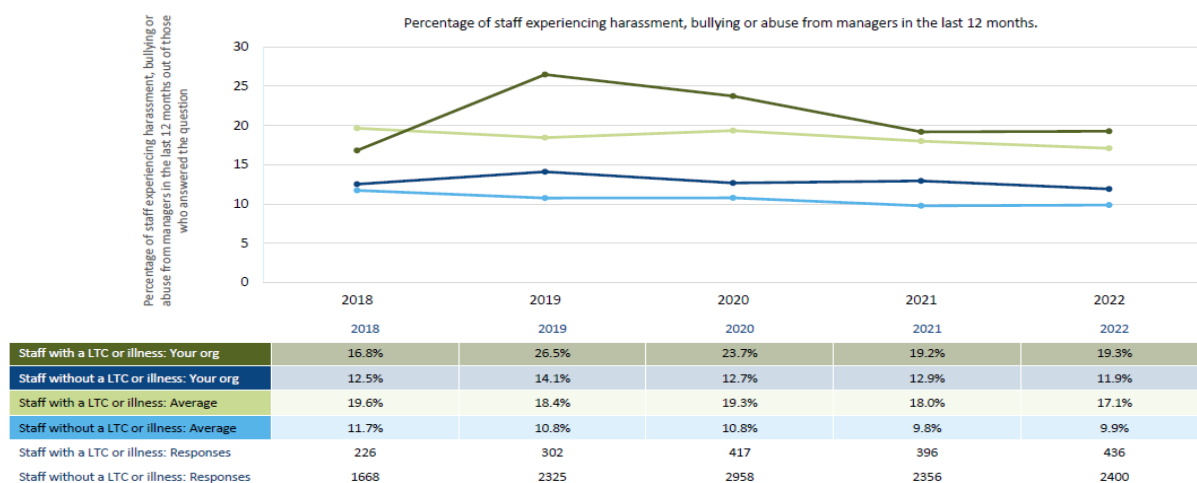
Areas where there has been improvement from last year are highlighted in green.

Further, key findings from the staff survey results incorporated into WRES reporting are illustrated below:

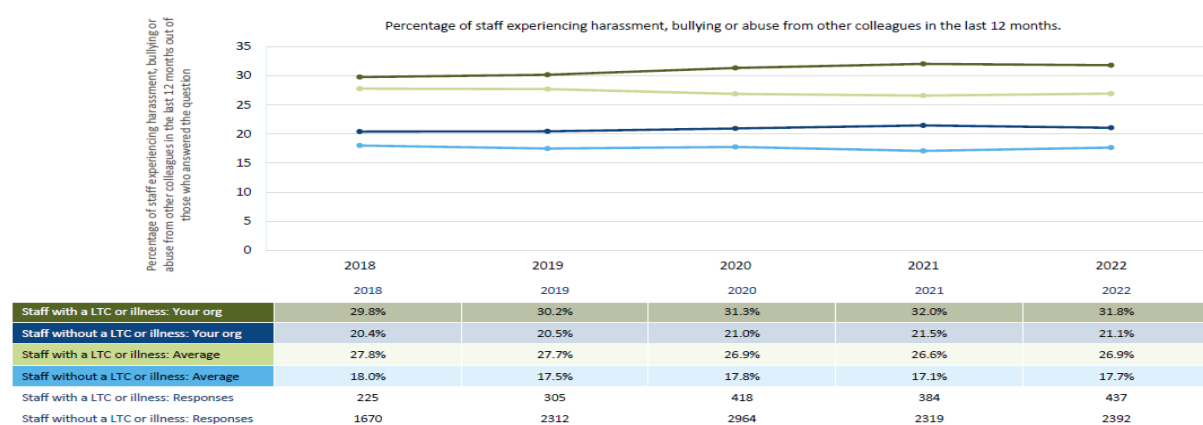
Our 2022 percentage of staff with a long-term condition or illness experiencing harassment, bullying or abuse from patients / service users, their relatives or the public has slightly increased from 2021 by 1.7%.



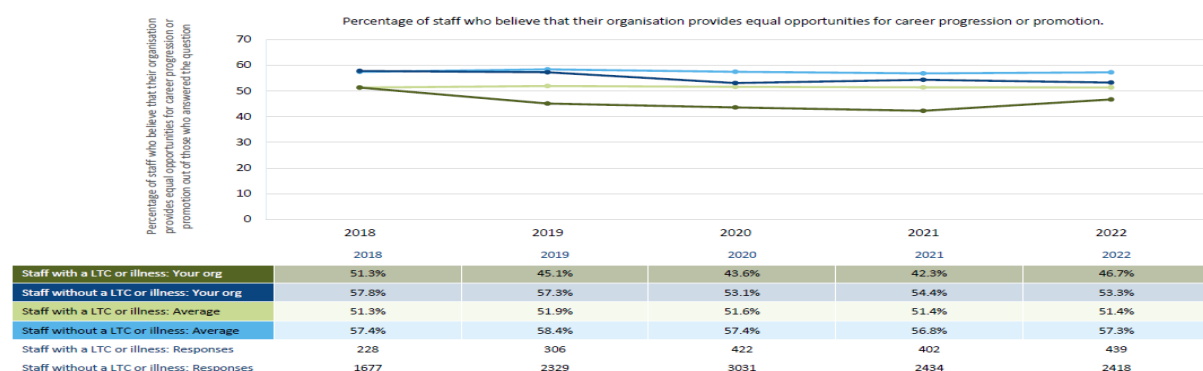
Our 2022 percentage of staff with a long-term condition or illness experiencing harassment, bullying or abuse from managers marginally increased and overall improved since 2019.



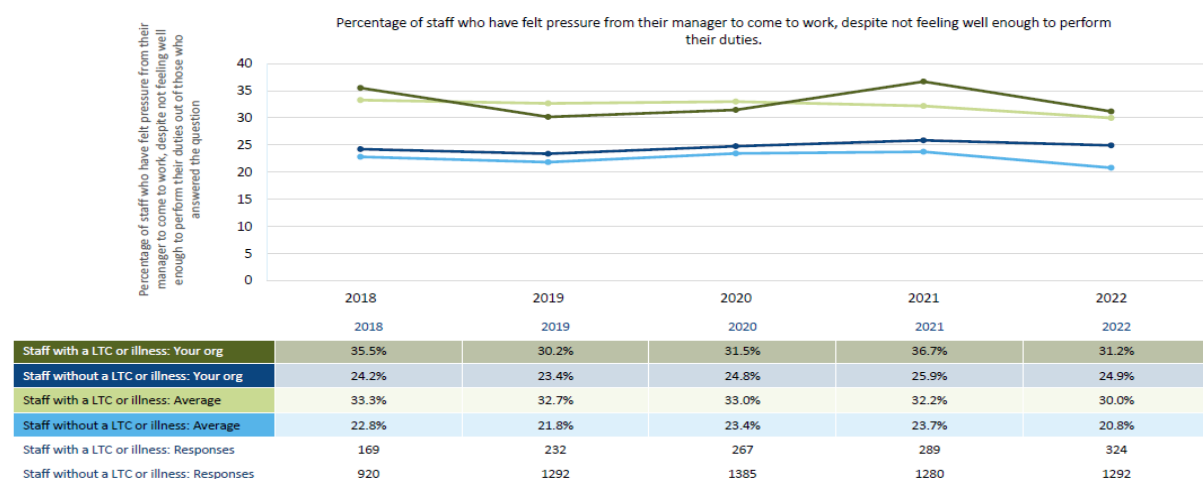
Our 2022 percentage of staff with a long-term condition or illness experiencing harassment, bullying or abuse from other colleagues has slightly decreased from 2021 by 0.2%.



Our 2022 percentage of staff with a long-term condition or illness who believe that our organisation provides equal opportunities for career progression or promotion has increased since 2021 and presents an improvement since 2019.



Our 2022 percentage of staff with a long-term condition or illness who felt pressure from their manager to come to work, despite not feeling well has decreased since 2021. However, the proportion of staff with a LTC reporting less favourable experience is still significantly higher than that of staff who do not have a LTC.



Again, although we see improvement over the years, we must continue to do more. Activities from Access-Able working group, steps we are taking to upgrade from Disability Confident status (L2) to Disability Leader status (L3) and the input from the Disabled Staff Network will take us further. An important part of our progress will be around improved data quality, with Disabled Staff Network keen to ensure staff can easily update their disability status on ESR.

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 careers.

Over 50 languages have been booked for interpreting. 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 and more recently, our Interpreting and Translating policy August 2022. We are monitoring closely, performance of the language interpreting and translation service contract, which we awarded to a carefully selected provider in March 2022.

SECTION 3: Our Patients

Our Trust serves a catchment area in excess of one million people in the following areas:

- Brent
- Central London
- Ealing
- Hammersmith and Fulham
- Harrow
- Hillingdon
- Hounslow
- Richmond
- Wandsworth
- West London
- NHS England for specialised services commissioning

In delivering the many important health services developed over the years to meet a variety of needs, we do not tolerate any practices that result in the provision of a lower standard of service to any group or individual. We seek to ensure that services are equitable, accessible and useful to everyone, regardless of any protected characteristic or socio – economic factors. During 2022/23, we formalised our position as part of the North West London Acute Provider Collaborative whose one of key aims is to reduce health inequalities. To this end, we have co-developed a range of collaborative pathways across North West London, while also offering mutual aid as means to start reducing health inequalities.

We are particularly PROUD of the following trailblazing developments in the last year:

(a) Maternity Cultural Safety Champions Programme

Throughout 2022, our Chief Midwife led the expansion of our ground breaking Maternity Cultural Safety Champions Programme for which we became the first maternity service in London to be awarded an anti-racism framework bronze award by the Capital Midwife Programme arm of the NHS London Race Strategy. The incredible work by the cultural safety champions means we are in good stead for the silver award, at a time we have started work around De-biasing Recruitment in Maternity.

(b) Gender surgery and TransPlus services.

2022/23 saw significant strides with the establishment of the Chelsea Centre for Gender Surgery which makes our Trust the first in the NHS to offer both medical and surgical care for gender dysphoria. Further, in recognition of its pioneering work and success, the Trust's pilot gender dysphoria clinic, TransPlus, has now been awarded permanent funding by NHS England. TransPlus is the first integrated gender, sexual health and HIV service, and the expansion will allow more people from across London and beyond to benefit from gender affirming care. Significant efforts went into planning and launching the services which are an important step in helping our staff with lived experience of gender re-assignment feel safe and confident that we are inclusive.

(c) Learning disabilities services

We have continued to provide learning disability services to its patients with a lead nurse for learning disabilities heading this agenda. We ensure that, as a Trust, we are aware of all our patients with learning disabilities to ensure they have the correct care passports in place, and their families are supported. We are fully compliant with the increasing learning disabilities mortality review initiatives for all patients with a learning disability and/or autism to ensure they have a full mortality review. We have taken the relevant planning steps to implement the Oliver McGowan training by Q2 2023, incorporating into our core mandatory training requirements for all staff.

(d) Mental health

As a top performing acute Trust, we are PROUD of our work in aligning mental health to physical health outcomes, and enabling recovery from potentially long term mental health conditions for young people. Over the past year, we have developed a forward looking partnership with Central and North West London NHS Foundation Trust, West London NHS Trust, and CW+ in running 'Best for You', a new approach to mental health care designed for, and in consultation with, young people and their families. In the same period, 'Best For You' reached 50,000 people through its website, recruiting a network of more than 70 local and national delivery partners, and securing £6.5m towards its £8m fundraising target.

In addition, CW+ has partnered with YouTube, for the creation of 20 videos (and 20 YouTube Shorts), to cover topics such including anxiety, depression and schizophrenia. Plans are also underway for a new day centre opening in 2023 which collaboratively, will treat some of the most acutely unwell young people in north-west London, reducing unnecessary inpatient admissions and supporting young people's early recovery in the community.

We know that to continue providing outstanding care, we must be deliberate about patient and public engagement. In 2022/23, we commenced a refresh of our Membership Engagement Strategy to ensure a diversified approach with a more representative group of members.

As at 31 Mar 2023, we had 19,366 members. Whilst the majority of our members are aged over 40 years, we have seen a 100% increase in the 22-29 age category, encouraging greater representation of the under 40s age range. We have a very successful youth volunteering platform that is being explored to encourage and share the benefits of membership, and we are developing targeted work with colleges, universities and workplaces. We will refresh our approach to the use of alternative media to reach these populations as well as provide in-person interaction.

Ensuring that our membership is representative of the population we serve is important. Socioeconomically, we know that the majority of our membership sits within categories B, D and E—these are those of ‘executive wealth’, ‘city sophisticates’ and ‘career climbers’. The next highest proportion of our membership sits within category P which is defined as those residing in ‘struggling estates’.

The following table shows our membership profile as at 31 March 2023.

	Public	Patient	Staff	Total
Age NHSI	6,967	5,446	6,953	19,366
0-16	2	0	0	2
17-21	82	12	23	117
22+	6,232	3,722	6,930	16,884
Not stated	651	1,712	0	2,363
Age	6,232	3,722	6,930	16,884
22-29	333	39	1,441	1,813
30-39	596	284	2,378	3,258
40-49	994	762	1,451	3,207
50-59	1,353	962	1,149	3,464
60-74	1,512	966	503	2,981
75+	1,444	709	8	2,161
Gender	6,967	5,446	6,953	19,366
Unspecified	122	51	0	173
Male	2,443	2,005	1,771	6,219
Pangender	0	1	0	1
Polygender	0	0	0	0
Neutrois	0	0	0	0
Agender	0	0	0	0
Female	4,401	3,388	5,182	12,971
Transgender	0	0	0	0
Trans man	0	0	0	0
Trans woman	1	1	0	2
Bi-gender	0	0	0	0
Genderfluid	0	0	0	0
Androgyne	0	0	0	0
Non-binary	0	0	0	0

SECTION 4: Our People

Overall workforce profile

As at 31 Mar 2023, the total relevant paid workforce was 6,986 across all sites and staff groups. Our staff are come from 109 nationalities, 75% staff are female, 51% are BAME, 5% are bi-sexual, gay or lesbian and 22% work part time. The following sections provide more context in turn.

Workforce by ethnicity

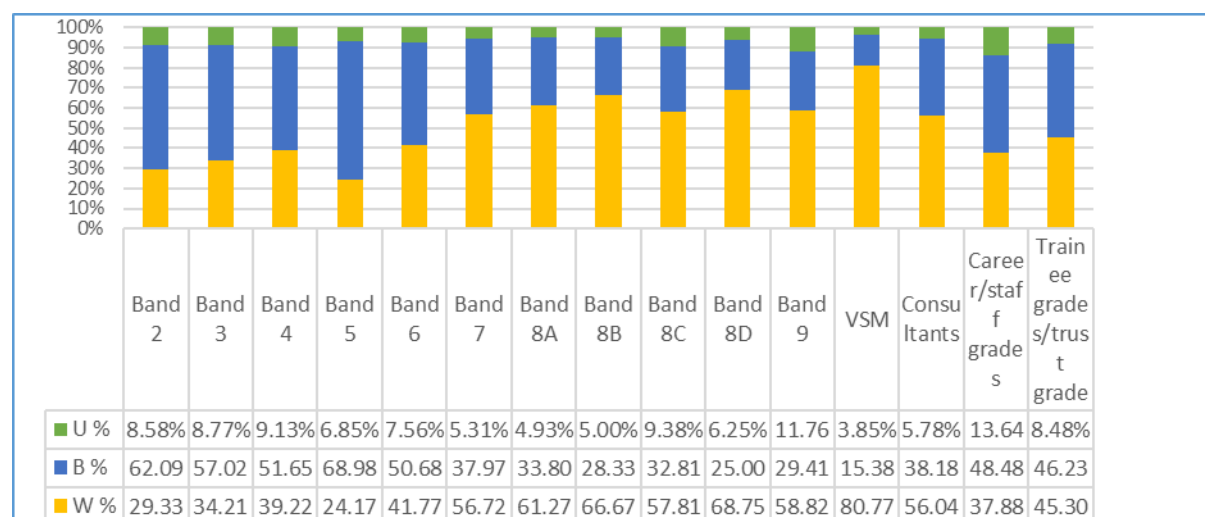
For the purposes of this report, we have defined staff categories as White, BAME and ‘not stated’. The national electronic staff record does not give the option to select ‘do not wish to declare’ for ethnicity. Therefore, these are recorded by default as ‘not stated’.

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.

51.17% of our staff are BAME, 41.5% are white and 7.31% preferred to not say. This compares with 49%, 43.5% and 7.43% respectively, last year.

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). BAME staff occupy 29.3% of the roles at Band 8a and above.

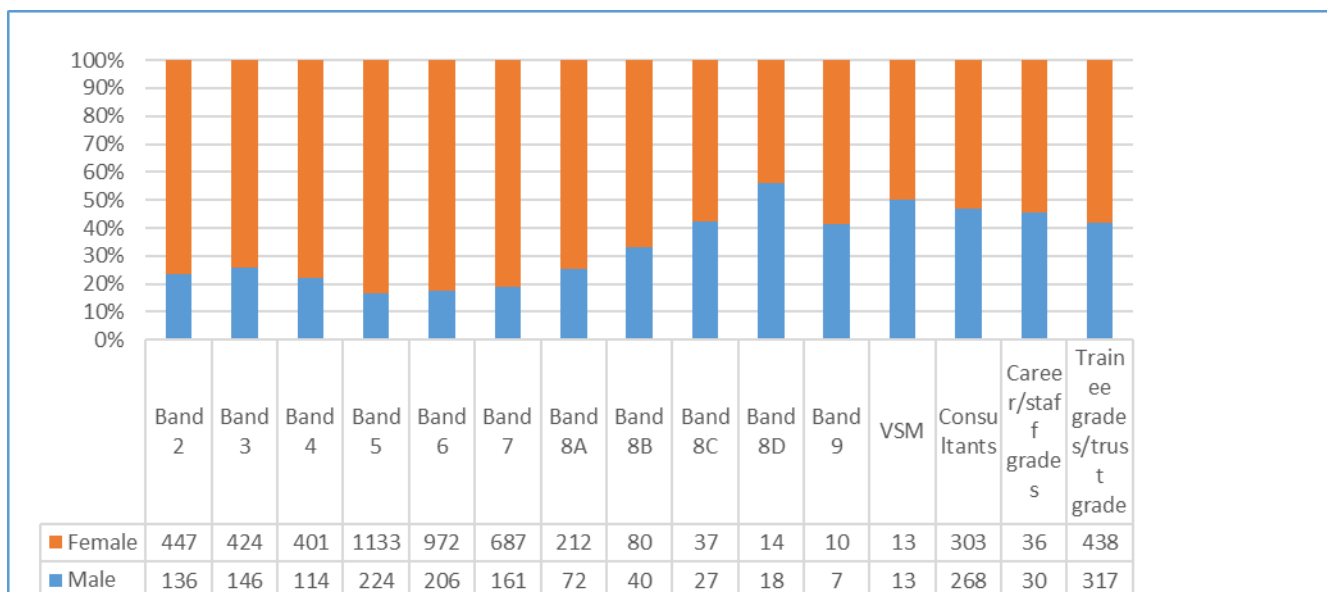


Workforce by gender

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

There are 5207 (75%) female staff, compared to 1779 male staff (25%).

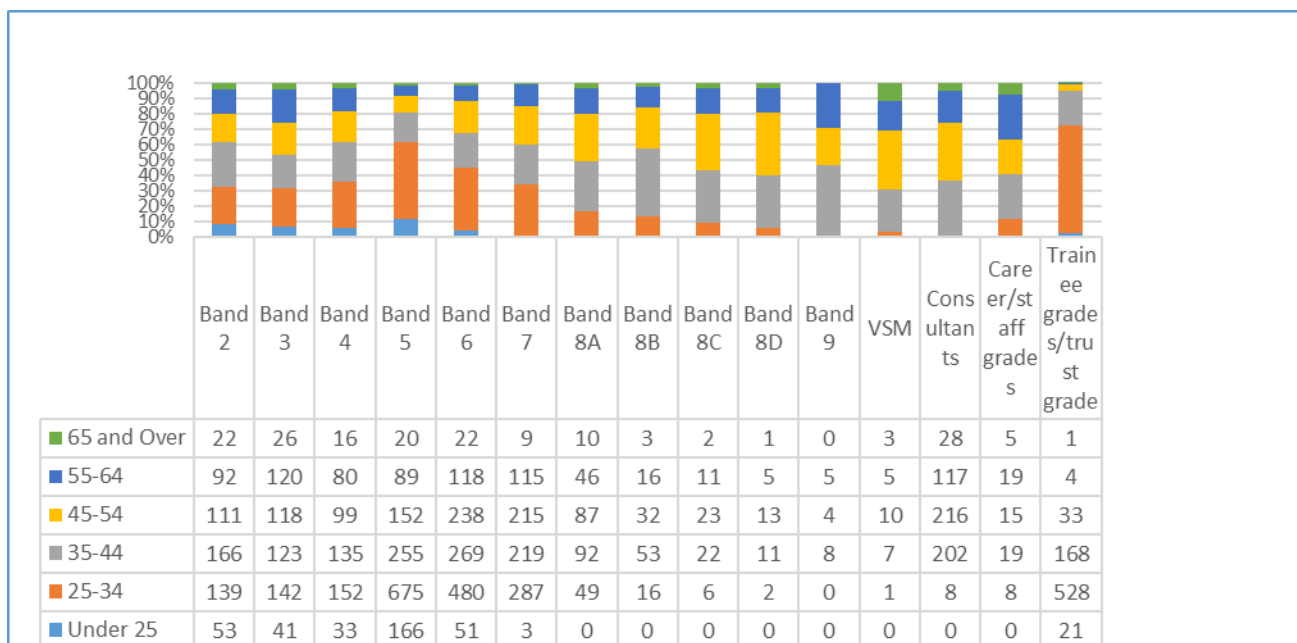
The following illustration shows that there are more female staff in AfC bands 2–8D than male staff in each of these grades. In the medical grades, including consultant grade, there are more female staff. The very senior manager (VSM) grade is the only grade gender split is even.



Workforce by age

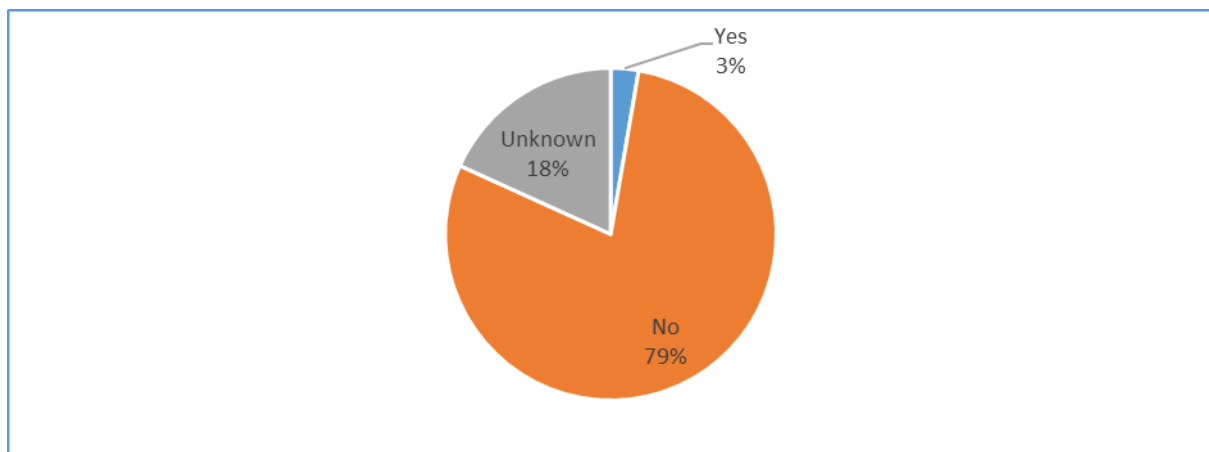
The largest workforce groups are in ages 41-50 with 1100 staff (23.67%) and ages 51-60 with 1120 staff (24.09%). The smallest proportions of the workforce are those aged 61 and above (382, 8.22%), and those aged 20 and below (79, 1.69%)

The chart below illustrates the age profile by band:



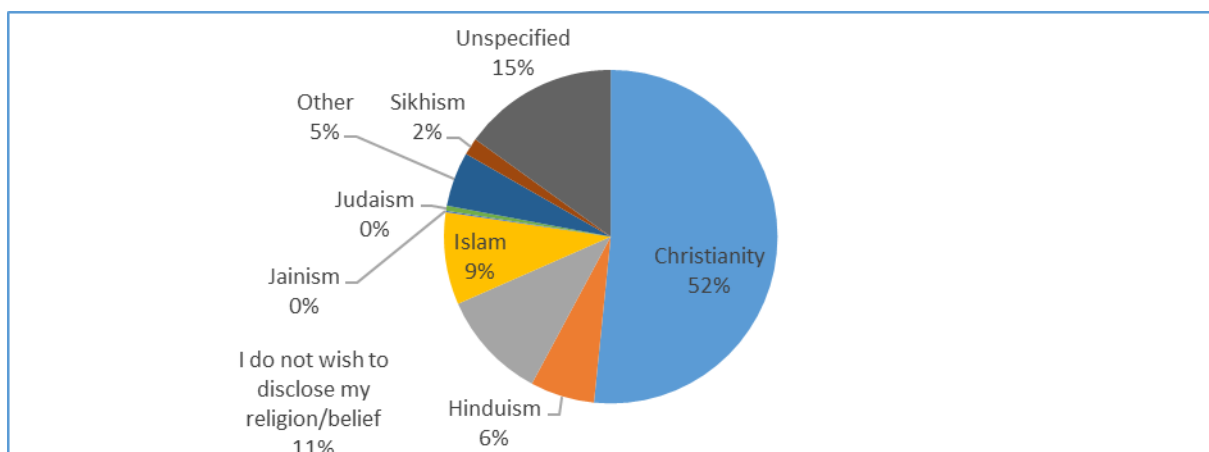
Workforce by disability

3% of our staff are disabled, up from 2.2% last year. In the annual staff survey, between 12% and 15% declare that they have a disability or a long term health condition.



Workforce by religion and beliefs

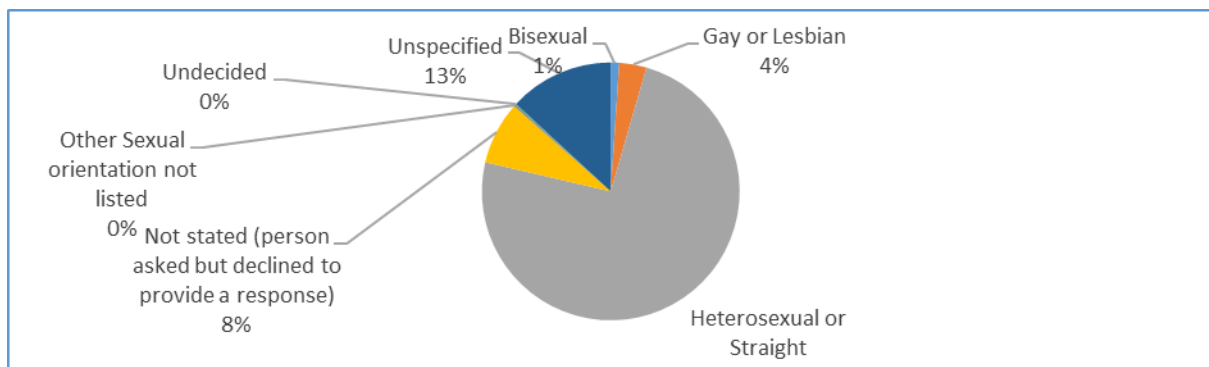
The majority of staff who stated a religious belief identify as Christian. The percentage of staff recorded as unspecified is 15%, up from 13.20% last year.



Workforce by sexual orientation

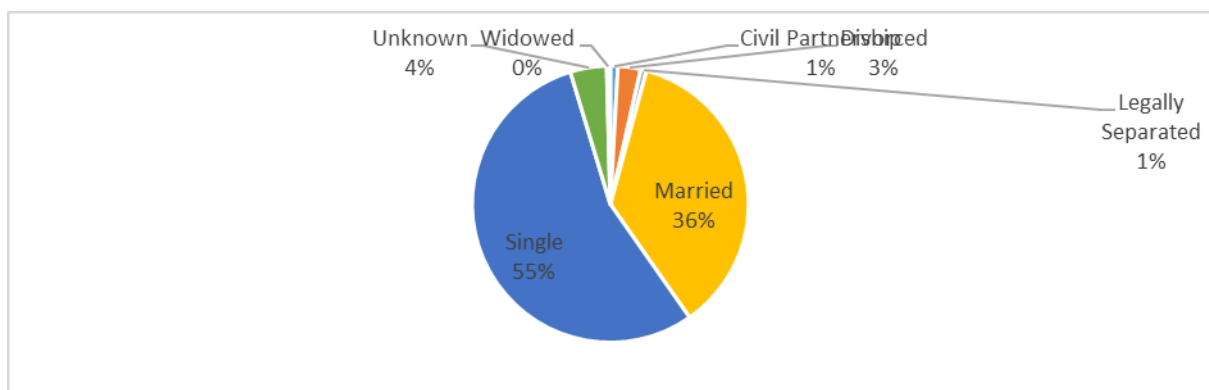
74% of staff identify as heterosexual, 4% gay or lesbian (up from 2.94% last year) and 1% as bisexual, same last year.

Declaration rates in the other sexual orientation groups have changed by less than 1% from last year. The percentage in the unspecified category remains 13%.



Workforce by marriage and civil partnership

55% of staff were single, 36% were married and 1% were in civil partnerships.



Workforce by gender re-assignment

Data is currently not available to present information in a safe and confidential way. As a Trust we recognise the importance of creating an accepting and inclusive culture for staff who are transitioning; 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 2022/23 objectives

In 2021, our three year EDI action plan was established. At the end of 2022, we acknowledged that much of the work the Trust embarked upon during that period needs to be sustained over the long term to make a difference. Our 2023 objectives and related plans were therefore, a reinforcement of those that were already in train, with renewed energy to ensure they start delivering tangible results. These were:

1. Reinforced leadership teams' commitment to Equality, Diversity and Inclusion,

2. Develop our staff networks, with a shift on focus to strengthening the networks in 2022/23,
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.

Key successes

Equality objective 1 - Reinforced leadership teams' commitment to Equality, Diversity and Inclusion.

- We continued to build on the activities of 2022, including EDI related annual appraisal objectives for senior managers and having more conversations around inclusive leadership.
- The 2022 staff survey results were analysed on several agendas at Executive Management Board and committee level, generating constructive challenge around our EDI related feedback which reinforced leadership commitment to improvement.
- Several divisional staff survey pledges carried an EDI focus, a number of which were carried over into the following year.
- Divisions started to receive more disaggregated data, enabling discussion and formulation of local plans around diversity in senior leadership.
- Following resignation of the post holder, we reviewed the efficacy of the EDI Advisor to Board role and took relevant steps towards recruitment to the vacant post.
- Towards representative leadership, we reviewed our Diversity Inclusion Champions intervention, with a new framework to be implemented in by Q2, 2023.
- At collaborative level, 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. Collectively, we continued to keep in sight, opportunities for converting the outcomes from the Inclusive and Compassionate Leadership and the Leadership Ladder pilots, into opportunities longer term opportunities.
- Our Trust became trailblazers in innovative learning when we piloted a virtual reality (VR) technology to provide immersive learning experiences for staff in equality, diversity and inclusion training in partnership with leading VR Company Kiin and CW+. This put us in good stead for further funding from NHS Civility and Respect national team, through which we would lead an expansion of the pilot across NWL sector.

Equality objective 2 - Develop staff networks

In 2022/23, we shifted focus from 'developing' to 'strengthening' the networks. 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:

- Each of the 4 networks is now supported by an "Executive sponsor", endorsed by the respective network.
- Our BAME, Women's and Disabled staff network leads submitted our WRES, WDES and GPG compliance and progress workforce reports for 2022.
- Our recently launched Disabled Staff Network are now fully embedded in our Access-Able working group and influencing progress.
- Our LGBTQ+ Staff Network submit our second Stonewall Workplace Equality Index application, in which we were subsequently ranked 271 out of 403 participants, and 36 out of 56 participants for Healthcare Services.

- Our BAME network started steps for a network relaunch by Q1, 2023, with renewed focus, objectives and aspirations.
- Throughout the year, all staff networks marked key occasions and dates, with a wide range of events and forums.

Equality Objective 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 progress, we achieved the following:

- We embedded the new PDR conversation framework to enhance quality of conversation and enable both line manager and individual to take practical steps towards their career aspirations.
- We participated 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.
- We progressed Back up Care (for emergency child care) and introduced menopause support interventions as part of our wellbeing support offer to help alleviate some of the problems that traditionally present a barriers for career progression for women.
- We increased scope and equitable access to our health and wellbeing offer aimed at supporting specific groups and those at intersection, including financial wellbeing targeted at people more exposed to socio – economically disadvantaging factors.
- In response to research that people from under-represented groups are more likely to experience mental and physical health issues, we trained more Mental Health First Aiders (now >150) and Wellbeing Champions (now > 80).
- We achieved Time wise accreditation, marking our status as a flexible employer, so that people from underrepresented group may face less challenges in staying in work and towards career progression.
- We progressed plans following the award of £73k regional funding for the Accelerated Development Transformation Fund to support development of international nurses.
- 4 of our staff participated in the NWL sector Leadership Ladder programme offering 12 month placement opportunities for BAME staff, cross sector, into higher graded roles.
- We reviewed our Diversity Inclusion Champions intervention and formulated an overhaul, with a new framework to be implemented in Q2, 2023.
- Towards our Model Employer Goals from diverse representation in senior level roles, by March 2023, we representative across 3 out of 5 grades from Band 8a – Band 9.

Trust	MEG Target (Current)	BAME in post	Difference
Band 8A	90	92	2
Band 8B	33	31	-2
Band 8C	14	18	4
Band 8D	8	4	-4
Band 9	3	4	1

Equality Objective 4 - Eliminate harassment and bullying

Our staff survey People Promise score for 'We are Compassionate and Inclusive' was 7.2, similar to last year and higher than the national average. We report improvements in our WRES and WDES scores, a testament of the work that has gone in. While this is encouraging, disparities remain. 28.5% BAME staff reported experiencing harassment and discrimination from colleagues, compared to 26.5% of white colleagues. 19.3% of disabled staff experienced bullying or harassment from their line manager, compared to 11.9% of staff who are not disabled. 31.8% of disabled staff experienced bullying or harassment from other work colleagues, compared to 21.1% 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 and Just Culture frameworks.
- 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 and developed plans to relaunch the network with a refreshed focus, in Q1 2023.
- 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.
- Strengthened our Freedom to Speak Up service, with more people using this channel to raise their concerns.

Future priorities

To build on the successes above, we must do further work to address persistent challenges. Year on year, our metrics demonstrate that people from underrepresented groups have on a number of dimensions, less favourable access, experience and outcomes. We know our Board and leaders have a critical role to play. We must engage our staff effectively, clearly communicating our plans and enabling people's voices to come through. We need to look at the whole picture from our patients to staff, to effectively address equity and inclusion challenges. In bringing this all together, our future objectives will focus on:

- Culture and leadership
- Integrated patient and staff equity and inclusion outcomes
- Workforce inequalities
- Social inclusion

An overview of this is outlined in appendix 1. The specific steps will include opportunities for maximising some of the initiatives from the preceding year/s, including:

- Evaluation of our reciprocal mentoring for inclusion programme with a view to renew and broaden over the coming years.
- Evaluation of the Leadership Ladder and Inclusive and Compassionate Leadership pilots to identify longer term opportunities for our Trust.
- Evaluation of our participation in the Calibre Leadership Programme to support career progression for disabled staff who wish to go into senior roles.
- Progress steps to upgrade from Disability Confident status (L2) to Disability Leader status (L3).
- Wide and systematic promotion of national programmes which are specifically aimed at encouraging the development of staff from underrepresented groups, many of these through the NHS Leadership Academy.
- Increase in sources of, and access to informal career advice, coaching and mentoring.

- Extension of the anti-racism programmes underway in maternity to spread across the Trust, maximising synergies such as those between our Maternity services “De-bias in Recruitment” intervention and the refreshed Diversity in Inclusion Trust wide approach.
- Progression of the RCN’s Cultural Ambassadors Programme which has been shown to achieve a reduction in the number of investigations involving BAME staff, as well as levels of sanctions imposed.

In addition, towards the objectives, we should do the following:

- Implement EDS 2022.
- Roll out a substantial Inclusive Leadership organisational intervention for all staff with leadership and managerial responsibilities. This is because unless there is a leadership and management style which is inclusive, some people will not be able contribute their best and may frequently experience this lack of inclusion as discrimination.
- Review our psychological support services to ensure they are culturally adaptive and accessible.
- Shore up our Freedom to Speak Up services to ensure optimum awareness and access by people who need them.
- Review the current mandatory equality and diversity e-learning programme, focussing future learning materials on tools which give staff the confidence to reflect on their own actions towards patients, carers and colleagues. There should be aim to augment our mandatory equality and diversity training with additional programmes which will advance our learning
- Improve data quality, linking patient and staff experience data and analysing this for the whole picture. This will enable us link EDI outcomes for our staff, to activities that will achieve equity and inclusions outcomes for our patients.
- Establish a communication plan that will be an integral to all we are doing, so people may know what we say we are doing and have confidence that we are doing those things.
- Ensure EDI action plans encompass division level objectives.
- Increase spaces and /or opportunities for collective thinking and listening, in addition to the all staff webinar and staff network forums. This will enable us to think and learn together, towards addressing difficult issues and promoting cultural humility and wellbeing.
- Strengthen governance for monitoring our EDI action plans, supported by our existing Business Assurance Framework. We will demonstrate culturally that this area of activity is as significant as all other areas monitored through our performance structures.

In formulating our priorities, we seek to mitigate the risks that will impact on our ability to drive health inequalities, recruit and retain staff, deliver transformation, and maintain financial resilience. It is anticipated that the Belonging in the NHS steering group in formation under our people strategy delivery plan will have strategic oversight of our EDI action plans and raise any areas of concern with the Board. Reporting will be included in the bi-monthly People Strategy Board and where possible, included within the workforce performance report to ensure progress is treated with the same significance as all other areas of Trust performance.

SECTION 6: Conclusion

We know that failure to provide a safe, inclusive and culturally adaptive environment could lead to poorer staff experience leading to turnover, and consequently, less positive patient experience and outcomes. Therefore, we continue to give our equity and inclusion agenda the attention it needs. It is complicated, but what is fundamental to the delivery and success of future priorities is meaningful commitment, prioritisation and ownership for each and everyone one of us. Our senior leaders have the added responsibility to ensure we are communicating effectively, engaging people through a variety of methods and providing opportunities for feedback.

Appendix 1 – 2023 / 24 priorities

Objective	Elements	Key considerations
Culture and leadership	Leadership development Organisation cultural awareness and humility	<ul style="list-style-type: none"> Review 3 year People Strategy against outcomes from 2021 – 2023 EDI action plan Agree 3 year Equalities objectives and delivery plan for 2024 and beyond Inclusive Leadership Organisational intervention Mandatory and augmented training Link staff survey actions to delivery strategies
Integrated patient and staff equity and inclusion outcomes	Joined patient equalities and staff equalities objectives and outcomes	<ul style="list-style-type: none"> Data capture and quality Routine monitoring and reporting Review all aspects of patient demographic data capture and cross reference to Patient experience factors such as complaints and incidents and link to staff equity experience. Develop communications and resources on implementing the Accessible Information Standard Develop an ESR data integrity campaign to encourage colleagues to populate ESR with up to date demographic information with a focus on disability and sexual orientation
Address workforce inequalities	<div>Race inequalities <ul style="list-style-type: none"> Senior roles at Band 7 and above - proportionate representation Disciplinary proceedings – proportionate referral Career opportunities – proportionate access </div> <div>Disability inequalities <ul style="list-style-type: none"> Career progression – appointment from shortlisting Formal capability - proportionate referral Reasonable adjustments – fair implementation </div> <div>Gender inequalities <ul style="list-style-type: none"> Reduce gender pay gap </div> <div>Sexual orientation <ul style="list-style-type: none"> Assess for equity and non-discriminatory practices outcomes, irrespective of people's preference </div>	<p>Develop mechanisms to help address EDI challenges in the following areas:</p> <ul style="list-style-type: none"> Talent management and EDI aligned development programmes Recruitment and selection Allocation of CPD Transparency in internal opportunities Positive action Employee relations Freedom to speak up Flexible working Health & Wellbeing Data deep dives
Social inclusion	Engage our staff effectively, clearly communicating our plans and enabling voice. Enhance organisations cultural awareness and humility through collective listening and learning	<ul style="list-style-type: none"> Support staff networks, ensuring staff they have strategies and action plans to deliver on national frameworks such as WRES, WDES and aspirations from Stonewall equalities index Communication and liaison, establishing communication channels to promote equality for all employees by sharing information and learning Raise awareness on key issues concerning equality, diversity and inclusion and the wellbeing of staff