PUBLIC SECTOR EQUALITY DUTY (PSED) ANNUAL REPORT

2023/24

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

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FOREWORD

We are PROUD to publish our 2023/24 Public Sector Equality Duty report, highlighting our key successes over the past year and the measures we will take in 2024/25 to improve our services for patients and staff.

We are an ambitious Trust, and our aim is for each individual patient and member of staff, regardless of their protected characteristics, to have a great experience using our services. We want staff to feel a sense of belonging and have positive experiences within the Trust.

We know from data intelligence that many of our staff are also our patients, which has a wider impact on population health and reducing health inequalities. It is more important than ever to establish a clear link between equitable and inclusive services and the experience of our staff.

We know that being truly inclusive requires 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 2023/24:

- Positive NHS staff survey results under the People Promise theme '*We are compassionate and inclusive*'. Our score increased to 7.35 from 7.2, above the national average.
- Maintained our veterans Gold Award status.
- Further developed our Accessible Working Group, chaired by our Deputy Chief Nurse, with AccessAble surveying and auditing our estates, facilities and practices to support 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 a key stakeholder in this group.
- Co-produced a Staff Networks Policy to further support and develop our four staff networks, including protected time for the role of chair and core group.
- Reviewed our internal governance, refreshing our People Plan and establishing our Belonging sub-group to strengthen our commitment, achieve key performance indicators, and support our strategic priority *Be the employer of choice*

- The Trust is now in the sixth year of Project SEARCH, providing internships for individuals with autism and/or a learning disability to gain work experience and progress into employment within the Trust. Several previous interns have moved into substantive roles and are now part of our workforce.

- The Trust secured funding from the NHS Civility and Respect national team to lead an expansion of virtual reality (VR) technology, providing immersive learning experiences for staff in equality, diversity and inclusion (EDI) training across NWL ICS. The VR project also forms part of our EDS 23/24 Domain 3 commitments as part of the NWL Acute Provider Collaborative.

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

Overall, this report outlines:

- A summary of steps taken and progress made throughout 2023/24

- Key findings from our national reporting requirements and equality monitoring information

- Our key successes and challenges

- An overview of our future priorities

Lindsey Stafford-Scott
Chief People Officer

INTRODUCTION

As an NHS Trust and a provider of public services, we have a number of legal requirements, national standards and contractual obligations to meet in relation to equality, diversity and inclusion. These are legal requirements outlined in the Equality Act 2010, which outlaws discrimination in access to goods and services as well as employment, based on the nine protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (elimination of unlawful discrimination only)
- Pregnancy and maternity
- Race (this includes ethnic or national origins, colour or nationality)
- Religion or belief (this includes lack of belief)
- Sex
- Sexual orientation

What is the Public Sector Equality Duty (PSED)?

The PSED has three aims:

1. Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010.
2. Advance equality of opportunity for people in protected characteristic groups. This includes removing or minimising disadvantage suffered because of a protected characteristic, taking steps to meet different needs and enabling participation in activities where participation is disproportionately low.
3. Foster good relations between people from different groups. This includes tackling prejudice and raising understanding.

When reporting on the PSED, there are other laws and standards to consider, including:

- **The Health and Social Care Act 2012**, which introduced the first legal duties around health inequalities and specified duties for health bodies to have due regard to reducing health inequalities between people in England.

- **The Human Rights Act 1998**, which sets out the fundamental rights and freedoms that everyone in the UK is entitled to, requiring all public bodies carrying out public functions to respect and protect human rights. As an NHS Trust, we aim to do this

by using the FREDA principles, ensuring all are treated with fairness, respect, equality, dignity and autonomy.

- **The Accessible Information Standard**, which sets out a specific and consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

- **Gender Pay Gap reporting**, which is mandatory for all public sector employers with more than 250 employees and requires them to measure and publish their gender pay gap.

- **The Equality Delivery System 2022**, a framework for NHS organisations to continuously improve the services they provide for their local communities and create better working environments free of discrimination for NHS staff. It supports the setting of equality objectives through stakeholder engagement across three domains.

- **The Workforce Race Equality Standard (WRES)**, which requires NHS organisations to report on nine indicators of race equality and agree actions to ensure employees from the global majority have equal access to career opportunities and receive fair treatment in the workplace.

- **The Workforce Disability Equality Standard (WDES)**, which requires NHS organisations to report on ten indicators of disability equality and agree actions to ensure disabled employees have equal access to career opportunities and receive fair treatment in the workplace.

- **The NHS Standard Contract Section 13: Equity of Access, Equality and Non-Discrimination**, which outlines standards and requirements that must be adhered to in order to ensure NHS services promote equality and address health inequalities.

This report serves to assure compliance with the Public Sector Equality Duty (PSED) for 2023/24 at Chelsea and Westminster Hospital NHS Foundation Trust (the Trust). In accordance with legal obligations, the Trust is required to monitor, analyse and annually publish data related to equality, diversity and inclusion, aligning with its commitment to the Public Sector Equality Duty (2018). The data encompasses protected characteristics outlined in the Equality Act 2010, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (ethnicity), religion and belief, sex and sexual orientation.

About us

We are proud to be one of the top-performing and safest trusts in England. We employ over 7,000 staff across our two main hospital sites, Chelsea and Westminster Hospital and West Middlesex University Hospital, as well as our award-winning community-based clinics in North West London. We pride ourselves on delivering outstanding care to a community of more than 1.5 million people.

Both hospitals feature major A&E departments, treating 270,000 patients annually. We run the second-largest maternity service in England, delivering 10,500 babies each year. Our specialist services include our world-renowned burns service—the leading centre in London and the South East—our children's inpatient and outpatient services, and our specialist HIV and award-winning sexual health services.

Chelsea and Westminster Hospital

West Middlesex Hospital

Trust strategy and values

Chelsea and Westminster Hospital and West Middlesex University Hospital came together as one Trust in 2015. Since then, we have worked to establish a vibrant and unified organisational culture to deliver high-quality care to more than one million patients in the communities we serve. Our strategy builds on our culture and values to set out clear objectives for our future.

Our vision is clear—**to deliver world-class care to our local communities**.

Our Trust is committed to consistently delivering the highest quality of care and outcomes for our patients. Our strategic priorities have remained the same as the previous year and are outlined below.

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 our resources (financial and human, including staff, partners, stakeholders, volunteers and friends).

Our ambition is to strengthen our position as a major health provider in North West London and beyond, enhance our role as a leading university teaching hospital driving internationally recognised research and development, and establish ourselves as one of the NHS's primary centres for innovation.

Our PROUD values remain at the heart of the services we provide and are key to delivering this strategy. They underpin our culture and demonstrate the standards of care and experience that our patients and their families should expect from us:

1. Putting patients first
2. Responsive to patients and staff
3. Open and honest
4. Unfailingly kind
5. Determined to develop

How we use equality data

When someone comes into contact with our organisation, either for care and treatment or employment, we ask questions about protected characteristics such as age, disability, ethnicity and sexual orientation. The data we collect is known as equality monitoring information. Analysing and understanding this data helps us formulate our plans and respond to people's individual needs. The information we receive or record about people is securely and confidentially stored on our electronic patient record (EPR) or electronic staff record (ESR). Data extracted for analysis in this report is anonymised and used only to identify and respond to any findings across the protected characteristics.

Alongside this, we must comply with a range of national standards relating to equality, for which we must provide data and demonstrate progress annually. The national

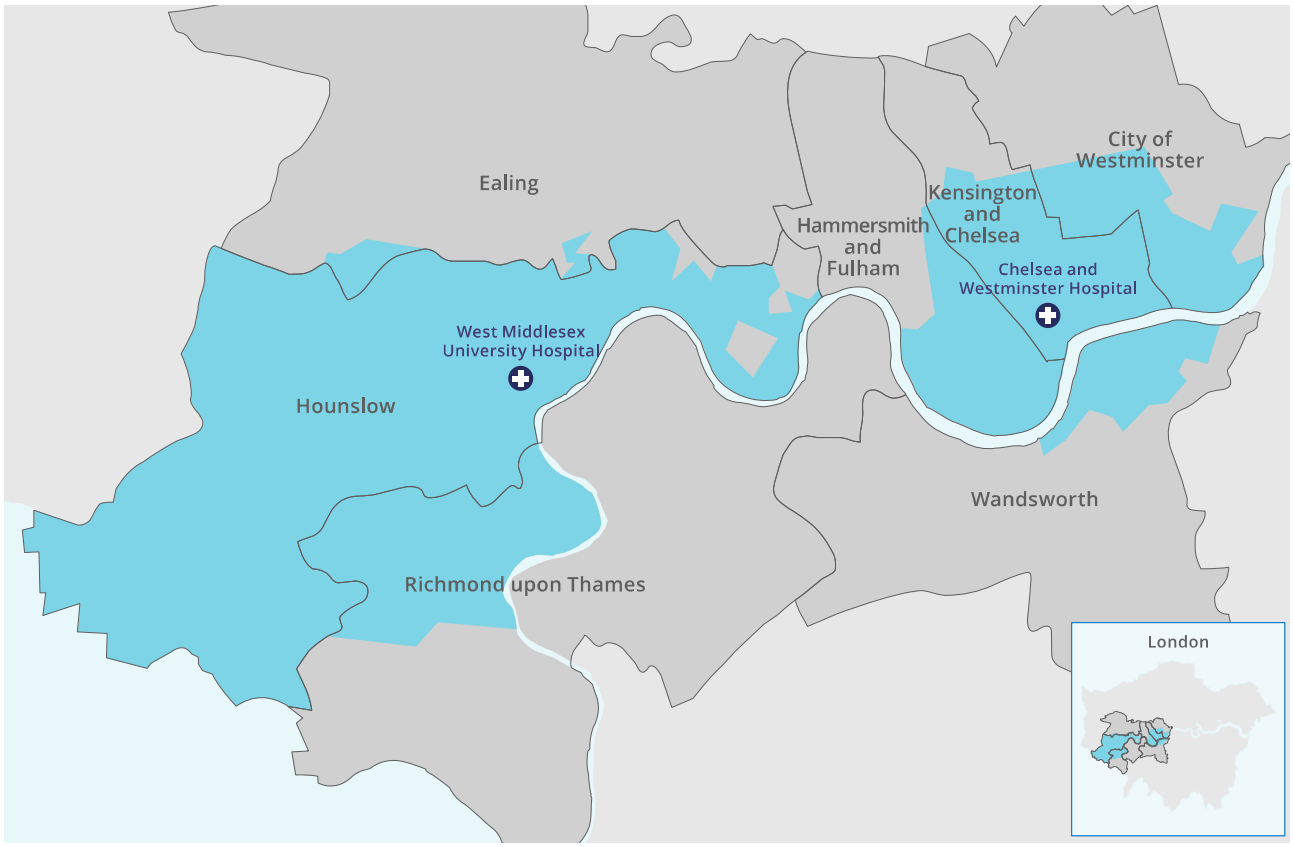
standards we report on are listed below and referred to at appropriate points within this report.

- Equality Delivery System (EDS2022)
- Workforce Race Equality Standard (WRES)
- Gender Pay Gap (GPG)
- Workforce Disability Equality Standard (WDES)
- Accessible Information Standards (AIS).

OUR COMMUNITIES

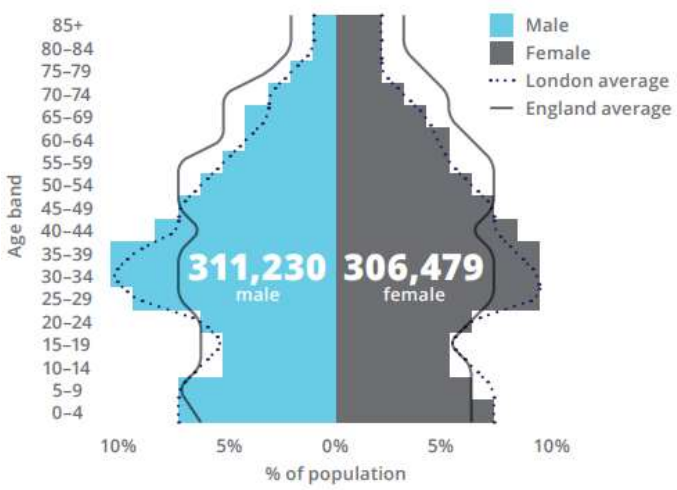
Our catchment area is the geographical footprint in which the Trust acts as a major provider of hospital services for the local community. This area spans parts of seven local authorities. The boroughs of Hammersmith and Fulham, Kensington and Chelsea, Wandsworth, Westminster, Ealing, Hounslow, Richmond upon Thames and Brent account for around 80% of all patients at the Chelsea site. The West Middlesex site sees a much higher percentage of patients from a few concentrated boroughs, with the majority (more than 60%) coming from Hounslow. Patients from three boroughs—Hounslow, Richmond upon Thames and Ealing—make up more than 90% of all patients at the West Mid site, which is to be expected for a more local, community-focused hospital.

The Trust's public health report, *A Picture of Health*, identified a catchment of approximately 620,000 people living within our local communities. Similarly to other London trusts, our local communities are highly diverse. The populations served across our two sites vary in important ways, and understanding this helps inform how we plan and design our services.



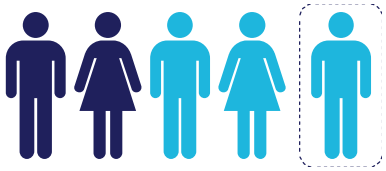
Using national population projections and other open-access data sources, we have been able to estimate an overarching demographic profile of the population that lives within our catchment area.

Age and gender structure



Compared to England, our local population has a younger structure. There is a significant 'bulge' in the proportion of younger working adults, as well as a greater proportion of children under the age of 10 years. Around 69% of our local population are of working age (15–64 years). This equates to a total dependency ratio of 449 per 1,000—meaning that for every 1,000 adults of working age, there are 449 children or older adults who are financially dependent. This compares to a dependency ratio of 538 per 1,000 across England, primarily driven by the larger proportion of adults over the age of 65 years.

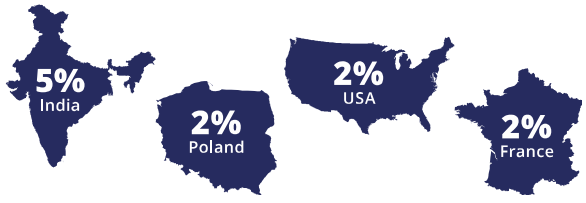
Ethnicity



2 in 5 people identify as Black, Asian and Minority Ethnic (BAME) and 1 in 5 identify as being from a White background other than British or Irish

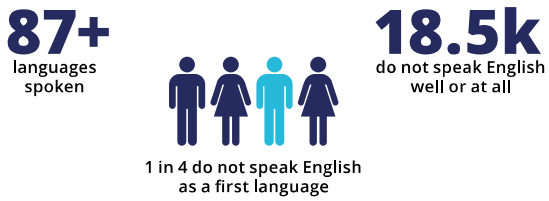
Compared to London, our local population has a slightly smaller proportion of residents from BAME backgrounds at 40%, compared to 44% across London. However, there is a markedly higher proportion of residents from Other White backgrounds—around 1 in 5 local residents, compared to 1 in 6 across London. In contrast, England as a whole has a much less ethnically diverse profile, with more than four in five people identifying as White British or Irish.

Country of birth



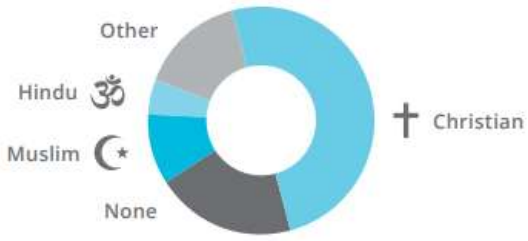
2 in 5 people were born outside the UK or Ireland—the most reported countries of birth include India (1 in 20), Poland (1 in 50), USA (1 in 50) and France (1 in 50)

Language



French, Polish and Punjabi are spoken by more than 10,000 people each—but many languages have fewer than 1,000 speakers

Religion



1 in 2 people identify as Christian, 1 in 10 people identify as Muslim, 1 in 20 people identify as Hindu, and 1 in 5 people report having no religion

Disability

Nearly 1 in 5 people are living with a disability.

The most commonly reported disabilities are related to mobility, stamina, breathing, fatigue or dexterity. People with disabilities are around 41% less likely to be in employment than those who do not consider themselves disabled. Those with learning difficulties, mental illness, epilepsy and certain progressive illnesses are least likely to be in employment.

OUR PATIENTS

By examining our patient profile by protected characteristic, we can assess which groups are accessing our services. This enables us to review patterns of service uptake and understand patient flows, helping us identify and address any potential inequities in access. A heightened awareness allows us to take a more proactive approach in ensuring equity of access across all protected characteristic groups.

The available data shows service usage for patients and service users across four of our service areas and excludes private patients. These areas are:

- Inpatients (patients admitted through A&E and elective admissions)
- Outpatients
- Maternity (deliveries)
- A&E (patients not admitted)

Patients and service users in these categories comprise over 340,000 individuals (note: individual patients, not the number of attendances, visits or admissions) for the financial year of 2023/24, with 57% of patients served by the Chelsea and Westminster site and 43% by the West Middlesex site.

During 2023/24, the Trust has further improved data quality processes on the health of the population we serve by integrating our data with the Whole System Integration Care (WSIC). This has enabled us to align modelling on levels of Index of Multiple Deprivation (IMD) and gain a deeper understanding of where deprivation may be affecting our patients and contributing to inequity or unwarranted variation. Improvements in capturing ethnicity, first language and religion data of our patients and service users increased by 18%, 33% and 19% respectively from Nov 2023 to Mar 2024.

The following table is the updated position on 22 Mar 2024 for all patients registered with a NWL GP practice who have had contact at the Trust (outpatient, inpatient or A&E) in the last 12 months preceding the date of extraction (WISC Data joined with Trust Cerner data).

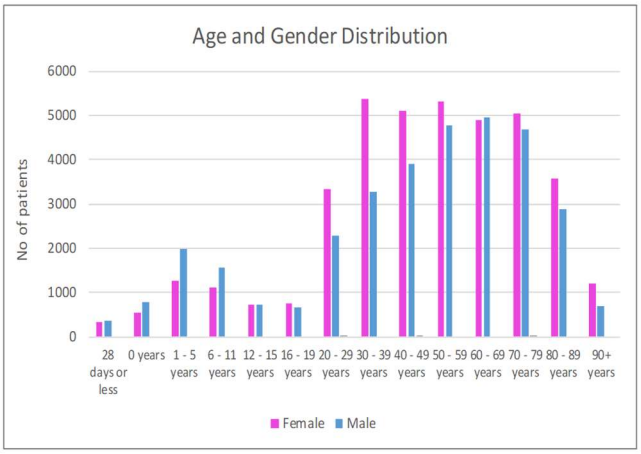
	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Ethnicity	79%	96%	97%	97%	97%
First language	30%	65%	64%	63%	63%
Religion	18%	32%	38%	37%	37%
Interpreter required	30%	30%	31%	32%	32%

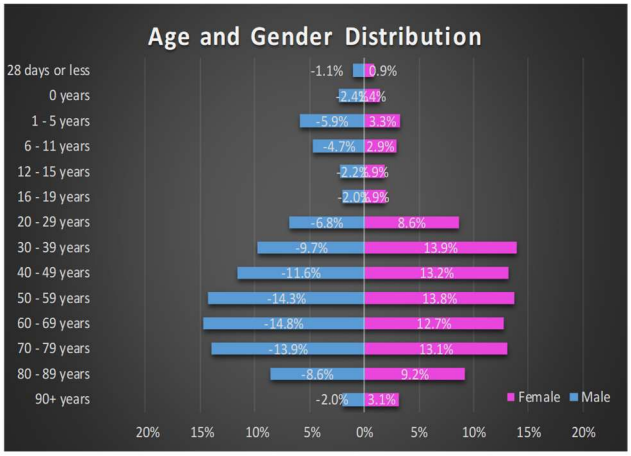
Age and sex

A greater number of patients under the age of 18 are seen at the Chelsea site compared to the West Middlesex site, while patients at the West Middlesex site tend to be older. This may be due to specialist service provision or the demographics of the communities served.

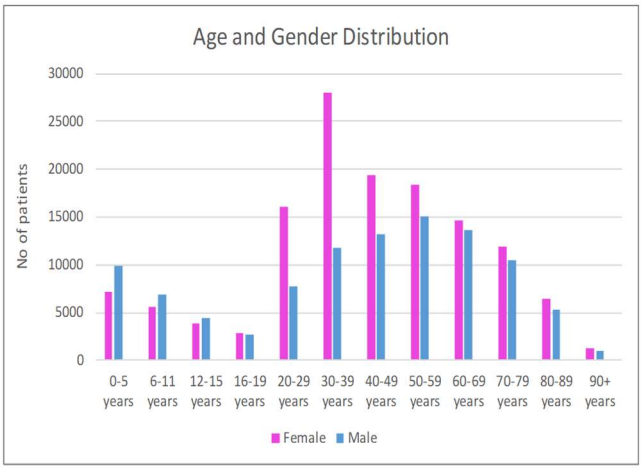
Overall, 56% of patients are female and 44% are male. The West Middlesex site sees a slightly higher proportion of female patients compared to the Chelsea site.

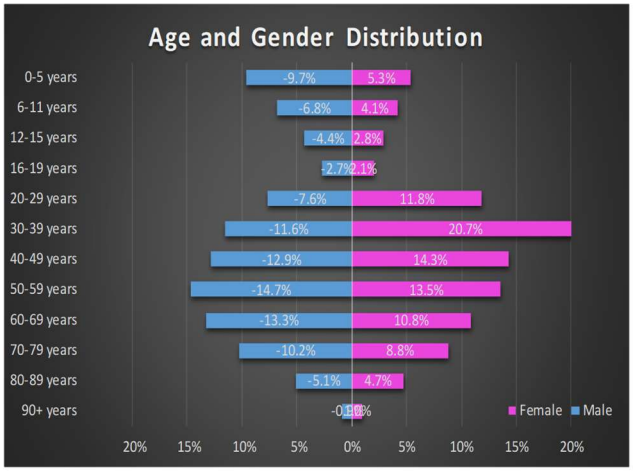
Inpatients



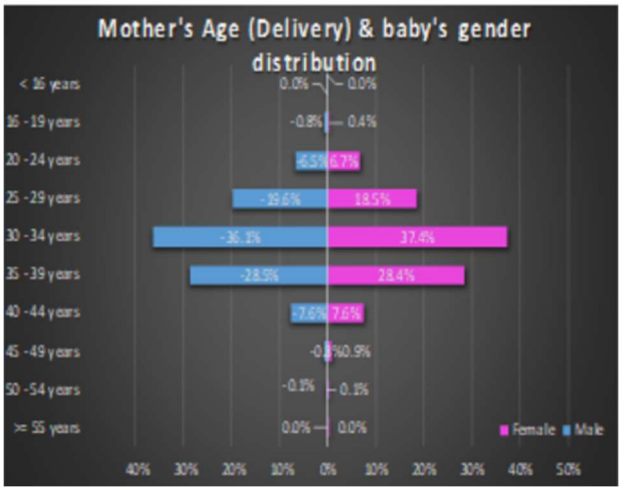


Outpatients

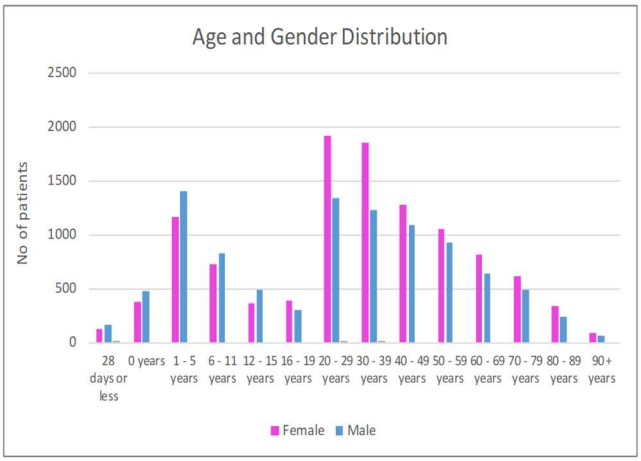


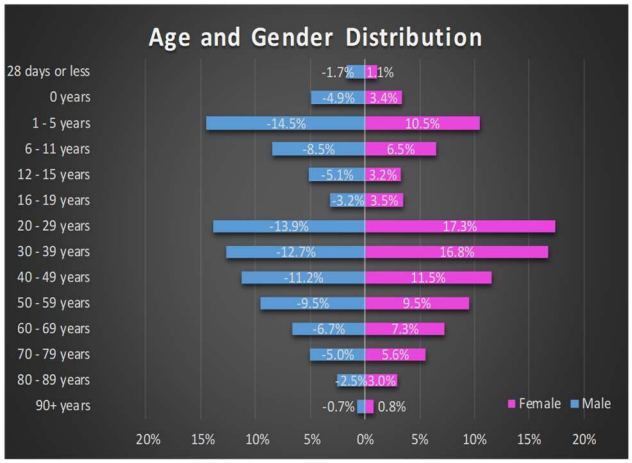


Maternity



A&E





From this service-level data, we can see that the majority of those accessing inpatient and outpatient services are female and between 30 and 79 years old. This trend is particularly pronounced for outpatients, where the number of females aged 20 to 39 was more than double that of males in the same age group. A similar pattern is seen in A&E, where we treated more females over 20 years old compared to males. However, for those aged 15 and under, the reverse was true, with more males than females receiving treatment.

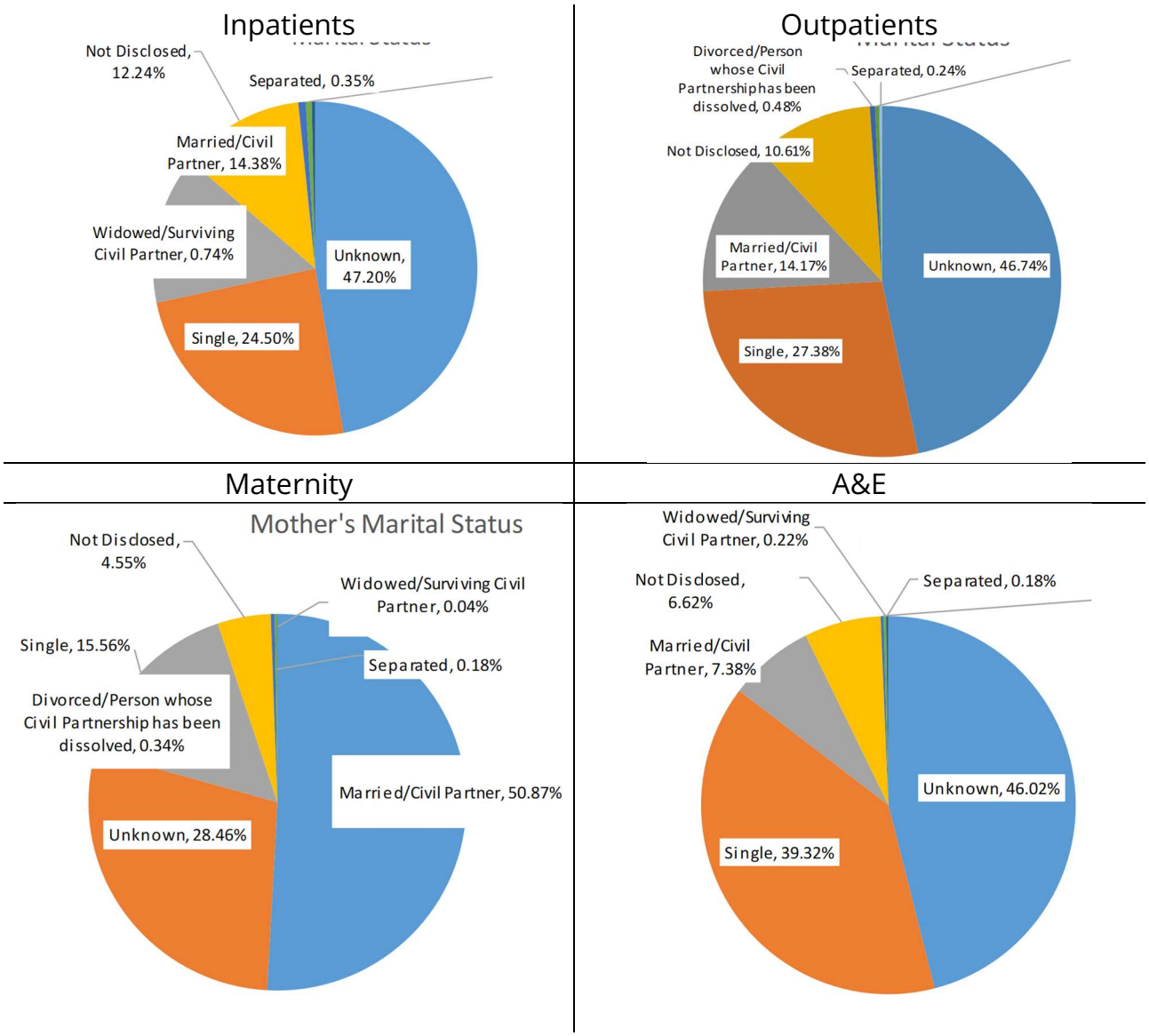
Gender reassignment

This information is not routinely collected through our patient information management systems. When a person changes their gender marker on their NHS records, they receive a new NHS number.

Disability

This information is not routinely collected through our patient information management systems.

Marriage and civil partnership

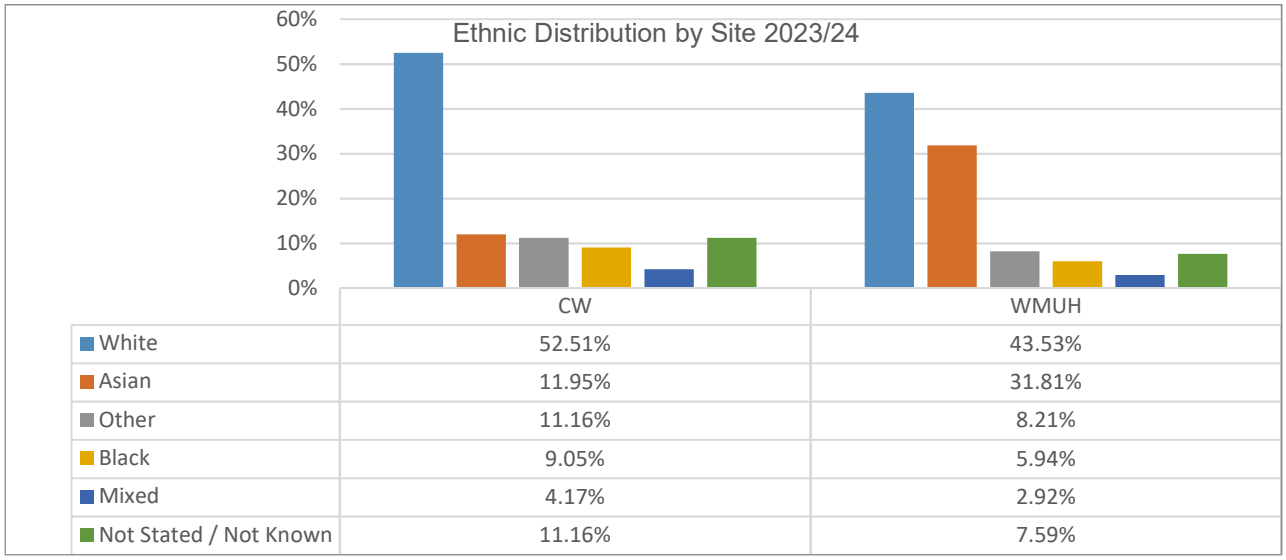


For inpatients, outpatients and A&E, over 50% of patients' marital status is unknown or not disclosed. However, this is not the case for maternity, where this figure is just over 30%. We have a data gap of 47.2% for patients whose marital status is unknown. Among those who disclose their marital status, similar demographics can be seen for inpatients and outpatients. In A&E, however, patients are more likely to be single, with fewer married or in a civil partnership. This may be due to the age demographic, as A&E has a higher proportion of patients under 18.

Pregnancy and maternity

Beyond those accessing our maternity services, this information is not routinely collected through our patient information management systems.

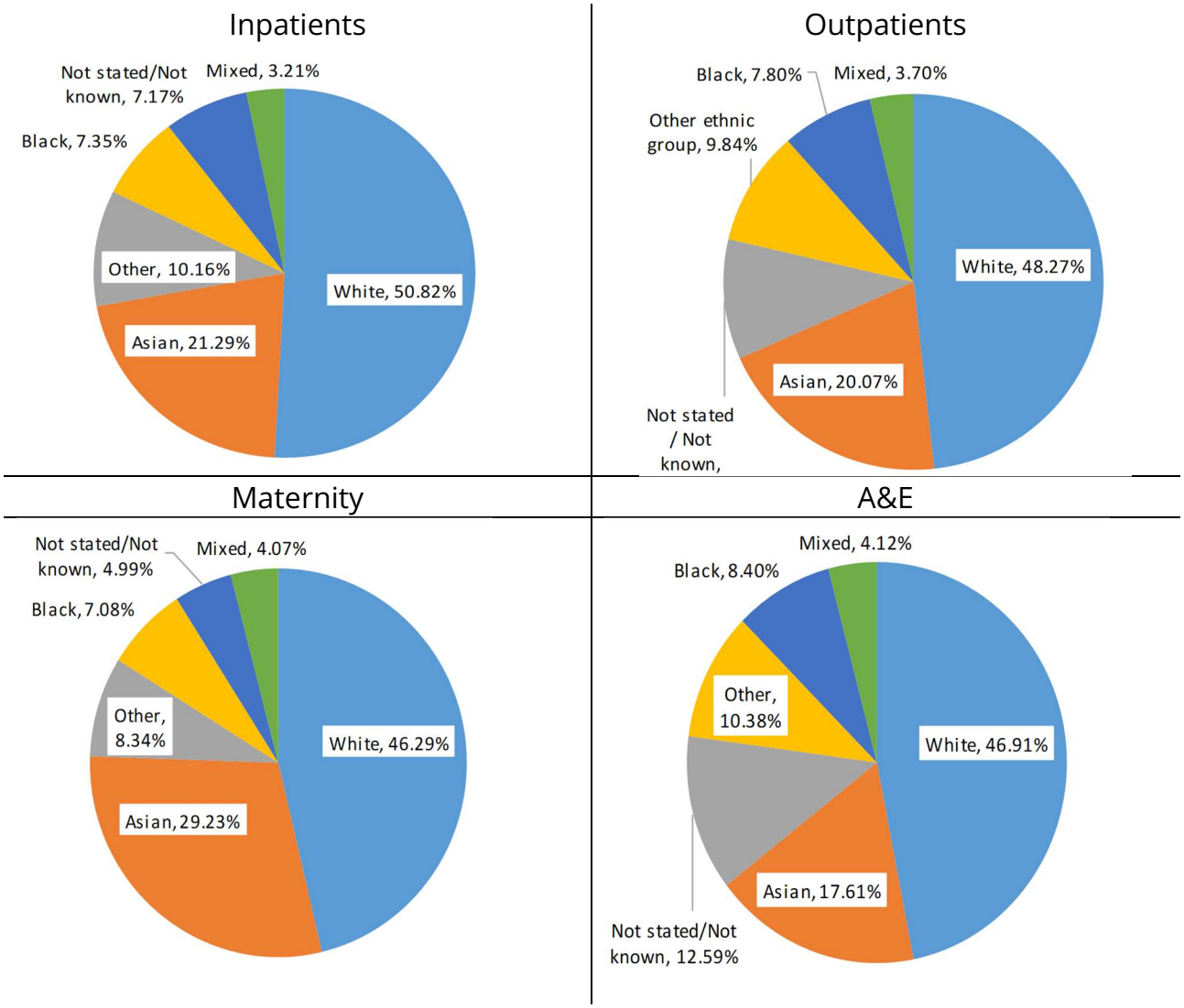
Race (this includes ethnic or national origins, colour or nationality)



	CW	WMUH
White	52.51%	43.53%
Asian	11.95%	31.81%
Other	11.16%	8.21%
Black	9.05%	5.94%
Mixed	4.17%	2.92%
Not Stated / Not Known	11.16%	7.59%

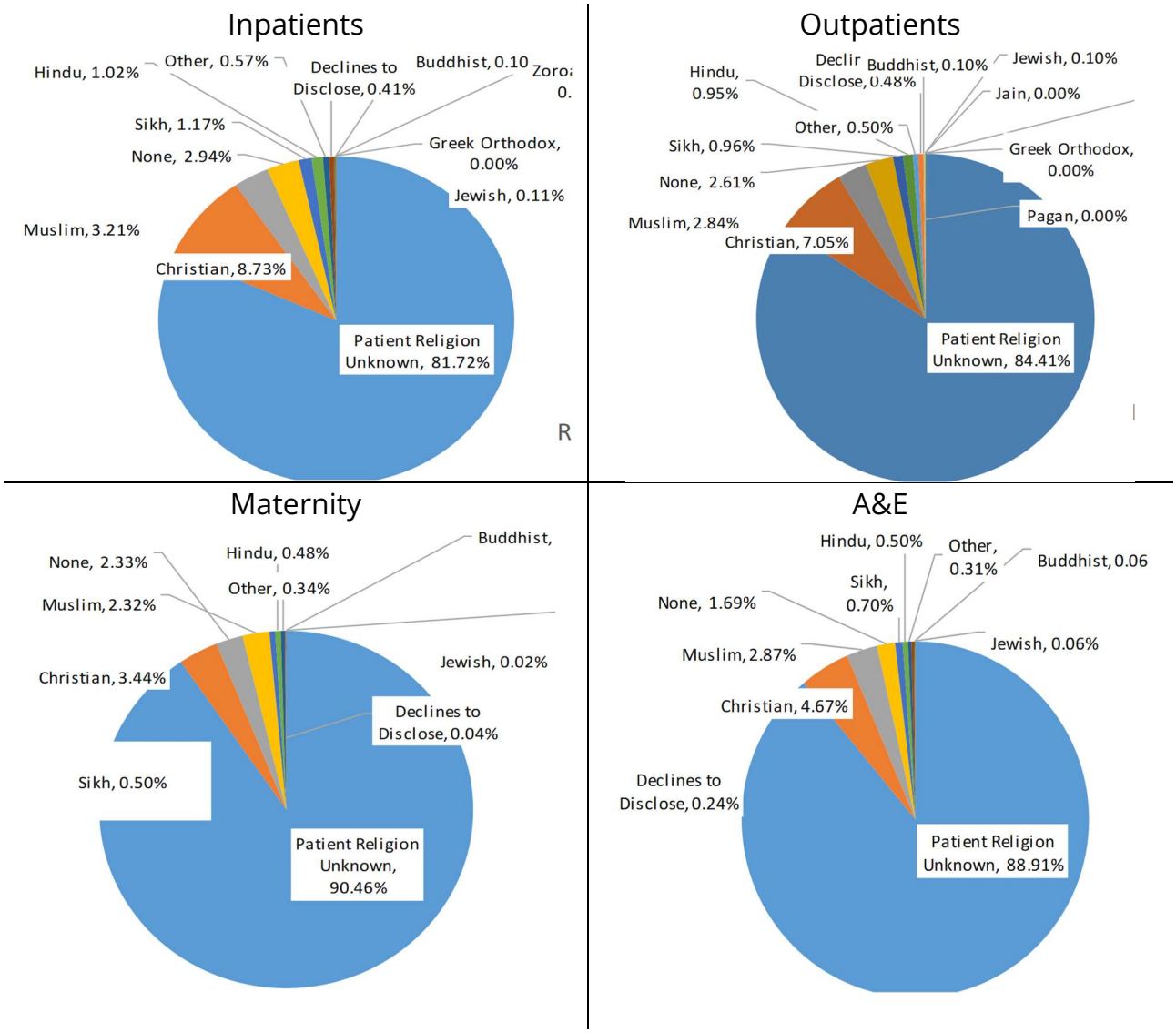
As the table above illustrates, we have more individuals identifying as White British using services at the Chelsea site than at the West Middlesex site, and significantly more Asian patients using services at West Middlesex than at Chelsea. Almost 10% of patients seeking services from the Chelsea site are from a BAME background, which is almost half the proportion seen at the West Middlesex site. Given that residents from BAME backgrounds represent 40% of our local population, this suggests that we disproportionately have more White patients accessing services at the Chelsea site, while a disproportionately higher number of BAME patients access services at the West Middlesex site.

At a service level across all of our sites, almost half of all patients are White, with BAME patients accounting for approximately 40%. While this is representative of the local population, the proportion of White residents using our services is slightly higher than that of BAME residents, suggesting a higher service uptake among BAME residents compared to White residents.



Religion or belief

Although religion and belief monitoring for patients improved between Nov 2023 and Mar 2024, declaration rates remain below 20% in some service areas. While data capture has improved as a result of the WSIC, further efforts are needed to enhance the completeness of this data.



Sexual orientation

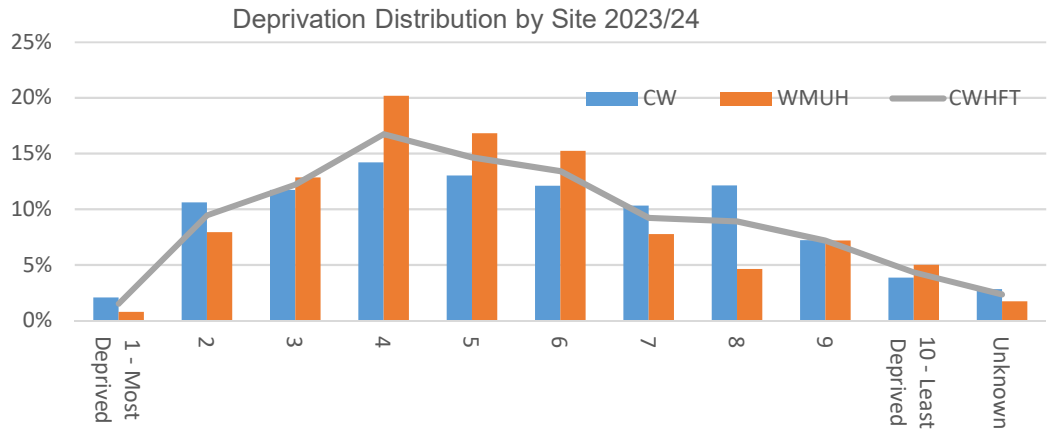
This information is not routinely collected through our patient information management systems.

Deprivation distribution

While not a protected characteristic, we collect and analyse deprivation data to improve our services and ensure equitable access to healthcare. Patients at the West Middlesex site tend to cluster centrally within the 4–6 decile range, whereas the Chelsea site sees a larger proportion of attendances at either extreme.

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small, fixed geographic areas, with 1 being the most deprived and 10 the least deprived. The average deprivation score for the Trust is 4.4.

Chelsea and Westminster is often described as an affluent area, which leads to assumptions about income, employment, crime, living environment, education, health and barriers to housing and services. However, data indicates that the borough of Kensington and Chelsea has the greatest income inequality in London, and we can see this variation in deprivation reflected in the data below.



OUR PATIENT EXPERIENCE

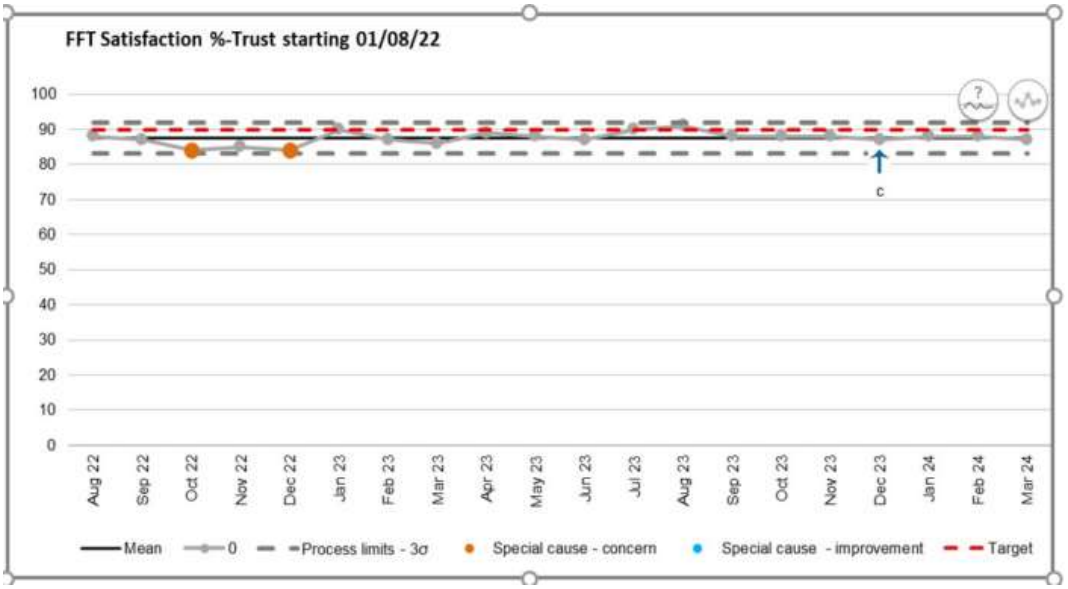
As part of our commitment to improving the patient experience, we collect feedback on a patient's personal experience of the quality of care and services they receive and act upon it to improve services. We analyse the demographics of the patients who provide us with feedback to better understand whether they are representative of the communities we serve and whether patient experience varies by ethnicity, age or gender. We also work collaboratively with patients to design and develop services and inform the Trust's plans.

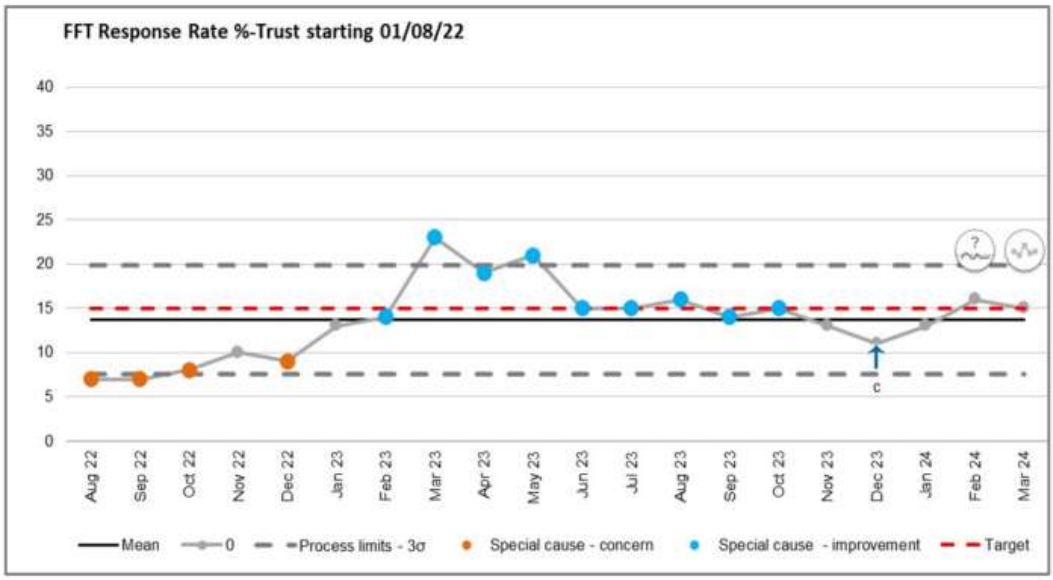
Friends and Family Test

The Trust's patients and service users are given the opportunity to provide feedback on the care they received through The Friends and Family Test (FFT). The overall aim of the FFT is to identify ways to improve the quality of care and experience for patients and carers using NHS services in England. We are looking at ways to improve demographic data collection for the FFT.

Below are our Friends and Family scores from Aug 2022 to Mar 2024. The key in the graphs shows our target and what has been achieved.

- For the 2023/24 period, the Trust's average positive rating was 88%, a 1% improvement from 2022/23.
- The greatest improvements were seen in the response rate and response totals; the Trust saw a 6% improvement in the response rate, equating to an additional 35,102 responses (43% increase)





Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) is a one-stop shop for patients, carers and relatives seeking advice and support on all aspects of healthcare. PALS actively listens and responds to concerns, suggestions or queries to help ensure patient experiences are as smooth as possible. All feedback received is reviewed by the chief executive and Trust Board.

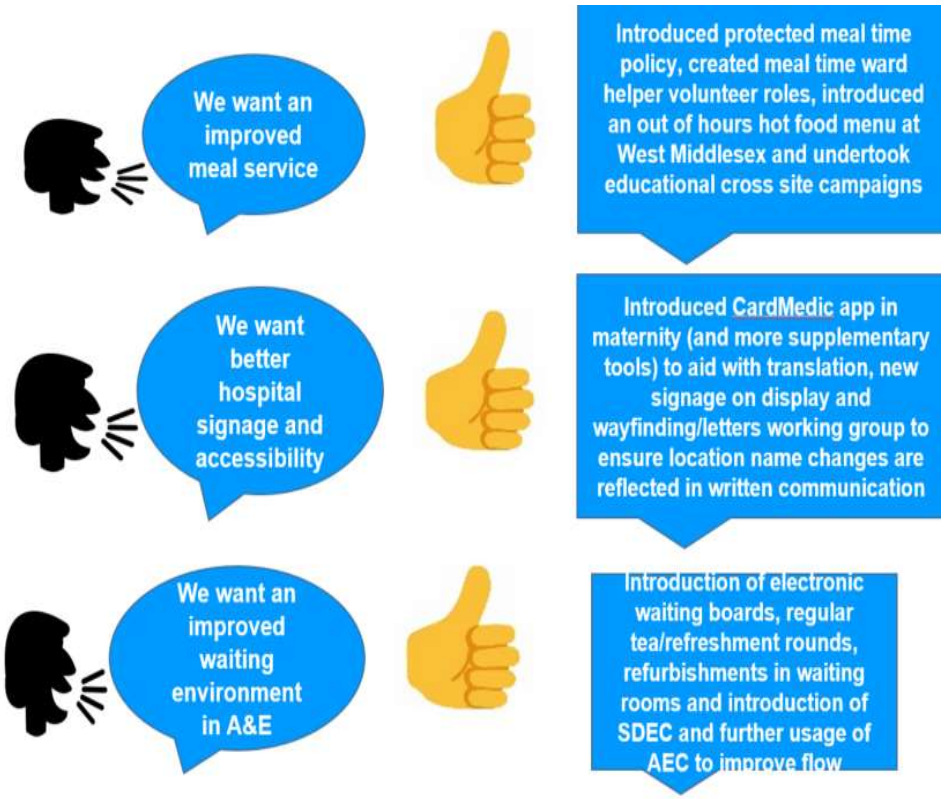
IMPROVING OUR SERVICES

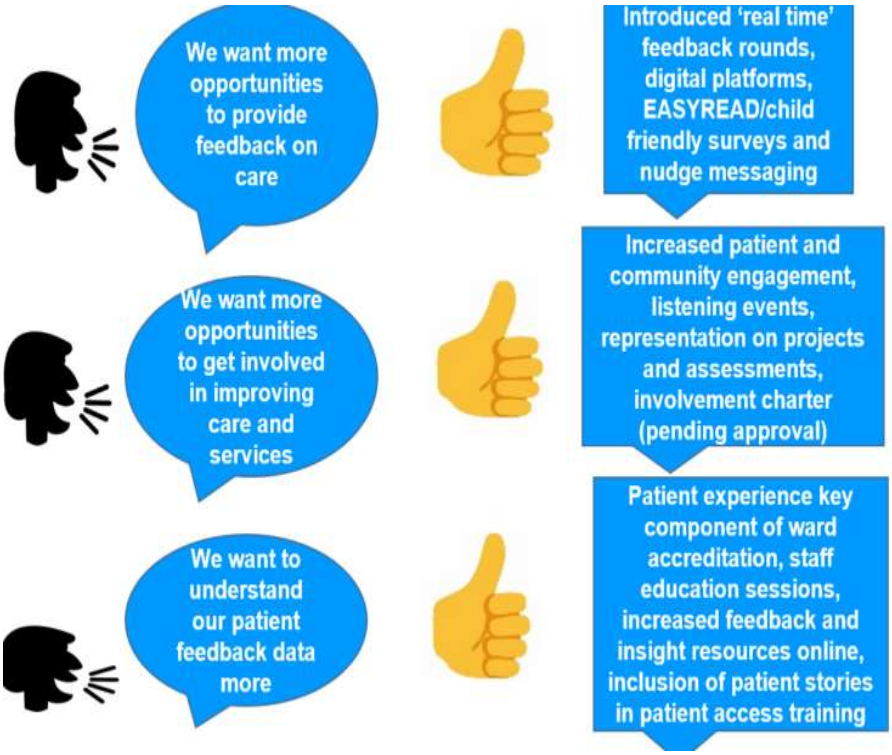
Patient and Public Engagement and Experience Group

At the start of 2023, patient stories were introduced as a regular agenda item for the Patient and Public Engagement and Experience Group (PPEEG). This group meets monthly and comprises Trust staff, patient representatives and external stakeholders, such as Healthwatch. It focuses on Trust initiatives, patient data and experiences across hospital sites and divisions.

A total of eight patient stories were shared and discussed over 2023/24, including four patients who attended the group to present their experiences. Since the introduction of patient stories to PPEEG, our divisions have begun incorporating stories into meetings, training and team reflections.

The Trust has also improved the patient experience offering based on patient and staff feedback under the initiative "You said, We did."





The Patient Experience and Engagement Strategy 2023–26, which outlines key achievements, risks and challenges, is provided in Appendix 1. The Year Two Priorities of the strategy are detailed in Appendix 2.

Health inequalities

Health inequalities are part of wider social inequalities, leading to unfair and avoidable differences in health outcomes between different groups. These inequalities affect access to care, quality of care and patient experience. Tackling inequalities in outcomes, experience and access is one of the four fundamental purposes of Integrated Care Systems (ICSs).

NHS England's Healthcare Inequalities Improvement Programme envisions an NHS that delivers "exceptional quality healthcare for all, ensuring equitable access, excellent experience and optimal outcomes."

Good-quality, robust data enables the NHS to understand more about the populations we serve. This allows the Trust to identify groups at risk of poor healthcare access, poor experiences or poor outcomes and implement targeted actions to reduce health inequalities.

A strong improvement culture across the organisation also applies to the way we report equality data under the NHS Standard Contract and comply with legal requirements, including the Public Sector Equality Duty (PSED).

As part of this, we are working to tackle health our health improvement goals through a health equality lens, which includes:

Smoking cessation: Over the last two quarters of 2023/24, more than 360 inpatients (94% of those eligible) were referred to the Smokeless programme for smoking cessation support.

Women's Health- Engagement events throughout 2023/24 to bring together the local patient-public 'voice' into impactful change for various elements of Women's and Family Health.

Paediatric Oral Health: Improving children's oral health working with ARC National Institute for Health and Care Research Applied Research Collaboration Northwest London by rolling out toothbrush training to staff as a preventative measure to improve oral health of children while attending hospital reducing tooth decay and tooth extraction.

Alcohol harm reduction: Over the previous 12 months, more than 2,800 patients at our West Middlesex site received support from our Alcohol Care Team to reduce the harmful impact of alcohol abuse.

Accessible Information Standards (AIS)

Since 2016, NHS organisations have been legally required to comply with the Accessible Information Standard (AIS). The AIS ensures that people with a disability or sensory impairment can access communication materials in their preferred format and receive information they can understand.

The AIS sets out requirements to identify, record, flag, share and meet the communication and information needs of people using Trust services and their carers. It applies to patients, service users and carers with communication needs due to:

- Deafness or hearing impairment
- Blindness or visual impairment
- Deaf blindness
- Learning disabilities
- British Sign Language (BSL) as their first language
- Aphasia, autism or mental health conditions affecting communication

The AIS does not cover translation or interpretation for other languages or website accessibility.

During 2023/24, AccessAble, a specialist organisation reviewing accessibility for people with physical, visual or audio needs, conducted a physical survey of our Trust estates

at West Middlesex and Chelsea sites. The audit identified areas of good practice as well as areas for improvement.

To address this, an internal Trust Accessible Working Group was established. Meeting bi-monthly, the group includes representation from across the organisation and is responsible for reviewing and implementing recommendations from the AccessAble audit to improve accessibility for patients and staff.

Alongside this, our estates and facilities team developed and are implementing an improvement plan to address identified issues.

As an example, we undertook a hearing loop audit, which led to the purchase of additional hearing loops and standardisation of equipment by consolidating contracts under a single provider. This ensures consistent availability of hearing support for patients and staff.

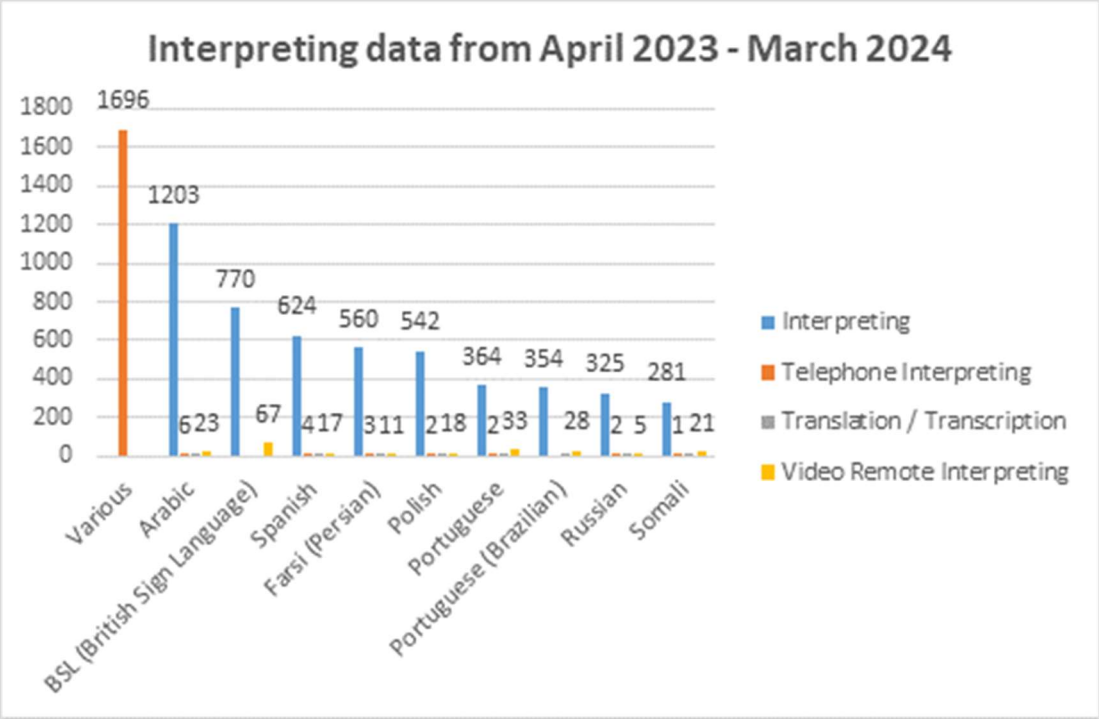
Translation and interpreting service

The Trust uses four main forms of interpreting and translation, provided by DA Languages:

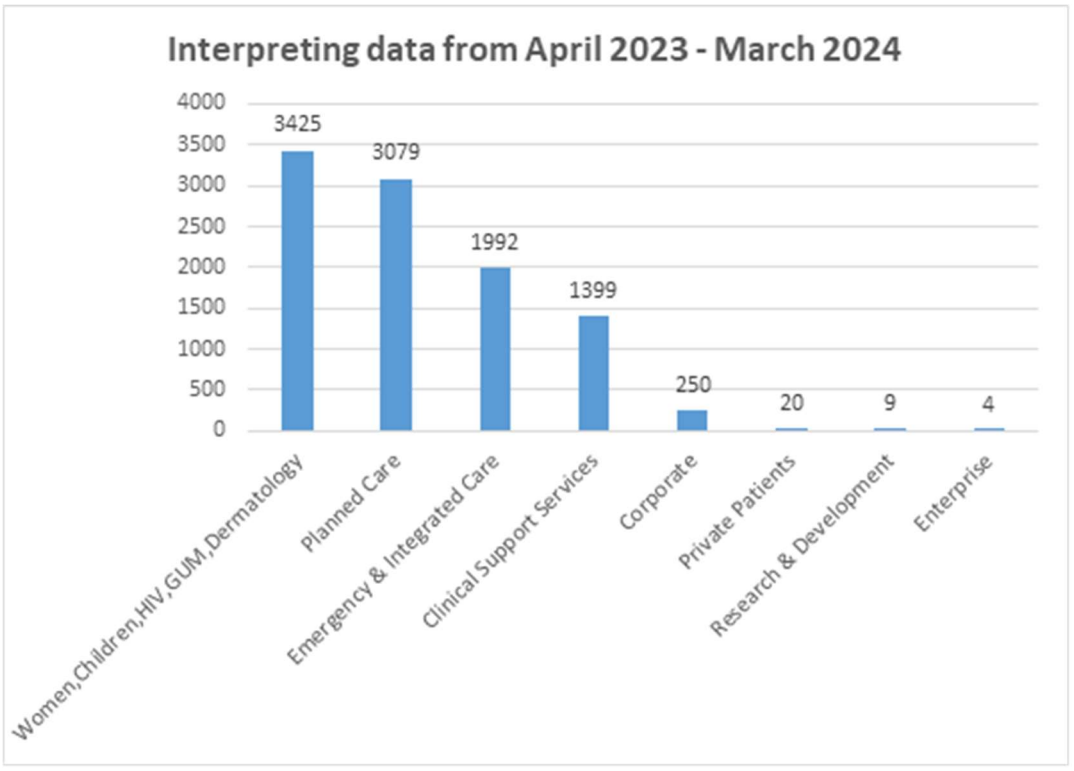
- **Telephone interpreting:** A three-way telephone conversation between the patient, interpreter and healthcare professional.
- **Video interpreting:** A two- or three-way video conversation between the patient, interpreter and healthcare professional.
- **Face-to-face interpreting (including British Sign Language, BSL):** A qualified interpreter is present for a pre-booked appointment.
- **Translation services:** Available for all written language requirements, including general information, patient documents, letters, leaflets and other promotional material.

More than 50 languages have been booked for interpreting. We have several structures, tools and resources in place that we continually assess for efficacy, which is monitored through our Accessible Working Group.

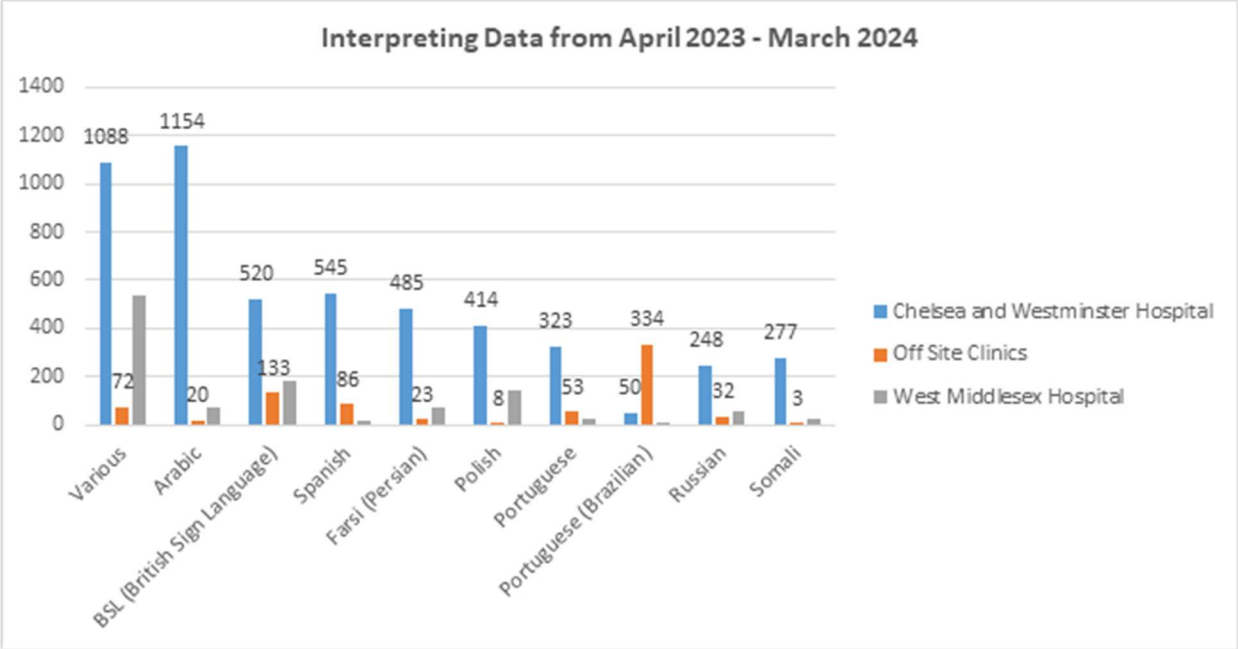
The graph below shows the type of service and languages requested for translation and interpretation services. Arabic was the most frequently requested language.



The graph below illustrates which Trust divisions required the most use of interpreting services.



The graph below presents the use of interpretation services across our two main Trust sites and off-site clinics.



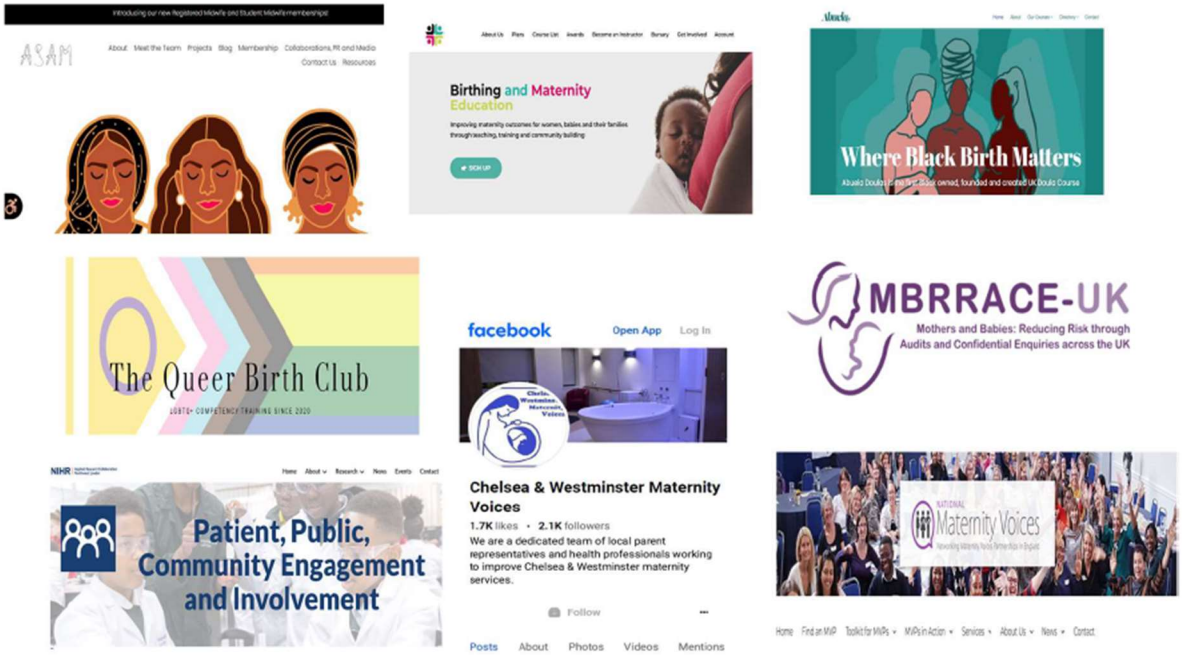
Our interpreting data indicates that:

- Arabic is the largest language need at our Chelsea site.
- Portuguese is the most requested language for our off-site clinics.
- A wider variety of languages are requested at our West Middlesex site, likely due to its more diverse local population.

Pregnancy and maternity

Our maternity services demonstrate how the Trust takes positive action to address health inequalities. We have implemented a Cultural Safety Programme and designated cultural safety midwives to ensure that patients and staff from different cultural backgrounds have equal access to services and that individual needs are met.

We collaborate with a wide range of community associations to support and meet the needs of diverse communities, including:



Gender affirming care

Trans and non-binary people experience inequalities in both access to and outcomes from healthcare. As the leading sexual health provider in the NHS, we offer a safe and innovative service to address the unacceptably long waits for gender dysphoria care.

- **TransPlus** is the first NHS England-commissioned service of its kind, seeing 400 patients per month. It helps reduce the long waiting times for gender dysphoria care currently experienced across the system.

- The **Chelsea Centre for Gender Surgery** is the first NHS England-commissioned service to provide masculinising gender-affirmation surgery. The use of a multispecialty surgical robot reduces scarring, improves phalloplasty outcomes and enables timely discharge.

Both TransPlus and the Chelsea Centre for Gender Surgery have care pathways designed with input from Trans and non-binary people. The focus has been on overcoming the non-inclusive assumption that gender dysphoria is a mental health condition.

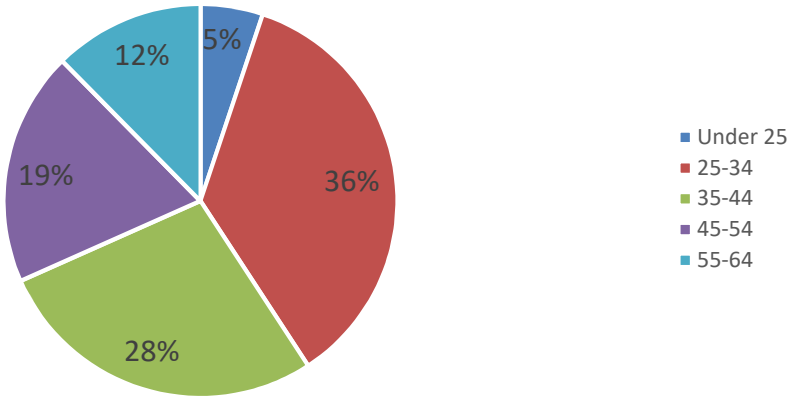
Users report experiences that reflect a respectful, inclusive and accessible service. We continue to ensure community involvement through patient champions and peer support workers, who provide support, advice and guidance.

OUR STAFF

Workforce profile

As at 31 Mar 2024, our workforce comprised 7,411 staff, an increase of 425 compared to 2022/23.

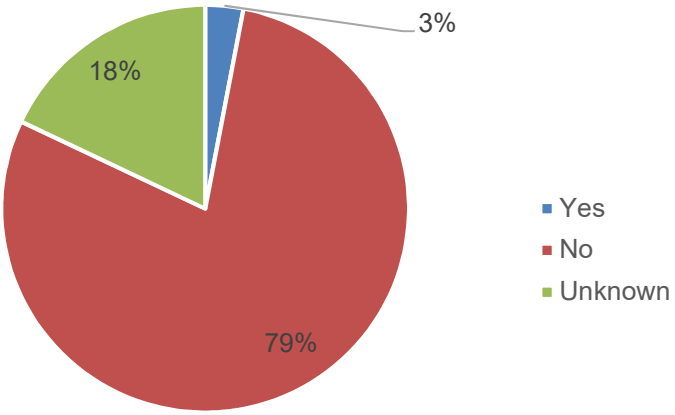
Age



This pie chart illustrates the age distribution within our workforce. The largest single cohort is the 25–34 age range, accounting for 36%, followed by the 35–44 age range at 28%. Together, these two age groups represent 64% of the workforce.

The 45–54 age range accounts for 19% of our workforce. The largest proportion of the working-age population in our local area also falls within the 25–44 age range, though the 30–39 age range is the most prevalent locally, in contrast to our 25–34 age range being the largest in our workforce.

Disability



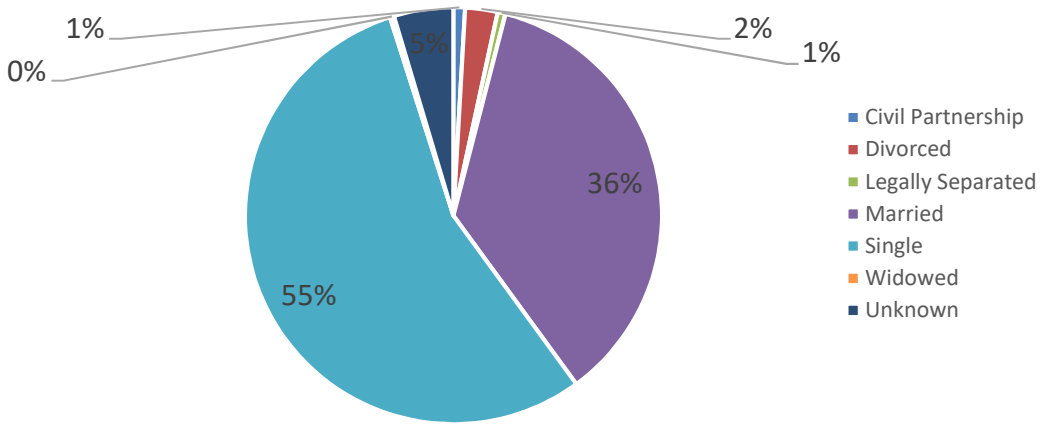
Only 3% of our workforce has declared a disability or long-term health condition, while 79% have declared that they do not. Nationally and within the local population,

approximately 1 in 5 people have a disability, highlighting a need for us to increase staff confidence in declaring disabilities.

Gender reassignment

The national Electronic Staff Record (ESR) does not currently support the recording of gender reassignment status, so we are unable to collect this information.

Marriage and civil partnership

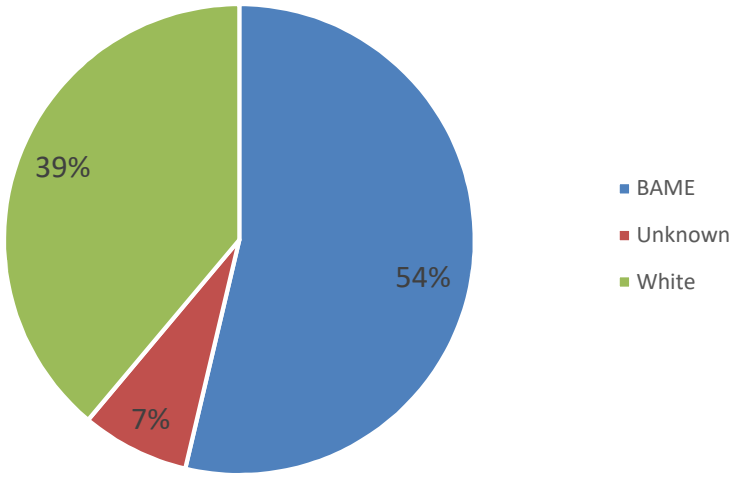


According to self-declared marital status, the largest category is single, accounting for 55% of the workforce, followed by married at 36%. This proportion is significantly higher than among our patients, though a direct comparison is difficult due to the high percentage of unknown data in patient records.

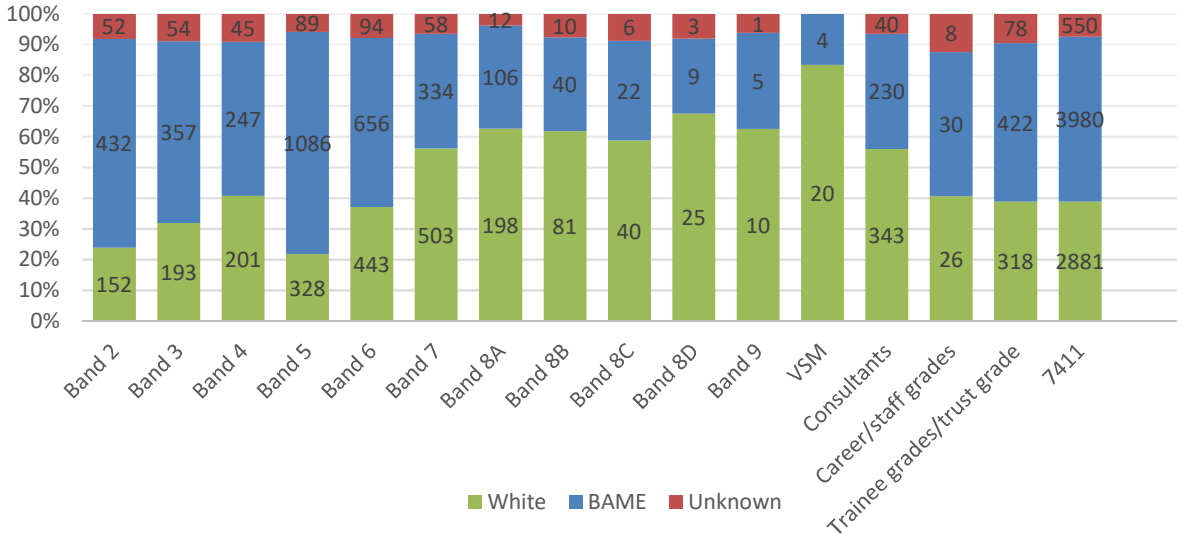
Pregnancy and maternity

While we do not record the number of staff who are pregnant, we can report that as of 31 Mar 2024, 176 staff were on maternity or adoption leave across the organisation.

Race (including ethnic or national origins, colour or nationality)



We have seen changes in the ethnicity profile of our workforce compared to the previous year, with an increase of 353 staff from a BAME background. The graph above is a breakdown of our workforce ethnicity profile by percentage.



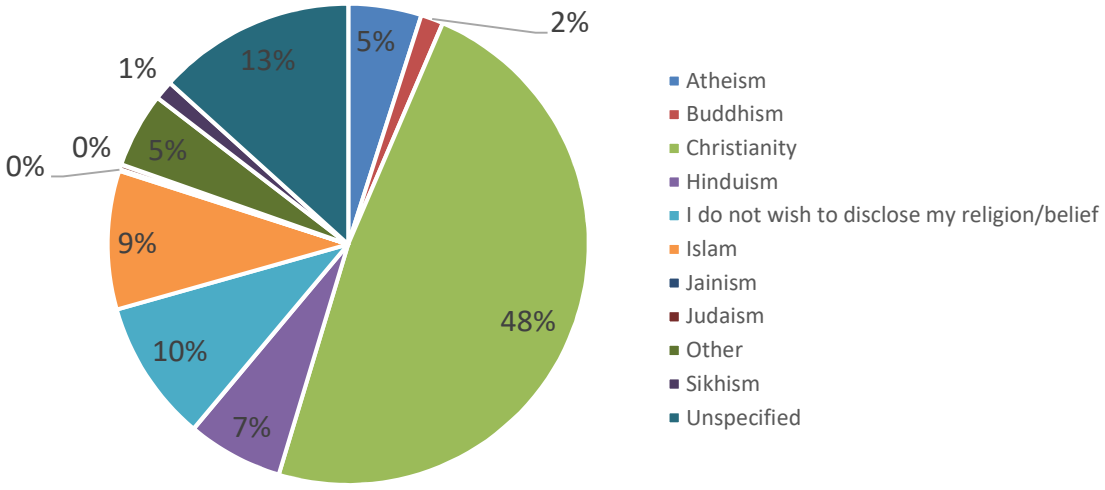
The chart above shows the numbers and distribution across bands and grades of the workforce from a White background, BAME background, and those who are Unknown on ESR.

Overall, BAME staff make up 54% of the workforce. However, there is overrepresentation in lower Agenda for Change (AfC) Bands 2–6 and underrepresentation in higher AfC bands 7–9 and particularly at the Very Senior Manager (VSM) band.

Our Model Employer Goals for 2024/25 include achieving 54% BAME representation across AfC bands 8a–VSM. While this will be challenging, we recognise the importance of creating a more equitably represented workforce and will continue efforts to address this disparity.

In the medical consultants' grade, BAME staff are underrepresented compared to the overall workforce but overrepresented in career/staff grades, trainee roles and trust-grade positions. Given the length of medical career progression, we anticipate that BAME representation in consultant roles will increase over time.

Religion and belief

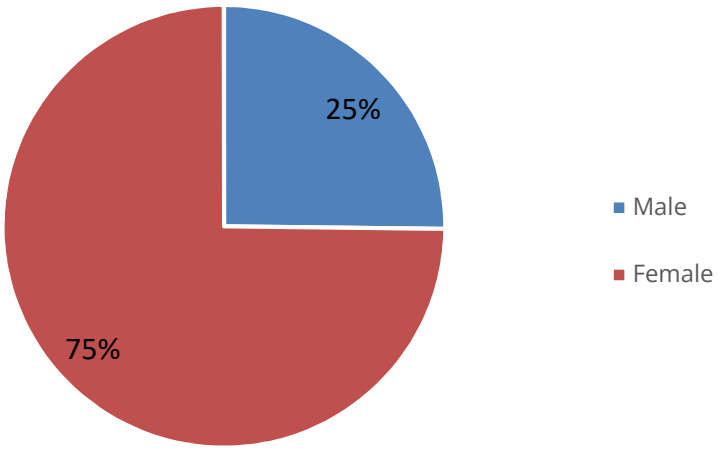


The chart above illustrates the self-declared religion or belief among our workforce as at 31 Mar 2024.

- Christianity is the largest declared belief among our staff.
- This aligns with the local population, where approximately 1 in 2 people identify as Christian.
- Similarly, 1 in 10 people in the local population and workforce identify as Muslim.

While Christianity is also the largest known disclosure among patients, high levels of unknown data prevent direct comparison.

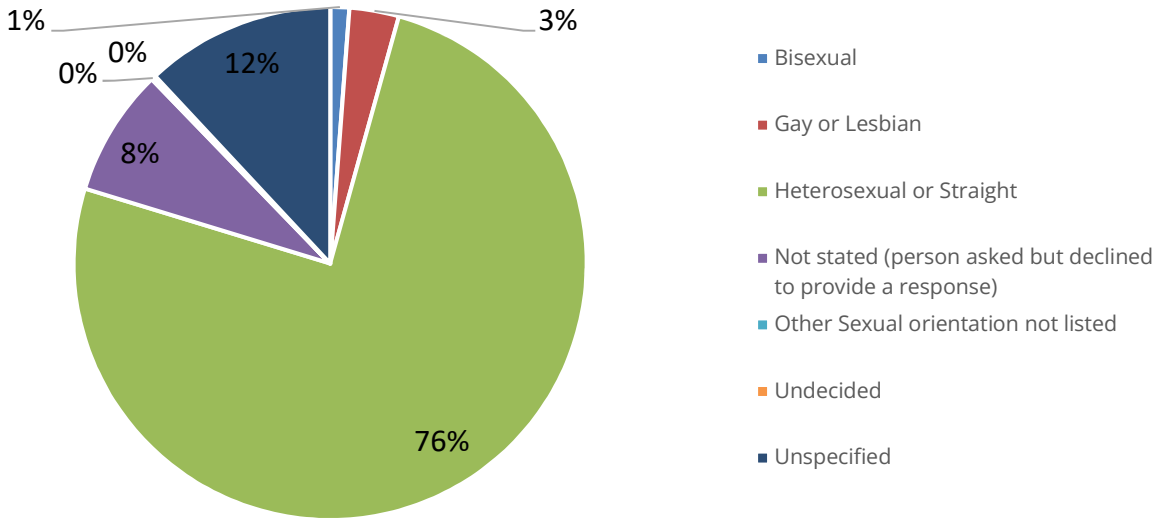
Sex



As of 31 Mar 2024, our workforce consisted of 75% female staff and 25% male staff. (Due to the National Electronic Staff Records (ESR) we also measure binary gender.)

The proportion of female staff has remained at approximately three-quarters of the workforce for several years, significantly higher than among our patients or the local population.

Sexual orientation



The national Electronic Staff Record (ESR) allows staff to self-declare their sexual orientation from one of seven categories. Heterosexual or straight makes up 75.1% of the workforce. The next largest category is unspecified. We are unable to triangulate the impact of the Sexual Orientation of our workforce to our patient data.

NHS Staff Survey

The annual NHS Staff Survey provides insight into staff satisfaction with the organisation and their work. The survey examines a range of inclusion-related issues, which can be broken down by most protected characteristics. This section explores those issues.

The results below are from our 2023 Staff Survey, conducted in autumn 2023.

Staff Survey Questions	Our organisation (2022)	Our organisation (2023)	Sector comparison (2023)	Our organisation vs sector comparison
15. Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	52.2%	54.4%	55%	-0.6% (not significant)
16a. In the last 12 months, I have personally experienced discrimination at work from patients / service users, their relatives or other members of the public. *Negative weighting, low score desirable.*	18.3%	15%	9.1%	+5.9% (significant)
16b. In the last 12 months, I have personally experienced discrimination at work from a manager/team leader or other colleagues. *Negative weighting, low score desirable.*	12.6%	11.5%	9.6%	+2.0 (significant)
16c. Experienced discrimination on grounds of ethnic background. *Negative weighting, low score desirable.*	69.6%	66.8%	54.8%	12.1% (significant)
16c. Experienced discrimination on grounds of gender. *Negative weighting, low score desirable.*	17.3%	19.7%	18.8%	+0.8% (not significant)

Staff Survey Questions	Our organisation (2022)	Our organisation (2023)	Sector comparison (2023)	Our organisation vs sector comparison
16c. Experienced discrimination on grounds of religion. *Negative weighting, low score desirable.*	3.2%	5.4%	5.4%	0.0% (not significant)
16c. Experienced discrimination on grounds of sexual orientation. *Negative weighting, low score desirable.*	4%	3.9%	4.2%	-0.3% (not significant)
16c. Experienced discrimination on grounds of disability. *Negative weighting, low score desirable.*	3.1%	5.3%	8.1%	-2.8% (significant)
16c. Experienced discrimination on grounds of age. *Negative weighting, low score desirable.*	12.8%	17.2%	16.3%	+0.9% (not significant)
21. I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas etc.)	69.5%	72%	69.5%	+2.4% (significant)

Our Staff Survey data highlights significant areas for improvement in addressing discrimination from both patients/service users and their relatives, as well as colleagues and/or managers.

We have a significantly worse score than the sector average for experiencing discrimination based on ethnic background, which remains a key area of concern.

We are committed to addressing these issues and will continue to take action to eliminate discrimination in our workplace.

OUR STAFF AREAS OF FOCUS

Our equality objectives

During 2023/24, we focused on our Equality, Diversity and Inclusion (EDI) action plan and monitored progress through our internal tiered governance structure, including the Belonging Sub-group, Workforce Development Committee, People and Workforce Committee and Board in Common.

We committed to:

- Embed the Board's and senior managers' commitment to improving EDI
- Develop influential staff networks (SN)
- Ensure fairness in disciplinary, grievance and performance management processes
- Ensure fairness in recruitment and progression opportunities
- Improve career progression for under-represented groups
- Eliminate harassment and bullying

In June 2023, NHS England published the NHS EDI Improvement Plan, setting out six targeted actions (see Appendix 3) to address direct and indirect discrimination embedded in behaviours, policies, practices and workplace cultures across the NHS.

Our Trust EDI plan aligns with this framework, and the Belonging Sub-group is responsible for driving progress across these six objectives, monitored as part of our internal governance and assurance framework.

Key highlights in 2023/24

- Received an award and certificate for completing the NHS Employers Diversity in Health and Care Partners Programme.
- Embedded an Equality and Diversity Advisor to the Board role.
- Launched the Above Difference Culturally Intelligent and Inclusive Leadership Development Programme for Divisional Leaders.
- Established the Belonging Sub-group.
- Completed the Equality Delivery System (EDS 2022) assessment.
- Undertook an EDI audit with an external auditor.

- Updated the EDI Action Plan to align with the NHS England EDI Improvement Plan and the six high-impact actions.
- Updated the Equality and Health Inequalities Analysis (EHIA).
- Refreshed the EDI statutory training module.
- Enhanced training for Diversity and Inclusion Champions and undertook a recruitment campaign, increasing the number of champions and introducing an escalation process.
- Signed up to the Race at Work Charter.
- Recognised significant cultural dates, including PRIDE, South Asian Heritage Month, Disability History Month, Black History Month and International Women's Day.
- Completed the deployment of virtual reality (VR) immersive training technology across the Acute Provider Collaborative.
- Introduced a structured interview feedback process for unsuccessful candidates.

Staff networks

We are proud to have active staff networks that support our diverse workforce. Staff networks are important spaces where employees can have open and honest conversations about their work-life experiences, highlighting both successes and areas for improvement.

Currently, we have four staff networks:

- Women's Network
- Disability Network
- ENRICH Network (Equality Network for Race, Inclusion and Cultural Heritage)
- LGBTQ+ Network (Lesbian, Gay, Bisexual, Transgender and Queer)

This year we have:

- Introduced a Staff Network Policy and new chairs for our ENRICH, Women's and Disability staff networks
- Appointed new Executive Sponsors for our ENRICH, Women's and LGBTQ+ staff networks
- Agreed funding for the Staff Network Executive Sponsors and Staff Network Chairs to undertake an Employee Network Leadership Programme

Other standards and reporting to measure inclusion

This section focuses on additional standards and reporting mechanisms the Trust participates in to assess and improve workforce equity.

The Equality Delivery System 2022 (EDS2022)

The Equality Delivery System 2022 (EDS2022) is the foundation of equality improvement within the NHS. It is an accountability framework that enables NHS organisations to review and improve their services, workforce and leadership through active conversations with patients, staff, staff networks, community groups and trade unions. The EDS2022 is evidence-driven and required as part of the NHS Standard Contract.

The framework consists of eleven outcomes across three key domains:

- Commissioned or provided services
- Workforce health and wellbeing
- Inclusive leadership

Each domain contains specific outcomes, which key stakeholders evaluate and score based on available evidence and insight. These ratings provide assurance or highlight areas requiring improvement and action.

Stakeholders rate chosen services against the domain outcomes using the following rating scale:

- Undeveloped activity
- Developing activity
- Achieving activity
- Excelling activity

Domain 1: Commissioned or Provided Services

Overall rating: Achieving

Our Trust collated evidence across three services, with evidence packs graded collaboratively across the North West London Acute Provider Collaborative (APC). For our Trust, we chose Maternity Services, Chaplaincy, and the Discharge Ready Unit.

Stakeholder groups invited to take part included patients, patients' friends and families, carers, patient experience group members, and representatives from the community and voluntary sectors.

A total of six responses were received for this domain from friends and family, carers, patient experience group members, and community and voluntary sector representatives.

Domain 2: Workforce Health and Well-being

Overall rating: Achieving

This domain was assessed and graded at the individual Trust level, with 13 responses received from stakeholders, including health and well-being champions, Mental Health First Aiders, staff networks, Freedom to Speak Up (FTSU) representatives, and trade union representatives.

Domain 3: Inclusive Leadership

Overall rating: Achieving

This was completed in partnership across the NWL APC, with each Trust collating its own evidence. Stakeholders were asked to grade each of the four Trusts as well as the NWL APC.

A total of 15 responses were received across the APC from members of the Acute Provider Collaborative, peer reviewers from another NHS provider, NWL ICS representatives, Board members, union or staff side representatives, and EDI subject matter experts.

You can find our 2023/24 EDS2022 report at www.chelwest.nhs.uk/about-us/organisation/our-way-of-working/equality-diversity/cw-eds-2022-outcome-report-for-2023-24-web-version.pdf

Gender Pay Gap (GPG)

The Gender Pay Gap (GPG) report consists of a set of calculations that enable organisations to identify the mean and median differences in hourly earnings between men and women. Organisations with more than 250 employees must publish this information annually, using snapshot data as of 31 Mar 2024.

Key findings:

- The mean gender pay gap shows that female staff earn 15.9% less than male staff, equating to a difference of £4.76 per hour.
- The median gender pay gap shows that female staff earn 12.2% less than male staff, equating to a difference of £3.19 per hour.

You can find our 2023/24 GPG report at www.chelwest.nhs.uk/about-us/organisation/our-way-of-working/equality-diversity/gender-pay-gap-reporting

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) came into force in 2015 and is an annual submission completed by all NHS providers. It compares nine key metrics regarding the experiences of Black, Asian, and minority ethnic (BAME) staff compared to White staff within the Trust. Areas of improvement from last year are highlighted in green.

Key findings as at 31 Mar 2024:

WRES indicator score	Trust score 2024	Trust score 2023	Trust score 2022	Trust score 2021	Trust score 2020	Trust score 2019
2 – likelihood of appointment following shortlisting (non-BAME staff)	1.62	1.71	1.72	1.60	1.40	1.60
3 – likelihood of BME staff entering formal disciplinary process	1.02	1.56	1.77	1.91	2.41	2.65
4 – likelihood of access to non-mandatory training/CPD (non-BAME staff)	0.97	0.90	0.90	1.08	1.03	0.99
9 – BME Voting Board Representation (where ethnicity declared)	30%	30%	30%	27%	6%	6%

You can find our 2023/24 WRES report at www.chelwest.nhs.uk/about-us/organisation/our-way-of-working/equality-diversity/annual-wres-report-2024-final.pdf

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) came into effect on 1 Apr 2019 and consists of ten key measures (metrics) that enable NHS organisations to compare workplace and career experiences between disabled and non-disabled staff.

Key findings as at 31 Mar 2024:

WDES indicator score	Trust score 2024	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	1.18	1.14	1.74	1.54	1.09	1.20
3 – likelihood of disabled staff entering the formal capability process	0 times more likely	0	1.95	3.89	2.24	2.04
8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	68.2%	68%	65.1%	69.3%	75.4%	78.0%
9 – Board voting membership	0%	0%	10%	0%	0%	0%

You can find our 2023/24 WDES report at www.chelwest.nhs.uk/about-us/organisation/our-way-of-working/equality-diversity/annual-wdes-report-23-24-web-version.pdf

OUR NEXT STEPS

As a Trust, we recognise that nearly 85% of an individual's health may be determined by the conditions in which they are born, grow, live, work and age.[1] As a result, a major focus of our strategy is ensuring we address these wider determinants of health. We embrace our role as an anchor institution in the community and recognise the opportunity this gives us to better support the people who live and work locally.

To effectively improve health outcomes, we understand that it is more important than ever to collaborate with partners beyond our Trust walls. This includes:

- Prioritising our role as a collaborator within the North West London (NWL) Integrated Care System, helping to deliver on its strategy.
- Maximising our resources by working as a member of the NWL Acute Provider Collaborative.
- Partnering with Imperial College Healthcare NHS Trust and Imperial College London to deliver an integrated system of paediatric services as part of the West London Children's Healthcare Alliance.
- Building relationships across our communities with primary care, social and voluntary sectors and borough-based partners to provide more holistic and integrated support.
- Sustaining and extending our relationship with CW+, our charity partner, and co-founding CW Innovation to create world-leading clinical environments that drive the best possible care for our patients.

[1] The Kings Fund. *Broader determinants of health: Future trends*. Accessed at www.kingsfund.org.uk/projects/time-think-differently/trends-broaderdeterminants-health

Priority initiatives

Serve as an anchor institution to grow the social and economic health of our communities

- Continue as a leader within the NHS Anchor Community of Practice on employment.
- Develop a partnership plan with Imperial College and other stakeholders to enhance our community health impact through employment opportunities, local purchasing, capital and estates use and environmental sustainability.

Embed prevention and health improvement in our clinical services

Expand our internal health improvement initiatives in line with the NWL framework and priorities, including delivering Smokeless, our in-house smoking cessation service.

- Update our understanding of our population profile and explore opportunities to better align services with the health needs of our communities.
- Proactively design services to meet the needs of our diverse population, explicitly addressing inequalities and unwarranted variations in outcomes.

Build integration through partnerships and system working

- Continue to engage as a leader in place-based working, focusing on building new pathways and models of care across the community, in line with the NWL Integrated Care System strategy and system-wide best practices.
- Maximise our impact by pursuing partnership initiatives as a member of the Acute Provider Collaborative.

Increase equitable access to our services

- Establish an Equity of Access Framework to improve access to care, treatment and support for all individuals in our communities.

Deliver the 2024/25 belonging sub-group action plan

- Ensure fairness and a just culture in disciplinary, grievance and performance management processes.
- Embed mediation and informal resolution capabilities to reduce the number of formal procedures.
- Develop career progression programmes for under-represented groups, specifically staff from the global majority.
- Understand the contributing factors to our gender pay gap (GPG) and implement plans to address disparities.
- Support leadership development to embed equality impact assessments across all elements of Trust service provision.
- Standardise the application of reasonable adjustments terminology to support workforce health, wellbeing and equity, while tracking the timeliness of support.

Addressing key challenges

To build on our successes and achievements, we recognise the need to tackle persistent challenges. Steps we will take to address the challenges highlighted in this report include:

- Improving response rates to the Friends and Family Test (FFT) to enable a more representative view of inpatient experience.
- Continuing to enhance the complaints process, ensuring it is meaningful and helpful for patients, with responses in plain English and clear outcome explanations.

- Increasing compliance percentages among patients for protected characteristic data (e.g. religion, sexual orientation, disability) following the integration of WSIC, as there remain gaps in reporting.
- Improving declaration rates of protected characteristics within the Electronic Staff Record (ESR), as no significant improvement has been seen over the past year.

Conclusion

We recognise that failure to provide a safe, inclusive and culturally adaptive environment could negatively impact staff experience, morale and retention, affecting our ability to meet *Strategic Priority 2: Be an Employer of Choice,* which in turn could impact patient care.

If we do not continue to improve equity and inclusion, this will also affect our ability to deliver our strategic priorities.

We remain committed to delivering our equity and inclusion agenda to drive meaningful impact for the growth and improvement of our Trust.

Our senior leaders are responsible for ensuring effective communication, engagement across multiple channels and opportunities for feedback.

We aim to create a reality where every individual has accountability for embedding equity and inclusion, ensuring we become a truly inclusive Trust.

APPENDIX 1

Patient Experience and Engagement Strategy 2023–26

Key achievements

- Regular engagement and interactions with Healthwatch partners for projects/representatives within the Hounslow Borough Based Partnership (BBP) for collaborative working across the borough and with local community groups, such as Action Disability Kensington and Chelsea (ADKC), Ilays (East African Community), NWL BME Health Forum and the Hounslow Muslim community group for PLACE assessments and other activities.

- Despite aiming to move away from response rate % for the 2024/25 year, the Trust did achieve the aspiration of a 15% response rate for 2023/24, which was 5% higher than the national average and suggests we offer patients a lot of opportunities to provide us with feedback.

- Qualitative patient experience data, such as patient stories, CareOpinion messages and ward accreditation data, have been used to help services gain deeper insights into the experiences of patients in their areas.

Key risks/challenges

- There are a number of different patient experience work streams (e.g. complaints, PALS, FFT, local surveys, ward accreditation, PLACE, engagement activities), each with its own dashboards and systems. This creates resource and interpretation challenges when triangulating the data. The associated risk is that the Trust is unable to identify deeper, accurate and more valuable user insights for improvement initiatives.

- The patient involvement charter, which provides the Trust with a standardised approach to user involvement, was co-produced with patients and the public between June and December 2023. This charter was approved in principle by the senior nursing cabinet in January 2024—however, it cannot be implemented until the remuneration process is clarified. This is ongoing.

- While patient stories have started to be gathered and shared in certain meetings and groups, there needs to be greater integration of patient stories within services and across the Trust to influence change and improve patient experience.

- The FFT dashboard does not support easy analysis of demographic data, meaning it can be resource-intensive to fully review this type of information to identify inequalities in experience.
- Continued work is needed to improve the complaints process to make it meaningful and helpful for patients, ensuring responses are in plain English and that outcomes are clearly explained.

APPENDIX 2

Patient Experience and Engagement Strategy year two priorities

Objective 1: Involvement

- Patient involvement charter approved, implemented and evaluated
- Do more targeted engagement with under-represented groups to gain a greater understanding of population health needs
- Continue to report on involvement activities happening within each division
- Look at developing an involvement impact framework

Objective 2: Feedback

- Look at how we can integrate patient stories more into divisions, build a repository of stories for different uses and evaluate their impact
- Support inpatient and outpatient areas in improving survey response totals, giving more patients opportunities to provide feedback on care
- Expand FFT questions to allow for greater experience insights and undertake targeted surveys/interviews where appropriate

Objective 3: Culture

- Look into systems or processes to support more effective triangulation of patient experience data, allowing for deeper and more valuable insights
- Explore ways to help staff from all grades and roles understand the insights of their patient experience data

Objective 4: Accessibility and partnerships

- Explore ways to ensure protected characteristic and demographic data is captured at each visit
- Explore alternative ways to analyse feedback data to identify any experience inequalities

APPENDIX 3

NHS England EDI Improvement Plan high impact areas

This plan prioritises the following six high-impact actions to address the widely known intersectional impacts of discrimination and bias.

1. Measurable objectives on EDI for chairs, chief executives and board members

Success metric:

- 1a. Annual Chair/CEO appraisals on EDI objectives via the Board Assurance Framework (BAF).

2. Overhaul recruitment processes and embed talent management processes

Success metrics:

- 2a. Relative likelihood of staff being appointed from shortlisting across all posts
- 2b. NSS question on access to career progression, training and development opportunities
- 2c. Improvement in race and disability representation, leading to parity
- 2d. Improvement in representation at senior leadership levels (Band 8C upwards)
- 2e. Diversity in shortlisted candidates
- 2f. NETS Combined Indicator Score metric on quality of training

3. Eliminate total pay gaps with respect to race, disability and gender

Success metric:

- 3a. Improvement in gender, race and disability pay gap

4. Address health inequalities within the workforce

Success metrics:

- 4a. NSS question on organisation action on health and wellbeing concerns
- 4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training
- 4c. To be developed in Year 2

5. Comprehensive induction and on boarding programme for internationally recruited staff

Success metrics:

- 5a. NSS question on belonging for IR staff
- 5b. NSS question on bullying and harassment from team/line manager for IR staff
- 5c. NETS Combined Indicator Score metric on quality of training for IR staff

6. Eliminate conditions and environments in which bullying, harassment and physical harassment occurs

Success metrics:

- 6a. Improvement in staff survey results on bullying/harassment from line managers/teams (ALL staff)
- 6b. Improvement in staff survey results on discrimination from line managers/teams (ALL staff)
- 6c. NETS Bullying & Harassment score metric (NHS professional groups)