Chelsea and Westminster Hospital NHS Foundation Trust

Workforce Equality and Diversity Report 2020/21

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SECTION 1

INTRODUCTION

We are happy to present our workforce equality report with details of the actions taken to address our identified gaps. We have a duty within the NHS standard contract to report on Public Sector Equality Duty (PSED) and clear responsibilities under the Equality Act 2010.

Our Trust is committed to providing fair and inclusive services for our patients and we offer fair and inclusive employment to our staff. Throughout the last year we have continued to focus on embedding equality, diversity and inclusion and have tried to remove barriers to reduce inequities.

The COVID-19 pandemic has had a major impact in all NHS organisations and has highlighted inequality, inequity and negative impact across the protected characteristics. Our staff have been challenged by the response to the COVID-19 pandemic and we have learnt many lessons. Our learning will form part of our year 2 and year 3 Equality, Diversity and Inclusion (EDI) plan enabling us to foster a culture of inclusion and belonging and live our PROUD values bringing our EDI ambitions alive.

For us to be respondent to our patients and staff we need take into account their diverse needs. We need to be open and honest and have brave conversations about diversity and inclusion. We must be unfailingly kind in all of our interactions and determined to develop in this area.

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

Our report includes:

- An outline of our vision at the Trust to be the employer of choice
- An overview of key achievements
- The profile of our workforce and key findings
- Future plans for 2021/22 based on our priority areas for action

We undoubtedly have more work to undertake to ensure that we improve the experience of our people and our patients. The NHS People Plan outlines nine priority areas to support our NHS staff and its imperative we get this right. As staff that have a clear belonging in the NHS have a better line of sight into improving services and also deliver better patient care. Our trust ambition is to ensure all our staff have a great experience working at our Trust.

Our Board Diversity and Inclusion Advisor role provides assurance to the Trust to recognise, resolve and address equality gaps and inequities.

This report and the [1]EDI plan will map our journey to guarantee we achieve our ambitious plan and improve the experiences of our staff and our patients. Inclusion is **not** a choice, but simply the way we work.

Sue Smith
Interim Director of Human Resources and OD

Gubby Ayida
Board Diversity and Inclusion Advisor

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[1] Equality, Diversity and Inclusion

Workforce Equality and Diversity Report 2020/21

SECTION 2

OUR STRATEGIC PRIORITIES

The Trust has three strategic priorities:

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

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

- **P**utting patients first
- **R**esponsive to patients and staff
- **O**pen and honest
- **U**nfailingly kind
- **D**etermined to develop

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

Key findings

Our workforce remains broadly representative of the population we serve and the workforce data is similar to previous years. The data in the report covers financial year 2020/21 running 1 Apr 2020 to 31 Mar 2021.

- 2% declare a disability
- 75% female staff
- 46% BAME staff
- **Trust workforce**
- 99 nationalities
- 22% work part-time
- 3% of staff are bisexual, gay or lesbian

Workforce Equality and Diversity Report 2020/21
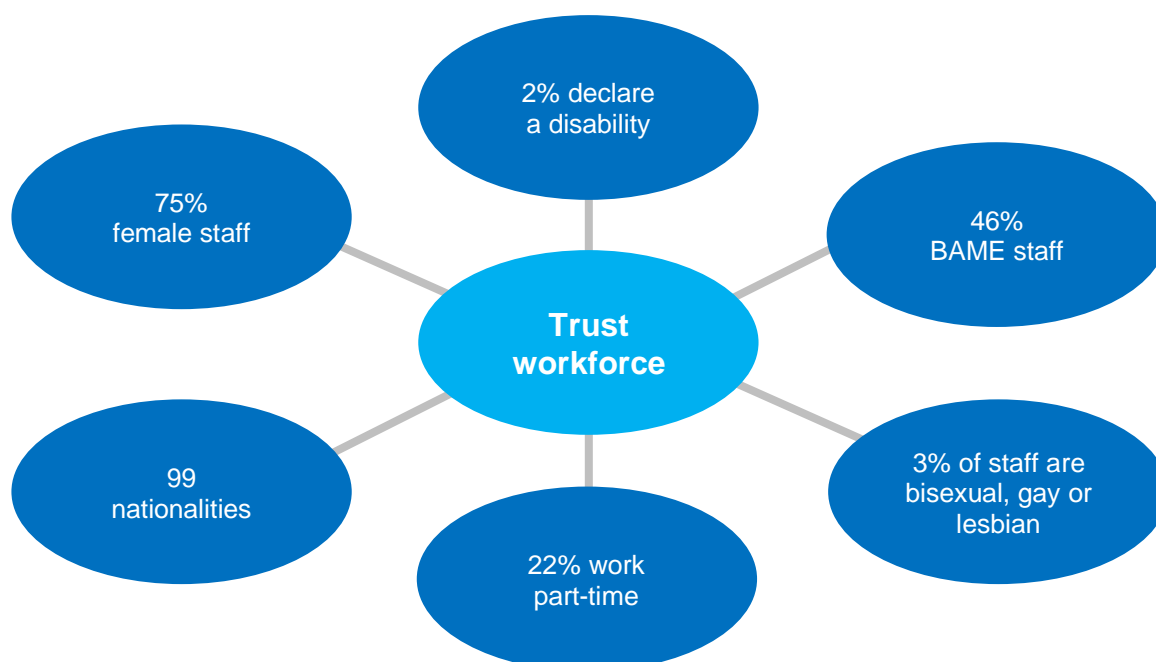
- Our 2020 staff survey results highlight that, as a Trust, we score below average at 8.5 for equality, diversity and inclusion compared to other Trusts—the best Trust scored 9.5 and the average was 9.1

- The staff survey highlighted that the percentage of staff stating their manager takes a positive interest in their health and wellbeing improved and the number of staff looking to leave the organisation reduced.

- There has been a continued increase in the overall percentage of [2]BAME staff that make up the workforce population— BAME staff now make up 46.8% of the workforce with white staff 44.7% and for the remaining 8.5% their ethnicity is unknown.

- BAME staff report a poorer experience than non-BAME staff, for example, non-BAME staff are 1.6x more likely to be shortlisted than BAME, and BAME staff are 1.9x more likely to enter into formal disciplinary processes than non-BAME staff, which is higher than the expected range of 0.8 - 1.25 for 2021 set out by NHS England and NHS Improvement.

- The gender pay gap report highlighted that female employees earn an hourly mean average pay of 16.4% less than male employees.

- Only 2% of staff have declared a disability yet 12.3% stated in the confidential staff survey that they had a disability, highlighting significant under-reporting.

[2] BAME – Black, Asian Minority Ethnic

SECTION 3

KEY ACHIEVEMENTS

We are proud to have achieved the following as at July 2021:

- Launched a disability staff network sponsored by an executive board member and the Trust is participating in the Calibre Leadership Programme hosted by Imperial College hosted by Imperial Healthcare NHS Trust.

- Improvement in closing the Gender Pay Gap between females and males from 17.7% to 16.4%.

- Completed and evaluated a Reciprocal Mentoring for Inclusion programme in which Trust executives and senior leaders were mentees by diverse, under-represented staff members from across the organisation.

- Continued reduction in the overall number of formal employee relations cases.

- Improvement in our Workforce Race Equality Standard indicators 3 and 4 scores.

- Senior level participation in the [3]WRES expert's programme.

- Improvement in the probation cases percentage affecting BAME staff.

- Membership on the North West London Inclusion Board which focuses on equality, diversity and inclusion across the sector

- Trust participation on NWL Leadership Ladder and Inclusive and Compassionate Pilot programmes.

[3]Workforce Race Equality Standard

SECTION 4

FUTURE ACTIONS AND PRIORITIES FOR 2021/22

Our future actions and priorities for 2021/22 are to:

- Update the Chelwest People Strategy

- Widen the Reciprocal Mentoring for Inclusion Programme across the organisation

- Review and update the Improving Equality, Diversity and Inclusion Action Plan

- Embed inclusion objectives into senior and middle managers appraisal process

- Continue to improve key metrics for WRES/[4]WDES/Gender Pay Gap and be among the best performing Trusts nationally.

- Expand the Diversity and Inclusion champions programme to appointments at Band 7.

- Pilot an innovative form of Equality, Diversity and Inclusion training for staff by using virtual embodiment and Implicit Association Testing (IAT).

[4] Workforce Disability Equality Standard

SECTION 5

WORKFORCE COMPOSITION

At the end of financial year (FY) 2020/21, the Trust had 6,495 substantive staff, an increase of 101 (1.5%) compared to the end of FY 2019/20. This compares to a 3.5% increase from FY 2018/19 to 2019/20. The section provides a high-level summary of the workforce composition by protected characteristics.

Workforce composition by ethnicity

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

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

44.7% of our workforce (2,903 staff) identify as non-BAME compared to 46.8% (3,043 staff) as BAME. This compares with 46% and 46% respectively at the same point last year. 8.5% (549) of our staff are recorded as 'not stated', which whilst a small increase of 20 on the previous year has not changed the percentage of the workforce population.

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

Trust diversity compared to London

	Asian	Black	Mixed	White British	White other	Other
Chelsea and Westminster	25%	13%	4%	31%	13%	13%
London (2020)[1]	18.5%	13.3%	5.0%	44.9%	14.9%	3.4%

BAME staff remain the majority of staff in [5]AfC bands 2–5, whilst BAME staff now make up the majority group of the total workforce there has not been a significant increase in any grade or particular staff group.

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

There have been no significant decreases in non-BAME staff in grades or across staff groups.

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[5] AfC -Agenda for Change

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[1] www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest

Pay grade distribution of non-BAME and BAME staff across staff groups
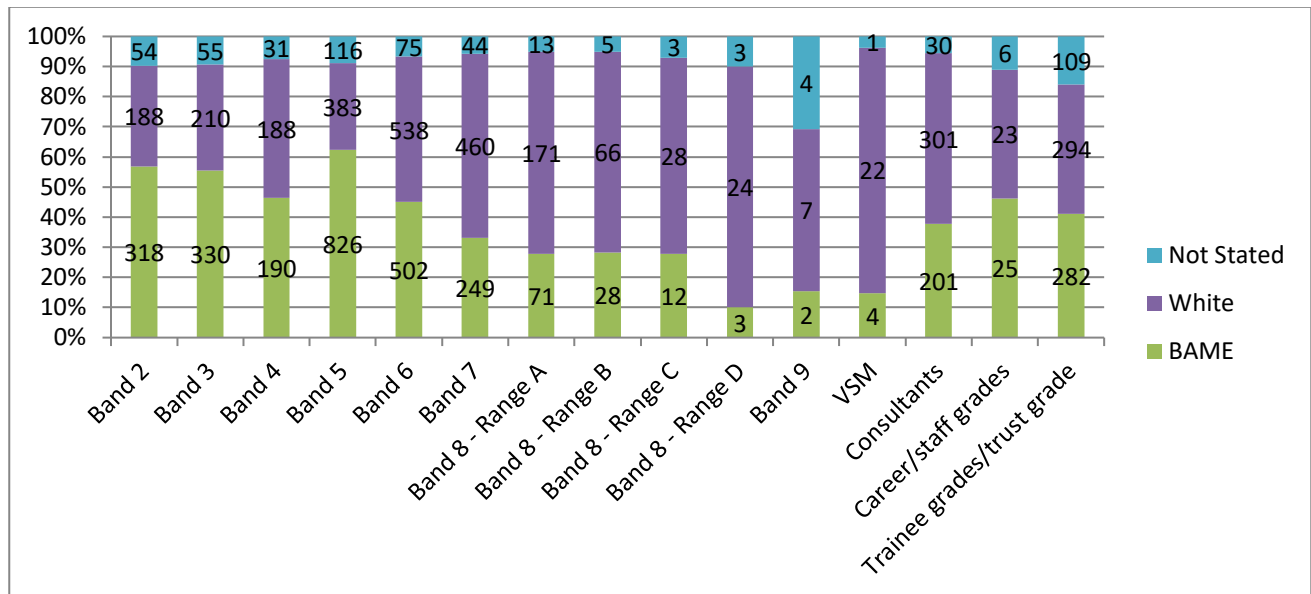
Workforce composition by age

Age profile by pay grade
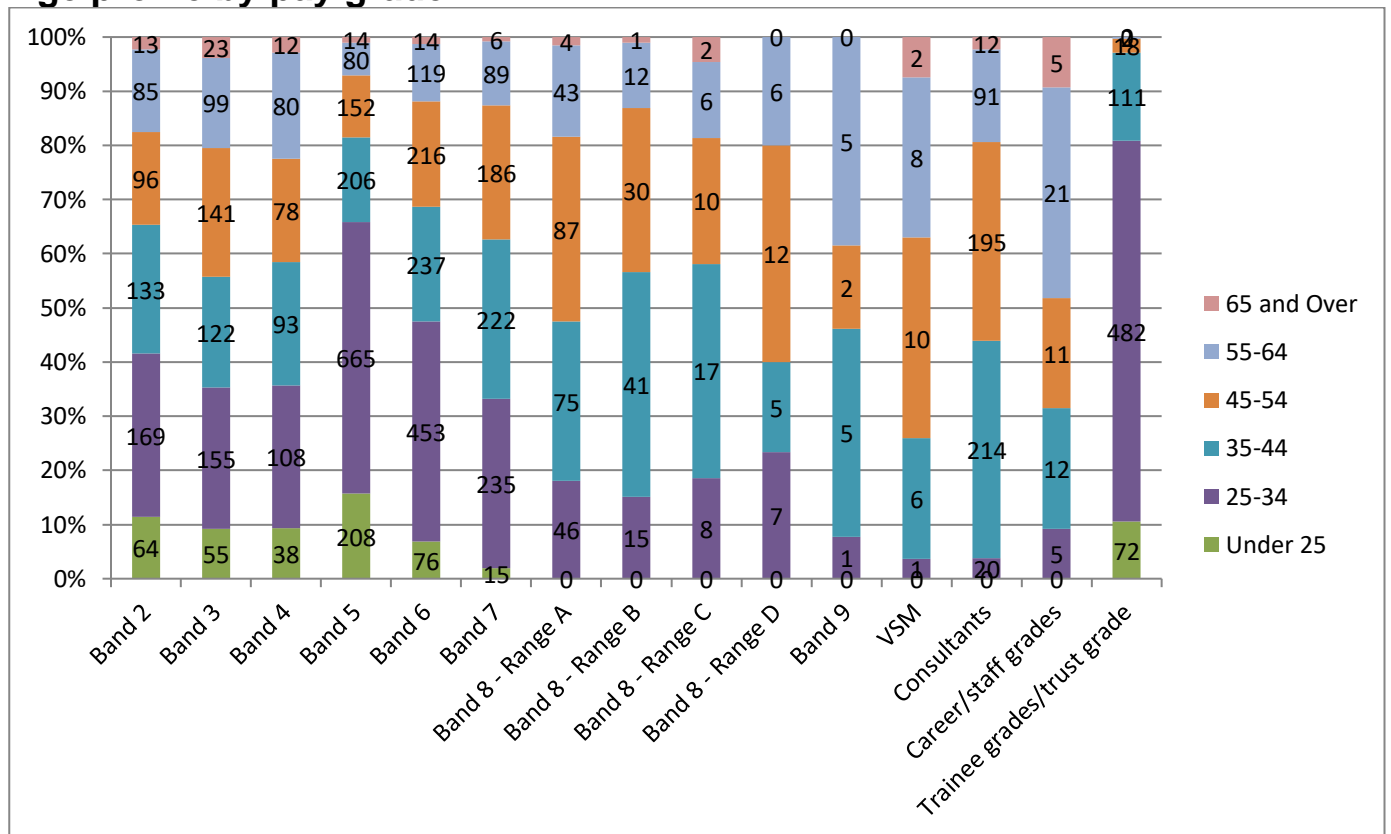
Age ranges of our workforce

Age range	2020/2021
<25	9%
25–34	36%
35–44	23%
45–54	19%
55–64	11%
65+	2%

The 25–34 age range remains as last year the single largest age group, accounting for 36% of the Trust workforce—a decrease of 2% on the previous year. The 35–44 age range is the second-largest group at 23%.   59% of the Trust workforce is aged between 25 and 44 years old with the 45- 54 age group accounting for 19% with staff aged 55 and over accounting for 13% of workforce.

Workforce composition by Gender

Our workforce consists of 75 % (4,899) female staff and 25% (1,596) male staff this has not changed since last year. In AfC bands 2–8D there are more females than males in each of these grades. NHS Employers indicate there is a binary gender split of 77% females and 23% males so we have an underrepresentation of 2% for female staff. On the [6]Electronic Staff Records we are unable to record non-binary gender which is a national NHS issue when reporting on gender.

At Band 9 the split is just over 50% in favour of females which is a change from last year where the split was 50:50. In the medical grades, including consultant grade, there remain more females than males.

The very senior manager (VSM) grade is the only grade where the gender balance is in favour of males by 55% to 44%. This is a change from 60% to 40% male to female ratio in the previous year.

[6] ESR - Electronic Staff Records

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Gender profile by band

	Male	Female
Band 2	127	433
Band 3	168	427
Band 4	92	317
Band 5	201	1124
Band 6	173	942
Band 7	132	621
Band 8 - Range A	71	184
Band 8 - Range B	33	66
Band 8 - Range C	21	22
Band 8 - Range…	14	16
Band 9	6	7
Career/staff…	32	36
Consultants	249	271
Trainee…	262	421
VSM	15	12
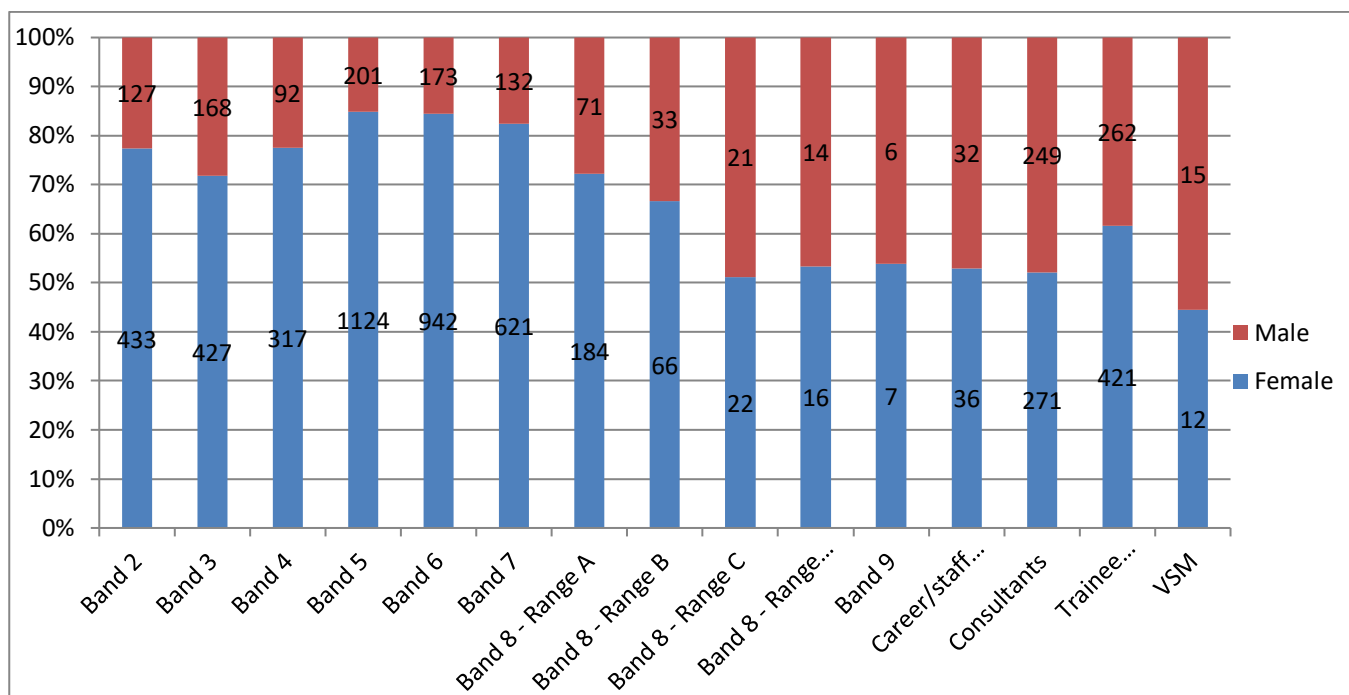
Trust Board of Directors composition by Gender and Ethnicity

The Board of Directors comprises 11 voting members —the Chief Executive supported by 4 executive directors and 6 Non-Executive Directors.

- Deputy Chief Executive and COO
- Medical Director and CCIO
- Chief Financial Officer
- Chief Nursing Officer

At 31 Mar 2021, the gender balance at executive director level was 36.4% female and 63.6% male compared to the overall workforce profile of 75% female and 25% male, this data has changed from last year as an increase of 20.6% for males at Board.

Trust Board by Gender
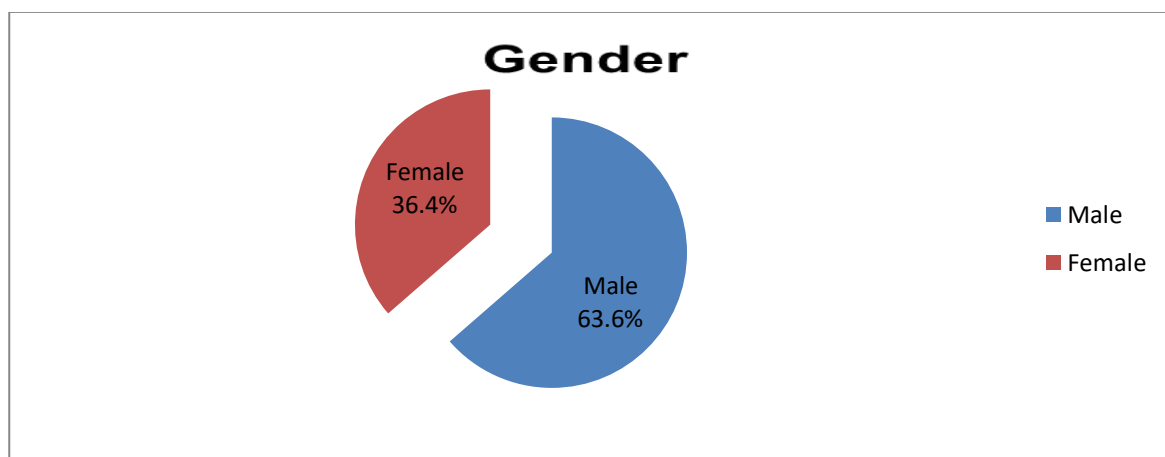
The ethnicity profile of the 11 voting members of the Board, including Executive Directors and Non-Executive Directors is 73% non-BAME with 27% BAME staff at this level within the organisation.

Ethnicity
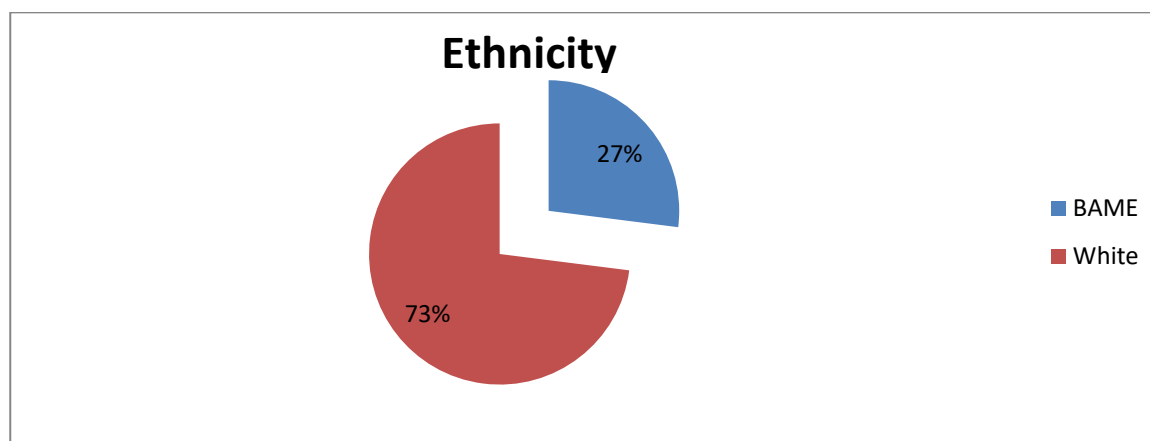
Workforce Composition by Religious Belief

In 2020/21, the majority of staff, who stated a religious belief, identify as Christian (43%), which has remained the same as in 2019/20. There has been a 3% increase in declaration of staff stating Islam as their religious belief 9% in 2020/21 from 6% in 2019/20 (which is a 33% increase in declarations in Islam for electronic staff records).   Other religious groups have changed less than 1% since last year.

The percentage of staff recorded as unspecified, meaning no data is recorded on the electronic staff record (ESR) system is 17% a decrease from 18% the previous year.

| Religious belief	2019/2020	Number	2020/21
Atheism	10%	675	10%
Buddhism	<1%	64	1%
Christianity	43%	2837	43%
Hinduism	5%	319	5%
Islam	6%	641	9%
Jainism	<1%	427	<1%
Judaism	<1%	13	<1%
Sikhism	2%	27	1%
Did not wish to disclose religion/belief	11%	295	10%
Other	4%	100	4%
Unspecified	18%	1097	17%
Total	**100%**	**6495**	**100%**

Workforce Composition by Sexual Orientation

In 2020/21, the majority of our staff (70%) identify as heterosexual, an increase of 1% from the previous year. 3% of staff declare themselves as gay or lesbian and less than 1% as bisexual.

Declaration rates in other groups have changed by less than 1% from last year. The percentage in the undefined category is 17%, which has reduced from 18% last year.

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Sexual Orientation	2019/2020	Number	2020/2021
Bisexual	<1%	72	<1%
Gay or lesbian	3%	180	3%
Heterosexual or straight	69%	4566	70%
Not stated (person asked but declined to provide a response)	10%	601	9%
Other sexual orientation not listed	<1%	4	<1%
Undecided	<1%	3	<1%
Undefined	18%	1094	17%
Total	**6,394**	**6495**	**100%**

Workforce Composition by Disability

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

In 2020/21, 132 staff (2%) have a disability declared on the Trust ESR system. Whilst this is a small increase in the actual number declaring, previously (123) it is not enough to make a change in the declaration percentage.

Disability Declaration	2019/2020	2020/2021	Percentage 2020/2021
No	4779	4873	75%
Not Declared	170	156	2%
Prefer Not to Answer	16	13	<1%
Unspecified	1306	1321	20%
Yes	123	132	2%
Total	**6,394**	**6,495**	**100%**

A total of 1,477 staff were in the 'not declared' and 'unspecified' categories an increase of one on the previous year. 156 staff did not declare if they had a disability and 13 staff preferred not to answer. There has been a 6% reduction in the 'not declared' and 'unspecified' categories since 2019/20.

The 2020 staff survey shows that 3,500 members of staff responded to the question "*Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?*

Of these respondents 12.3% (403) members of staff stated that they had. This means that 271 members of staff have not declared their disability on ESR.

Workforce composition by disability

Workforce Composition By Disability 2020-2021

Legend:
- No 4873
- Not Declared 156
- Prefer Not To Answer 13
- Unspecified 1321
- Yes 132
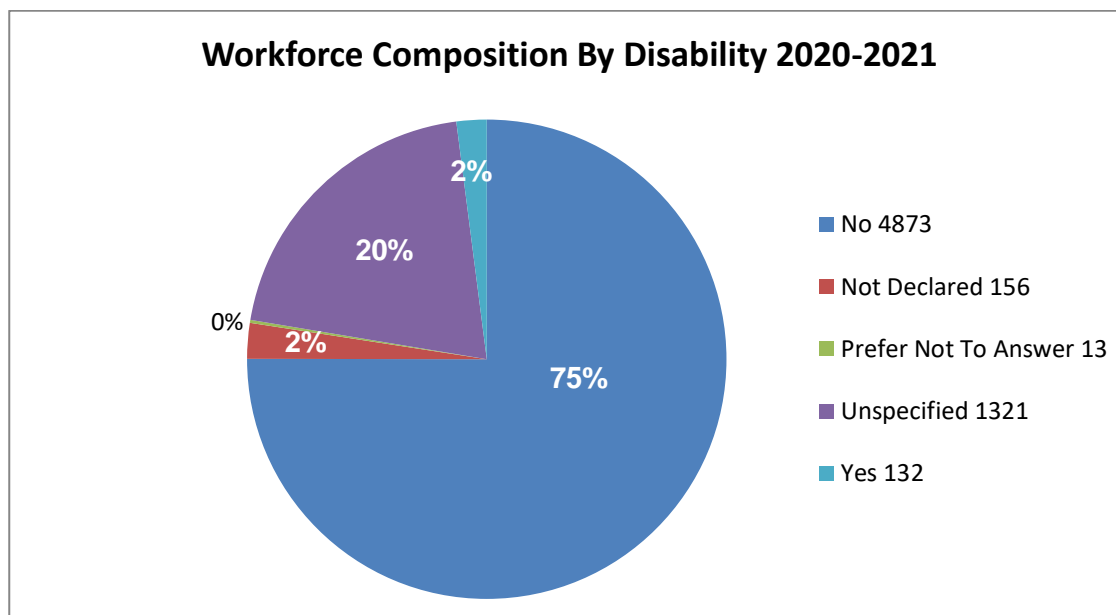
Workforce Disability Equality Standard (WDES)

Every NHS organisation is required to submit 10 evidenced-based metrics and action plans to NHS England by 31 Aug 2021. The Trust's WDES metrics and action plan can be found at www.chelwest.nhs.uk/equalityinfo.

Disability, sexual orientation and religion data quality

We highlight the importance of completing demographic data by encouraging staff to update their information on our ESR self-service system and by utilising robust data capture processes when new employees join the Trust.

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

Protected characteristic	Known status for all staff at 31 Mar 2019	Known status for all staff at 31 Mar 2020	Known status for all staff at 31 Mar 2021
Disability	77%	77%	80%
Sexual orientation	79%	82%	83%
Religion	79%	82%	83%

Staff Networks

The Trust's BAME, Women's, [7]LGBTQ+ and Disability staff networks continue to provide an important way for staff to have a voice, influence ideas and thinking around the organisation and provide opportunities to convey their experiences. Staff networks also enable staff to feel empowered to help shape workplace culture and the environment in which they work. In 2021/22, the Trust will continue to develop the staff networks and the roles that they can play in in ensuring the Trust is a fair, inclusive and welcoming environment for all of our staff and those who become our staff in the future.

[7]Lesbian,Gay,Bisexual,Transgender,Queer +

SECTION 6

RECRUITMENT

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

The Trust uses the NHS Jobs website as its main source for advertising internal and external vacancies and undertakes periodic overseas recruitment, primarily for nursing staff. Our recruitment management system is TRAC which is a system used by the majority of NHS organisations. As a result of the COVID19 pandemic the Trust practices of interviewing shortlisted applicants moved online, however the principles of transparency and openness remained at the forefront.

Recruitment for Leadership Diversity

Diversity and Inclusion Champions

Launched in January 2020 originally as part of the Improving Race Equality through Promoting Fairness Action Plan— Year 1 2019/20 Objective 4: *"Ensure fairness of recruitment processes and progression opportunities for under-represented staff"*

In conjunction with the BAME staff network the key action was to identify and train interview experts from BAME backgrounds to participate in interview panels at Agenda for Change band 8a and above. This was expanded as part of the Improving Equality and Diversity Action Plan to include staff from diverse backgrounds and not just BAME staff.

The intended outcomes were more diverse interview panels for appointments at AfC Band 8a and above which in turn would be to improved scores in:

- Staff Survey question 14 *"Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?"*

- *WRES Indicator 2*

During the first and second waves of the pandemic although recruitment activity did not stop it impacted on the ability to provide the face to face training to recruit additional Diversity and Inclusion champions. In 2021/22 the training will be reviewed and revived to increase the number of champions to support this initiative and we plan to extend the champions programme to recruitment for AfC Bands 6–7 and medical appointments during years 2–3 of our Improving Equality, Diversity and Inclusion Action Plan.

5 Year projection of numbers of BAME staff in post

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

BAME staff in post 2020

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

BAME staff in post 2021

	2021 ambition	2021 actual	Gap
Band 8a	82	71	-11
Band 8b	29	28	-1
Band 8c	12	12	0
Band 8d	7	3	-4
Band 9	3	2	-1
VSM	7	4	-3

Recruitment by Ethnicity

63% of all non-medical job applications in 2020/21 were by candidates from a BAME background, the previous year this percentage was 67%. For medical posts (excluding junior doctors in training), 85% of all applicants were from a BAME background, which remains consistent with the previous year.

At the application stage, 4.3% of non-medical applicants choose not to disclose their ethnicity, an increase from 3.5% in 2019/2020. For medical applicants, 2.8% chose not to disclose their ethnicity which remained consistent with the previous year.

At the shortlisting stage, 53% of BAME candidates were shortlisted for non-medical posts, compared to 57% in 2019/20. For medical posts, 59% of BAME candidates were shortlisted, compared to 60% the previous year.

At the appointment stage, 37% of BAME applicants were appointed for non-medical posts, a decrease from 40% from the previous year. For medical posts, 44% of BAME applicants were appointed, a decrease from 45% the previous year.

Recruitment analysis by ethnicity (non-medical and medical posts combined)

Ethnic group	% of		
	Applicants	Shortlisted	Appointed
BAME	69%	53%	38%
Non-BAME	27%	40%	44%
Not stated	4%	7%	18%
Total n°	**28,604**	**4,999**	**1,117**

Relative likelihood of being appointed from shortlisting by ethnicity

Descriptor	Non-BAME	BAME
Number of shortlisted applicants	1968	2673
Number appointed from shortlisting	489	428
Relative likelihood of non-BAME candidates being appointed over BAME staff at shortlisting stage	1.5	

The likelihood of non-BAME candidates being appointed from shortlisting in 2020/21 is 1.5 times greater than BAME staff. This likelihood was 1.4 times in 2019/20.

Recruitment by Gender

Recruitment analysis by gender shows that 58% of applications were from female applicants and 40% from male applicants. 2% of applicants chose not to disclose their gender.

Recruitment analysis by gender

Group	% of		
	Applicants	Shortlisted	Appointed
Female	58%	68%	73%
Male	40%	31%	26%
Do not wish to disclose	2%	1%	1%
Total number	**28,604**	**4,999**	**1,117**

Recruitment by age, disability, sexual orientation and religion

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

- The 25–34 age group makes up the largest percentage of applicants and appointees
- 3% of appointees declared a disability, which reflects the percentage of applicants
- 89% of applicants identified as heterosexual
- 41% of applicants identified as Christian

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Recruitment analysis by age

Group	% of		
	Applicants	Shortlisted	Appointed
<25	14%	14%	15%
25-34	53%	46%	51%
35-44	20%	23%	21%
45-54	9%	12%	10%
55-64	2%	3%	2%
65+	1%	2%	<1%
Not stated	<1%	0%	0%
Total number	28,604	4,999	1,117

Recruitment analysis by Disability

Group	% of		
	Applicants	Shortlisted	Appointed
No	94%	89%	80%
Not stated	3%	5%	17%
Yes	3%	5%	3%
Total number	28,604	4,999	1,117

Recruitment analysis by sexual orientation

Group	% of		
	Applicants	Shortlisted	Appointed
Bisexual	1%	2%	1%
**Persons of the same sex (gay)	0%	0%	0%
Heterosexual	89%	86%	85%
**Persons of the same sex (Lesbian)	0%	0%	0%
*Other sexual orientation not listed	<1%	<1%	<1%
***Gay or lesbian	4%	6%	6%
*Undecided	<1%	<1%	<1%
I do not wish to describe my sexual orientation	5%	5%	5%
Total number	28,604	4,999	1,117

In 2020/2021 the TRAC recruitment system expanded the number of responses available under sexual orientation.

*Two new categories were added: Other sexual orientation not listed and Undecided
**Persons of the same sex (Lesbian) and Persons of the same sex (gay) were added as additional options
*** Gay or lesbian which had previously been individual options were put together

Recruitment analysis by religion

Group	% of		
	Applicants	Shortlisted	Appointed
Atheism	8%	13%	15%
Buddhism	1%	1%	1%
Christianity	41%	42%	37%
Hinduism	7%	6%	4%
Not disclosed	10%	14%	25%
Islam	25%	14%	10%
Jainism	<1%	<1%	<1%
Judaism	<1%	<1%	<1%
Sikhism	2%	2%	1%
Other	5%	7%	6%
Total number	28,604	4,999	1,117

Workforce Equality and Diversity Report 2020/21

SECTION 7

NON-MANDATORY TRAINING

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

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

The data is based on substantive staff and leavers only throughout the 2020/21 financial year recorded within ESR or the CPPD database. An additional 109 non-substantive staff attended non mandatory training during this period but are not included in the above statistics. (e.g. bank, honorary or seconded staff).

It is important to note during the COVID19 pandemic Health Education England stopped funding as universities and colleges were all closed. All national courses also stopped so the Trust significantly reduced additional learning during 2020-2021. The Trust also cancelled all training and provided only COVID skills training.

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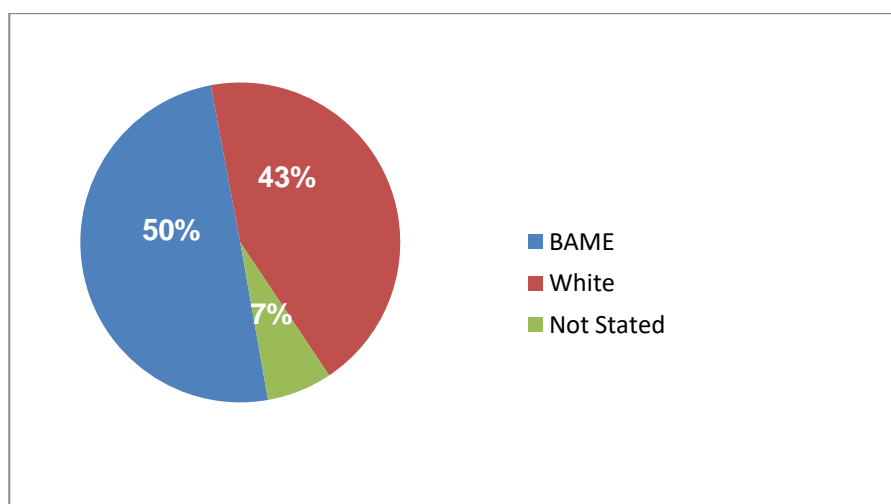
Analysis of non-mandatory training shows that the relative likelihood of non-BAME staff accessing non-mandatory training compared to BAME staff is 0.9. The ratio was 1.1 in the previous year. This reflects that during the reporting period, proportionally more BAME staff have accessed non-mandatory training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

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Relative likelihood of accessing non-mandatory training by ethnicity

Descriptor	Non-BAME	BAME
Number of staff in organisation	2,903	3,043
Number of staff who have accessed non-mandatory training	1071	1224
Relative likelihood of non-BAME staff accessing non-mandatory training over BAME staff	0.92	

Staff attending non-mandatory training by gender
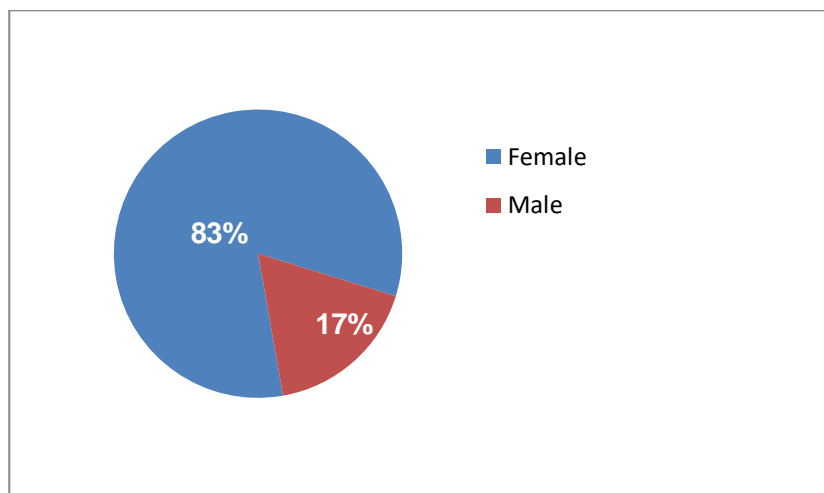
Female staff accounted for 83% of staff attending non-mandatory training, with males at 17%—the gender composition of the workforce is 75% and 25% male.

Staff attending non-mandatory training by disability
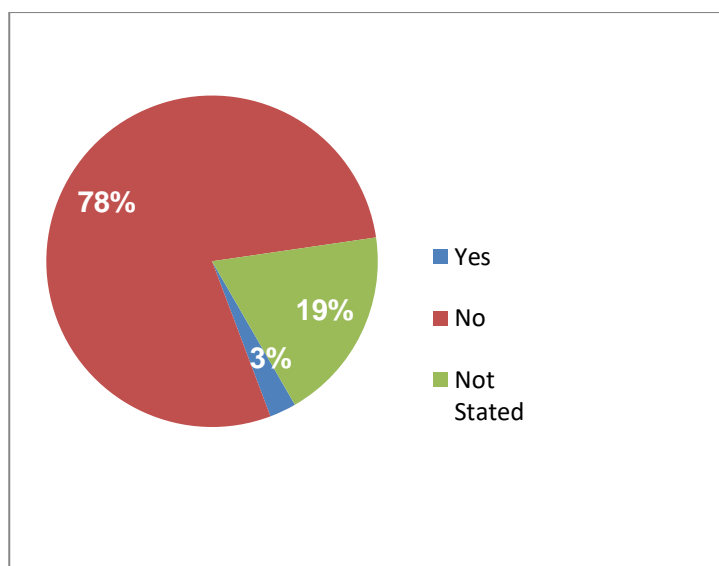
Disabled staff account for 3% of the overall number of staff accessing non-mandatory training courses, which is slightly above the percentage of staff recorded on ESR as having declared a disability.
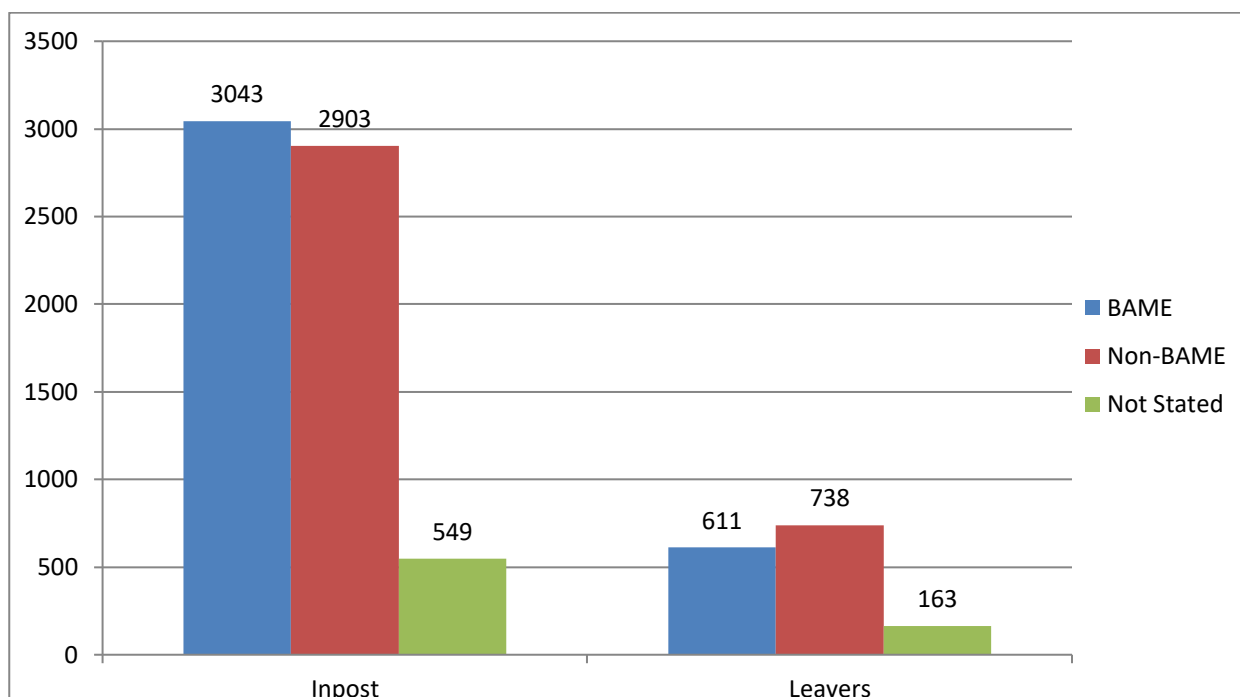
SECTION 8

IN POST AND LEAVERS

In post and leavers by ethnicity

During 2020/21, 738 of the 1,512 staff who left the Trust during the year were non-BAME and 611 were BAME.

Analysis of in post and leavers by ethnicity

Leavers by gender

1063 of staff who left the Trust were female and 449 were male.
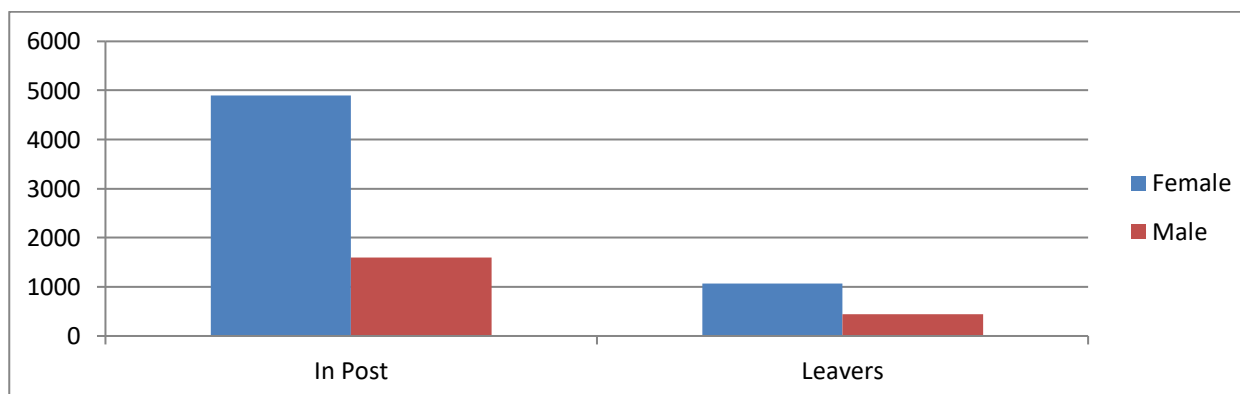
SECTION 9

PERFORMANCE DEVELOPMENT REVIEWS—NON-MEDICAL STAFF

During 2020/21, 4975 performance development reviews (PDRs) were completed. this number excludes medical staff and those on maternity leave or career breaks.

PDRs by Ethnicity

Total PDRs	4975
BAME	2426
Non BAME	2165
Not stated	384

- BAME (49%)
- Non BAME (44%)
- Not Stated (8%)

PDRs by Gender

Total PDRs	4975
Female	3930
Male	1045

- Female (79%)
- Male (21%)
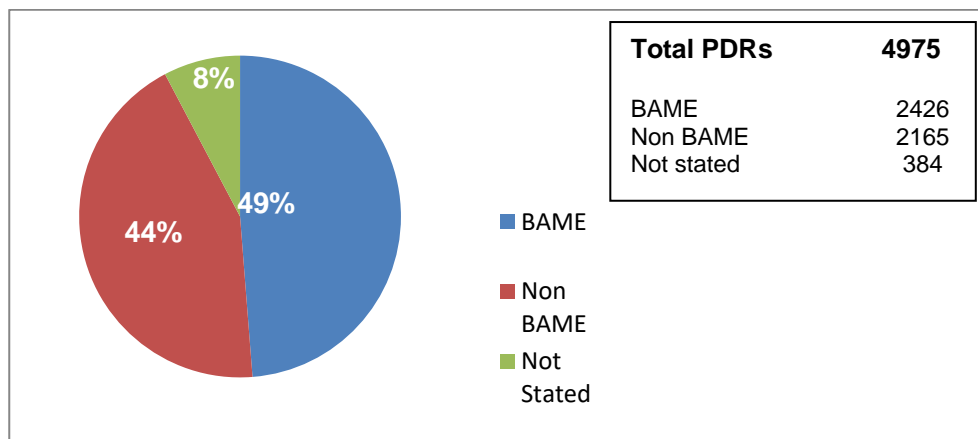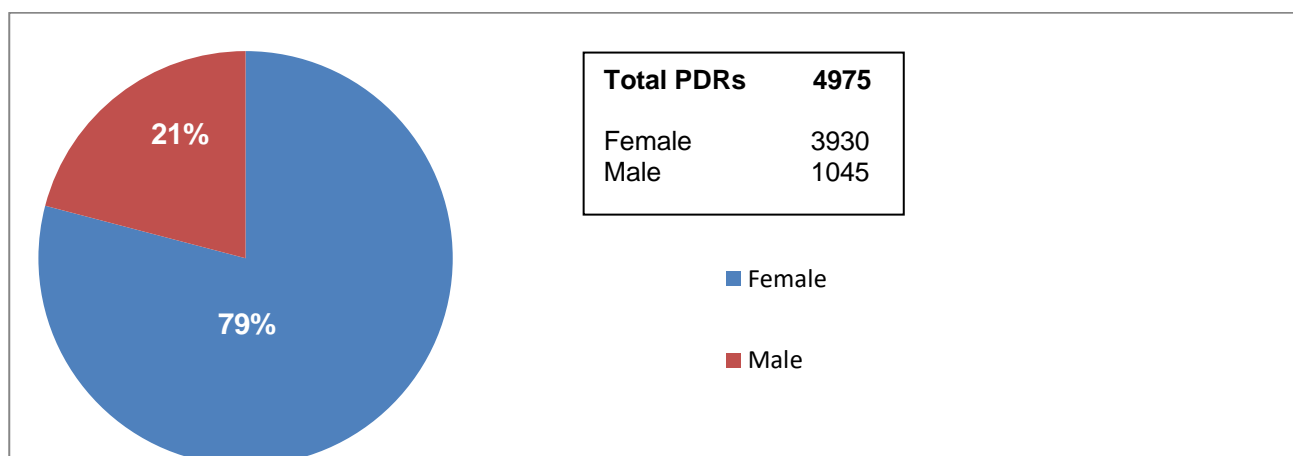
SECTION 10

APPLICATION OF FORMAL EMPLOYEE RELATIONS PROCEDURES

The COVID19 pandemic through the majority of 2020 and into 2021 and the redeployment of staff across the organisation impacted on the normal operations of the employee relations activities, however during 2020/21 there were 234 formal employee relations cases compared to 327 cases in 2019/20.

Employee relations cases are recorded in the following categories:

- Disciplinary
- MHPS (Maintaining High Professional Standards)
- Sickness absence
- Probation
- Performance (capability)
- Grievance including bullying and harassment

Employee Relations Cases

Case Type	2018/19	2019/20	2020/21
Disciplinary	79	48	19
*MHPS	n/a	n/a	15
Sickness absence	265	215	153
Probation	55	39	19
Performance (capability)	20	8	5
Grievance including bullying and harassment	32	17	23
Total	**451**	**327**	**234**

*MHPS cases are those that relate exclusively to all grades of medical staff. MHPS cases are an initial investigative process into either personal or professional conduct and/or performance that once concluded may then lead into a more formal process employee relations case. However these types of cases often result in agreed remedial actions short of a formal employment relations process being instigated.

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

Disciplinary Cases

There were 19 disciplinary cases during 2020/21 compared to 48 cases in 2019/20. BAME staff accounted for 11 of these (58%) while representing 46% of the total workforce. Non BAME staff accounted for 8 cases (42%) while representing 44% of the workforce.

In 2020/21 the overall number of cases has decreased, but the percentage of BAME staff involved in disciplinary proceedings remains disproportionate to the makeup of the workforce.

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On initial introduction the percentage of BAME staff involved in disciplinary cases fell from 64% in 2018/2019 to 60% in 2019/20 but still remains higher than the percentage of BAME staff in the workforce.

Disciplinary cases by ethnicity

Total Cases: 19

BAME: 11
Non BAME: 8
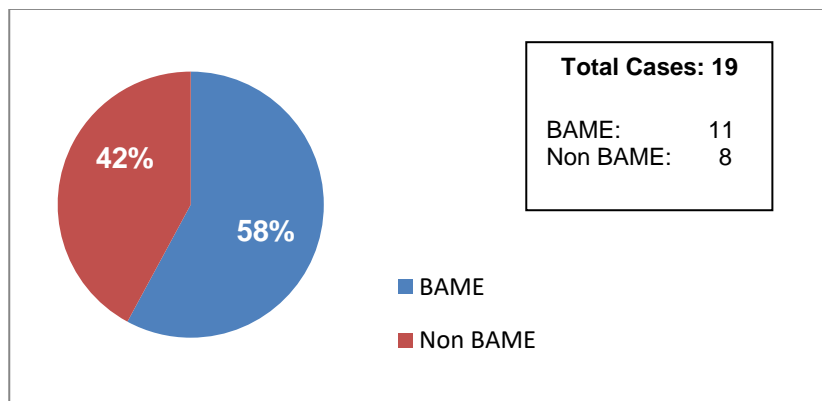
The relative likelihood of BAME staff entering the formal disciplinary procedure is 1.6x greater than for non-BAME staff. This is an improvement from 2.4x greater in 2019/20.

The calculation does take into account the changes in the overall number of BAME and non-BAME staff within the organisation.

Likelihood of entering the formal disciplinary hearing by ethnicity

NHS England and NHS Improvement in *"A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce"* published in July 2019 set out an expected rate of improvement in closing the gap in the likelihood of entry into the disciplinary process between BAME staff and Non BAME staff across Trusts, CCGs and national arm's length bodies

2020	2021	2022
51% of NHS organisations within the non-adverse range of 0.8 and 1.25*	76% of NHS organisations within the non-adverse range of 0.8 and 1.25*	90% of NHS organisations within the non-adverse range of 0.8 and 1.25*

*0.8 and 1.25 refers to the relative likelihood of BME staff entering the formal disciplinary process compared to white staff as measured by WRES indicator 3

Descriptor	Non-BAME	BAME
Number of staff in organisation	2903	3043
Number of staff who have entered into disciplinary proceedings	8	11
Relative likelihood of BAME staff entering into disciplinary proceedings compared to non-BAME staff	1.6	

Disciplinary cases by gender

Total Cases: 19

Male: 3
Female: 16

■ Male
■ Female

16%

84%
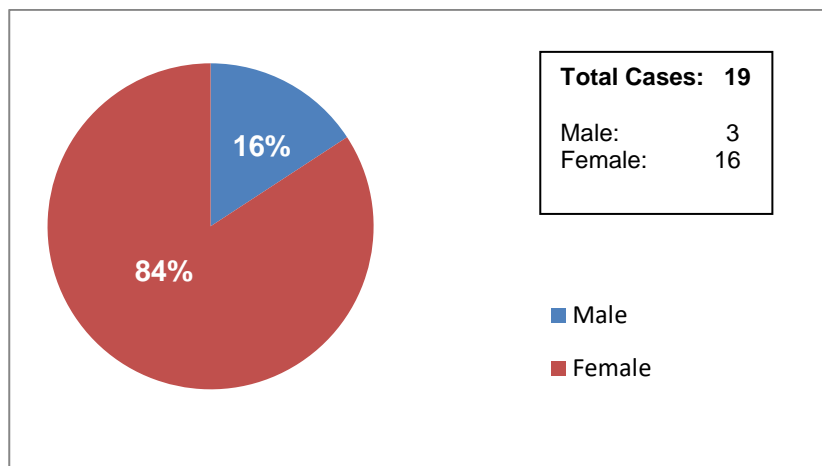
Analysis of disciplinary cases by gender shows that females account for 84% of cases, an increase of 26% from 58% the previous year. Cases involving male staff have decreased by 26% to 16% from 42% the previous year.

This shows that females are disproportionately impacted as they make up 75% of the workforce.

Disciplinary cases by age ranges show that the 25–34 age group is the single largest age group at 48% of cases an increase of 23% from the previous year. This age group represents 38% of the workforce.

Disciplinary cases by age

Total cases: 19

25-34: 9
35-44: 1
45-54: 4
55-64: 5

■ 25 - 34
■ 35 - 44
■ 45 - 54
■ 55- 64

48%

26%

21%

5%

MHPS cases by ethnicity

Total Cases:	15
BAME:	9
Non BAME:	5
Not Stated:	1
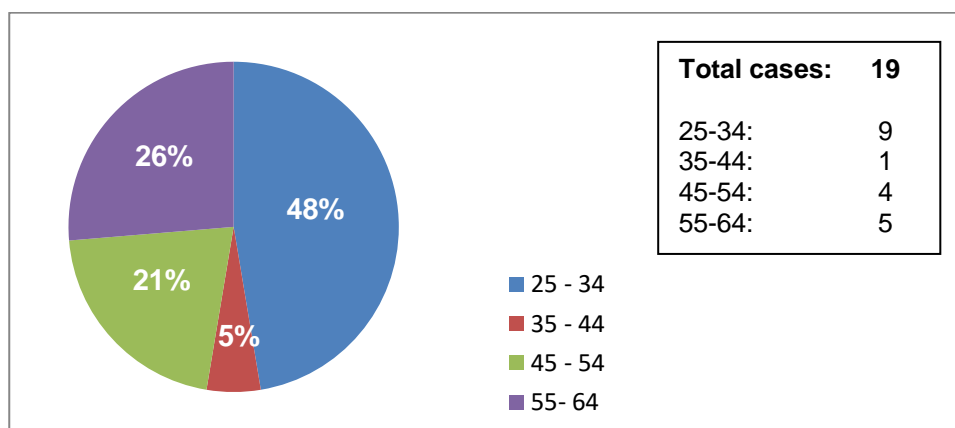
- BAME
- Non BAME
- Not stated
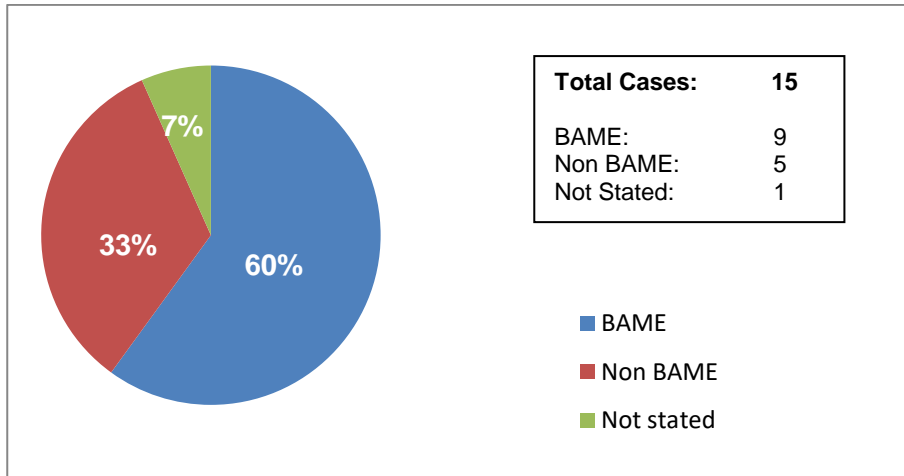
Staff from BAME backgrounds makes up 39% of the medical workforce which includes consultants, trainee doctors on rotations and career grade doctors yet they account for 60% of MHPS cases.

This indicates that BAME medical staff are disproportionately affected in this particular area.

MHPS cases by gender

Total Cases: 15	
Male:	7
Female:	8
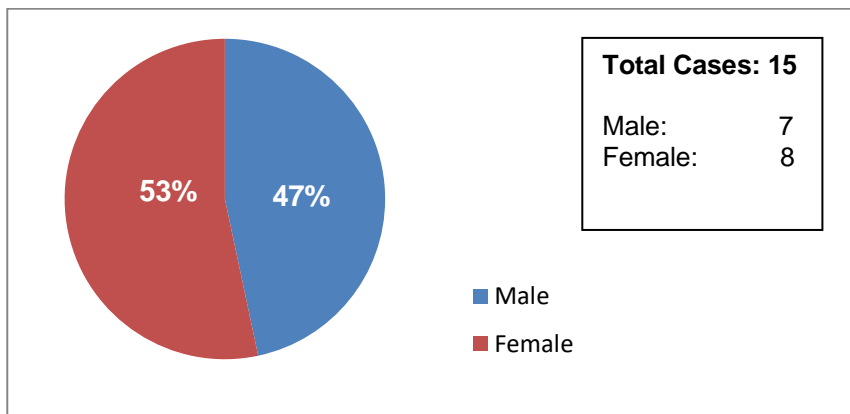
- Male
- Female

Within the medical workforce females make up 53% with males at 47%. The percentage split of MHPS cases by gender is broadly similar to that of the workforce population.

MHPS Cases by age

Total Cases: 15	
25-34:	3
35-44:	2
45- 54:	4
55-64:	5
65+:	1
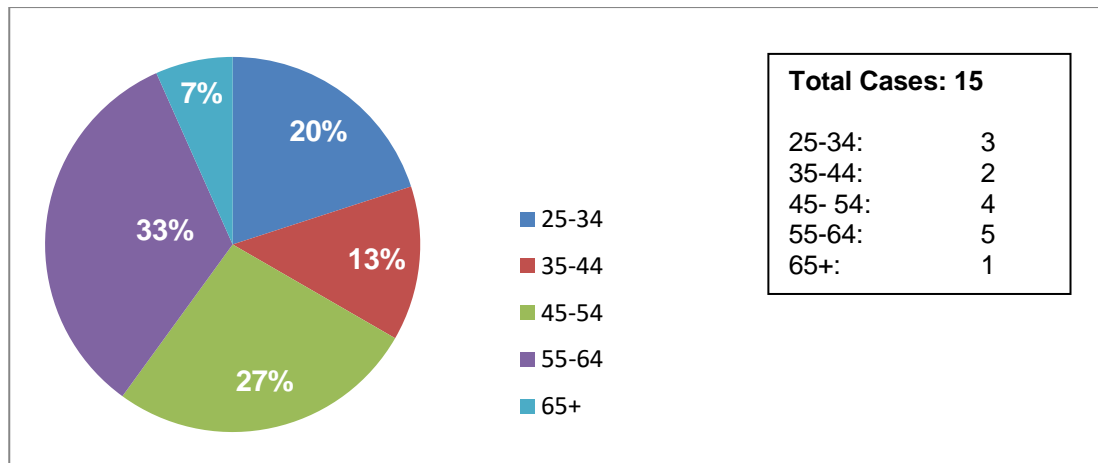
The 55-64 age range account for single largest or the majority of cases at 33%. Together with the 45 – 54 age range at 27% these account for 60% of cases.

Sickness Absence Cases

There were *153 sickness absence cases in 2020/21, compared to 215 in 2019/20 a decrease of 62 which equates to a 28% reduction.

Sickness Cases by ethnicity

Total Cases:	153
BAME:	86
Non BAME:	63
Noted Stated:	4
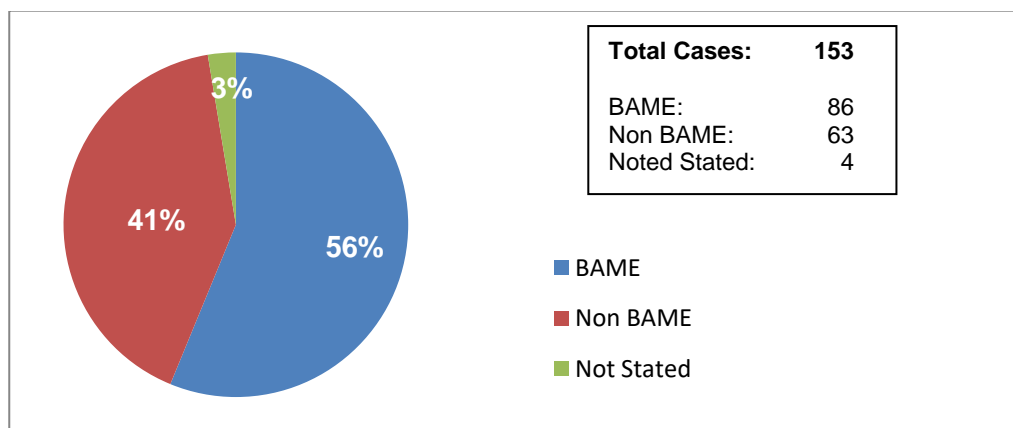
*staff who were absent from work as a result of contracting COVID19 or isolating in line with guidelines are not recorded as being absent for reasons of sickness in these figures.

BAME staff accounted for 56% of cases an increase of 7% from 2019/20 when the figure was 49%. Non BAME staff accounted for 41% of cases which is a 1% reduction from the previous year.

The number of Not Stated reduced by 6% from 9% last year to 3% in 2020/21.

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Sickness cases by gender

Total Cases:	153
Female:	122
Male:	31
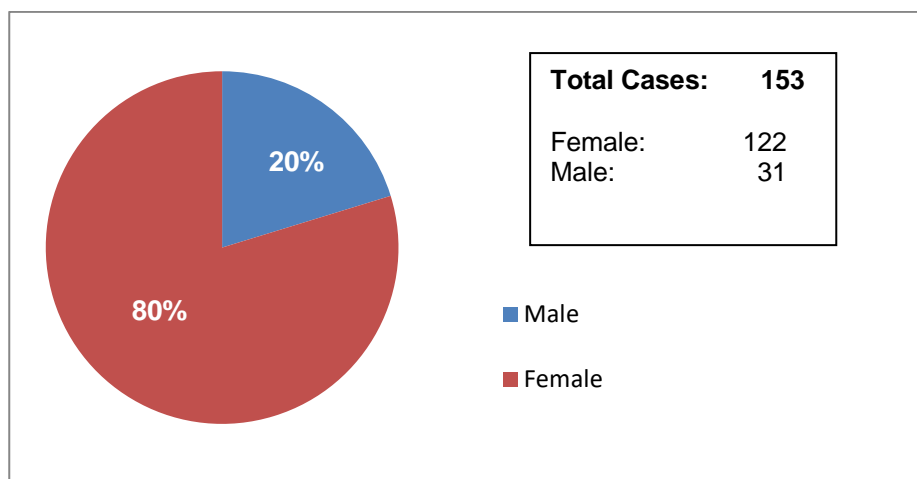
■ Male
■ Female

In 2020/21, sickness absence cases by gender shows that females accounted for 80% of cases, a reduction of 4% from the previous year. The percentage for males has increased by 4% to 20% in 2020/21.

Whilst the percentage rate for females has fallen it is disproportionate to the workforce split of 75% and 25% male.

Sickness cases by age

Total Cases:	153
Under 25:	9
25 – 34:	32
35 – 44:	38
45 – 54:	40
55- 64:	28
65+	6

■ 18-24
■ 25-34
■ 35-44
■ 45-54
■ 55-64
■ 65+
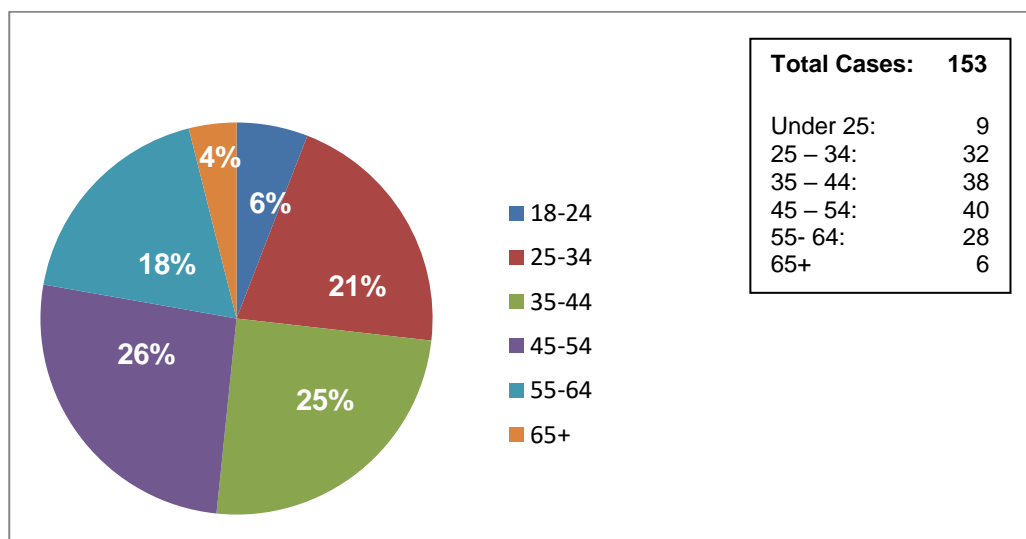
Sickness absence cases by age shows that the 45–54 age group remain the single largest group of cases at 26% up 1% from 2019/20. All categories except the 35-44 age range have reduced from the previous year. The 35-44 age range increased has increased by 2% this year to 25%.

Probationary cases

Probationary cases by ethnicity

Total Cases: 19

BAME: 7
Non BAME: 8
Not Stated: 4

- BAME
- Non BAME
- Not Stated

21%
37%
42%
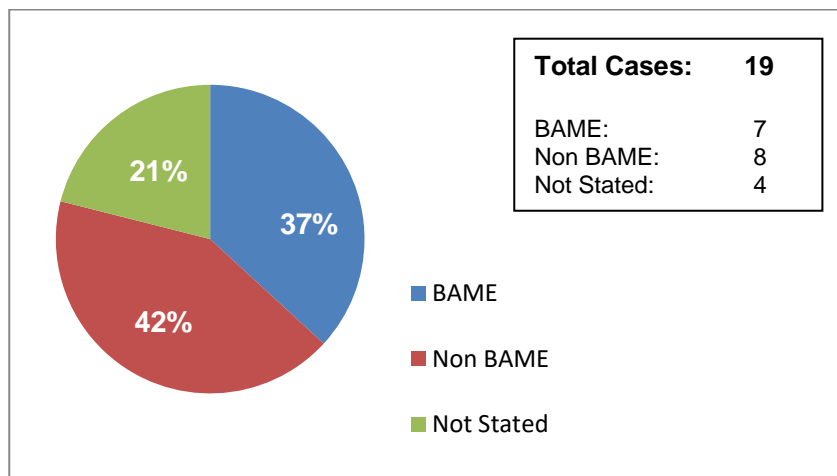
There were 19 probationary cases in 2020/21 down from a total of 39 in 2019/20. This year is the first year that Non BAME staff accounted for more cases at 42% whereas BAME staff are at 37%.

The percentage of Not Stated has not changed from the previous year.

Probationary cases by gender

Total Cases: 19

Female: 4
Male: 15

- Male
- Female

21%
79%
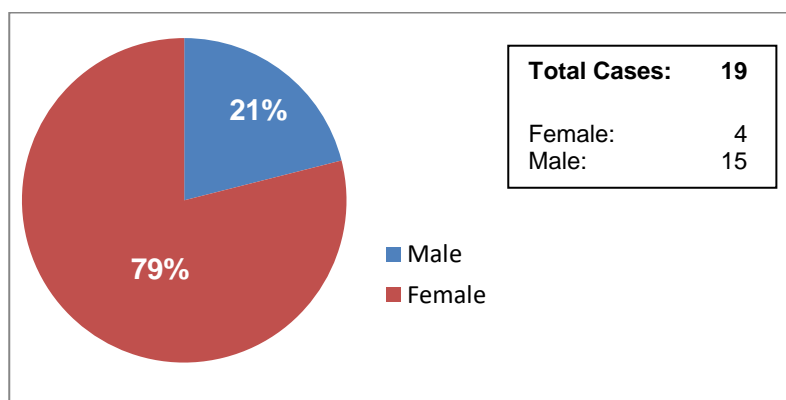
Female staff accounted for 79% of probation cases, an increase from 72% in 2019/20
The percentage for males has decreased to 21% from 28% the previous year.

Probationary cases by age

Total Cases: 39	
18- 24 :	5
25 – 34:	8
35 – 44:	3
45 – 54:	1
55- 64:	2
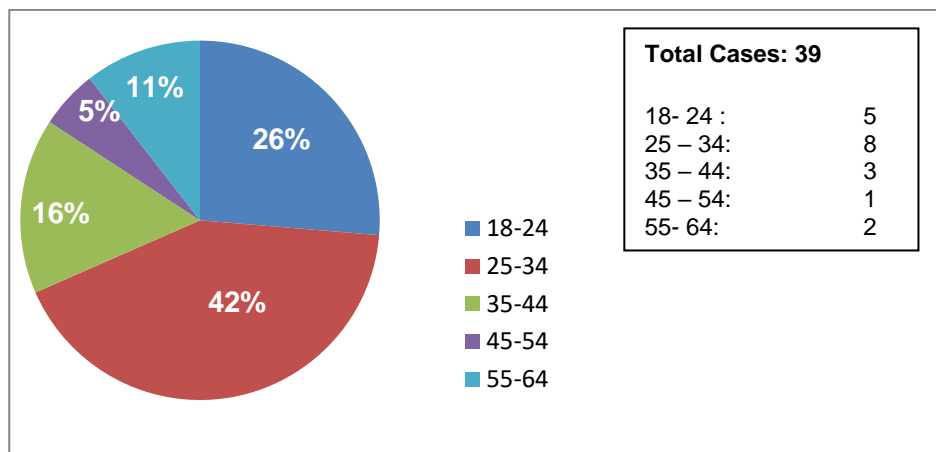
Probation cases by age show that the 25–34 age range remain the majority of cases at 42% of cases, which is a reduction of 2% from last year. The 45-54 age range has seen a reduction of 8% from 13% to 5% this year.

The 35 -44 range has seen the largest increase in any age range of 6% to 16% from 2019/20. The other age ranges have seen increases of between 1% and 3%.

Performance (capability) cases

There were 5 performance cases in 2020/21 down from 8 the previous year in 2019/20.

Performance cases by ethnicity

Total Cases:	5
BAME:	4
Non BAME:	1
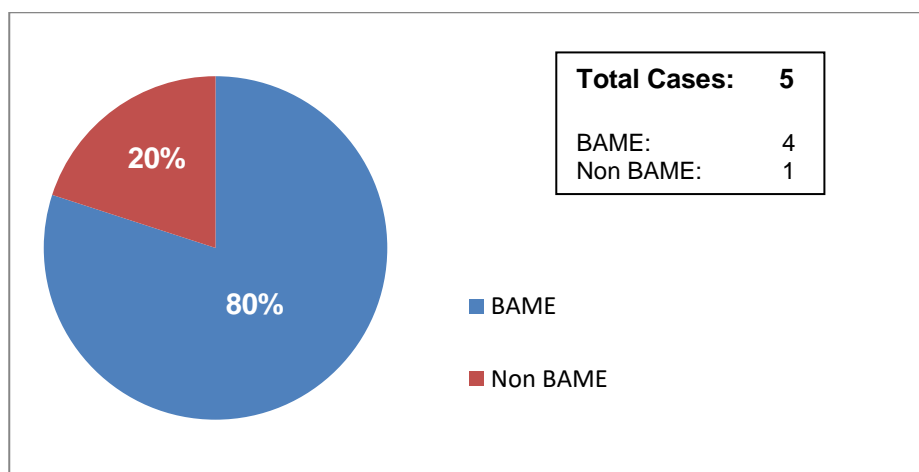
BAME staff accounted for 80% of cases compared to 75% of cases in 2019/20 despite the fewer number of cases overall. A review of these cases will be undertaken as part of the actions in the Improving Equality, Diversity and Inclusion Action Plan.

Performance cases by gender

Total Cases:	5
Female:	4
Male:	1

■ Male
■ Female

20%
80%
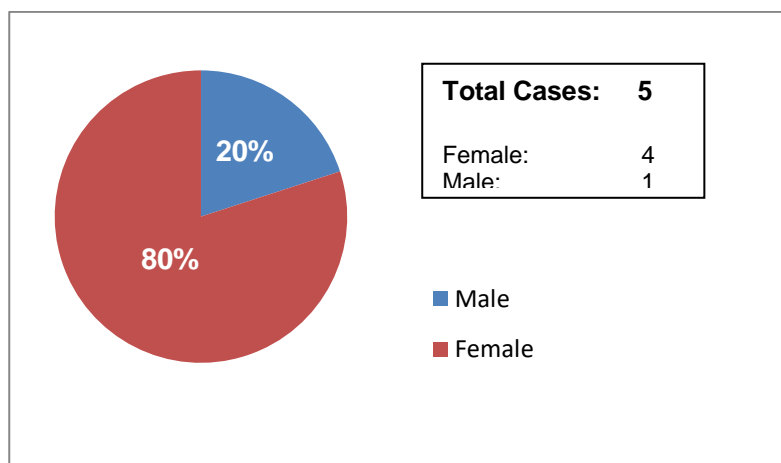
Performance cases by gender shows that of the 5 cases, 4 (80%) involved female staff, a decrease of 8% from 2019/20 and remains higher than the overall percentage of females in workforce population.

Performance cases by age

Total Cases:	5
25 – 34:	1
35 – 44:	1
45 – 54:	1
55- 64:	2

■ 25-34
■ 35-44
■ 45-54
■ 55-64

20%
40%
20%
20%
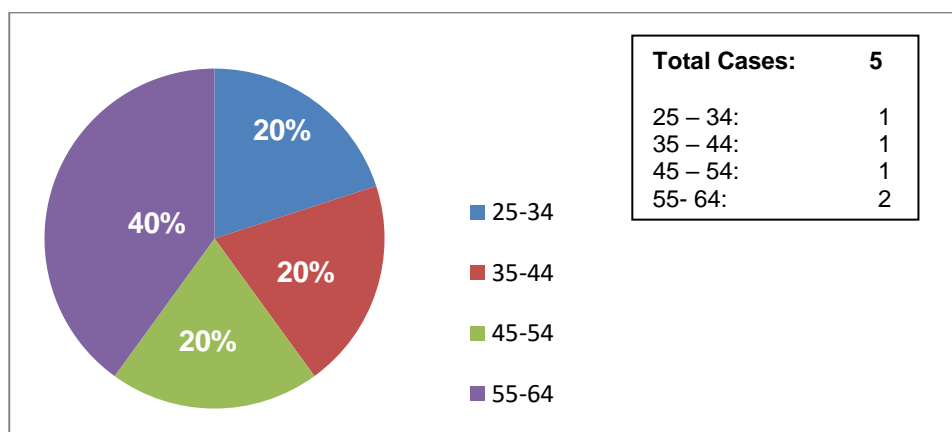
Performance cases by age show that the 55–64 age range account for 40% of cases an increase of 15% on last year as a percentage. In 2019/20 the 45-54 made up 50% of cases.

Grievance cases (including bullying and harassment)

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

There were 23 cases in 2020/21 an increase from the 17 in 2019/20. This is the only area in employment relations cases which saw an increase in numbers on 2019/20.

Workforce Equality and Diversity Report 2020/21

Grievance cases by ethnicity

Total Cases:	23
BAME:	10
Non BAME:	10
Not Stated:	3

- ■ BAME
- ■ Non BAME
- ■ Not Stated
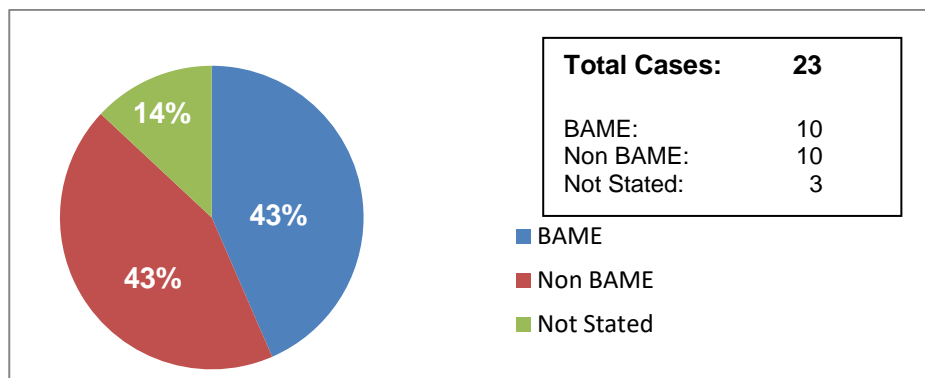
Of the 23 grievance cases 10 (43%) involved BAME staff, a decrease from 70% of cases in 2019/20.

Non-BAME staff also accounted for 10 cases (43%) an increase of 25% from the previous year. The percentage of Not Stated increased by 2% to 14% from 12% the previous year.

Grievance cases by gender

Total Cases:	23
Female:	19
Male:	4
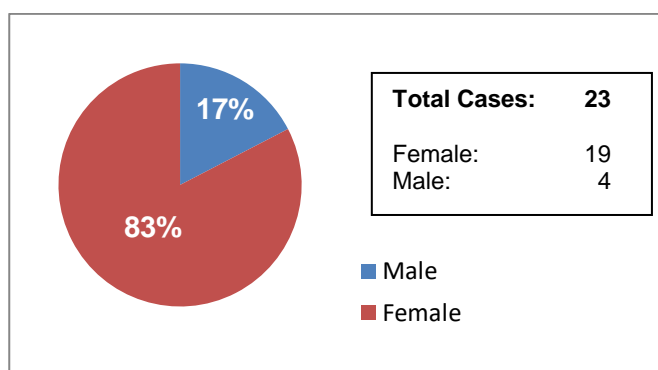
- ■ Male
- ■ Female

Female staff accounted for 83% of grievance cases an increase of 7% increase from 2019/20. Cases involving male staff decreased to 17% from 24% from the previous year.

Grievance cases by age range

Total Cases:	23
18 – 24:	1
25 – 34:	4
35 – 44:	11
45 – 54:	4
55- 64:	2
65+	1

- ■ 18-24
- ■ 25-34
- ■ 35-44
- ■ 45-54
- ■ 55-64
- ■ 65+
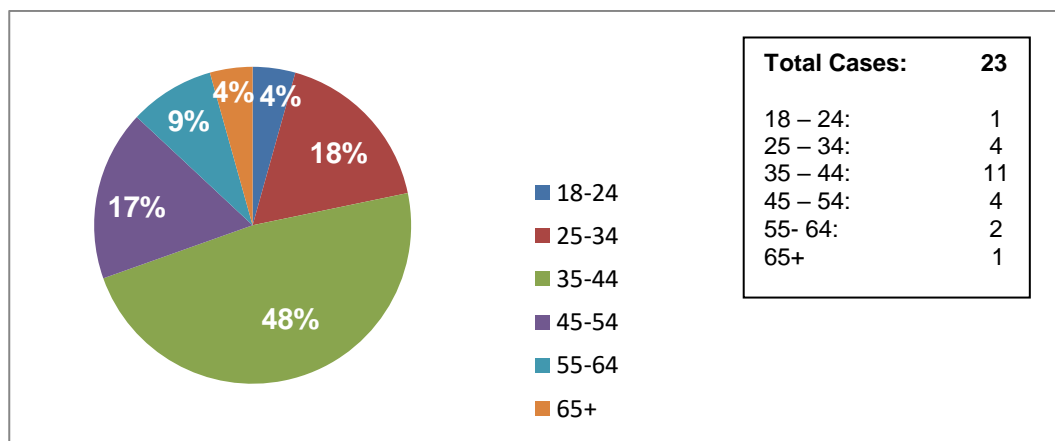
Grievance cases by age range shows that the 35-44 age range were the largest single age range to be involved in the cases at 48%.

Workforce Equality and Diversity Report 2020/21

SECTION 11

LOCAL CLINICAL EXCELLENCE AWARDS FOR CONSULTANTS

The 2020/21 local clinical excellence round was cancelled and in its place the Trust was asked to pay a one-off payment to all consultants who met the eligibility criteria. 398 consultants met the criteria to receive the payment.

One off payment by ethnicity

Ethnic origin	%
Non-BAME consultants	262 (56%)
BAME consultants	182 (39%)
Unknown	25 (5%)
Total	**469**

One off payment by gender

Gender	%
Female	254 (54%)
Male	215 (46%)
Total	**469**

SECTION 12

STAFF EXPERIENCE—2020
NHS STAFF SURVEY

The 2020 staff survey results revealed some differences in experience when analysed by disability status, ethnicity, age and gender. The below tables compare the results for 2019 beside the results for 2020. The full results of the 2020 staff survey can be found at www.nhsstaffsurveyresults.com.

2019 staff survey by gender compared to 2020

Theme	Female 2019	Female 2020	Male 2019	Male 2020
Staff engagement	7.3	7.2	7.4	7.3
Bullying and harassment	7.5	7.5	7.7	7.9
Equality diversity and inclusion	8.5	8.5	8.8	8.6
Morale	6.1	6.1	6.0	6.1
Health and wellbeing	5.7	5.8	6.0	6.4
Immediate managers	7.0	6.9	6.9	7.0
Team Working	6.9	6.6	7.0	6.8
Safety culture	7.0	7.0	7.0	7.0

Disabled staff remain the least likely group to report positive experiences across a range of indicators. Our disabled staff are significantly less engaged than our non-disabled staff and score less positively on the majority of factors.

Staff in the age groups of 21–30 remain the least engaged and still score the lowest in relation to health and wellbeing, whereas staff over 65 score the highest. BAME engagement score and has fallen since 2019 and is now the same as Non BAME staff at 7.2 in 2020.

2019 staff survey by disability compared to 2020

Theme	Disabled 2019	Disabled 2020	Non-disabled 2019	Non-disabled 2020
Staff engagement	6.9	6.8	7.4	7.2
Bullying and harassment	6.7	6.7	7.6	7.6
Equality diversity and inclusion	8.2	8.0	8.6	8.5
Morale	5.7	5.6	6.1	6.1
Health and wellbeing	4.6	4.7	5.9	6.0
Immediate managers	6.9	6.7	6.9	6.9
Team Working	6.6	6.1	6.9	6.6
Safety culture	6.6	6.6	7.0	7.0

2019 staff survey themes by age compared to 2020

Theme	21-30 2019	21–30 2020	31–40 2019	31–40 2020	41–50 2019	41–50 2020	51–65 2019	51–65 2020	66+ 2019	66+ 2020
Staff engagement	7.1	6.9	7.3	7.1	7.4	7.4	7.4	7.2	7.9	8.0
Bullying and harassment	7.3	7.4	7.6	7.5	7.6	7.5	7.6	7.6	8.6	8.8
Equality diversity and inclusion	8.6	8.5	8.5	8.4	8.5	8.3	8.6	8.5	9.4	9.8
Morale	5.8	5.7	6.0	6.0	6.0	6.2	6.2	6.2	7.1	7.5
Health and wellbeing	5.4	5.4	5.8	5.9	5.8	6.0	5.8	6.0	7.3	7.6
Immediate managers	7.1	6.9	7.1	6.9	6.9	6.9	6.7	6.7	7.1	7.6
Quality of appraisals	6.8	6.5	7.0	6.6	7.0	6.7	6.8	6.4	7.0	7.4
Safety culture	6.9	6.9	6.9	6.9	7.0	7.1	7.0	6.9	7.3	7.4

2019 staff survey themes by ethnicity compared to 2020

Theme	Non-BAME 2019	Non-BAME 2020	BAME 2019	BAME 2020
Staff engagement	7.2	7.2	7.5	7.2
Bullying and harassment	7.5	7.6	7.6	7.4
Equality diversity and inclusion	8.1	9.2	9.1	7.8
Morale	6.2	6.1	6.1	5.9
Health and wellbeing	5.7	6.0	5.8	5.8
Immediate managers	6.8	6.9	7.1	6.8
Team Working	6.7	6.5	7.1	6.6
Safety culture	6.9	6.9	7.1	7.0

NHS national staff survey questions mandated by the WRES

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

WRES Metric	White staff score	BAME staff score	Compared to 2019
Metric 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	38%	39.6%	↑ BAME ↑ White
Metric 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	26.7%	29.1%	↑ BAME ↓ White
Metric 7 - Percentage believing that trust provides equal opportunities for career progression or promotion	86.8%	69.7%	↑BAME ↑ White

Workforce Equality and Diversity Report 2020/21

Metric 8 - In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	5.7%	16.2%	↓BAME ↓ White

NHS national staff survey questions mandated by the WDES

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

WDES Metric	Non-disabled staff score	disabled staff score	Compared to 2019
Metric 4a - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:			
i. Patients/service users, their relatives or public	38%	45.3%	↑Disabled ↑ Non-disabled
ii. Managers	12.7%	23.7%	↓Disabled ↓ Non-disabled
iii. Other colleagues	21%	31.3%	↑Disabled ↑ Non-disabled
Metric 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	50.6%	47.4%	↓Disabled ↓ Non-disabled
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	78.%	70.2%	↓Disabled ↓ Non-disabled
Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	24.8%	31.5%	↑ Disabled ↑ Non-disabled
Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	52.8%	40.3%	↓Disabled ↓ Non-disabled
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	75.5%	75.4%	↑Disabled ↑ Non-disabled
Metric 9a - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	7.2	6.8	↓Disabled ↓ Non-disabled
Metric 9b - Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)	Yes through staff networks and consultation.		

Workforce Equality and Diversity Report 2020/21

APPENDICES

Appendix 1: Workforce Race Equality Standard (WRES)

The table below summarises the Trust's annual WRES return which will submitted to the national WRES team by Aug 2021.

WRES indicator	Ethnicity	Headcount	Explanatory notes
1. Workforce reporting	Non-BAME	2,903	At 31 Mar 2021
	BAME	3,043	
	Unknown	549	
2. Relative likelihood of staff being appointed from shortlisting across all posts	Non-BAME staff 1.6x more likely		Based on NHS Jobs and TRAC data captured during 2020/21
3. Relative likelihood of staff entering the formal disciplinary process	BAME staff 1.9x more likely		Based on 2019-21 cases (2 yr rolling average)
4. Relative likelihood of staff accessing non-mandatory training and continuing professional development	Non-BAME staff 0.9x more likely		Data should be read with caution, as not all non-mandatory training is captured through the current training databases across both sites
5. Percentage of staff experiencing bullying, harassment or abuse from patients or relatives	Non-BAME	38%	2020 staff survey
	BAME	39%	
6. Percentage of staff experiencing bullying, harassment or abuse from staff	Non-BAME	26.7%	
	BAME	29%	
7. Percentage believing the Trust provides equal opportunities for career progression or promotion	Non-BAME	86%	
	BAME	69%	
8. Percentage of staff experiencing discrimination at work from managers or colleagues	Non-BAME	5%	
	BAME	16%	
9. Percentage difference between BAME Board voting membership and overall BAME workforce	BAME board members	19%	As at 31 Mar 2021
	Overall BAME workforce	46%	

Appendix 2: Gender pay gap 2019/20

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

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

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

The Trust's full gender pay gap report is published at www.chelwest.nhs.uk/genderpaygap In summary the report shows our organisation is 75% female and like the majority of other NHS organisations we continue to have a gender pay gap. The report is the 4th gender pay gap produced and highlights female employees earn an hourly mean average pay of 16.4% less than men, and 11.4% when expressed as a median average. However progress has been made over the last 4 years reducing from 20.5% in 17/18.

The joint chairs of the Trusts Women's Network and the Inclusion, Wellbeing and Staff Engagement team remain focused on closing the gap, working through the network to support women in to leadership positions, delivering on the Trusts flexible working action plan, delivering on the 6 high impact areas for recruitment processes, and reviewing the proportion of women still in post a year on from returning from maternity leave, ensuring our policies and procedures support returners and balancing raising a family, such as our new back up care support for all staff introduced in 2020.

Appendix 3: Workforce Disability Equality Standard (WDES) Mar 2021

WDES Indicator	Trust score '21	Trust score '20	Trust score '19
2 – likelihood of appointment following shortlisting (non-disabled staff)	1.29 times greater	1. times greater	0.99 times greater
3 – likelihood of disabled staff entering the formal capability process	3.8 times greater	2.2 times greater	2. times greater
Percentage difference between HPFT's Board voting membership and its overall workforce	-2%	-2%	-2%
Disabled voting board membership	0%	0%	0%

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

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

Our vision and success measures

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

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

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5. All executives and senior managers to participate in reciprocal mentoring for inclusion programme	Q2 2020	The executive and senior managers are mentored by a member of staff from an under-represented group to get a deep understanding about the lived experience of staff in the organisation. Create a safe environment to have uncomfortable conversations.	Staff experience Q9, Q9a, Q9d	Board executive
6. Share learning and celebration of staff participating in reciprocal mentoring scheme	Q4 2020	To determine benefits of reciprocal mentoring scheme and positive experiences	Staff experience Q9, Q9a, Q9d	Deputy director of people and OD
7. Ongoing communication programme to facilitate conversations about inclusivity and specific issues on race, LGBTQ+ and disability among senior managers	End Q4 2020	Increased awareness for managers of the BAME/LGBTQ+/Disability/Women's staff experience	Staff survey Q9c, Q9d	Director of HR and OD
8. Trust people strategy to include the key equality, diversity and inclusion outcomes aligned to NWL tackling inequalities and creating inclusive cultures/workstreams	End Q4 2020	Staff and managers understand the work to be undertaken over the next 3–5 years and key measures for improvement over period agreed	Staff experience Q9a, Q9d, Q14 WRES/WDES/GPG	Director of HR and OD
Objective 2: Develop influential staff networks for BAME, LGBTQ+, Women and Disability				
1. Develop regular feedback/listening events for staff attending the networks and undertake 'look forward' surveys to assess how the Trust can support staff using lessons learnt	End Q1 2020 and every quarter	BAME staff share what they want from a BAME network and are involved in its creation	Staff experience Q9c, Q9d	Network chairs
2. Ensure terms of reference and governance arrangements for the networks	End Q1 2020 and annual review	Provides an opportunity for the Board and executive team to engage directly with BAME/LGBTQ+/Disabled/Women about their experience		EDI manager/ network chairs
3. Launch the Disability network	End Q4 2020-21	Provides a voice for disabled staff in the organisation	Staff experience questions WDES score	EDI manager/ network chairs
4. Produce and develop calendar of significant events for BAME/LGBTQ+/Disabled/ Women staff communities	End Q4 every year	Improve staff experience through celebrating difference	Staff experience Q14	EDI manager/ network chairs

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
5. Develop a communication strategy for the staff networks	End Q2 2020 and every quarter	Provides an opportunity for staff to directly influence Trust strategy		EDI manager/ network chairs/ communications staff engagement lead
6. Establish resources (financial and time) required to support network officers to effectively carry out roles	Q3 2021-22	Network officers support chair attending meetings, planning and undertaking network activities, producing network work plan and contributing to EDI plans	Improvement in impact and effectiveness of network and providing personal development opportunities for network officers	Director of HR and OD
7. Network chairs to produce an annual report to update the people and OD committee	Q1–Q4 all scheduled dates	Communicate work and output from staff networks		Network chairs
8. Set meetings/agenda/reporting structures	Q1–Q4	The network has a demonstrable impact on the culture of the Trust		EDI manager/ network chairs
9. Develop annual work plan with detailed action plan	Q1–Q4	Record and evidence work from network and enable visibility of work plan		EDI manager/ network chairs and officers
10. Celebrate success of BAME/LGBTQ+/ Disabled/Women in the organisation	End Q3 2021	Increase awareness of all staff's contribution to the Trust	Staff experience Q9, Q9a, Q9d	
Objective 3: Ensure fairness in Trust disciplinary, grievance and performance management processes				
1. Review the impact of the disciplinary checklist for BAME staff	End Q1 each year	Provides a transparent and structured approach to the disciplinary process and a reduction in the number of staff going through the disciplinary process	WRES indicator 3	Head of employee relations
2. Articulate the lessons learned from the review of 79 disciplinary cases and implement changes in approach as required	End Q2 each year	Themes are understood and guide revisions in process	Staff survey Q15	Head of employee relations
3. Identify and train interview experts from BAME backgrounds staff to support and participate in disciplinary panels contribute and participate in training events	End Q3 2021	A sustained reduction in actual or perceived discrimination against BAME staff	Staff survey Q12, Q13, Q15c WRES indicators 5, 6, 8	Head of employee relations

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
4. Undertake an analysis of the application of use of performance management processes across the Trust by site, staff group and protected characteristics	End Q3 2021	'Hot spots' identified and provide focus for additional support and performance process minimises bias	WRES indicators 3, 7 WDES	Head of employee relations/deputy director of people and OD
5. Develop a process for "check and challenge" for the review of probationary "failures"	Q3 2021	Reduce the number of staff failing the probation process	Reduction in number of all staff and, particularly, BAME staff impacted	Head of employee relations
6. Introduce the resolution framework to approach employee relations issues informally	Q3 2020	Reduction in formal ER cases Reduction in BAME staff entering the formal disciplinary process 'Supportive conversations' handled through mediation Managers have increased cultural awareness	WRES indicators 3, 5 Staff survey questions Reduction in formal cases Staff experience	Deputy director of people and OD
Objective 4: Ensure fairness of recruitment processes and progression opportunities for under-represented staff				
1. Embed new recruitment processes to make sure that they are fair and equitable throughout the pathway from JDs to post-interview processes with new guidance promoted	Q2 2020	Competency-based and non-discriminatory selection practices are used by the Trust	Staff survey Q14 WRES indicator 2	Head of resourcing/deputy director of people and OD
2. Further roll-out of EDI champions from all protected characteristic to participate in panels bands 6–7	Q3 2020	To ensure check and challenge of potential biases within the interview process	Staff engagement score in staff survey	Head of resourcing/deputy director of people and OD
3. Develop a process and associated guidance to ensure that unsuccessful internal candidates for band 8a roles initially and then Band 7 and above receive support when applying for roles and feedback and an associated personal/career development plan	End Q3 2020	Processes in place to track the career progression of BAME and other under-represented groups	WRES indicators 1, 2 Staff survey Q19f WDES indicator 2	Associate director of learning and OD

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
4. Develop a consistent approach and process for providing 'stretch' opportunities for under-represented staff and BAME representation is included on senior leadership development selection panels	End Q2 2020	Opportunities are provided to BAME staff for professional, career development and increase in numbers of BAME staff applying and getting on leadership courses	Staff experience Q4, Q5, Q19f Formal monitoring and reporting to be included as part of evaluation process	Associate director of learning and OD
Objective 5: Address the negative experience that BAME and other groups have of bullying and harassment				
1. In partnership with staffside, networks and FTSU guardian, review and triangulate hard and soft intelligence regarding staff experience of bullying and harassment	End Q2 2020	Understand themes or areas of greater reporting of bullying and harassment	Staff survey Q14 WRES indicator 6 WDES indicator 4a	Deputy director of people and OD
2. Develop a comprehensive set of interventions to address the issues emerging from the review	Q3 2020	A sustained reduction in actual or perceived discrimination against BAME/disability	Staff survey Q12, Q13, Q15c WRES indicators 5, 6, 8	Deputy director of people and OD
3. Develop a zero tolerance to 'racism' reported by staff	End Q3 2020	Reduce impact of aggression from patients to all BAME staff	Staff experience Q4, Q5	Security manager/site director of nursing
4. Hold 6-monthly focus groups with staff who have reported violence and aggression	Q4 2020	Provide support and identify root causes to find practical solutions to reduce incidents of violence and aggression and improve staff experience	WRES indicators 5, 6	Violence and aggression lead
5. Annual report on violence and aggression experienced by staff	Q1 2021	Identify root causes to identify solutions to reduce violence and aggression from patients and staff on staff	WRES indicators 5, 6	Violence and aggression lead
6. Develop and educate managers on how to support staff who have experienced racially motivated violence and aggression	Q4 2020	Improve support of staff who have experienced racial/homophobic/other abuse	Staff experience Q4, Q5 WRES indicator 5	Violence and aggression lead
Objective 6: Embed a culture of inclusion and compassion				
1. Undertake deep dive into EDI metrics/WRES/WDES/GPG	Q4 2021-22	Develop action to move the needle on cultural indicators	WRES indicators 5–8 WDES/GPG	Deputy director of people and OD

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
2. Identify leaders to support areas which may be required to transform workplace cultures	Q4 2021-22	CW leaders who understand the causes of the distress of difficulties staff experience	WRES indicators 5–8	Deputy director of people and OD
3. Raise awareness of responsibility of all managers for the culture of the organisation	Q4 2021-22	Leaders embody compassion in their leadership, and that means for behaviours	Staff Experience	Associate director of learning and OD/deputy director of people and OD
4. Identify areas of focus within the organisation, such as divisions and, where possible, departments/wards	Q4 2021-22	Target areas to focus support and cultural transformation work	WRES indicators 5–8	Deputy director of people and OD
5. Buddy with NELF (organisation with improved WRES metrics)	Q3 2020	Shared replicable good practice models of improvement	WRES indicators 5–8	Deputy director of people and OD
6. Communicate to the public the Trust zero tolerance of violence and aggression to our staff	Q2 2021-22	Reduce abuse and harassment from patients	WRES indicators 5–8	Deputy director of people and OD/chief nurse
7. Introduce better reporting on PSED and Patient data sets to understand the experiences' of people using our services	Q4 2021-22	Form thematic data to reduce inequity	PSED reporting	Director of Nursing
Objective 7: Understand the impact of COVID-19 on specific staff groups and the underlying health inequalities to ensure all staff are kept safe and well at work				
1. Ensure that all risks are mitigated for staff through individual risk assessments/ workplace assessments/access to health and well-being services by ensuring they are culturally sensitive.	Q3 2021	Ensure the health and wellbeing of those disproportionately impacted by COVID-19 Pro-active use of information from risk assessments about the health of our workforce to promote better health Culturally sensitive services Proportionate take up of counselling/EAP/psychological support services by BAME staff and men which are known to be under-represented	Staff survey Q11 Health and wellbeing	Director of HR

Key actions	Due date	Intended impact/outcome	Impact measure	Owner
2. Understand lived experiences of specifically BAME staff adversely affected by COVID 19 pandemic working at the Trust	Q3 2021	Staff are able to have conversations about and participate and contribute to changes needed that they have personally experienced	Staff survey Q11 Health and wellbeing Specific survey—BAME network	BAME network chair/deputy director of people and OD