



NHS

Chelsea and Westminster Hospital
NHS Foundation Trust

Workforce equality and diversity report

2018/19

proud
to care

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Section 1: Workforce equality report introduction

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

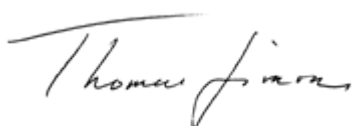
At Chelsea and Westminster Hospital NHS Foundation Trust we want to provide fair and inclusive services and employment which meet the diverse needs of our patients and staff. The Trust is committed to providing a workplace that is free from discrimination and inclusive of all staff. Over the last 12 months we have continued to focus on embedding equality, diversity and inclusion in everything we do.

Our report includes:

- An outline of our vision at the Trust to be the employer of choice
- An overview of some key achievements
- The profile of our workforce and key findings
- Future plans for 2019/20 based on our priority areas for action

Since joining the Trust in March 2019, I have been delighted to be involved in the Windrush event, the Board agreeing our first race equality plan which included the launch of the BAME network, and a full week's health and wellbeing event to ensure we are looking after our staff.

We certainly have more work to do to ensure that we improve the experience of all of our staff but I am confident that the plans we have in place and those we are continuing to develop will deliver the outcomes we hope to achieve, which is for all of our staff to have a great experience while working at the Trust.



Thomas Simons
Director of Human Resources and OD

Section 2: Trust 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:

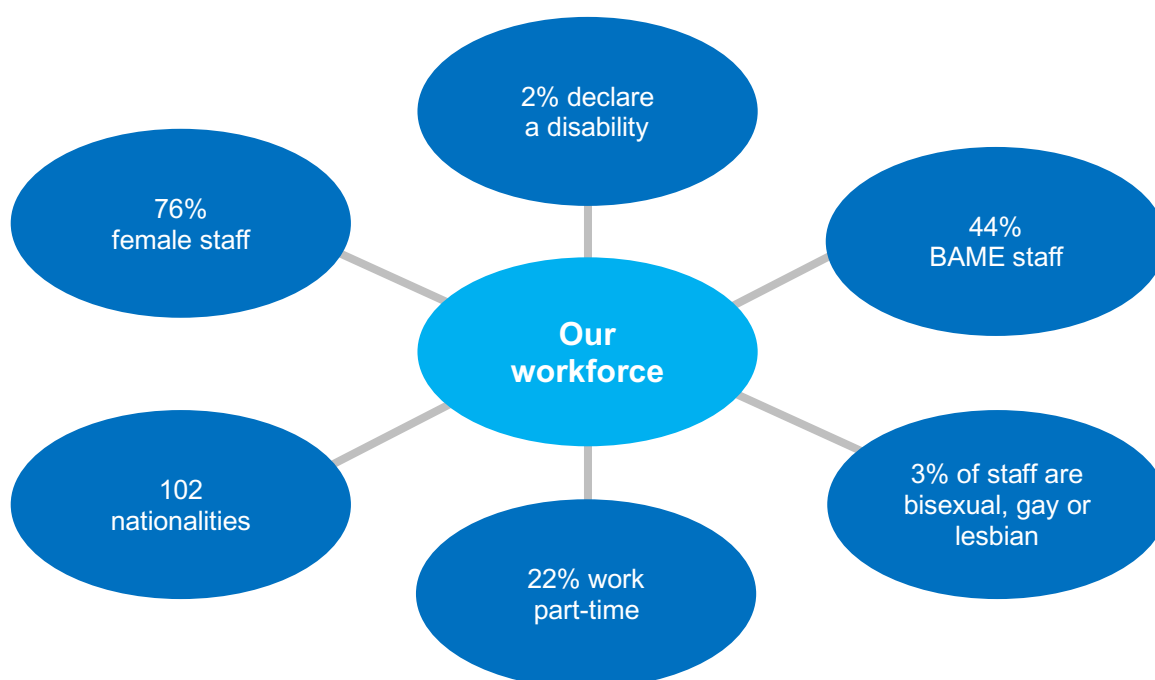
- **P**utting patients first
- **R**esponsive to patients and staff
- **O**pen and honest
- **U**nfailingly kind
- **D**etermined to develop



The Trust is committed to promoting equality of opportunity 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 or 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 it serves and the workforce data is similar to previous years. The data in the report covers the monitoring period 1 Apr 2018 to 31 Mar 2019.



- Our staff survey results highlight that as a Trust we score below average at 8.7 for equality, diversity and inclusion compared to other Trusts, where the best Trust scored 9.6 and the average was 9.1.
- Some of our results in the staff survey were more positive for certain staff groups—for example BAME staff were more positive about support from their immediate managers, quality of appraisals and safety culture.
- There has been a 2% increase in BAME staff in post since last year and BAME staff represent 44% of our workforce. However BAME staff report a poorer experience than non-BAME staff—for example, non-BAME staff are 1.6 times more likely to be shortlisted than BAME staff, and there is still a higher proportion of BAME staff entering formal disciplinary processes at 2.73 times more likely than non-BAME staff, which is higher than the London acute trust average.
- The gender pay gap report highlighted that female employees earn an hourly mean average pay of 18.6% less than men
- Only 2% of staff have declared a disability yet 11% stated in the confidential staff survey that they had a disability which highlights significant under-reporting.

Section 3: Key achievements

We are proud to have achieved the following as at Sep 2019:

- The Trust supported the launch of the women's and BAME staff networks. These are led by interested members of staff and seek to provide information and support to colleagues who might appreciate a confidential, peer-run environment.
- Agreement and clear commitment by the Board to improving race equality through promoting a fairness action plan.
- Appointment of two BAME non-executive directors
- Launch of the rainbow badges across the Trust which originated at Evelina Children's Hospital to make a positive difference by promoting a message of inclusion both for patients and staff who identify as LGBT+.



Section 4: Future actions and priorities for 2019/20

- Develop an overarching equality and diversity strategy to bring together key pieces of work developed in 2018/19 which incorporates key targets
- Deliver the race equality plan year 1
- Deliver four key actions agreed to reduce the gender pay gap
- Analyse WDES data and develop disability-specific actions as a result

Section 5: Workforce composition

The Trust had a headcount of 6,180 substantive staff at the end of financial year 2018/19 which is an increase of 5.32% over the same period last year. The following pages provide a high-level summary of the workforce composition by protected characteristics.

Workforce composition by ethnicity

For the purposes of this report, the Trust has combined staff categories as *non-BAME*, *BAME* (Black, Asian and Minority Ethnic) 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.

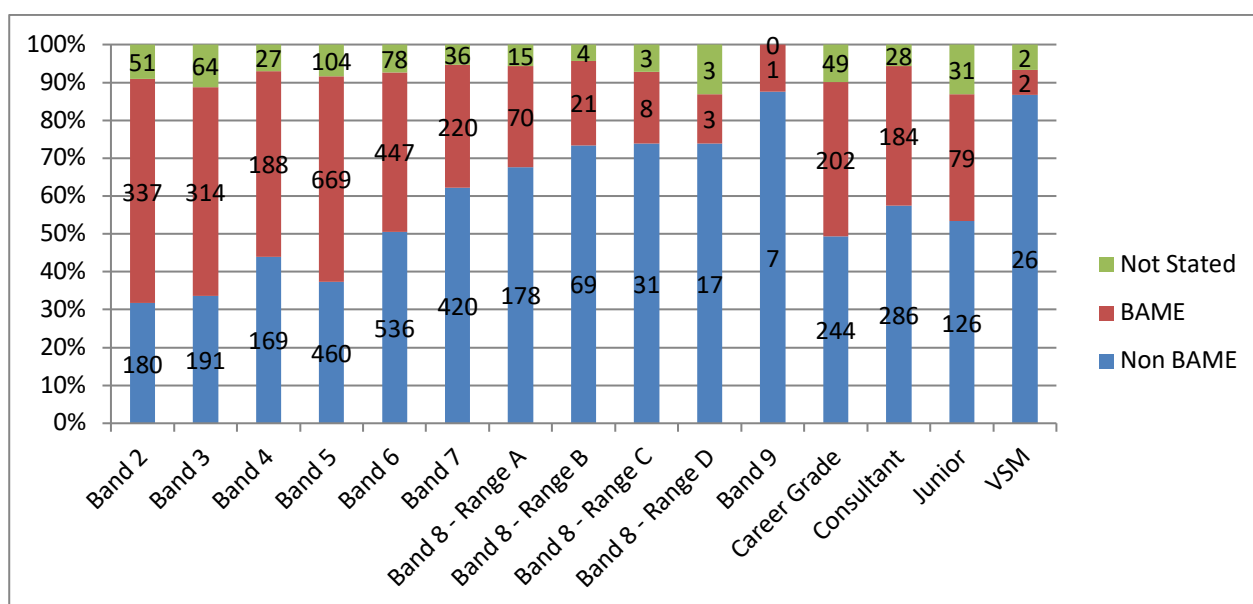
BAME includes staff who identify as Asian (Indian, Pakistani, Bangladeshi), mixed (white black/Asian), black (Caribbean, African) and other (Chinese and any other). This is in line with the Office of National Statistics census categories.

2,940 (48%) of the workforce identify as non-BAME compared with 2,745 (44%) as BAME staff. This compares with 50% and 42% respectively at the same point last year. 8% (495) of our staff are recorded as not stated, which is the same as the year ending 2017/18.

The Trust employs an ethnically diverse workforce in comparison to the local population in London. Figure 1 shows the grade distribution of non-BAME and BAME staff across all staff groups in the organisation.

BAME staff form the majority of staff in bands 2–5. Non-BAME staff form the majority of staff from band 6 to VSM (very senior manager). There has been no change to this from the previous monitoring period 1 Apr 2017–31 Mar 2018.

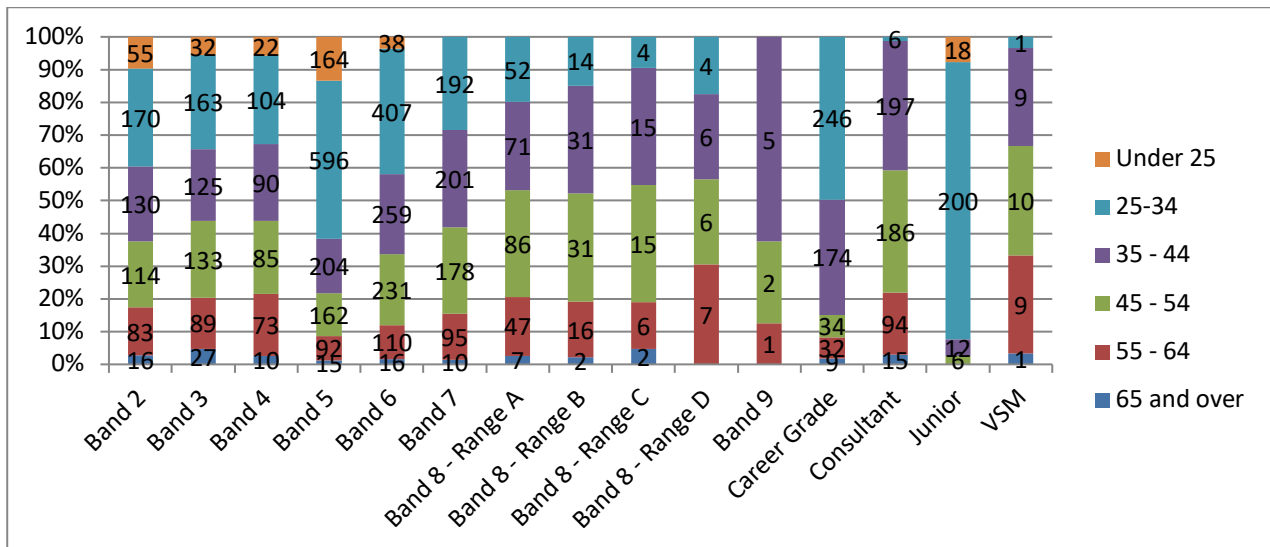
Figure 1: Ethnicity profile by grade



Workforce composition by age

The 25–34 age group makes up the single largest age group accounting for 35% of the Trust workforce. The Trust continues to seek to increase its attractiveness to people of all age groups through a range of measures including the widespread provision of work experience opportunities, apprenticeships and the promotion of flexible working.

Figure 2: Age profile by grade



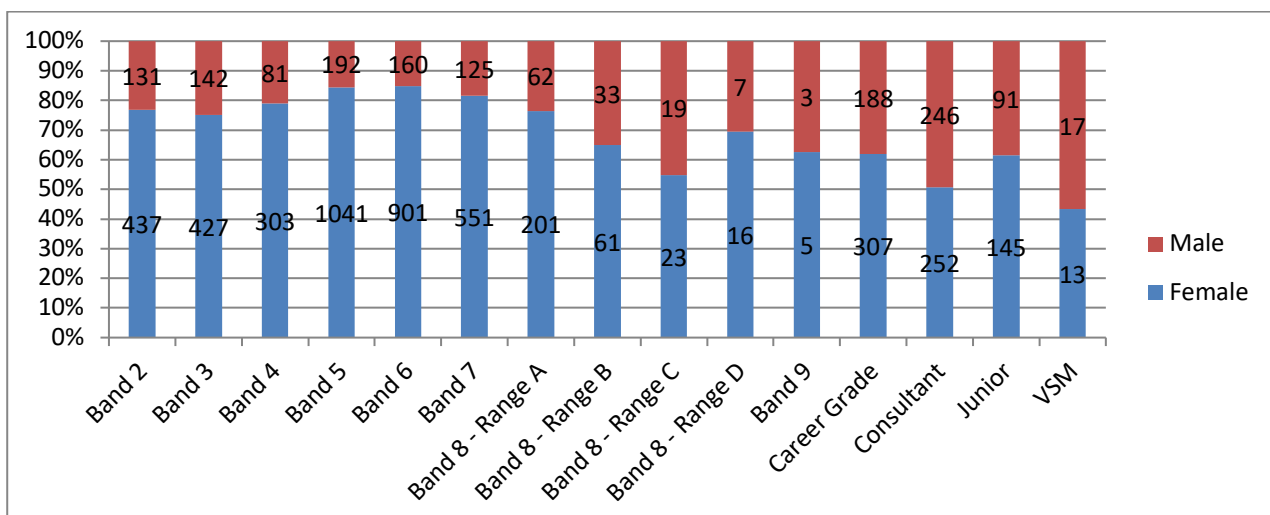
Workforce composition by gender

There were 4,683 females employed across the organisation who make up 76% of the total workforce and there were 1,497 males who make up 24% of the workforce.

This has not changed from the previous years and remains consistent with the national profile of the NHS workforce.

The table shows that in all but one of the Agenda for Change (AfC) bands and medical grades there are more females than males, with the exception of the VSM grade, where the gender balance is in favour of males by 56% to 43% female.

Figure 3: Gender profile by band

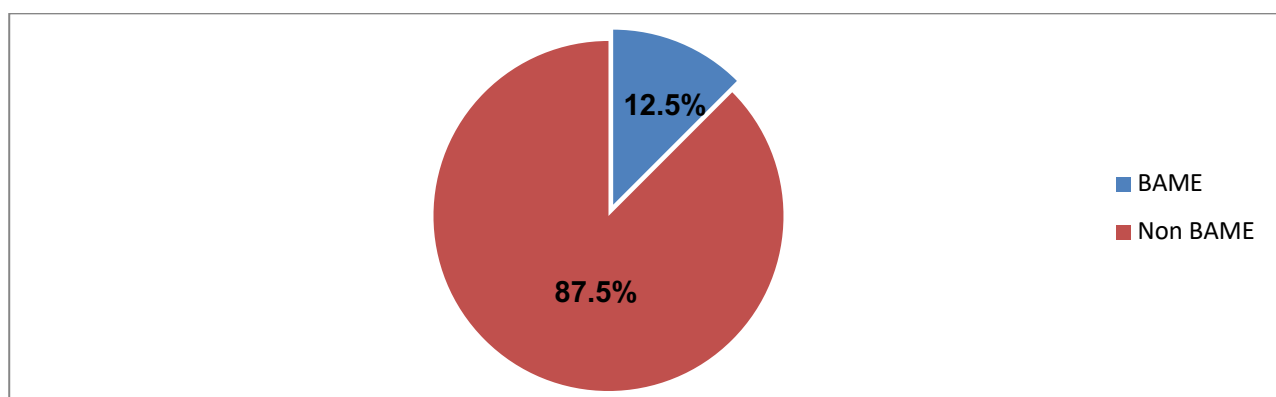


Trust board of directors composition by gender and ethnicity

The board of executive directors comprises eight posts—the chief executive supported by seven executive directors with six voting members.

The gender balance at executive director level is 50% female and 50% male compared to the overall workforce profile of 76% female and 24% male. This is favourable to the typical gender balance of female executive directors at acute trusts which is 42% across London (*NHS Women on Boards 50:50 by 2020*). The ethnicity profile of the executive directors is 100% non-BAME with no BAME staff at this level within the organisation.

Figure 5: Trust executive board by ethnicity



The Trust chair and seven non-executive directors complete the Trust board. Of these, six are male and two female. Seven are non-BAME and one is BAME, which equates to 87% non-BAME and 13% BAME.

Workforce composition by religious belief

Table 1 below shows the data held on the religious beliefs of staff. The majority of staff identify as Christian at 41%. Christians were also the largest group last year at 39% so this has increased by 2% and is the biggest change in the data. Other religious groups have all increased slightly, on average less than 1% from last year. The percentage of staff recorded as undefined—meaning no data is recorded on ESR—is 21%, which has reduced from 24% the previous year.

Table 1: Religion profile

Religious Belief	Total	%
Atheism	560	9%
Buddhism	61	1%
Christianity	2,552	41%
Hinduism	279	5%
Islam	354	6%
Jainism	12	0%
Judaism	21	0%
Sikhism	94	2%
Other	280	5%
Not disclosed	670	11%
Undefined	1,297	21%
Grand Total	6,180	100%

Workforce composition by sexual orientation

Table 2 below shows the data held on the sexual orientation of staff. The majority of staff identify as heterosexual at 66%. This was also the largest single category last year and has increased by 4% from 62% last year.

The other groups have all increased slightly by less than 1% from last year. The percentage in the undefined category is 21%, which has reduced from 24% the previous year.

Table 2: Sexual orientation profile

Sexual Orientation	Total	%
Bisexual	29	<1%
Gay or lesbian	161	3%
Heterosexual or straight	4,064	66%
Not stated (person asked but declined to provide a response)	627	10%
Other sexual orientation not listed	2	<1%
Undecided	2	<1%
Undefined	1,295	21%
Grand Total	6,180	100%

Workforce composition by disability

Figure 6 shows that there are five possible responses that staff can give in this category—yes, no, prefer not to answer, not declared and undefined.

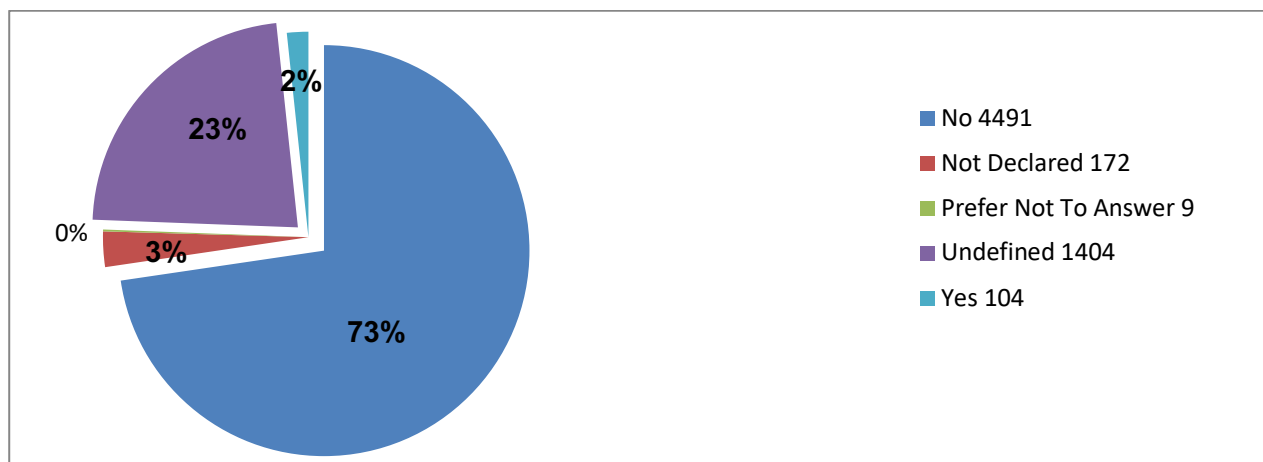
2% of the workforce are recorded on the electronic staff record (ESR) system as having declared that they have a disability. 1,576 staff were in the not declared and undefined categories.

There has been a reduction in the not declared and undefined data from the reporting period 1 Apr 2017–31 Mar 2018 when the number was 1,610.

The Trust needs to improve declaration rates in this area—104 members of staff (2%) declared that they have a disability which has been recorded on ESR. In contrast, 230 (12%) of the 1,940 respondents to the specific question in the 2018 Staff Survey “*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?*” stated that they had a disability. This is significant as this shows staff may feel more comfortable referring to their disability in the confidential confines of the NHS staff survey.

This points to work that the Trust has to do to convince staff to feel able to disclose that they have a disability without feeling this may adversely affect career aspirations and prospects.

Figure 6: Workforce composition by disability



Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) was introduced in 2019 and is mandated in the NHS standard contract. The WDES is a set of 10 evidenced-based metrics which take effect from 1 Apr 2019 based on 2018/19 financial year data which will enable NHS organisations to compare the experiences of disabled and non-disabled staff.

It will compare the reported outcomes and experiences between disabled and non-disabled staff based on these 10 metrics. Its aim is to highlight at a glance the experiences of disabled staff.

Organisations submitted their data to NHS England on 1 Aug 2019 and published metrics and action plans to address any discrepancies by 30 Sep 2019. This enabled organisations to demonstrate progress against the indicators of disability equality and introduce new measures and practices which will help improve workforce disability equality. Further information is available at www.nhsemployers.org/case-studies-and-resources/2019/06/wdes-factsheet.

The Trust is developing a detailed set of actions to support delivery against the following objectives:

- Ensure visible Board and executive ownership of the WDES action plan and associated strategies to improve the experience of disabled staff.
- Improve disability declaration rates among staff on ESR above the current 2% and close the gap on the 12% declaration rate declared in the annual staff survey.
- Engage with staff to hold focus groups to obtain input from key stakeholders—such as disabled staff and trade unions—about the future establishment of a staff network.
- Develop and establish an influential staff network whose membership includes those with the lived experience of disability so that their experience is improved in the workplace.
- Develop a plan that supports effective communications about the WDES action plan and associated workstreams.

Data quality for disability, sexual orientation and religion 2018/19

The number of staff for whom we do not hold information about their ethnic status has decreased from 8% to 6% since last year. Our overall data on disability, sexual orientation and religion has also decreased since last year (see Table 3 below).

The Trust holds demographic information on 77% of staff in relation to disability which has increased from 76%. The reductions in the data collection are in relation to sexual orientation and religion from the previous reporting period.

We continue to highlight the importance of completing demographic data by promoting the use of self-service via ESR and by continuing further robust data capture processes when new employees join the Trust.

In respect to disability, we encourage staff who may become disabled over the course of their employment to declare their disability and ensure that, when identified that a member of staff has a disability, this is recorded on their ESR record if it wasn't at the time they started at the Trust.

Table 3: Disability, sexual orientation and religion records for all staff

Protected characteristic	Known status for all staff Mar 2018	Known status for all staff Mar 2019
Disability	76%	77%
Sexual Orientation	89%	79%
Religion	89%	79%

Section 6: Recruitment

The Trust is committed to deliver open, transparent recruitment processes that do not discriminate against people on the grounds of their protected characteristics. In support of this commitment, the Trust monitors the progress of applicants through 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. TRAC is used as our recruitment management system. The data highlights that there is more work to do to in terms of delivering our ambition.

Recruitment by ethnicity

67% of all non-medical job applications in 2018/19 were from candidates from a BAME background. For medical posts (excluding junior doctors in training), 80% of all applicants are from a BAME background.

4% of non-medical applicants and 3% of medical applicants choose not to disclose their ethnicity at application stage. 1% of non-medical applicants did not state their ethnic background at application, this figure is 0.5% for medical applicants.

At shortlisting stage, the ratio is 55% of BAME candidates are shortlisted for non-medical posts and 63% of BAME candidates for medical posts.

In regards to being appointed following shortlisting the ratio is 39% for BAME applicants for non-medical posts and 46% of BAME applicants for medical staff.

Table 4: Recruitment analysis by ethnicity

Ethnic group	% of:		
	Applicants	Shortlisted	Appointed
BAME	65%	56%	38%
Not stated	6%	7%	21%
Non-BAME	29%	37%	41%
Grand Total	23,731	6,525	1351

Note: The data on applicants and shortlisted candidates comes from TRAC and covers the period from 1 Apr 2018 to 30 Mar 2019. Junior doctors on rotation to the Trust are appointed via Health Education England and are not included as part of applicants, shortlisted or appointed candidates.

Table 5: Relative likelihood of being appointed from shortlisting by ethnicity 2018/19

Descriptor	Non-BAME	BAME
Number of shortlisted applicants	2,429	3,659
Number appointed from shortlisting	559	525
Relative likelihood of non-BAME candidates being appointed over BAME staff at shortlisting stage	1.60	

The likelihood of non-BAME candidates being appointed from shortlisting in 2018/19 is 1.60 times greater than BAME staff. This is a slight improvement from 2017/18 when the likelihood was 1.66 times greater.

While this is a reduction from the previous year, the Trust will be putting in place an extensive improving race equality action plan of which recruitment is an aspect of the Trust strategy.

Recruitment by gender

Recruitment analysis by gender shows that 62.8% of applications were from female applicants and 36.7% from male applicants.

Table 6: Recruitment analysis by gender 2018/19

Group	% of		
	Applicants	Shortlisted	Appointed
Female	63%	70%	77%
Male	36%	30%	23%
Do not wish to Disclose	1%	0%	0%
Grand Total	23,721	6,525	1,351

Recruitment by age, disability, sexual orientation and religion

Analysis by religion, age, sexual orientation and disability 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 compared with 3.5% of applicants
- 88% of applicants identified as heterosexual
- 48% of applicants identified as Christian

The tables below give more detail on recruitment by these characteristics.

Table 7: Recruitment analysis by age 2018/19

Group	% of		
	Applicants	Shortlisted	Appointed
Under 25	15%	13%	17%
25-34	46%	45%	46%
35-44	22%	23%	21%
45-54	12%	14%	13%
55-64	4%	4%	3%
65+	<1%	1%	<1%
Not stated	<1%	0%	0%
Grand Total	23,721	6,525	1,351

Table 8: Recruitment analysis by disability 2018/19

Group	% of		
	Applicants	Shortlisted	Appointed
No	95%	90%	80%
Not stated	2%	5%	17%
Yes	3%	5%	3%
Grand Total	23,721	6,525	1,351

Table 9: Recruitment analysis by sexual orientation 2018/19

Group	% of		
	Applicants	Shortlisted	Appointed
Bisexual	1%	1%	1%
Gay	1%	1%	2%
Heterosexual	88%	88%	87%
Lesbian	<1%	<1%	<1%
Not stated	9%	9%	9%
Grand Total	23,721	6,525	1,351

Table 10: Recruitment analysis by religion 2018/19

Group	% of		
	Applicants	Shortlisted	Appointed
Atheism	11%	13%	12%
Buddhism	1%	5%	1%
Christianity	48%	46%	40%
Hinduism	7%	6%	12%
Not disclosed	12%	16%	9%
Islam	19%	12%	24%
Jainism	<1%	<1%	<1%
Judaism	<1%	<1%	<1%
Sikhism	2%	2%	2%
Grand Total	23,721	6,525	1,351

Section 7: Non-mandatory training

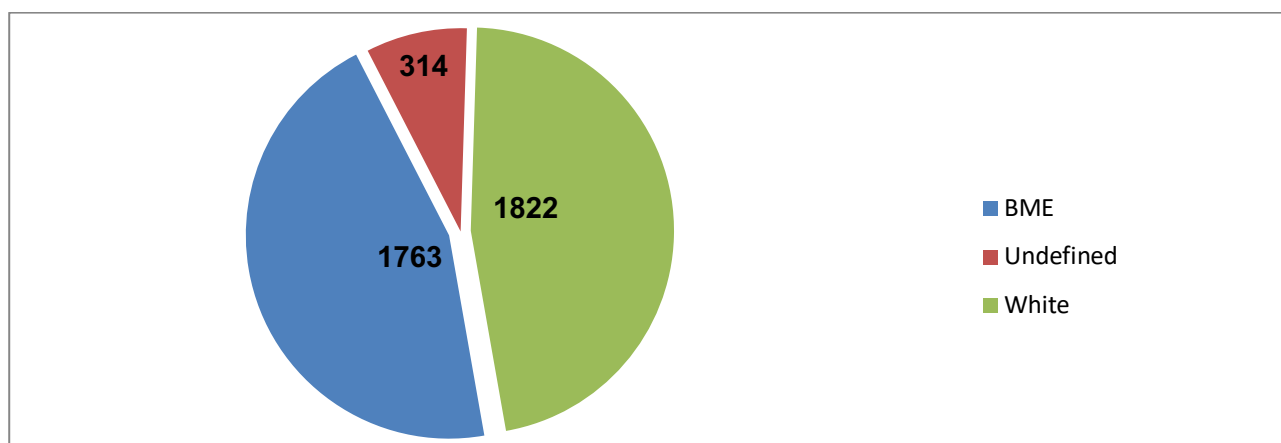
The Trust offers development through a variety of methods—eLearning, internal courses and access to external courses—across a wide spectrum of topics from clinical specialist courses to personal and management development.

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

The data below is based on substantive staff and leavers only during the 2018/19 financial year recorded within ESR on the continuous personal professional database.

An additional 322 non-substantive staff attended non-mandatory training during this period but are not included in the statistics—such as staffbank, honorary or secondee staff.

Figure 7: Staff attending non-mandatory training by ethnicity



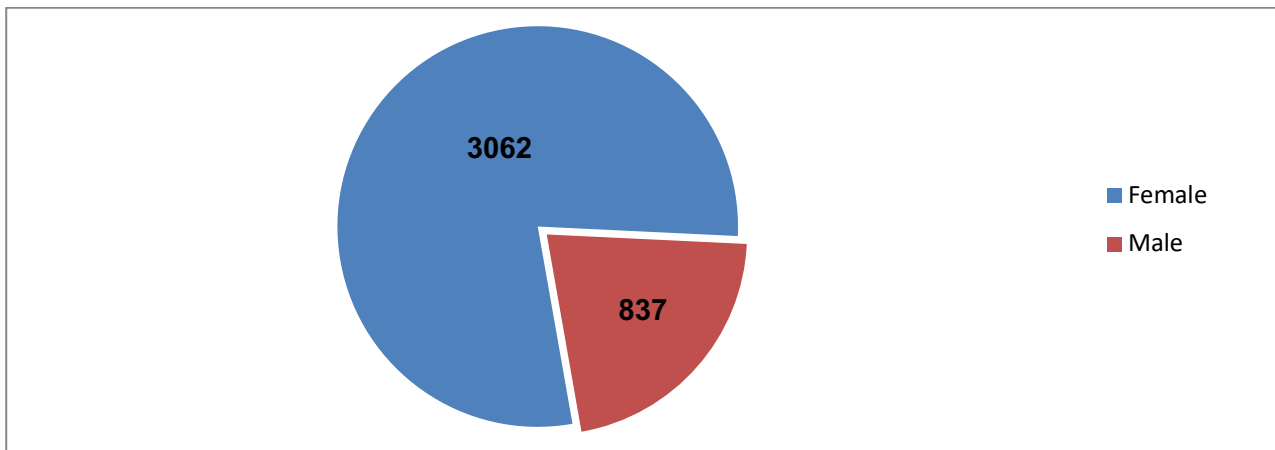
3,899 staff accessed non-mandatory training during 2018/19. Analysis of non-mandatory training shows that the relative likelihood of non-BAME staff accessing non-mandatory training compared to BAME staff is 1.09. The ratio was 0.95 in the previous year.

This reflects that during the reporting period, more BAME staff have accessed non-mandatory training than the previous year.

Table 11: Relative likelihood of accessing non-mandatory training by ethnicity (WRES indicator 4)

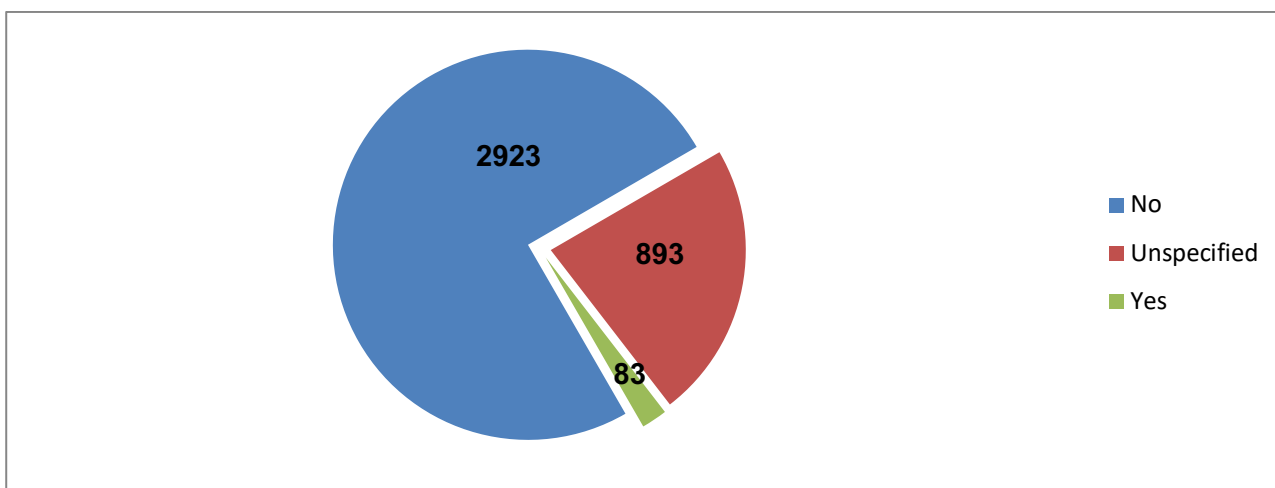
Descriptor	Non-BAME	BAME
Number of staff in organisation	3,912	3,459
Number of staff that have accessed non-mandatory training	1,822	1,763
Relative likelihood of non-BAME staff accessing non-mandatory training over BAME staff	1.09	

Figure 8: Staff attending non-mandatory training by gender



Of the 3,389 staff who attended a non-mandatory training course in 2018/19, female staff accounted for 79% and males for 22%, which closely reflects the overall gender composition of the workforce.

Figure 9: Staff attending non-mandatory training by disability



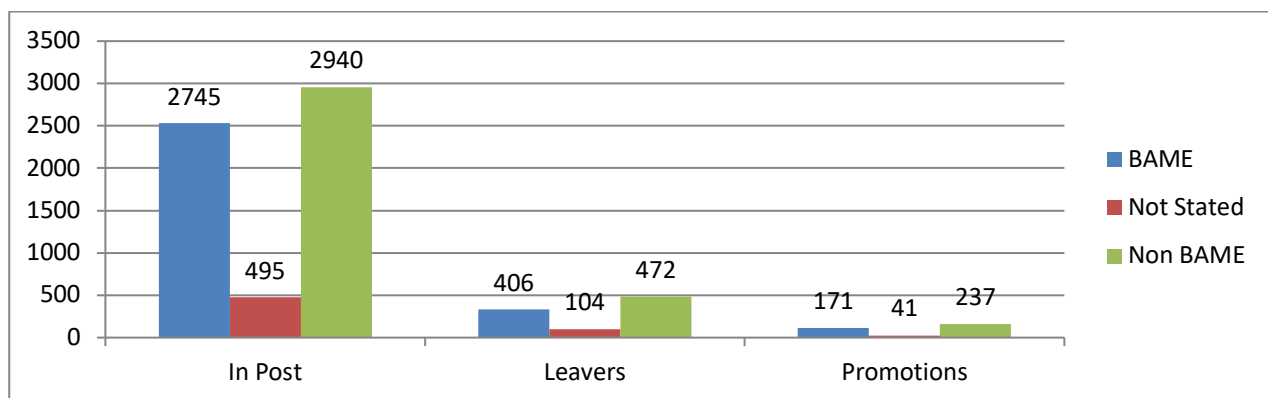
Disabled staff account for 2% of the overall number of staff accessing non-mandatory training courses, which reflects the percentage of staff recorded on ESR as having declared a disability.

Section 8: Promotions and leavers

Promotions and leavers by ethnicity

Figure 10 shows that non-BAME staff are more likely to leave the Trust than BAME staff. However, non-BAME staff are also more likely to be promoted than BAME staff.

Figure 10: Promotions and leavers by ethnicity

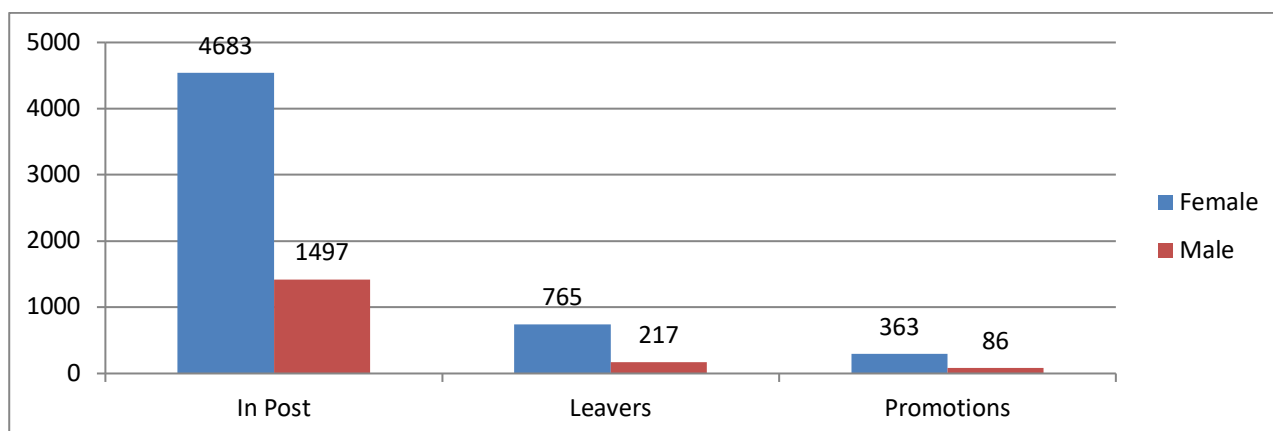


Group	Leavers	Promotions
BAME	15%	6%
Not Stated	21%	8%
Non-BAME	16%	8%

Promotions and leavers by gender

Figure 11 shows that in 2018/19, female staff are more likely to leave the Trust but are also more likely to be promoted. Promotions have increased by 1.2% from the previous year. The gap between female and male leavers has decreased by 4.3% last year to 1.8% this year.

Figure 11: Promotions and leavers by gender



Group	Leavers	Promotions
Female	16%	8%
Male	15%	6%

Section 9: Performance Development Reviews (PDRs)—non-medical staff

The charts below show the number of non-medical PDRs completed within the 12 month period Apr 2018–Mar 2019. Excluding medical staff and those on maternity leave or career breaks, 3,561 staff were eligible to have a PDR during this period. 3,122 were completed, although the PDR rate reported is affected by leavers and joiners throughout the year. The figures below show the breakdown of PDRs by ethnicity and gender.

Figure 12: PDRs in the last 12 months by ethnicity

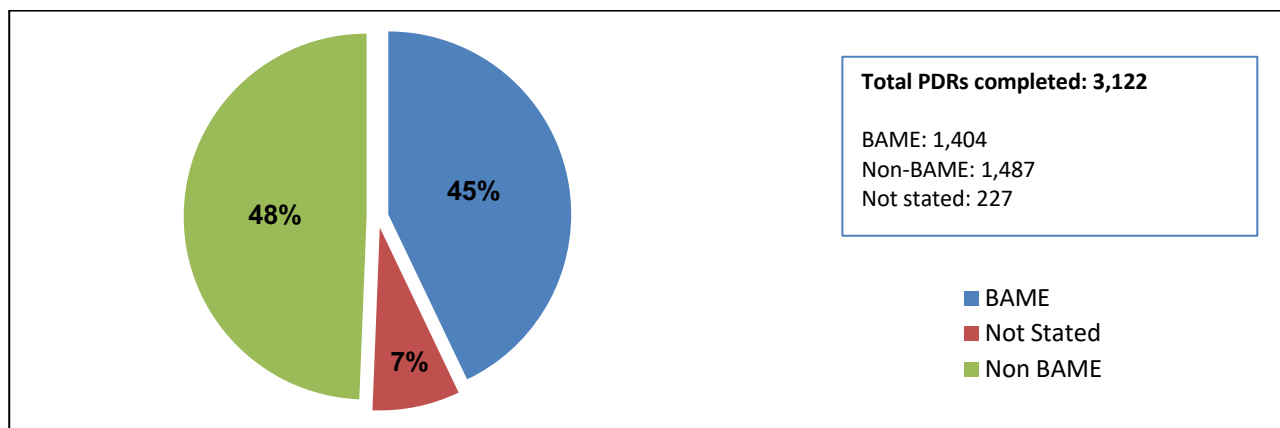
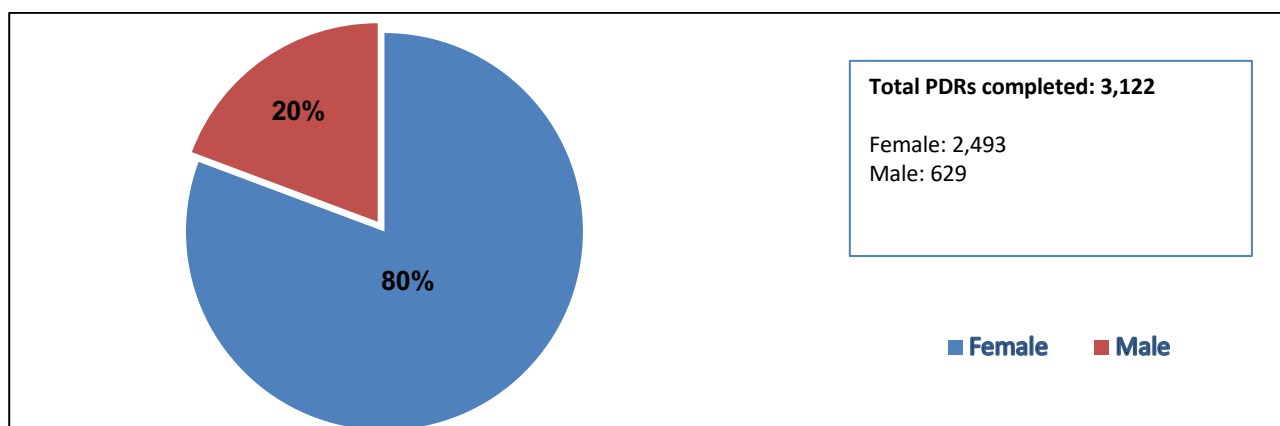


Figure 13: PDRs in the last 12 months by gender

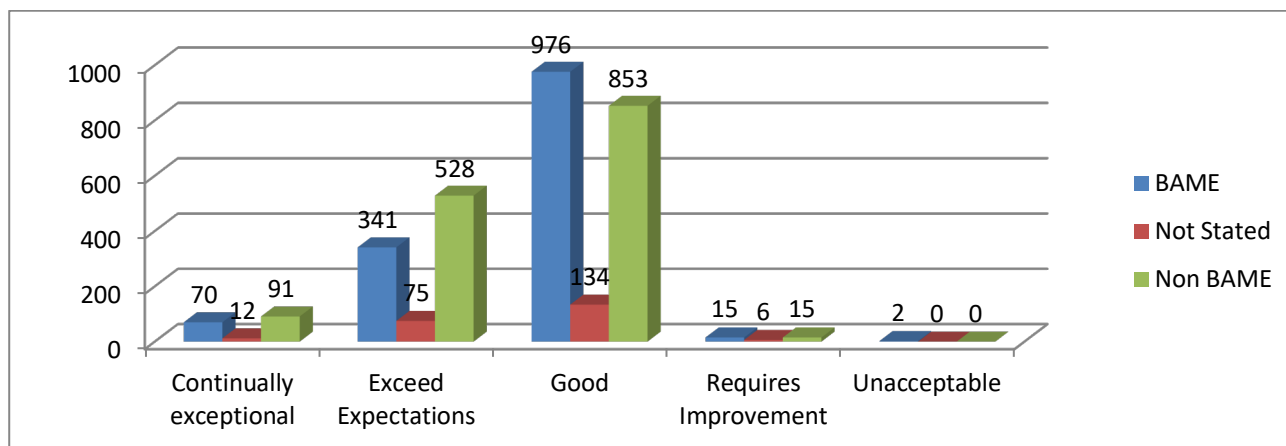


PDR outcomes by ethnicity

An updated PDR process was introduced in 2017 and introduced a rating system for staff for the first time. In 2018 the *too new to assess* category was been removed.

- Continually exceptional
- Exceeds expectations
- Good
- Requires improvement
- Unacceptable

Figure 14: PDR outcomes by ethnicity



The figure above shows that 'good' was the most common PDR rating across the Trust, 'exceeds expectations' second and the highest category 'continually exceptional' third, applying to 163 members of staff in 2018/19. 53% of those scoring at this level were non-BAME staff and 40% BAME which is a 13% difference in favour of non-BAME staff.

Of the 'exceeded expectations' category, 56% were non-BAME staff and 36% were BAME staff which is 20% in favour of non-BAME staff. Of the 'good' category, 43% were non-BAME staff and 50% were BAME staff. This is 7% in favour of BAME staff.

Of the 'requires improvement' category, 42% were non-BAME staff and 42% were BAME staff. The number of staff with an 'unacceptable' rating were in single figures and related only to BAME staff.

Section 10: Application of formal employee relations procedures 2018/19

All employee relations cases are recorded in the following categories:

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

During financial year 2018/19, there were 451 formal employee relations cases and these are broken down by category. This is an overall increase of 110 on the 341 cases in 2017/18.

- Disciplinary: 79 cases
- Sickness absence: 265 cases
- Probation: 55 cases
- Performance (capability): 20 cases
- Grievance including bullying and harassment: 32 cases

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.

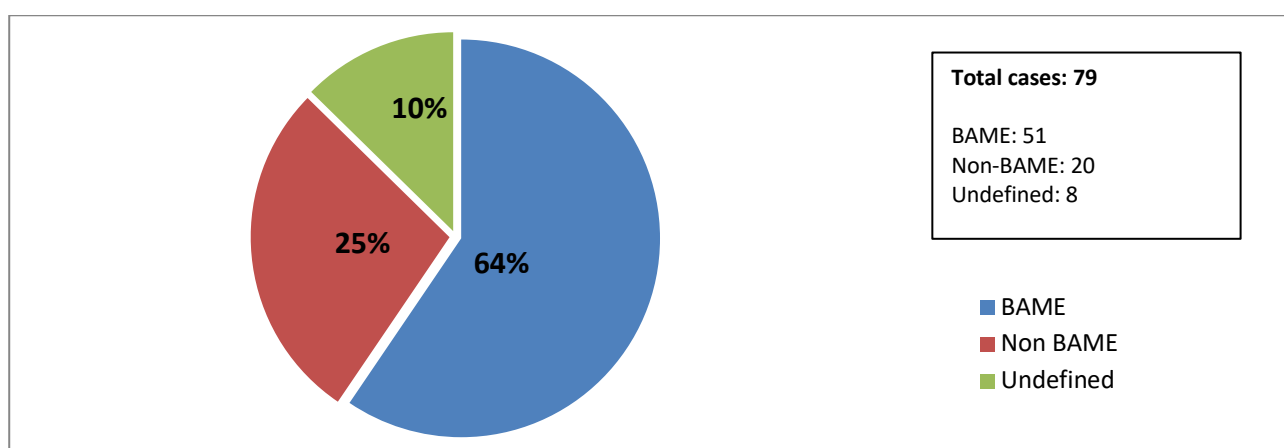
Disciplinary cases

There were 79 disciplinary cases during the period 1 Apr 2018–31 Mar 2019. BAME staff accounted for 51 of these (64%) in comparison to BAME staff being 44% of the total workforce during the period.

While the overall number of cases has remained the same as 2017/18, there was an increase from 49 to 51 cases of BAME staff being subject to disciplinary proceedings over the same reporting period the previous year—this represents a 5% increase in BAME staff entering the formal disciplinary process.

In contrast, the number of cases involving non-BAME staff fell from 22 to 20 over the same period which represents a 10% decrease, while the number of undefined also fell from 10 to 8 cases. Undefined indicates that ethnicity data has not been recorded on the electronic staff record.

Figure 15: Disciplinary cases by ethnicity



The table below shows that the relative likelihood of BAME staff entering the formal disciplinary procedure is 2.73 times greater than for non-BAME staff.

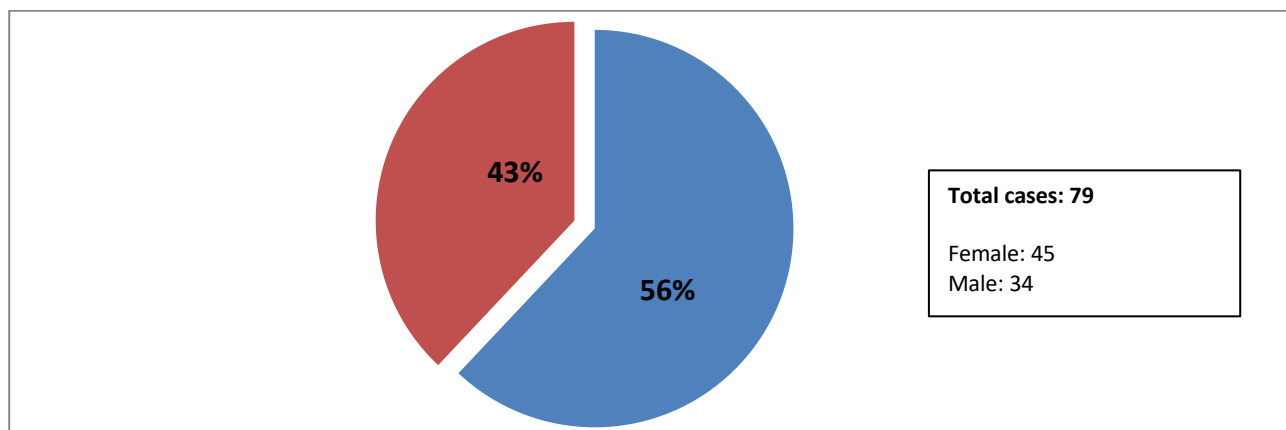
This is an increase from 2.49 times greater in the previous year, although the number of recorded disciplinary cases has remained the same.

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

Table 12: Likelihood of entering the formal disciplinary hearing by ethnicity 2018/19 (WRES indicator 3)

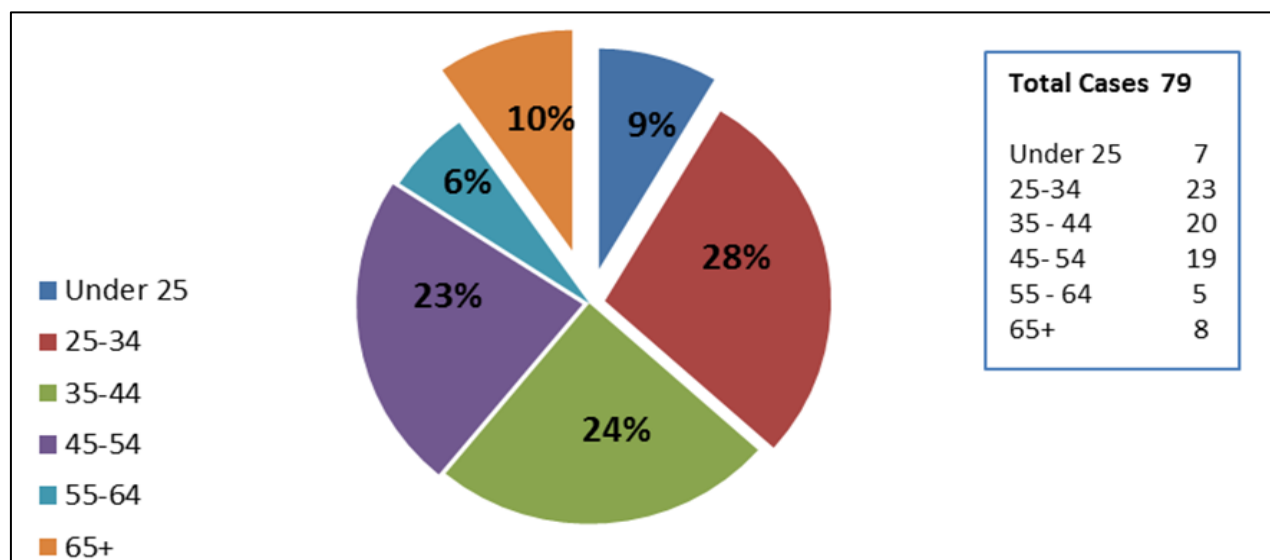
Descriptor	Non-BAME	BAME
Number of staff in organisation	2,940	2,745
Number of staff who have entered into disciplinary proceedings	20	51
Relative likelihood of BAME staff entering into disciplinary proceedings compared to non-BAME staff	2.73	

Figure 16: Disciplinary cases by gender



Analysis of disciplinary cases by gender shows that females account for 56% of cases, a decrease of 6% from the previous year. Cases involving male staff have increased by 5% to 43% from the previous year. Disciplinary cases by age shows a fairly even spread across three age groups (25–54). The 25–34 age group is the single largest age group at 28% of cases, while this age group accounts for 35% of the total workforce.

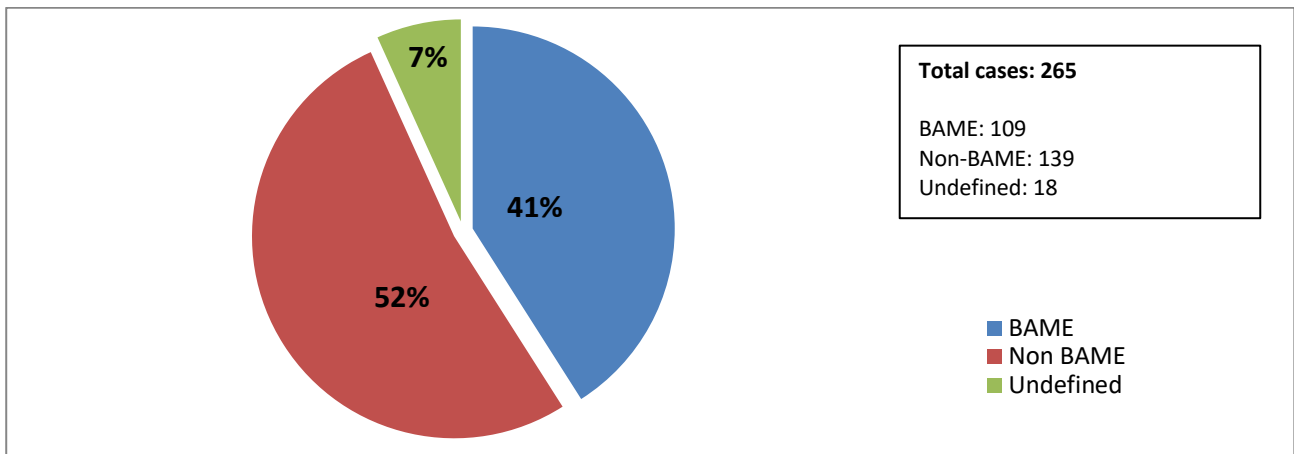
Figure 17: Disciplinary cases by age



Sickness absence cases

There were 265 sickness absence cases in 2018/19 up from 169 in 2017/18. The increase in cases was as a direct result of the Trust’s employee relations team undertaking a specific targeted outreach programme for reviewing sickness absence across all divisions.

Figure 18: Sickness cases by ethnicity

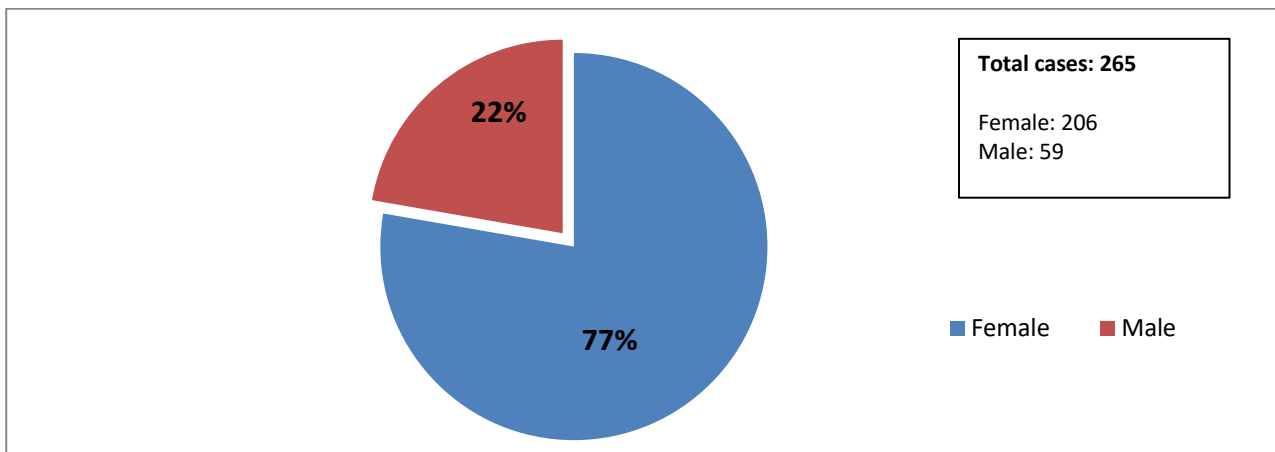


Analysis of sickness absence by ethnicity indicates that non-BAME staff accounted for 52% of cases, a rise of 9% from 43% of cases in 2017/18.

During the same period, BAME staff accounted for 41% of cases, a 10% reduction from 2017/18. Further work is needed to establish if these changes are a result of the outreach programme before any conclusions can be drawn.

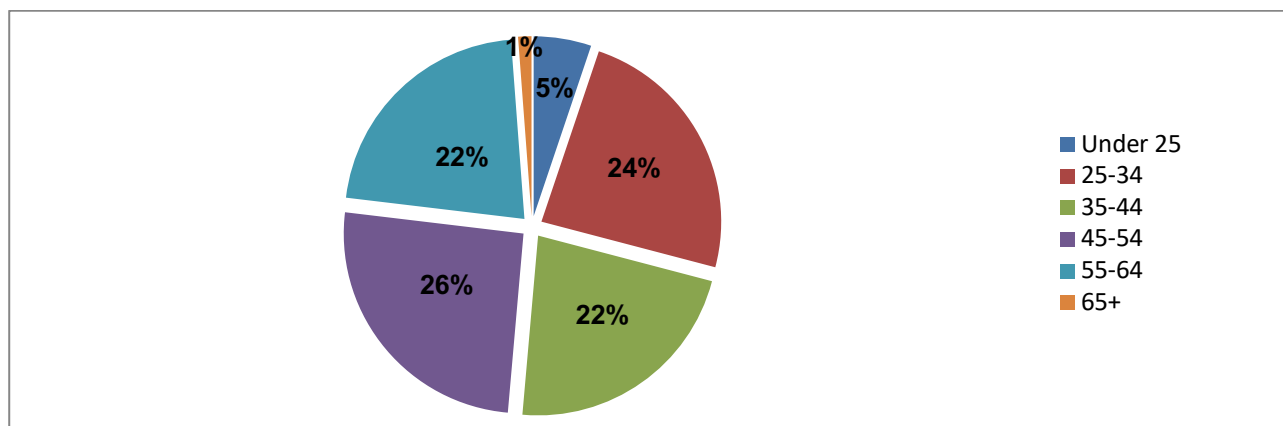
The number of undefined, which indicates that data has not been recorded on the electronic staff record, has increased from 6% the previous year to 7% this year.

Figure 19: Sickness case by gender



Sickness absence cases by gender reflect the overall workforce gender profile with females accounting for 77% of cases and males 22%, which is similar to the previous year.

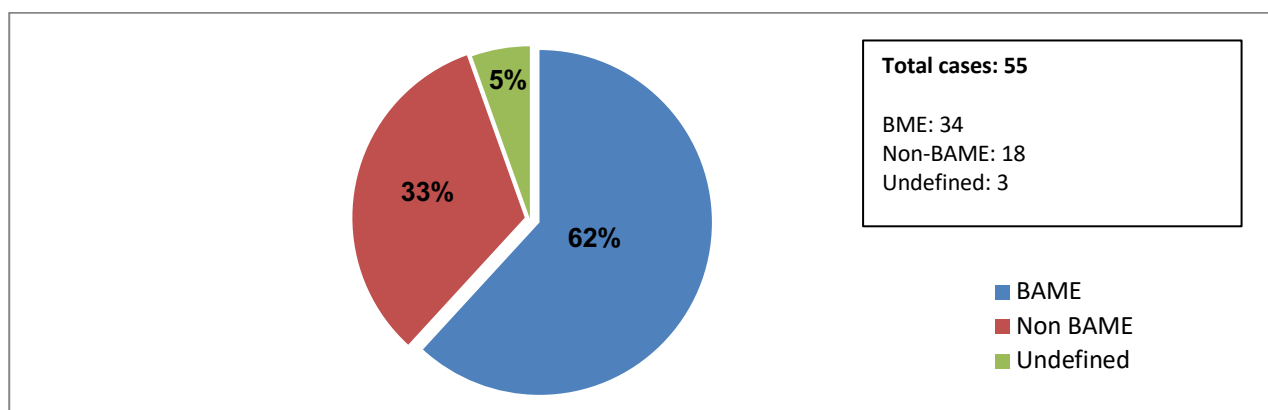
Figure 20: Sickness cases by age



Sickness absence cases by age shows that the 45–54 age group make up the single largest group of cases at 26%. This is a change from the previous year when the 35–44 age group where the single largest group at 28%.

Probationary cases

Figure 21: Probationary cases by ethnicity

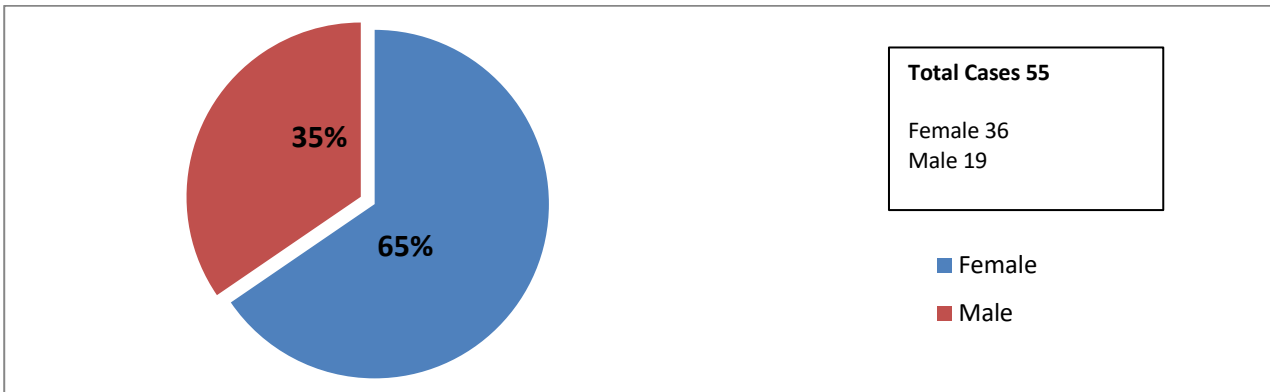


The number of probationary cases in 2018/19 increased 15% to 55 from 48 in 2017/18. BAME staff accounted for the majority of probationary cases at 62%, a 10% increase from 2017/2018.

33% of probationary cases related to non-BAME staff who account for 48% of the Trust workforce profile in 2018/19.

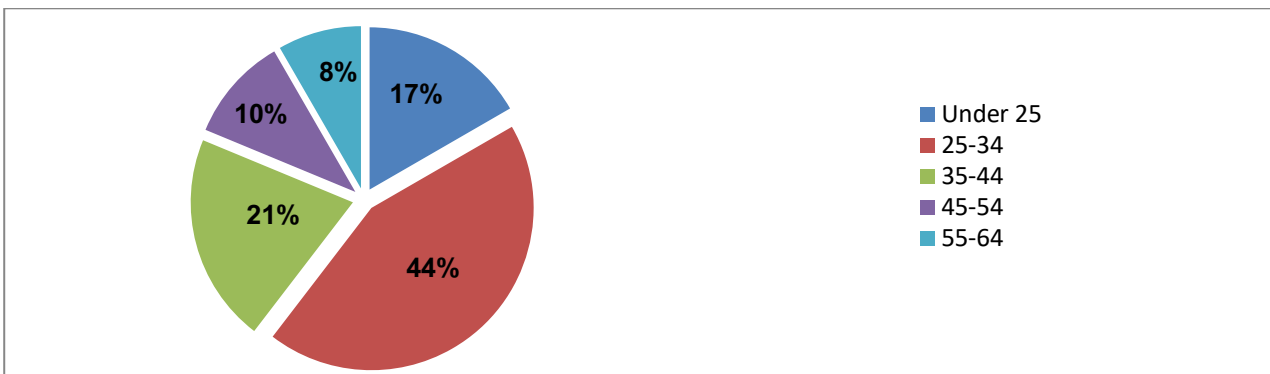
The number of undefined, where the data has not been recorded on the electronic staff record, has reduced to 5% from 21% the previous year.

Figure 22: Probationary cases by gender



Female staff accounted for 65% of probation cases and males 35%, although males make up 24% of the workforce.

Figure 23: Probationary cases by age

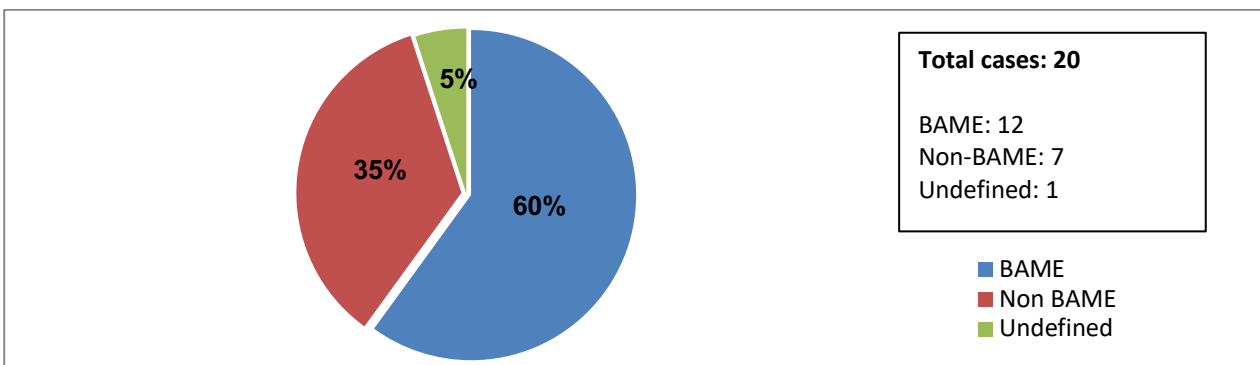


Probation cases by age show that the 25–34 age group makes up 44% of cases. This age group is also the largest single age group within the workforce.

Performance (capability) cases

There were 20 performance cases reported during financial year 2018/19 compared to 15 in 2017/18, which represents an increase of 33%.

Figure 24: Performance cases by ethnicity



BAME staff accounted for 12 performance cases (60%) by ethnicity in 2018/19. During the previous year, the number cases involving BAME staff was also 12, which accounted 80% of the total in 2017/18.

In 2018/19 the change is attributed to an increase in non-BAME cases from 1 to 7. 5% of cases were undefined, where ethnicity data has not been recorded on the electronic staff record.

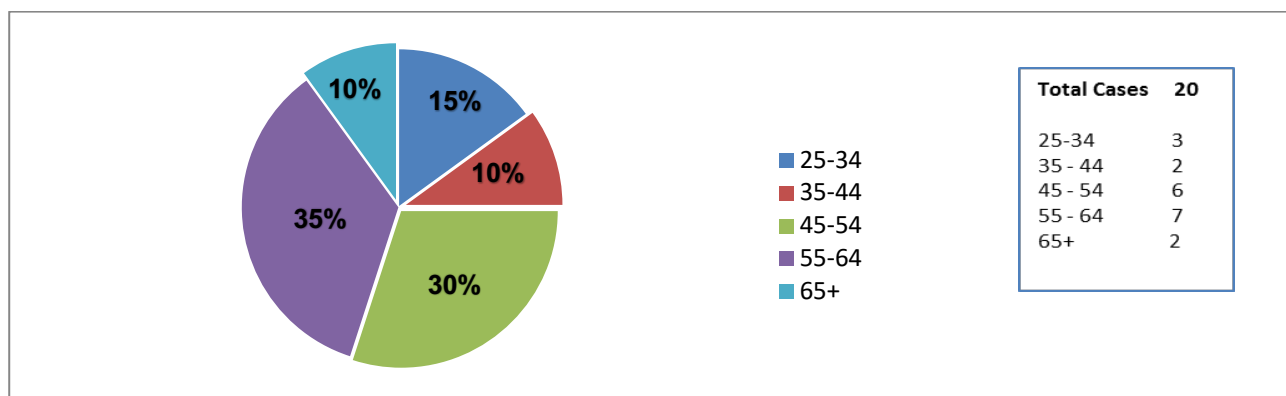
Figure 25: Performance cases by gender



Performance cases by gender shows that 15 cases (75%) were female staff and 5 cases (25%) were male staff, which closely reflects the composition of the overall workforce of 76% female and 24% male.

In 2017/18 there were 15 performance case of which 2 cases (13%) were male staff and 13 (87%) were female staff.

Figure 26: Performance cases by age

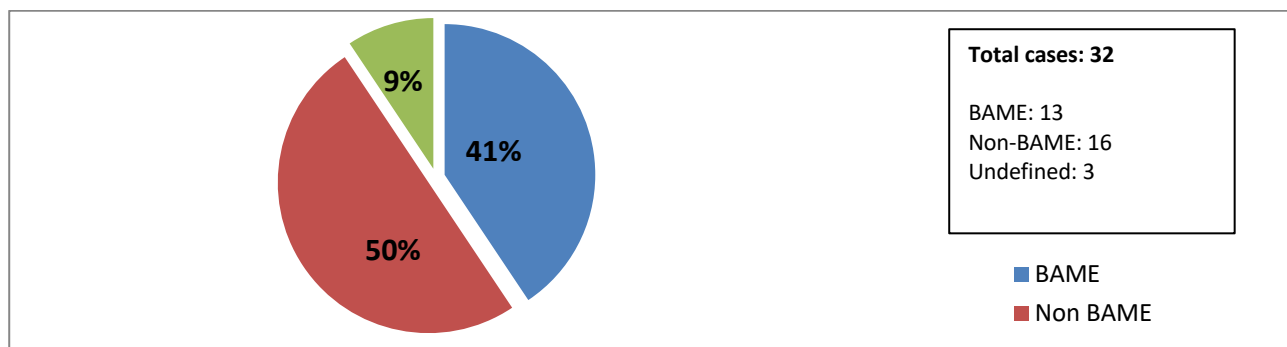


Performance cases by age show that the 55–64 age group make up the largest single group with 7 cases (35%). The largest single group in 2017/18 was the 35-44 age group with 5 cases (33%).

Grievance cases (including bullying and harassment)

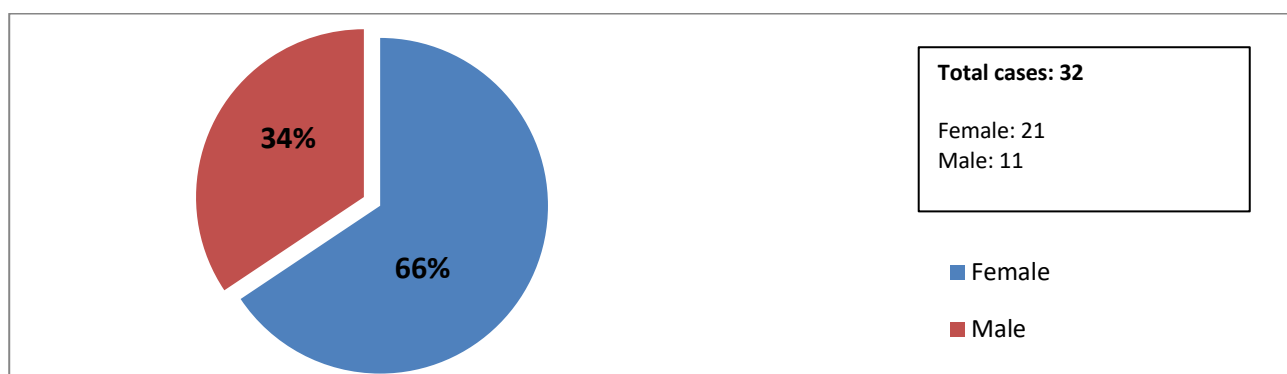
Grievance cases (which include bullying and harassment) can often involve multiple employees—including the individual submitting the complaint and the person who may be accused of inappropriate behaviour, who may lodge a counter-grievance. There were 30 such cases of this nature in 2017/18.

In 2018/2019 this increased to 32 cases, an increase of 6% on the previous year.



The data for grievance cases shows that 16 cases (50%) of those involved were non-BAME staff, the same percentage as 2017/18. The number of cases has increased from 15 to 16 in the same period. The number of cases for BAME staff has reduced from 15 cases (43%) in 2017/18 to 13 cases (41%) in 2018/19, a 2% reduction. The overall percentage of undefined has increased to 3 (9%) of the 32 cases, compared to 2 (7%) of the 30 cases in 2017/18.

Figure 28: Grievance cases by gender



Female staff accounted for 66% of grievance cases in 2018/19 down from 83% in 2017/18, a reduction of 17%. The percentage of male staff involved in these cases increased to 34% in 2018/19 from 17% in 2017/18.

Section 11: Local clinical excellence awards for consultants

85 local clinical excellence applications were received in 2018/19 compared to 31 in 2017/18. The analysis by gender and ethnicity is in Table 13.

Table 13: Clinical excellence awards by ethnicity

Ethnic origin	%	CEA applicants	Successful applicants
Non-BAME consultants	279 (58%)	51 (60%)	31 (67%)
BAME consultants	177 (37%)	32 (38%)	13 (29%)
Unknown	26 (5%)	2 (2%)	2 (4%)
Total	482	85	(22)

The percentage of non-BAME CEA applicants has reduced from 65% in 2017/18 to 60% in 2018/19. However, the percentage of successful non-BAME applicants has increased from 50% to 67% in 2018/19.

The percentage of BAME CEA applicants has increased from 35% in 2017/18 to 38% in 2018/19. The percentage of successful BAME applicants has reduced from 50% in 2017/18 to 29% in 2018/19.

Table 14: Clinical excellence awards by gender

Gender	%	CEA applicants	Successful applicants
Female	247 (51%)	36 (42%)	27 (59%)
Male	235 (49%)	49 (58%)	19 (41%)
Total	482	85	46

The percentage of female CEA applicants reduced from 52% in 2017/18 to 42% in 2018/19. The percentage of male CEA applicants increased from 48% in 2017/18 to 58% in 2018/19.

The percentage of successful female applicants has slightly reduced from 59% in 2017/18 to 58.7% in 2018/19 and males slightly increased from 41% in 2017/18 to 41.3% in 2018/2010.

Section 12: Staff experience—2018 NHS staff survey

The national NHS staff survey results were published in Feb 2019. This year there have been a number of changes made to the benchmark report to improve usability and provide historical trends.

The main change is the 32 key findings have been replaced by 10 themes which are scored on a scale of 0–10.

The 2018 staff survey results revealed some differences in experience when analysed by disability status, ethnicity, age and gender. The full results of the 2018 staff survey can be found at www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2018.

Table 15: 2018 staff survey by gender

Theme	Female	Male
Staff engagement	7.3	7.4
Bullying and harassment	7.5	7.8
Equality diversity and inclusion	8.7	8.9
Morale	6.1	6.1
Health and wellbeing	5.7	6.2
Immediate managers	6.8	6.9
Quality of appraisals	6.0	5.8
Safety culture	6.9	6.8

Disabled staff are the least likely group to report positive experiences across a range of indicators as indicated below.

Table 16: 2018 staff survey by disability

Theme	Disabled	Non-Disabled
Staff engagement	6.9	7.4
Bullying and harassment	6.9	7.5
Equality diversity and inclusion	8.2	8.7
Morale	5.6	6.2
Health and wellbeing	4.6	6.9
Immediate managers	6.4	6.9
Quality of appraisals	5.3	6.2
Safety culture	6.4	6.9

Table 17: 2018 staff survey themes by age

Theme	21–30	31–40	41–50	51–65	66+
Staff engagement	7.2	7.3	7.5	7.3	7.7
Bullying and harassment	7.5	7.7	7.5	7.4	8.6
Equality diversity and inclusion	8.7	8.7	8.6	8.7	9.6
Morale	6.1	5.9	6.1	6.2	7.4
Health and wellbeing	5.4	5.8	6.0	5.7	7.6
Immediate managers	7.1	6.8	6.8	6.7	7.4
Quality of appraisals	6.3	5.9	6.1	5.7	6.1
Safety culture	6.9	6.8	6.9	6.8	7.2

Table 18: 2018 staff survey themes by ethnicity

Theme	Non-BAME	BAME
Staff engagement	7.3	7.4
Bullying and harassment	7.6	7.7
Equality diversity and inclusion	9.1	8.2
Morale	6.2	6.0
Health and wellbeing	5.8	5.8
Immediate managers	6.8	6.9
Quality of appraisals	5.4	6.7
Safety culture	6.8	7.0

NHS national staff survey questions mandated by the Workforce Race Equality Standard (WRES)

Under the WRES, the Trust is required to publish the responses by ethnicity to specific NHS staff survey results at www.nhsstaffsurveyresults.com/local-workforce-equality-standards-wres as detailed below.

Question	Ethnicity	%
5. Percentage of staff experiencing bullying, harassment or abuse from patients or relatives	Non-BAME	41%
	BAME	38%
6. Percentage of staff experiencing bullying, harassment or abuse from staff	Non-BAME	26%
	BAME	28%
7. Percentage believing the Trust provides equal opportunities for career progression or promotion	Non-BAME	89%
	BAME	74%
8. Percentage of staff experiencing discrimination at work from managers or colleagues	Non-BAME	7%
	BAME	12%

Appendix 1: Workforce Race Equality Standard (WRES)

The table below summarises the Trust's annual WRES return which was submitted to the national WRES team in Aug 2019 by the equality and diversity manager.

WRES indicator	Ethnicity	Headcount	Explanatory notes
1. Workforce reporting	Non-BAME	2,940	As at 31 Mar 2019
	BAME	2,745	
	Unknown	495	
2. Relative likelihood of staff being appointed from shortlisting across all posts	Non-BAME staff 1.60 times more likely		Based on NHS Jobs and TRAC data captured during 2018/19
3. Relative likelihood of staff entering the formal disciplinary process	BAME staff 2.73 times more likely		Based on 2018/19 cases
4. Relative likelihood of staff accessing non-mandatory training and continuing professional development	Non-BAME staff 0.96 times more likely		Data should be read with caution, as not all non-mandatory 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	41%	2018 staff survey
	BAME	38%	
6. Percentage of staff experiencing bullying, harassment or abuse from staff	Non-BAME	26%	
	BAME	28%	
7. Percentage believing the Trust provides equal opportunities for career progression or promotion	Non-BAME	89%	
	BAME	74%	
8. Percentage of staff experiencing discrimination at work from managers or colleagues	Non-BAME	7%	
	BAME	12%	
9. Percentage difference between BAME Board voting membership and overall BAME workforce	BAME board members	13%	As at 31 Mar 2019
	Overall BAME workforce	44%	

Appendix 2: Gender pay gap 2018/19

Gender pay reporting legislation requires employers with 250 or more employees from Apr 2017 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.

Appendix 3: Workforce Disability Equality Standard (WDES)

<p>Metric 1</p>	<p>Percentage of staff in Agenda for Change (AfC) pay bands or medical and dental subgroups and very senior managers (VSM)—including executive board members—compared to the percentage of staff in the overall workforce</p>	<p>Data from ESR—104 staff have a disability recorded on ESR. Data identified by:</p> <ul style="list-style-type: none"> • Non-clinical or clinical • Band or grade
<p>Metric 2</p>	<p>Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts</p>	<p>A figure below 1 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting. Trust score is 1.20.</p> <p>Data comes from TRAC—254 applicants with disabilities shortlisted/38 appointed in 2018/19.</p> <ul style="list-style-type: none"> • Doesn't take into account how many withdraw after shortlisting or attended interviews • Trust holds Disability Confident Employer Level 2 status until Oct 2019 • Disability Confident Employer Level 2 info pack is available
<p>Metric 3</p>	<p>Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure</p>	<p>A figure above 1 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process. Trust score is 2.04.</p> <p>Data from ESR 2018/19—15 cases where the employee had a disability recorded in ESR.</p> <p>Breakdown by case type:</p> <ul style="list-style-type: none"> • Sickness cases: 9 • Disciplinary cases: 3 • Grievance/bullying and harassment cases: 2 • Performance management cases: 1 <p>The Trust launched <i>Maintaining the Employment of People with Disabilities: Guidance for Line Managers</i> in Jun 2018.</p>
<p>Metric 4a</p>	<p>Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <ul style="list-style-type: none"> • patients/service users, their relatives or other members of the public • managers • other colleagues 	<p>Four questions from staff survey combined—higher percentages are worse</p> <p>From patients/service users, their relatives or other members of the public:</p> <ul style="list-style-type: none"> • N° of respondents: 229 • Disabled: 47% • Non-disabled: 41% <p>From managers:</p> <ul style="list-style-type: none"> • N° of respondents: 226 • Disabled: 17% • Non-disabled: 13% <p>From other colleagues:</p> <ul style="list-style-type: none"> • N° of respondents: 225 • Disabled: 30% • Non-disabled: 21%

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	<ul style="list-style-type: none"> • N° of respondents: 132 • Disabled: 51% • Non-disabled: 53%
Metric 5	Percentage of disabled staff compared to non-disabled staff believing the Trust provides equal opportunities for career progression or promotion	<p>Question from staff survey—higher percentages better</p> <ul style="list-style-type: none"> • N° of respondents: 151 • Disabled: 78% • Non-disabled: 83%
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	<p>Question from staff survey—higher percentages worse</p> <ul style="list-style-type: none"> • N° of respondents: 169 • Disabled: 36% • Non-disabled: 24%
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	<p>Question from staff survey—higher percentages better</p> <ul style="list-style-type: none"> • N° of respondents: 226 • Disabled: 38% • Non-disabled: 53%
Metric 8	Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work	<p>Question from staff survey—higher percentages better</p> <ul style="list-style-type: none"> • N° of respondents: 130 • Trust score: 72%
Metric 9a	Staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score for the organisation	<p>One of 10 staff survey themes scored from 0–10</p> <ul style="list-style-type: none"> • N° of respondents: 230 • Disabled: 7.4 • Non-disabled: 7.3 • Overall Trust score: 6.9
Metric 9b	Has your trust taken action to facilitate the voices of disabled staff in your organisation to be heard (yes or no)?	<p>Yes—Trust had disabled staff start/finish a task group in 2018 which helped the <i>Maintaining the Employment of People with Disabilities: Guidance for Line Managers</i> launched Jun 2018.</p>
Metric 10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: <ul style="list-style-type: none"> • By voting membership of Board • By executive membership of Board 	<p>Make-up of Trust Board including non-executive directors by disability:</p> <ul style="list-style-type: none"> • Executive Board: 0% • Overall workforce: 2%

Appendix 4: Improving race equality through promoting a fairness action plan— year 1 2019/20

Objective	Key actions	Due	Intended impact/outcome	Measure of impact	Owner
1. Accelerate Board and senior manager commitment to improving race equality	The Board and executive cabinet to sign up to and sign off the action plan and pledge commitment to delivery	End Q1	Staff, including BAME staff, are clear of the Board commitment to provide a fair, inclusive and non-discriminatory work environment	<ul style="list-style-type: none"> Staff experience questions 9b, 9c, 9d Commitment is published 	Board executive
	The Board, executive and senior managers to participate in development and mandatory training on race equality, and compassionate and inclusive leadership	End Q2	Increased awareness among senior staff of diversity, inclusion issues and changes in leadership behaviour where appropriate	<ul style="list-style-type: none"> Staff experience questions 9b, 9c, 9d Evidence of training 	Board executive
	All senior and middle managers to have an objective to embed inclusion as part of the appraisal process	End Q4	The Board, executive cabinet and senior managers act as role models for race equality and inclusion	Staff experience questions 9c, 9d	Board executive
	All executives to participate in a reverse mentoring scheme	End Q3	The executive and senior managers are mentored by a BAME member of staff	Staff experience questions 9, 9a, 9d	Executive
	Develop a communication programme which aims to facilitate conversations about race among senior managers	End Q4	Increased awareness for managers of the BAME staff experience	Staff survey questions 9c, 9d	Director of HR and OD
	Develop Trust equality strategy	End Q4	Staff and managers understand the work to be undertaken over the next 3–5 years	Staff experience questions 9a, 9d	Director of HR and OD
2. Develop an influential staff network for BAME members	Hold BAME focus groups across the Trust	End Q1	BAME staff share what they want from a BAME network and are involved in its creation	Staff experience questions 9c, 9d	Divisional Director of Nursing/ Director of HR and OD
	Develop terms of reference and governance arrangements for the network	End Q1	Provides an opportunity for the Board and executive team to engage directly with BAME staff about their experience		Director of HR and OD
	Launch the BAME network on international Windrush Day 21 Jun 2019	End Q2	Provides a voice for BAME staff in the organisation		Chair/BAME network
	Develop a communication strategy for the BAME network	End Q2 and then quarterly	Provides an opportunity for BAME staff to directly influence Trust strategy		Chair/BAME network

Objective	Key actions	Due	Intended impact/outcome	Measure of impact	Owner
	Set meetings, agendas and reporting structures	Ongoing	The network has a demonstrable impact on the culture of the Trust		Equality and Diversity Lead
	Celebrate success of BAME staff in the organisation	End Q2	Increase awareness of BAME staff contribution to the Trust	Staff experience questions 9, 9a, 9d	BAME network chair
3. Ensure fairness in Trust disciplinary, grievance and performance management processes	Develop a methodology to ensure a 'check and challenge' process is used when investigations and disciplinary action are being considered	End Q2	<ul style="list-style-type: none"> Provides a transparent and structured approach to the disciplinary process Reduction in the number of staff going through the disciplinary process 	Reduction in number of BAME staff impacted	Assistant Director of HR
	Articulate the lessons learned from the review of 79 disciplinary cases and implement changes in approach as required	End Q1	Themes are understood and guide revisions in process	Staff survey question 15	Assistant Director of HR
	Refresh the training offered to managers on handling discipline, grievance, bullying, performance management and handling investigations, and ensure sufficient emphasis on diversity, culture and inclusion issues	End Q1	<ul style="list-style-type: none"> Improvements in the people management capabilities of all line managers A sustained reduction in actual or perceived discrimination against BAME staff 	Staff survey question 15	Assistant Director of HR
	Identify and train interview experts from BAME backgrounds staff to support and participate in disciplinary panels	End Q3	A sustained reduction in actual or perceived discrimination against BAME staff	<ul style="list-style-type: none"> Staff survey questions 12, 13, 15c WRES indicators 5, 6, 8 	Assistant Director of HR
	Develop a trajectory for the delivery of the training	End Q2		Achieving targets set for completion of training	Assistant Director of HR
	Undertake an analysis of the application of use of performance management processes across the Trust by site, staff group and protected characteristics	End Q1	'Hot spots' identified and provide focus for additional support	WRES indicators 3, 7	Assistant Director of HR
	Identify leading practice on effective performance management and consider incorporating relevant practices into the approach used at the Trust	End Q3	New performance process which minimise bias	Staff survey question 19	Assistant Director of HR
	Develop a process for 'check and challenge' for the review of probationary 'failures'	End Q4	Reduce the number of staff failing the probation process	Reduction in number of BAME staff impacted	Assistant Director of HR

Objective	Key actions	Due	Intended impact/outcome	Measure of impact	Owner
4. Ensure fairness of recruitment processes and progression opportunities for BAME staff	Introduce interventions at each key stage of the recruitment life process to eliminate adverse impacts on BAME applicants	End of Q4	Competency-based and non-discriminatory selection practices are used by the Trust	<ul style="list-style-type: none"> Staff survey question 14 WRES indicator 2 	Assistant Director of HR Resourcing
	Ensure that selection decisions made at band 8a and above are subject to scrutiny by a member of the executive team	End Q3	The best candidate is appointed and the evidence base is transparent	WRES indicator 2	Assistant Director of HR Resourcing
	Provide guidance on competency-based selection processes including a suite of competency-based questions for hiring managers	End Q3	Eliminate the scope for unconscious bias	<ul style="list-style-type: none"> Staff survey question 14 WRES indicator 7 	Assistant Director of HR Resourcing
	Ensure process outlines actions where the evidence indicates that staff with protected characteristics are adversely impacted by recruitment and selection decisions	End Q3	Introduce an appeals process for staff post-recruitment process	<ul style="list-style-type: none"> Staff experience question 14 WRES indicator 2 	Assistant Director of HR Resourcing
	Identify and train interview experts from BAME background staff to support and participate in panels at band 8a and above	End Q3	Interview panels are diverse for appointments at band 8a and above	<ul style="list-style-type: none"> Staff experience question 14 WRES indicator 2 	Assistant Director of HR Resourcing
	Refresh recruitment training and ensure sufficient emphasis on diversity, culture and inclusion issues	End Q2	All managers trained and competent to undertake new recruitment processes to undertake selection on behalf of the Trust	WRES indicator 2	Assistant Director of Learning and OD
	Develop a process and associated guidance to ensure that unsuccessful internal candidates for band 8a roles and above receive feedback on their performance and an associated personal/ career development plan	End Q3	Processes in place to track the career progression of BAME staff	<ul style="list-style-type: none"> WRES indicator 1, 2 Staff experience question 19f 	Assistant Director of Learning and OD
	Develop a consistent approach and process for providing 'stretch' opportunities for staff	End Q4	Opportunities are provided to BAME staff for professional career development	Staff experience questions 4, 5, 19f	Assistant Director of HR

Objective	Key actions	Due	Intended impact/outcome	Measure of impact	Owner
5. Address the negative experience that BAME staff have of bullying and harassment	In partnership with the staffside, BAME network and Freedom to Speak Up Guardian, review and triangulate hard and soft intelligence regarding BAME staff experience of bullying and harassment	End Q3	Understand themes or areas of greater reporting of bullying and harassment	<ul style="list-style-type: none"> Staff survey question 14 WRES indicator 6 	Director of HR and OD
	Develop a comprehensive set of interventions to address the issues emerging from the review	Q4	A sustained reduction in actual or perceived discrimination against BAME staff	<ul style="list-style-type: none"> Staff survey questions 12, 13, 15c WRES indicators 5, 6, 8 	Assistant Director of HR
	Develop options for encouraging a cultural shift from formal grievance to informal resolution and mediation	Q4	<ul style="list-style-type: none"> Reduction in BAME staff entering the formal disciplinary process 'Difficult conversations' handled through mediation Managers have increased cultural awareness 	<ul style="list-style-type: none"> Staff survey question 15 WRES indicator 5 WRES indicator 3 	Assistant Director of HR
	Develop a zero tolerance to racism reported by staff	End Q3	Reduce impact of aggression from patients to BAME staff	Staff experience questions 4, 5	Security Manager/site Director of Nursing

Refreshed on 10 Jul 2019 and timelines under review in People and OD Committee Oct 2019