

Seen and Heard

Diversity and Inclusion Annual Report

Published 10 November 2021



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I. INTRODUCTION

The purpose of this report is to provide a detailed overview of the equality data relating to staff of Great Ormond Street Hospital (GOSH). The report will show key findings, and our progress from last year, highlight levels of improvement as well as areas requiring further attention and go on to highlight next steps.

Promoting and supporting diversity in the workplace is an essential aspect of good people management. We are mindful that we can only provide the highest quality healthcare to children and their families if we represent the diverse communities that we serve, treat our members of staff with respect and give them a powerful reason to stay and grow within the Trust. We are committed to ensuring the best possible experiences and outcomes for patients, service users and the public.

We collect data and review it regularly to ensure that we are not inadvertently behaving in a way that disadvantages members of staff or patients with protected characteristics. Through delivering our commitment to a diverse workforce and an inclusive approach to the service that we provide, we believe that GOSH will develop its capacity and capability to lead by example and be an employer of choice for everyone regardless of their background.

The NHS People Strategy

The People plan for 2020/21 '*We are the NHS – action for us all*' was published in August 2020.

The Plan sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021.

The Plan sets out practical actions that employers and systems should take, as well as the actions that NHS England and NHS Improvement and Health Education England will take over the remainder of 2020/21. It focuses on:

- **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically
- **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong
- **New ways of working and delivering care** emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care
- **Growing for the future** particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

Above and Beyond Strategy

The first priority of the Trust's five year strategy 'Above and Beyond' commits to **making GOSH a great place to work by investing in the wellbeing and development of our people**. It states that as a GOSH community, we must value and respect each other, work together as one team, and put in place the support, education and development opportunities to help us be at our best, every day.

The GOSH People Strategy

In November 2019 we launched our new [People Strategy](#), with a three-year plan to create an inclusive organisation where all our people are valued for who they are, as well as what they do. Launched in October 2020 our new [Diversity and Inclusion Framework](#) (D&I) and [Health and Wellbeing Framework](#) (H&WB) provide the foundations to reinforce the commitments set out in our People Strategy, creating the environment and a work programme to ensure they are delivered and, in doing so, help us meet the expectations set out in the NHS People Plan.

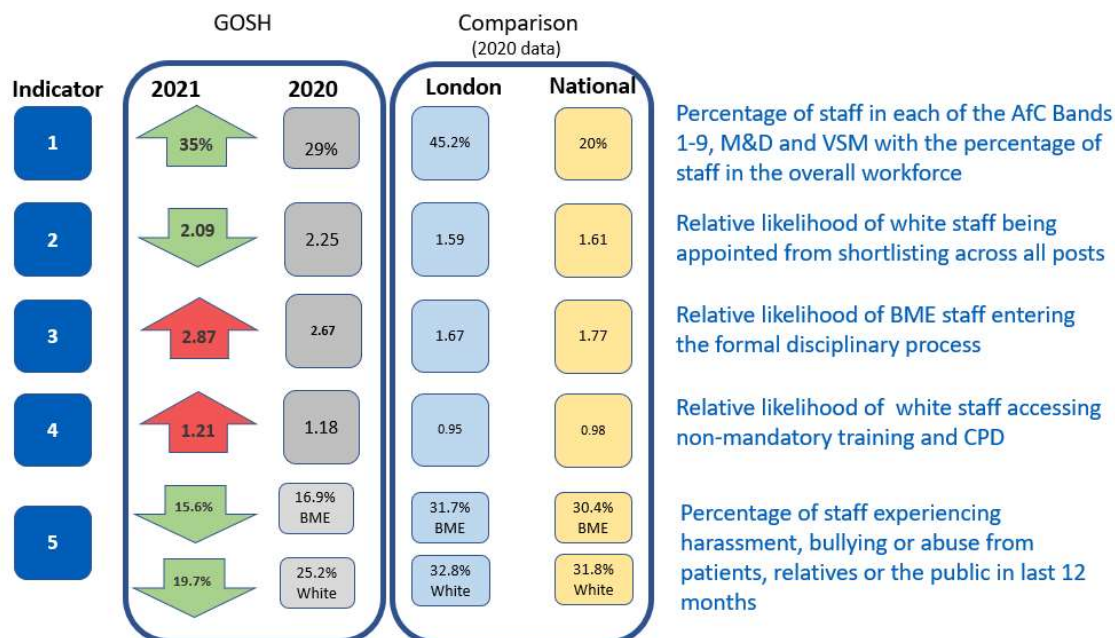
De-Bias Recruitment and Selection Toolkit

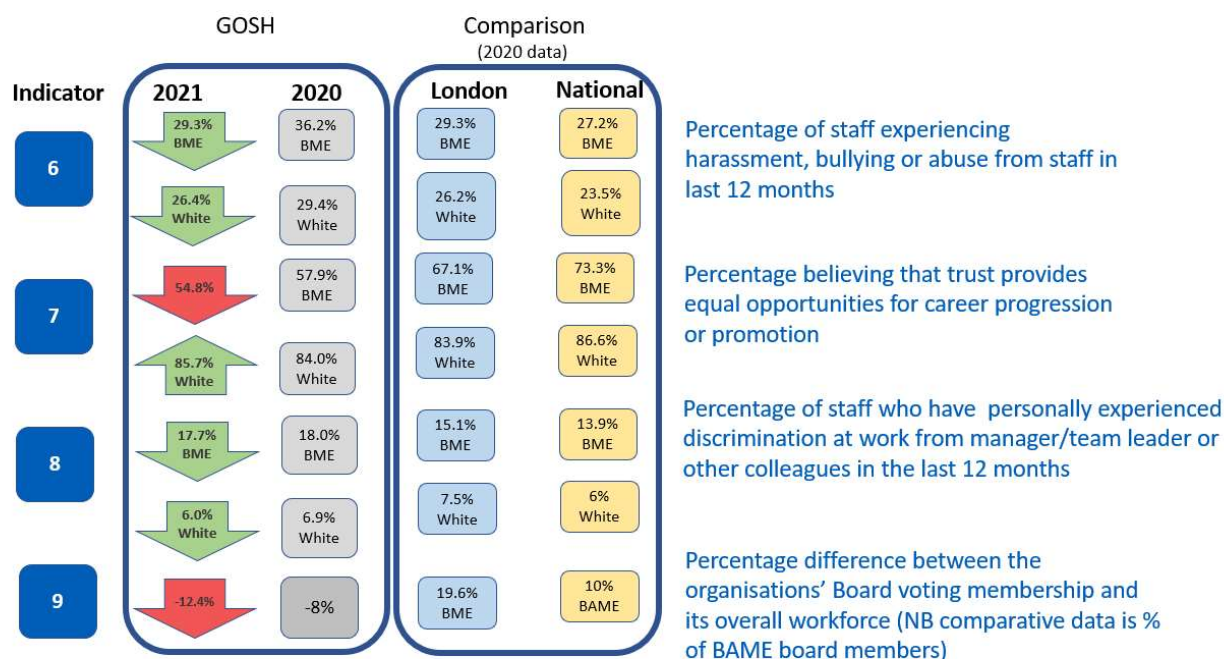
De-bias of recruitment, secondments and professional development opportunities is one of the key priorities identified in the 10 year [London Workforce Race Strategy](#) published in October 2020. In August 2021 the toolkit has been launched to provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. It is the first step in closing the gap in relative likelihood to be appointed after shortlisting between BAME staff compared to their white counterparts – in 2020 the gap stood at 1.6, this means white staff are nearly twice as likely to be appointed after shortlisting than their BAME colleagues an unacceptable gap in a city where 45% of the workforce is from a BAME background and a difference in experience that has been proven to have a negative impact on how our staff feel about working in the NHS. The purpose of this toolkit is to ensure all those involved in recruitment and selection of NHS staff in London are aware of how bias exists within recruitment and selection processes and what actions they can take to ensure the process is equitable and bias is eliminated at each and every stage from Job Design to Onboarding.

At GOSH our Director of HR and OD Caroline Anderson is North Central London STP Executive Lead to implement the toolkit in NCL and ensure that recruiting people with the right values and skills to work on the many different roles we have in the NHS in London is a key foundation so that our organisations are fairer places to work. We need to guard against recruiting people who “fit” our teams and organisations and instead consider what each candidate is bringing in terms of their expertise that will contribute to an inclusive culture.

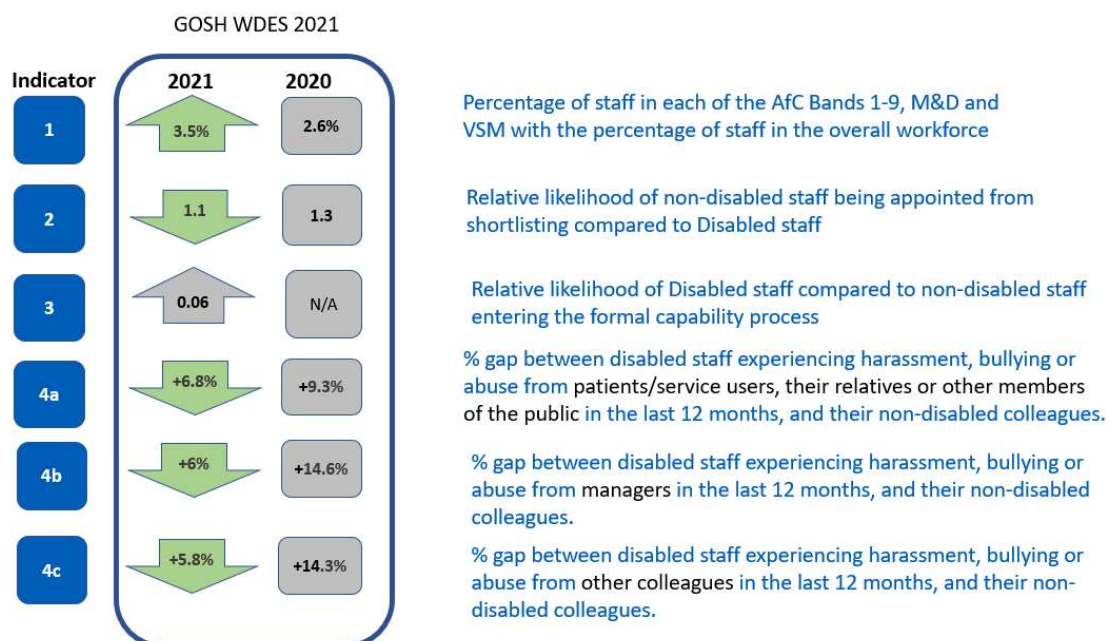
WRES and WDES Data Comparison

The following chart shows that we are comparing our WRES data with national and regional London data. The colour green refers to positive and red indicates negative change.

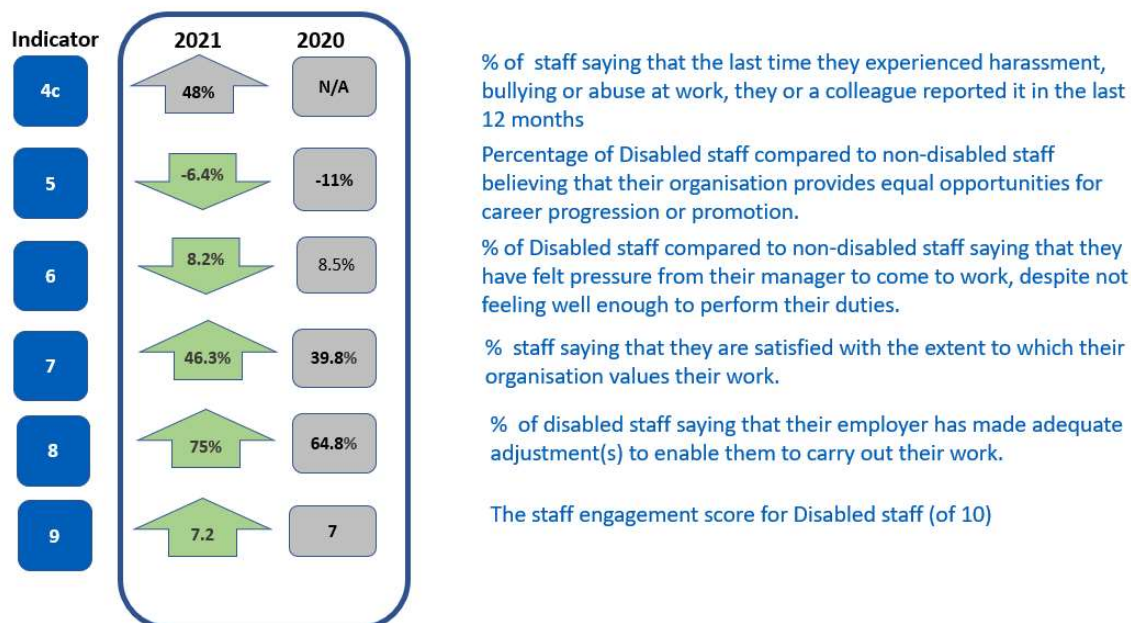




The following chart shows GOSH WDES data for this and last year. The colour green refers to positive and red indicates negative change. Alongside the 9 indicators shown, a final question (Indicator 10) asks the Trust to outline activity to amplify disabled voices in the organisation.



GOSH WDES 2021



National Workforce Disability Equality Standard (WDES) 2020 Annual report

The National WDES team is now in the process of analysing the 2021 WDES data collection and drafting the WDES 2021 annual report which they aim to publish this winter. The second WDES National Annual report has been published by NHS England which gives us the opportunity to compare year on year results and the key findings were:

- 3.5% of staff have declared a disability on the NHS Electronic Staff Record (ESR). This is up from 3.1% in 2019.
- Non-disabled job applicants were 1.2 times more likely to be appointed from shortlisting.
- Disabled staff were 1.54 times more likely to enter the formal performance management capability process.
- 26.3% of Disabled staff reported harassment, bullying or abuse, compared to 18.5% of nondisabled staff.
- 78.2% of Disabled staff believe they have equal opportunities for career progression. This has improved from 77.6% last year.
- 30.6% of Disabled staff stated they had experienced presenteeism. This compares to 21.2% of non-disabled staff. This has improved from 32.1% last year.
- 39.1% of Disabled staff said they felt valued, compared to 50.4% of nondisabled staff. This has improved from 37.3% last year.
- 26.2% of Disabled staff felt that their employer had not made adequate adjustments.
- Disabled staff reported an NHS Staff Survey engagement score of 6.64 compared to 7.13 for non-disabled staff.
- 92.8% of trusts reported they had taken steps to facilitate the voices of Disabled staff. This is up from 85% in 2019.
- 3% of board members have declared a disability. This is up from 2% in 2019. Two-thirds of trusts do not have any board members who have declared a disability

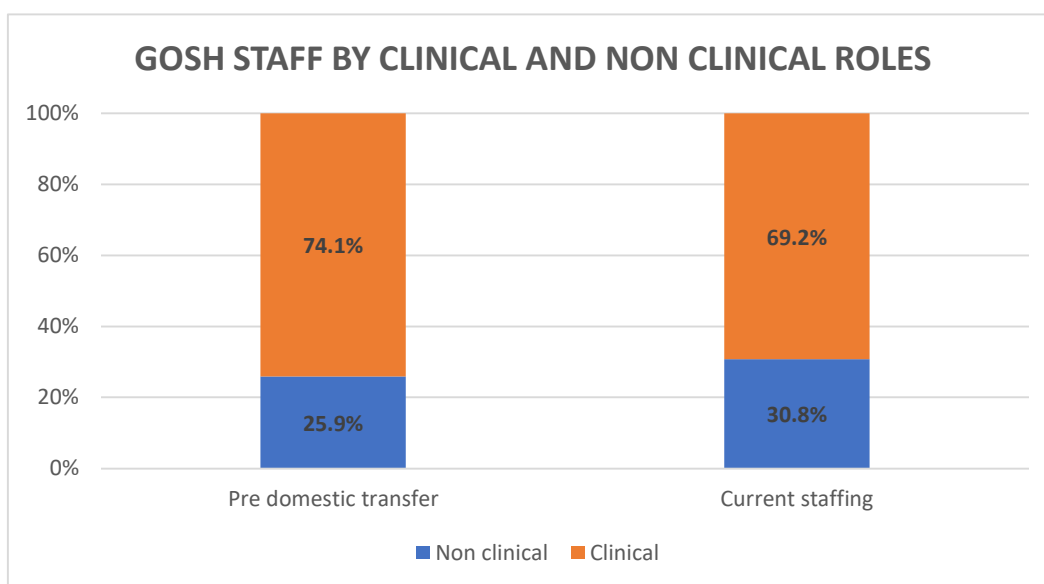
Appointment of GOSH NED Diversity and Inclusion Guardian

We have gained real momentum in terms of our diversity and inclusion agenda at GOSH. We are delighted to have a dedicated Non-Executive Director (NED) Diversity and Inclusion Guardian, Amanda Ellingworth, who will champion the creation of a culture with diversity and inclusion at its heart for the benefit of all GOSH stakeholders. The Guardian will act as a 'critical friend' to question the impact of decision on issues of D&I, ensure the Board holds themselves and senior leaders to account for the way employees in all their diversity are managed and empowered and seek data to show that Seen and Heard Framework is working and impactful and prompt improvements if needed.

Amanda has been accepted to London WRES Advisors Programme Non-Executive Directors (NEDs) Development Cohort I which was developed by London EDI team with the aim of maintaining the essence of the established WRES Experts Programme. The programme has been designed to enable NEDs gain a greater understanding of race equality and hold their Trusts to account, so they succeed in their ambition to improve workforce race equality.

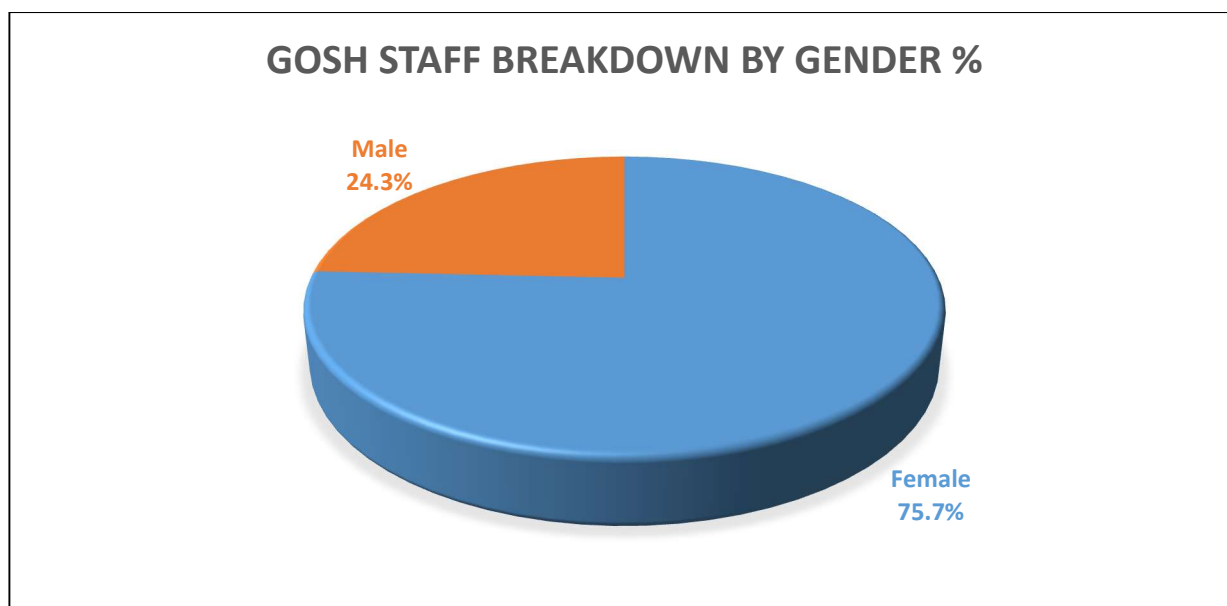
Our Director of HR and OD Caroline Anderson has also taken up the Chair role of North Central London BAME network to lead on this strategic piece of work regarding race equality and influence the wider healthcare system based in NCL.

II. OUR PEOPLE: WORKFORCE DEMOGRAPHICS AND PAY INFORMATION BY PROTECTED CHARACTERISTICS



The data suggests that 25.9% of our workforce had non-clinical roles whereas 74.1% had clinical roles. We can see that the transfer of domestic services has increased our non-clinical workforce by just under 5%

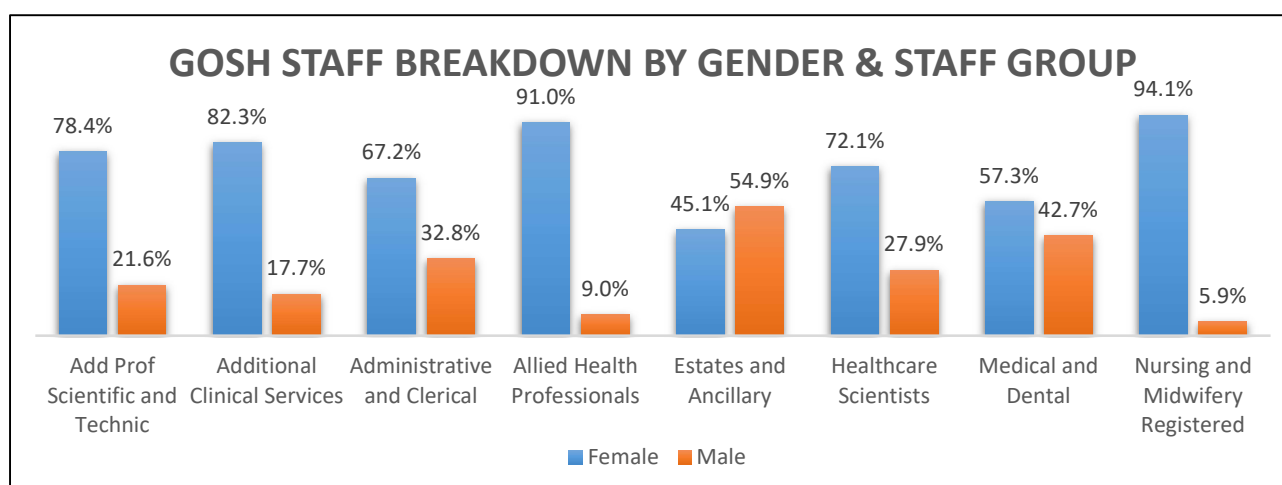
1: Gender: Total workforce



The current proportion of male to female staff is 24.3% to 75.7% at GOSH. This matches the NHS gender split. For Medical staff it is 55% male. (Source Gender in the NHS infographic 2019). Over the last six months we have shown a small increase on the 23% reported in July.

The promotion of NHS careers without any gender bias is aimed at attracting both female and male candidates however societal drivers regarding gender-related career choices still strongly influence the above picture for certain professions such as nursing and AHP's.

1:1 Gender by staff group



We can see that nursing and AHP groups are predominantly female with only estates and ancillary staff having more male than female ratio.

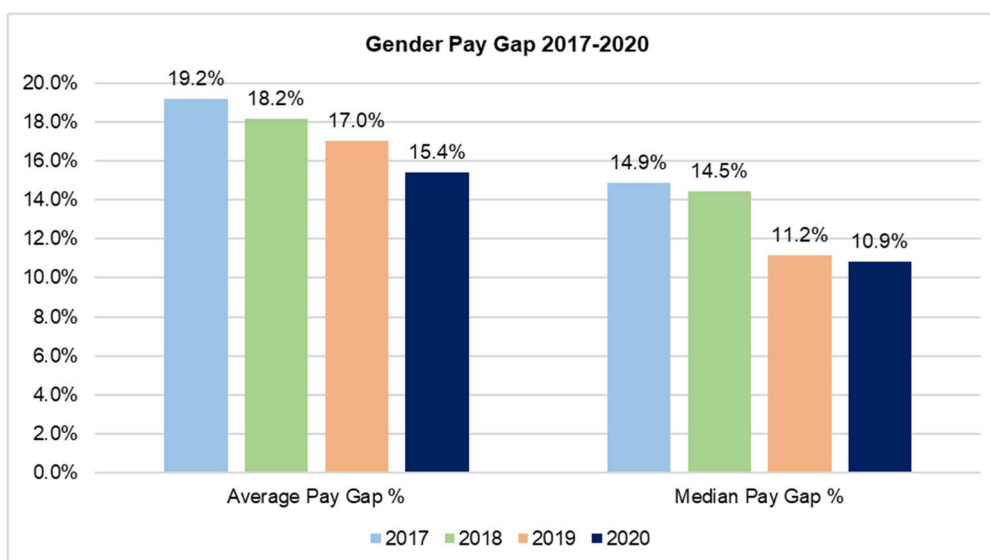
1:2 Gender by pay band

| Gender by Pay Band % | | |
|----------------------|--------------|--------------|
| Pay Band | Female | Male |
| Domestic staff | 50% | 50% |
| Band 2 | 63% | 37% |
| Band 3 | 76% | 24% |
| Band 4 | 76% | 24% |
| Band 5 | 87% | 13% |
| Band 6 | 85% | 15% |
| Band 7 | 84% | 16% |
| Band 8A | 77% | 23% |
| Band 8B | 72% | 28% |
| Band 8C | 68% | 32% |
| Band 8D | 77% | 23% |
| Band 9 | 80% | 20% |
| VSM & Ad hoc | 49% | 51% |
| M&D Career Grade | 75% | 25% |
| M&D Consultant | 50% | 50% |
| M&D Junior Doctor | 63% | 37% |
| Grand Total | 75.7% | 24.3% |





1:3 Gender Pay Gap

Public sector employers report and publish their gender pay gap information by 30 March of each year. We will be submitting our data again by March 2022 therefore this part of the report remains the same. The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce. Organisations with a headcount of 250 or more on their 'snapshot date' must comply with regulations on gender pay gap reporting. Gender pay gap calculations are based on employer payroll data drawn from a specific date each year. This specific date is called the 'snapshot date'. The Trust has published its gender pay gap report to understand the size and causes of our pay gaps and identify any issues that need to be addressed. We believe that publishing and monitoring the gender pay gap will help us understand how effective our actions are in reducing it.

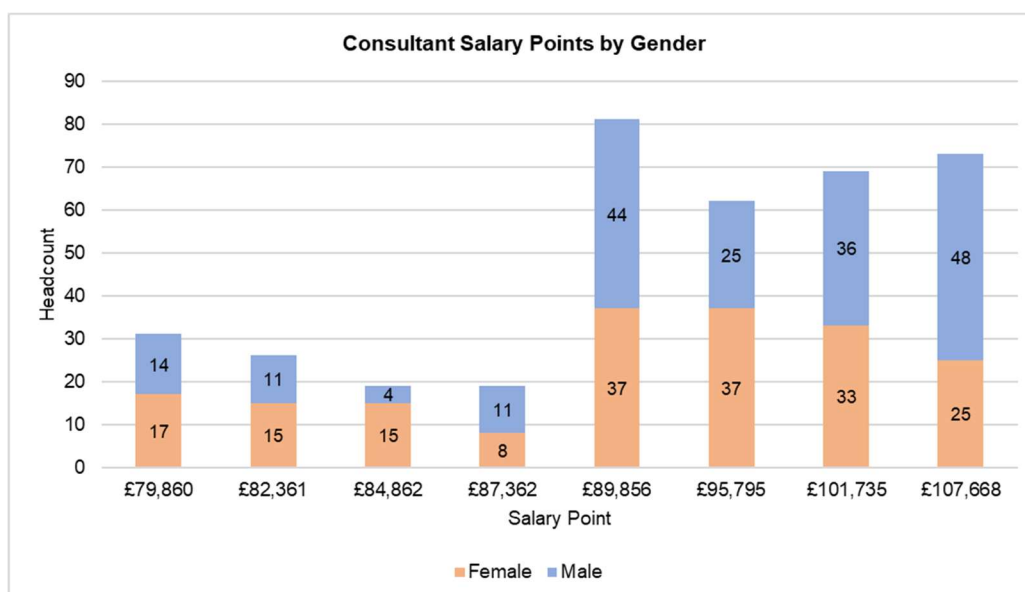
In common with many NHS Trusts GOSH has a gender pay gap. In 2020 the average pay for a male employee was £4.06 per hour (15.4%) higher than the average female hourly rate. The median hourly rate gap was lower at £2.37 per hour (10.9%). Both % and £ value are slightly lower than the previous year, and represent a continuation of the trend of a decreasing gender pay gap.



When considering the data at a more granular level it is clear that there are two main drivers for the gap at GOSH. The first one is the difference our consultant workforce makes on pay levels across the organisation. Whilst we have a fairly equal number of men and women consultants (51% and 49% respectively), female consultants form part of a much larger population of women when looking at the gap at the organisational level (as the Trust is 77% female). Consequently, their effect on female average pay is less than male consultant pay is on male average pay:

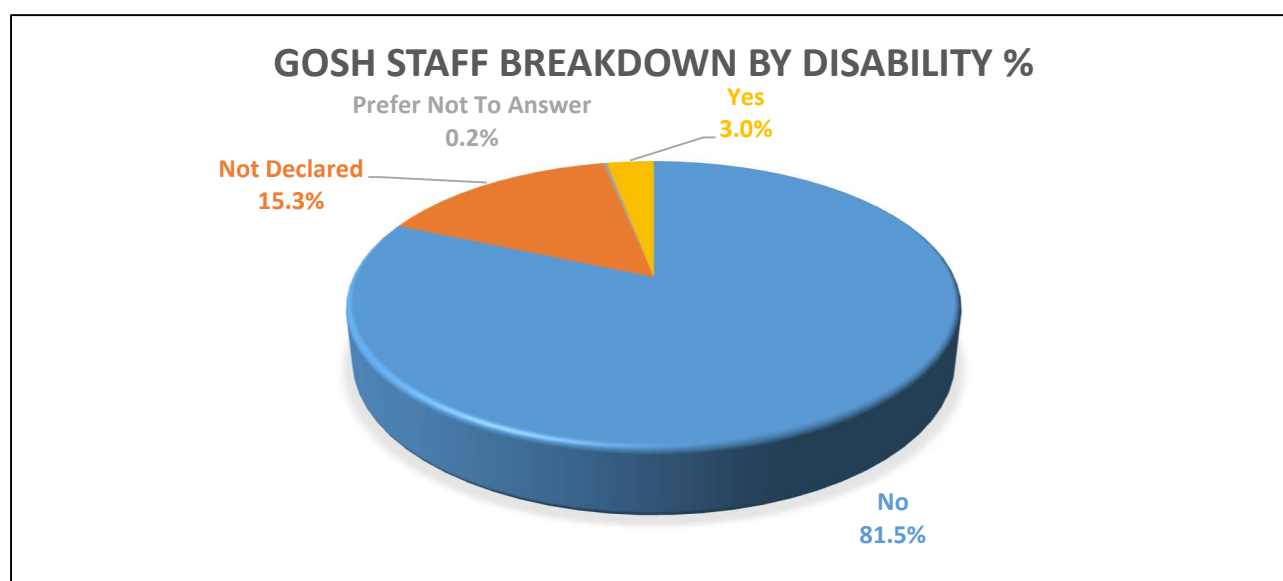
| Gender pay gap (non-medical) | | Gender pay gap (medical/dental) | |
|---|---|---|---|
| Mean | Median | Mean | Median |
|  |  |  |  |
| Women on a mean average earn 3p per hour more than men. | Women on a median average earn 14p per hour more than men. | Men on a mean average earn £2.93 per hour more than women. | Men on a median average earn £5.76 per hour more than women. |
| -0.14% | -0.75% | 7.07% | 13.45% |

Within the consultant workforce the distribution of men and women along the consultant payscale broadly represents the traditional demographic of the medical workforce (i.e. predominately male). Over time, as the demographic shift within the trainee medical workforce filters through to the consultant workforce, and female consultants' progress up the payscale, the ratio of female consultants at higher points of scale will increase and contribute to a reduction in gender pay gap at GOSH.



The second driver for the gender pay gap at GOSH is related to the nursing workforce which is overwhelmingly female dominated. As it is the largest workforce within the Trust and the nurses are concentrated at lower pay bands compared to other clinical staff this situation reinforces the gender pay gap in the Trust.

2: Disability: Total workforce



The data shows that GOSH has a recorded workforce composition of 3% Disabled staff which remains the same as 6 months ago (3.07%) This number is based on reported information on the Trust's Electronic Staff Record (ESR) HR system. When reviewed against the NHS Staff Survey declaration this number is low as 12% of respondents to 2019 Survey question disclosed they had any physical or mental health conditions, disabilities or illnesses. Similarly, 2019 WDES National NHS report says that 3.6% non-clinical and 2.9% of clinical workforce identify as disabled.

The Seen and Heard Diversity and Inclusion Framework has a measure of success an improvement to the declaration rates of disabled staff to address the reported gap between HR data and the Staff Survey data. By improving the quality of the datasets, the validity of the WDES submission will be enhanced, and actions arising to improve the experience of disabled staff will be more based in the experience of those staff.

In 2017 we received Disability Confident Committed accreditation which was achieved by making organisational commitment that ensure that our recruitment process is inclusive and accessible, vacancies are communicated, disabled people are offered an interview, reasonable adjustment is provided as required and existing disabled colleagues are supported in their career. Work to achieve Level 2 status by becoming a Disability Confident Employer will commence later this year in collaboration with the Disability and Long Term Health Conditions Forum as part of our action plan for the Workforce Disability Equality Standard (WDES) data collection and reporting. We will also kick off a campaign to raise awareness on invisible disabilities to encourage colleagues to disclose their disability status on ESR.

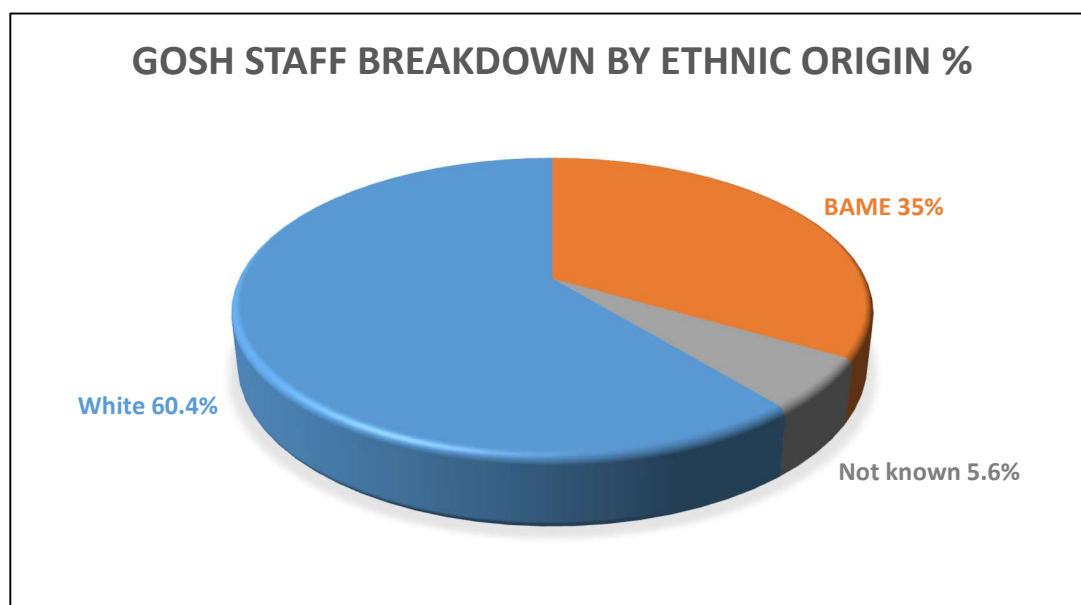
2.1 Disability by staff group

| Staff Group | Yes | No | Not declared | Prefer not to answer |
|----------------------------------|-------------|--------------|--------------|----------------------|
| Add Prof Scientific and Technic | 2.0% | 79.3% | 18.8% | 0.0% |
| Additional Clinical Services | 5.1% | 82.6% | 12.2% | 0.0% |
| Administrative and Clerical | 3.2% | 83.0% | 13.8% | 0.0% |
| Allied Health Professionals | 2.4% | 78.6% | 17.9% | 1.0% |
| Estates and Ancillary | 2.1% | 82.1% | 15.0% | 0.8% |
| Healthcare Scientists | 0.3% | 78.9% | 20.5% | 0.3% |
| Medical and Dental | 0.9% | 80.7% | 18.2% | 0.3% |
| Nursing and Midwifery Registered | 4.1% | 81.9% | 13.8% | 0.2% |
| Grand Total | 3.0% | 81.5% | 15.3% | 0.2% |

2.2 Disability by pay band

| Pay Band | Yes | No | Not declared | Prefer not to answer |
|--------------------|-------------|--------------|--------------|----------------------|
| Band 2 | 4.4% | 77.8% | 17.2% | 0.5% |
| Band 3 | 3.7% | 86.2% | 10.1% | 0.0% |
| Band 4 | 2.4% | 80.8% | 16.8% | 0.0% |
| Band 5 | 5.0% | 87.0% | 8.0% | 0.1% |
| Band 6 | 3.7% | 82.6% | 13.3% | 0.4% |
| Band 7 | 2.6% | 78.3% | 19.0% | 0.1% |
| Band 8a | 2.3% | 74.9% | 22.6% | 0.3% |
| Band 8b | 1.4% | 71.7% | 26.8% | 0.0% |
| Band 8c | 2.9% | 75.0% | 22.1% | 0.0% |
| Band 8d | 0.0% | 60.9% | 39.1% | 0.0% |
| Band 9 | 20.0% | 60.0% | 20.0% | 0.0% |
| M&D Career Grade | 0.0% | 69.2% | 30.8% | 0.0% |
| M&D Consultant | 0.5% | 69.8% | 29.4% | 0.3% |
| M&D Junior Doctor | 1.3% | 92.0% | 6.4% | 0.3% |
| VSM & Ad Hoc | 0.0% | 71.0% | 29.0% | 0.0% |
| DSG - Ad Hoc | 1.3% | 84.7% | 13.0% | 1.0% |
| Grand Total | 3.0% | 81.5% | 15.3% | 0.2% |

3: Ethnicity: Total workforce



Our BAME staff representation is 35% which is an increase from 31% in 2020 and we have 5% of staff for whom ethnicity data is recorded as null/unknown. Across the NHS nationally, 20% of the workforce with 76% white (Ethnicity in the NHS infographic 2019). However, the BAME workforce in London is higher at 45% (London Workforce Race Equality Strategy 2020). At the moment our BAME staff representation is lower than the London average.

3.1. Ethnicity by staff group

| Staff Group | BAME | 12 month change | White | Not known |
|----------------------------------|------------|-----------------|--------------|-------------|
| Add Prof Scientific and Technic | 33.0% | -1% | 57.3% | 9.7% |
| Additional Clinical Services | 43.4% | +1% | 49.5% | 7.1% |
| Administrative and Clerical | 43% | +2% | 50.8% | 6.1% |
| Allied Health Professionals | 14.6% | +2% | 82.0% | 3.4% |
| Estates and Ancillary | 67.5% | +21%* | 24.6% | 7.9% |
| Healthcare Scientists | 40.2% | 0% | 55.6% | 4.2% |
| Medical and Dental | 36.1% | +3% | 58.4% | 5.5% |
| Nursing and Midwifery Registered | 20.1% | +3% | 78.0% | 4.6% |
| Grand Total | 35% | +4% | 60.4% | 5.6% |

* Includes domestic staff insourced August 2021

The trends noted in last year's report have continued in that BAME staff continue to be very significantly disproportionately underrepresented in Registered Nursing and Allied Health Professionals, however we can see improvements on the previous report. The Trust continues its close working relationship with London Southbank University which is responsible for providing paediatric nursing students to the wards, in order to ensure that diversity is maximised at professional entry level.

BAME colleagues in nursing roles has increased to 20.1% following the work by the Nursing Workforce Team to adjust our advertising, processes and by focussing our recruitment on London and South East. We are starting to see the impact of this work and similar impact with Allied Health Professionals.

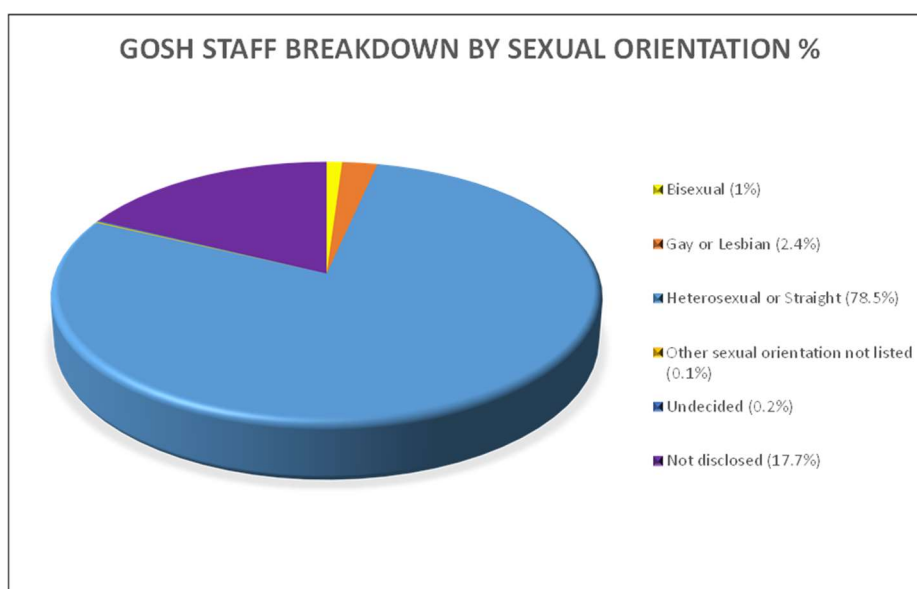
3:2 Ethnicity by pay band

The data shows that the highest percentage of BAME staff members are within pay bands 2-3, whilst there remains an underrepresentation of BAME colleagues in pay bands 8A-9 and VSM level. New starter data for the Trust shows 28.4% of new starters at Band 8a at the Trust are BAME which is an increase on the 5 year average of 20.6%

| Pay band | BAME | 12 month change | White | Not known |
|------------------|------|-----------------|-------|-----------|
| Domestic staff | 78% | N/A | 16% | 6% |
| Band 2 | 51% | - | 41% | 9% |
| Band 3 | 52% | - | 42% | 7% |
| Band 4 | 46% | +1% | 46% | 8% |
| Band 5 | 33% | +6% | 61% | 5% |
| Band 6 | 27% | - | 68% | 5% |
| Band 7 | 21% | +1% | 77% | 3% |
| Band 8A | 21% | +3% | 76% | 2% |
| Band 8B | 15% | -1% | 81% | 4% |
| Band 8C | 11% | +2% | 85% | 4% |
| Band 8D | 9% | +1% | 86% | 5% |
| Band 9 | 0% | - | 100% | 0% |
| VSM & Ad hoc | 16% | -1% | 84% | 0% |
| M&D Career Grade | 50% | - | 50% | 0% |
| M&D Consultant | 29% | +2% | 68% | 4% |
| Grand Total | 35% | +4% | 60.4% | 5.6% |

4: Sexual orientation: Total Workforce

As NHS organisations do not monitor trans/non-binary status and gender identity, the below chart captures the data of colleagues who identify as bisexual, gay and lesbian. Currently the LGBT staff representation is 3.5% and we have 17% of staff for whom sexual orientation data is recorded as null/unknown



4:1 Sexual orientation by staff group

| Staff Group | Bisexual | Gay or Lesbian | Heterosexual or Straight | Other sexual orientation not listed | Undecided | Not disclosed |
|----------------------------------|-------------|----------------|--------------------------|-------------------------------------|-------------|---------------|
| Add Prof Scientific and Technic | 1.9% | 1.6% | 76.3% | 0.0% | 0.0% | 20.2% |
| Additional Clinical Services | 2.4% | 2.0% | 81.0% | 0.0% | 0.8% | 13.7% |
| Administrative and Clerical | 0.8% | 2.5% | 80.2% | 0.3% | 0.2% | 16.1% |
| Allied Health Professionals | 0.0% | 3.9% | 79.8% | 0.0% | 0.2% | 16.2% |
| Estates and Ancillary | 0.9% | 1.1% | 70.5% | 0.0% | 0.0% | 27.3% |
| Healthcare Scientists | 0.4% | 4.4% | 69.8% | 0.0% | 0.0% | 25.4% |
| Medical and Dental | 0.7% | 2.5% | 78.3% | 0.0% | 0.1% | 18.3% |
| Nursing and Midwifery Registered | 1.1% | 2.4% | 80.9% | 0.3% | 0.1% | 15.3% |
| Grand Total | 1.0% | 2.4% | 78.5% | 0.1% | 0.2% | 17.7% |

4:2 Sexual orientation by pay band

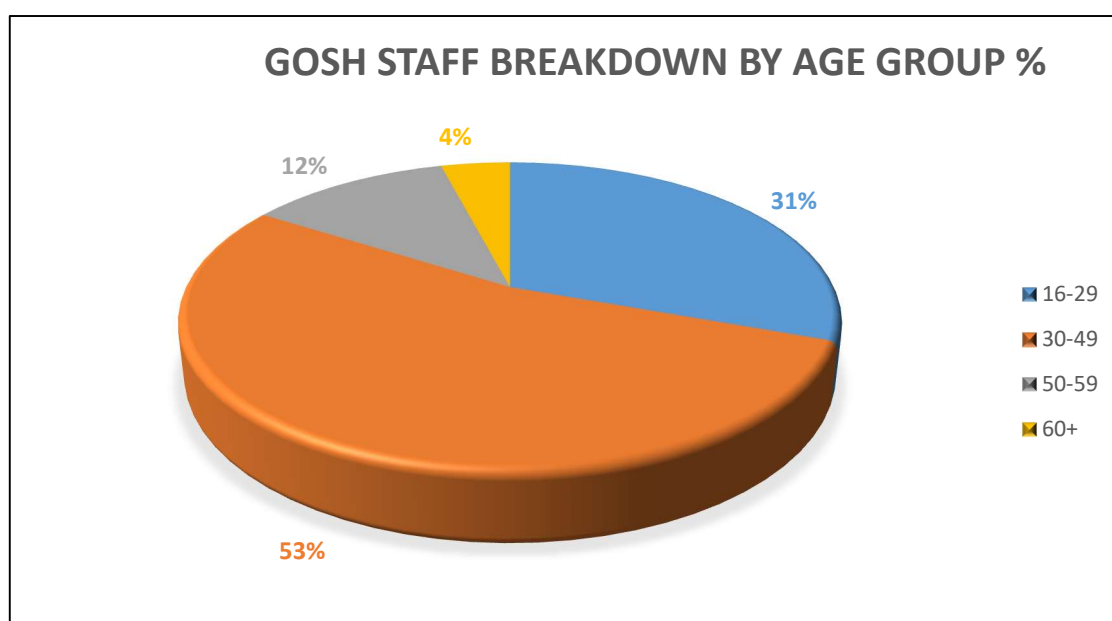
| Pay Band | Bisexual | Gay or Lesbian | Heterosexual or Straight | Other sexual orientation not listed | Undecided | Not disclosed |
|-------------------|----------|----------------|--------------------------|-------------------------------------|-----------|---------------|
| Band 2 | 2.3% | 3.2% | 73.5% | 0.0% | 0.6% | 20.4% |
| Band 3 | 0.9% | 1.9% | 83.2% | 0.0% | 0.4% | 13.7% |
| Band 4 | 1.5% | 1.7% | 79.1% | 0.0% | 0.3% | 17.5% |
| Band 5 | 1.3% | 1.6% | 85.5% | 0.3% | 0.3% | 11.0% |
| Band 6 | 1.0% | 2.5% | 79.0% | 0.1% | 0.0% | 17.3% |
| Band 7 | 0.9% | 3.2% | 75.8% | 0.3% | 0.2% | 19.6% |
| Band 8a | 0.7% | 4.4% | 72.1% | 0.3% | 0.0% | 22.5% |
| Band 8b | 0.0% | 3.7% | 71.0% | 0.0% | 0.0% | 25.3% |
| Band 8c | 0.0% | 3.7% | 70.8% | 0.0% | 0.0% | 25.4% |
| Band 8d | 0.0% | 7.6% | 57.6% | 0.0% | 0.0% | 34.7% |
| Band 9 | 0.0% | 0.0% | 90.8% | 0.0% | 0.0% | 9.2% |
| M&D Career Grade | 0.0% | 0.0% | 74.2% | 0.0% | 0.0% | 25.8% |
| M&D Consultant | 0.0% | 2.2% | 67.2% | 0.0% | 0.0% | 30.6% |
| M&D Junior Doctor | 1.3% | 2.9% | 86.5% | 0.0% | 0.3% | 9.1% |

| | | | | | | |
|--------------------|-------------|-------------|--------------|-------------|-------------|--------------|
| VSM & Ad Hoc | 0.0% | 3.1% | 70.4% | 0.0% | 0.0% | 26.6% |
| DSG - Ad Hoc | 1.3% | 0.7% | 69.7% | 0.0% | 0.0% | 28.0% |
| Grand Total | 1.0% | 2.4% | 78.5% | 0.1% | 0.2% | 17.7% |

5: Age: Total Workforce

The data shows that the Trust continues to employ relatively young staff, with the majority of staff falling into 30-49 age bracket.

We are keen to support the retention of older workers and provides advice and policies to support this. However, we do know from exit surveys and leaving reasons data on ESR, that as staff become older and some decide to raise a family, they may move away from London and choose to work with locally based hospitals. The Trust offers a range of initiatives to try and retain such staff including a comprehensive flexible working policy, a staff hotel to support staff travelling long distances to work and on-site subsidised staff nursery, holiday play schemes and salary sacrifice childcare vouchers.



5:1 Age by staff group

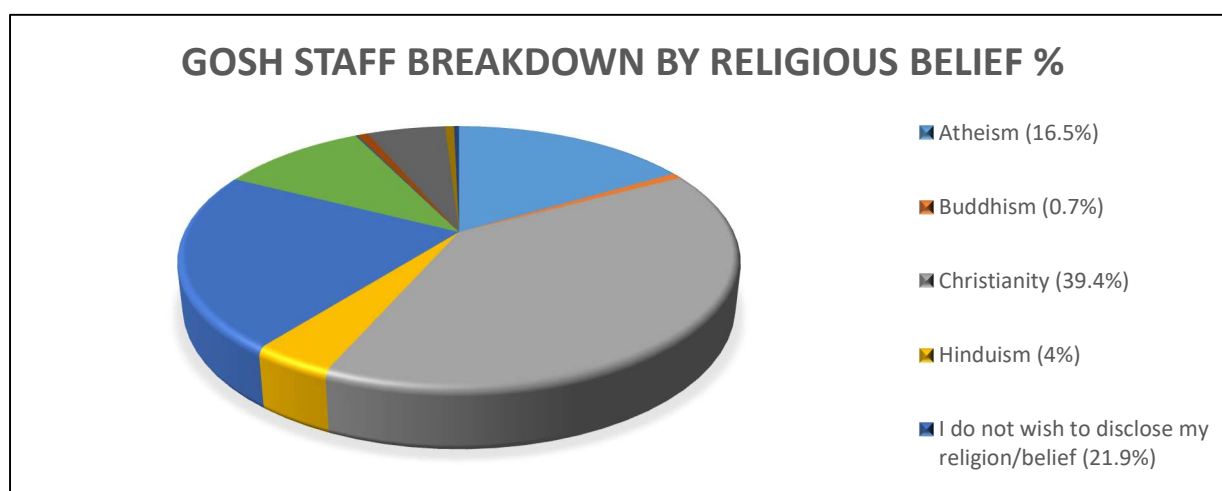
| Staff Group | 16-29 | 30-49 | 50-59 | 60+ |
|----------------------------------|--------------|--------------|--------------|-------------|
| Add Prof Scientific and Technic | 27.3% | 59.0% | 10.6% | 3.1% |
| Additional Clinical Services | 45.5% | 42.8% | 9.6% | 2.2% |
| Administrative and Clerical | 27.1% | 52.7% | 14.4% | 5.8% |
| Allied Health Professionals | 27.3% | 62.0% | 8.5% | 2.3% |
| Estates and Ancillary | 6.3% | 47.8% | 32.8% | 13.0% |
| Healthcare Scientists | 20.8% | 62.4% | 13.0% | 3.8% |
| Medical and Dental | 4.9% | 79.5% | 11.5% | 4.1% |
| Nursing and Midwifery Registered | 50.6% | 43.2% | 5.0% | 1.2% |
| Grand Total | 30.5% | 53.5% | 11.9% | 4.1% |

5:2 Age by pay band

| Pay Band | 16-29 | 30-49 | 50-59 | 60+ |
|--------------------|--------------|--------------|--------------|-------------|
| Band 2 | 34.1% | 37.0% | 22.0% | 6.9% |
| Band 3 | 42.2% | 41.4% | 12.0% | 4.4% |
| Band 4 | 40.4% | 42.0% | 12.8% | 4.8% |
| Band 5 | 64.6% | 28.8% | 4.8% | 1.7% |
| Band 6 | 38.0% | 54.4% | 5.8% | 1.8% |
| Band 7 | 17.7% | 71.4% | 9.5% | 1.4% |
| Band 8a | 4.8% | 74.9% | 14.8% | 5.4% |
| Band 8b | 1.9% | 68.0% | 23.1% | 7.0% |
| Band 8c | 0.0% | 63.5% | 28.3% | 8.2% |
| Band 8d | 0.0% | 55.6% | 33.8% | 10.6% |
| Band 9 | 0.0% | 22.3% | 77.7% | 0.0% |
| M&D Career Grade | 0.0% | 83.9% | 4.0% | 12.1% |
| M&D Consultant | 0.0% | 64.8% | 26.0% | 9.2% |
| M&D Junior Doctor | 8.5% | 90.2% | 1.1% | 0.2% |
| VSM & Ad Hoc | 0.0% | 33.2% | 42.9% | 23.9% |
| DSG - Ad Hoc | 3.6% | 48.1% | 33.9% | 14.4% |
| Grand Total | 30.5% | 53.5% | 11.9% | 4.1% |

Highest % in age group by Pay band

6: Religion or belief: Total Workforce



The data shows that Christianity is the dominant religion at GOSH however we have 21.9% of staff that do not wish to disclose their religion or belief.

III. OUR PROGRESS

Last year we launched “Seen and Heard: Our Diversity and Inclusion Framework 2020-2022” which sets out our ambitions and priorities at an organisation-wide level. It builds upon the work that is already in place and demonstrates our commitment to diversity and inclusion for our workforce, the way we deliver our service and best patient care and our influence with stakeholders. It sets out what our workforce can expect from the organisation, leaders and from each other to foster a culture of inclusion, belonging and work differently by embracing new ways of working in teams, across organisations and sectors, supported by technology. Promoting and supporting diversity in the workplace is an essential aspect of good people management. We recognise that we must give our colleagues a powerful reason to stay and grow within GOSH, and this comes from a sense of belonging. We will reap the benefits of a diverse workforce through creating an inclusive culture that embraces different perspectives and celebrates diversity.

We have worked to ensure that the strategy is aligned to our existing priorities and NHS values as well as the key objectives set out in the NHS People Plan and NHS Constitution. Seen and Heard: Our Diversity and Inclusion Framework 2020-2022 is a living document, which will be reviewed regularly, in collaboration with the staff networks and leadership teams to ensure that it remains current in response to new challenges in demand and services.

It has been developed from a range of sources which include involvement and engagement with colleagues, staff networks, quantitative information collected through the NHS Workforce Race Equality Standard (WRES), NHS Workforce Disability Equality Standard (WDES) and analysis of staff survey data; a review of policies and procedures to explore how diversity and inclusion values are considered across the organisation and a review of national drivers of best practice and benchmarking.

To identify gaps and challenges, monitor progress and hold the organisation to account for its delivery against key objectives and goals relating to diversity and inclusion we have established a Diversity and Inclusion Steering Group as a formal sub-committee reporting through appropriate governance to People Planet Programme Board. We believe that the Framework will help us continue our journey towards developing an inclusive culture and move beyond compliance with equalities legislation to make GOSH an employer of choice for everyone.

The Framework is structured around four key themes of:

1. Opening up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice
2. Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, education and training
3. Create a more inclusive work culture for all to build understanding and connectivity and support value-based people management practice
4. Creating channels and safe spaces which amplify the employee voice – ensuring that we listen, hear and take action as a consequence

Below you will find examples which illustrate how we have considered diversity and inclusion in our work within each section. We are committed to building on this existing good practice to celebrate success and identify gaps and challenges.

Theme 1: Opening up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice

| WRES Indicator 9 -Percentage difference between the organisations Board Voting membership and its overall workforce | | | | | | | | | |
|---|-------|-------|---------|-------|-------|---------|-------|-------|---------|
| | 2019 | | | 2020 | | | 2021 | | |
| | White | Bame | Unknown | White | Bame | Unknown | White | Bame | Unknown |
| Voting Board Member % By Ethnicity | 76.9% | 23.1% | 0.0% | 71.4% | 21.4% | 7.1% | 75.0% | 18.8% | 6.3% |
| Executive Board Member % By Ethnicity | 71.4% | 28.6% | 0.0% | 75.0% | 25.0% | 0.0% | 75.0% | 25.0% | 0.0% |
| Overall workforce % By Ethnicity | 65.7% | 28.9% | 5.4% | 64.9% | 29.4% | 5.7% | 63.5% | 31.2% | 5.3% |

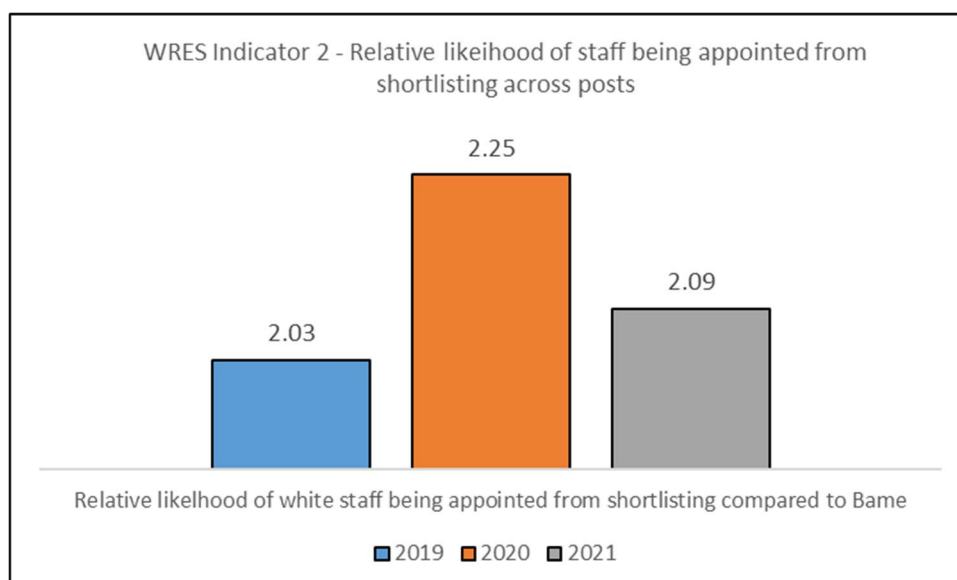
The Workforce Race Equality Standard (WRES) was introduced by NHS England and the NHS Equality and Diversity Council in 2015. The WRES was developed as a result of evidence that NHS staff from a Black, Asian and Minority Ethnic backgrounds (BAME) have a poorer experience at work and have less opportunities than their white colleagues. Implementation of the WRES is a requirement for both the NHS Trusts and provider organisations. The WRES is a key component in how organisations measure their work to deliver tangible and lasting interventions to race equality and inclusion, as well as supporting how, as a Trust, we deliver on our obligations under the Public Sector Equality Duty (PSED).

| WRES Indicator 2 - Relative likelihood of staff being appointed from | | | |
|---|------|------|------|
| Relative likelihood of white staff being appointed from shortlisting compared to Bame | 2019 | 2020 | 2021 |
| | 2.03 | 2.25 | 2.09 |

WRES indicator 9 captures the percentage difference between the organisation's Board voting membership and its overall workforce. The percentage of BAME voting Board Member shows some positive improvement as it has increased from 15.4% to 23.1% in 2019 however, we've seen a decreasing trend since 2020. The main driver behind this decline is the change of the workforce number given the number of Board members has remained unchanged.

The percentage of Executive Board Member has remained stable over the last six months. The main driver behind this decline is the change of the workforce number given the number of Board members has remained unchanged.

We have seen an improvement in the relative likelihood of staff being appointed from a BAME background since the last report in May 2021, but white staff are still more than twice as likely to be appointed from shortlisting.



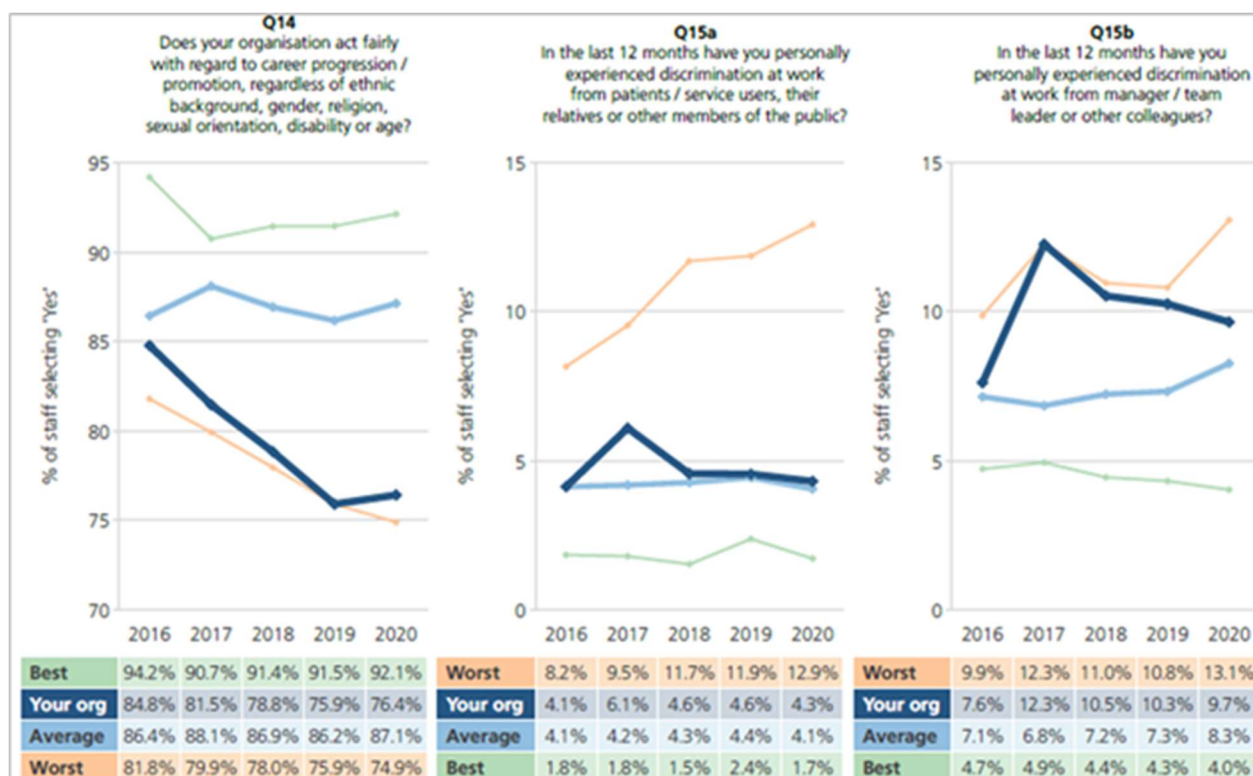
In 2018 the Workforce Disability Equality Standard (WDES) was launched to in the NHS to improve the experiences of disabled staff working in and seeking employment in the NHS. This work is a fundamental part of our diversity and inclusion work and understanding how it affects our staff is hugely important to us.

| WDES Indicator 2 | | | |
|--|------|------|------|
| | 2019 | 2020 | 2021 |
| Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff | 1.6 | 1.33 | 1.12 |

WDES indicator 2 shows that relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts is 1.12% which is an improvement on 2020. When reviewed against the National WDES Annual Report which states that non-disabled job applicants were 1.2 times more likely to be appointed from shortlisting we are doing slightly better when it comes to appointing shortlisted disabled applicants.

| Staff Survey Equality, diversity & inclusion Theme | | 2018 | 2019 | 2020 |
|--|------------------|------|------|------|
| | Trust Score | 8.9 | 8.8 | 8.9 |
| | National Average | 9.3 | 9.2 | 9.2 |

The trust score of the NHS staff survey Equality, Diversity and Inclusion theme dropped to 8.8 in 2019 however increased to 8.9 in 2020 which suggest that diversity and inclusion initiatives may be beginning to show some positive impact. This data remains the same until we complete our current annual staff survey and get the results in early 2022.



The Trust continues its commitment to provide apprenticeship programmes and to promote GOSH as a diverse and inclusive workplace. Working alongside our local Council partners Camden and Islington, we have increased our recruitment from the local area and have higher statistics than the national average, for recruiting 16-24's year olds and employee's from BAME backgrounds onto Apprenticeships at GOSH. They have also shown to increase retention and are now moving onto Career pathways via Apprenticeships now that we have more programs available.

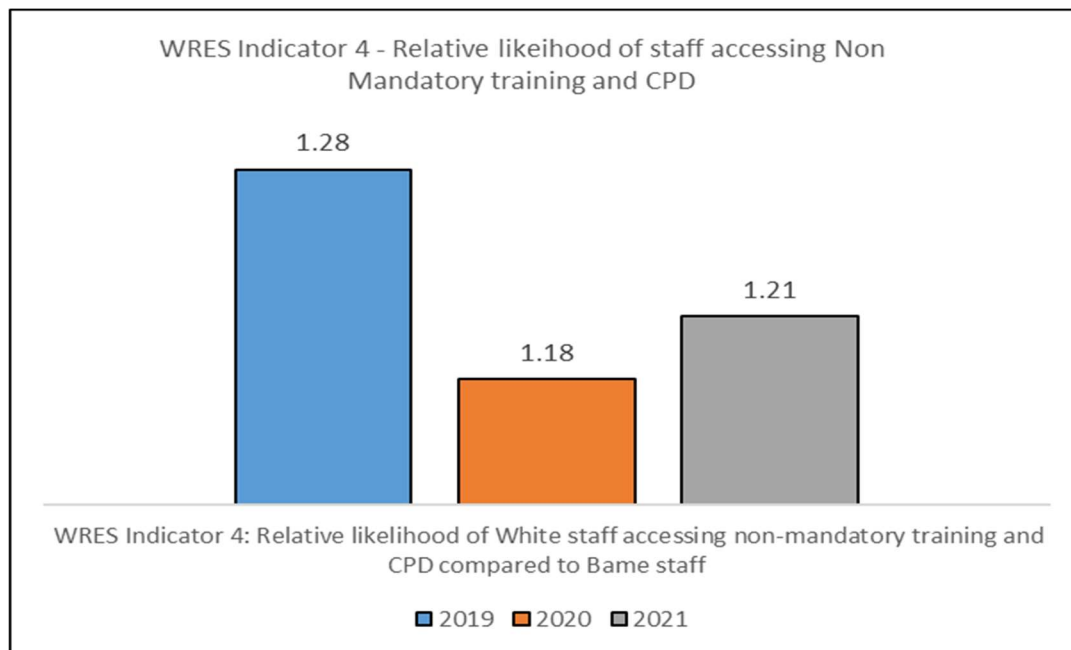
Following on the back of our 2020 success of being awarded the 'Large Employer award' at the BAME Apprenticeship awards, also our Apprentices Amber, Ricardo and Zahra winning awards we have been awarded the below.

- London Region- Large Employer award winner for Apprenticeships (This means we will be in the shortlist for the National awards in December out of 9 Regions)
- London Region – Highly commended in Apprenticeship recruitment

The work around debiasing the recruitment process has started following the appointment of the Head of HR Operations. It will require looking at the whole process from job design, JDs and adverts all the way through to selection, appointment and on boarding. It will touch all of our teams and functions not just recruitment but also Human Resources Business Partner's, Policy, Service Desk, Workforce Data, Learning and Development and Apprenticeships. Currently work is underway to set up a working group which has representatives from various part of the Trust including the staff networks.

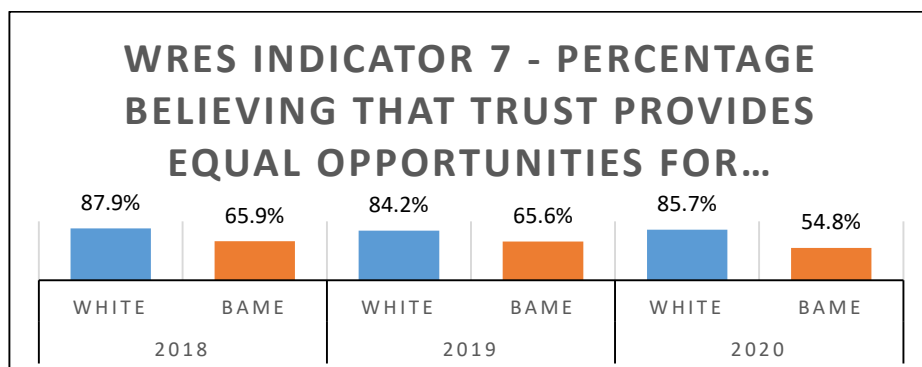
Theme 2: Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, education and training

WRES indicator 4 shows that the relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 1.21% which is a slight increase on the relative likelihood of 1.18% recorded in 2020.



| WRES Indicator 7 - Percentage believing that trust provides equal opportunities for career | | | | | | |
|---|-------|-------|-------|-------|-------|-------|
| % staff believing that the trust provides equal opportunities for career progression or promotion | 2018 | | 2019 | | 2020 | |
| | White | Bame | White | Bame | White | Bame |
| | 87.9% | 65.9% | 84.2% | 65.6% | 85.7% | 54.8% |

This data remains the same until we complete our current annual staff survey and get the results in early 2022.



54.8% of BAME staff believe that GOSH provides equal opportunities for carer progression as opposed to 85.7% of white staff. This shows a gap of nearly 30.9 percentage points between the experience of BAME staff and their white colleagues. This is a decline on the 65.6% reported in 2019 staff survey. This data remains the same until we complete our current annual staff survey and get the results in early 2022.

To upskill our line managers so they feel competent and confident in their ability to make sound people management decisions we adapted our plan for a two day Management Development Programme to deliver 8 bitesize modules lasting between 90 minutes to 2 hours covering different module/subject each month with two golden threads running through: health and wellbeing and diversity and inclusion.

Module 1 of TIME (The Inclusive Managers' Essentials) which is the title of Module 1 Cultural Intelligence and Diversity & Inclusion has been delivered to 62 line managers across the Trust. Polls taken at the end of the training has given an average score of 4.7 out 5 across four questions.

From Sept 2020 to Sept 2021 7 cohorts of Aspiring Leaders Programmes have been delivered to 51 colleagues. We provided Aspiring, Developing and Established Leaders programmes to our colleagues to develop collective and inclusive leadership at all levels and advocate sharing leadership responsibility and accountability across the organisation.

26 colleagues have attended the Developing Leaders Programme which is aimed at mid-senior level managers and project managers. First cohort of the Established Leaders Programme aimed at senior managers, strategy and policy influencers commenced in May 2021 with 9 senior leaders.

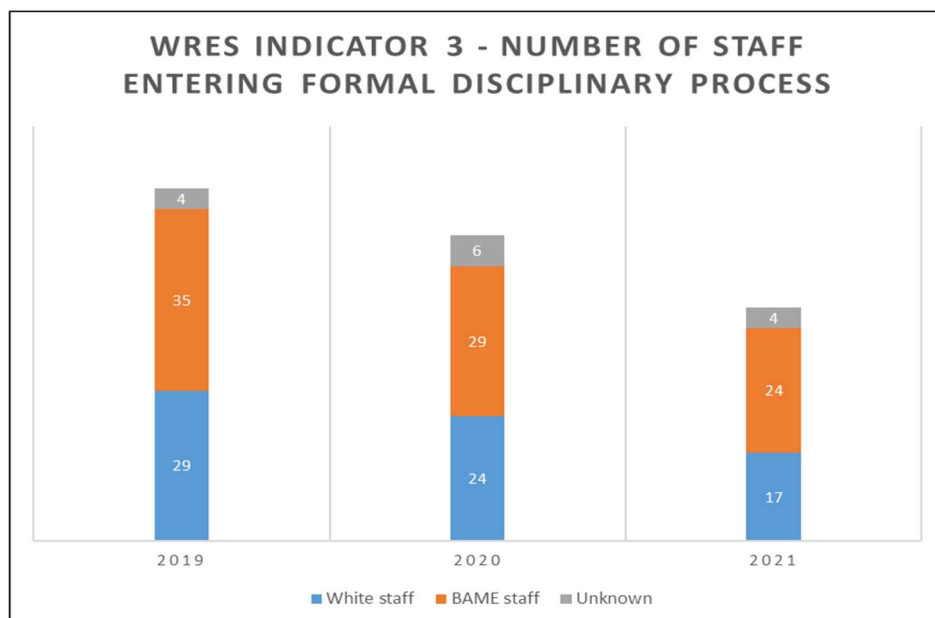
We launched GOSH mentoring scheme in March 2021, provided bespoke training to the participants. Currently we have 36 mentors ranging from Band 5 to VSM. The mentoring continues with good uptake supporting all staff including our BAME colleagues in their mentorship needs.

Theme 3: Create a more inclusive work culture for all to build understanding and connectivity and support value-based people management practice

The number of BAME staff entering the formal disciplinary process has dropped to 24 in 2021 and it has been on the decreasing trend since 2019. However, this corresponds to a reducing number of staff entering the disciplinary process overall and so the relative likelihood has increased to 2.87.

Recently we have introduced a Stop and Think, Triage System using a Disciplinary Decision Tree questionnaire for employee relations cases to work with the manager at the outset to agree whether formal action is required and allocate the right level of Managers Advisory support /resource. Introducing the Stop and Think will allow managers to take time to make reflections to ensure that any decision is not based on any implicit bias. We believe that this intervention is highly likely to help us reduce the percentage significantly in future.

| WRES Indicator 3- Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal | | | |
|---|------|------|------|
| | 2019 | 2020 | 2021 |
| likelihood of staff entering the formal disciplinary process | 2.03 | 2.67 | 2.87 |



- In July we took over our CEO's VBB to launch a new staff engagement format called "Big Conversations" on allyship which will run from September 2021 to March 2022. It offers a chance for colleagues to discover more about how to be an ally in their day to day work, and is also a moment for staff to let us know what we could do Trust-wide to be a better ally.
- As part of the "Big Conversations" on allyship we invited colleagues to make short videos so they can share their pledges for different protected characteristics with all staff and raise awareness
- We kicked off "Big Conversations" on allyship with the keynote of global allyship expert Karen Catlin. 485 colleagues joined the session. Highest audience number over the last three months achieved since June 2021.
- To capture the feedback of our colleagues and develop our allyship toolkit we hosted three listening events and explored seven different forms of allyship. 40 colleagues attended the sessions.

- To carry on having “Big Conversations” on race equality and disability inclusion we had WRES & WDES staff engagement event. 50 colleagues attended the virtual event to influence our future actions as a Trust to create a more inclusive workplace. We ran four break-out sessions to understand what we need to do to further our commitment to race equality and disability inclusion at GOSH. The feedback of our colleagues has been reflected in the final version of our Diversity and Inclusion implementation plan.
- We developed infographics to discuss our 2021 WRES & WDES data with wider audience
- To celebrate South Asian Heritage Month, we produced a video featuring our Medical Director Dr. Sanjiv Sharma. Having looked at the analytics we have received highly satisfactory engagement. On Twitter, the post sharing the video had the highest level of engagement we’ve achieved over the past months (406 engagements, inc. 67 reactions and 2,505 video views). On LinkedIn, the post achieved the third highest engagement level in the past months (152 engagements, incl. 72 reactions and 1,128 video views). Internally via Headlines newsletter, the video had double the reach of an average Headlines item.
- 48 colleagues joined the Implicit Bias session delivered by Alaettin Carikci for our HR and OD team
- We organised a series of events to mark Black History Month and celebrate the outstanding contributions of the Black communities to the NHS, British society, and culture
- 110 colleagues attended the session organised by the BAME network to discuss White Privilege delivered by John Amaechi
- 50 colleagues joined the session delivered by Emma Dabiri as part of the “Big Conversations” to explore how we could be an ally for race equality
- 47 colleagues dialled in to the session delivered by Alaettin Carikci on How to Be an Anti-racist
- To promote the events and celebrate Black History Month we produced screen savers, sent all staff emails, shared book and podcast recommendations so colleagues have access to resources and toolkits.
- To influence the wider healthcare system and share best practices we established a D&I Working Group in collaboration with University College London
- Exec members of the Disability and Long-Term Health Conditions forum attended the NHS Disability Summit
- We signed up for Stonewall Diversity Champions Programme to further our commitment to LGBT+ inclusion in the workplace
- LGBT+ and Allies Forum members and the Board level Sponsor of the network Dr. Sanjiv Sharma had an introductory meeting with our Stonewall account manager
- To ensure that our policies are inclusive of LGBT+ members of staff and the language used is gender neutral we reviewed Maternity/Adoption Policy and Uniform and Dress Code Policy

Theme 4: Creating channels and safe spaces which amplify the employee voice – ensuring that we listen, hear and take action as a consequence

- We launched our very first Seen and Heard Diversity and Inclusion Framework and developed an implementation plan to embed inclusion across the Trust
- We set up a Diversity and Inclusion Steering Group which reports to the People Planet Programme Board
- We appointed a Non-Executive Diversity and Inclusion Guardian to ensure the Board holds themselves and senior leaders to account for the way employees in all their diversity are managed and empowered
- We appointed a Board level Sponsor for BAME, Disability and Long-Term Health Conditions, Women's and LGBT+ and Allies staff forums
- We appointed a Head of Diversity and Inclusion to help us shape how we establish new ways for the voices of our underrepresented groups to be heard and implement the key objectives set out in the Seen and Heard D&I Framework
- We advertised Diversity and Inclusion Officer role to provide support to our staff forums and Head of D&I for the implementation of the Seen and Heard D&I Framework
- We published our Diversity and Inclusion bi-annual report in June 2021
- To reset our four staff forums, we kicked off a recruitment campaign and advertised seven executive roles for each staff forum which are Chair, Vice Chair, Secretary, Comms Officer, Engagement Officer, Events Officer and Membership Liaison Officer.
- Following a rigorous selection process, diverse panel members appointed new exec members to BAME, LGBT+ and Allies, Women's and DLTHC forums.
- We allocated £46,000 to support the four forums throughout the year (£11,500 per forum). Within each forum's budget, £2,500 is set aside to make "responsibility payments" to forum leads.
- We developed Staff Forum Roles and Responsibilities Guidance 2021/22 to set out how we will work with the staff forums going forward
- We set up intranet pages for our Staff Forums so they share their upcoming events and action plans with all staff
- Staff networks increased the number of their members. Currently DLTHC has 46, BAME has 190, Women's network has 163 and LGBT+ and Allies has 237 members.
- We identified 6 Senior Colleagues at pay band 8B and above and joined White Allies Programme of the NHSE/I to upskill and empower white colleagues, so they play an active role in supporting anti-racism in the Trust. Participants have already completed their September, October and November trainings.
- Two of our colleagues have been shortlisted for BAME Apprenticeship Awards and GOSH has been shortlisted as a finalist in both the Health and Social Care Category and the Large Employer Category
- We set up a "Reverse Mentoring Working Group" and invited Assoc. Prof Stacy Johnson to Diversity and Inclusion Steering Group to understand whether the Trust would benefit from rolling out reverse mentoring programme for our colleagues with protected characteristics
- During 2020-21 3106 members of staff completed the Equality and Diversity e-learning programme mandated for all staff so we increased the compliance rate to 95%.
- We piloted Active Bystander training for HR and OD Team to challenge poor behaviours and bring about change through reinforcement of messages defining the boundaries of unacceptable behaviour. Work is underway to roll it out for the wider Trust.
- We rolled out facilitated conversations to our OD team to build a pool of skilled, trained mediators and facilitators and reduce the formal ER processes.

- Our OED team have focused new leadership and management development programmes to support our leaders and managers on issues such as diversity and inclusion, recruitment & selection and effective line management
- As part of the annual Staff Award we launched Star Ally award to recognise and celebrate the contributions of our members of staff to our allyship journey

IV. OUR NEXT STEPS

- Four key themes of the Seen and Heard Diversity and Inclusion Framework will continue to be our focus for the next two years. Diversity and Inclusion Steering Group will take this work forward and the oversight of this work will be through a new People Planet Programme Board.
- “Big Conversations” on allyship will continue with speaker series for all staff to raise awareness on different forms of allyship and normalise difficult conversations. This will include the following:

| |
|---|
| International Men’s Day (25 November 2021): a session will be delivered by Elliott Rae to raise awareness on fatherhood, redefining masculinity and parenting |
| Disability History Month (15 December 2021): a session will be delivered by Kerry Pace to discuss allyship for our neurodivergent and disabled colleagues |
| Mental Health Awareness (26 January 2022): a session will be delivered by Daniel Edmund to explore allyship for colleagues with mental health challenges |
| LGBT History Month (17 February 2022): a session will be delivered by inclusion expert Rachel Reese to discuss allyship for our trans/non-binary and gender non-conforming colleagues |
| Women’s History Month (17 March 2022): a session will be delivered by Hira Ali to explore intersectional feminism and discuss how our male colleagues can own gender equality in the workplace to be a better ally |

- Following the presentation of Assoc. Prof. Stacy Johnson to D&I Steering Group, we made a decision to launch reverse mentoring programme so our senior leaders gain cultural humility, embed diversity and inclusion in the directorates they lead and our colleagues with protected characteristics raise their profile and enter into a refreshing mentoring relationship with a senior leader.
- We will deliver Inclusive Comms trainings to Comms Directorate which will feed into Debiasing Recruitment work led by Head of HR Operations
- To empower staff across the Trust community to challenge poor behaviours which has become normalised and bring about change through the reinforcement of messages defining the boundaries of unacceptable behaviour we will roll out Active Bystander training to all staff
- Following the appointment of exec members to our staff forums, Cherron Inko-Tariah will deliver three sessions for the forum exec members, Sponsors/Board members and all staff.
- We will work with staff forum’s, so they develop TOR’s and action plans which align with the four key components of the Seen and Heard Diversity and Inclusion Framework

V. SUMMARY

From this review of our data we can see that we have seen some areas of improvement, which includes a reduction in the number of BAME colleagues entering the formal disciplinary process. However, we have more work to do to bridge the gap between white and BAME colleagues experience regarding access to career progression, and we need to attend to every step of the internal and external recruitment process to reduce bias.

We recognise that we have significant non-disclosure about disability and LGBT+ information which, whilst we are similar to the NHS in this respect, will be a priority in the next 6 months to enable us to fully understand the diversity of our people. We will also take particular interest in the annual staff survey results which will start to be available from January 2022, with full benchmarking with other Trusts later. The Staff survey questions are different this year and we will use these to help understand how staff are feeling as we move through the pandemic.

As a result of listening through the range of activities it has become very clear that many staff on the ground believe that our values do not reflect what kind of an organisation we are and we would like to be in the future.

We are pleased with the start of the work on debiasing recruitment which will provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. It is the first step in closing the gap in relative likelihood to be appointed after shortlisting between BAME staff compared to their white counterparts.

Our Seen and Heard framework is designed to specifically address the challenges and the work plan is linked to these measures as KPI's. We will report to the People Planet Programme Board on a bi-monthly basis and report back to the People and Education Assurance Committee in 6 months' time.

APPENDICES

1. GOSH 2020 WRES INFOGRAPHICS
2. GOSH 2020 WDES INFOGRAPHICS
3. SEEN AND HEARD DELIVERY PLAN
4. SEEN AND HEARD IMPACT TRACKER