



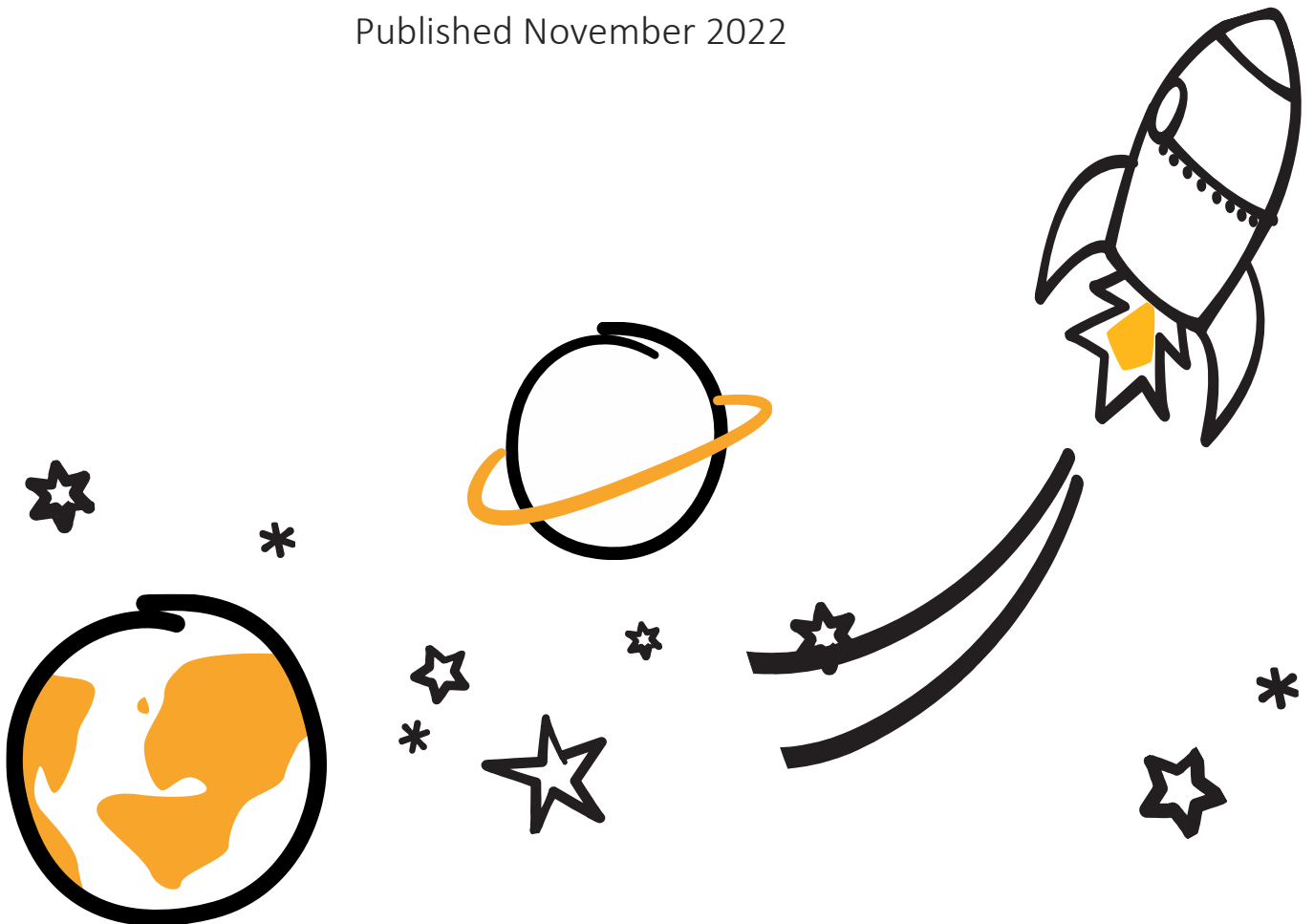
**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Seen and Heard

## Diversity and Inclusion Annual Report

Published November 2022



## Contents

<b>EXECUTIVE SUMMARY</b>	<b>III</b>
<b>1. INTRODUCTION</b>	<b>1</b>
<b>2. OUR PEOPLE: WORKFORCE DEMOGRAPHICS AND PAY INFORMATION BY PROTECTED CHARACTERISTICS</b>	<b>5</b>
2.1. Gender: Total workforce	6
2.2. Gender by staff group	6
2.3. Gender by pay band	7
2.4. Gender Pay Gap	7
2.5. Disability: Total workforce	10
2.6. Disability by staff group	11
2.7. Disability by pay band	11
2.8. Ethnicity: Total workforce	12
2.9. Ethnicity by staff group	12
2.10. Ethnicity by pay band	13
2.11. Sexual orientation: Total Workforce	14
2.12. Sexual orientation by staff group	14
2.13. Sexual orientation by pay band	15
2.14. Age: Total Workforce	16
2.15. Age by staff group	16
2.16. Age by pay band	17
<b>3. OUR PROGRESS</b>	<b>18</b>
3.1. Theme 1: Opening up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice	19
3.2. Theme 2: Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, education and training	23
3.3. Theme 3: Create a more inclusive work culture for all to build understanding and connectivity and support value-based people management practice	24
3.4. Theme 4: Creating channels and safe spaces which amplify the employee voice – ensuring that we listen, hear and act as a consequence	29
<b>4. OUR NEXT STEPS</b>	<b>30</b>
<b>5. SUMMARY</b>	<b>31</b>

## Executive Summary

This report provides a detailed overview of the equality data relating to the staff, to highlight any changes that have occurred over the past 12 months, bring together summaries from statutory reports such as WDES and WRES, showcase the work of our excellent staff networks, show our progress and highlight where there is still work to do.

The last past 12 months have seen many positive moves such as in reducing the disparity between the likelihood of white candidates being appointed compared to BAME candidates and the percentage of staff from BAME backgrounds reporting harassment for example. Our BAME workforce in bands 8A-C has seen growth but BAME staff still remain overrepresented at our lower bands.

Our WDES report showed that more staff with disabilities and long terms conditions were engaging with the staff survey than in previous years however only 3.05% staff reporting a disability and around 14% of staff not making a declaration, we recognise that we have significant non-disclosure concerning disability which, whilst is similar to the wider NHS, reducing this should be a priority over the next 12 months to enable us to fully understand the diversity of our people.

In contrast to the majority of NHS trusts, GOSH has a younger workforce with around 25% of staff under 30 and 54% under 50. This presents GOSH with some unique challenges particularly with the current cost of living crisis, which is likely to affect younger members of staff, who are more likely to be represented in the lower pay bands and our BAME staff who are also overrepresented in these bands.

This report highlights a number of the positive initiatives put into place to support the objectives of the Seen and Heard Framework, including:

- The Stop and Think process designed to reduce the number of staff entering formal disciplinary process, an area where BAME staff are still overrepresented.
- Seen and Heard Champions who will be participating on selected recruitment panels to bring an alternative voice and champion an inclusive process.
- De-biasing recruitment eLearning module which once launched will be mandatory for all recruiting manager to complete.
- The re-branding and relaunch of the staff networks

This report highlights the many positives changes that have occurred over the past 12 months; however, it also highlights that more work is required to improve the experience and opportunities of BAME colleagues and colleagues with disabilities regarding access to career progression, and to ensure every step of the internal and external recruitment process is free of bias.

# 1. 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.

## Terminology.

In accordance with the wishes of the REACH network and in line with national guidance and best practice, the terms BME or BAME are avoided and instead staff who identify as being from a minority ethnic background are referred as *ethnically diverse staff* or *staff who identify as being from a minority ethnic background*. However, the term BAME is the terminology currently used nationally in the Workforce Race Equality Scheme (WRES) and the NHS staff survey, both of which this report references heavily, so in the interests of consistency BAME is used throughout this report.

## De-Bias Recruitment and Selection Toolkit

The debiasing of internal and external recruitment processes was one of the key priorities identified in the 10 year [London Workforce Race Strategy](#) published in October 2020. In August 2021 the NHS London Debiasing Recruitment toolkit was launched to provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. 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.

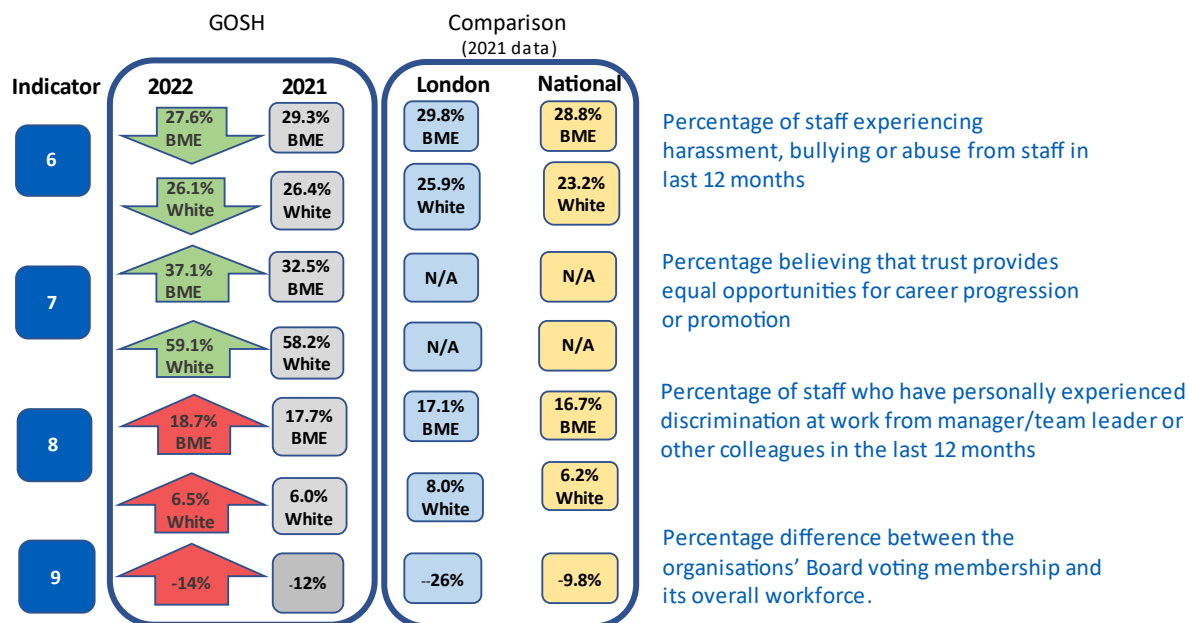
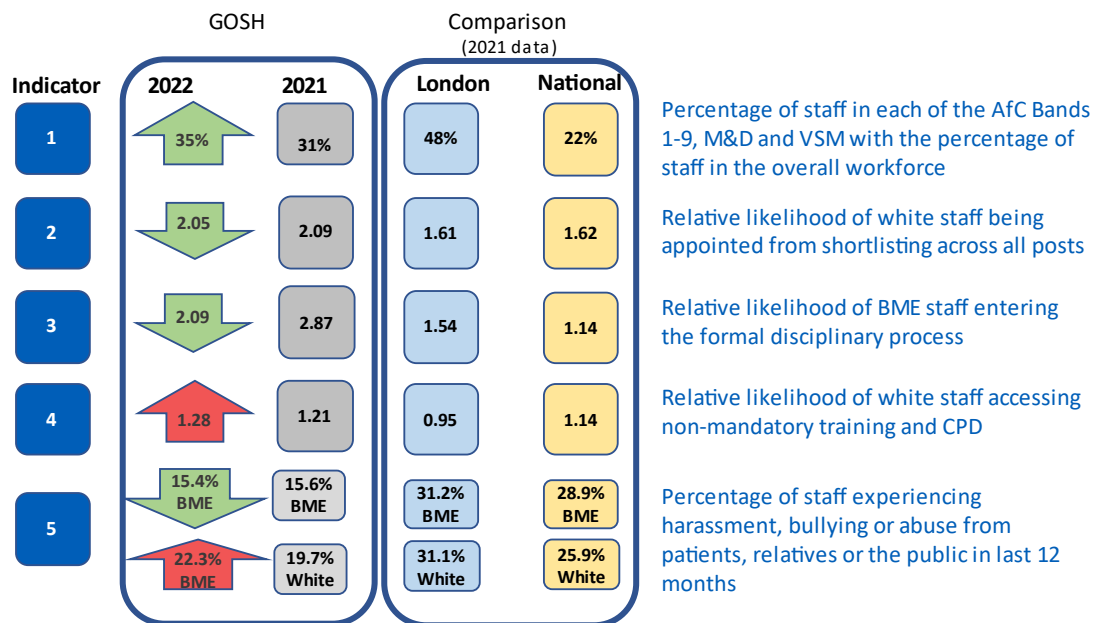
In December 2021, a project group was established with colleagues from across Human Resources, Communications and representatives from both staff side and staff networks. Since inception, the project group has assessed each stage of the recruitment and selection process and subsequently developed a toolkit of resources to support hiring managers with making fair recruitment decisions. The toolkit includes a recruiting managers guide to fair recruitment, an updated job description template, interview question guide, pre and post interview checklist and suggested reasonable adjustments during the recruitment process. All GOSH job adverts now include a diversity and inclusion statement demonstrating the Trust's commitment to diversity and inclusion.

In November 2022, an e-learning package will be launched and by the end of March 2023, it's expected that all colleagues involved in recruitment and selection will have completed the e-learning module and will not be able to participate in recruitment activity until they have undergone the training. The project group has also developed the 'Seen and Heard Champion' role. The champions, who are all existing GOSH staff, have received specialist training from an external training provider to support shortlisting and interview panels to ensure processes are free from bias and fair and equitable selection decisions are made.

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.



## National Workforce Disability Equality Standard (WDES) 2020 Annual report

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop actions to improve the experience of staff with disabilities. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality.

Below is a summary of GOSH's 2021 WDES submission.

- 3.05% of staff have declared a disability on the NHS Electronic Staff Record (ESR). This is a slight decrease from 3.5% in 2020. Numbers of staff declaring a disability are still small and as such, small staff changes have a large impact percentages.

- Non-disabled applicants were 1.12 times more likely to be appointed from shortlisting.
- Disabled staff were 2.07 times more likely to enter the formal performance management capability process.
- 26.6% of Disabled staff reported harassment, bullying or abuse, compared to 18.6% of nondisabled staff. This has remained unchanged since the previous year.
- 49.1% of Disabled staff reported they have equal opportunities for career progression. This represents a decrease from last years figure of 78.2% however is largely consistent with the feeling from non-disabled staff at 52.2%.
- 32.2% of Disabled staff felt that their employer had not made adequate adjustments. An increase of the previous year's score of 26.2%
- Disabled staff reported an NHS Staff Survey engagement score of an improvement on last year's score of 6.64 and consistent with the score of 7.4 for non-disabled staff.
- GOSH are currently one of the two-thirds of trusts who do not have any board members who have declared a disability
- A total of 14.4% of staff have not declared whether they have a disability and are listed as 'unknown' on ESR

### **Statutory and Mandatory Training**

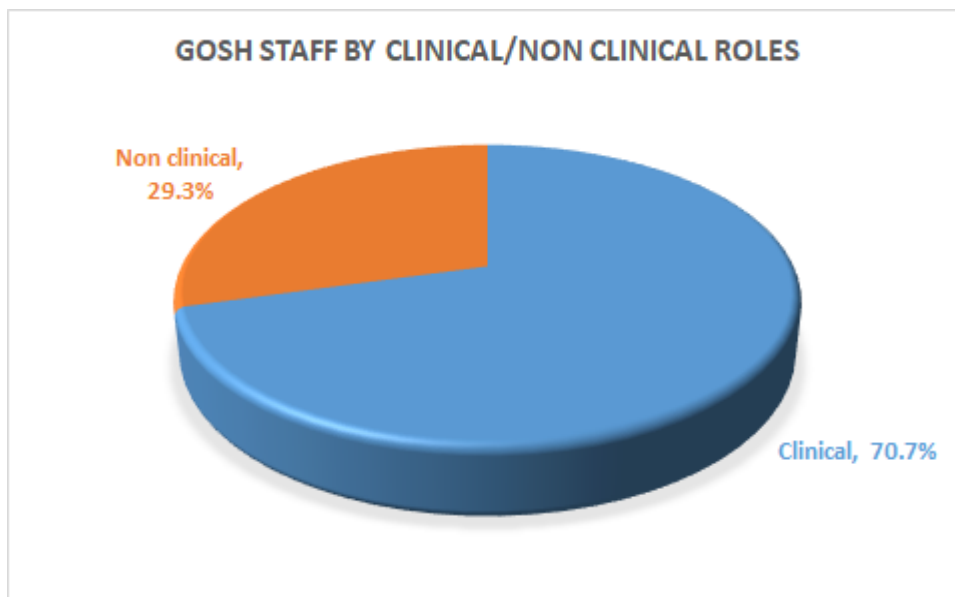
All members of staff are required to undertake Equality and Diversity and Human Rights e-learning every 3 years. Compliance has been consistently maintained at or above the 90% threshold, reaching 95% compliance in November 2022.

### **Appointment of GOSH NED Diversity and Inclusion Guardian**

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.

Our Director of HR and OD Caroline Anderson has also the Chair 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.

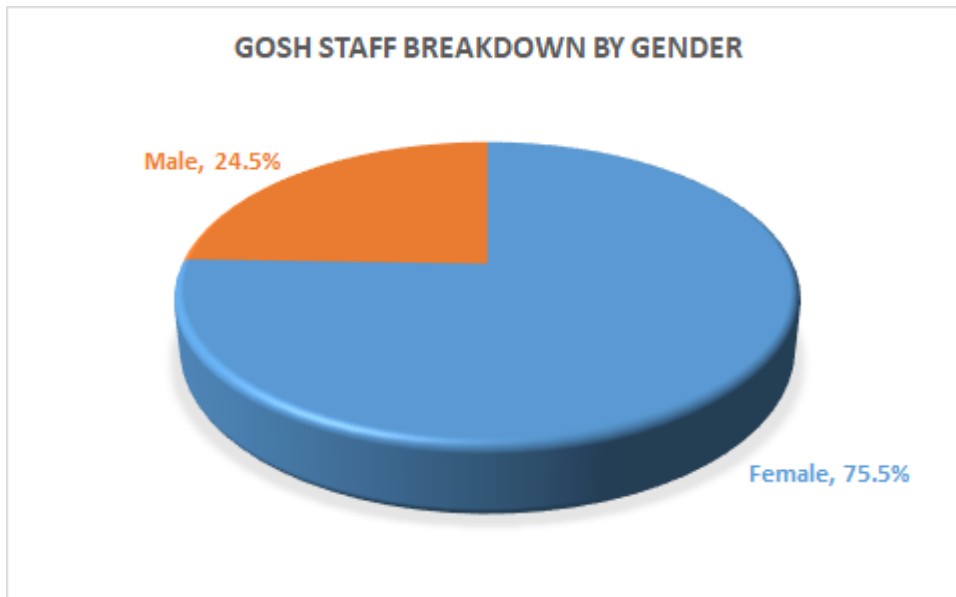
## 2. OUR PEOPLE: WORKFORCE DEMOGRAPHICS AND PAY INFORMATION BY PROTECTED CHARACTERISTICS



Our workforce consists of 70.7% clinical staff and 29.3% non-clinical staff. This has remained largely consistent with last year's data of 69.2% and 30.8%



## 2.1. Gender: Total workforce

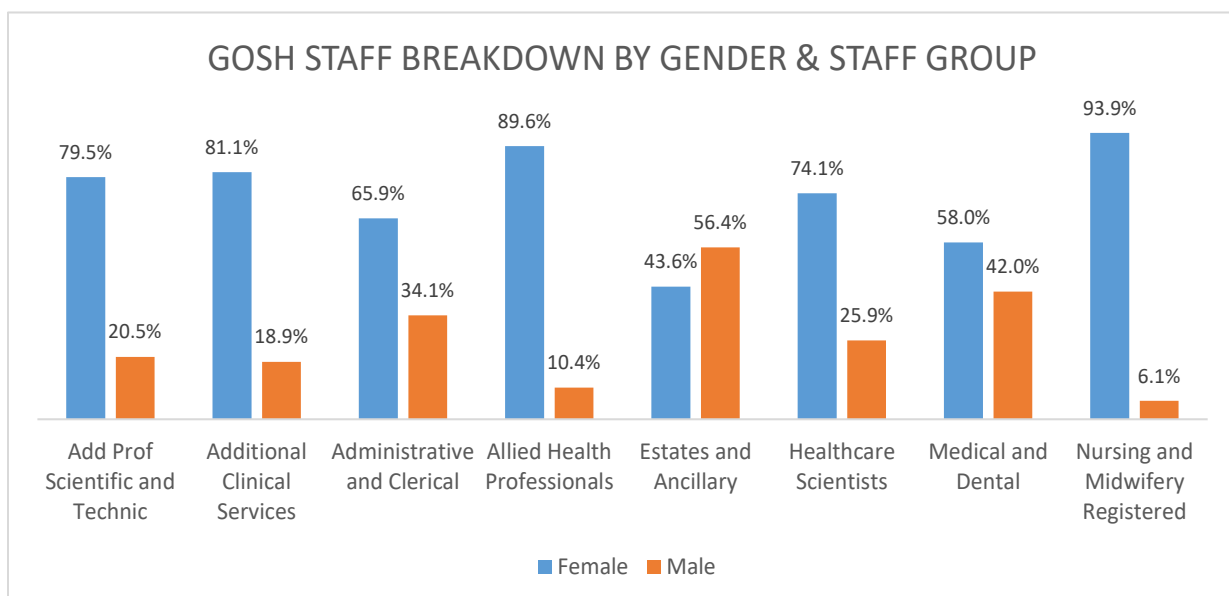


At GOSH we recognise that not all of our staff fit into the traditional binary male and female genders, however currently others gender identities are not recognised on the national NHS employee staff database. Work is currently progressing at the national level to remedy this and GOSH has been active in pushing and influencing this wherever possible.

The current proportion of male to female staff is 24.5% to 75.5%. This matches the NHS gender split. For the Medical workforce specifically, the split is 42% male.

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.

## 2.2. 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.

## 2.3. Gender by pay band

Gender by Pay Band %			
Grade	Female	Male	Change from 2021
Domestic staff	48%	52%	+2% male
Band 2	60%	40%	+3% male
Band 3	75%	25%	+1% male
Band 4	76%	24%	No change
Band 5	86%	14%	+1% male
Band 6	85%	15%	No change
Band 7	84%	16%	No change
Band 8A	78%	22%	+1% female
Band 8B	68%	32%	+4% male
Band 8C	65%	35%	+3% male
Band 8D	81%	19%	+4% female
Band 9	60%	40%	+20% male
VSM & Ad hoc	50%	50%	+1% male
M&D Career Grade	80%	20%	+5% female
M&D Consultant	51%	49%	+1% male
M&D Junior Doctor	65%	35%	+3% female
<b>Grand Total</b>	<b>75%</b>	<b>25%</b>	

## 2.4. Gender Pay Gap





Public sector employers report and publish their gender pay gap information by 30 March of each year. 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.

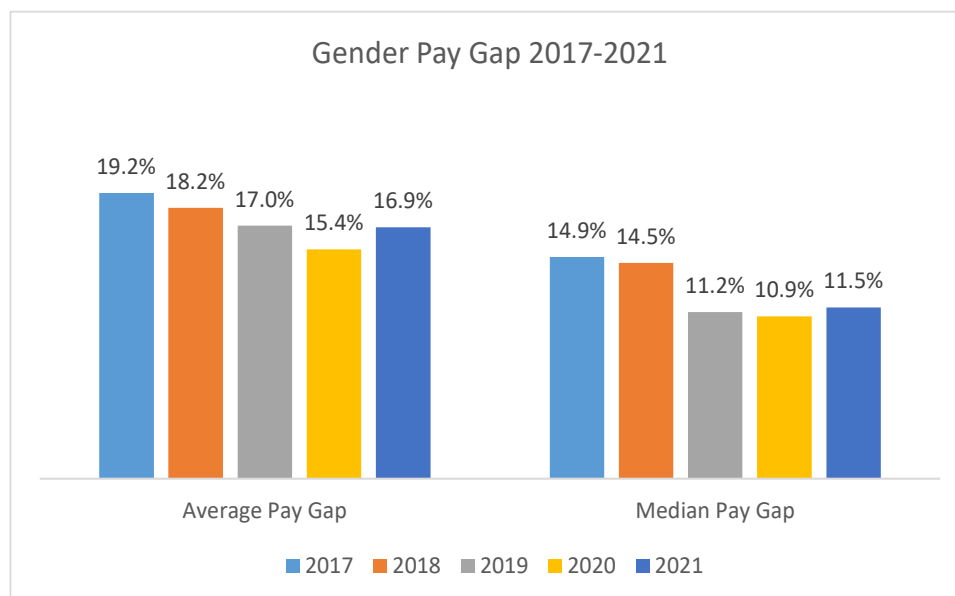
Like most NHS Trusts, the workforce at GOSH is majority female and the current proportion of male to female staff is 24.5% to 75.5 %, which is a slight reduction on our historical gender balance, driven by the insourcing of the domestic staff in August 2021. The distribution of the male workforce is concentrated in both the lower end of the Agenda for Change Bands, due to the gender balance of the Estates and Ancillary workforce, as well more senior roles (Band 8a+ and Medical staff).

Gender	Female	Male
May-20	77%	23%
May-21	77%	23%
May-22	76%	24%
Nov-22	75.5	24.5





- The Trust reported its Gender Pay gap data (as at March 2021) in March 2022. The data continues to show that in common with most NHS Trusts, the Trust continues to report a gender pay gap, which in 2021 was 11.5% for median hourly pay. Whilst we have an 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 76% female). Consequently, their effect on female average pay is less

than male consultant pay is on male average pay. The full gender pay gap report findings will be published as required on our website.

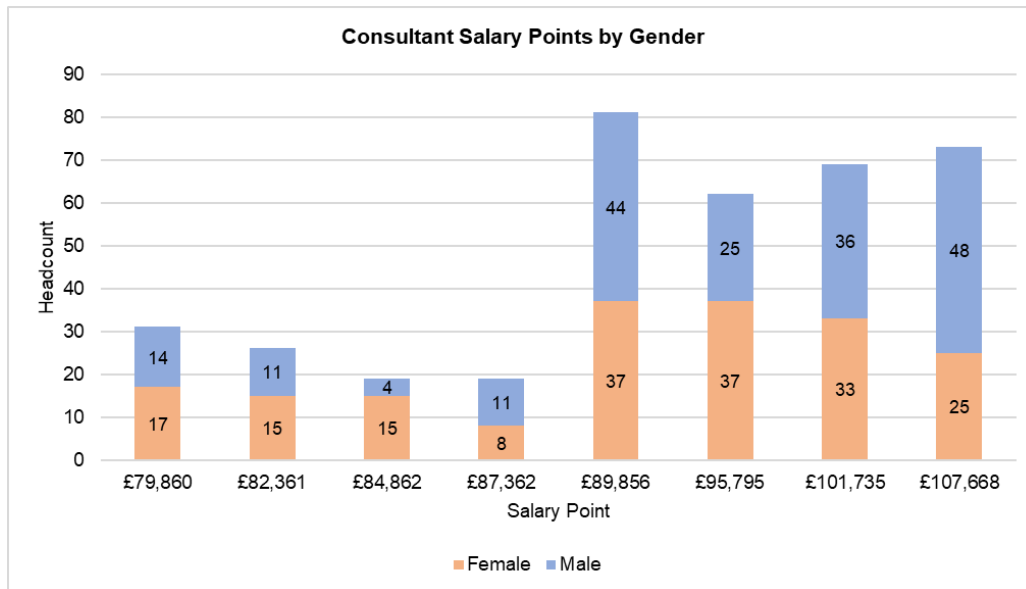
Gender pay gap (basic pay)		Gender pay gap (% receiving bonus)	
Men	Women	Men	Women
			
Women earn 88p for every £1 that men earn when comparing median hourly pay. Their median hourly pay is 11.5% lower than men's.		6.8% of male employees received a bonus	1.4% of female employees received a bonus



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, at the time of Gender Pay Gap report), 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:

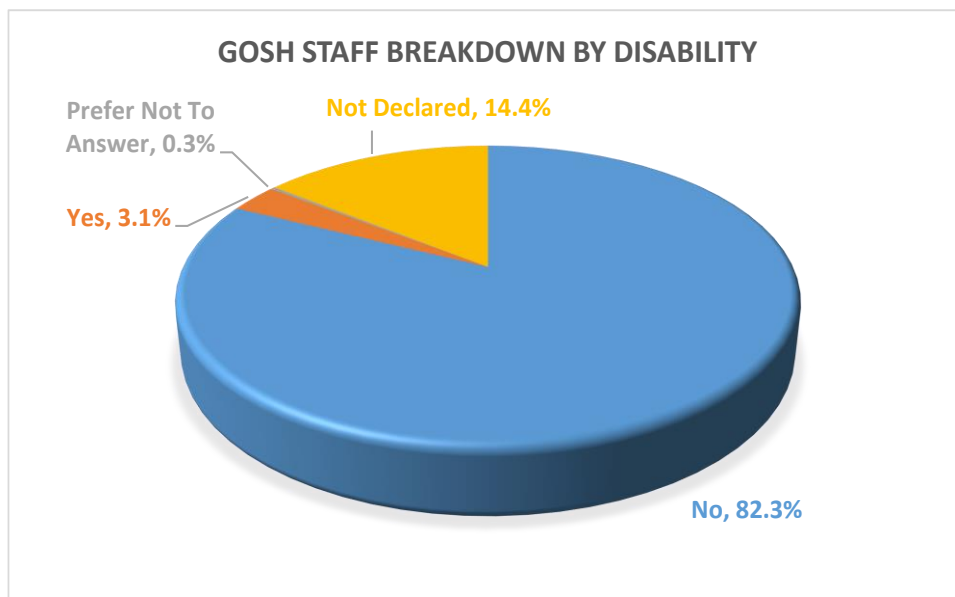
Gender pay gap (non-medical)		Gender pay gap (medical/dental)	
Mean	Median	Mean	Median
			
Women on a mean average earn 3p per hour more than men.	Women on a median average earn 14p per hour more than men.	Men on a mean average earn £2.93 per hour more than women.	Men on a median average earn £5.76 per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

## 2.5. Disability: Total workforce



The data shows that GOSH has a recorded workforce composition of 3.1% Disabled staff which remains the same as 12 months ago (3%) 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 7% of respondents to 2021 Survey question disclosed, they had a physical or mental health conditions, disabilities or illnesses.

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 November 2022 GOSH's Disability Confident Committed accreditation level 2 was renewed. This 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 scope out the feasibility of achieving level 3, the highest offered will commence later this year in collaboration with the Enabled Network as part of our action plan for the Workforce Disability Equality Scheme (WDES) data collection and reporting. We will also initiate a campaign to raise awareness on invisible disabilities to encourage colleagues to disclose their disability status on ESR.

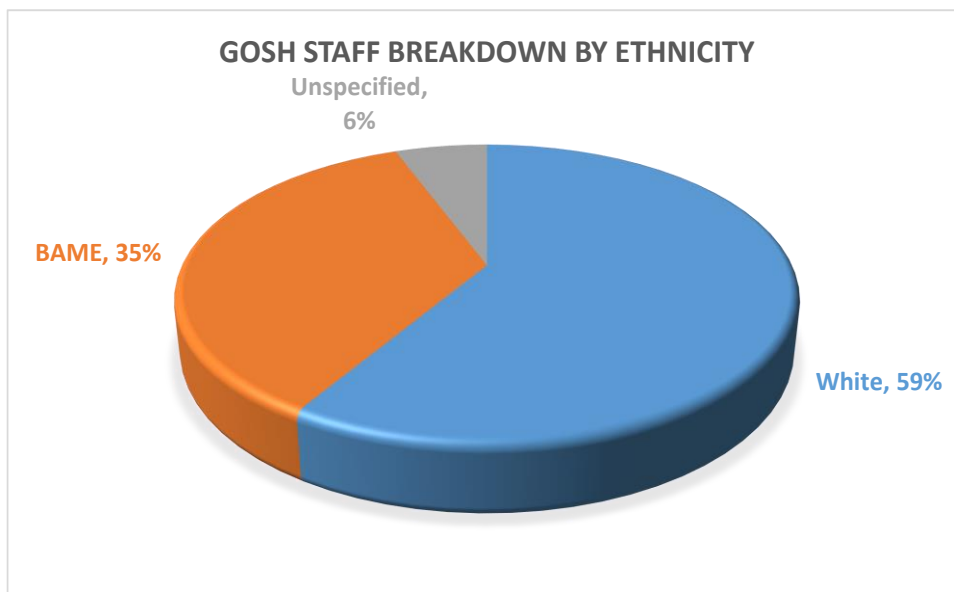
## 2.6. Disability by staff group

Staff Group	Yes	No	Not declared	Prefer not to answer
Add Prof Scientific and Technic	1.80%	80.60%	17.60%	0.00%
Additional Clinical Services	4.50%	81.80%	13.70%	0.00%
Administrative and Clerical	3.40%	83.40%	13.20%	0.00%
Allied Health Professionals	3.00%	79.90%	16.50%	0.60%
Estates and Ancillary	1.80%	81.70%	15.60%	0.90%
Healthcare Scientists	0.90%	81.40%	17.40%	0.30%
Medical and Dental	1.20%	82.10%	16.30%	0.40%
Nursing and Midwifery Registered	4.10%	82.80%	12.70%	0.40%
<b>Grand Total</b>	<b>3.10%</b>	<b>82.20%</b>	<b>14.40%</b>	<b>0.30%</b>

## 2.7. Disability by pay band

Pay band	Yes	No	Not Declared	Prefer Not to Answer
Band 2	3.8%	77.0%	18.6%	0.5%
Band 3	4.9%	83.9%	11.2%	0.0%
Band 4	2.5%	83.6%	13.9%	0.0%
Band 5	5.0%	86.6%	8.2%	0.3%
Band 6	3.9%	83.8%	12.0%	0.3%
Band 7	2.4%	79.9%	17.3%	0.3%
Band 8A	2.2%	76.5%	21.1%	0.2%
Band 8B	1.4%	75.5%	23.1%	0.0%
Band 8C	2.5%	78.8%	18.8%	0.0%
Band 8D	0.0%	71.4%	28.6%	0.0%
Band 9	0.0%	50.0%	50.0%	0.0%
M&D Career Grade	0.0%	80.0%	20.0%	0.0%
M&D Consultant	0.3%	72.4%	27.1%	0.3%
M&D Junior Doctor	2.3%	91.7%	5.5%	0.5%
VSM & Ad Hoc	1.5%	62.7%	34.3%	1.5%
DSG - Ad Hoc	0.7%	85.4%	13.1%	0.7%
<b>Grand Total</b>	<b>3.10%</b>	<b>82.20%</b>	<b>14.40%</b>	<b>0.30%</b>

## 2.8. Ethnicity: Total workforce



Our BAME staff representation is 35% which represent no change since 2021, and 5.6% of staff for whom ethnicity data is recorded as null/unknown and 60.4% white. 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.

## 2.9. Ethnicity by staff group

Staff Group	BAME	12-month change	White	Not known
Add Prof Scientific and Technic	35.16%	2.2%	62.82%	2.02%
Additional Clinical Services	43.43%	0.0%	56.07%	0.50%
Administrative and Clerical	43%	0.3%	53.48%	3.24%
Allied Health Professionals	14.29%	-0.3%	84.86%	0.86%
Estates and Ancillary	67.90%	0.4%	25.11%	6.99%
Healthcare Scientists	38.34%	-1.9%	61.66%	0.00%
Medical and Dental	36.70%	0.6%	62.81%	0.49%
Nursing and Midwifery Registered	20.69%	0.6%	79.08%	0.23%
<b>Grand Total</b>	<b>35%</b>	<b>0.2%</b>	<b>63.24%</b>	<b>1.59%</b>

\* 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 20.69%, an increase from 20.1%.

## 2.10. Ethnicity by pay band

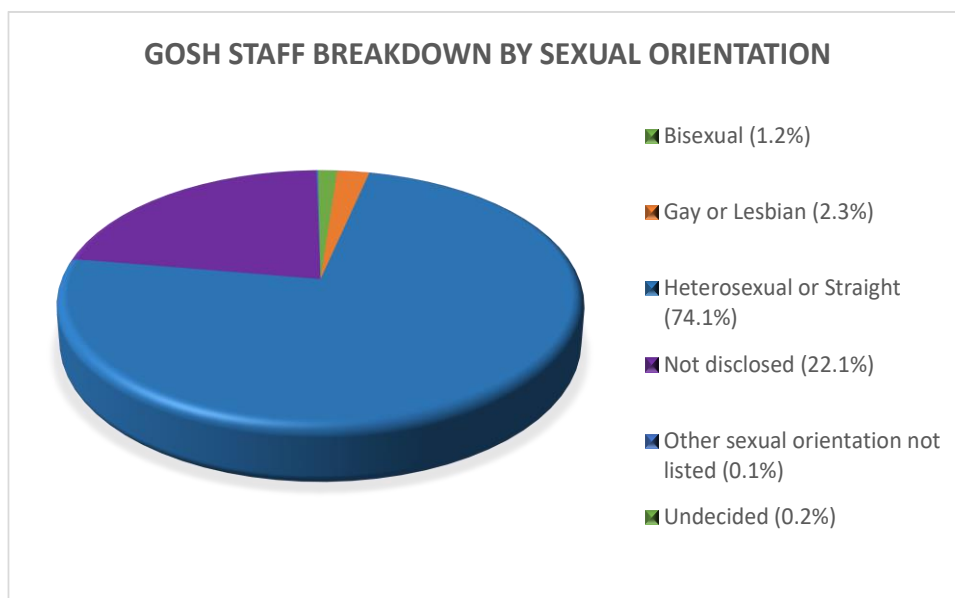
The data shows that the highest percentage of BAME staff members are within pay bands 2-3, and domestic staff who have yet to transition over to Agenda for Change pay scales following their insourcing in August 2021. There remains an underrepresentation of BAME colleagues in pay bands 8A-9 and VSM level, however, there has been an increase in BAME representation at grades 8A, 8B and 8C over the last 12 months.

Pay band	BAME	12-month change	White	Not known
Domestic staff	79.2%	1.2%	13.9%	6.9%
Band 2	51.9%	0.9%	42.6%	5.5%
Band 3	52.0%	0.0%	46.5%	1.6%
Band 4	46.3%	0.3%	52.3%	1.4%
Band 5	36.7%	3.7%	62.5%	0.8%
Band 6	26.8%	-0.2%	72.2%	1.0%
Band 7	20.0%	-1.0%	79.2%	0.8%
Band 8A	23.5%	2.5%	75.0%	1.5%
Band 8B	16.1%	1.1%	81.1%	2.8%
Band 8C	15.0%	4.0%	82.5%	2.5%
Band 8D	4.8%	-4.2%	90.5%	4.8%
Band 9	0.0%	0.0%	100.0%	0.0%
VSM & Ad hoc	32.8%	16.8%	55.2%	11.9%
M&D Career Grade	46.7%	-3.3%	53.3%	0.0%
M&D Consultant	29.1%	0.1%	70.9%	0.0%
<b>Grand Total</b>	<b>35%</b>	<b>0.2%</b>	<b>63.24%</b>	<b>1.59%</b>



## 2.11. 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 3.8% (a slight increase from 3.5%) and we have 22.1% of staff for whom sexual orientation data is recorded as null/unknown



## 2.12. 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	2.3%	1.4%	68.9%	0.0%	0.0%	27.4%
Additional Clinical Services	2.2%	1.7%	76.7%	0.0%	0.5%	19.0%
Administrative and Clerical	1.1%	2.6%	75.8%	0.1%	0.2%	20.2%
Allied Health Professionals	0.9%	2.9%	72.0%	0.3%	0.3%	23.7%
Estates and Ancillary	0.9%	1.1%	69.4%	0.0%	0.0%	28.6%
Healthcare Scientists	0.3%	4.3%	66.9%	0.0%	0.3%	28.2%
Medical and Dental	1.1%	2.5%	73.9%	0.0%	0.0%	22.5%
Nursing and Midwifery Registered	1.0%	2.2%	76.3%	0.3%	0.1%	20.1%
<b>Grand Total</b>	<b>1.2%</b>	<b>2.3%</b>	<b>74.1%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>22.1%</b>

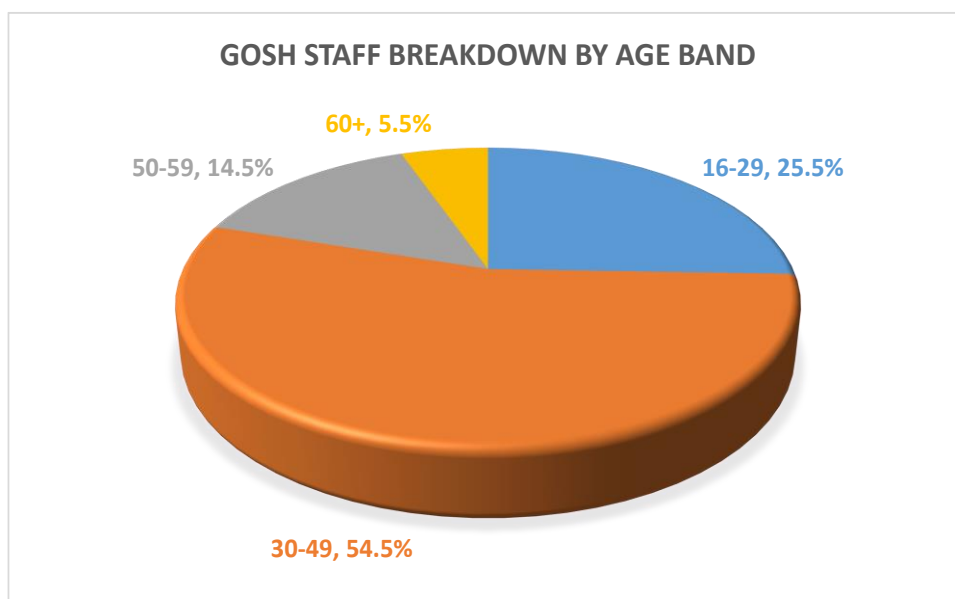
## 2.13. Sexual orientation by pay band

Pay Band	Bisexual	Gay or Lesbian	Heterosexual or Straight	Other sexual orientation not listed	Undecided	Not disclosed
Domestic staff	1.1%	0.7%	68.6%	0.0%	0.0%	29.6%
Band 2	1.6%	2.7%	68.3%	0.0%	0.5%	26.8%
Band 3	1.2%	1.4%	78.5%	0.0%	0.6%	18.3%
Band 4	1.0%	1.4%	75.6%	0.0%	0.2%	21.7%
Band 5	1.4%	2.0%	82.9%	0.3%	0.3%	13.1%
Band 6	1.5%	2.3%	76.4%	0.1%	0.0%	19.7%
Band 7	0.9%	3.1%	69.4%	0.1%	0.2%	26.2%
Band 8A	1.0%	3.4%	64.7%	0.5%	0.0%	30.4%
Band 8B	0.7%	4.2%	62.2%	0.0%	0.0%	32.9%
Band 8C	1.3%	1.3%	70.0%	0.0%	0.0%	27.5%
Band 8D	0.0%	4.8%	61.9%	0.0%	0.0%	33.3%
Band 9	0.0%	10.0%	50.0%	0.0%	0.0%	40.0%
VSM & Ad hoc	1.5%	1.5%	61.2%	0.0%	0.0%	35.8%
M&D Career Grade	0.0%	0.0%	66.7%	0.0%	0.0%	33.3%
M&D Consultant	0.0%	2.3%	59.4%	0.0%	0.0%	38.3%
<b>Grand Total</b>	<b>1.1%</b>	<b>2.3%</b>	<b>73.1%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>23.2%</b>

## 2.14. Age: Total Workforce

The data shows that the Trust continues to employ a relatively young workforce, 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.



## 2.15. Age by staff group

Staff Group	16-29	30-49	50-59	60+
Add Prof Scientific and Technic	24.5%	57.1%	13.8%	4.6%
Additional Clinical Services	39.8%	45.1%	10.6%	4.5%
Administrative and Clerical	22.9%	52.7%	17.3%	7.1%
Allied Health Professionals	21.7%	61.4%	12.3%	4.6%
Estates and Ancillary	4.6%	46.1%	33.8%	15.5%
Healthcare Scientists	19.3%	58.9%	17.8%	4.0%
Medical and Dental	3.7%	72.3%	17.4%	6.7%
Nursing and Midwifery Registered	40.4%	50.1%	7.5%	2.0%
<b>Grand Total</b>	<b>25.5%</b>	<b>54.5%</b>	<b>14.5%</b>	<b>5.5%</b>

## 2.16. Age by pay band

Grade	16-29	30-49	50-59	60+
Domestic staff	3.6%	47.8%	35.4%	13.1%
Band 2	23.0%	37.7%	23.0%	16.4%
Band 3	35.4%	42.5%	15.4%	6.7%
Band 4	33.2%	44.7%	15.2%	7.0%
Band 5	59.3%	33.1%	5.2%	2.4%
Band 6	31.9%	56.8%	8.9%	2.4%
Band 7	15.3%	69.9%	12.2%	2.6%
Band 8A	4.2%	69.9%	19.9%	6.1%
Band 8B	0.0%	65.0%	24.5%	10.5%
Band 8C	0.0%	63.8%	30.0%	6.3%
Band 8D	0.0%	47.6%	38.1%	14.3%
Band 9	0.0%	40.0%	60.0%	0.0%
VSM & Ad hoc	4.5%	40.3%	34.3%	20.9%
M&D Career Grade	0.0%	73.3%	6.7%	20.0%
M&D Consultant	0.0%	53.9%	33.6%	12.5%
M&D Junior Doctor	7.5%	90.7%	1.5%	0.3%
<b>Grand Total</b>	<b>25.5%</b>	<b>54.5%</b>	<b>14.5%</b>	<b>5.5%</b>

**Highest % in age group by pay band**

## 3. OUR PROGRESS

The GOSH equality, diversity and inclusion framework, “*Seen and Heard: Our Diversity and Inclusion Framework 2020-2022*” was published in 2020 and sets out our ambitions and priorities at an organisation-wide level. It builds upon the work that was 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 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 this year and refreshed in 2023 in line with a new people strategy, 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 was developed from a range of sources which included 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 a Diversity and Inclusion Steering Group was established as a formal sub-committee reporting through appropriate governance to People Planet Programme Board. The current and future Framework has supported and driven efforts to work 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 presented are 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.

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

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 9 - Percentage Difference between the organisations Board Voting membership and overall workforce									
	2020			2021			2022		
	White	BAME	Unknown	White	BAME	Unknown	White	BAME	Unknown
Voting Board Member % by Ethnicity	71.4	21.4	7.1	75	18.8	6.3	71.4	28.6	0
Executive Board Member % by Ethnicity	75	25	0	75	25	0	71.4	28.6	0
Overall Workforce % by Ethnicity	64.9	29.4	5.7	63.5	31.2	5.3	58.8	35.4	5.8

WRES indicator 9 captures the percentage difference between the organisation’s Board voting membership and its overall workforce.

The table above shows the percentage of BAME representation at executive and board level. There have been improvements at both board and executive level since 2020, 21.4% in 2020 compared to 28.6% in 2022 however this is still below the BAME representation of the trust which stands at 35.4%.

WRES Indicator 2 - Relative likelihood of staff being appointed from shortlisting across posts						
Relative Likelihood of white candidates being appointed from shortlisting compared to BAME	2020		2021		2022	
		2.25		2.09		20.5

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

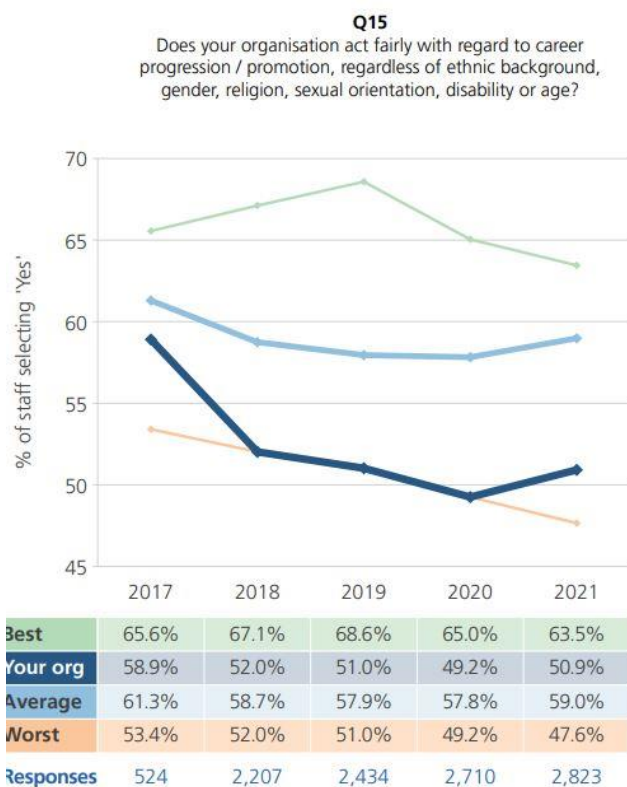
In 2018 the Workforce Disability Equality Standard (WDES) was launched to in the NHS to improve the experiences of disabled staff working in and seeking employment in the NHS. This work is a fundamental part of our diversity and inclusion work and understanding how it affects our staff is hugely important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

WDES Indicator 2			
Relative likelihood of non-disabled candidates being appointed from shortlisting compared to disabled candidates	2020	2021	2022
		1.33	1.12

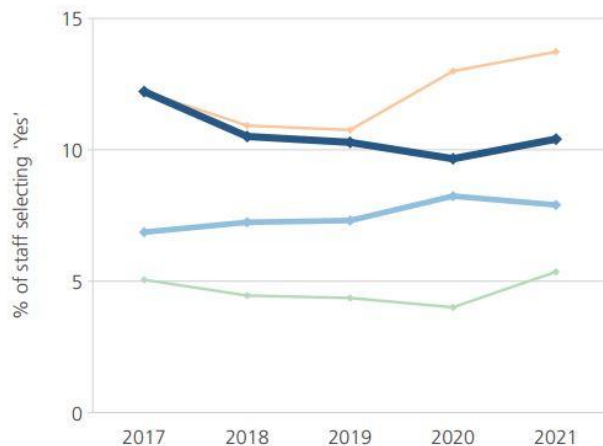
WDES indicator 2 shows that relative likelihood of non-disabled candidates compared to disabled candidates being appointed from shortlisting across all posts. The improvements made in 2021 were maintained for 2022, however non-disabled are still more likely to be appointed by a significant margin.

Staff Survey Equality, diversity & inclusion Theme		2019	2020	2021
	Trust Score	8.8	8.9	8.1
	National Average	9.2	9.2	7.0

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 and a drop again to 8.1 in 2021. Results from the 2022 survey will be available in early 2023. However there have been some improvement in some of the key measures such as question 15, *Does the organisation act fairly in regard to career progression regarding of ethnic background* which saw an increase from 49.2% to 50.9%, question 18, *My organisation respects individual differences* which now stands at 70.2% and question 16b which saw a drop in discrimination from colleagues.



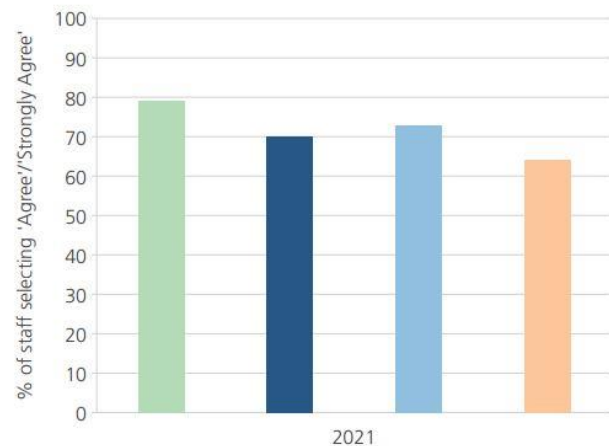
**Q16b**  
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



<b>Worst</b>	12.2%	10.9%	10.8%	13.0%	13.7%
<b>Your org</b>	12.2%	10.5%	10.3%	9.7%	10.4%
<b>Average</b>	6.9%	7.2%	7.3%	8.2%	7.9%
<b>Best</b>	5.1%	4.5%	4.4%	4.0%	5.4%
<b>Responses</b>	526	2,204	2,395	2,688	2,817

**Q18**  
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

No trend data are shown as this is a new question



<b>Best</b>	79.2%
<b>Your org</b>	70.2%
<b>Average</b>	73.0%
<b>Worst</b>	64.2%
<b>Responses</b>	2,833

## Apprenticeships

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.

The percentage of apprentices from a BAME background is currently 55.5% providing an additional diverse talent pipeline and an avenue to support GOSH's objective of creating a more inclusive culture.

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
- National Apprenticeship Awards 2022
- Winner Diversity Award and National Finalist in Large Employer category
- BAME Apprenticeship Awards 2021
- Highly Commended Apprentice
- National Apprenticeship Awards 2021
- Winner London Regional Large Employer
- National Apprenticeship Awards 2021
- National Finalist Large Employer and Winner of Highly Commended Large Employer
- BAME Apprenticeship Awards 2021
- Finalist in (1) H&SC Employer (2) Large Employer, plus two apprentices in final
- BAME Apprenticeship Awards 2020
- Winner Large Employer of the Year
- National Apprenticeship Awards 2020 - Apprentice Special Recognition Award



## **Debiasing Recruitment**

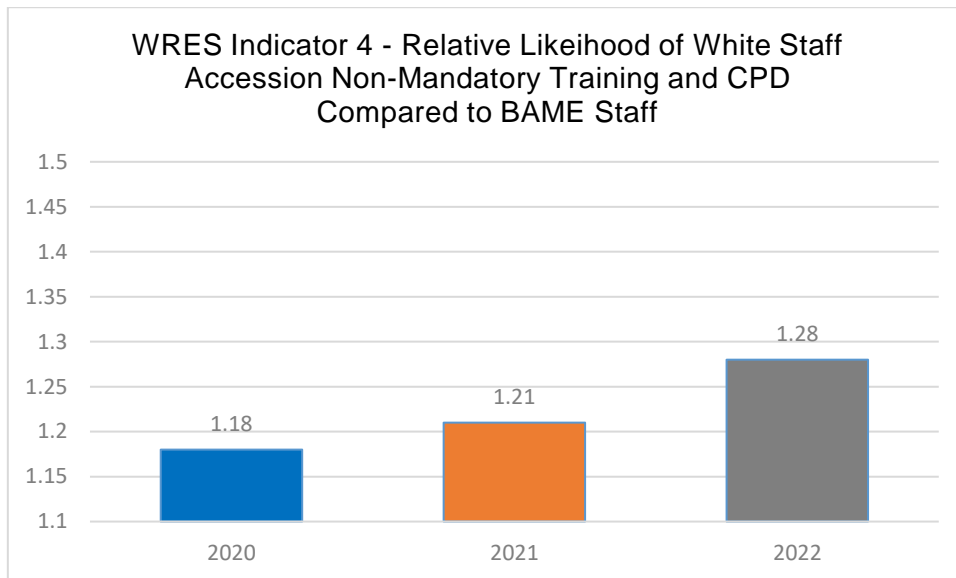
The work around debiasing the recruitment process continues, driven by the Debiasing Recruitment working Group with the following progress made since the last report:

New inclusive job description templates

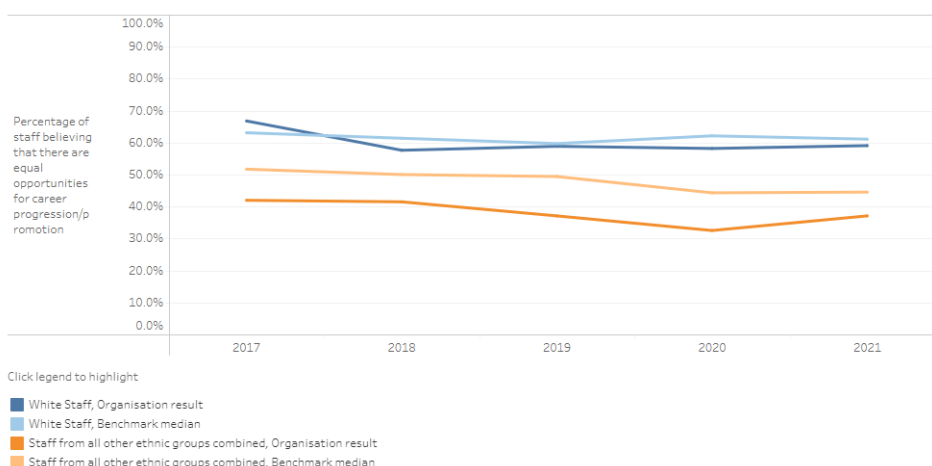
- Debiasing Recruitment: Glossary
- New hiring managers' guidance and other important resources
- pre-interview checklist
- Seen and Heard Champions recruitment and trained and contributing to recruitment panel discussions from November 2022

### 3.2. 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 1.28% which is a slight increase on the relative likelihood of 1.21% recorded in 2021.



WRES Indicator 7 – Percentage of Staff Believing That There are Equal Opportunities for Career Progression/Promotion						
Percentage of Staff Believing That There are Equal Opportunities for Career Progression/Promotion	2019		2020		2021	
	White	BAME	White	BAME	White	BAME
		58.8%	37.1%	58.2%	32.5%	59.1%



The percentage of BAME staff believing that there are equal opportunities for career progression/promotion has increases from previous years by almost 5% to 37.1%, however still lags behind the experience of white staff (59.1%).

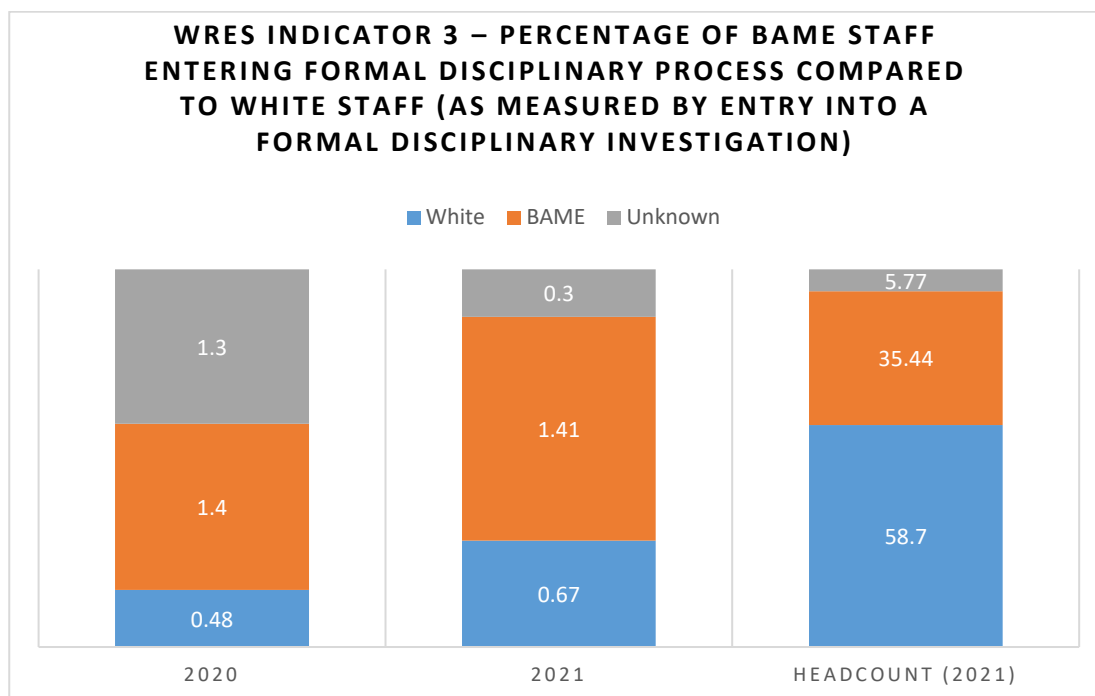
### 3.3. Theme 3: Create a more inclusive work culture for all to build understanding and connectivity and support value-based people management practice

The number of BAME staff entering the formal disciplinary process increased in 2021 from 29 to 34 however 2021 also saw a corresponding increase in the number of white staff who entered a formal disciplinary process. This follows an otherwise decreasing trend since 2019.

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 continues support a reduction in formal processes.

WRES Indicator 3 – Relative likelihood of Staff Entering Formal Disciplinary Process (as Measured by Entry into a Formal Disciplinary Investigation)			
Relative likelihood of Staff Entering Formal Disciplinary Process	2019	2020	2021
	2.03	2.87	2.09

BAME staff continue to be significantly overrepresented in the formal disciplinary process however.



## Rebranding of the Staff Networks

This year each of the four Staff Networks underwent a significant re-brand. Formal civil servant and leading author of *The Incredible Power of Staff Networks*, Cherron Inko Tariah. Provided consultancy to the executive team and guided the next phase of GOSH's staff networks by advising that the following should be established:

1. Priority Matrix
2. stakeholder map
3. 'Network on a Page' template
4. Terms of Reference

These documents underpinned the Networks aims and objectives, and the Terms of Reference specifically can be found on each of the Network's Our Gosh intranet so that members can keep the Network accountable.

The rebrand was essentially a way for each of the Networks to be more accessible to colleagues at GOSH. They were forums at first, however

Originally, GOSH's staff networks were:

**BAME Network** - Black and Minority Ethnic. however, as BAME as it emphasises certain ethnic minority groups (Asian and black) and exclude others (mixed, other and white ethnic minority group, the network now rebranded as the *REACH Network*. This speaks to GOSH aims as a high performing organisation and that it is "reaching out" to ethnic minorities. REACH is also an acronym for 'Race, Ethnicity and Cultural Heritage' showing that the Network is a place for all nuances of ethnically diverse people and that culture and heritage is to be not only acknowledged but celebrated.

**The LGBT+ and Allies Network.** In recognition that there are multiple nuances and niches of the community that cannot all be addressed with an initialism. *The Pride Network* was created, to encapsulates the cultural notion of the Staff Network. The word 'pride' is an integral cultural concept within the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQIA) movement. 'Pride' as a concept represents solidarity, collectivist, and identity as well as resistance to discrimination and violence. Hence why the network is now named the Pride Network.

**D&LTHC (Disability and Long-term Health Condition)** forum this was changed to *The ENABLED Network*. The former name did not capture the range of disabilities, neurodivergence, mental health disorder, developmental conditions. ENABLED however is an acronym of sorts meaning 'ENhancing ABilities and LEveraging Disabilities' putting more emphasis on the empowerment of those with disabilities.

The Women's Network retains the same title.

## Big Conversations

Several Big Conversations have taken place over the last 12 months aimed at highlining areas relevant to inclusivity. These have included:

- Allyship for Neurodiversity and Long-Term Health Conditions with Kerry Pace (15 Dec 2021)
- Allyship for Toxic Masculinity and Mental Health with Daniel Edmund (Wed 26 Jan 2022)

Daniel Edmund is a speaker, entrepreneur and TEDx Bristol alumnus. Born to a British father and American mother, Daniel is now living back in Bristol where he was born after growing up outside of Washington D.C. One of his biggest aims is to help combat the male suicide rate in the UK which continues to be the leading cause of death for men under 50.

- Allyship for Trans and Non-binary People with Rachel Reese and Emma Cusdin (Thu 17 Feb 2022)

Rachel Reese carried out a talk on allyship for trans and non-binary people, coinciding with LGBT History Month. Rachel Reese is an inclusion expert who specialises in helping organisations create a trans and non-binary inclusive workplace. She is the founder Global Butterflies, a trans and non-binary inclusion training company which donates a percentage of its profits to LGBT+ causes.

- Allyship and Gender Equality with Hira Ali (Thu 17 Mar 2022)

A talk on allyship and gender equality, coinciding with Women's History Month. Hira is an author, writer, speaker author of *Her Way to the Top: A Guide to Smashing the Glass Ceiling* and *Her Allies: A Practical Toolkit to Help Men Lead Through Advocacy*.

## Network Events

In addition to the events above, the staff networks held a series of events supported by the D&I team.

### The REACH Network:

- Wednesday 9th February - 'Exploring Race, Power and Privilege' a Race Equality Week Conversation with Dr Mena Fombo. Mena is the driving force behind the international campaign 'No. You Cannot Touch my Hair' which has attracted contributions from across the UK and around the world.
- Friday 22nd April - 'Stephen Lawrence Day: Nairobi Thompson - Poetry, Legacy & Reflection'. Described as a poet of our time, Nairobi is a published writer, academic editor and a passionate performance poet. This talk commemorated the life and legacy of a young man whose murder, and subsequent mishandling of the investigation and case left a significant and indelible mark on the United Kingdom.
- Wednesday 27th July - 'South Asian Heritage Month Keynote Speech - Jaspreet Kaur Author of 'Brown Girl Like Me: The Essential Guidebook and Manifesto for South Asian Girls and Women'. Jasmine is an award-winning spoken word artist, history teacher and writer from London. She is passionate about gender issues, taboo subjects and encouraging positive social change in both the Asian community and wider society.
- Tuesday 4th October - Afrikan Yoga
- Thursday 13th October - Black History Month: Black Members in Unison
- Thursday 20th October - Black Owned Business Marketplace in the Lagoon
- Wednesday 19th October - 'Child Q: For the Sake of a Smell' presented by Marcia Smikle, Head of Safeguarding Children at Homerton university Hospital Foundation trust. This talk focused on the Child Q incident, inappropriate strip searches, children's rights and how we can prevent this happening to children again.
- Friday 21st October - Live Steel Pan performance at the entrance of GOSH.
- Tuesday 25th October - 'Black History Month Event - Demystifying Psychology' with Jillian Jagessar- With rates of mental health higher in some ethnic groups, the session explores where mental health currently is in the UK in regard to its Black population. The session covered a background – mental health inequality in ethnic minority people, genetics, biological factors and mental health, social determinants and their impact on mental health, discrimination and its impacts on health and what will help to improve mental health
- Wednesday 26th October - Winter Lime at the Sky Garden - A Caribbean Social
- Monday 31st October - 'Black History Month Event - Shaun Wallace' - Shaun is an English barrister, lecturer and television personality. He is one of the six "chasers" on the ITV quiz

show *The Chase*. He delivered a talk at GOSH to discuss his personal experiences on TV for Black History Month.

- Wednesday 3rd August - The Self-Care Writing Workshop held by Andreena Leeanne. Andreena is a Black Lesbian Lived Experience Speaker, Writing Workshop Facilitator & Poet who helps organisations with their inclusion and wellbeing strategy by speaking about intersectionality, authenticity, allyship and facilitating writing workshops on self-care.
- Sunday 14th August - Black Pride - attended the Black Pride event at Queen Elizabeth Olympic Park in Stratford.

### **The Women's Network:**

- Thursday 31st March - 'Women's History Month and International Women's Day - A Comedy Event' with Francesca Martinez. Francesca is an English comedian, writer and actress. She has cerebral palsy and often incorporates her disability into her comedy material.
- Wednesday 1st March - Wellbeing Wednesday Webinar on Women at Work - Guest speakers, Helen Burkinshaw (Research and Policy Coordinator at the Women's Organisation in Liverpool) and Lisa Mennie (Chair of the GOSH Women's Forum). Reflections on how gender inequality still affects women's lives and wellbeing today, and will touched on a range of important topics that affect women in the workplace, including the gender pay gap, women's health, employment, and empowerment.
- 

### **The Pride Network:**

- Thursday 10th February - 'Burning my Roti: Breaking Barriers as a Queer Indian Woman' with Sharan Dhaliwal. A LGBT+ History Month and Race Equality Week event. Sharan Dhaliwal founded, developed and now runs the UK's leading South Asian magazine *Burnt Roti*.
- February 25th February - 'LGBT History Month: Inclusion in Sport' with Claire Harvey, an outspoken lesbian and GB Paralympian, delivered a session on the importance of inclusion in the sport.
- Saturday 2nd July - Pride in London - The Pride Network took to the streets as part of the huge float to commemorate Pride.
- Sunday 14th August - Black Pride - attended the Black Pride event at Queen Elizabeth Olympic Park in Stratford.

### **The ENABLED Network:**

- Monday 9th May - 'What is Disability?' a GOLD session by Jane Hatton - CEO of Evenbreak.
- Thursday 12th May - 'ENABLED Annual General Meeting' featured talks from each executive member of the network, a little about their role, history and why they joined the Network. The AGM also featured Diane Lightfoot who is responsible for leading and shaping all aspects of Business Disability Forum's strategy and Kev House from the Art of Brilliance, a motivational speaker who helps others develop self-awareness, grit and most importantly, self-love.
- Monday 6th June - 'Inclusive Workplace' a GOLD session by Jane Hatton - CEO of Evenbreak.
- Monday 4th July - 'Supporting Disabled Colleagues' a GOLD session by Jane Hatton - CEO of Evenbreak.
- Monday 8th August - 'Workplace Adjustments' a GOLD session by Jane Hatton - CEO of Evenbreak.

- Thursday 11th August - 'Disability: Everything You Want to Know But Are Too Afraid To Ask' by Toby Mildon. Toby Mildon was commissioned for Disability provide. His consultancy offers specialist insight on helping organisations have the best chance of driving success through meaningful diversity and inclusion actions.
- Monday 5th September - 'Disability Etiquette' a GOLD session by Jane Hatton - CEO of Evenbreak.

### 3.4. Theme 4: Creating channels and safe spaces which amplify the employee voice – ensuring that we listen, hear and act as a consequence

The Seen and Heard Diversity and Inclusion Framework and developed an implementation plan was launched in 2019 as a 3-year plan. A new 3 framework will be developed in 2023 based on the refreshed People Plan

- The Diversity and Inclusion Steering Group which reports to the People Planet Programme Board, continues to drive the EDI agenda
- A Diversity and Inclusion Officer role was appointed to provide support to our staff networks and D&I Partner for the implementation of the Seen and Heard D&I Framework
- A Diversity and Inclusion Partner was appointed following the departure of the incumbent.
- We allocated £46,000 to support the four staff networks throughout the year (£11,500 per forum). Within each forum's budget, £2,500 is set aside to make "responsibility payments" to forum leads.
- New D&I pages have been established and populated on Our GOSH to pull together all D&I information
- 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 GEMS (GOSH Exceptional Member of Staff) recognise and celebrate the contributions of our members of staff to our allyship journey
- GOSH also has introduced the "Ask Our Colleagues" Forums to replace Rungway. Rungway was introduced in response to the need to provide two-way communication during the COVID-19 pandemic. Colleague engagement with Rungway reduced in recent months and feedback from staff that having another platform to check and contribute to has been inconvenient. #AskYourColleagues allows members of staff to ask questions and seek support – and do so anonymously, but with the benefit of accessing via Our GOSH – to access your intranet.



## 4. OUR NEXT STEPS

- Four key themes of the Seen and Heard Diversity and Inclusion Framework will continue to be our focus for the next year. 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.
- The new three-year People Strategy will be developed and launched in 2023. The D&I aspects of this strategy will be developed into an updated new three year Seen and Heard framework.
- “Big Conversations” on allyship and network events will continue with speaker series for all staff to raise awareness on different forms of allyship and normalise difficult conversations.
- 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 NHS Civility Framework to all staff
- A number of Seen and Heard Champions have been trained and will be operationalised during November and December 2022 to support all recruitment panels, ensuring inclusivity and fairness

## 5. SUMMARY

From this review of our data, we can see that we have seen areas of improvement. Areas which haven't seen an improvement such as the number of BAME staff entering the formal disciplinary process has been mirrored by an increase in white staff also and further measures, such as the Stop and Think process have also been introduced. However, we have more work to do to improve the experience and opportunities of BAME colleagues and colleagues with disabilities regarding access to career progression, and we need to attend to every step of the internal and external recruitment process to reduce bias.

This period of recovery following the Covid pandemic also presents challenges system wide. Increasing levels of fatigue and the cost-of-living crisis all represent challenges for many of our staff but will be more keenly felt by in lower pay bands where disabled and BAME staff are overrepresented. GOSH maintains and introduced a number of initiatives to support staff during this period including:

- Employee Assistance Programme (EAP) who provide among a large range of services, counselling services, debt and budgeting advice
- On-site Citizens Advice Bureau service
- Hardship Fund

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 12 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 2023, earlier than in previous years, increasing our window for analysis and action, with full benchmarking with other Trusts later.

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. This initial work will take several key steps with the introduction of the De-Biasing Recruitment eLearning module which will be mandated for all recruiting managers to complete and the Seen and Heard Champions providing guidance and an alternative voice at recruitment panels