

## Workforce Sustainability

### Report from Imperial College Healthcare NHS Trust to the London Borough of Hammersmith & Fulham Health, Inclusion and Social Care Policy and Accountability Committee

#### 1. Introduction

This report to the Health, Inclusion and Social Care Policy and Accountability Committee from Imperial College Healthcare NHS Trust ('the Trust') provides an update on workforce sustainability in the organisation with a focus on the specific following areas as requested:

- Safe staffing and vacancy rates
- Recruitment and retention
- Staff health and wellbeing initiatives
- Equality, Diversity and Inclusion

The Committee is asked to note and comment upon the report.

It was ultimately the hard work, commitment and expertise of our 14,500 Trust staff that enabled us to respond to the Covid-19 pandemic and to save the lives and health of so many.

Drawing on insights from staff, patients and wider stakeholders about our response to Covid-19 as well as our pre-pandemic challenges and opportunities in relation to our strategic goals, we developed an integrated business plan for 2021/22 with three core priorities, to:

- ensure all our patients who are waiting for acute and specialist care get the advice, guidance and/or treatments/operations they need as quickly as possible
- **build a sustainable workforce – through improvements in health and wellbeing, recruitment, equality, diversity and inclusion, career pathways and retention**
- advance our plans to redevelop our estate across each of our sites.

Our aim in this report is to provide an overview of some of the wide range of activities and performance metrics which come together to create our strategic approach to building a sustainable workforce in our Trust.

The Trust set out seven People Priorities for 2021/22, three of which are Trust-wide Priority Programmes\*:

- i. Developing a Sustainable workforce
- ii. Equality, Diversity, and Inclusion\*
- iii. Remote, Agile and Flexible working
- iv. Health and wellbeing\*
- v. Improvement through our People Management\*
- vi. Values and behaviours, team working and conflict
- vii. North West London System working

We know there is more to do and we still have a long way to go. One of the most striking aspects of Covid-19 has been the differential impact it has had on some communities – within our local population and our own workforce. We had already prioritised making improvements to staff equality and diversity before the pandemic – and had achieved some good progress in making our disciplinary processes fairer for our black, Asian and minority ethnic (BAME) staff and raising awareness and understanding through, for example, reverse mentoring programmes for senior leaders and establishing and supporting a range of staff networks. Our most recent staff survey shows that many of our BAME staff in particular have yet to feel any direct improvement to their working lives.

We want our organisation to be an anchor institution rooted in our local community to meet the acute and complex needs of a growing, diverse and deprived local population – helping address the social and economic issues that widen health inequalities.

The results of the latest annual NHS staff survey for our Trust, received in March 2021, showed a third successive increase in the proportion of staff who would recommend the Trust as a place to work and as a place to be treated. Our focus on ensuring the health and wellbeing of staff coincided with an improved survey score in this area and we maintained our overall staff engagement score of 7.2, which remains above the average for acute trusts.

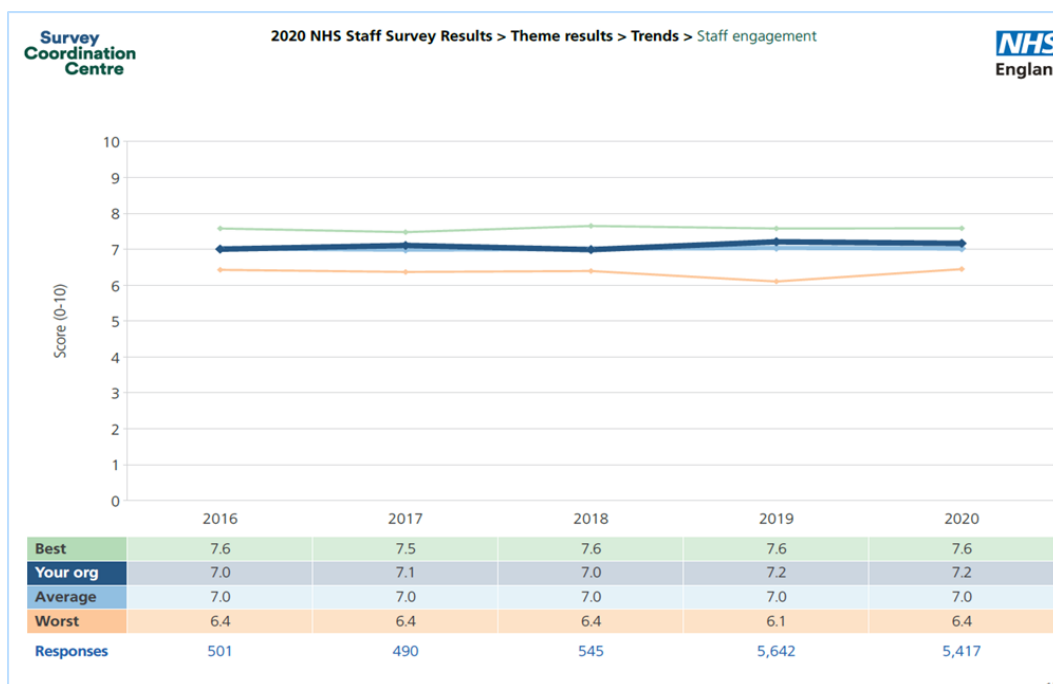


Figure 1 – 2020 NHS Staff Survey Results – Staff engagement

However, our 2020 staff survey scores decreased in three key areas: equality, diversity and inclusion, immediate managers and team working. The scores for morale and creating a safe environment (against bullying and harassment) remained unchanged from the previous year.

We have an early sight of the new 2021 staff survey results and are reviewing them internally in line with the national NHS England embargo on publication until the end of March.

## 2. Imperial College Healthcare NHS Trust overview

At Imperial College Healthcare NHS Trust we provide acute and specialist healthcare for over one million people a year. Formed in 2007, we are one of the largest NHS trusts in the country, with more than 14,500 staff.

Our five hospitals in central and west London – Charing Cross, Hammersmith, Queen Charlotte’s & Chelsea, St Mary’s and the Western Eye – have a long track record in research and education, influencing care and treatment nationally and worldwide. We are developing a growing range of integrated and digital care services and offer private healthcare in dedicated facilities on all our sites.

The Trust is currently rated overall as ‘requires improvement’ by the Care Quality Commission (CQC); it is rated overall as ‘good’ for the caring and effective domains, and ‘requires improvement’ for the safe, responsive and well-led domains. Trust services were last inspected in February 2019 (report published in July 2019) – eight core services were inspected and the CQC increased its ratings for six of them, all of them were rated as ‘good’ or ‘outstanding’ and the overall rating for Queen Charlotte’s and Chelsea Hospital was increased to ‘outstanding’. A separate ‘well-led’ inspection in April 2019 increased our overall well-led rating to ‘good’.

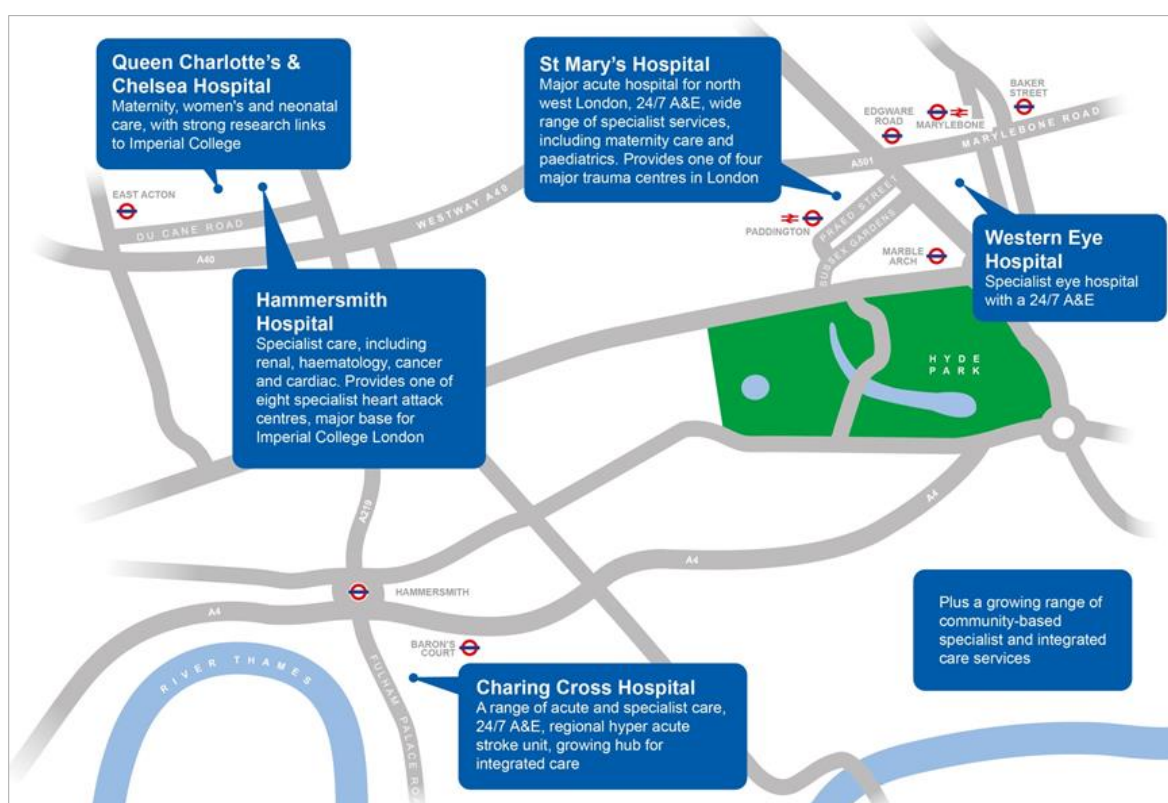
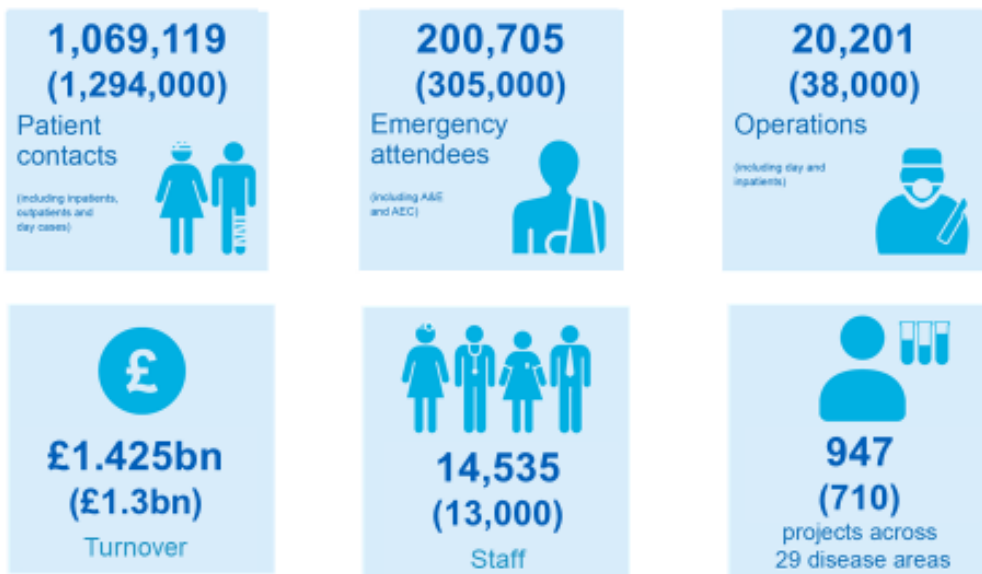


Figure 2 – Map of hospitals in Imperial College Healthcare NHS Trust

With our partners, Imperial College London, The Institute of Cancer Research, London, The Royal Marsden NHS Foundation Trust and Chelsea and Westminster Hospital NHS Foundation Trust, we form Imperial College Academic Health Science Centre (AHSC). We are one of eight academic health science centres in England, working to improve health and care through the rapid translation of discoveries from early scientific research into benefits for patients.

## Our size and scale: 2020/21



Figures for 2019/20 in brackets – all rounded

Figure 3 – Imperial College Healthcare NHS Trust size and scale 2020/21

We are part of the emerging North West London Integrated Care System. In March 2021, the four acute NHS trusts in north west London – Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust – came together to establish a joint acute care board and programme to guide and coordinate developments across all of our key operational areas.

The effectiveness of our response to the pandemic has demonstrated that we can – and should – do more to harness our collective resources, join-up our care and reduce unwarranted variations in access and outcomes. Our chief executive chairs the system's acute care board and programme, made up of the four acute provider trusts in the sector.

The appointment of Matthew Swindells as joint chair of our four trusts is a key next step in strengthening collaboration as we move towards becoming a formal acute care collaborative in line with national NHS policy. While remaining separate organisations, we will seek to maximise our potential for joint working for the benefit of our local population, patients and staff. Matthew will take up his position on 1 April 2022.

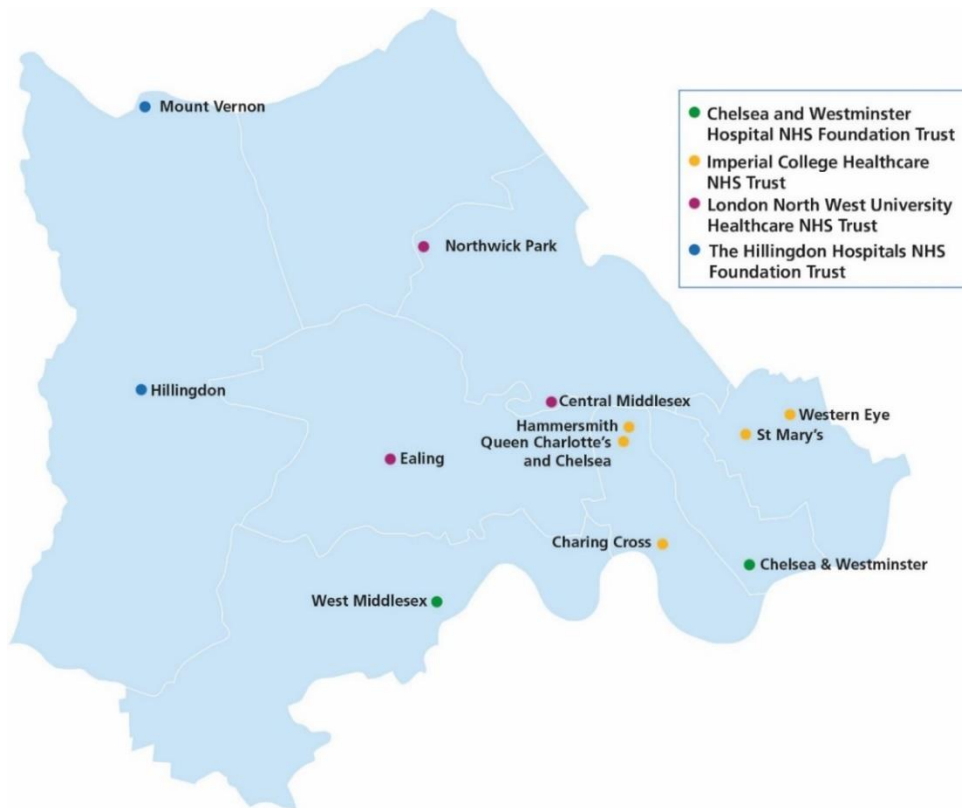


Figure 4 – North west London four acute NHS Trusts and hospitals

### 3. Trust ethos and values

The Trust has set out its ethos and values. To help everyone to be as healthy as they can be, we want to look out for the people we serve as well as to look after them.

We look after people by providing care, whenever and however we are needed, listening and responding to individual needs. We look out for people by being their partner at every stage of their life, supporting them to take an active role in their own health and wellbeing.

We are one team, working as part of the wider health and care community. We are committed to continuous improvement, sharing our knowledge and learning from others. We draw strength from the breadth and depth of our diversity, and build on our rich heritage of discovery.

By doing all this, we ensure our care is not only clinically outstanding but also as kind and thoughtful as possible. We are also able to play our full part in helping people live their lives to the fullest. Our promise is better health, for life.

Our values are:

**Kind** – we are considerate and thoughtful, so you feel respected and included.

**Expert** – we draw on our diverse skills, knowledge and experience, so we provide the best possible care.

**Collaborative** – we actively seek others' views and ideas, so we achieve more together.

**Aspirational** – we are receptive and responsive to new thinking, so we never stop learning, discovering and improving.

#### 4. Workforce composition (all figures for the end of 2020/21)

##### By staff group:

Headcount by Trust staff group	Headcount
Admin and clerical	2,023
Allied health professional (qualified)	772
Allied health professional (Unqualified)	110
Ancillary	1,073
Doctor (career grade)	38
Doctor (consultant)	1,216
Doctor (training grade)	1,790
Nursing (qualified)	4,053
Nursing (unqualified)	1,277
Pharmacist	154
Physician associate	4
Scientific and technical (qualified)	841
Scientific and technical (unqualified)	375
Senior manager	809
<b>Trust total</b>	<b>14,535</b>

##### By sex:

Gender – all	Headcount
Female	10,025
Male	4,510
<b>Trust total</b>	<b>14,535</b>

Gender - Senior Managers	Headcount
Female	454
Male	344
<b>Trust total</b>	<b>798</b>

Gender - Board of Directors	Headcount
Female	8
Male	6
<b>Trust total</b>	<b>14</b>

Gender - Executive Team	Headcount
Female	7
Male	11
<b>Trust total</b>	<b>18</b>

Age Group	Headcount
16-19 years	25
20-29 years	2,836
30-39 years	4,322
40-49 years	3,353
50-59 years	2,820
60 years and over	1,179
Trust total	14,535
Ethnic Origin	Headcount
White - British	3,333
White - Irish	394
White - Any other White background	1,711
Mixed - White & Black Caribbean	98
Mixed - White & Black African	82
Mixed - White & Asian	119
Mixed - Any other mixed background	221
Asian or Asian British - Indian	1,086
Asian or Asian British - Pakistani	302
Asian or Asian British - Bangladeshi	188
Asian or Asian British - Any other Asian background	1,367
Black or Black British - Caribbean	549
Black or Black British - African	1,564
Black or Black British - Any other Black background	458
Chinese	219
Any Other Ethnic Group	1,057
Undefined	1,383
Not Stated	404
Trust total	14,535

## By age and ethnicity:

### 5. Safe staffing and vacancy rates

#### 5.1 Vacancy rates

The Trust's full establishment at the end of January 2022 is 14,670 Whole Time Equivalents (WTE).

The Trust's vacancy rate at the end of January 2022 was 11.9 per cent, representative of 1,894 WTE roles across the Trust. Since April 2021, the Trust post establishment has grown by 434 WTE. Without this growth, and with current staffing levels, the vacancy rate would be 10.3 per cent.

We recently reviewed the nursing and midwifery establishment activity over the last 24 months and it has increased by 258 WTE during that time.

The large majority of nursing and midwifery posts are at band 5 level – the band 5 vacancy rate has reduced to 15.9 per cent in January 2022 having risen in the first six months of the year 2021/22 to 20.2 per cent in September 2021.

Nursing and midwifery vacancies (all bands) have reduced to 12.2 per cent in January 2022 – down from 14 per cent in September and 12.5 per cent in December 2021. This continues an improving trend in the second half of 2021/22. The nursing and midwifery workforce

turnover rate has increased in the year 2021/22 and is currently 16.3 per cent. This has increased since September 2021 when we reported 15.6 per cent.

Sickness Absence for the month of January 2022 peaked at 6.4 per cent; significantly higher than previous months due to the further Covid-19 wave which began early December 2021 and peaked during January 2022. As a result, over a 12-month rolling period, the Trust's sickness absence rate increased to 4.3 per cent.

## **5.2 Safe staffing**

Regular monitoring of our staffing provision, utilisation of temporary staffing, vacancy, turnover and absence rates, and capability is essential to the delivery of care through safe staffing, supporting excellent patient experience outcomes. Monitoring of these metrics ensures the care we provide is safe, responsive, and well-led.

The Trust's biannual nursing and midwifery establishment review process incorporates a comprehensive annual review, which forms the basis for any permanent changes in establishment and/or skill mix, and a mid-year desktop review to provide assurance that ward staffing remains safe and is utilised as planned. The last annual review took place in September 2021.

As part of the annual review, acuity and dependency data is collected and reviewed using a range of workforce tools, for example the Safer Nursing Care Tool (SNCT) an evidence based tool that is used to accurately assess patient acuity and dependency and allows benchmarking with other organisations, while providing a robust methodology for assessment. Following the National Quality Board (2016) triangulated approach, this data is combined with professional judgement and quality outcomes, and considered with other factors such as geographical layout, skill-mix, and staffing ratios, which forms the basis of the review.

The Nursing and Midwifery Workforce Strategy Meeting, chaired by the Director of Nursing, meets monthly. This meeting reviews nursing and midwifery vacancy and establishment data and scrutinises the progress of all resourcing activity.

On a daily basis our Hospital Site Directors review staffing numbers and skill mix to ensure appropriate numbers.

Throughout the period of the Covid-19 pandemic we have maintained safe staffing levels. Up to 1,000 staff were redeployed into temporary roles to meet urgent need, especially to allow our intensive care capacity to double within a few weeks. A newly established redeployment team worked to support staff to redeploy in both waves. We redeployed clinical staff to intensive care (ICU), and we supported staff from across the Trust, including those not clinically trained, to learn new skills and redeploy to a range of roles. These roles included a central proning team in critical care, ward support officers, mealtime assistants, vaccination hub staff, contact tracing, and additional administrative support for a range of teams under pressure.

## **6. Recruitment and retention**

This section mainly covers our nursing and midwifery recruitment and retention programme as nurses and midwives form our largest staff group. We also focus recruitment activities on other professional staff groups.

### **6.1 Recruitment**

The Trust has had a nursing supply strategy in place since July 2018 and progress has been made in reducing the nursing and midwifery vacancy rates since then. The key themes of the strategy are international recruitment, increasing student supply, introducing nurse



associate roles and retention. One of the priorities for 2022/23 will be to refresh these strategic themes to ensure that we are adopting the learning from Covid-19 workforce challenges and using innovative resourcing and retention initiatives.

**International resourcing:** The Trust received funding from NHS England (NHSE) to support recruitment of international nurses which has enabled an increase in the planned number of recruits. The target to recruit 365 nurses (2020-22) is on track to be achieved by June 2022. The Trust is working with three suppliers with expertise in international recruitment to ensure sufficient supply of candidates and we believe we now have a proven supply chain for international nurses that will be strong for now and future years. At the end of February 2022 we will have welcomed 175 international nurses, and there are a further 135 due to arrive between March and June. In addition, the funding has enabled 14 existing members of staff, who qualified overseas and are currently working in a non-registered capacity, to complete the language requirements and register with the Nursing & Midwifery Council (NMC). Additional candidates are progressing through the offer and interview stages which will enable us to appoint at least 41 further nurses to meet the target. We are seeking funding from NHSE to recruit a further 100 international nurses between August and December 2022.

**Campaign Management and Bespoke campaigns:** We run social media campaigns to improve attraction, in particular for specialist, hard to fill and senior roles. This has proved successful in yielding a high volume of applications. We are currently working with an external agency to develop a focussed advertising campaigns for maternity services and neonatal intensive care unit (NICU), involving; social media, targeted search and supported with recruitment events such as a midwifery open day. We are developing a similar social media campaign to support recruitment to our Theatres team which will include job of the month on social media and competitions to generate interest and raise awareness.

**Student Nurse Conversion:** There has been considerable focus on converting the number of third year students to substantive post holders and in 2021 we created a stretch target of 90 per cent conversion rate. For the most recent cohort we have converted 91 per cent.

**Placement Capacity Expansion:** Following Health Education England (HEE) awards of £50,000 in 2021 and again in 2022 to support clinical placement expansion, we have developed a comprehensive programme aimed at doubling placement capacity, numbers of nursing students and trainee Nursing Associates over the next four years. The target of a 25 per cent increase in 2021/22 is represented by an overall increase of 75 undergraduate degree and apprentice student nurses coming onto programme each year.

**Temporary resourcing:** During the winter season, we run a number of incentive programmes designed to encourage staff to join the bank or work and we saw an increase of 2.3 per cent of shifts filled. However, demand outstrips supply and so there are ongoing campaigns for qualified and unqualified nursing and midwifery staff to join our bank. This has led to the need to utilise more expensive agency nurses to try and fill shifts. In particular the demand for mental health nurses has significantly increased for providing 'specialising' care to patients. Where these shifts are not filled the staff on the ward are managing very challenging patients with inadequate resource. To that end a business case has been approved to build an internal mental health team to address the needs of these patients. This will be led by a senior mental health nurse.

The NW London collaborative bank was launched in December 2021. This has been designed to increase the resourcing pool available to fill vacant shifts. To date 20 individuals have been activated on the collaborative bank.

**Allied Health Professional workforce:** Working collaboratively across north west London we have launched an international recruitment campaign to resource a wide range of allied health professionals including Imaging and Therapy staff.

**Acting as an Anchor Institution:** It is our priority to build access to employment pathways with our local community. Working collaboratively with the Job Brokerage Network, Prince's Trust, CAREers for Care and Indeed, combined with our local advertising has generated a positive response from our local labour market for both bank and substantive roles. To support this further a new Resourcing Specialist role is being recruited to lead this programme of work with significant focus on working with our community groups and local resourcing routes.

## 6.2 Retention

**Personalised Training Budgets:** Confirmation of 2021/22 personalised training budget allocations was received from HEE, from their three-year plan. This replaces the previous Continuing Professional Development (CPD) system and provides each nurse, midwife, and allied health professional with access to £1,000 over a three-year period, to support their professional development. A system is in place for individuals to apply for and access their budget.

Workforce Development Funding for 2021/22 has been allocated to individual Trusts but is managed at an ICS level.

**Pathway to Excellence®:** We are currently in the process of implementing the Pathway to Excellence® nursing and midwifery programme, which is an internationally recognised accreditation scheme. One of the outcomes of achieving this recognition is improved nursing and midwifery retention. A key component of this programme is shared decision making councils, which creates an opportunity for frontline nurses and midwives to take a proactive role in decision making, and supports staff to develop and improve practice. Our first pilot council has been established, and this is focussing on improving the experience of new starters within the nursing and midwifery workforce.

**People Promise Manager:** The national NHSE Team has identified our organisation as an exemplar Trust and provided 12 months funding for a new People Promise Manager. This role is designed to develop a programme to identify the how best to embed the People Promise statements and drive improvements in retention. This post is currently in the advertising stage.

**Exit Survey:** In February 2022, the Trust soft launched a new exit interview system inviting staff to complete a series of questions that have been designed to line up with staff survey questions about this experience and reason for leaving. Following the first full month, we will review the process and plan to launch more comprehensively. The aim is to use the information to inform engagement and retention plans and to identify and then inform our support to teams with higher than average turnover.

**Retention Working Group:** From April 2022, a new Retention Working Group will be set up jointly chaired by the Director of Workforce and Director of Organisational Development, Health and Wellbeing. The aim is to review all retention data, information and feedback and use this to formulate a refreshed retention programme for 2022/23.

## 7. Staff health and wellbeing initiatives

The public's generosity, especially during the first wave of infections, in offering our staff food, travel and other support was hugely appreciated but also shone a light on longstanding gaps in how we look after our staff ourselves. We have had to think much more deeply and holistically about ensuring the health and wellbeing of our staff, not just through the worst of the pandemic and to enable them to recover, but for the long term.

In September 2020, we announced a new £1.7m programme of practical and wellbeing support directly inspired by feedback from staff after the first wave. Supported by Imperial Health Charity, the programme has been developed in recognition of the enormous contribution made by our staff in response to the Covid-19 pandemic and is designed to take a more strategic approach to ensuring the health and wellbeing of our staff for the long term. It includes improvements to staff facilities, transforming our on-site food and retail offer and expanding our mental health support service.

**Rest Nests:** The poor state of rest areas and changing facilities was identified by our staff as a key barrier to living our organisational values. Three fully refurbished staff 'rest nests' opened in January 2022 marking a major milestone in our staff spaces improvement programme. Rest nests are full refurbishments and fit-outs of staff breakrooms, professionally designed to transform them into relaxing sanctuaries of calm for staff on busy shifts. The first teams to benefit are the pharmacy team at Hammersmith Hospital, the intensive care team at St Mary's Hospital and Marjory Warren ward at Charing Cross Hospital, with a combined staff of around 350.

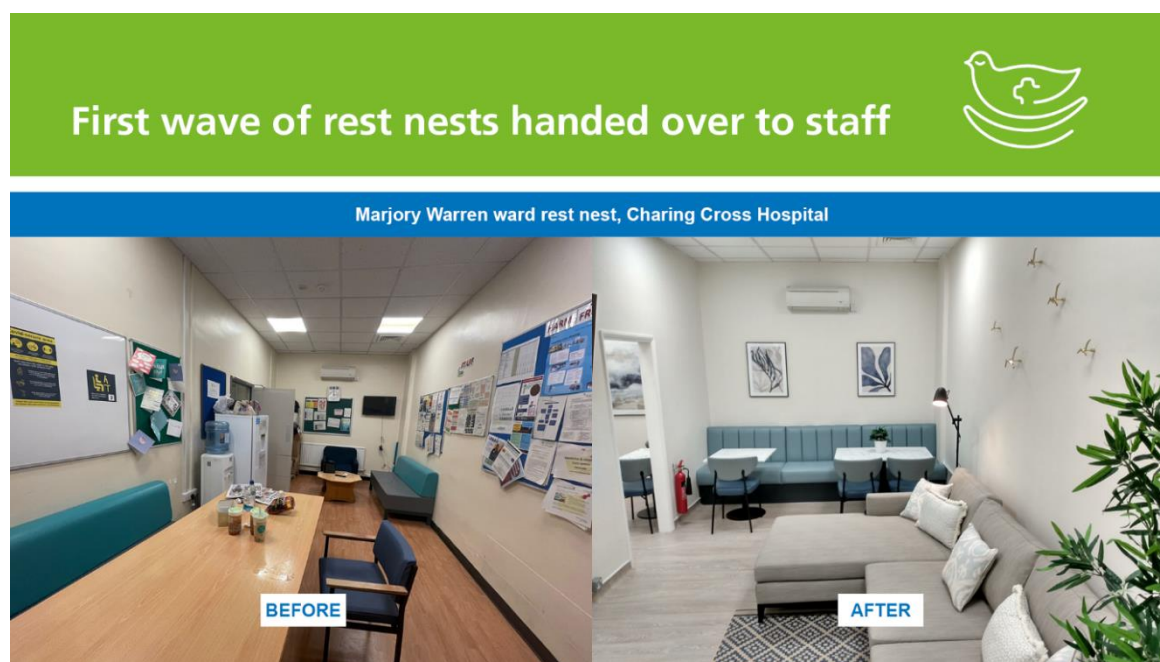


Figure 5 – Marjory Warren ward rest nest, Charing Cross Hospital

The three rest nests are acting as pilots to inform the planned roll out of premium breakrooms across the organisation. The staff spaces programme also includes improvements to more than 50 other staff spaces so far, including a mix of basic redecoration and refurbishment of breakrooms, changing areas, showers and toilets and the supply of new furniture and kitchen equipment.

In addition, we are in the process of creating large staff-only lounges at Hammersmith and Charing Cross hospitals and exploring options for a similar lounge at St Mary's Hospital. We hope to complete the Hammersmith and Charing Cross lounges this spring and the St Mary's lounge later in 2022. Over £1.2m will have been spent on the staff spaces programme in the financial year to 31 March 2022 and a decision has been made to continue with a new allocation of Imperial Health Charity and Trust funding for the financial year 2022/23 to enable more staff space improvements.

**Transforming our on-site food and shops offer:** A review of our retail food and shops offer was prompted by the need to make more considered decisions about the longer term future of a number of food and retail outlets that had to come under in-house management

during the pandemic as well as opportunities relating to our hospitals' emerging role as anchor institutions for their local communities and economies. We are working with specialist agency Baxendale and a range of staff and lay partners to develop a strategic vision and outline service specification for our retail food and shops.

We are working through the best way of putting that specification in place with the right range of outlets and services, considering innovations like delivery, 'click and collect' and seasonal 'pop-ups'. While it is very likely we will still want to have a mix of providers running specific services, we are clear that the whole offer needs to be managed holistically so that it delivers our vision overall and ensures equity across our sites. We'll be evaluating different models – including managing it ourselves with specialist support or through a contract or partnership with an external organisation – and determining what support and governance needs to be in place to ensure successful implementation.

**Expanding our mental health and wellbeing support service:** With additional funding from Imperial Health Charity we were able to almost double the number of counsellors available to support staff, both individuals and teams. The funding also allowed us to provide more training for managers and key staff in mental health awareness, compassionate leadership and psychological first aid, plus bespoke support sessions for staff who have been shielding and a dedicated Psychologist in our Intensive Care units. This has now been made permanent through Trust funding and we continue to expand our health and wellbeing offer to include:

- physical wellbeing – exercise initiatives, the expansion of cycling facilities and support and the development of a staff Physiotherapy service
- financial wellbeing – debt support, financial planning support
- spiritual wellbeing
- recognition programmes – free breakroom supplies for staff, vouchers for all staff at Christmas, free wellbeing food offers during Winter surges, a "Gratitude week festival"
- additional annual leave – all staff were awarded two additional annual leave days in 2021/22: one 'reset and recovery' day to encourage and promote wellbeing; and, the second day to be taken on or around birthdays
- wellbeing training and champions – a new package of training for our line managers in supporting psychological wellbeing, managing remote workers and training up staff to be wellbeing champions.

# Staff wellbeing support – here for you whenever you need us

## CONTACT in-house staff support:

- St Mary's Hospital: 020 3312 1519 (x21519)
- Charing Cross Hospital: 020 3313 2747 (x32747)
- Hammersmith Hospital: 020 3313 2747 (x32747)

## Mental health:

- MIND frontline emergency services support:
- Ambulance staff: 0300 131 7000 (7am – 11pm)
  - All other emergency services staff: Text BLUELIGHT to 85258 for a text conversation or call 116 123 for a phone conversation at any time

## Bereavement:

- National bereavement support line: 0300 303 4434
- Bereavement and trauma support line for Filipino colleagues: 0300 303 1115

## Wellbeing:

- NHS people staff support line: 0800 069 6222 (or text FRONTLINE to 85258 for 24/7 text support)
- Keeping Well north west London partnership support and advice line: 0300 123 1705 (Mon - Fri 9am-5pm)

## Free wellbeing apps:

Unmind, Headpace, Sleepio, Liberate Meditation, Daylight and more

## Financial:

Financial wellbeing support – NHS England/Money Advisory Service: 0800 448 0826 or WhatsApp 07701 342 744

Figure 6 – Staff wellbeing support

## 8. Equality, Diversity and Inclusion

Equality, diversity and inclusion (EDI) means making sure our staff know that they belong and are valued. If equality is about making sure no one is treated worse than their colleagues because of who they are, and diversity is about recognising and celebrating our differences, then inclusion is making sure that everyone is supported, valued and feel like they belong. As an employer, the Trust has a responsibility to ensure that the people who work for our organisation are treated well, are provided opportunities and are supported to do their work.

Our workforce is very diverse and we recognise that we have much to do to ensure that this diversity is reflected fairly in all aspects of our organisation. Importantly, we also need all our staff to feel included and fairly treated. We've made progress in establishing and resourcing a multi-year programme to achieve measurable improvements. We have strengthened and widened the programme governance and created a new dedicated team to co-ordinate actions and support the organisation in achieving its EDI objectives.

Our EDI objectives are set annually in conjunction with the EDI Committee. Our six objectives for 2021/22 are:

**Objective 1: (measurement for improvement)** To create a suite of divisional and directorate-level diversity data to guide areas for improvement

**Objective 2: (people practices)** To re-design people management processes, practice and policy to create a fairer and more inclusive place to work

**Objective 3: (engagement and empowerment)** To continue the growth and empowerment of our staff networks

**Objective 4: (focussed improvement and cultural change)** To deliver the WRES 2 focused improvement on improving the likelihood of black, asian and minority ethnic staff being appointed from shortlisting

**Objective 5: (education and leadership)** To design a range of equality education tools and intervention for all staff

**Objective 6: (WDES)** to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed.

**EDI Committee:** This is the formal mechanism by which the Trust can oversee its processes to eliminate discrimination on the basis of any of the protected characteristics. The purpose of the EDI Committee is to monitor the Trust's performance in relation to equality and diversity. By monitoring the Trust's performance in EDI, we will be creating an organisation where healthcare provision is accessible, responsive and appropriate, delivering on our vision of better health for life.

The EDI work programme and objectives are overseen by the EDI Committee, which is chaired by our chief executive, Prof Tim Orchard. The EDI Committee meets every two months and includes clinicians and managers from the Trust's divisions as well as representatives from the staff networks. The committee meetings serve both as a place for updates on workstreams as well as a forum for discussion.

**Staff Networks:** There are a range of staff networks available to our staff that offer a place for staff to come together, share experiences and facilitate learning and development. The Trust currently has five employee networks, each of which has a staff-led elected chair and an executive sponsor from the Trust's Board. The networks are not only a space of support and learning, but also an important venue where our people can share concerns and issues that affect them with the leadership teams. It's a key objective of our EDI strategy to continue the growth and empowerment of our staff networks. Our networks currently include:

- The Race Equality nursing and midwifery network
- The Race Equality multi-disciplinary network
- I-Can, the network for people with disabilities
- The LGBTQ+ network
- The Women's network

**Reports:** As part of the NHS, the Trust is obligated to report on what we're doing to embed equality, diversity and inclusion within the organisation. We produce an Annual Report that contains details of our initiatives, successes and learnings from the past year, and also includes these other mandatory reports:

- **Workforce race equality standard (WRES)** - a set of measures looking at our Black, Asian and minority ethnic workforce
- **Workforce disability equality standard (WDES)** - a set of measures to help us identify outcomes for our disabled staff
- **Gender Pay gap** – a set of calculations that examine the differences in pay (both ordinary and bonus) received by men and women
- **Equality Delivery System 2** – a set of nationally agreed goals and outcomes which provides a systematic way of meeting the public sector equality duty under the Equality Act 2010.

The following section highlights some of the initiatives and achievements in our EDI programme so far:

**Reverse mentoring programme:** Established for our senior leadership team in July 2019 – supported by expert training and support, the programme pairs each of our executive directors with a volunteer nurse or midwife from a BAME background to help raise awareness and understanding of culture, diversity and lived experience.

**Inclusive recruitment:** As part of the Trust commitment to the WRES action plan, we are working to improve workforce representation of Black, Asian and minority ethnic staff at senior levels. As part of this objective, the Trust Executive has committed that interview panels for roles at Band 7 and above will be inclusive and diverse and will include gender

and BAME representation. To this end, and to ensure there is oversight of the recruitment process, the Chief Executive receives feedback on the outcome and the recruitment process followed for all interviews held at Band 7 and above.

**Making our disciplinary processes fairer:** A senior employee relations specialist was appointed in March 2021 to conduct a full review of our practices and help us to manage individual and team conflict more promptly and constructively. We have introduced external panel members for dismissals. We have taken on recommendations from an external review by a specialist race consultancy and our employee relations and investigation team received bespoke training on race. Ways of working in the central investigations team have been overhauled to encourage informal resolution to issues wherever possible. From September 2021, all allegations of bullying, harassment related to discrimination are investigated centrally with a peer review system in place. Our 'immediate manager programme' will focus on developing managers that are able and skilled to manage diverse teams and recognise bias earlier.

**White Allies Programme:** We have a cohort of senior leaders partaking in this regional programme which has been designed by NHS England and Improvement London, Equality and Inclusion team, the Kings Fund and the equalities charity brap. It has three core principles: understanding that racism is systemic with no easy 'off the shelf' solution; understanding what racism is and how we can work towards addressing it and embedding cultural change across the Trust.

**Calibre Leadership Programme:** Calibre is a talent development and leadership programme for people who identify as neurodiverse or disabled, or who have a long-term physical or mental health condition. The programme has been developed and is delivered by Dr Ossie Stuart, an international disability consultant and academic. The Calibre programme has been designed to transform how disabled staff think about themselves and their disability, and to show them how to take control of the discussion in a constructive way. Disabled staff face unique challenges, and Calibre equips them with leadership skills that enable them to thrive in a variety of roles and positions.

**Capital Nurse Nursing Programme:** The programme supports the career development of Band 4-6 nurses by responding to the unique challenges affecting minority ethnic nurses. Over 12 months a group of Trust nurses are introduced to QI (quality improvement) methodology and develop their leadership skills, including; communication, unconscious bias, and coaching & mentoring. Using their acquired skills and knowledge, our nurses then design, develop and evaluate their own QI project to improve an area of work that they are passionate about such as; improving the likelihood of minority ethnic staff accessing learning and development opportunities.

**Race equity training:** We are rolling out race training to 400 managers, designed to enhance the understanding of the issue of race and inclusive leadership to support personal change and action to support race equity.

**Equality Impact Assessment (EqIA):** This is a process designed to ensure that policies, programmes or any major decision does not discriminate against groups of people, and that we are actively promoting inclusion as a Trust. EqIAs are compulsory for all new and revised policies and strongly recommended for all other major decisions such as, a project or programme.

## 9. Summary

As we have previously reported to this committee, the Trust is impacted by many of the same issues affecting NHS trusts across England: growing and changing care needs, especially of older people and those with long-term conditions; developing and making the

most of advances in care and treatment; difficulties in recruiting and retaining enough staff with the right skills. However, the Covid-19 pandemic has challenged all aspects of how we build and sustain a high quality workforce.

Many of our main workforce performance indicators have remained on track over the period of the pandemic despite the need to respond to Covid-19, elective recovery and increased Emergency Department attendances and admissions. We will continue to drive actions for improvement through the People Priority programmes and associated work-streams.

Another major step not covered in this report took place in April 2020, when our cleaning, portering and catering teams, known as hotel services, were brought 'in-house' with over 1,000 hotel services staff becoming employees of the Trust – all hotel services staff were given NHS basic pay rates and sick leave and access to the NHS pension scheme.

We also have a range of programmes under our other People Priorities which are progressing our work on more flexible roles and ways of working, the necessity of effective leadership at all levels of our organisation and meaningful involvement and recognition. And we are resuming our Trust-wide improvement and management approach to help all our staff to connect with our vision and goals and how they relate to a set of agreed priorities that we all have a responsibility to ensure are delivered.

We recognise that to support the NHS to deliver its ambition to reduce health inequalities across ethnic minority communities we must look at delivering equality internally for the people we employ. We want to understand the communities we serve, understand their lived experience and how this in turn affects their health outcomes. We acknowledge we must create an organisation where diversity is welcomed, the benefits understood and there is strong evidence of equality, belonging and psychological safety.

There is much to build on in terms of new ways of working catalysed by the pandemic. Our Trust and NHS staff in general are aware that there is likely to be even more work and change ahead and we need to support them to continue to provide high quality care. We have recognised the need to step up as an organisation, to provide greater support for our people for the longer term. That's why we have put and will continue to keep workforce sustainability at the top of our priorities for the future.