NHS

Whittington Health

NHS Trust

Public Sector Equality Duty Compliance Report

2023 / 24

EQUALITY, DIVERSITY & INCLUSION TEAM

Contents

1. Purpose

1.1 This report presents equality information about the Trust's workforce and patients in line with the protected characteristics set out in the Equality Act 2010. The Act requires publicly funded bodies to demonstrate how they are meeting their statutory obligations as highlighted by the general and specific duties of the public sector equality duty (PSED).

1.2 The report covered the period between 1 April 2023 and 31 March 2024. For datasets that require a single snapshot date, the date used is 31 March 2024.

1.3 The report has four main sections: background to the report; patients and service users; workforce; and equality objectives.

1.4 Information in each section is in headings related to the protected characteristics. Some sections contain significantly less information than others, reflecting the challenges and limitations of collecting information, and an individual's right to choose what equality information to disclose. Where there is limited information, these come with the caveat that it is hard to draw firm statistical inferences and conclusions but provide an opinion in places.

1.5 The Equality Act 2010 (the Act) replaced previous anti-discrimination legislation. It simplified the law, removing inconsistencies, making it easier to understand and improve compliance. The PSED (section 149 of the Act) came into force on 5 April 2011.

1.6 The equality duty applies to public bodies and organisations conducting public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services that are efficient and effective, accessible to all, and meet different people's needs.

1.7 The specific duties in the regulations strengthen the equality duty. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the equality duty and to set specific, measurable equality objectives.

1.8 The information published should demonstrate the Trust's regard and support for the achievement of the three aims of the equality duty:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

2. The Protected Characteristics

2.1 The nine protected characteristics covered by the equality duty are:

i. Age
ii. Disability
iii. Gender reassignment (some communities prefer using the term 'gender identity')
iv. Marriage and civil partnership (elimination of unlawful discrimination only)
v. Pregnancy and maternity
vi. Race (this includes ethnic or national origins, colour or nationality)
vii. Religion or belief (this includes lack of belief and some philosophical beliefs)
viii. Sex
ix. Sexual orientation

Characteristic	Explanation	Symbol
Age	This refers to an individual or group of people belonging to a particular age group. An age group includes people of the same age e.g 65 and people of a particular range of ages e.g. 40-60.	
Disability	The Act states, a person has a disability if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities. For the purposes of the Act, these words have the following meanings: • *substantial* means more than minor or trivial • *long-term* means that the effect of the impairment has lasted, or is likely to last for at least twelve months or till the end of life (including recurring or fluctuating conditions) • *normal day-to-day activities* include everyday things like eating, washing, walking and going shopping. There are additional provisions relating to people with progressive conditions. The Act protects people with HIV, cancer or multiple	

Characteristic	Explanation	Symbol
	sclerosis from the point of diagnosis. The Act considers people with some visual impairments and severe disfigurements as automatically considered disabled.	
Gender reassignment	For the purposes of the Act, where a person has proposed, started or completed a process to change their sex to be offered protection.	
Marriage and civil partnership	This refers to people with the protected characteristic of being married or civil partners. A person engaged to be married, is not married and, therefore, does not have this protected characteristic. A divorcee or a person in a dissolved civil partnership is not married or in a civil partnership and therefore, does not have this protected characteristic.	
Pregnancy and maternity	The Act provides protection to those in employment during pregnancy and any statutory maternity leave to which they are entitled. This provision is now separate from protection on the grounds of sex. It is unlawful to consider an employee's period of absence due to pregnancy-related illness when making decisions about their employment.	
Race	For the purposes of the Act, 'race' includes colour, nationality and ethnic or national origins. People with or share characteristics of colour, nationality or ethnic or national origins may belong to a particular racial group. Examples: colour includes being black or white, and nationality includes being a British, Australian or Indian citizen. Ethnic or national origins	

Characteristic	Explanation	Symbol
	include being from a Roma background or of Chinese heritage. A racial group could be 'Black Briton,' which would encompass those people who are both Black and British citizens.	
Religion or belief	This covers people with religious or philosophical beliefs. To be considered a religion within the meaning of the Act, it must have a clear structure and belief system. The Act includes the following examples: The Baha'i faith, Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Rastafarianism, Sikhism and Zoroastrianism. A philosophical belief for the purposes of the Act, must meet all the following: • be genuinely held, • be a belief and not an opinion or viewpoint, • be a belief as to a weighty and substantial aspect of human life and behaviour, • attain a certain level of cogency, seriousness, cohesion and importance, • be worthy of respect in a democratic society, compatible with human dignity and not conflict with the fundamental rights of others. The Act cites humanism and atheism as examples of philosophical beliefs. Adherence to a particular football team or political party would not be a religion or belief. A cult involved in illegal activities would not satisfy these criteria. The Act also protects people who do not have a religion or belief (non-belief).	

Characteristic	Explanation	Symbol
Sex	For the purposes of the Act, sex means being a man or a woman.	
Sexual orientation	The Act defines a person's sexual orientation towards: People of the same sex as them	

3. About Whittington Health

3.1 Whittington Health is one of London's leading integrated care organisations – helping local people to live longer, healthier lives. The Trust provides hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden and Hackney.

3.2 During 2023/24, we provided over 40 acute and 60 community health services. In addition, we provide dental services in 10 London boroughs. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

3.3 Whittington Health has an excellent reputation for being innovative, flexible and responsive to the changing clinical needs of the local population, and for leading the way in the provision of integrated community and hospital services. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients, with a clear focus on integrating care for women, children, and the adult frail.

3.4 Our strategic objectives are to:

- deliver outstanding safe, compassionate care.
- empower, support and develop engaged staff.
- integrate care with partners and promote health and wellbeing.
- transform and deliver innovative, financially sustainable services.

3.5 The Trust's ICARE values were developed through staff engagement and consultation and continue to be fundamental to everything we do at Whittington Health. An overarching equity value underpins them and forms the basis of expected staff behaviours.

3.6 Our priority is to deliver the right care, at the right time, and in the right place for our patients. We provide an extensive range of services from our main hospital site and run services from over 30 community locations in Islington and Haringey, and our dental services are run from sites across 10 boroughs.

3.7 As an integrated care organisation, we bring safe and high-quality services closer to home and speed up communication between community and hospital services, improving our patients' experience reducing admissions and speeding up discharge. Key to our approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers.

3.8 Our organisation has a highly regarded educational role. We teach undergraduate medical students (as part of University College London Medical School), nurses and therapists throughout the year, alongside providing a range of educational packages for postgraduate doctors and other healthcare professionals. We also have a growing research arm which is exceeding Clinical Research Network targets.

4. Whittington Health performance and achievements

Other relevant reports and data

This report feeds into another range of statutory and NHS standards, which look at their subject areas in greater detail than this document. They include the following:

- Gender pay gap report
- Workforce Disability Equality Standard
- Workforce Race Equality Standard

The Workforce Disability and Race Equality Standard is available on the Trust's website. The Trust's statutory gender pay gap report is available on the GPG Reporting Service.

In this report, data about the local population is from the 2021 census. The latest census provides an up-to-date and comprehensive overview of the local population, including sexual orientation and gender identity.

4.1 High Impact Actions

Over the last year the Trust has taken a number of actions to support and improve equity within the workforce, all which align with the NHS Equality, Diversity and Inclusion Plan's six high-impact actions, a summary of these actions are below, full details can be found in the Trust's EDI Improvement Plan 2024-29

High Impact Action 1: Measurable objectives on equality, diversity and inclusion for Chairs, Chief Executives and Board members

- Trust Board members issued a clear anti-racism statement.
- Board members have disclosed their protected characteristics on the NHS Electronic Staff Record system to support greater transparency of our diverse leadership.
- Executive and non-executive director members of the Board have been on the programmes such as the Workforce Race Equality Standard Expert and Allyship, run by the Kings Fund.

- Respective executive directors have led on a response workstream from the NHS Staff Survey, using a 'You Say, We Did' approach.
- Executive sponsors in place for each of our staff equality networks.
- The Board reviews data identifying areas of concern, focusing on reducing inequalities and fostering diversity.
- The Board receives regular updates from the Workforce and Assurance Committee on the progress of initiatives to help with staff health and wellbeing.
- The Board Assurance Framework contains an entry covering inclusion and is reviewed and updated each quarter.
- We have an 'equity' category at the annual staff awards.
- Reviews are completed of the outcomes of workforce policies which have high relevance to the Equality Act's general and specific duties.

High Impact Action 2: Overhaul recruitment processes and embed talent management processes.

- The probability of white staff being appointed over ethnically diverse colleagues has improved from 2.18 in 2018 to 1.63 in 2024. The probability of appointment for disabled staff has been within the desired target range of 0.8 - 1.25, with an outcome figure of 1.24 in 2019 and 1.18 in 2024.
- The percentage of black and minority ethnic (BME) staff who believe that there is equal access to career progression or promotion has increased from 39.7% in 2021 to 46.3% in 2024.
- The likelihood of BME staff accessing continued professional development; was scored 0.98. The Trust has been within the target range since 2022 and this outcome is in line with the London average of 0.97.
- The Trust supports the annually jointly led reverse jobs fair by Ambitious About Autism and The Autism Project
- Compared with 2023/24, the proportion of disabled and ethnic minority staff at Agenda for Change band 8C and above increased slightly.
- The Trust has begun deep dives into recruitment data and reviewed the recruitment training.
- The Trust has reviewed talent pipelines and share job openings in local communities, while offering opportunities such as apprenticeships, functional skills training, Project Search, and work experience to widen participation.
- The Trust evaluated career development for BME staff and introduced successful Band 2-7 and band 8a development programs.
- The Trust published the Whittington Health People Strategy and its Inclusion Strategy in 2024/25.

High Impact Action 3: Eliminate total pay gaps with respect to race, disability and gender.

- The annual gender pay gap reporting showed an increase in the median average from a 1.7% gap in 2022 to a gap of 3.7% in 2023. It also demonstrated that there was a significant decrease in the median average bonus pay gap, falling from 35.% in 2022 to 0.0% in 2023.
- The Trust introduced the ethnicity pay gap report this year. A 27% median pap gap was recorded between white and black staff.
- This has been the first year that the Trust produced a disability pay gap report. It showed a median average pay gap of 8.1% in favour of staff without a disability.

- The Trust offers flexible and remote working options as part of our policy and advertise them.
- The Trust's pay gap reports are shared with staff through networks and accessible on Trust Internet and intranet webpages.
- The Workforce Assurance Committee addresses gender pay gap issues by analysing data, targeting actions, and benchmarking with other trusts.

High Impact Action 4: Address health inequalities in the workforce

- In response to the staff survey report of 2023, with scores below the national average for wellbeing, The Trust has appointed a new Head of Staff Wellbeing and Engagement who began their role in October.
- All staff receive a wellbeing conversation, in line with the NHS people plan strategy.
- The Trust has a well-established the Staff Inclusion Group which acts as the engine room for inclusion work at the Trust, and feedback from staff equality networks.
- A Reasonable Adjustment Policy is in place, and a centralised budget ensures equity of access.
- The internal procurement system has been firmed up, reviewed and updated staff training.
- The Trust has Mental Health First Aiders and mindfulness initiatives available as part of support for staff in the wellbeing hub, a Flexible Working Policy, and an internal coaching service.
- The Trust has a newly recruited Head of Wellbeing and Psychological Support.
- Counselling services are available through the employee assistance programme

High Impact Action 5: Comprehensive induction and onboarding programme for international recruited staff.

- The Trust sends assessment tools before arrival from the education lead and conduct comprehensive international recruit inductions and Welcome Meetings via Microsoft Teams.
- The Trust has been awarded the NHS Pastoral Care Quality Award.
- The Trust has well-established support for international graduate nurses.
- The Trust has developed the International Medical Induction Booklet
- Peer support and information to assist international recruits in settling in.
- There is Pastoral Support Lead and the Education Leads to support international recruits.
- The Trust organises networking events to encourage connections among international recruits and keep them updated.
- The Trust offers support to international recruits with NMC processes, signposting, and visa-related matters.

High Impact Action 6: Eliminate condition and environment in which bullying, harassment and physical harassment occurs.

- Since 2021, the rate of BME staff experiencing harassment, bullying or abuse from patients or service users has declined from a rate of 35.9% to 30.0% in 2024.
- The percentage of BME staff experiencing harassment or bullying from managers or colleagues is showing steady improvement. In 2021 it was 16.9% and this fell

to 11.8% in 2024. The comparable figures for disabled staff show a reduction from 30.0% experiencing harassment and bullying in 2021 to 17.3% in 2024.
- The Trust has the Challenging and Aggression Behaviour Policy in place and the zero tolerance for discrimination poster is on display in areas such as the Emergency Department, outpatients and in community centres.
- In line with the Trust's commitment to a culture of openness, learning and restorative practice, the Just Culture programme has been implemented.

4.2 Supported Internships

The Trust has two supported internship programmes that support young people with autism into work. The programmes combine education and work experience and help to reduce inequalities for people with autism.

Ambitious About Autism

Supported internships are a one-year work-based study programme where young people spend most of their time-based at an employer. They provide an important step on the employment journey, helping young people aged 16 to 24 with an Education, Health and Care Plan (EHCP) or another form of Special Educational Needs (SEN) support to get the skills they need for work to help gain future employment.

Using the Project Search model, Ambitious College and Care Trade works with the Whittington Hospital to support interns in developing workplace skills. The programme runs from September for one academic year, with interns based at the Whittington five days a week.

Job outcomes:

- 2019/20 – 3 interns (the COVID-19 pandemic impacted the scheme) – 2 young people secured employment on completion of the programme.
- 2020/21 – 5 interns off-site; the COVID-19 pandemic impacted the scheme (all interns were granted extensions in 2021/22).
- 2021/22 – 9 interns (4 returners) – 6 young people secured pad employment on completion of the programme.
- 2022/23 – 10 interns (1 returner) – 4 people secured paid employment on completion of the programme.
- 2023/24 – 9 interns (2 returners) – working in various departments, including: Laboratories, Administration, Stores, Wards, Finance, Education Centre, and Clinics.

The Autism Project

The Autism Project is a full-time, two-year, employability programme for autistic young people aged 18-25, with an EHCP. It is an immersive programme for autistic young people, who would like to be employed but need more confidence, support, experience, and skills to take the next step.

Learners spend part of their week in a work placement, and up to two days of their week in class sessions.

Learners undertake work experience placements in a real work setting within a host employer. These host employers include Guy's & St. Thomas', The Whittington Hospital, our 'Working Kitchen' and many other employers around London. Learners

typically undertake up to three work experience placements in an academic year (1 per term) - giving them a chance to many different job roles and develop their transferable skills.

Previous work placements learners in the Whittington Hospital include Health Records, Patient Dining, Volunteer Office, Integrated Discharge Team, Cardiac Investigations Department and Women's Health.

Class sessions take place at the South London centre - learners attend sessions such as 'Skill Up' & 'Careers' (employability classes), Functional Skills (to study for their English and Maths qualifications, up to level 2), as well as sessions to support them to improve their travel independence, their wellbeing, and their social skills. Whilst employment is the focus, the curriculum also focuses on Preparing for Adulthood Pathways – Better Health, Community Inclusion, Independence and Employment. The programme prepares learners to take the next steps into adulthood.

Disability Confident – Level 3

In December 2021, NHS England and Improvement (NHS E/I) accepted Whittington Health onto a national pilot run by the Nursing Directorate at NHS E/I. The Trust formalised this arrangement with NHS E/I through a Memorandum of Understanding in November 2021.

The focus was on the Disability Confident scheme to encourage employers to think differently about disability and to take action to make improvements to how they recruit, retain and develop people with disabilities.

There were two elements to the pilot. First, NHS organisations assessed current policies, procedures and practices and provided evidence for level three Disability Confident status. An external disability charity, the Shaw Trust, then validates the assessment.

As part of the Trust's submission, the Trust provided a range of information to be validated, including the Recruitment and Selection Policy, WhitAbility terms of reference (disabled staff network) and the North Central London Apprenticeship policy.

The second element focussed on employability to ensure disabled people secure more paid fixed-term or permanent opportunities.

Whittington Health was successfully awarded level 3 status as a Disability Confident Leader and looks forward to continuing its excellent partnership with two external, third-sector bodies – Ambitious About Autism and the Autism Project – to host internship placements and to help attract and retain disabled people in our workforce.

The Disability Confident frameworks also provides ongoing steer of organisational issues that could help further improve equity for staff with disabilities and long-term health conditions.

Inclusion Team

The team consists of 3.2 whole-time equivalent (WTE) staff. A 1.2 WTE joint director role, an Inclusion Lead, and an Inclusion Engagement Officer. The joint directors are non-voting Board Members and give assurance to the Board and respective governance structures, including staff networks, on compliance with the Equality Act 2010 and other key performance indicators included within:

- Disability Confident accreditation requirements
- Gender, race and disability pay gap reporting
- Workforce disability and race equality standard submissions
- Medical workforce race equality standard
- Bank workforce race equality standard

The Trust has executive director leads for workforce inclusion (Chief People Officer) and our work as an anchor institution tacking health inequalities (Chief Strategy, Digital and Improvement Officer) a non-executive lead (Glennys Thornton), with remits to support actions and ambition around cultural change, which ensures the Trust is inclusive for all employees, including in areas of access and experience of all our patients, carers, visitors, volunteers, and goals for improving health outcomes.

Staff engagement has been pivotal for achieving the Trust's goals. As part of the work in this area, the staff networks continue to act as a method of consultation to help deliver equity within Trust policies, guidance, and staff engagement. A network and staff mission statement was developed to enable staff to connect with the Trust values. It conveys a message of supporting belonging and influencing team cohesiveness and inclusion in the organisation.

Some of the key activities supporting inclusion goals and ambitions include:

Supporting our Integrated Clinical Service Units (ICSU) and Departments

The Inclusion Team contributes to ICSU and department away days to provide information about improving equity and inclusion within their workforces. The Inclusion Team have also been invited to ICSU Board meetings to present data from the Workforce Race and Disability Equality Standards, these sessions inform ICSU management on the existing state of inclusion and improvements that could be made.

These activities promote a meaningful form of engagement, that furthers the ICSU or department's accountability through sharing their data, action plans and monitoring progress and highlighting how all of this impacts the overall Trust performance on inclusion.

Staff Open Forum

The forum is run quarterly and provides engagement opportunities for all staff to hear about developments related to equality, diversity, and inclusion that are being delivered, and gives those who attend space to provide feedback. While the Inclusion Team leads this meeting, updates from corporate departments and from clinical

divisions about work they undertake to further inclusion within their areas are particularly welcome.

During 2023/24, the topics that were discussed:

- Progression of inclusion and equity at the Trust
- Female Genital Mutilation (part of Race Equality week)
- The Too Hot to Handle where we were joined by Professor Joy Warmington, author of the report.

Staff Engagement and Awareness Events

The cultural events are designed to raise awareness among staff and are part of our inclusion strategy. These events provided opportunities for people from diverse backgrounds to come together, share their experiences, and build connections based on mutual respect and understanding. Staff have reported that the Trust's cultural events have helped forge relationships, cultivate respect and foster interest in different cultures among staff groups and encourage their participation in the inclusion agenda. They have created a sense of belonging and community, leading to more inclusive teams and a harmonious working environment.

During 2023/24, Trustwide events (supported by the Inclusion team), included:

- National Day for Staff networks
- Jamaican Independence Day
- Windrush Day
- PRIDE Month
- Philippines Independence Day

- South Asian Heritage Month
- Black History Month
- World Mental Health Day
- World Menopause Day
- Race Equality Week (see below)
- Neurodiversity Celebration Week
- International Women's Day
- Disability History Month

Race Equality Week

The Trust participated in Race Equality Week between 5–11 February 2024. The week is designed to unite organisations and staff in workplace activities addressing race equality barriers. This event is the Trust's second time running Race Equality Week.

The theme for this year was 'Listen. Act. Change', focussed on building meaningful change to improve race equality. The Trust promoted the national 5-Day Challenge, run by Race Equality Matters; the challenge provides staff with five small tasks, that enable them to think about individual behaviours that contribute to inclusion.

The Trust also hosted an Open Staff Forum entitled 'Female Genital Mutilation (FGM) – The Law and Whittington Health Service', this online event featured Baroness Glenys Thornton, Non-Executive Director, Whittington Health, discussing her work in championing FGM rights and legislation, and Huda Mohamed MBE, Lead FGM Specialist Midwife, Whittington Health, discussing FGM and the work she undertakes to support women who have been victims of it.

Mentoring Programmes

The External Mentorship and Support for BME Staff Programme

The programme ran as a pilot between Whittington Health and University College London Hospitals NHS Foundation Trust (UCLH), starting in the summer of 2022 with UCLH providing the senior BME staff support. It was developed and framed with Organisation Development colleagues, senior management and staff networks and geared to assist BME staff with their careers.

The idea was given a working title of 'Whittington Health – external mentorship & support for Black, Asian & Ethnic Minority staff programme to support career progression and potential.

The scheme is not intended to replace white senior staff mentoring BME staff, as there are clear benefits for this type of approach. It is intended to be an adjunct to current Trust programmes. It acknowledges the value and additional benefit for BME staff experiencing racism who were in a place of mistrust with the view that nothing would change for them. The scheme provides those individuals with the support they need from somebody who understands their situation and distress while bringing a fresh perspective and using their knowledge to help the mentee progress with ongoing support and supervision.

The pilot ran during 2022 and 2023, with a total of six staff (as mentees), three of whom have since acquired more senior roles either at the Trust or within North Central London, with one achieving a double promotion. All six staff that took part in the pilot reported that attending the programme has helped to increase their confidence, motivation, energy, hope and performance. One mentee said:

'I found that the lack of suspicion means that I am more open to receiving constructive feedback and guidance from my mentor and as a whole'

The mentors were also positive about the scheme with one reporting:

'this kind of program is really useful and necessary. I've come through my NHS career and faced challenges but overcame them and I thought it's important to be able to support anybody else coming through.'

Senior managers across our clinical divisions and corporate departments have been asked to help through the identification of appropriately qualified staff members in Agenda for Change bands 5 to 8a who may be interested in becoming mentees, as well as those working in bands 7 and above who wish to be mentors. There are also plans to further develop and expand external mentoring opportunities across NCL, and to reserve vacancies for promotional opportunities and secondment purposes.

The Reverse Mentoring Programme

Following the release of the Capital Midwife Anti-Racism Framework and the Royal College of Nursing's Toolkit for Combating Racial Discrimination against Minority Ethnic Nurses, Midwives, and Nursing Associates in September 2023, the Trust initiated a Reverse Mentoring Programme led by Associate Professor Stacy Johnson from Nottingham University.

Reverse mentoring is when an employee in a senior role is mentored by someone in a more junior role. Through a series of open and honest conversations over a six-month period the more senior employee gained insight into the challenges faced by BME staff.

The program aimed to identify biases, address racial discrimination and improve the well-being of nursing and midwifery staff. Eleven senior nurses and midwives, along with 9 BME mentors, joined the program, but only four pairs were able to complete it due to work pressure. Nonetheless, the program provided a platform to collaboratively address the needs and perspectives of nurses and midwives from BME backgrounds, aligning with the Trust's goals and values and the recommendations from the two reports. This included discussing the 'Too Hot to Handle' report and ongoing internal work on Race Equality at Whittington.

The Reciprocal Mentoring Programme

The Trust introduced the Reciprocal Mentoring for Inclusion Programme, which was funded by the NHS London Leadership Academy. Reciprocal mentoring also referred to as "co-mentoring," involves two individuals working together as both mentors and mentees. This can be achieved by each person taking turns in the role, or by one person primarily being a mentor at times and then switching to being a mentee.

The reciprocal mentoring programme occurred during 2023/24 and provided opportunities for nineteen staff pairs. Senior leaders were paired with junior staff members, allowing them to learn from each other's backgrounds and gain insight into each other's experiences and challenges. The relationship between the mentor and mentee in this programme is more dynamic than in traditional mentoring programmes.

The evaluation of the programme revealed that reciprocal mentors and mentees are able to serve as 'change agents' and led various dynamic interventions. Staff reported feeling empowered, which instilled confidence and capability, enabling a greater awareness of both unconscious and conscious forces at work and bringing that understanding into the mentoring relationship. This enlightenment and information allowed partners in the mentoring relationship to develop their understanding of complex issues related to physical ability, race, gender, class, sexuality, sexual identity, and more. It also provided junior staff with lived experience and the opportunity to feel listened to and engaged in how the organisation operates.

4.4 Supporting Staff with disabilities

Over the last 2 years the Trust has been reviewing the support to staff with disabilities and long-term health conditions. It has been a consistent factor as an area for improvement from the NHS Staff Survey, a requires a considered approach to make progress.

The Reasonable Adjustment Guidelines were provided with input from a range of stakeholder to help improve the effectiveness of the of documents. They provide staff and managers guidance around the Trust expectations on supporting people with disabilities and long-term health conditions. Within the guidance there are clear pathways for providing support in several different situations.

The Trust has created a centralised budget to help support staff by funding reasonable adjustments. Cost can sometimes been a barrier to providing support and the budget helps to alleviate that barrier.

The Inclusion Team provide one-to-one support for staff and managers to provide advice and guidance about any employment aspect relating to supporting disability and disability equity within the workplace.

The health passport was launched to help improve conversations around identify support needs for disability and reasonable adjustments. The document allows staff to examine their working life and their health to make identifying any support needs easier; it also supports a review cycle to ensure that this in an ongoing conversation between the member of staff and their manager.

Looking forward to 2024/25, the Trust will be consulting and launching a health passport specifically designed to support people with neurodivergent health issues. This was highlighted by staff as a document that was needed to help support this group of staff.

The Trust is also launching a portal for staff and managers to access *a range of resources in a centralised area relating to disability and long-term health conditions, to make finding information easier and more efficient.*

Training activity

The Inclusion Team participated in several training programmes to help improve the awareness of inclusion issues among staff and managers. Some of these training activities include:

Corporate Induction

The Trust includes a fifteen-minute allocation for equity, diversity and inclusion (EDI) as part of its monthly corporate inductions of new employees. The purpose of including EDI training in corporate induction is to communicate the Trust's commitment to creating an inclusive and diverse workforce and environment to new employees. It also sets the expectation that all employees are required to uphold and promote our EDI values. The training highlights the value the Trust places on diversity and inclusion and helps them understand how their actions and behaviours can impact others. In essence, it sets the foundation for a positive and respectful work environment where all employees feel valued and empowered to contribute to an inclusive culture and belonging.

Anti-Racist and Inclusive Cultures

The Trust has created a program for staff development that focuses on fostering an anti-racist and inclusive culture. This initiative is a part of the Trust's overall equality, diversity and inclusion program, with a specific emphasis on advancing anti-racist and inclusive goals. The program is integrated into our staff development and leadership initiatives, aiming to support continuous self-reflection, learning and personal growth among our staff in relation to anti-racism and inclusion. We have also developed an Anti-racist and Inclusive toolkit to help individual staff members reflect on their personal biases and stereotypes.

This approach is intended to help eliminate discrimination, bias and inequality among our staff, team leaders, and senior managers, creating a fair environment that promotes equal opportunities for growth and advancement for all employees, regardless of their ethnicity and race.

Disability and Reasonable Adjustments

The Trust provides quarterly training sessions on disability and reasonable adjustments. This session aims to educate employees and managers about reasonable adjustments in the workplace and how to implement them effectively. The newly implemented session helps meet legal requirements and increases awareness and understanding of how to apply the reasonable adjustment policy, what constitutes a reasonable adjustment and why it is essential to create an inclusive and accessible work environment. Importantly, the training equips managers with practical skills to communicate and collaborate effectively with individuals who may require adaptations, helping employees with disabilities or health conditions perform at their best and feel supported in the Trust.

Preceptorship programmes

The inclusion team contributes equality, diversity, and inclusion sessions, as well as a cultural competency session, to the Trust Capital Nurse preceptorship programme. This session is designed for newly qualified professionals to establish a strong foundation of knowledge and awareness around diversity, equity, and inclusion from the beginning of their careers. This sets the stage for them to embed these principles into their practice early on. The cultural competency development programme supports them in developing the necessary skills and tools to provide inclusive and culturally competent care to the Trust's diverse range of patients and service users. This training helps them understand the impact of social determinants of health, address biases, and tailor their approach to meet the unique needs of each individual. It also allows newly qualified professionals to understand the Trust's legal requirements related to diversity and inclusion in healthcare.

This includes anti-discrimination laws, patient rights, and ethical standards that govern their practice, enabling them to contribute towards addressing health disparities, reducing barriers to care, and improving health outcomes for all patients, regardless of their background. In addition to the mandatory equality, diversity, and inclusion training for all Trust employees, 274 newly qualified staff have completed preceptorship EDI sessions, and 182 preceptees have undergone cultural competency awareness training.

Maternity Equality & Diversity Session

The maternity unit holds monthly midwife development sessions. The Joint Director, who has extensive experience in midwifery and improving the experience of maternity services for BME women and birthing people, delivers a session on equality, diversity, and inclusion in maternity care. The session offers a reflective opportunity to understand diversity in maternity care and the needs of pregnant individuals. It emphasises the importance of providing culturally competent care and recognises the impact of social determinants of health on maternal and perinatal outcomes. The midwives can discuss disparities in maternal and perinatal outcomes among different demographic groups and consider strategies to identify and address these disparities to ensure equitable care for all pregnant individuals.

The whole-day maternity development session began last year, and to date, 116 midwives have participated in the program.

Allied Health Leadership Fellowship

The inclusion team contributes to the anti-racism and inclusive team staff development session element of this programme for allied health professional colleagues.

Inclusion calendar

To assist with services better delivering tailored healthcare to their patients and better supporting the workforce, the Inclusion Team have launched the Inclusion Calendar. The calendar highlights the important dates related to Religious, spiritual or belief-based festivals and inclusion dates/awareness events throughout the year.

To complement this, the Communication team promote the calendar highlighting the main festivals or events for that month. The Library team have been producing monthly newsletters with resources for staff relating to one of the month's key events, e.g. providing care for patients with learning disabilities for Learning Disabilities Week.

Organisational Development

4.5 Workforce Culture and "Caring for those Who Care".

The Trust's work to support good working relationships, and to promote compassion and inclusion throughout Whittington Health's culture, has continued, alongside a focus on providing staff with rest and respite in short lunchtime sessions.

Below are some of the main changes, programmes and campaigns to enhance culture and workplace relationships and environments.

- The range of services offered under the branded ‘Caring for Those Who Care’ or “#CFTWC” logo has been continuously augmented, with a range of new programmes and services offered in-house, within the integrated care system (ICS), and nationally, to provide staff with the widest choice of supportive opportunities.

- A programme of Trustwide listening events took place following the results of the 2022 Staff Survey. These listening events were hosted by the Organisational Development team and the Executive team. All staff were invited to these events to share their perspectives and solutions to supporting improvement in the Trust. The listening space then led to meaningful actions taking place such as improvements in reasonable adjustment guidelines and the introduction of recruitment and selection training.
- A new recognisable Staff Survey brand called ‘Your Voice Matters’ was created which focused on increasing faith in the survey for staff.
- The WhitAbility network worked alongside the Organisational Development team to refresh the Wellbeing Conversations paperwork.
- The Restorative Just Culture programme continued across the organisation and further training dates have been secured for 2024-25.
- Professor Michael West was invited to be a keynote speaker at the Trust’s Culture Conference, this event saw over 100 staff attend to hear the key issues facing the NHS nationally and how to drive an internal compassionate and inclusive culture.

4.6 Staff Wellbeing and Engagement

2023/24 Saw the new Staff Wellbeing and Engagement Model actualised by the recruitment of the Head of Staff Wellbeing and Engagement. This has brought renewed focus on staff wellbeing and engagement. Creating a vision where staff wellbeing is front and centre of everything we do.

This has enabled a holistic approach to staff wellbeing that is proactive and preventative at best and still offer expedited reactive response when necessary. This model has enabled the Trust to mitigate the impact resulting from the closure of regional wellbeing hubs. Enhancing availability and access to internal staff wellbeing support that meets the recommendations of the NHS People Promise while improving access to a wealth of support available regionally and nationally.
This renewed focus on staff wellbeing and engagement has seen increased availability, visibility, and access to staff wellbeing support across the organisation, both on the acute site and community sites.

The new Internal staff wellbeing and engagement offer includes:

- In-house Employee Assistance Programme, ‘People at Work’, confidential direct access to counselling continues to be offered.

- Mental Health First Aiders (MHFAiders) continue to offer a listening ear and signpost to professional support where required in a more structured and governed approach.
- In house training for MHFAiders is now available, to increase the number of trained MHFAiders to the recommended 10% that will see that cultural tipping point the removes the stigma of mental health.
- An Increased cohort of Wellbeing Campions supported to develop and facilitate small but impactful peer wellbeing initiatives ensuring teams/departments prioritise staff well-being.
- Subsidised onsite physical activity classes such as Pilates are available to improve physical wellbeing.
- Financial wellbeing resources are available on the Intranet.
- A successful monthly menopause café has been established.
- There is access to specialist Clinical Psychology intervention for teams experiencing complex issues.
- Critical Incident Stress Debriefs are better coordinated.
- Team reflective sessions are offered to foster healthier and more cohesive teams.
- Manager training on facilitating reflective sessions is available.
- There is increased focus on health promotion and awareness via a continuous strong and proactive local promotion of national wellbeing campaigns such as Mental health Awareness week, Men's Health month Movember, stress awareness week, etc.
- The Trust has an inhouse smoking cessation specialist.
- Regular wellbeing visits to teams across the Trust are conducted by the Head of Staff Wellbeing and Engagement.
- The increased cohort of mediators responds to mediation requests.
- The 'Check-in and Check-out' toolkit for managers to look after their staff continues to be promoted for use at the start and end of team meetings.
- A resilience workbook that highlights the importance of rest as a cornerstone.

External routes of support include:

National and regional wellbeing support services are regularly promoted and made accessible; these include but not limited to:

- Bereavement Support Line: A confidential bereavement support line, operated by Hospice UK, free to access for NHS staff from 8:00am - 8:00pm, seven days a week.
- Haringey Talking Therapies (formerly IAPT Haringey): A free NHS, psychological therapy service offering support for a range of common mental health difficulties such as depression and anxiety, OCD, PTSD and more.
- Frontline19 UK: Service offering one off or weekly sessions as needed. Psychological support for frontline workers via phone or remote platform.
- Practitioner Health is a free, confidential NHS primary care mental health and addiction service with expertise in treating health & care professionals.
- The BMA: Offers a free 24/7 counselling service to all doctors, their partners and dependents.
- Switchboard LGBT+ Helpline: A safe space for anyone to discuss anything.

- A host of staff wellbeing courses from NHS England and NHS Elect such as – Happier Working Lives initiative (aimed at creating happier, healthier, and more productive teams across the NHS.) are offered and promoted.

4.7 Staff development

Whittington Health places great value on developing staff through courses, this year we have been able to do this using a hybrid approach of face-to-face and virtual delivery with internal and external trainers.

In the last year, the following was delivered by in-house staff and with partners:

- Band 2-7 BME career development programme, there have been three cohorts of this programme. The programme supports BME staff in AFC bands 2-7 in Whittington Health Trust to undergo a tailored development programme for 3 months providing career development, personal development and insights into understanding Whittington Health's recruitment and selection process. The programme consists of a variety of modules to help build knowledge and confidence in career development.
- A new Band 8A and above BME leadership programme has been designed called 'Working Uphill'. This will be delivered by BRAP, a leading charity focusing on equality through learning, change, research, and engagement. This programme will explore the lived experiences of senior BME colleagues and will support them in navigating their career.
- I.CARE Leadership development was delivered in-house and consisted of the following modules:
    - Communicating Effectively
    - Workplace Conflict
    - Giving and Receiving Feedback
    - Situational Leadership
    - Assertiveness and Boundary Setting
    - Responding Positively to Change
    - Introduction to Finance
    - Building Inclusive Cultures

- The following modules were delivered by NHS Elect:
    - Interview Skills
    - Coaching Skills
    - Compassionate Leadership
    - Conflict and Difficult Conversations
    - Developing your Leadership Style to Support Culture Change
    - Leading Change
    - Confidence and Assertiveness
    - Resilient People in Compassionate Organisations

- Appraisal Training for Managers and Appraisal Training for Appraisees
- Reciprocal mentoring programme, this was delivered by TPC Health. The programme paired senior staff and junior staff to develop a shared learning approach which contributes to distributive leadership.
- British Sign Language

- Mental Health First Aid Training Refresher (MHFA England)
- Critical Incident Stress Debriefing (CISD) to become accredited facilitators.
- Bespoke workshops and interventions for teams that need support in developing team-working and improving morale.
- Affina Team Journey, this focused on the research and findings from Professor Michael West on effective team working.
- Coaching for individuals to support career development and working relationships.
- Mediation training for staff to become accredited mediators and to join the internal mediation service.
- Myers Briggs Type Indicator reports and feedback sessions to support team dynamics.
- 360-degree feedback for individuals to understand how they impact on others and to support career development
- Various apprenticeships in both clinical and non-clinical areas to support staff development.

4.8 Staff equality networks

The Trust's staff networks are essential in engaging staff from different protected groups with the inclusion agenda and acting as critical friends. The networks also provide a forum where like-minded people and allies can meet to discuss issues and developments that particularly impact them and their community.

The networks also offer peer support and provide a route to escalate issues impacting their members. The staff networks are members of the Staff Inclusion Group meeting where they can highlight their successes, current issues highlighted by their members and any issues they need support or require escalation. At present, there are four staff networks, which include:

Staff networks in 2023/24

Lesbian, Gay, Bisexual, Transgender, Queer Plus Network	
The network and the Inclusion team undertook the national Rainbow Badges Assessment, which looks at creating a more supportive environment for staff and patients. The assessment required a review of several policies and conducting staff and patient surveys; the Trust has been provided with recommendations to improve equity for LGBTQ+ people, which is currently being worked on to be implemented. The network celebrated Pride Month by hosting several seminars on a range of topics that include LGBTQ+ mental health, what is it like to be non-binary and the power of staff networks.	

Staff Race Equity and Nationality Network	
The network ran events to promote awareness and celebrate our diverse populations, including Black History Month, Windrush Day and Southeast Asian History Month.	
WhitAbility Network	
A network for staff with disabilities, long-term health conditions, and allies. To celebrate Disability History Month the network arranged two seminars the first featured Wendy Smith who spoke about their inspiring story as a Paralympian and the second was from Roxana Carare (Professor in Clinical Neuroanatomy, University of Southampton) who provided an in-depth look into how neurodiversity develops.	
Women's Network	
The network celebrated International Women's Day and ran a week of events for staff to engage with including chair yoga, Indian head massage, endometriosis talks, an engagement stall in the hospital and wellbeing and HR drop-in sessions.	

See Me First

See ME First is an initiative to promote a more respectful, civil, and inclusive culture within Organisations to give staff a sense of belonging. As See ME First approaches its fourth anniversary on 29 October 2024 and EQUITY now underpins the Whittington Health NHS Trust ICARE values, the message that "…. people should not be judged by the colour of their skin but by the content of their character…." is even stronger.

Over 2,250 staff have pledged, and over 30 other NHS organisations are 'following our lead' and have either adopted or are looking to adopt the initiative. Islington Council – Social Care is the first Organisation outside the NHS, launched in October 2022. As a testament to the effect of See ME First, we are now also receiving See ME First Impact Testimonials from staff who have made their pledge and want to share their experiences and the tangible changes that have occurred.

One See ME First Impact Testimonial reads,

"I think this is a really important initiative. I would like to wear this badge to send a message to my colleagues and service users and those who support them that I am approachable, open minded and non-judgemental and will not discriminate."

As an entirely staff-led initiative to help raise awareness, raise the profile and support and facilitate those opening dialogues, we now have See ME First Ambassadors, staff who are actively engaging with other staff across the integrated care organisation and spreading the message that a change is long overdue.

5.0 Patients and Service Users

Patients and service users

5. Patient Equality Information

This report presents two sets of patient equality information. First, data about who uses our services; secondly, data about the patient experience while under our care. Some data is unavailable for analysis as it is not routinely collected via Medway or Rio, our patient management systems. This information could be held in patients' written medical or nursing notes. The Chief Nursing Information Officer is working on this as part of our ongoing work to digitalise patient records. The available data shows service usage for patients that were outpatients, inpatients, and using emergency services and community services during 2023/24.

Age

B1: Overall Representation of Age Groups in Haringey and Islington Local Population

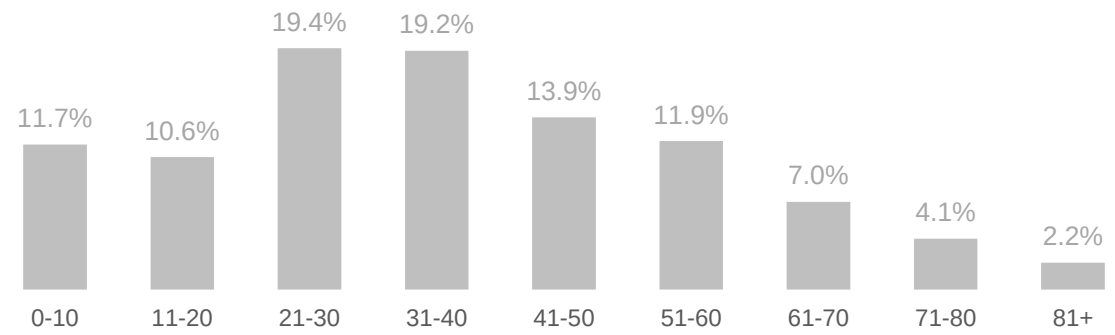


Chart B1 (above) shows the overall representation of age groups in the local population within Haringey and Islington, showing that the population is relatively young (over 50% of the population is aged between 21-50). A decreasing representation trend can be seen aged 21 onwards. This provides a useful point of comparison when reviewing patient service use demographical data.

B2: Representation of age groups using outpatient services compared to the local population

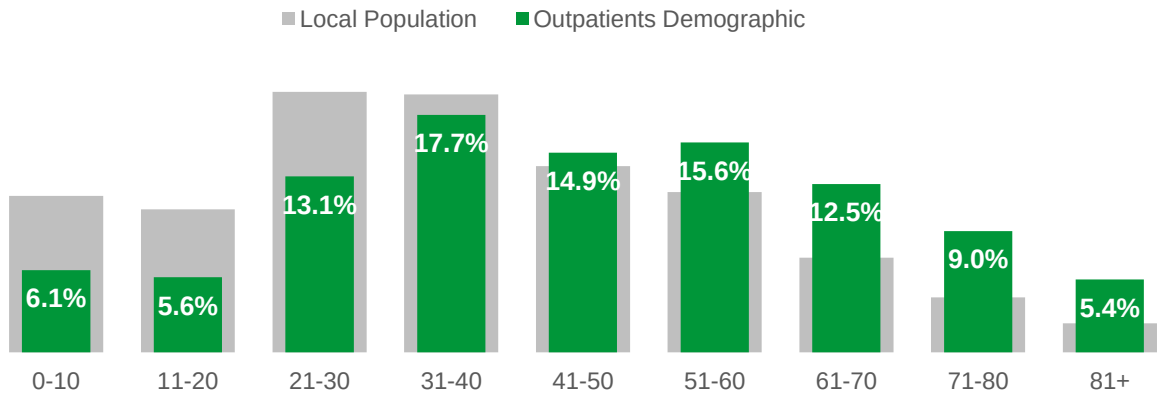


Chart B2 (above) shows a broad correlation in the general trend of patients attending outpatient services compared to the local demographics.

From 0-40, the proportional representation is lower than the local population, from 50 onwards there is a greater proportional representation.

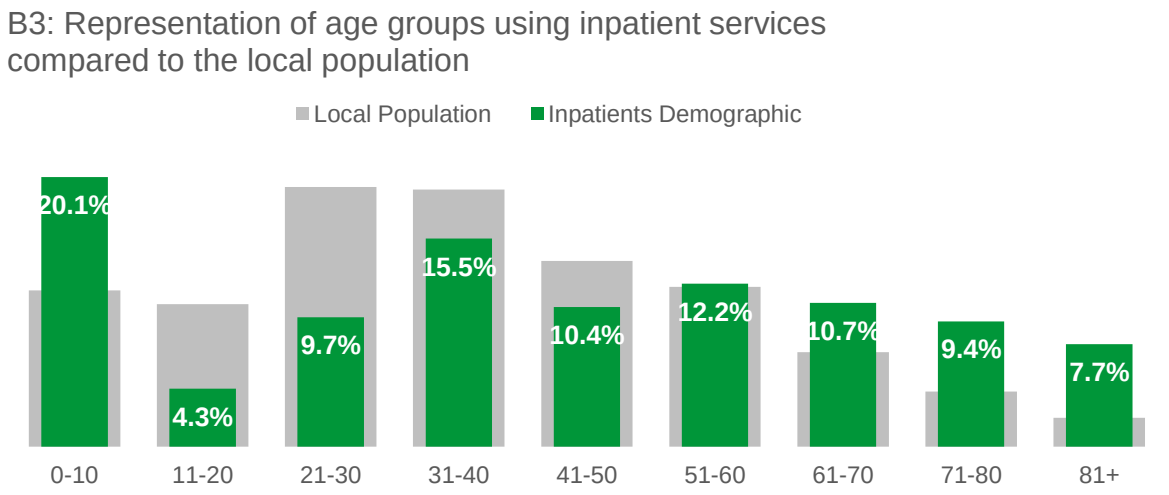


Chart B3 shows an overall broad correlation in the general trend of patients attending inpatient services compared to the local demographics. From 0-10 and 51+, there is a greater proportional representation within inpatient services compared to the local population, from ages 11-50 there is a lower proportional representation.

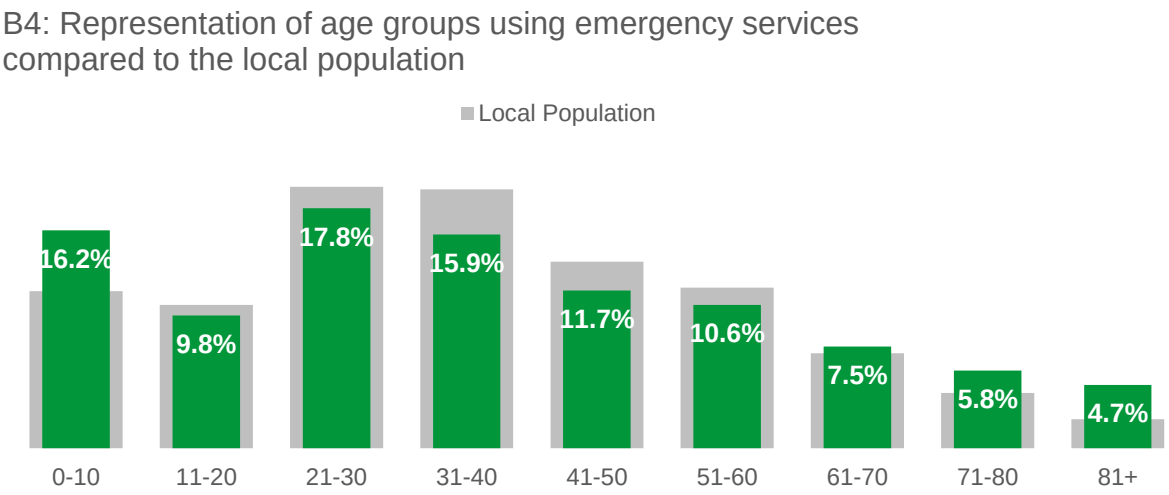


Chart B4 (above) shows a broad correlation in the general trend of patients attending emergency services compared to the local demographics. For patients aged 0-10 and 61+ there is a greater representation within emergency services compared to the local demographic, and a lower representation for staff aged 11-60.

B5: Representation of age groups using community services compared to the local population

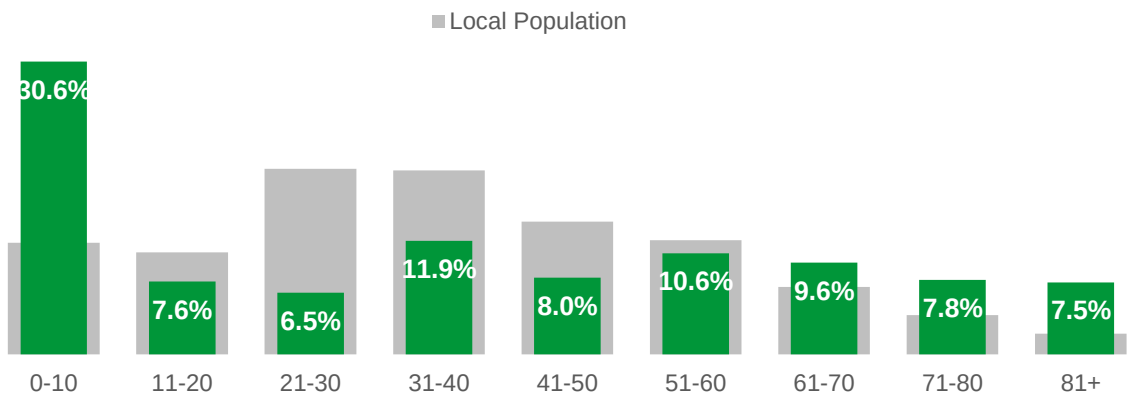


Chart B5 (above) shows an overall broad correlation in the general trend of patients attending community services compared to the local demographics for patients aged 31+. For patients aged 0-10 and 61+ there is a greater representation within community services compared to the local demographic, and a lower representation for staff aged 11-60.

Disability and gender reassignment

This information is not routinely collected through Medway or Rio, our patient information management systems.

Marriage and Civil Partnership

B6: Overall Representation of Marriage and Civil Partnerships in Haringey and Islington Local Population

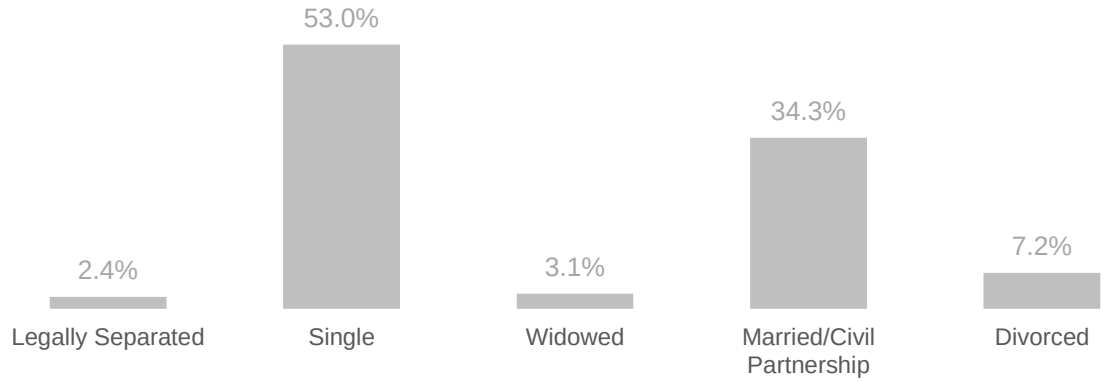


Chart B6 (above) shows an overall representation of marriage and civil partnership in the local population within Haringey and Islington, 34.3% of the population share this relationship status. Because of the way data is recorded on the Trust's patient information systems both marriage and civil partnership have been aggregated.

B7: Representation of patients in a marriage/civil partnership using outpatient services compared to the local population

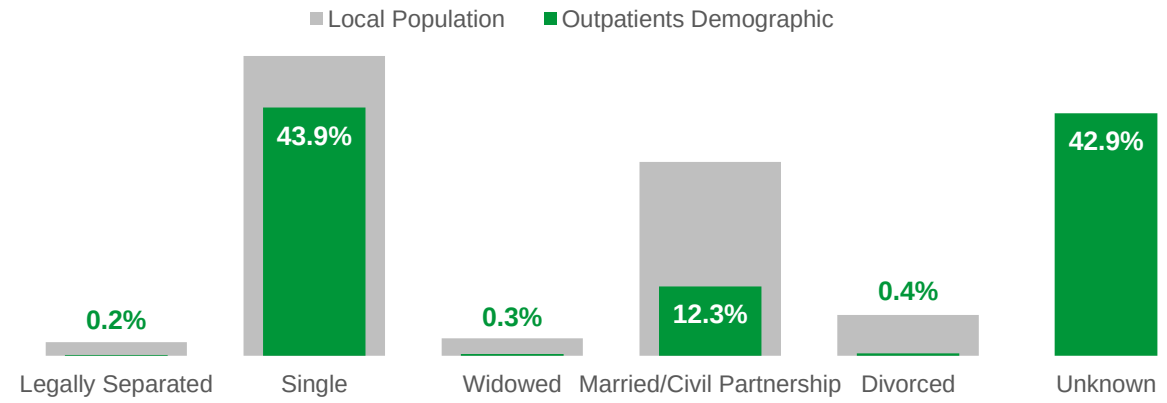


Chart B7 (above) shows overall, there is a much lower representation of patients in a marriage/civil partnership compared to the local population (about a third less). However, with over 40% of patient's marital status is unknown, a true reflection of service use cannot be demonstrated until this reduces.

B8: Representation of marriage/civil partnerships using inpatient services compared to the local population

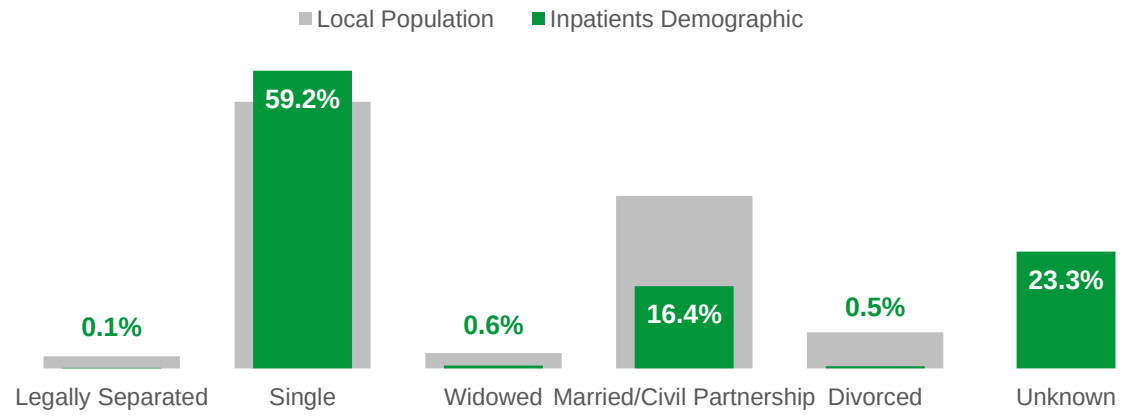


Chart B8 (above) shows an overall broad correlation in the general trend of patients attending inpatient services compared to the local demographics. Compared to the local demographics there is a much lower proportion of patients in a marriage or civil partnership that has attended inpatient services.

B9: Representation of marriage/civil partnerships using emergency services compared to the local population

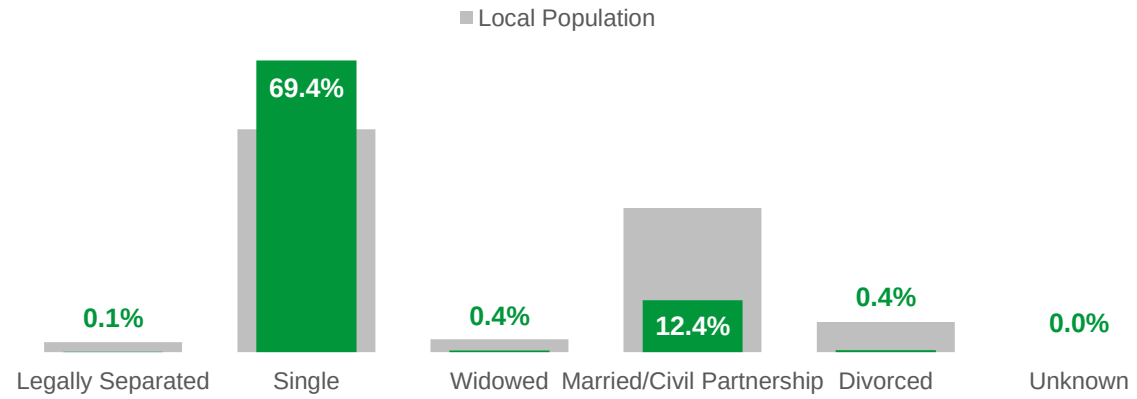


Chart B9 (above) shows an overall broad correlation in the general trend of patients attending emergency services compared to the local demographics. However, there is a much lower proportion of patients in a marriage/civil partnership using Trust services compared to the local population.

Over 98% of patients using the Trust's community services did not share if they are in a marriage or civil partnership. As such there is not accurate conclusion that have been drawn from this information (no chart to show representation).

Pregnancy and maternity

This information is not routinely collected through Medway or Rio, our patient information management systems.

Race (this includes ethnic or national origins, colour or nationality)

B10: Overall Representation of Race/Ethnicity in Haringey and Islington Local Population

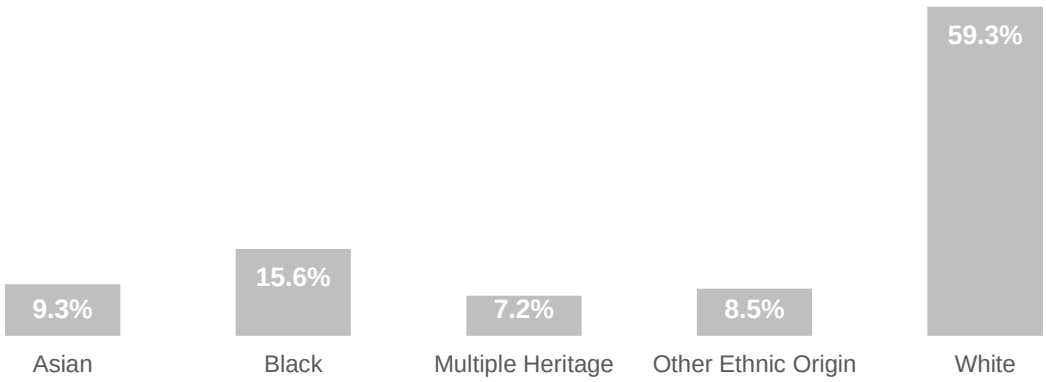


Chart B10 (above) shows the largest group ethnicity group is white with 59.3% of the local population, followed by Black (15.6%), Asian (9.3%) other ethnic group (8.5%) and finally residents that are from multiple heritage backgrounds.

B11: Representation of patient's race/ethnicity using outpatient services compared to the local population

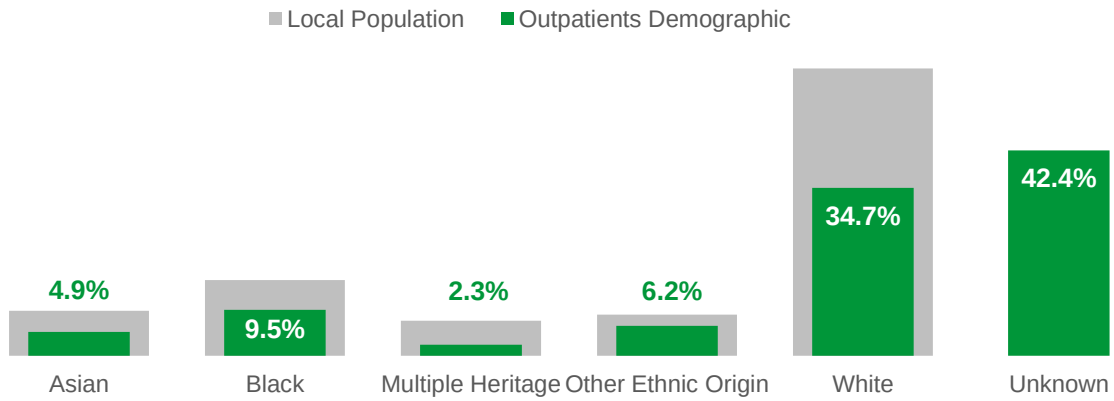


Chart B11 (above) shows, the broad trend of representation in ethnicity groups in the community aligns with patient demographic data using outpatient services. However, when comparing the proportional representation (to the local population), there is a lower representation in all groups, however, with over 40% of patient's ethnicity groups being 'unknown' the true level or representation in Trust demographic data cannot be seen till this improves.

B12: Representation of patient's race/ethnicity using inpatient services compared to the local population

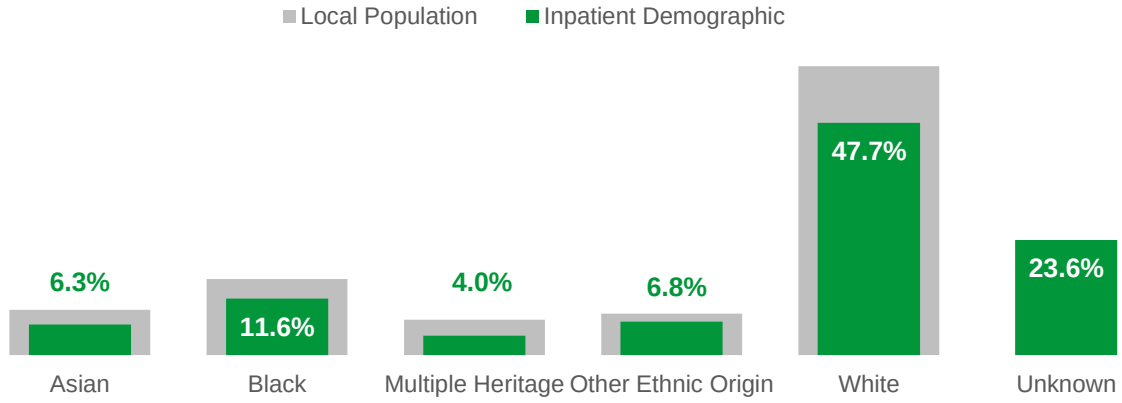


Chart B12 (above) shows, the overall broad trend of representation in ethnicity groups in the community aligns with patient demographic data using outpatient services. However, when comparing the proportional representation, there is a lower representation in all groups.

B13: Representation of patient's race/ethnicity using emergency services compared to the local population

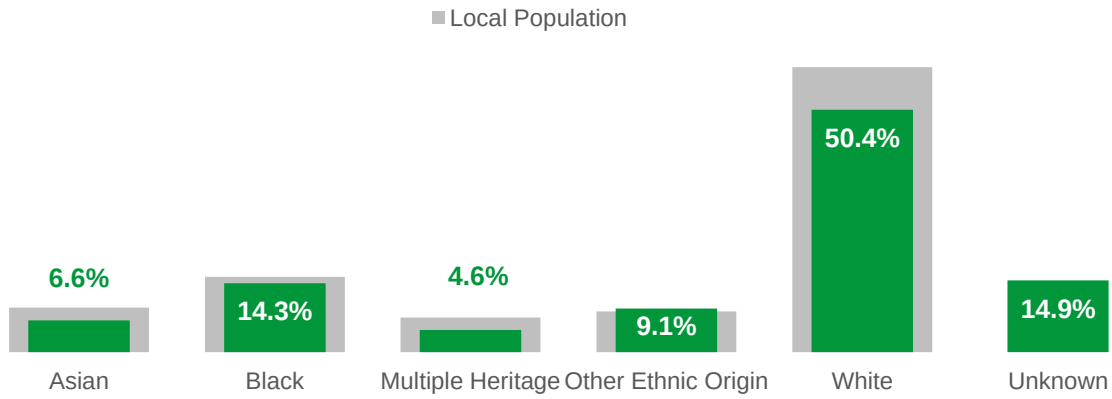


Chart B13 (above) shows, the overall broad trend of representation in ethnicity groups in the local population with patient demographic data using outpatient services. However, when comparing the proportional representation (to the local population) most groups have a lower representation in service use except Black and other ethnic groups which are broadly in line.

B14: Representation of patient's race/ethnicity using community services compared to the local population

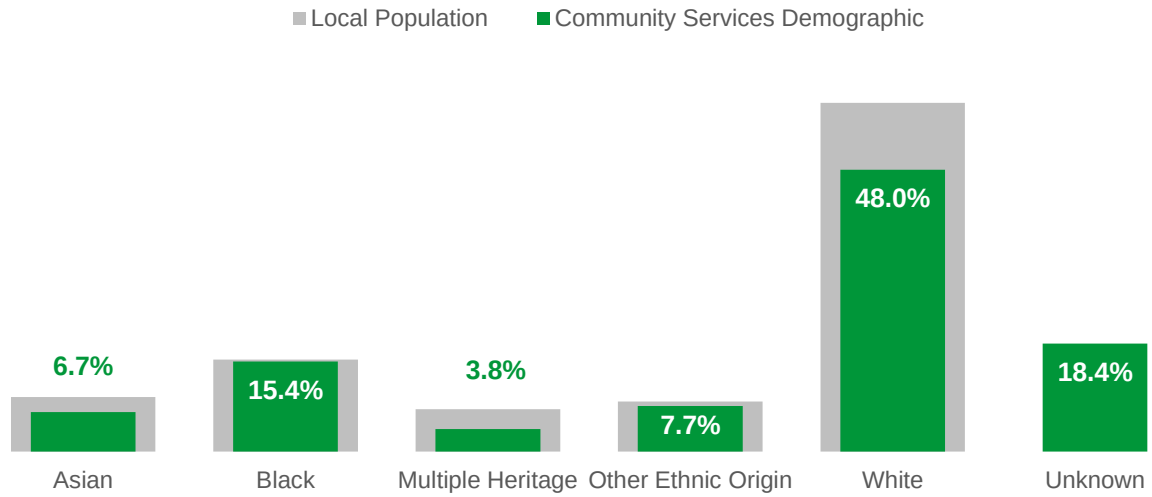


Chart B14 (above) shows, the broad trend of representation in ethnicity groups of the local population aligns with patient demographic data using community services. However, when comparing the proportional representation (to the local population) most groups have a lower representation in service use except Black and other ethnic groups which are broadly in line.

Religion or belief

Declaration of this protected characteristic is low throughout all patient services, as such, offers little insight into service use, and has been excluded from this report.

Sex

B15: Overall Representation of sex in Haringey and Islington Local Population

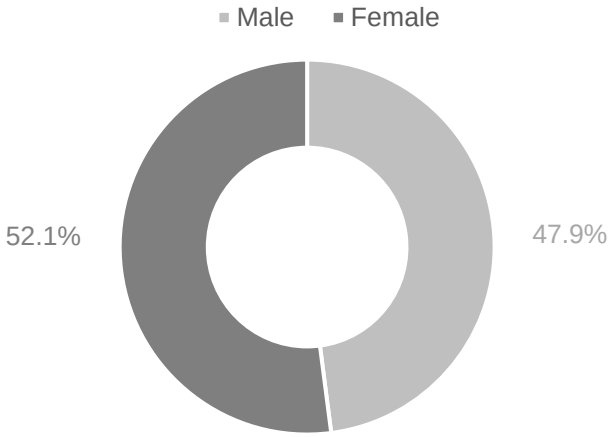


Chart B15 (above) shows that within the local population there are slightly more female residents (52.1%) than male (47.9%).

B16: Representation of sex of patients using outpatient services compared to the local population

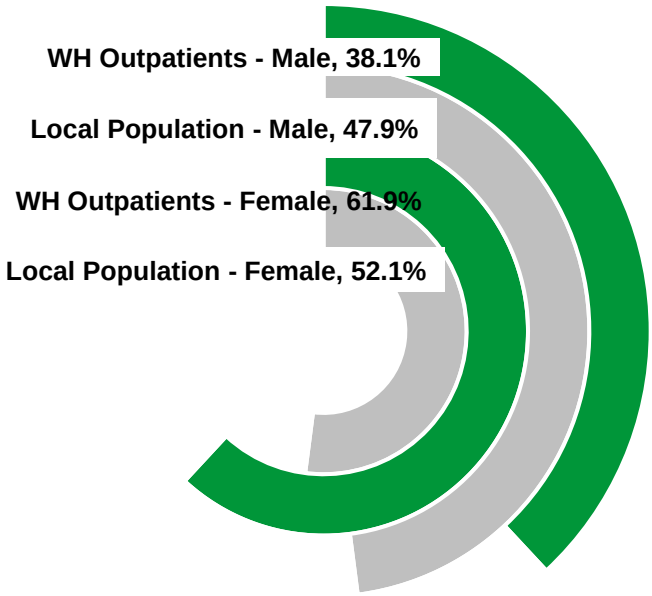


Chart B16 (above) shows there is a much higher proportion of female patients using outpatient services than male. When compared to the local population, there is also a greater-than-expected representation of female patients and a lower-than-expected of male patients using outpatient services.

B17: Representation of sex of patients using inpatient services compared to the local population

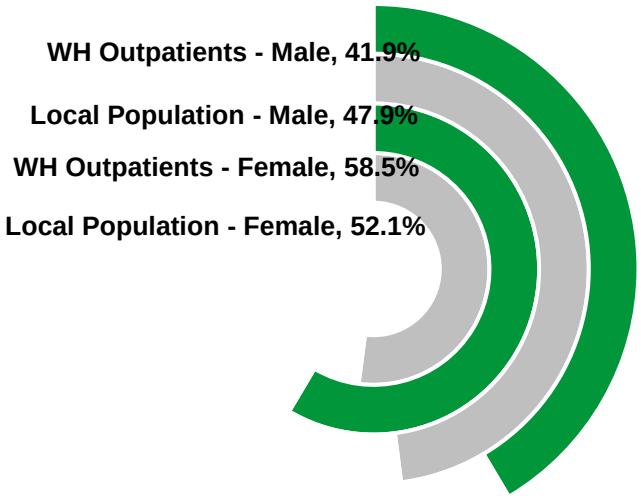


Chart B17 (above) shows there are a greater number of female patients compared to male patients using inpatient services. Compared to the local population, there is a slightly higher-than-expected representation of female patients and a slightly lower-than-expected of male patients.

B18: Representation of patient's sex using emergency services compared to the local population

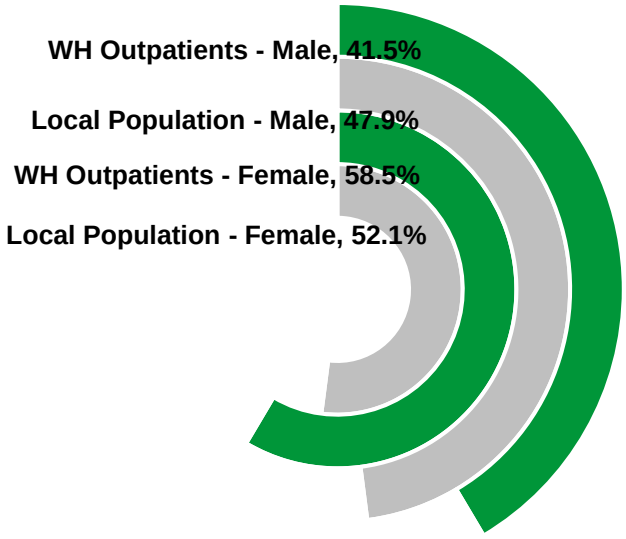


Chart B18 (above) shows there are more female patients using emergency services than male. Compared to the local population, there is broadly equal proportion of female and male patients using Trust services.

B19: Representation of patient's sex using community services compared to the local population

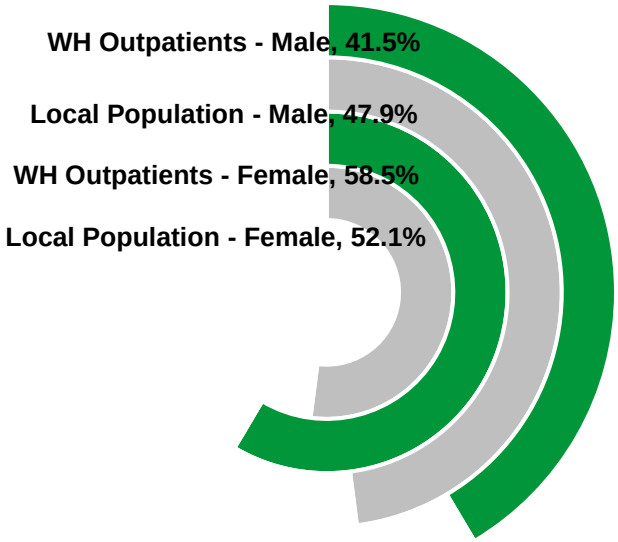


Chart B19 (above) shows here are a greater number of female patients compared to male patients using inpatient services. Compared to the local population, there is a slightly higher-than-expected representation of female patients and a slightly lower-than-expected of male patients.

Sexual orientation

This information is not routinely collected through Medway or Rio, our patient information management systems.

Friends and Family Test

The Friends and Family Test measures patient satisfaction with their experiences of using our services. The survey explores different aspects of patients' experience of using Trust services. At present, it is not possible to break down the responses to questions by protected characteristics. Still, it is possible to provide a profile for overall responses and these are shown in the next pages.

Whittington Health
NHS Trust

Community Services - Friends and Family Test Results (23/24 - 5,589 response)

94.3% of patients rated their experience of Trust services a **very good or good**

87.2% of patients said they/their carer were **involved** as much as **they wanted** in their/their child's **care**

95.5% of patients said they were treated with **kindness/compassion**

93.6% of patients said they had **trust/confidence in the staff** caring/treating them/their child

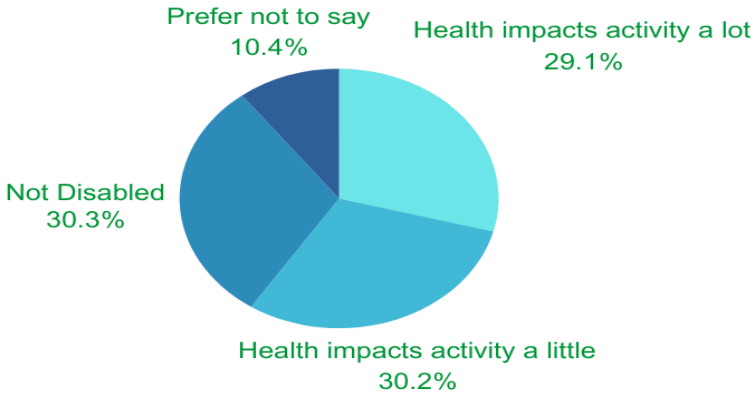
90.6% of patients felt they had **enough information** about the service **or knew who to contact** if needed

Patient Profile of the Respondents to the Community FFT Survey

Age breakdown:

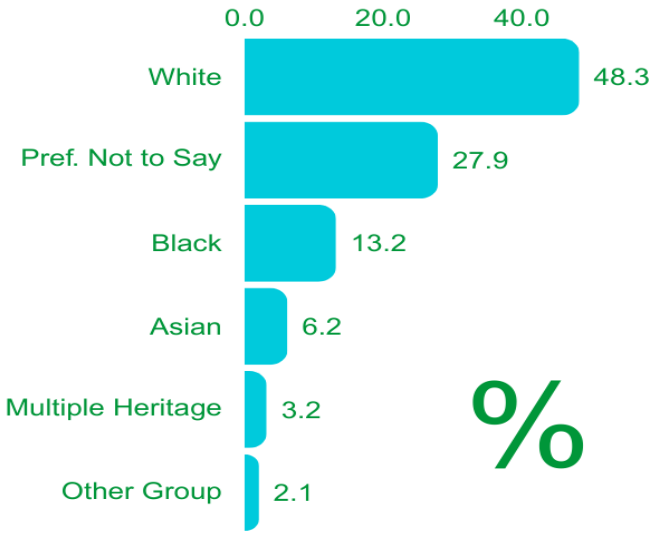
- 1.8% Under 16
- 1.2% 16-24
- 3.6% 25-34
- 6.2% 35-44
- 8.0% 45-54
- 15.5% 55-64
- 58.6% 65 and over
- 5.1% Prefer not to say

Disability status breakdown:

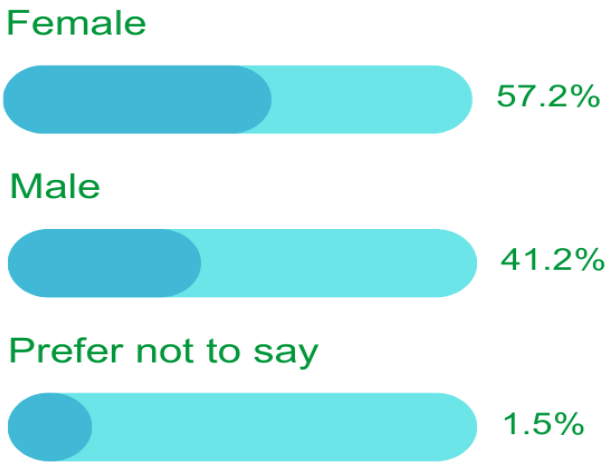


The categories used in the survey are in line with the 2011 Census, but not easily translate to the definition of disability under the Equality Act 2010

Ethnicity breakdown:



Sex breakdown:



Inpatient Services - Friends and Family Test Results (23/24 - 2,550 response)

96.0% of patients rated their experience of Trust services a **very good or good**

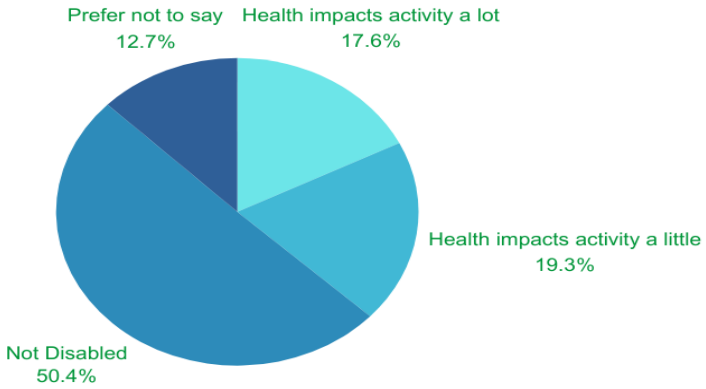
Circa 90% of patients stated they did not know or cannot remember for the remaining factors that provide specific insights into areas of satisfaction within inpatient services.

Patient Profile of the Respondents to the Inpatient FFT Survey

Age breakdown:

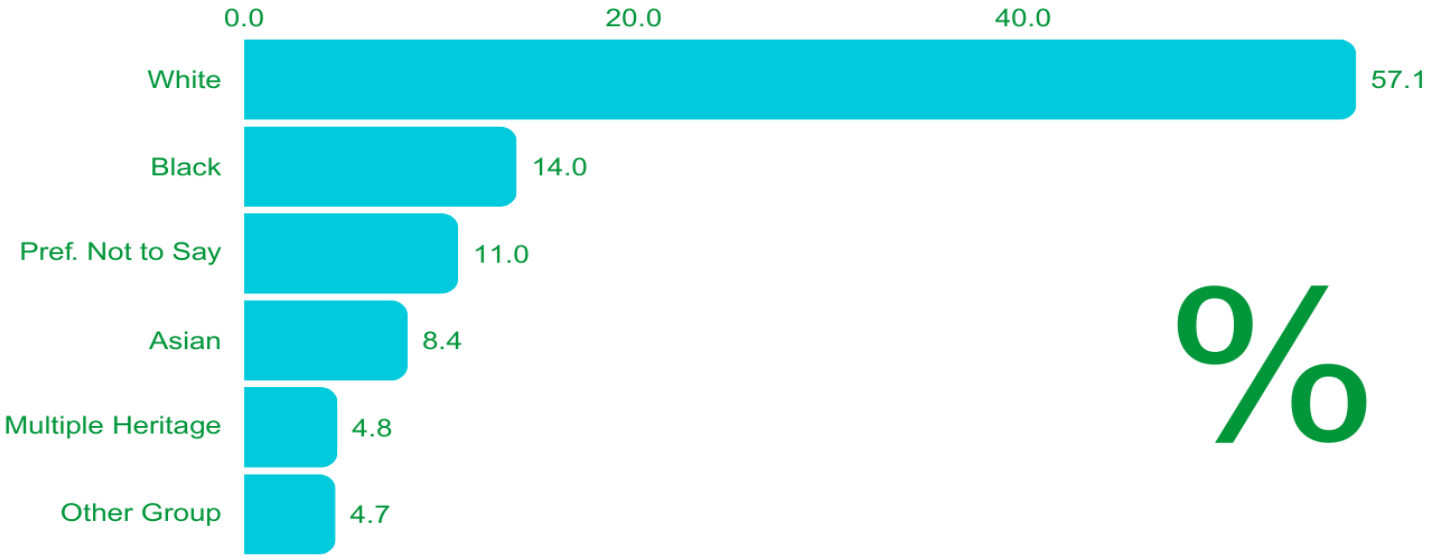
- 4.9% Under 16
- 4.3% 16-24
- 11.1% 25-34
- 14.1% 35-44
- 12.1% 45-54
- 17.3% 55-64
- 27.8% 65 and over
- 7.6% Prefer not to say

Disability status breakdown:



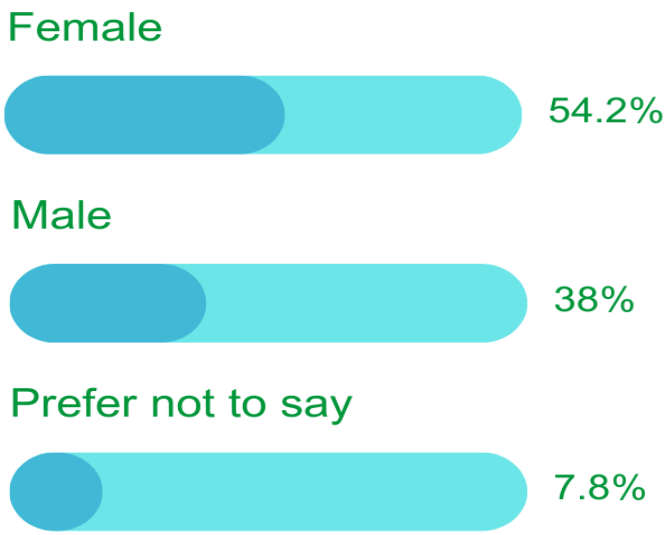
The categories used in the survey are in line with the 2011 Census, but not easily translate to the definition of disability under the Equality Act 2010

Ethnicity breakdown:



%

Sex breakdown:



Outpatient Services - Friends and Family Test Results (23/24 - 2,359 response)

90.4% of patients rated their experience of Trust services a **very good or good**

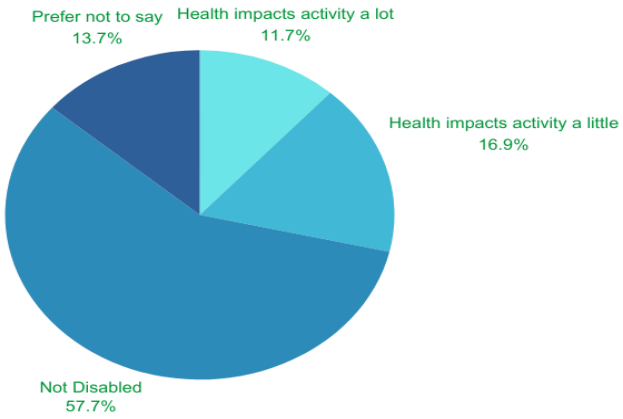
Circa 80% of patients stated they did not know or cannot remember for the remaining factors that provide specific insights into areas of satisfaction within outpatient services.

Patient Profile of the Respondents to the Outpatient FFT Survey

Age breakdown:

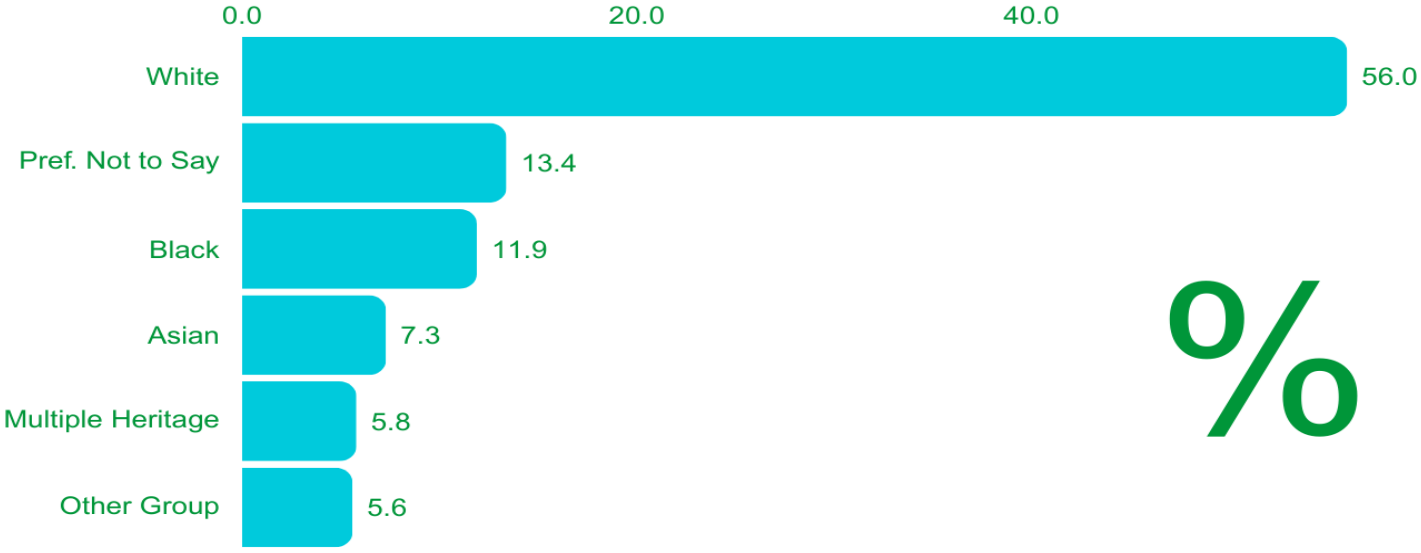
- 3.8% Under 16
- 2.5% 16-24
- 10.6% 25-34
- 13.3% 35-44
- 17.1% 45-54
- 17.1% 55-64
- 26.0% 65 and over
- 9.6% Prefer not to say

Disability status breakdown:



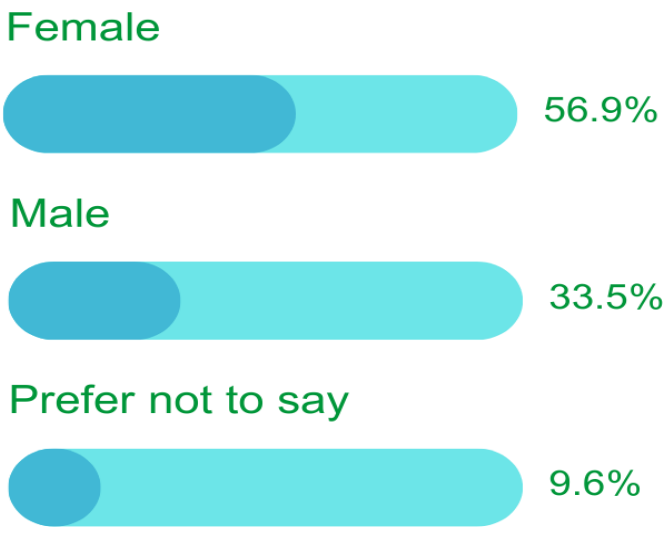
The categories used in the survey are in line with the 2011 Census, but not easily translate to the definition of disability under the Equality Act 2010

Ethnicity breakdown:



%

Sex breakdown:



Complaints and Concerns Raised with Patient Advice and Liaison Service

Complaints and concerns are essential types of feedback that allow the Trust to make improvements for individual patients and our services. However, due to the low declaration of all protected characteristics within the data, there is no meaningful analysis that can be drawn from the data available.

5.3 Patient language and communication services

The trust uses interpreter and translation services to meet our diverse patient base's language and communication needs across all sites. Interpreting services are offered either face-to-face, via video or on the phone. The Trust has access to a range of in-house interpreters that meet most of the interpreting requests. Where the in-house interpreters cannot meet a request, these are covered by external providers.

During 2023/24 the Trust provided interpreting support in 17,801 prebooked interpreting appointments throughout our acute and community services. The top ten languages used were:

	Sessions
Turkish	7,368
Spanish	2,282
Arabic	1,179
Albanian	994
Bengali	992
Somali	969
Polish	872
Farsi Persian	817
Portuguese	810
British Sign Language	618

In addition, our external providers supported our patents in 18,387 telephone interpreting on demand consultations (where a pre-booking had not been made) in a variety of languages. Additionally, the trust translated a number of patient's records, letters, questionnaires, reports and patient information leaflets in a variety of languages.

5.4 Patient data – waiting times

Overleaf, in line with NHS England's statement on health inequalities, the next few pages set out waiting times disaggregated by age, deprivation, ethnicity and sex for waiting times for diagnostic test, referral to treatment, cancer services and in the emergency department.

Diagnostic waits									
Ethnicity	**% of diagnostic waits by ethnicity**		**Age group**	**% of diagnostic waits by age group**		**Deprivation (decile)**	**% of diagnostic waits by deprivation (decile)**		**Deprivation (decile)**
Not Stated	35.78%		[Age 45 - 64]	37.16%		2	20.31%		1
White - British	22.44%		[Age 18 - 44]	34.10%		3	19.89%		10
White - Other	13.41%		[Age 65 - 74]	10.75%		4	12.81%		0
Any other ethnic group	7.98%		[Age 75 - 84]	8.40%		5	10.96%		
Black - African	5.29%		[Age 0 - 17]	6.21%		6	9.79%		
Black - Caribbean	4.35%		[Age 85+]	3.38%		1	6.18%		
Black - Other	2.09%		Grand Total	100.00%		8	5.81%		
Asian - Indian	1.61%					7	5.53%		
White - Irish	1.56%					9	4.15%		
Mixed - Other	1.46%		**Sex**	**% of diagnostic waits by sex**		0	3.99%		
Asian - Other	1.31%		Female	65.47%		10	0.58%		
Asian - Bangladeshi	1.23%		Male	34.53%		Grand Total	100.00%		
Mixed - White and Black Caribbean	0.42%		Grand Total	100.00%					
Chinese	0.35%								
Mixed - White and Black African	0.24%								
Mixed - White and Asian	0.24%								
Asian - Pakistani	0.23%								
Grand Total	100.00%								

Referral to treatment time waits							
Ethnicity	**% of RTT waits by ethnicity**		**Age group**	**% of RTT waits by age group**		**Deprivation (decile)**	**% of RTT waits by deprivation (decile)**
Not Stated	42.25%		[Age 45 - 64]	34.90%		3	19.11%
White - British	20.22%		[Age 18 - 44]	33.98%		2	18.31%
White - Other	12.42%		[Age 65 - 74]	12.98%		4	14.01%
Any other ethnic group	6.83%		[Age 75 - 84]	8.89%		6	10.86%
Black - African	4.36%		[Age 0 - 17]	6.52%		5	10.04%
Black - Caribbean	3.72%		[Age 85+]	2.72%		8	6.62%
Black - Other	2.06%		Grand Total	100.00%		7	6.31%
Asian - Other	1.74%					1	5.56%
White - Irish	1.66%					9	4.56%
Mixed - Other	1.16%					0	3.65%
Asian - Indian	1.09%		**Sex**	**% of RTT waits by sex**		10	0.96%
Asian - Bangladeshi	0.90%		Female	58.02%		Grand Total	100.00%
Chinese	0.45%		Male	41.96%			
Asian - Pakistani	0.39%		Not Stated	0.01%			
Mixed - White and Black Caribbean	0.38%		Indeterminate	0.01%			
Mixed - White and Asian	0.19%		Grand Total	100.00%			
Mixed - White and Black African	0.17%						
Grand Total	100.00%						

Cancer waits							
Ethnicity	**% of cancer waiting time by ethnicity**		**Age group**	**% of cancer waiting time by age group**		**Deprivation (decile)**	**% of cancer waiting time by deprivation (decile)**
Not Stated	35.83%		[Age 45 - 64]	36.88%		3	16.17%
White - British	27.37%		[Age 18 - 44]	23.09%		2	15.64%
White - Other	13.32%		[Age 65 - 74]	20.54%		6	13.32%
Any other ethnic group	6.98%		[Age 75 - 84]	15.25%		4	12.91%
Black - Caribbean	4.86%		[Age 85+]	4.08%		5	12.23%
Black - Other	2.93%		[Age 0 - 17]	0.16%		8	7.93%
White - Irish	2.57%		Grand Total	100.00%		7	7.27%
Black - African	1.62%					9	5.69%
Asian - Other	1.60%					1	4.84%
Mixed - Other	1.10%					0	3.64%
Mixed - White and Black Caribbean	0.51%		**Sex**	**% of cancer waiting time by sex**		10	0.35%
Chinese	0.31%		Male	50.27%		Grand Total	100.00%
Mixed - White and Black African	0.30%		Female	49.51%			
Asian - Bangladeshi	0.26%		Not Stated	0.22%			
Mixed - White and Asian	0.19%		Grand Total	100.00%			
Asian - Indian	0.15%						
Asian - Pakistani	0.11%						
Grand Total	100.00%						

Emergency Department (ED) waits								
Ethnicity	**% of ED waiting time by ethnicity**		**Age group**	**% of ED waiting time by age group**		**Deprivation (decile)**	**% of ED waiting time by deprivation (decile)**
White - British	27.61%		[Age 18 - 44]	36.00%		3	20.08%
White - Other	19.00%		[Age 45 - 64]	23.46%		2	18.05%
Not Stated	14.52%		[Age 0 - 17]	14.49%		4	12.40%
Any other ethnic group	9.02%		[Age 65 - 74]	9.75%		6	11.06%
Black - African	8.50%		[Age 75 - 84]	9.68%		5	10.38%
Black - Caribbean	4.89%		[Age 85+]	6.61%		1	7.07%
Black - Other	4.72%		Grand Total	100.00%		7	5.68%
Asian - Other	2.57%					0	5.44%
White - Irish	2.21%					8	4.79%
Mixed - Other	2.15%					9	4.52%
Asian - Indian	1.22%		**Sex**	**% of ED waiting time by sex**		10	0.52%
Asian - Bangladeshi	0.97%		Female	53.88%		Grand Total	100.00%
Mixed - White and Black Caribbean	0.88%		Male	46.10%			
Chinese	0.55%		Indeterminate	0.02%			
Asian - Pakistani	0.45%		Grand Total	100.00%			
Mixed - White and Black African	0.40%						
Mixed - White and Asian	0.33%						
Grand Total	100.00%						

5.5 Population health and anchor institution work

We continue to build our population health programme which forms an important part of our response to the inequalities in our populations and strengthens our aim to help local people live longer healthier lives.

Anchor institution

Our work as an anchor institution in partnership with local government, communities and local businesses aims to deliver improvements to the health and wellbeing of our population. The local Anchor Network have agreed five strategic objectives that we are committed to delivering against.

Strategic Objective	Current projects
Employment **Create local jobs paying the living wage, caring for the mental and physical health of our staff.**	• Local outreach – work experience opportunities are being looked at as part of the Network and include: ▪ A work placement scheme for schools ▪ A supported internship scheme - for young persons (18-25) with special educational needs • Work is ongoing with the Health and Social Care Academy to tackle focus on enrolment and shared practice • Appraisals are in place with staff to look at professional development with internal ICARE leadership courses and apprenticeship schemes • Flexible working policy has been renewed. • Work is ongoing and is moving in the right direction for positive working environments, open communication and recognition on work including better connections for lower grade staff and management • The merger of City, University of London and St George's, University of London will create a powerful multi-faculty institution which is part of our Anchor Network will increase capability for population health monitoring, workforce development and leadership, policy, and advocacy.
Procurement **Create social value through our procurement**	• On behalf of the Network WH hosted a procurement event for local partners in March 2024. • As an NHS trust WH will participate in the system led procurement programme.
Bricks and mortar **Design vibrant community spaces that improve health and benefit the environment.**	**To reduce our carbon footprint:** • Work is ongoing at WH regarding replacing gas boilers and finance options to pay this back over time • Work ongoing with the Treasury regarding restrictions on power purchase agreements and team ready to look at solutions • Work ongoing with high street banks co-op and NatWest looking at zero fossil fuel banking • Work is ongoing with moving to seasonal/vegan based food options and consultancy in place to map changes

Strategic Objective	Current projects
	and challenges. Information sharing with Guy's and St Thomas FT
Corporate and civic **Lead, influence and partner with others using data to prioritise actions that reduce inequalities.**	• **External civic role and partnerships:** Part of Islington Anchor network, Member of NHS London Anchor Strategy and Change Network. • **Internal anchor ownership:** We have allocated leads for each of the strategies within the local Anchor institute and track progress against these in our steering group.
Service Provision - This is covered in our Health Inequalities Programme of work. • Be a positive presence and influence in the health of our communities through trusted advice and holistic approach. • Co-design and deliver joined up services so they reach and benefit disadvantaged communities.	

Health Inequalities Programme

We have set up a Health Inequalities Steering Group to provide assurance to the Quality Assurance Committee on the monitoring, analysis and publication of health inequalities and population health data.

The objectives of the include:

- Provide support and enable different services to address health inequalities
- Sharing work and learning opportunities
- Identify cross ICSU opportunities
- Report on progress in addressing Health Inequalities CORE 20 PLUS 5 through service delivery, access and improved data quality

Strategy	Current projects
Core 20 **24% of Islington and 34% of Haringey's population live in the 20% most deprived neighbourhoods in England**	• Dashboard created where service user data is disaggregated by ethnicity, IMD deciles, age and gender. This will help services to ensure they are able to identify areas of greatest disparity. • Trust Board performance packs are to be disaggregated by deprivation and ethnicity. This intelligence will then inform the development of action plans to narrow the health inequalities gap.
Plus Population groups	• We have multiple services which treat some of the most deprived patients in our communities, these include: ○ Sickle cell service

Strategy	Current projects
experiencing poorer-than-average health access, experience and/or outcomes	○ Integrated frailty service, proactive frailty service. ○ Prevention and Management of type 2 diabetes in a deprived community in West Haringey- this project improved outcomes for patients.
Maternity Ensuring continuity of care for women from BME communities and from the most deprived groups	• Peri-natal mental health project • Continuity of care service in Haringey • Health visiting • Maternity dashboard curated and utilised in service meetings
Severe Mental Illness 22.5% of people aged 16+ have a common MH condition. One-in-three out-of-work benefit claims are due to mental illness	• The Trust provides medical input into Highgate West site to support physical health needs. We are keen to expand support into Highgate East. We are collaborating with their smoking cessation service to look at ways we can work together. We continue to support their staff development with access to our Library • In maternity we have a project to improve peri-natal mental health • CAMHs/Simmons House • Improving Access to Psychological Therapies in Haringey
Chronic Respiratory Disease Islington has higher than average mortality from respiratory diseases.	• The Adult Community Services clinical division undertook projects in the community which included respiratory outreach work in Haringey via well-being events with Somali and Turkish communities, and those living in sheltered housing. • Addressing inequalities in a chronic obstructive pulmonary disease project looking at pulmonary rehabilitation provision for substance misuse and homeless patients.
Early Cancer Diagnosis The number of cancer diagnoses in Haringey and Islington have increased since 2022	• Increased access to imaging through the Community Diagnostic Centre • Releasing capacity in the system through undertaking day cases at Whittington Health so that complex cancers were treated by University College London Hospitals NBHS Foundation Trust • Commissioned a health inequality survey for colposcopy with the Haringey Public Health team.

6. Workforce

6.1 Workforce representation

The following information is displayed in order of protected characteristics.

Age

C1: Workforce vs local demographic representation by age group

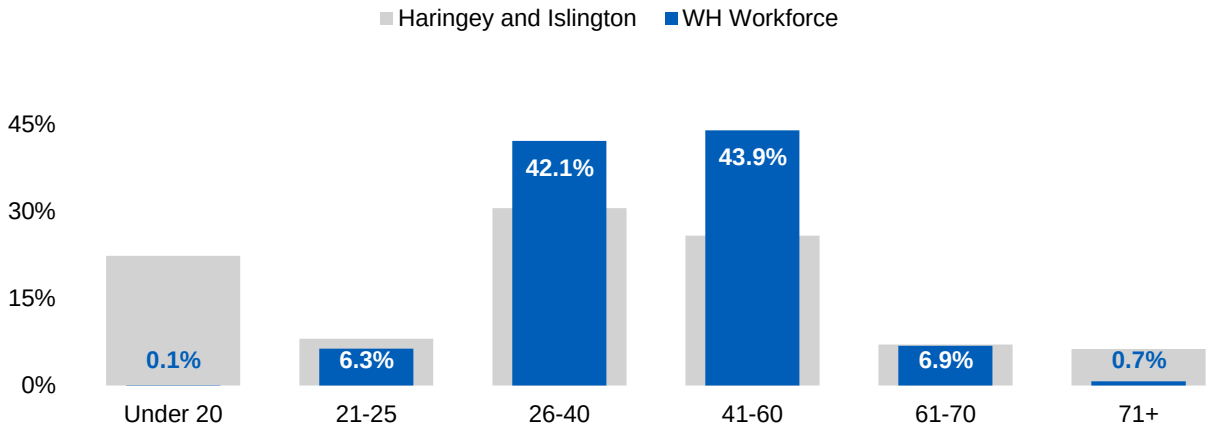


Chart C1 (above) shows the greatest proportion of the workforce is aged between 26-60 years old. The chart demonstrates compared to the local population, there is a greater representation within the workforce of staff aged between 26-40, broadly equal of staff aged 61-70 and lower of under 20-25 and 71+.

C2: Workforce representation within pay structures by age

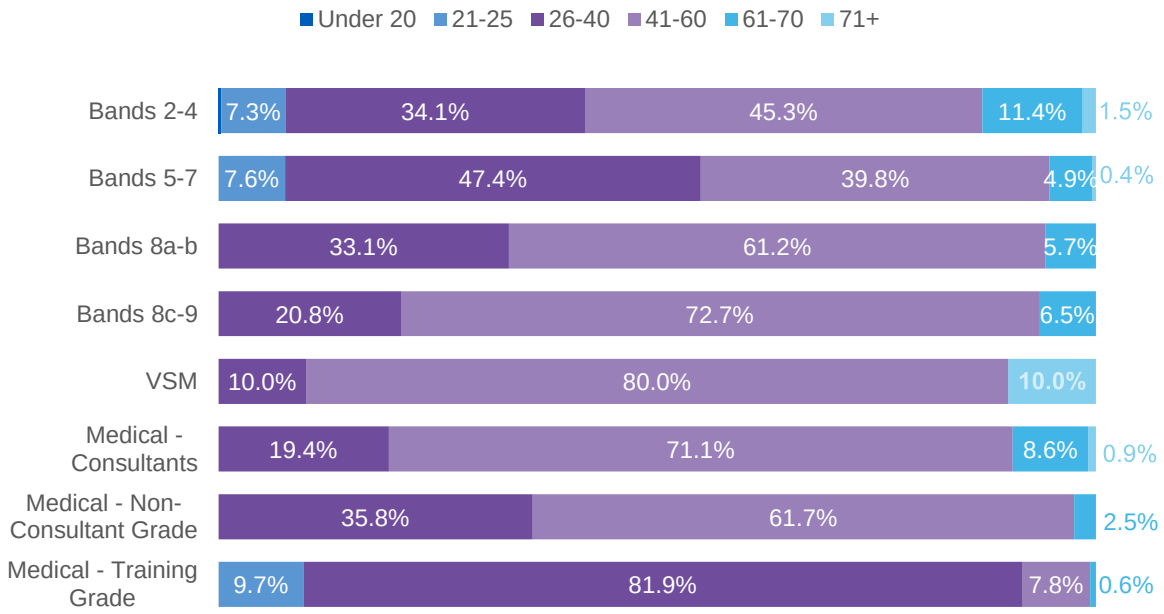


Chart C2 (see previous page) shows the greatest representation for most bands/grades are staff aged 41-60 compared to the overall workforce representation, a higher-than-expected proportion of staff are within this age group.

Compared to the overall workforce representation:

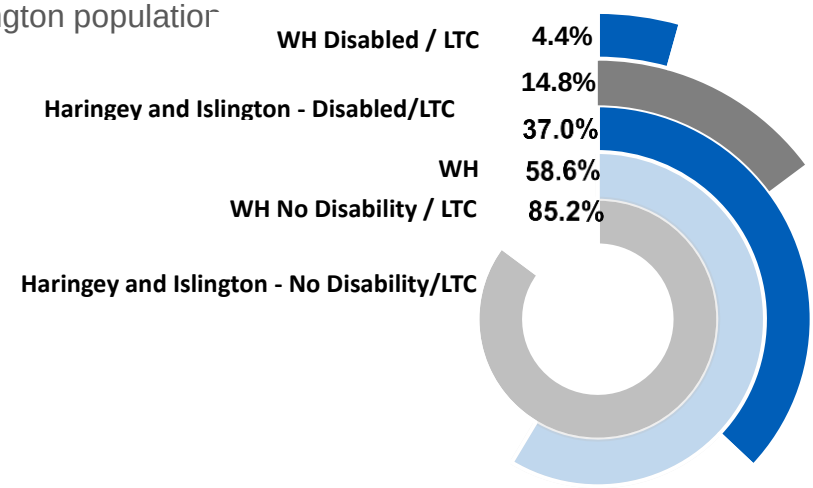
- Staff aged under 20, have a higher-than-expected representation in pay bands 2-4, the training routes and low levels of apprenticeship roles may account for this; no further representation in paibans.
- Staff aged 21-25, have a high-than-expected representation in bands 2-7 and training medical grades. There is no further representation in the pay bands, however, the typical training routes for several professional roles may account for this.
- Staff aged 26-40, have representation throughout all pay bands/grades; this group has a higher-than-expected representation in bands 5-7 and make up most medical trainee grades, however, has a lower-than-expected representation in all other pay bands/grades.
- Staff aged 41-60, have representation throughout all pay bands/grades; this group has a higher-than-expected representation in bands 2-4, 8a-VSM and medical consultant and non-consultant grades. There is a slightly lower-than-expected representation in bands 5-7 and a much lower representation in medical training grades.
- Staff aged 61-70, have representation in most bands/grades except for VSM; this groups has a higher-than-expected representation in bands 2-4 and medical consultant grades, for all other grades there is a lower-than-expected representation.
- Staff aged 71+, have a higher-than-expected representation in bands 2-4, VSM and medical consultant grades; this group has a lower-than-expected representation in bands 5-7, and no further representation in other bands/grades.

Disability

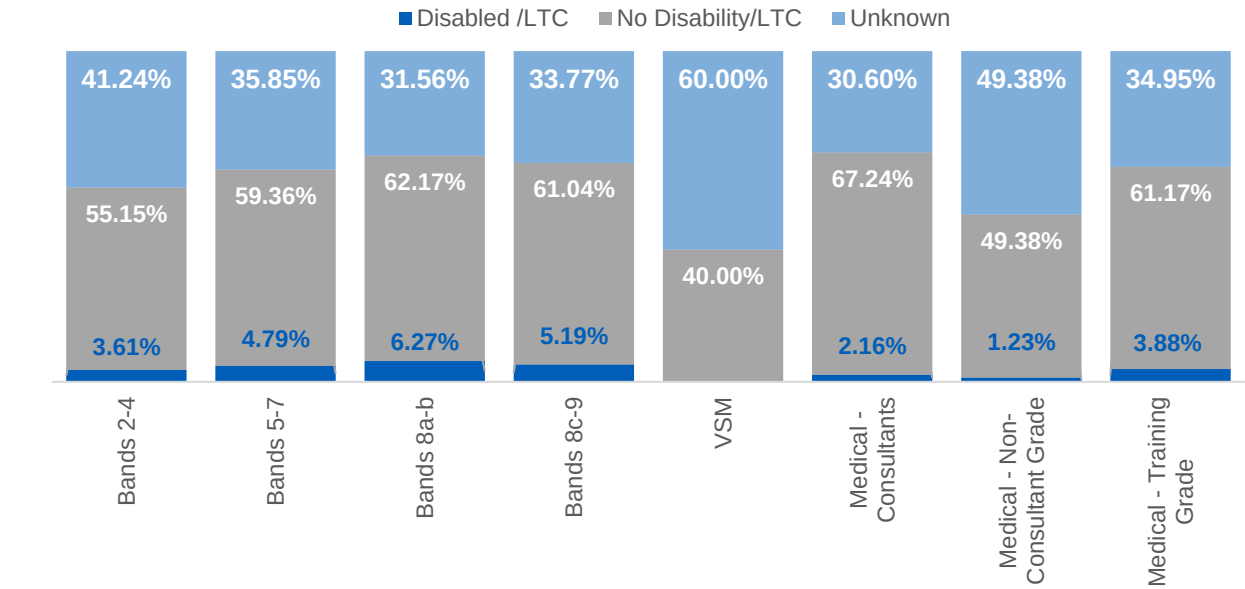
Chart C3 (overleaf) shows that 4.4% of Trust staff have declared that they have a disability/long-term health condition, compared to the local population of 14.8% suggests an underrepresentation in the Trust's data. However, 37% of staff disability/long-term health condition status is unknown, meaning the true level of representation will not be known until the overall declaration rate improves.

The 2023 NHS Staff Survey highlights that 18.3% of respondents highlighted that they have a disability/long-term health condition. This means there is a 13.9% difference (a 1.7% reduction from 2022/23) between the NHS Staff Survey and local ESR data.

C3: Representation of disability status WH Workforce and Haringey and Islington population



C4: Representation of disability/LTC status in pay structures



Compared to the overall workforce representation of disability/long-term health conditions declared, Chart C4 (above) shows that there is a higher-than-expected representation of staff with disabilities/long-term health conditions in bands 5-9, a lower-than-expected representation in bands 2-4 and all medical grades and no representation at VSM. However, there is a high number of staff where their disability status is unknown, which may be hiding the true level of representation throughout the pay structures.

Gender reassignment

In Haringey and Islington, 1.1% of the population identified that they are from transgender/trans communities in the 2021 census; this equates to 4,428 people.

Nationally, recording gender reassignment/identity on Electronic Staff Records is not possible; this is currently under review. Until national updates are made to the ESR system, reporting on this protected characteristic will not be possible.

Marriage and civil partnership

C5: Representation of Marriage and Civil Partnership in the workforce and Haringey and Islington population

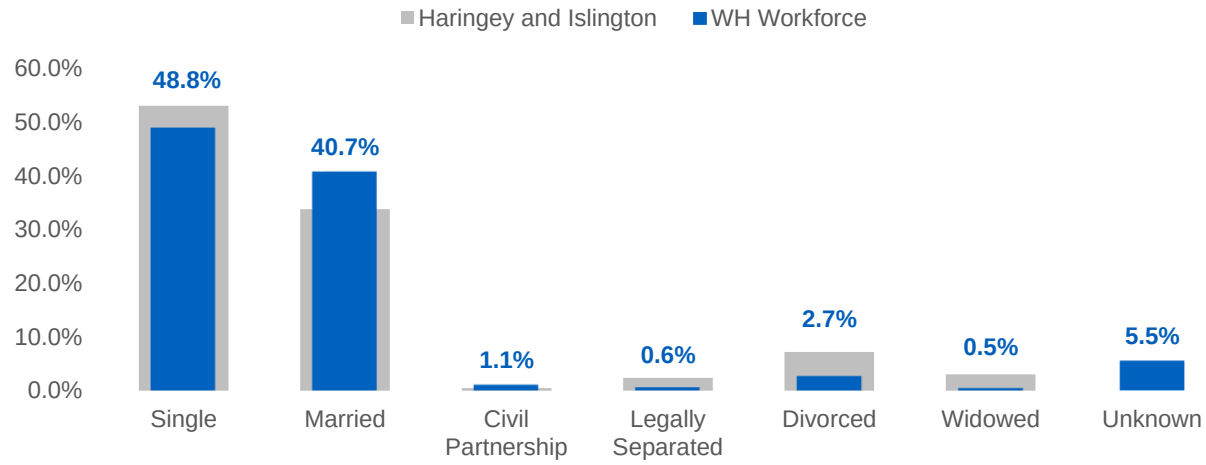
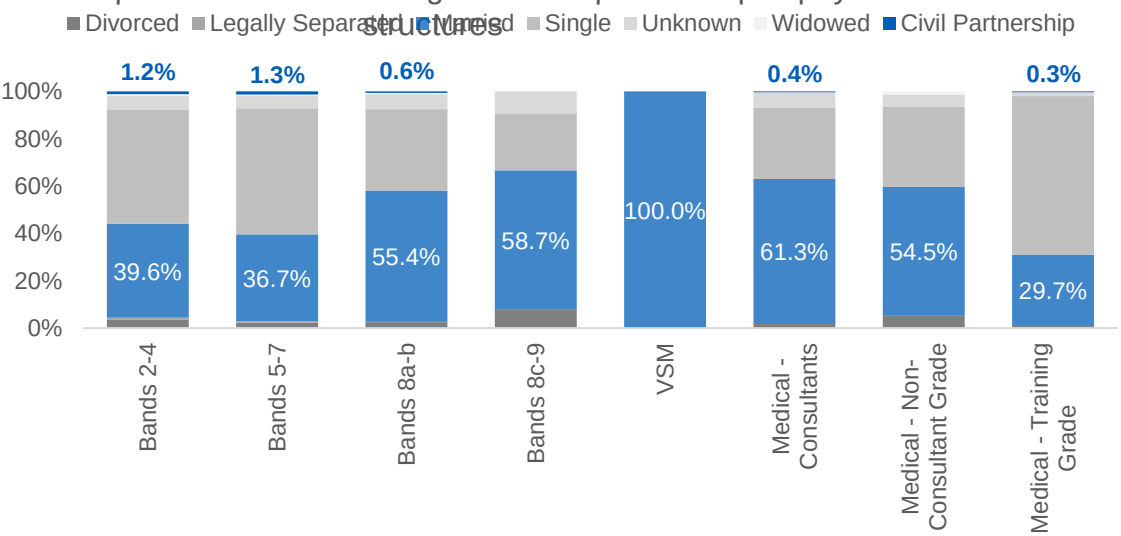


Chart C5 (above) shows that compared to the local demographic profile, there are a higher-than-expected proportion of staff who are either married or in a civil partnership.

C6: Representation of marriage and civil partnership in pay structures



Comparing the overall workforce representation of staff that are married or in a civil partnership, chart C6 (above) shows the representation breakdown within the pay structures; there are:

- Staff that are married: a lower-than-expected representation within bands 2-7 and medical training grades and a higher-than-expected representation in bands 8a-9, VSM and consultant and non-consultant medical grades (majority of staff in these grades are married).

- Staff that are in a civil partnership: have no representation in bands 8c-9, VSM and non-consultant medical grades, a lower-than-expected representation in bands 8a-b, consultant and training medical grades, and a proportionally similar representation in bands 2-7.

Pregnancy and maternity

131 staff were recorded on ESR as being on maternity leave as a snapshot on 31st March 2024. This represents just 2.4% of the female population of the Trust's workforce. It is not possible to know the number of pregnant women in the Trust because there is no requirement to record until a Maternity Certificate has been issued after 20 weeks of pregnancy. ESR will only record those who have completed and submitted their certificates.

Race (this includes ethnic or national origins, colour or nationality)

C7: Representation of Ethnicity in WH Workforce and Haringey and Islington population

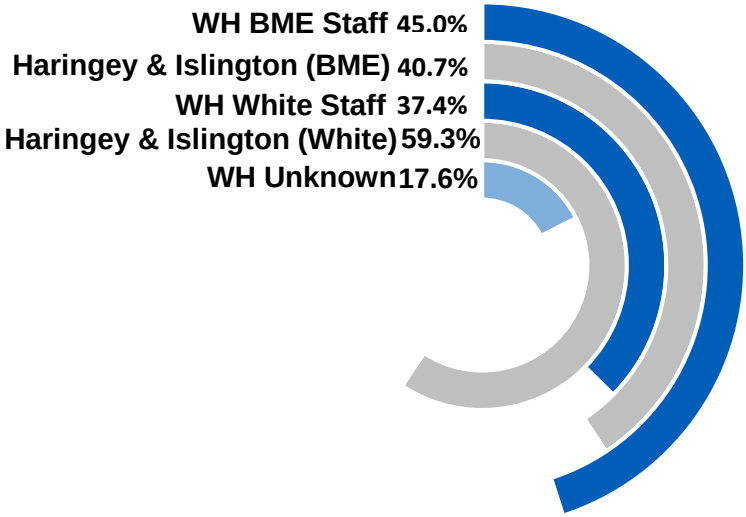


Chart C7 (above) shows that within the Trust's workforce there is a slightly higher-than expected representation of BME staff compared to the local population, a lower-than-expected representation of white staff. However, it should be noted that 17.6% of the workforce have not declared their ethnicity.

C8: Representation of ethnicity (detailed) in WH workforce vs Haringey and Islington population

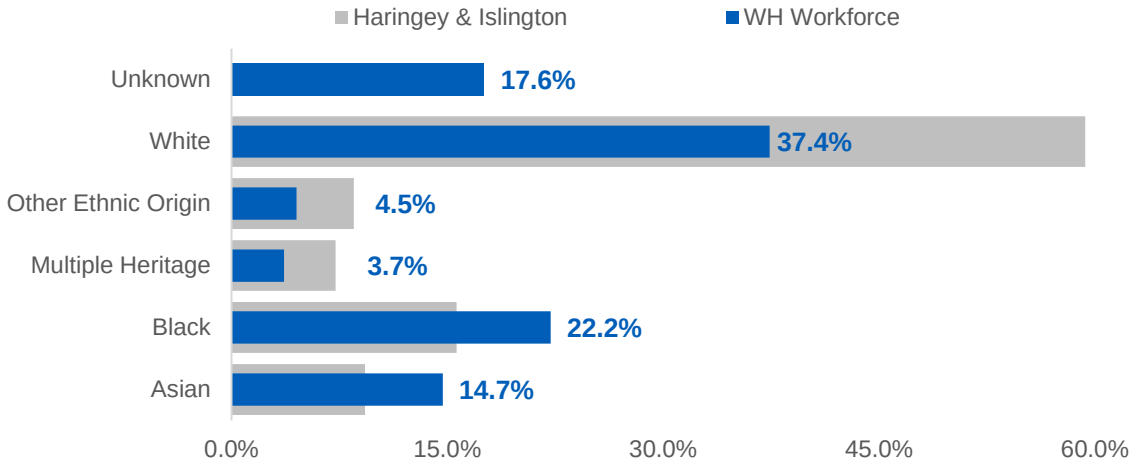


Chart C8 (above) shows a further breakdown of the BME category, compared to the local demographic, there is a higher-than-expected representation of Black and Asian staff and a lower-than-expected representation of staff from white, multiple heritage and other ethnic origins.

C9: Representation of ethnicity in pay structures

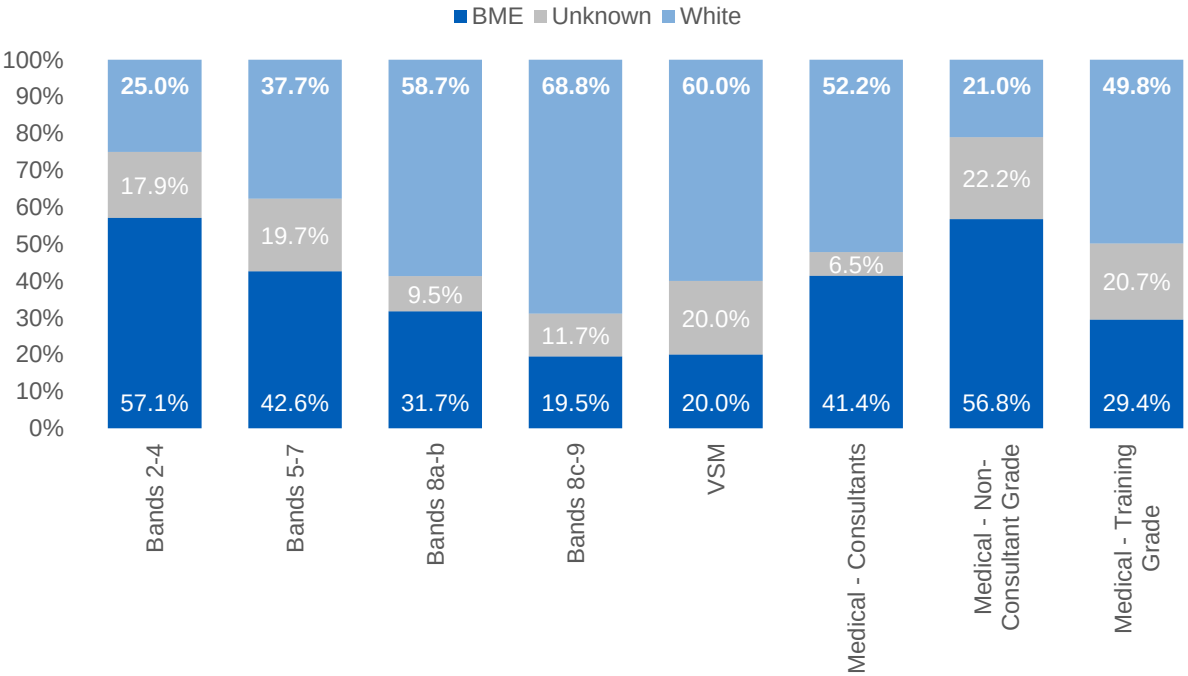


Chart C9 (above) shows that as levels of seniority increases in non-medical staff the representation of BME staff decreases the opposite is true for white staff. There is an under representation of BME staff at VSM grades; there is also a lower-than-expected representation of training medical, a slightly lower in consultant medical and a high-than-expected representation in non-consultant medical grades.

Religion or belief

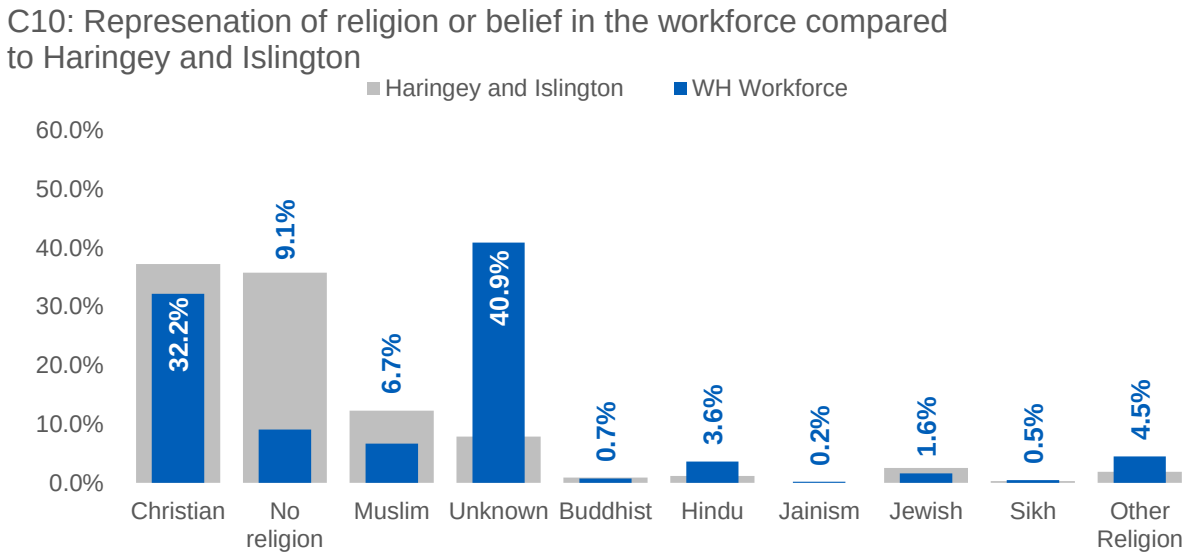


Chart C10 (above) shows, compared to the local population the workforce has a larger-than-expected representation of Hindu, Sikh and staff from other religions, a lower-than-expected representation of Christians, No religion, Muslims Buddhist, and Jewish staff.

Jainism is not recorded as a separate religion in the 2021 Census.

	Bands 2-4	Bands 5-7	Bands 8a-b	Bands 8c-9	VSM	Medical - Consultants	Medical - Non-Consultant Grade	Medical - Training Grade
Buddhism	0.7%	0.7%	0.2%			1.7%		1.9%
Christianity	33.2%	33.8%	35.2%	39.0%	10.0%	22.8%	9.9%	20.7%
Hinduism	3.1%	2.4%	3.8%	1.3%		10.3%	14.8%	9.1%
Islam	8.2%	5.8%	3.4%	3.9%		7.3%	19.8%	8.1%
Jainism	0.2%	0.2%	0.2%					0.3%
Judaism	0.3%	1.6%	2.7%			5.6%	3.7%	4.2%
No Religion	3.1%	9.2%	13.1%	10.4%	20.0%	15.1%	4.9%	28.8%
Other Religion	4.2%	4.7%	5.7%	6.5%		1.7%	1.2%	5.8%
Prefer not to say	15.0%	13.9%	18.3%	16.9%	10.0%	12.5%	19.8%	16.5%
Sikhism	0.3%	0.3%	0.6%	3.9%		1.3%	2.5%	0.6%
Unknown	31.7%	27.5%	16.9%	18.2%	60.0%	21.6%	23.5%	3.9%

Table CT1 (above) shows a breakdown of representation of religion or belief in pay structures, cells that are blue highlight where there is a greater or equal representation compared to the overall workforce. Table CT1 shows that:

- Staff that are Buddhist – have an equal or greater-than-expected representation within pay bands 2-7, consultant and training medical grades, there is a lower-

than-expected representation within bands 8a-b and no representation in bands 8c-9, VSM and non-consultant medical grades.

- Staff that are Christian – are represented throughout all pay structures; they have a greater-than-expected representation in bands 2-9, but lower-than-expected representation in VSM and all medical grades.
- Staff that are Hindu – have a greater-than-expected representation in bands 8a-b and all medical grades, a lower-than-expected representation in bands 2-7, 8c-9 and no representation in VSM grades.
- Staff that are Muslim – have a greater-than-expected representation in bands 2-4 and all medical grades, a lower-than-expected representation in bands 5-9 and no representation in VSM grades.
- Staff that are Jains – where represented (bands 2-8b and training medical grades) have an equal or higher-than-expected representation, however, are not represented in bands 8c-9, VSM or consultant or non-consultant medical grades.
- Staff that do not have a religion or belief – are represented throughout the pay structures, there is a high-than-expected representation in bands 5-9, VSM and consultant and training medical grades; there is a lower-than-expected representation in bands 2-4 and non-consultant medical grades.
- Staff with any other religion or belief – are represented throughout the pay structures (except VSM grades), they have a higher-than-expected representation in band 5-9 and training medical grades and a lower-than-expected representation in bands 2-7 and consultant and non-consultant medical grades.
- Staff that are Sikhs – are presented throughout the pay structures (except VSM grades), there is a higher-than-expected representation within bands 8b-9 and all medical grades, there is a lower-than-expected representation in bands 2-7.
- There is a high proportion of staff that have not shared or chosen not to share their religion or belief, this particular evident in more junior agenda for change bands, VSM and medical grades.

Sex

C11: Representation of sex in WH workforce v. Haringey & Islington population

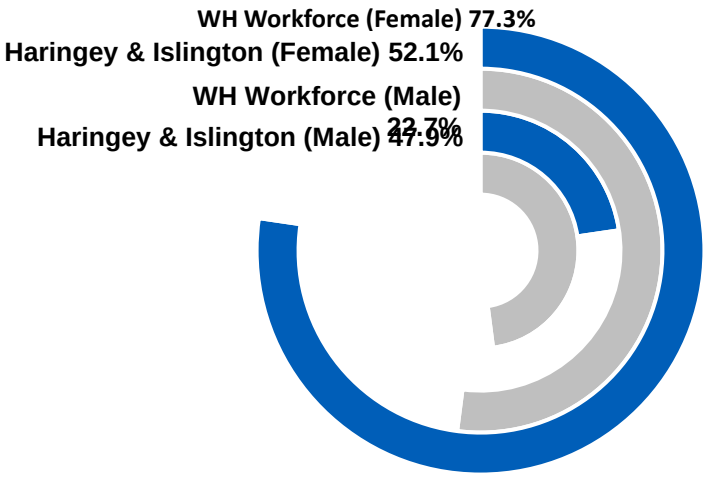
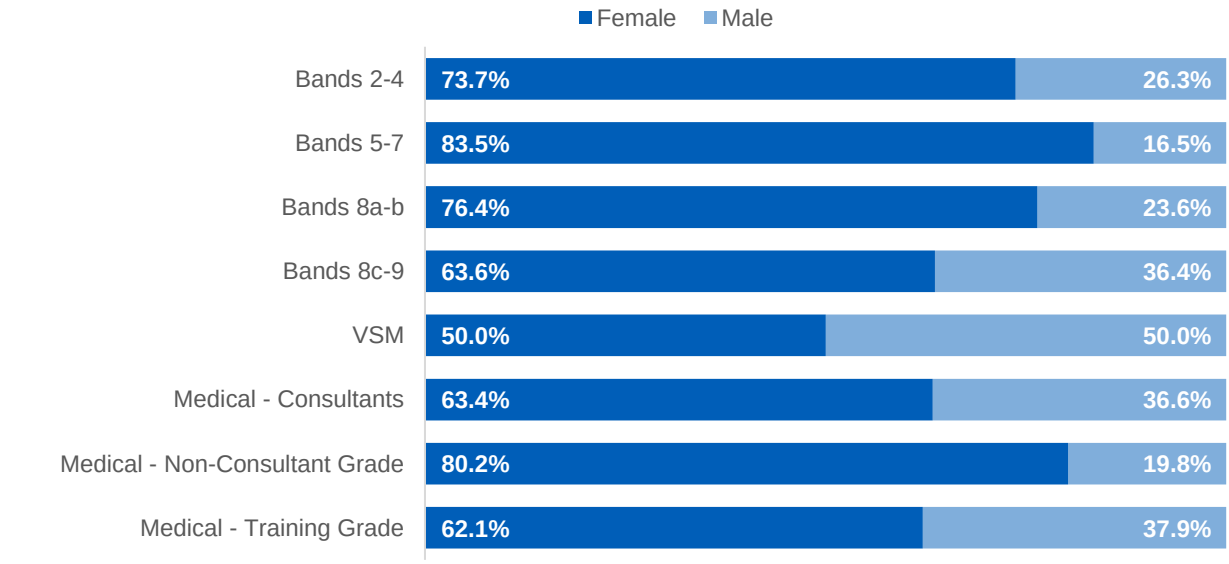


Chart C11 (above) shows that the Trust has a greater proportion of female staff than male staff in the workforce, which is consistent with the national NHS pattern of 77%

female and 23% male. There is also a higher proportion of female staff (and lower of male) compared to the local demographics.

Chart C12 (below) shows that from band 5-7 onwards (non-clinical grades) there is a decrease in representation of female staff; this group is also underrepresented in senior and VSM grades and consultant and training medical grades. There is a slightly higher-than-expected representation of female staff in the non-consultant medial grades.

C12: Represenation of sex in pay structures



Sexual orientation

C13: Representation of sexual orientation in WH workforce and Haringey and Islington population

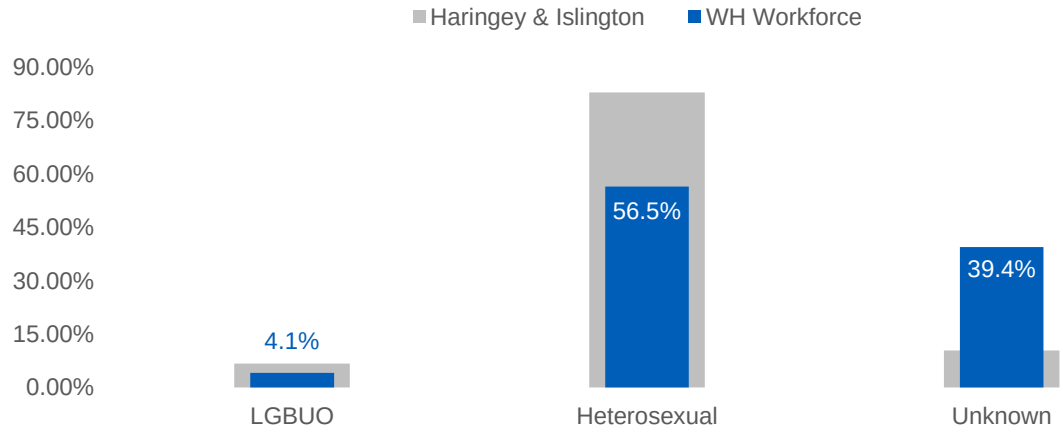
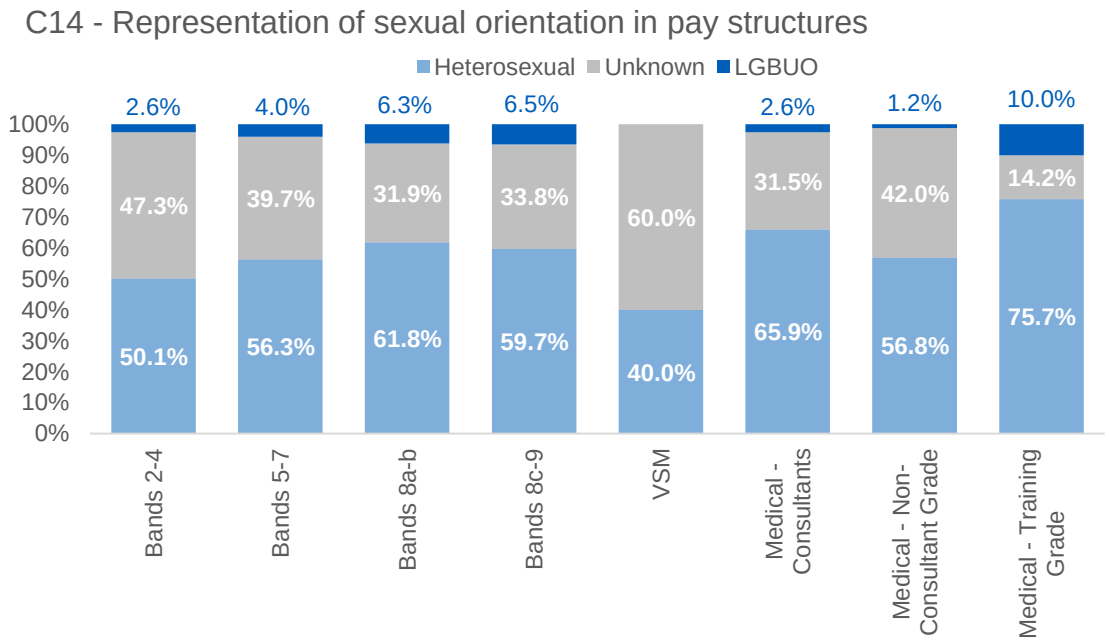


Chart C13 (above) show that compared to the local population, there is an underrepresentation staff that have declared their sexual orientation. Nearly 40% of the workforce have not declared their sexual orientation; until this improves it is not possible to have an accurate picture of representation within the workforce.

Due to the low declaration numbers, non-heterosexual declared sexual orientations have been grouped together to form the LGBUO. These groups include lesbian, gay, bisexual, undecided and other.



When comparing to the overall workforce representation, chart C14 (above) shows that LGBUO staff have a greater-than-expected representation in bands 8a-9 and training, medical grades, a broadly equal level of representation in bands 5-7, a lower representation in bands 2-4 and consultant and non-consultant medical grades and finally no representation at VSM grades.

Heterosexual staff have a broadly equal or greater-than-expected representation in bands 5-9 and all medical grades, and a lower-than-expected representation in bands 2-4 and VSM grades. It should be noted that there is a high level of non-declaration within the workforce (nearly 40%), so the true picture of representation will not be seen until this reduces further.

6.2 Recruitment

This section reviews recruitment data from 2023/24; it breaks down the representation of protected characteristics through three stages of recruitment – application, shortlisting, and appointment. To aid comparison, data relating to workforce representation is also included.

During 2023/24, there were:

- 22,529 applications received.
- 3,663 applicants that were shortlisted to progress to interview.
- 760 applicants were appointed.

Age

C15: Representation of age in Trust recruitment processes and workforce representation

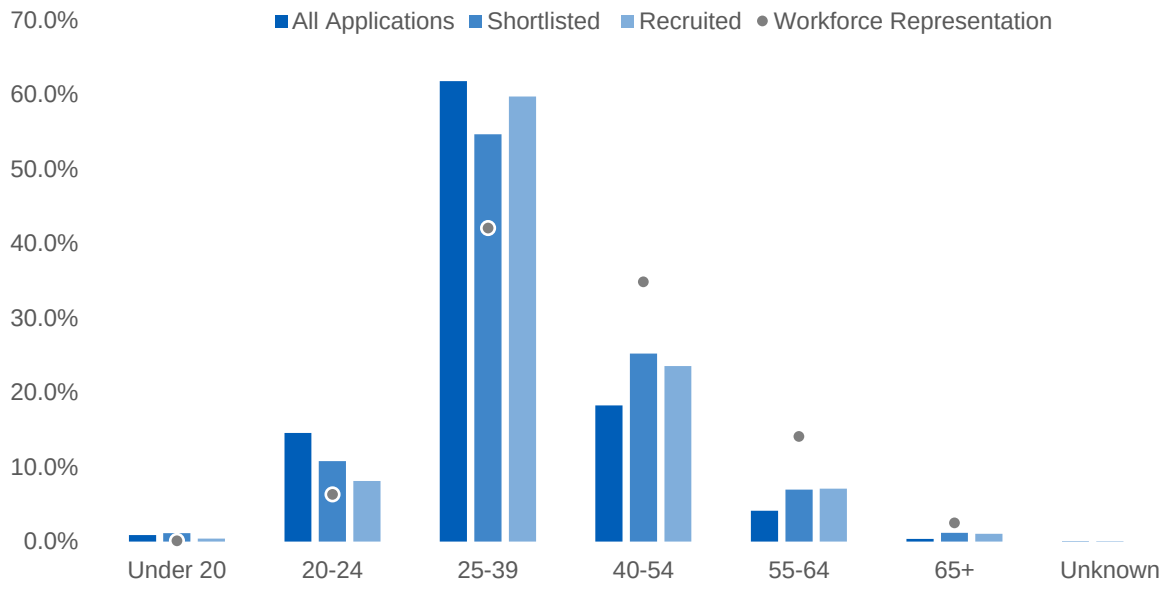


Chart C15 (above) shows overall, there is a greater representation of candidates aged under 20 to 39 in the recruitment processes, and a lower of candidates aged 40+.

Overall, for candidates aged 39 and younger there is a decrease in representation throughout the recruitment processes, and higher for those aged 40+.
Conversion from application to shortlisting there is a broadly equal or greater representation in applicants aged under 20 and 40+, and a lower of applicants 20-39.

From conversion from shortlisted to appointment there is a lower proportion of applicants progressing aged under 20 to 24, and a broad equal proportion of applicants aged 25+.

Disability

C16: Representation of disability/LTC in Trust recruitment processes and workforce representation

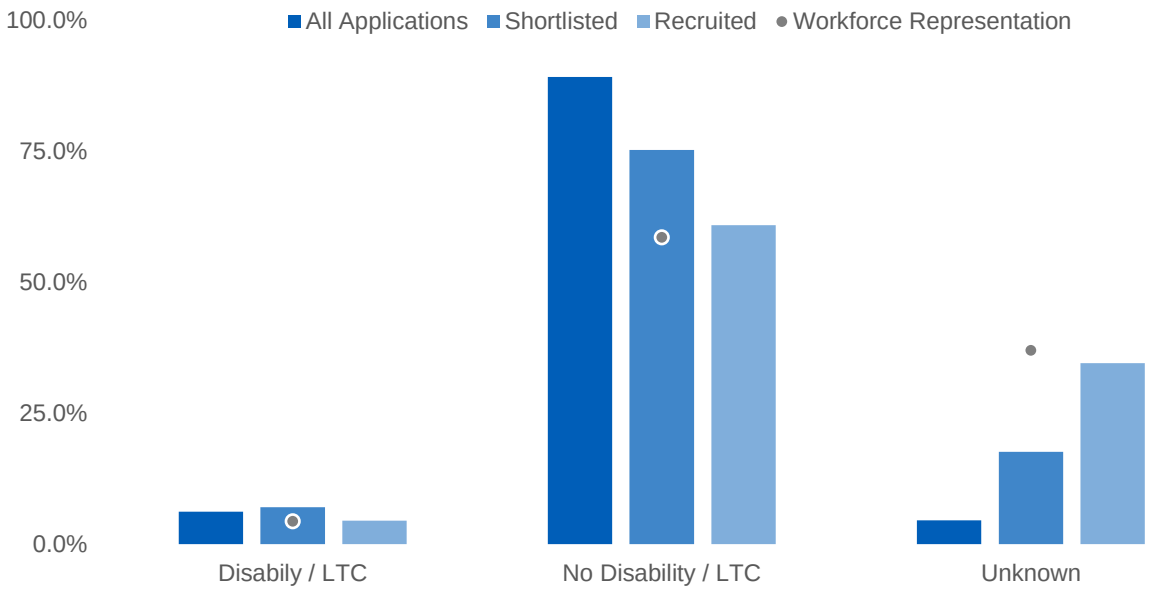


Chart C16 (above) shows, compared to the overall workforce there is a greater representation of applicants with and without disabilities and long-term health conditions, and a lower of unknown statuses.

Throughout the progression of the recruitment processes, for applicants without a disability/long-term health condition there is a decrease, an increase of those whose status is unknown. However, for applicants with disabilities/long-term health conditions after an initial increase there is a relatively large decrease at the appointment stage.

At the conversion from application to shortlisting stage there is a greater representation of applicants with disabilities/long-term health conditions and where their status is not known, and a lower for those with no disabilities/long-term health conditions.

When going from the shortlisted to appointment stage, there is a decrease of applicants with and without disabilities/long-term health conditions but an increase in those where their disability/long-term health conditions status is unknown.

Marriage and civil partnership

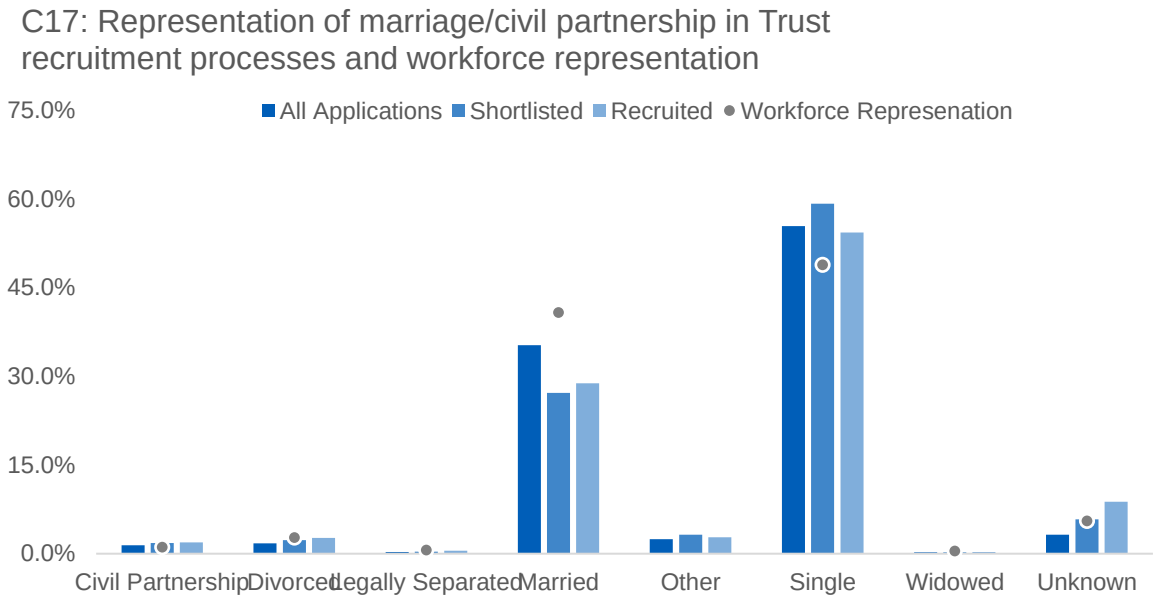


Chart C17 (above) shows in comparison to the overall workforce representation there is broadly, a greater proportion of applicants in a civil partnership, single and unknown status, a broadly equal representation of divorced applicants and a lower of legally separated, married and widowed applicants.

Throughout the recruitment process there is a broad increase throughout the stages in applicants that are in a civil partnership, divorced, legally separated and unknown status; there is a broadly equal representation throughout the stages for applicants that are married, single, widowed or in ‘other’ category.

Conversion from application to shortlisting stage sees an increase in almost all groups, an equal representation in applicants that are legally separated and widowed and a decrease in married applicants.

The shortlisting to appointment stage sees an increase in almost all groups, except for applicants that are single or in ‘other’ category which decrease.

Race and ethnicity

C18: Representation of race/ethnicity in Trust recruitment processes and workforce representation

Chart C18 (above) shows in comparison to the overall workforce representation, there is a greater proportion of BME applicants within the application and shortlisted stage, whilst this drops to lower at appointment. For white applicants, there is a lower representation of applicants throughout the recruitment processes.

Throughout the recruitment processes there is a decrease in representation of BME applicants throughout the different stages, for unknown this increases and for white applicants there is proportionally similar representation at application and shortlisting stages and an increase at appointment.

Conversion from application to shortlisting stage sees a decrease of BME applicants, an equal representation of white applicants and increase in unknown ethnicities. Conversion from shortlisting to appointment stage sees a proportional decrease of BME applicants, and an increase in white and unknown ethnicities.

Sex

C19: Representation of sex in Trust recruitment processes and workforce representation

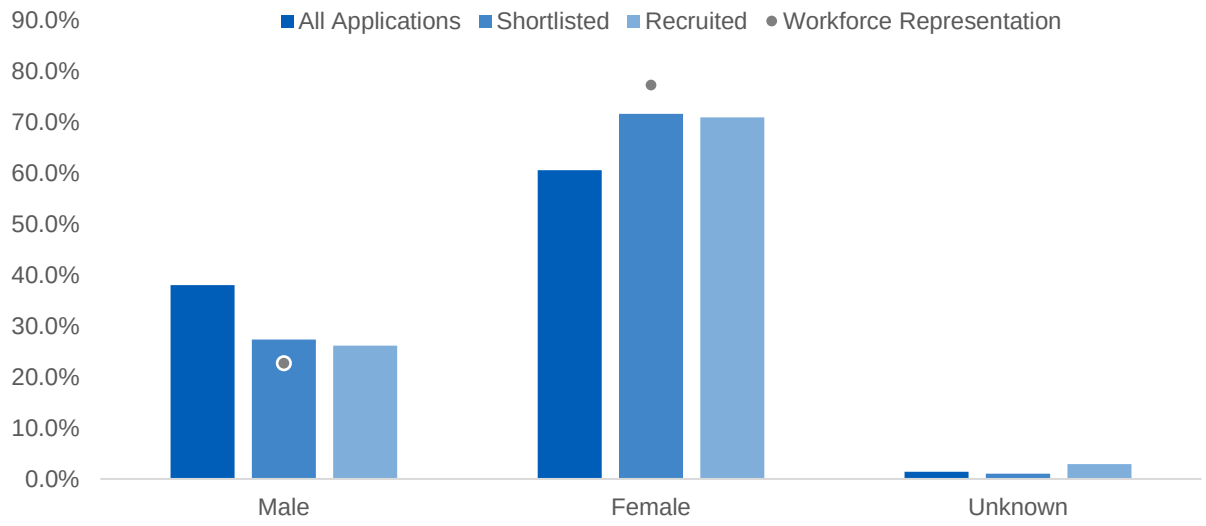


Chart C19 (above) shows in comparison to the overall workforce representation, there is a greater proportion of male applicants within the recruitment process, and a lower of female applicants.

Throughout the recruitment processes there is a decrease in representation of male applicants throughout the different stages, for female applicants there is a slight increase.

Conversion from application to shortlisting stage sees a decrease of male applicants and increase for female applicants. Conversion from shortlisting to appointment stage sees a proportional slight decrease of male and female applicants.

Sexual Orientation

Data for this protected characteristic in recruitment was not available.

6.3 Employee Relations Processes

During 2023/24, there were a total of:

- 16 disciplinary processes
- 11 grievance processes
- 4 bullying and harassment processes
- 4 capability processes.

The following sections review the demographical breakdown in representation compared to the workforce.

Age

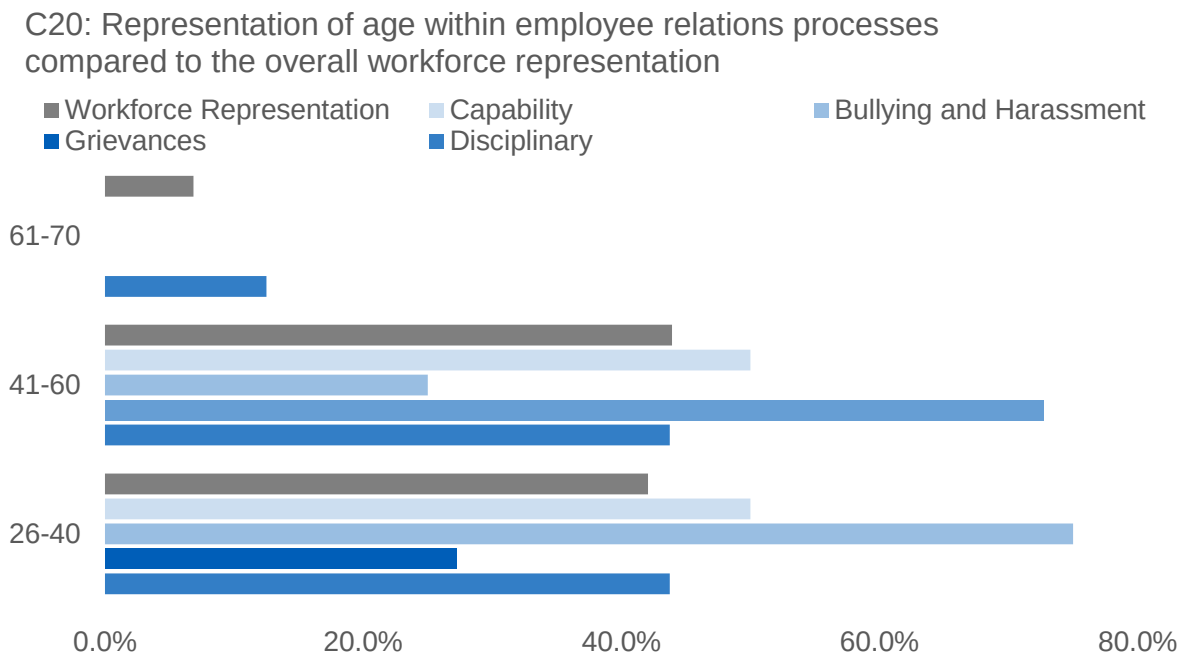


Chart C20 (above) shows that only staff aged between 26-70 were involved in employee relations cases. The chart highlights when compared to the workforce representation:

Age Group	Lower Representation	Broadly Equal Representation	Higher Representation
26-40	Grievances	Disciplinary	Capability and Bulling & Harassment
41-60	Bullying & Harassment	Disciplinary	Capability and Grievances
61-70			Disciplinary

Disability

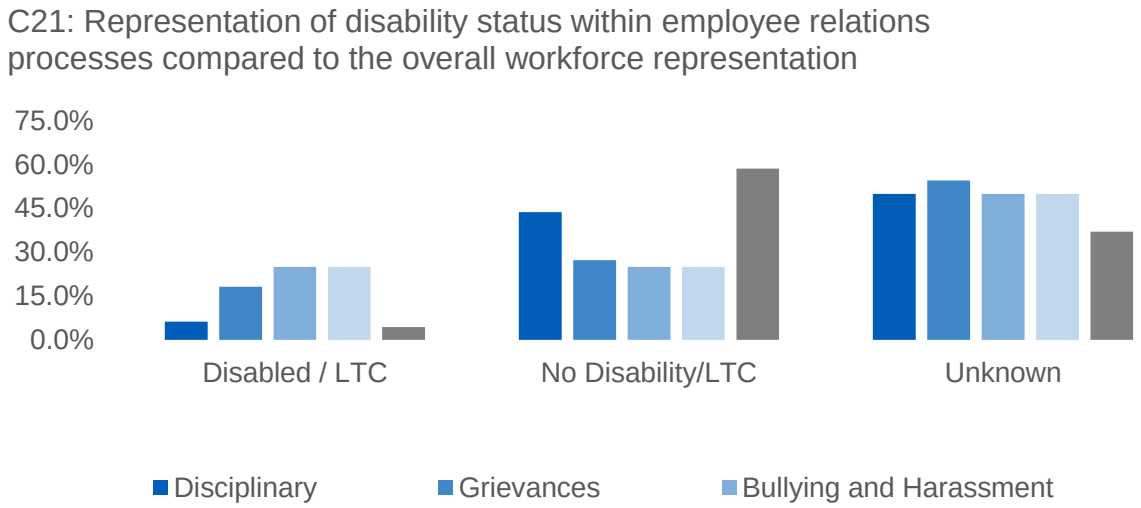


Chart C21 (above) shows the representation of disability status in employee relations cases. It should be noted that with a high-level of non-declaration within the workforce

the true picture of representation will not be known till this improves; overall, circa 50% of each case type is from a person who has not declared their disability status.

From the information available, staff with a disability or long-term conditions have a greater representation in all employee relations case types (compared to workforce representation), and staff without a disability or long-term condition are lower in all case types.

Marriage and civil partnership

C22: Representation of staff that are married or in a civil partnership within employee relations processes compared to the overall workforce representation

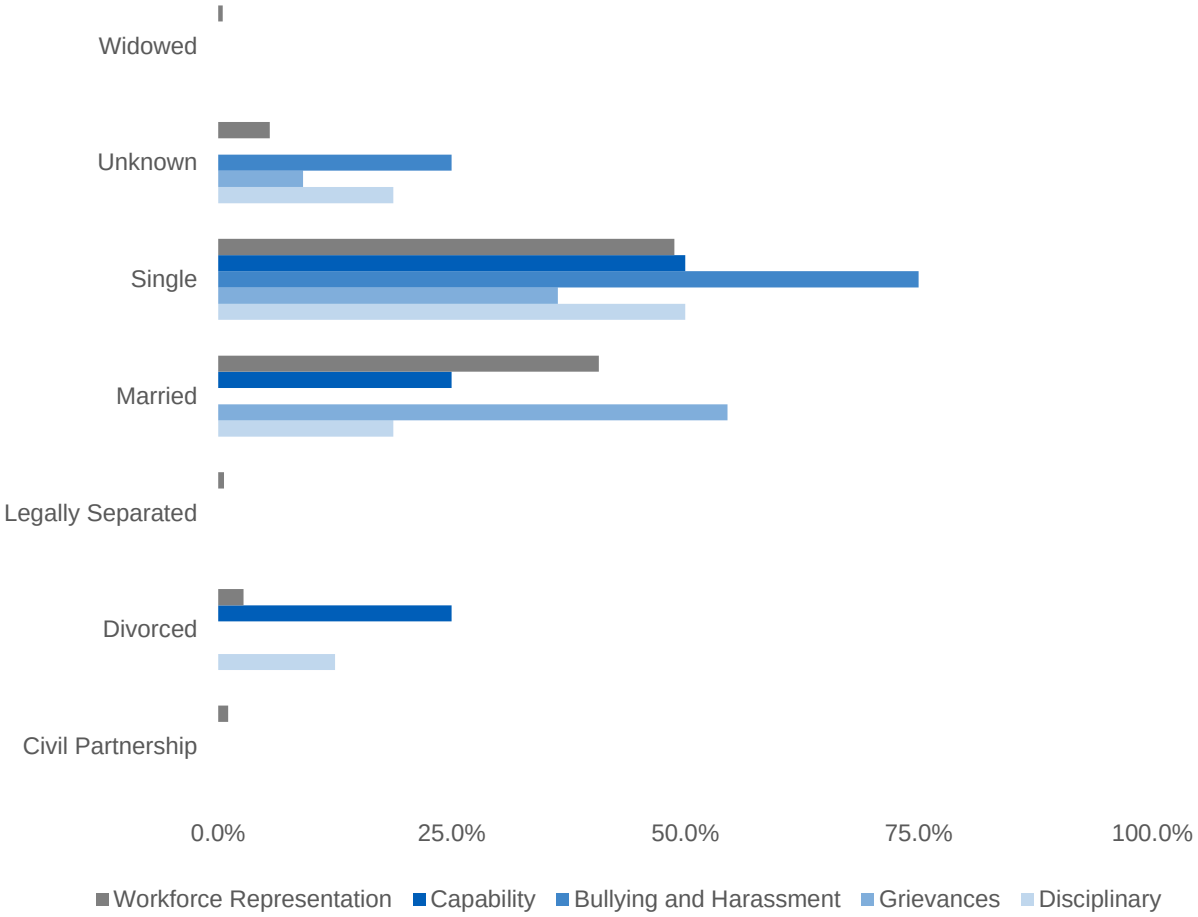
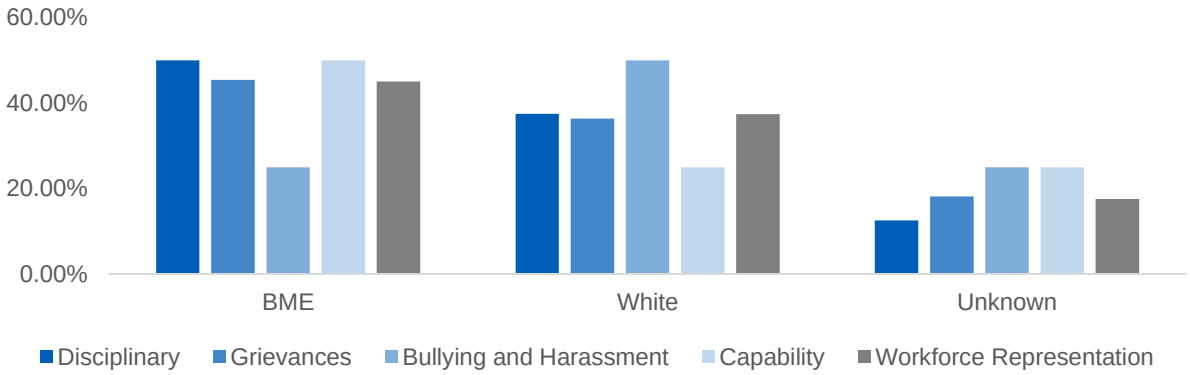


Chart C22 (above) shows that staff in a civil partnership have not been involved in any type of employee relation case; whilst staff that are married are overrepresented (compared to the workforce representation) in grievances and underrepresented all other case types.

Race and ethnicity

C23: Representation of staff by race/ethnicity within employee relations processes compared to the overall workforce representation



Overall, the chart demonstrates that BME staff have a slightly greater representation in disciplinary and capability processes, about equal in grievances and a lower in bullying and harassment compared to the overall workforce representation.

White staff have broadly equal representation in disciplinary and grievances, a lower in capability and a greater in bullying and harassment compared to the overall workforce representation. However, around within each separate employee relations process there is between 12.5-25.0% of staff who have not shared their race/ethnicity, this may be masking the true picture of representation of race/ethnicity in the Trust's employee relations processes.

Table CT2 (below), provides a further breakdown by race and ethnicity, items highlighted in red demonstrate an overrepresentation compared to the overall workforce representation. It shows that:

- Asian staff are overrepresented in capability processes.
- Black staff are overrepresented in disciplinary and grievance, and slightly overrepresented in bullying & harassment and capability processes.
- Multiple heritage staff are overrepresented in grievance processes.
- Staff with an 'other ethnicity' have not been involved in an employee relations processes
- White staff are overrepresented in bullying and harassment processes.

	Disciplinary	Grievances	Bullying and Harassment	Capability	**Workforce Representation**
Asian	6.3%			**25.0%**	**14.7%**
Black	**43.8%**	**36.4%**	**25.0%**	**25.0%**	**22.2%**
Multiple Heritage		**9.1%**			**3.7%**
White	37.5%	36.4%	**50.0%**	25.0%	**37.4%**
Unknown	12.5%	18.2%	25.0%	25.0%	**17.6%**

Religion or belief

C24: Representation of staff by religion or belief within employee relations processes compared to the overall workforce representation

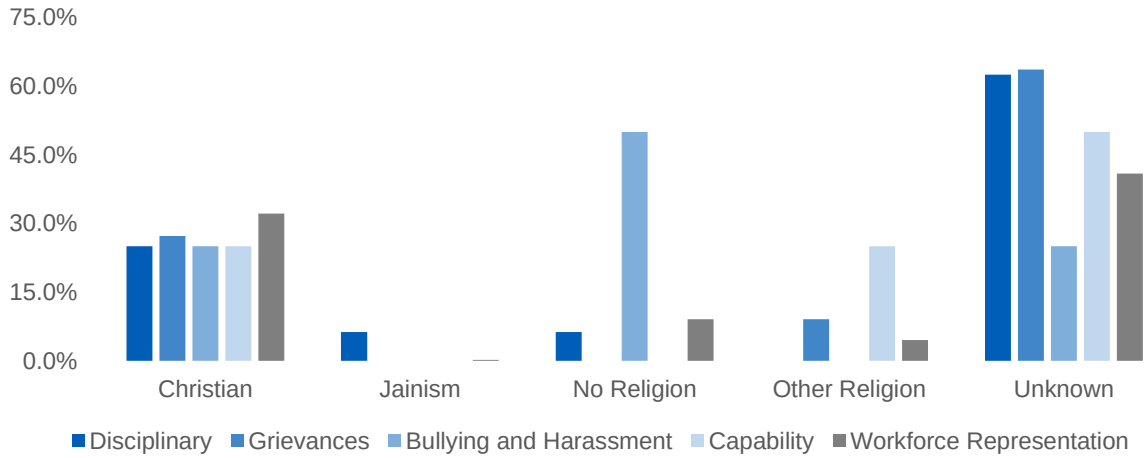


Chart C24 (above) shows that staff that are Christian are not overrepresented in any employee relations processes, Jains are overrepresented in disciplinary processes, staff with no religion are overrepresented in disciplinary and bullying & harassment processes and staff with 'other' religions are overrepresented in grievance and capability processes.

However, with over 40% of the workforce who have not shared their religion or belief, the true picture of representation in employee relations cannot be seen till this improves. Throughout all employee relations process between 25-64% of those involved have not declared their religion or belief

Sex

C25: Representation of staff by sex within employee relations processes compared to the overall workforce representation

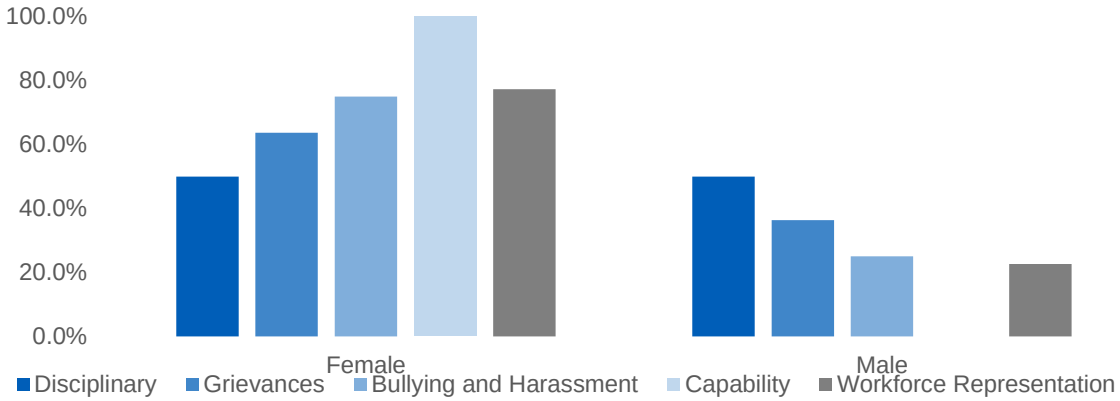


Chart C25 (above) shows that when compared to the overall workforce representation, that female staff have a lower representation in disciplinary and grievances processes,

about equal representation in bullying and harassment processes and a greater representation in capability processes.

Male staff have a broadly equal representation of bullying and harassment processes, and higher in disciplinary and grievances processes compared to the overall representation within the workforce.

Sexual Orientation

C26: Representation of staff by sexual orientation within employee relations processes compared to the overall workforce representation

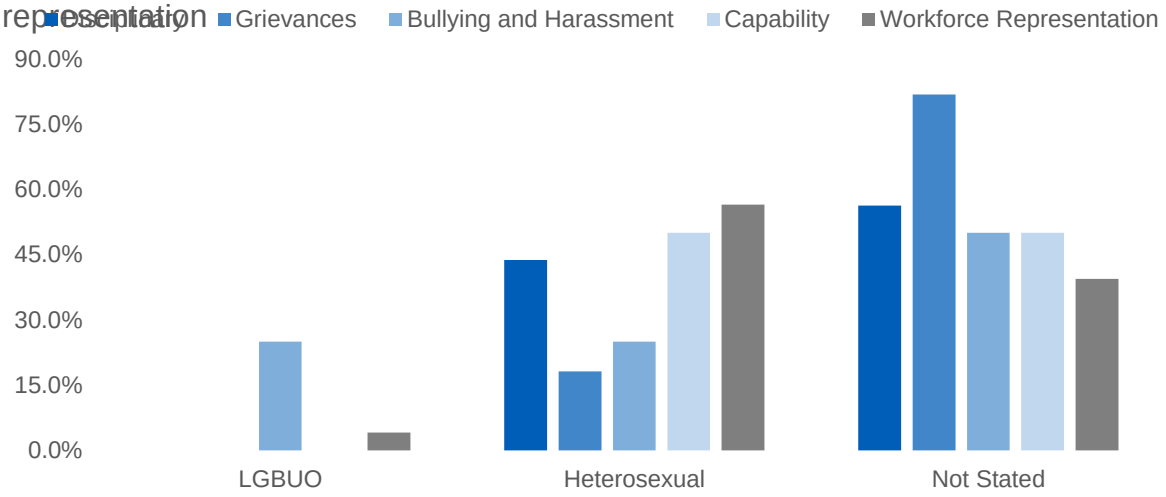


Chart C26 (above) shows when compared to the overall workforce representation, LGBUO staff have a greater representation in bullying and harassment procedures, and heterosexual are not overrepresented in any employee relations processes.

However, with nearly 40% of the workforce not declaring their sexual orientation, between 50-81% in each employee relations processes sexual orientation is not known. As such this will be masking the true level of representation within the Trust's employee relations processes.

6.4 Non-Mandatory Training and Continued Professional Development (CPD)

Opportunities for non-mandatory training and CPD can lead to staff career development and play an important metric when measuring inclusion.
There are two core budgets that pay for non-mandatory or CPD training for Trust staff, a general workforce development budget that is administered by Learning and Development and CPD budget for nurses, midwives and allied health professionals.

During 2023/24:

- The Learning and Development administered fund had 2040 staff apply for non-mandatory/CPD training, of which 2019 were accepted and funded.
- The Nursing, midwifery and AHP CPD budget funded 375 non-mandatory/CPD training activities.

This section will review the demographic breakdown of the staff that undertook training, as both funds are administered separately, the funds will be shown separately for each protected characteristic.

Age

C27: Access to non-mandatory/CPD learning and development fund by age compared to workforce representation

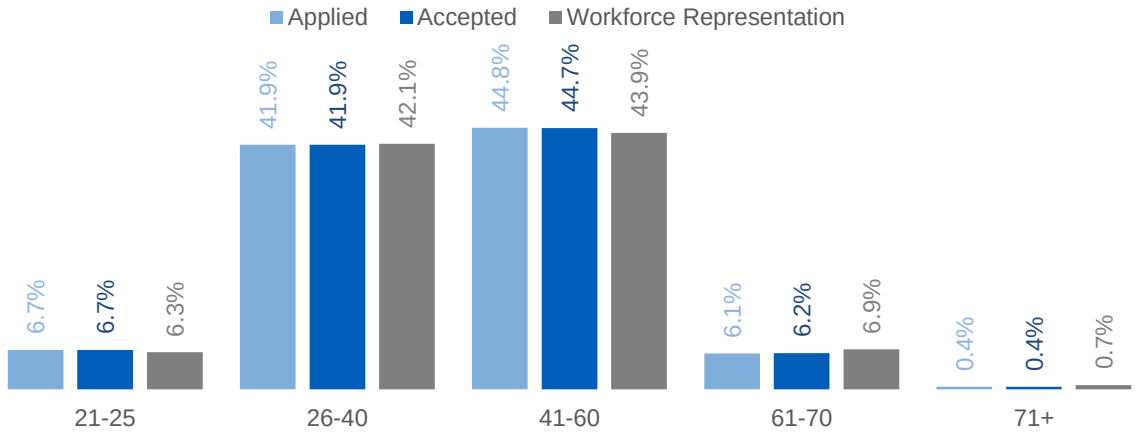


Chart C27 (above) shows all training activity was applied and funded from staff aged 21+.

All groups applied and were funded in proportion to the overall representation within the workforce.

C28: Access to non-mandatory/CPD for nurses, midwives and AHPs by age group

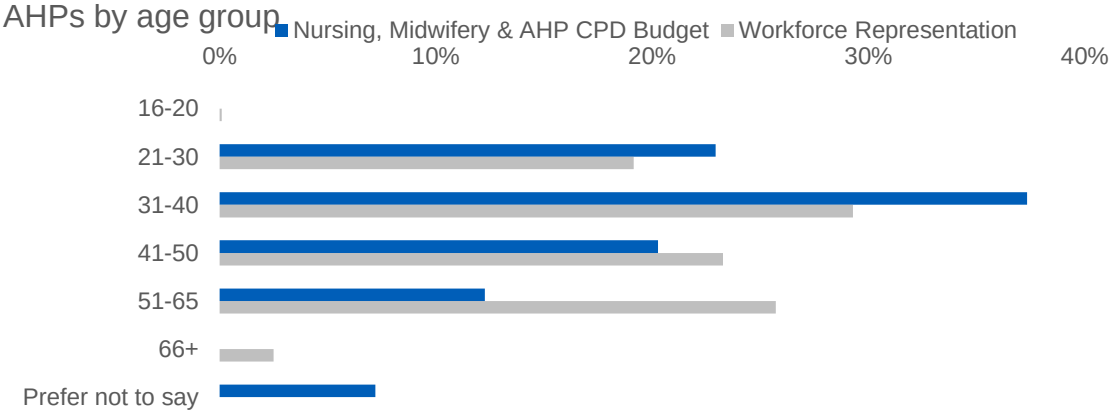


Chart C28 shows that a greater proportion of staff (compared to overall workforce representation) age 21-40 were accepted for training and a lower proportion of staff aged 41-65 were accepted. There was no staff aged 16-20 or 66+ that were accepted on funded training for this budget.

Disability

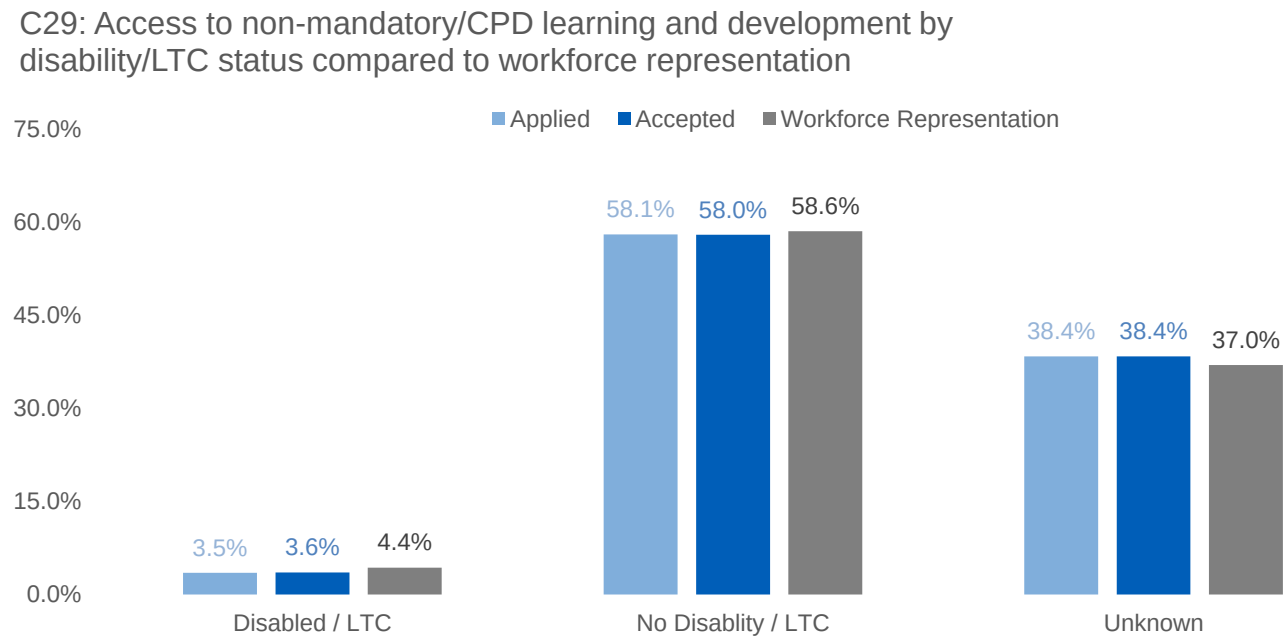


Chart 29 (above) shows that all groups are apply and accessing non-mandatory and CPD training in equal proportions. However, compared to the overall workforce representation, there is a slightly lower representation of staff with a disability or long-term condition within training activity data.

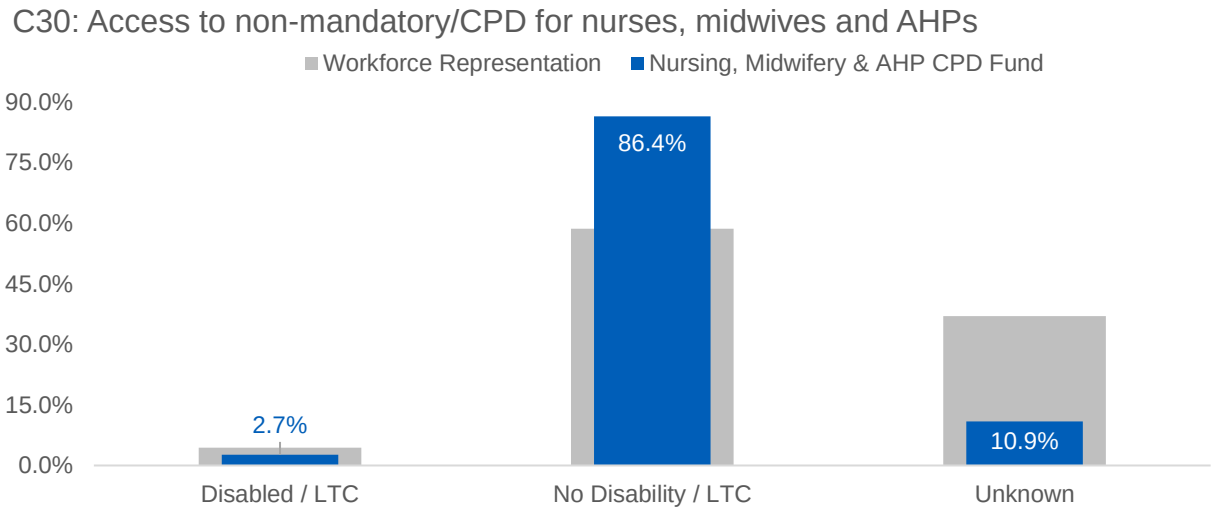
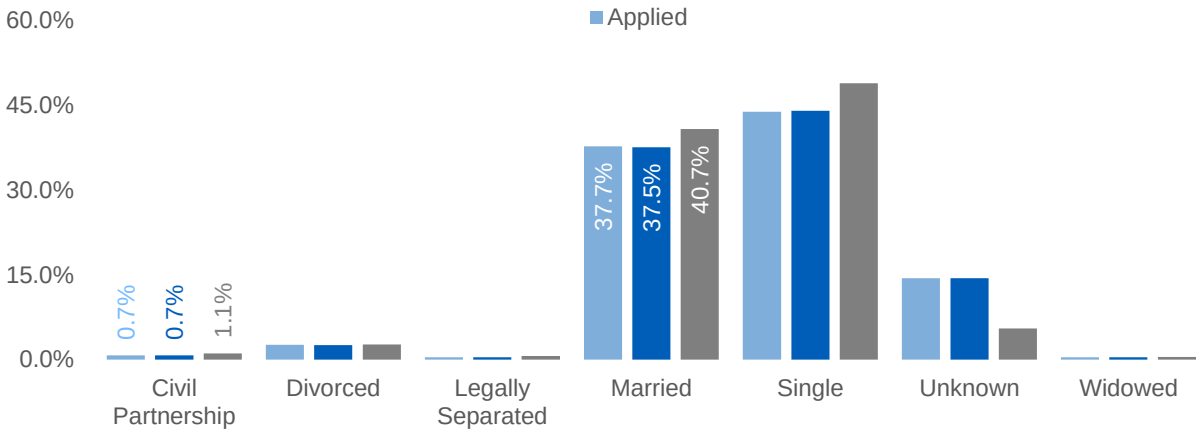


Chart C30 (above) shows a lower proportion of staff with disabilities and long-term conditions and where their disability status is unknown received training from the nursing, midwifery and AHPs fund that the overall workforce representation; there was a higher proportion of staff without disabilities and long-term conditions.

Marriage and civil partnership

C31: Access to non-mandatory/CPD learning and development by relationship status compared to workforce representation



Data regarding the Nursing, Midwifery and AHP CPD fund broken down by marriage and civil partnership was not available at the time of authoring this report.

Race (this includes ethnic or national origins, colour or nationality)

C32: Access to non-mandatory/CPD learning and development by race compared to the workforce representation

Chart C32 (above) shows that broadly equal proportions of BME staff applied and were accepted for non-mandatory training as per the representation in the overall Trust. For white staff there was broadly the same proportion of staff that applied and where accepted, but the overall representation at both stages is lower than the workforce representation; those who have not shared their ethnicity are overrepresented in training data compared to the workforce representation.

C33: Representation of race/ethnicity (simplified) in the Nursing, Midwifery and AHP CPD Fund

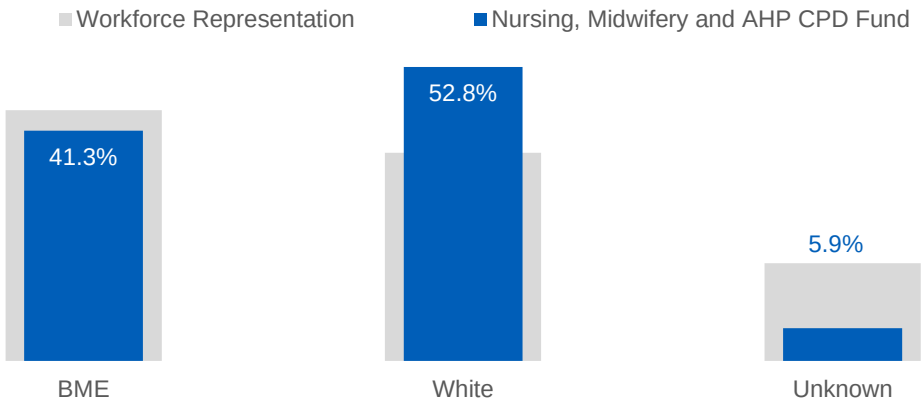


Chart C33 (above) shows that when accessing training from the Nursing, Midwifery and AHP CPD fund; compared to the workforce representation, proportionally, slightly less BME staff, and a greater proportion of white staff are accessing training. A much smaller proportion of staff that have undertaken training have not shared their race/ethnicity.

C34: Access to non-mandatory/CPD learning and development by race (detailed) compared to the workforce representation

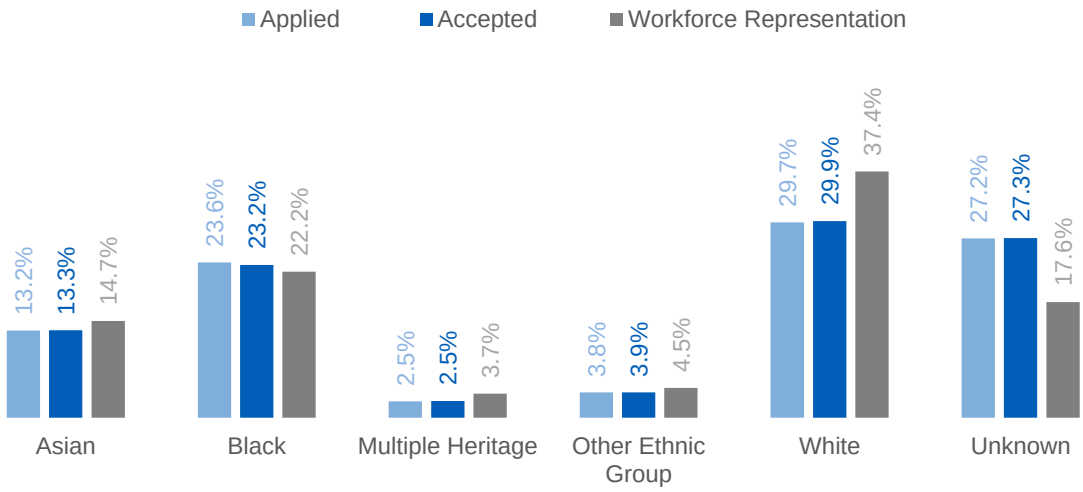


Chart C34 (above) shows that broadly proportional amounts of staff from Asian, Black, multiple heritage and other ethnic groups are accessing training compared to the overall representation in the workforce. White staff had a lower representation, and those who have not shared their race/ethnicity was overrepresented in training activity.

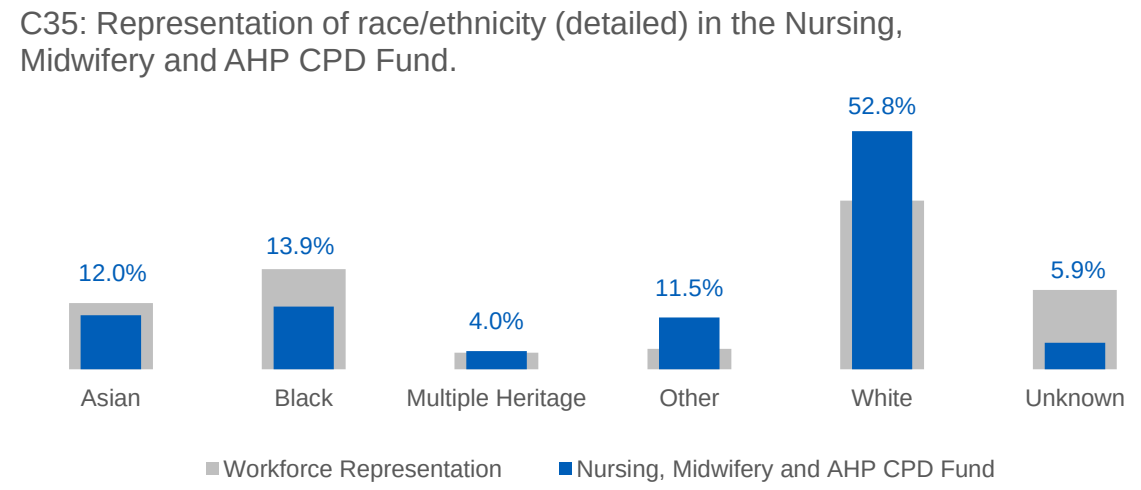


Chart C35 (above) shows that fewer Asian and Black staff have undertaken training that is funded by the Nursing, Midwifery and AHP CPD Fund compared to the overall representation in the workforce. There is a greater proportion of staff who are from multiple heritage, other ethnic groups and who are white represented in this training activity; and far fewer staff who have not shared their race/ethnicity.

Religion or belief

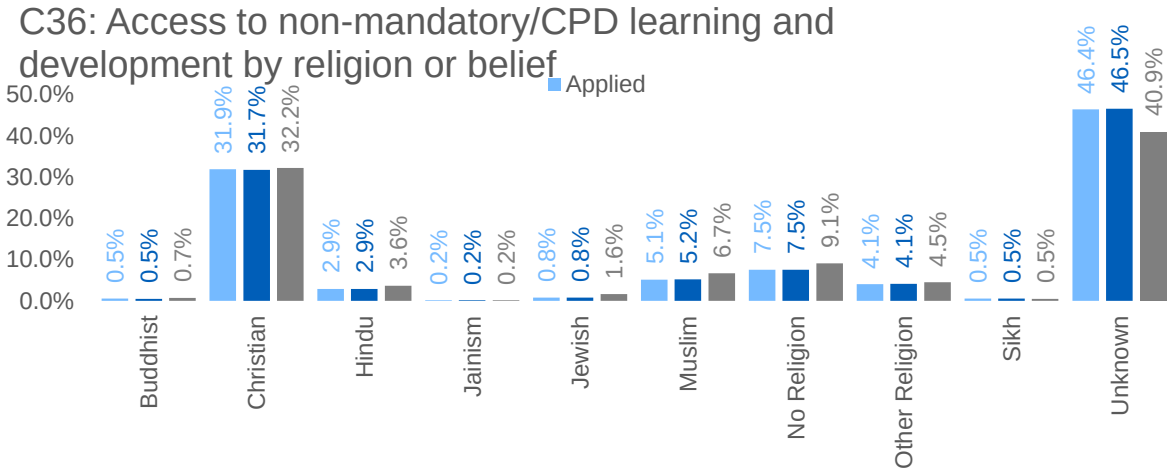


Chart 36 (above) shows that all groups are progressing from applied to accepted stages, however several groups have a slightly lower representation in training activity compared to workforce representation including staff that are Buddhist, Hindu, Jewish, Muslim and those that have no religion.

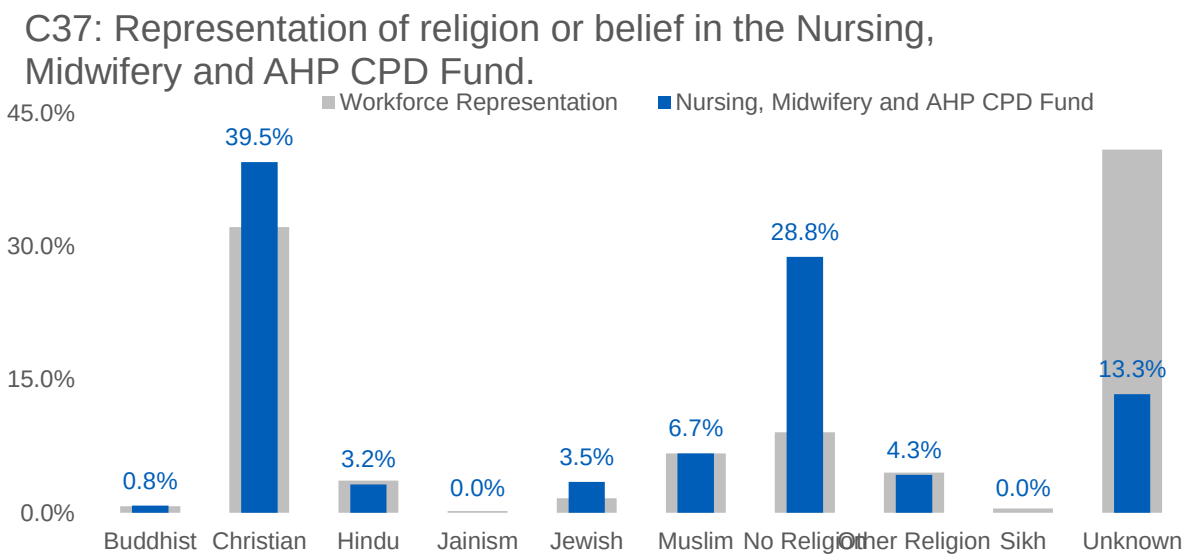


Chart C37 (above) shows that compared to the overall workforce representation, there is a greater representation of staff who are Jewish or have no religion, a broadly equal representation of Buddhist, Hindu, Muslim and staff of another religion, a lower representation of Christians and no representation of Jain and Sikhs.

Sex

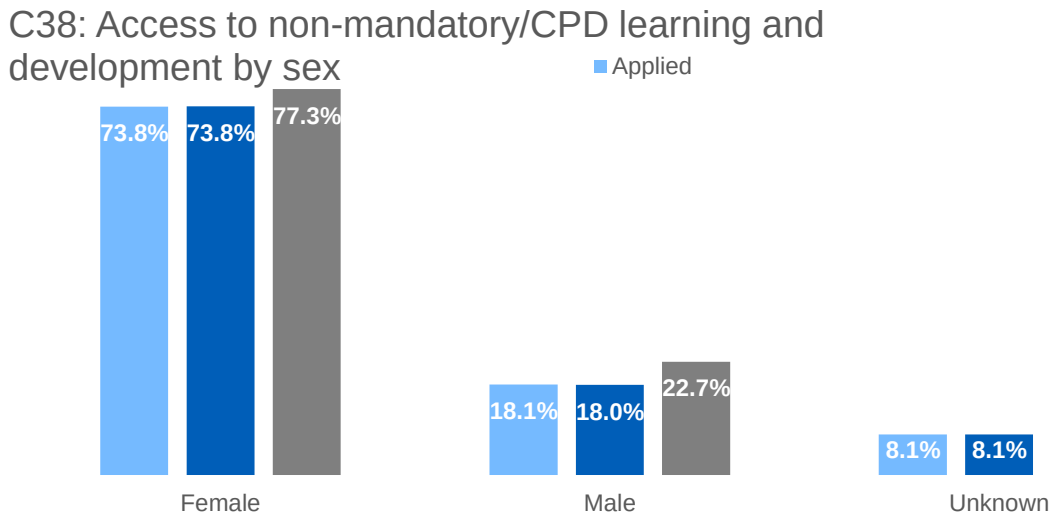


Chart C38 (above) shows compared to the overall workforce representation there is a slightly lower representation of female, and a slightly higher representation of male staff in training activity.

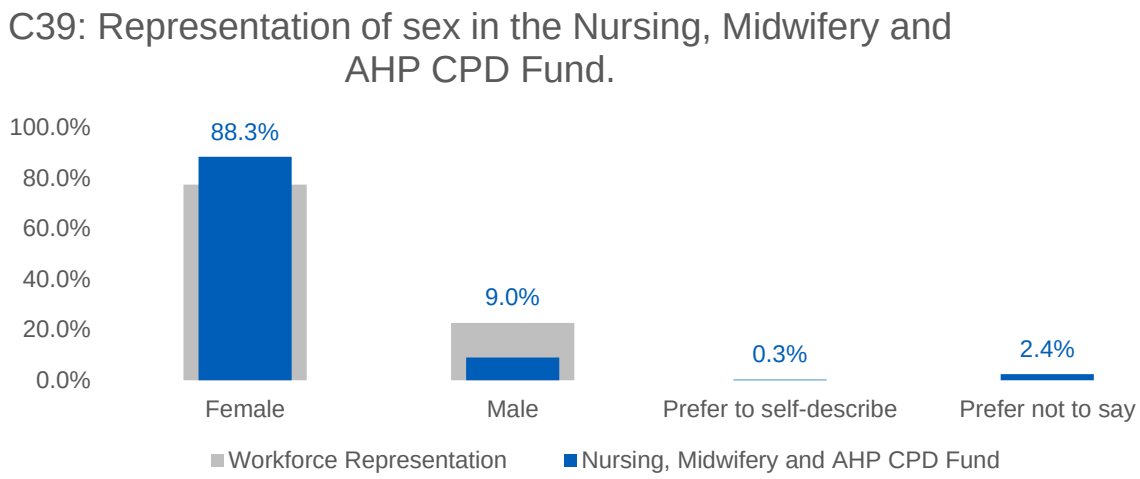


Chart C39 (above) shows a higher proportion of female and lower of male staff are accessing training from the Nursing, Midwifery and AHP CPD fund compared to overall workforce representation. There are 0.3% of staff who prefer to describe their gender outside of the male/female binary, which cannot be recorded on ESR.

Sexual orientation

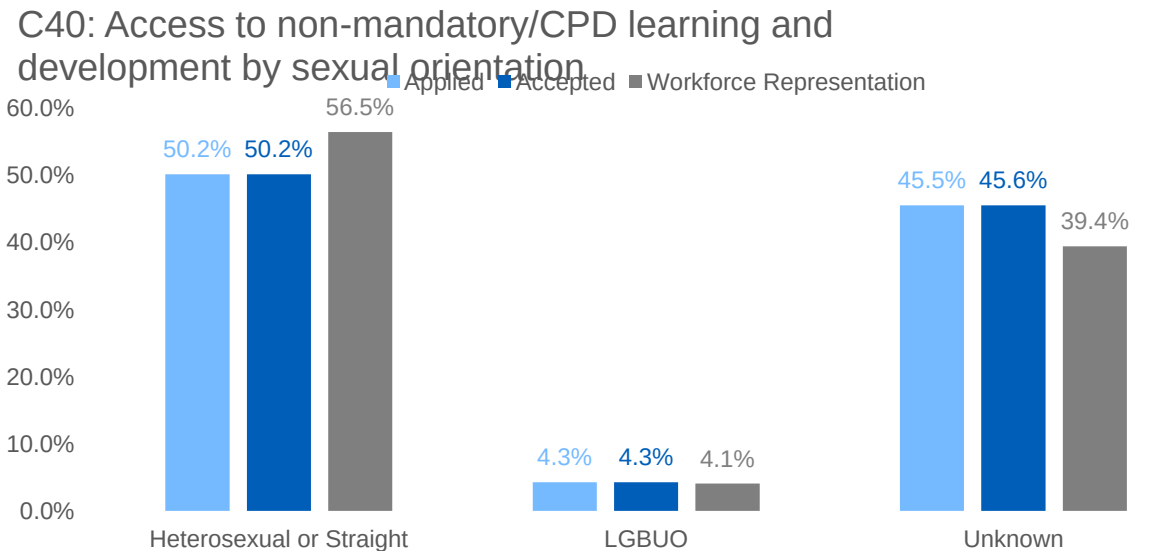


Chart C40 (above) shows that all groups progress to course acceptance stage in equal proportion as application stage. Compared to the overall workforce representation, there is a lower representation of heterosexual staff, a slightly higher of LGBUO, and a greater of staff where their sexual orientation is unknown.

C41: Representation of sexual orientation in the Nursing, Midwifery and AHP CPD Fund.

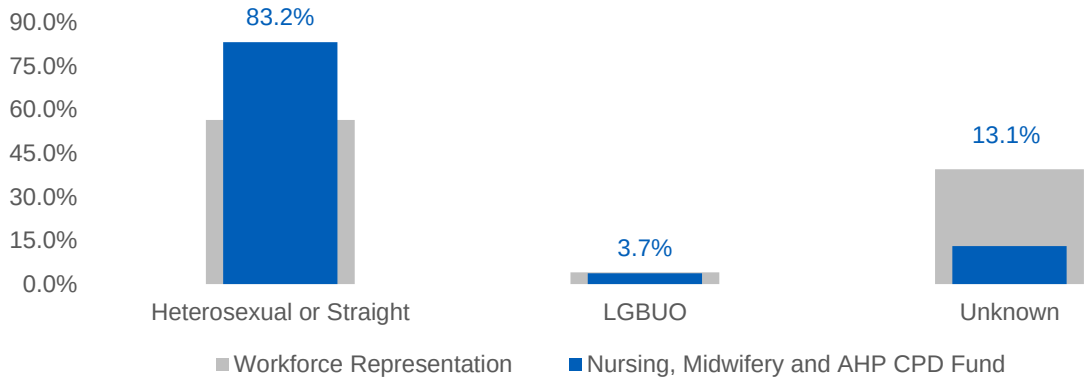


Chart C41 (above) shows compared to the overall workforce representation, there is a greater proportion of heterosexual staff accessing training, a slightly lower proportion of LGBUO and a lower proportion of staff where their sexual orientation is no known.

6.5 Contract types

Flexible working

The Trust has many staff that benefit from flexible working, which helps staff balance the needs of their work and personal lives. Currently, flexible working requests are dealt with on a departmental basis, and information about those who have applied and been accepted for flexible working is not centrally recorded.

In the future, the Trust is investigating utilising Electronic Staff Records (integrated Human Resources and Payroll system) to enable reporting on flexible working arrangements.

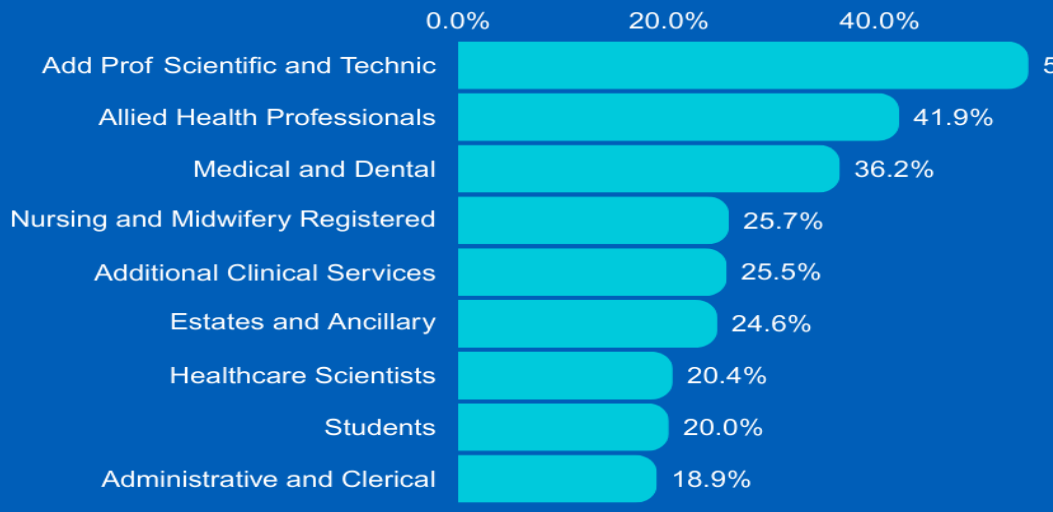
Less than full-time contracts

Over the next three pages are infographics showing the use of less than full time contracts by the key protected characteristics.

What staff have less than full-time contracts?

29.7% of the workforce (1,610 employees) have less than full-time contracts

By staff group:



Breakdown of staff groups that have less than full-time contracts

Age groups of staff with less than full-time contacts :

33.9% of employe with a disability wo less than full-time 27.7% of staff with disabilities have le than full-time contracts.

15.3% of male staff have less than full-time contracts

33.9% of female staff have less than full-time contracts

24.7% of BME staff have less than full-time contracts vs. **37.5%** of white staff

Religion or belief groups by staff with less than full-time contracts:

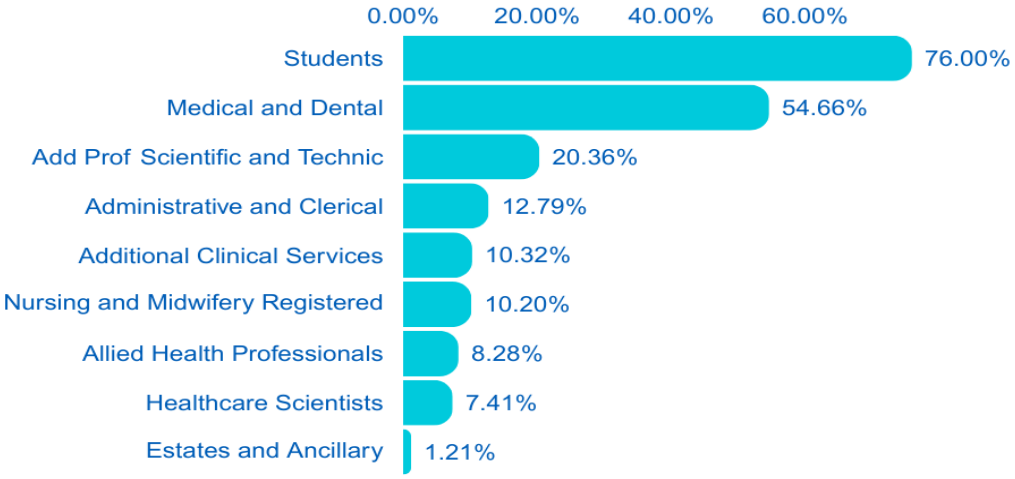
35.1% of staff in a civil partnership and **35.7%** of married staff have less than full-time contracts

25.8% of LGBUO and **27.8%** of heterosexual staff have less than full-time contracts

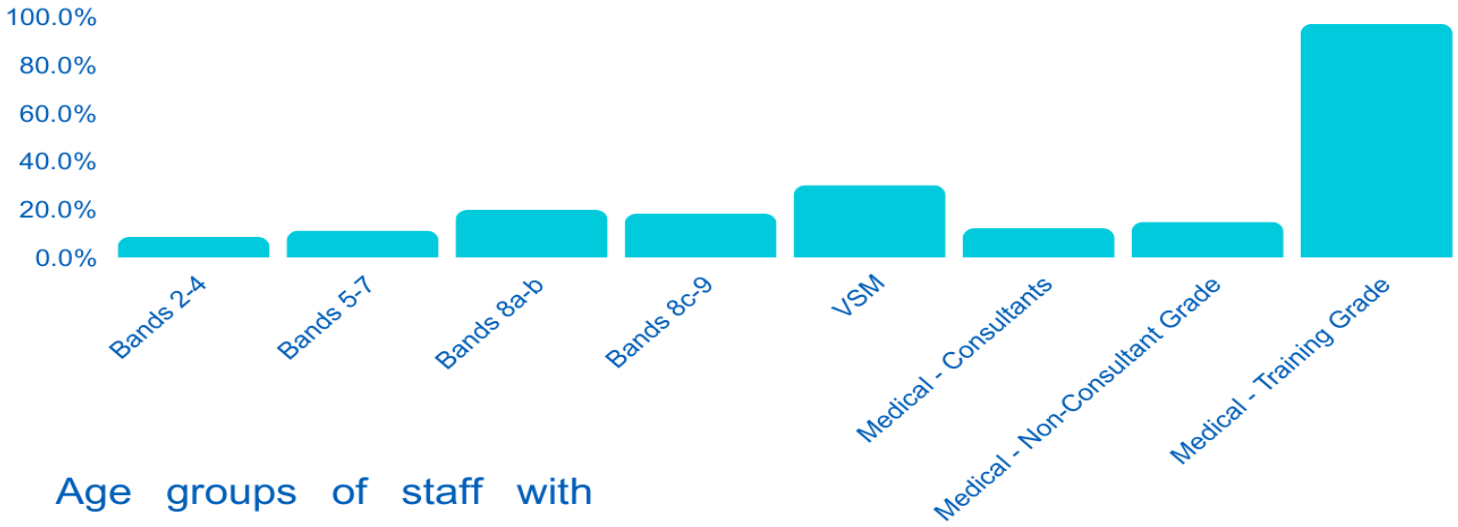
What staff have fixed-term contracts?

16.3% of the workforce (882 employees) have fixed-term contracts

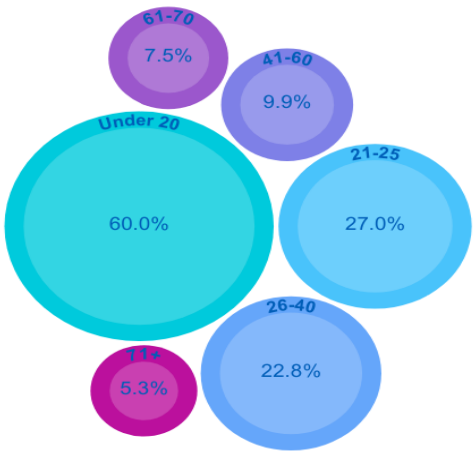
By staff group:



Breakdown of staff groups that have fixed-term contracts



Age groups of staff with fixed-term contacts :



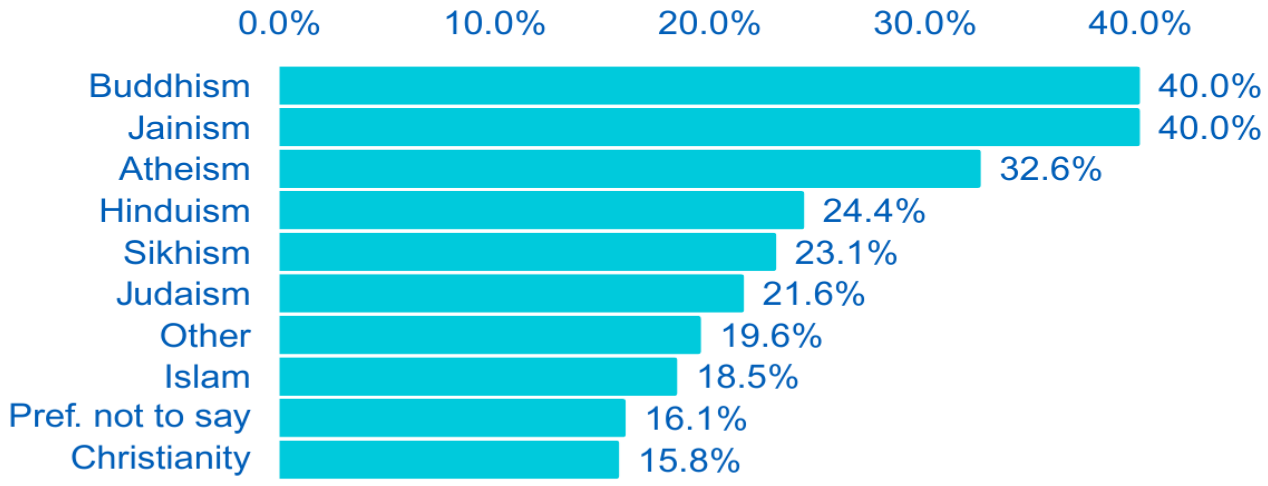
17.4% of employees with a disability work less than full-time vs. **18.0%** of staff without disabilities have fixed-term contracts.

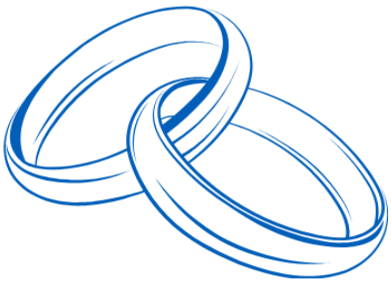
17.6% of male staff have fixed-term contracts

15.9% of female staff have fixed-term contracts

13.3% of BME staff have fixed-term contracts vs. **19.6%** of white staff

Religion or belief groups by staff with fixed-term contracts:





12.3% of staff in a civil partnership and **14.1%** of married staff have fixed-term contracts

30.3% of LGBUO and **20.1%** of heterosexual staff have fixed-term contracts

6.6 Leavers

During 2023/24, a total of 959 staff left the organisation. This section will review the demographic breakdown of staff that left the Trust in greater detail.

Age

C42: Breakdown of leavers in 23/24 by age groups

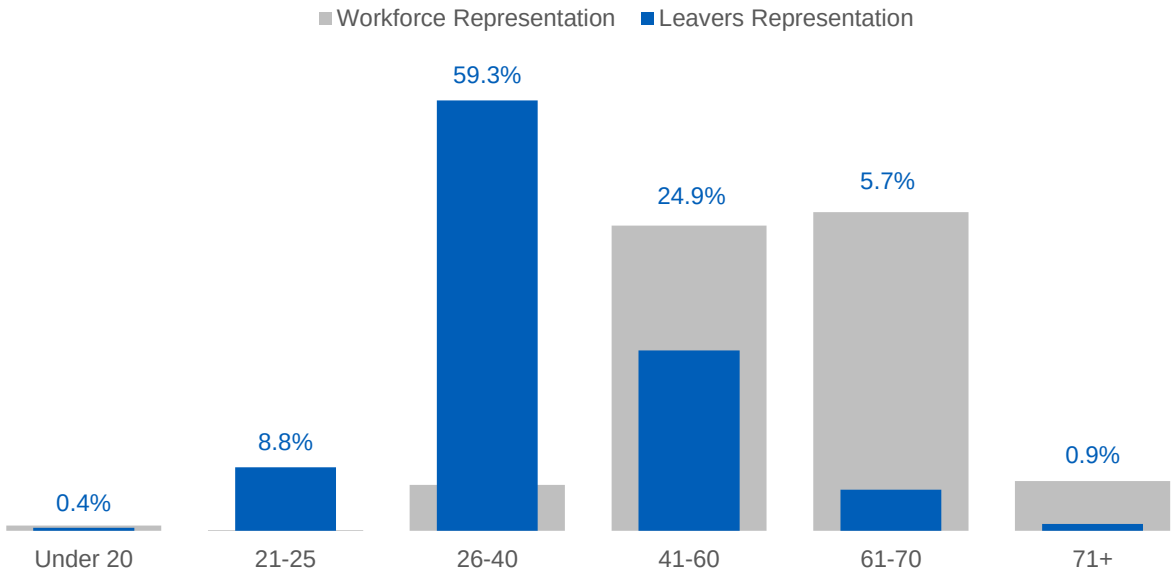
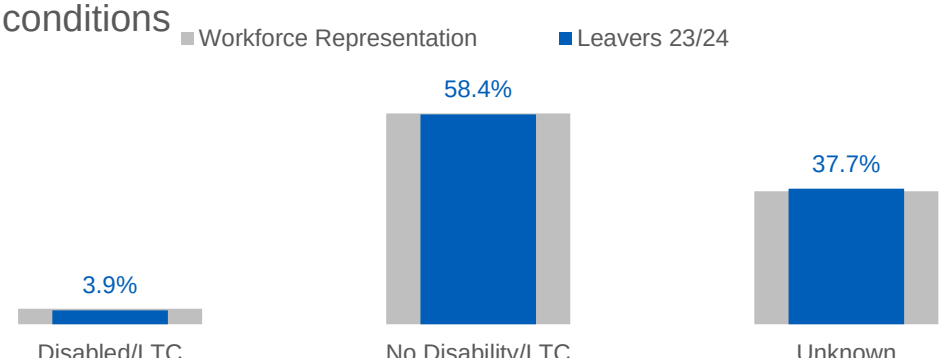


Chart C42 (above) shows a greater proportion of leavers aged under 20 to 40 left the organisation in comparison to the overall workforce representation, leaver aged 41+ left at a lower proportion. Most leavers were aged 26-40.

Disability

Chart C43 (above) shows, all groups are leaving the organisation in broadly equal proportions as the overall workforce representation.

C43: Breakdown of leavers in 23/24 by disability/long-term conditions



Marriage civil partnership

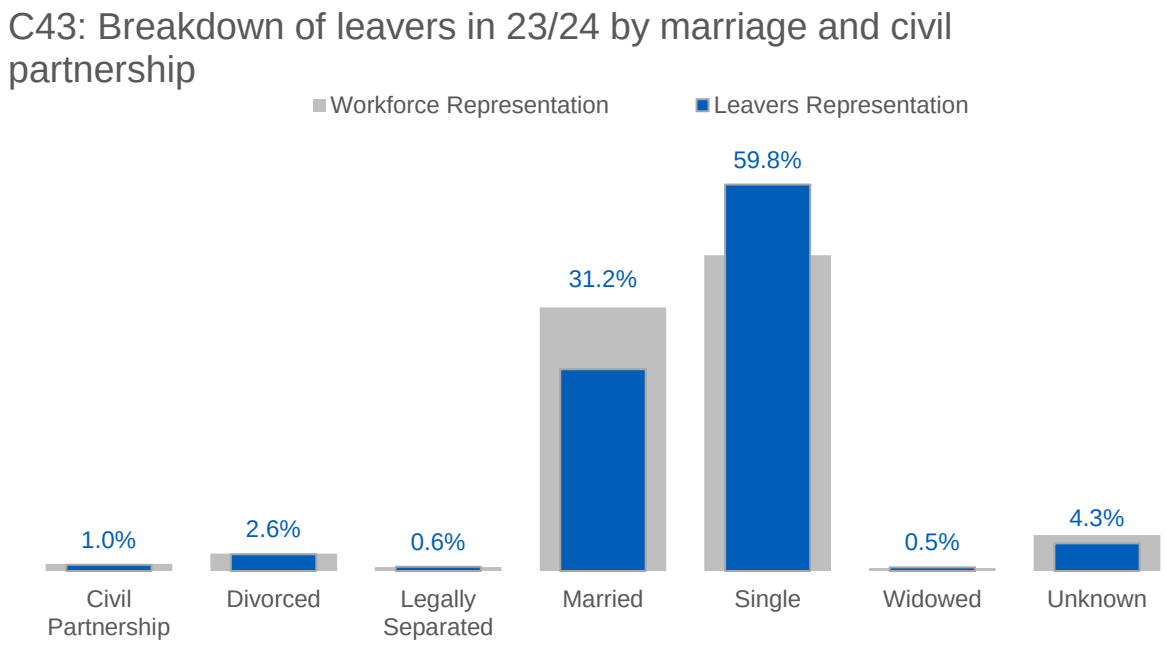


Chart C43 (above) shows compared to the overall workforce representation, proportionally fewer staff that are married or in a civil partnership are leaving the organisation.

Race (this includes ethnic or national origins, colour, or nationality)

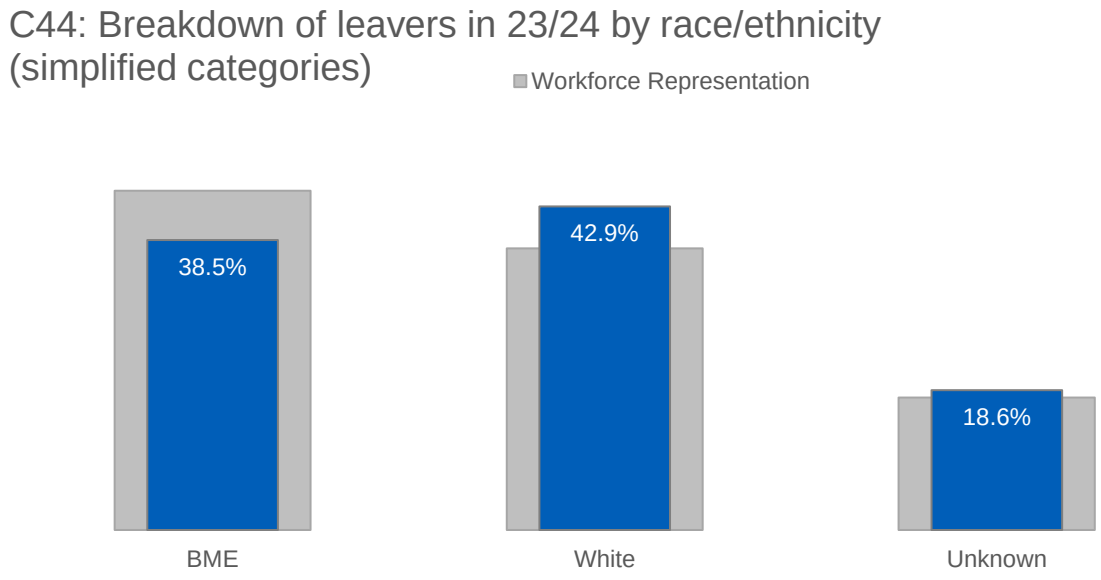


Chart C44 (above) shows that when compared to the workforce representation, proportionally more white staff and fewer BME staff are leaving the organisation.

C45: Breakdown of leavers in 23/24 by race/ethnicity

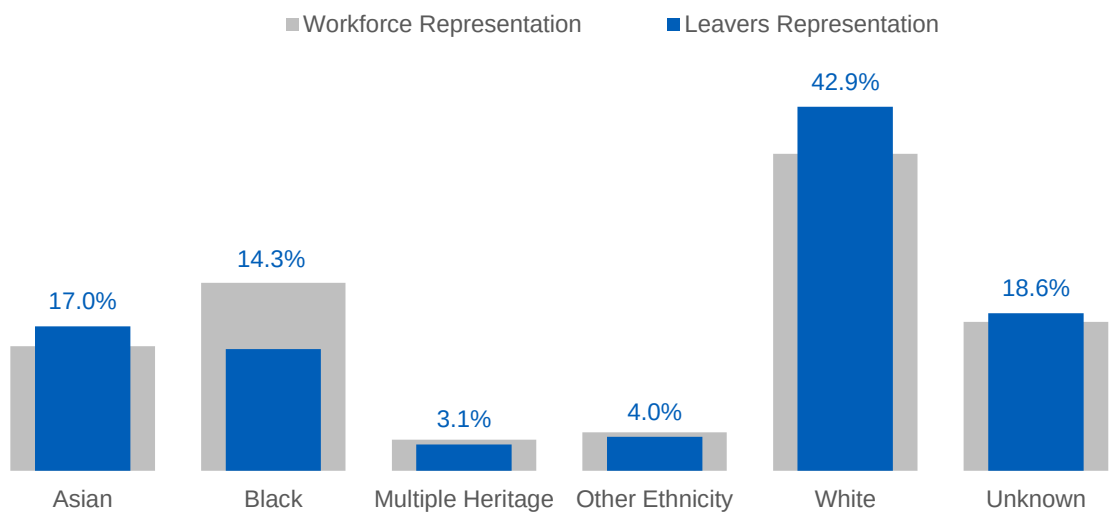


Chart C45 (above) shows that when compared to the workforce representation, a greater proportion of Asian and white staff, a lower proportion of Black, multiple heritage and staff from other ethnicities are leaving the organisation.

Religion or Belief

C46 Breakdown of leavers in 23/24 by religion or belief

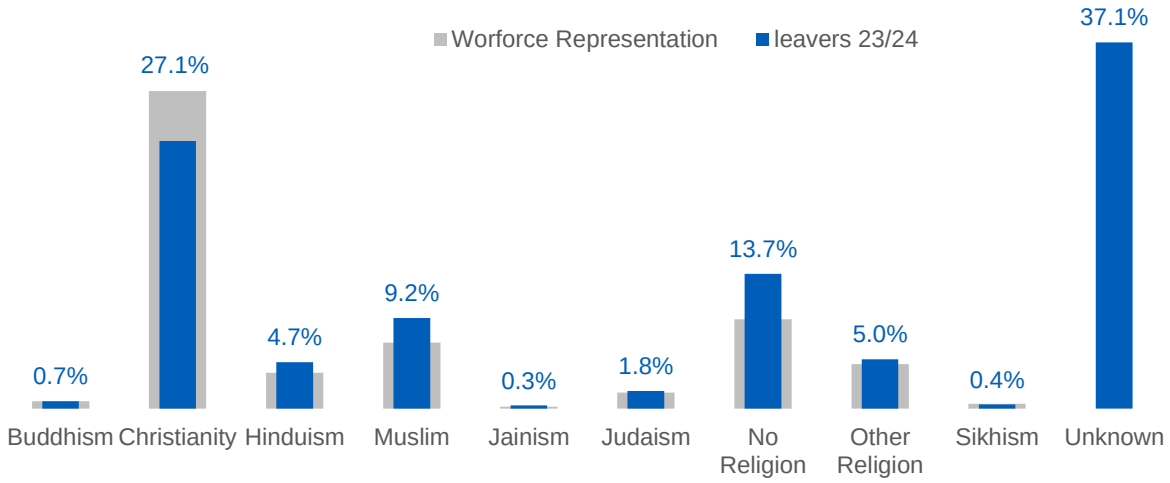


Chart 46 (above) shows when compared to the overall workforce, there was a lower proportion of Christian and Sikhs, a broadly equal proportion of Buddhist, Jewish and staff of another religion/belief and greater of Hindus, Muslims, Jains and Atheists leaving the organisation.

Sex

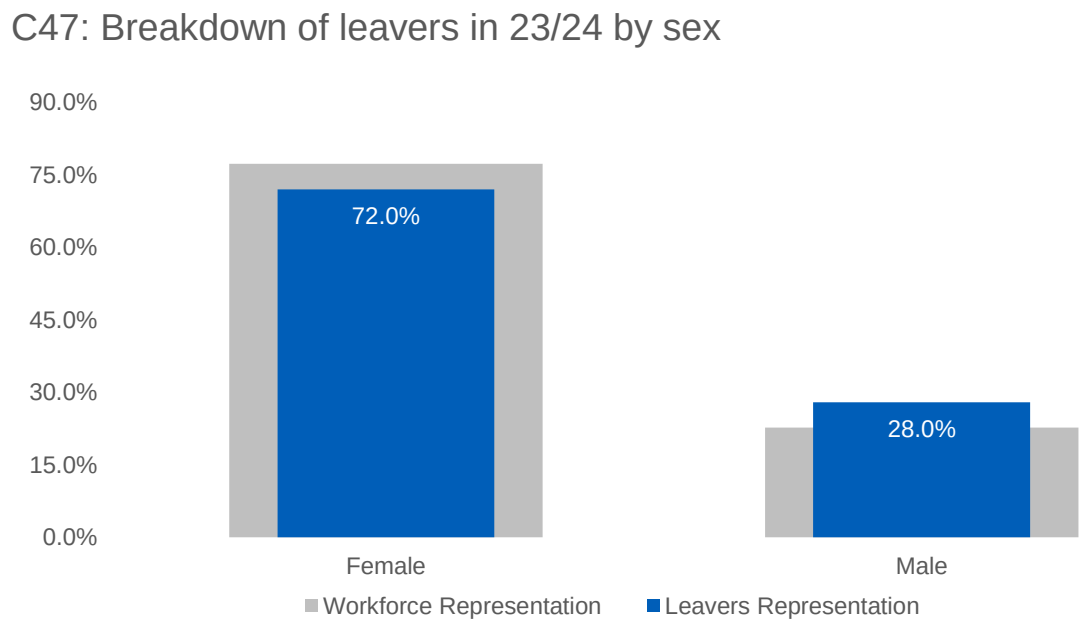


Chart C47 (above) shows compared to the overall workforce representation, there is an underrepresentation of female staff, and an overrepresentation of male staff that have left the organisation.

Sexual Orientation

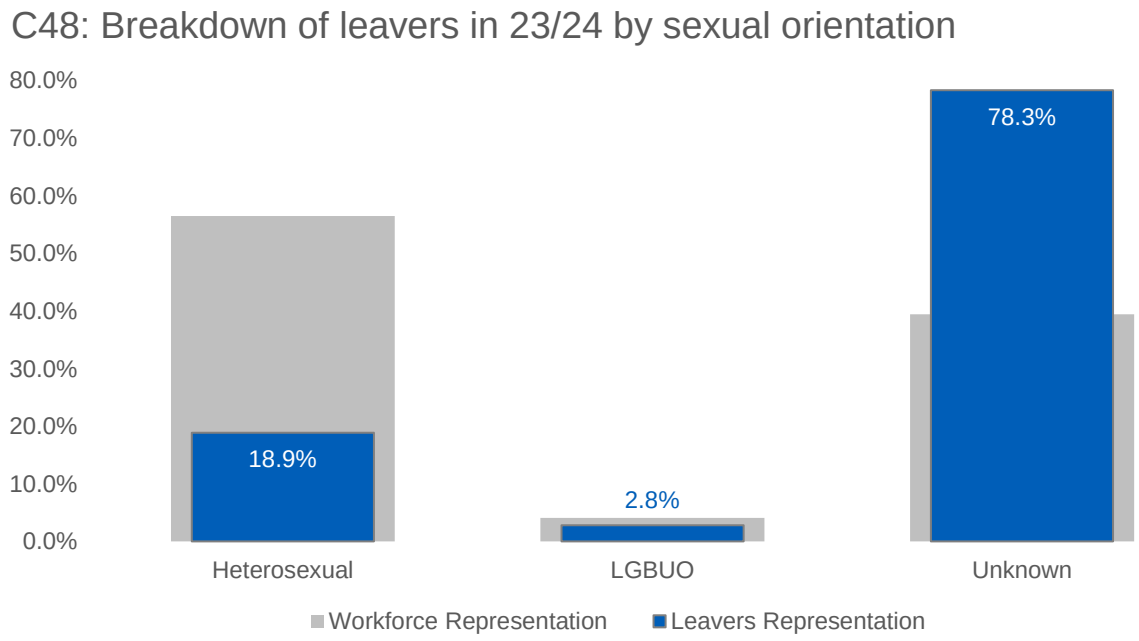


Chart C48 (above) shows that most leaver (78%) had not shared their sexual orientation; however, for those that had, compared to the overall workforce representation there were proportional fewer staff who are heterosexual or LGBUO.

6.7 NHS Staff Survey

The annual NHS Staff Survey provides insight into staff satisfaction with the organisation and their work. The survey looks at a range of issues related to inclusion, which can be broken down by (most) protected characteristics; this section will explore those issues.

The data explores the average scores for the national acute average for Trusts (124 Trusts), Whittington Health's average score for the question and a breakdown of the protected characteristic.

Where the Whittington Health score is in red, it indicates worse performance compared to the national acute average, where orange indicates lower performance but within 1% and where it is green, it indicates better performance.

In the columns breaking down the scores for individual groups within the protected characteristics, a red score would indicate worse performance than the Whittington average; an amber score worst performance but within !%; and a green score would indicate better.

Age

Table CT4 (below) shows the breakdown of staff survey questions by age.

	21-30	31-40	41-50	51-65	66+	WH Average	Acute Average
q.4b - The organisation values my work	47.4%	47.5%	48.0%	47.0%	57.9%	**46.1%**	44.3%
q.9e - Feels their manager values their work	77.6%	73.9%	76.5%	70.2%	79.5%	**72.9%**	71.4%
q.7h - Feels valued by my team	74.7%	71.3%	74.7%	70.1%	69.2%	**70.9%**	70.1%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristic	57.1%	53.3%	52.0%	45.5%	42.1%	**50.1%**	55.9%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	30.9%	32.1%	24.5%	24.4%	16.0%	**28.2%**	24.8%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	7.5%	10.2%	11.0%	14.7%	10.6%	**12.3%**	10.4%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	12.0%	18.1%	20.5%	16.6%	10.4%	**18.9%**	18.7%
q.14d - The last time bullying, harassment, and abuse experience was reported	62.3%	52.3%	51.4%	38.2%	-	**50.3%**	49.9%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	9.9%	11.7%	10.4%	9.8%	5.3%	**11.2%**	8.00%
q.16b - Experienced discrimination from staff in the last 12 months	7.0%	8.2%	9.1%	12.5%	15.8%	**10.3%**	9.2%
q.16c(6) - Age was the cause of the discrimination	37.5%	9.7%	12.1%	22.6%		**20.2%**	17.2%

Disability

Table CT5 (below) shows the breakdown of staff survey questions by disability.

	Disabled staff	Not Disabled staff	WH Average	Acute Average
q.4b - The organisation values my work	38.4%	49.6%	**46.1%**	44.3%
q.9e - Feels their manager values their work	67.3%	76.0%	**72.9%**	71.4%
q.7h - Feels valued by my team	62.1%	75.0%	**70.9%**	70.1%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected	39.4%	54.2%	**50.1%**	55.9%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in t	32.4%	26.1%	**28.2%**	24.8%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 mont	16.9%	10.0%	**12.3%**	10.4%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 mo	23.7%	15.8%	**18.9%**	18.7%
q.14d - The last time bullying, harassment, and abuse experience was reported	45.2%	52.5%	**50.3%**	49.9%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	12.2%	10.0%	**11.2%**	8.00%
q.16b - Experienced discrimination from staff in the last 12 months	15.9%	8.1%	**10.3%**	9.2%
q.16c(5) - Disability was the cause of the discrimination	20.9%	2.1%	**6.6%**	9.0%
q.31b – Disabled staff that have reasonable adjustments to enable them to carry out their work.	66.1%	-	**66.1%**	73.2%

Race

Table CT6 (below) shows the breakdown of staff survey questions by race/ethnicity.

	BME Staff	White Staff	Whittington Health Average	Acute Average
q.4b – The organisation values my work	46.6%	49.1%	**46.1%**	44.3%
q.9e - Feels their manager values their work	72.2%	76.5%	**72.9%**	71.4%
q.7h - Feels valued by my team	69.8%	75.8%	**70.9%**	70.1%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristic	46.3%	56.4%	**50.1%**	55.9%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	28.1%	26.3%	**28.2%**	24.8%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	12.6%	9.9%	**12.3%**	10.4%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	18.7%	15.5%	**18.9%**	18.7%
q.14d - The last time bullying, harassment, and abuse experience was reported	45.7%	53.2%	**50.3%**	49.9%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	14.9%	5.5%	**11.2%**	8.00%
q.16b - Experienced discrimination from staff in the last 12 months	11.8%	7.4%	**10.3%**	9.2%
q.16c(1) – Ethnic background was the cause of the discrimination	77.5%	42.7%	**66.0%**	51.4%

Religion or Belief

Table CT7 (below) shows the breakdown of staff survey questions by religion or belief.

	Atheist	Christian	Buddhist	Hindu	Judaism	Muslim	Other religion	I prefer not to say	Whittington Health Average	Acute Average
q.4b – The organisation values my work	48.9%	50.1%	47.1%	53.8%	47.7%	39.7%	44.4%	34.8%	**46.1%**	44.3%
q.9e - Feels their manager values their work	76.8%	76.5%	64.7%	77.4%	72.7%	64.2%	65.2%	65.4%	**72.9%**	71.4%
q.7h - Feels valued by my team	77.5%	74.0%	64.7%	73.3%	70.5%	68.7%	60.9%	55.9%	**70.9%**	70.1%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristics	54.9%	53.0%	41.2%	51.0%	55.8%	48.0%	53.3%	34.5%	**50.1%**	55.9%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	27.6%	27.2%	17.4%	20.4%	24.0%	25.8%	31.6%	31.6%	**28.2%**	24.8%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	7.8%	11.7%	22.6%	9.4%	7.6%	13.3%	13.5%	16.2%	**12.3%**	10.4%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	13.1%	17.6%	41.1%	18.8%	10.0%	20.2%	15.4%	24.3%	**18.9%**	18.7%
q.14d - The last time bullying, harassment, and abuse experience was reported	50.9%	49.8%	-	46.4%	24.5%	62.9%	44.9%	43.3%	**50.3%**	49.9%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	6.4%	12.4%	5.9%	7.6%	2.3%	14.6%	8.9%	11.8	**11.2%**	8.00%
q.16b - Experienced discrimination from staff in the last 12 months	5.2%	9.8%	23.5%	11.4%	6.8%	11.4%	13.3%	16.4%	**10.3%**	9.2%
q.16c(3) - Religion was the cause of the discrimination	1.8%	3.6%	-	11.8%	-	53.3%	-	8.3%	**10.8%**	4.5%

Sex

Table CT8 (below) shows the breakdown of staff survey questions by sex.

	Female	Male	Prefer not to say	Whittington Health Average	Acute Average
q.4b – The organisation values my work	48.0%	49.3%	23.5%	**46.1%**	44.3%
q.9e - Feels their manager values their work	75.0%	73.4%	59.8%	**72.9%**	71.4%
q.7h - Feels valued by my team	74.3%	68.9%	49.4%	**70.9%**	70.1%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristic	52.8%	51.2%	22.2%	**50.1%**	55.9%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	28.4%	22.5%	31.5%	**28.2%**	24.8%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	10.7%	12.3%	21.3%	**12.3%**	10.4%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	18.1%	13.5%	28.2%	**18.9%**	18.7%
q.14d - The last time bullying, harassment, and abuse experience was reported	50.9%	45.1%	47.6%	**50.3%**	49.9%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	9.9%	10.0%	21.5%	**11.2%**	8.00%
q.16b - Experienced discrimination from staff in the last 12 months	8.8%	9.8%	22.8%	**10.3%**	9.2%
q.16c(2) - Sex was the cause of the discrimination	16.2%	17.1%	14.8%	**16.0%**	19.2%

Sexual Orientation

Table CT9 (below) shows the breakdown of staff survey questions by sexual orientation.

	Heterosexual	Gay or Lesbian	I prefer not to say	Bisexual	Other	Whittington Health Average	Acute Average
q.4b – The organisation values my work	48.6%	50.0%	32.8%	48.8%	63.6%	**46.1%**	44.3%
q.9e - Feels their manager values their work	75.0%	69.1%	65.7%	70.5%	90.9%	**72.9%**	71.4%
q.7h - Feels valued by my team	73.4%	74.7%	57.0%	72.7%	81.8%	**70.9%**	70.1%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristic	52.9%	53.0%	37.6%	40.9%	40.9%	**50.1%**	55.9%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	26.8%	35.9%	23.7%	48.1%	38.5%	**28.2%**	24.8%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	10.9%	15.8%	14.2%	14.6%	13.4%	**12.3%**	10.4%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	17.6%	17.3%	16.2%	11.7%	26.4%	**18.9%**	18.7%
q.14d - The last time bullying, harassment, and abuse experience was reported	49.4%	55.4%	44.9%	55.0%	-	**50.3%**	49.9%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	9.9%	15.7%	11.6%	9.1%	18.2%	**11.2%**	8.00%
q.16b - Experienced discrimination from staff in the last 12 months	9.1%	13.6%	15.6%	4.8%	4.6%	**10.3%**	9.2%
q.16c(4) - Sexual orientation was the cause of the discrimination	1.1%	68.4%	0.00%	-	-	**5.3%**	4.0%

6.8 Other Standards and Reporting to Measure Inclusion

The Trust undertakes several other activities to further understand the level of equity within the workforce; these include:

- Gender Pay Gap Reporting (statutory reporting)
- Workforce Disability Equality Standard (NHS mandated standard)
- Workforce Race Equality Standard (NHS mandated standard).

The Trust has also participated in several voluntary measures this year to further understand inequity within the workforce, including:

- Disability Pay Gap
- Race/Ethnicity Pay Gap

The role of pay gap reporting is to review the level of ordinary pay and bonus pay experience of different groups i.e. women and men, disabled and non-disabled staff and BME and white staff. It helps identify levels of inequity regarding pay as well as representation within workforces. The Trust's Gender Pay Gap report and actions to address can be found on the Gender Pay Gap Reporting Service. Pay gap reporting uses several measures:

- Median average (the middle figure of a list of numbers) – of pay/bonus pay, it is a statistically more accurate way of reporting pay differences as it is unaffected by very high or low pay. It is typically the number that is discussed when talking about pay gaps.
- Mean average (the sum of all the numbers divided by the total number of values) – provides a useful illustrative figure for issues regarding pay in the workforce.
- Quartiles (splitting the workforce into broadly equal quarters) – provides an overview of the representation of different groups within lower, lower middle, upper middle and upper pay groups, helping to identify if any groups are over or underrepresented in junior/senior roles.

The role of the NHS equality standards is the compare the experiences of different groups i.e. disabled/non-disabled staff and BME/white staff, to identify if there are areas that need to be improved. The comparison includes measures looking at representation, recruitment, employee relations, staff experiences relating to behaviour and views from the NHS Staff Survey, accessing training and support and board representation. The Trust's disability and race equality standards report can be found on the Inclusion pages on the Trust's website.

For some of the factors, the standards use a term a 'relative likelihood' (measure how likely that something is going to happen), ideally this measure is as close to a measure of '1.00' as this means that there is equity (i.e. no difference in the experience of the groups being compared); however, there is a target range of a score anywhere between 0.8 and 1.25 which would suggest that there is not a statistical disadvantage (known as the rule of 'four-fifths').

NHS
Whittington Health
NHS Trust

Overview of Disability Pay Gap
Snapshot Date 31 March 2023

Hourly Pay Gap:

Staff with Disabilities £1.00

Staff with Disabilities 92p

The median pay gap is **8.1%** in favour of staff without disabilities. This means for every £1.00 staff without disabilities earn, **staff with disabilities earn 92p per hour.**

Comparing the mean average for staff, staff with disabilities mean hourly pay rate is 8.8% lower than staff without disabilities.

Representation of staff with/without Disabilities in Pay Quarters:

	Disabled %	Not Disabled %	Unknown %
Lower Quartile	**2.4%**	35.7%	61.9%
Lower Middle Quartile	**2.5%**	37.9%	59.6%
Upper Middle Quartile	**2.8%**	51.3%	45.9%
Upper Quartile	**2.6%**	52.3%	45.1%

NHS
Whittington Health
NHS Trust

Overview of Ethnicity Pay Gap
Snapshot Date 31 March 2023

Hourly Pay Gap:

White: £1.00

Asian: £1.00

Multiple Heritage: 90p

Other Ethnicity: 84p

Black: 72p

The median pay gap: 27.6% Black Staff, 10.0% multiple heritage staff, 15.6% staff from another ethnicity and 21.0% for unknowns lower than white staff, the gap is 0.0% for Asian staff.

Comparing the mean average for staff: 22.2% Black, 7.6% multiple heritage, 11.7% other ethnicity and 18.5% for unknowns lower than white staff. Asian staff are paid 1.4% more than white staff.

Hourly Pay Gap:

Male Staff £1.00

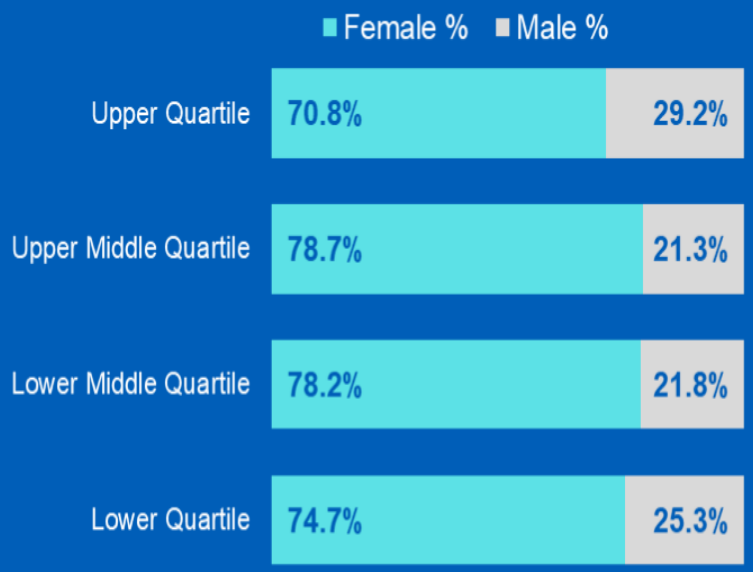
Female Staff 96p

The median pay gap is **3.7%** in favour of men. This means for every £1.00 male staff earn, **female staff earn 96p per hour**

Comparing the mean average for male/female staff, women's mean hourly pay rate is 6.3% lower than men's

Representation of Male/Female staff in Pay Quarters:

At the Trust, women occupy 70.8% of the highest paid jobs and 74.7% of the lowest paid jobs.



Bonus Pay Gap:

Male Staff £1.00

Female Staff £1.00

The median bonus pay gap is **0.0%**. This means for every £1.00 male staff earn, **female staff also earn £1.00 per hour**

Comparing the mean average for male/female staff, women's mean bonus pay is 22.2% greater than men's

2.7% of female and 4.9% of male staff received a bonus payment

Whittington Health 2024 WRES Outcomes and Comparison to 2023 and 2018 (Start of the Standard)

NHS Whittington Health NHS Trust

Performing Well

Indicator 3

Disciplinary 1.11

Position Improved from 2023

(Within target range of 0.8—1.25)

2023: ▲ 0.68

Indicator 4

Non-Mandatory Training 0.84

Position remains within target range from 2023

(Within target range of 0.8—1.25)

2023: ▼ 0.98

Further Work Required

Indicator 5

Harassment from patients
BME: 30.0% White: 27.2%

Small Decline in Performance from 2023

2023: BME ▲ 29.3%, White: ▼ 30.4%
2018: BME ▲ 29.1%, *White:* ▼ *28.4%*

Indicator 6

Harassment from staff
BME: 25.1% White: 21.6%

Position Improved from 2023

2023: BME ▼ 25.4%, White: ▼ 24.3%
2019: BME ▼ 32.5%, White: ▼ 26.7%

Further Work Required

Indicator 7

Equal Ops/Progress
BME: 46.3% White: 56.4%

Position Improved from 2023

2023: BME ▲ 41.2%, White: ▲ 57.2%

2019: BME ▲ *39.8%,* White: ▼ 59.5%

Indicator 8

Discrimination from manager/colleagues
BME: 11.8% White: 7.4%

Position Improved from 2023

2023: BME ▼ 15.0%, White: ▼ 9.4%

2019: BME ▼ *17.1%,* White: ▼ 8.2%

Making Improvement but more work Required

Indicator 2

Recruitment 1.63

Position Declined from 2023

(Within target range of 0.8—1.25)

2023: ▲ 1.51
2019: ▼ 2.14

Indicator 9

Board Representation 26.7%

No Change in Position from 2023

2023: ▶ 26.7%
2019: ▼ 20.0%

The arrows provide a comparison to 2024 data, arrows in green highlight an improvement in

Whittington Health 2024 WDES Outcomes Comparison to 2023 and 2019 (Start of the Standard)

NHS Whittington Health NHS Trust

Performing Well

Indicator 10

Representation 11.1%

No Change since 2022/23

In 2023 representation was 11.1%

2019: ▲from 0.0%

Making Improvement but more work Required

Indicator 8

Reasonable Adjustments 66.1%

Position Improved from 2022/23

2023: ▲ 64.7%

2019: ▼ *68.1%*

Making Improvement but more work Required

Indicator 4

Bullying and Harassment
N/D: 18.5% **Dis: 25.0%**

Position Improved from 2022/23

2023: N/D: ▼ 18.8%, Dis: ▼ 28.7%

2019: N/D: ▼ 23.7%, Dis: ▼ 30.1%

Indicator 6

Presenteeism
N/D: 19.2% **Dis: 29.2%**

Position Improved from 2022/23

2023: ▼ N/D: 20.7%, ▼ Dis: 29.5%

2019 N/D: ▼from 22.0%, Dis: ▼33.5%

Indicator 7

Feeling Valued
N/D: 49.6% **Dis: 38.4%**

Position Improved from 2022/23

2023: ▲ N/D: 45.6%, ▲ Dis: 34.7%

2019: N/D: ▼ 51.6%, Dis: ▼39.3%

Further Work Required

Indicator 2

Recruitment 1.28

Position declined from 2022/23

(Outside the target range of 0.8-1.25)

2023: ▲ 1.18

2019: ▲ *1.24*

Indicator 3

Capability 6.74

Position declined from 2022/23

(Outside the target range of 0.8-1.25)

2023: ▲ 5.37

2019: ▲ *1.74*

Indicator 5

Equal Ops / Progression
N/D: 54.2% **Dis: 39.4%%**

Position declined from 2022/23

2023: N/D: ▲ 51.8%, Dis: ▼ 40.1%

2019: N/D: ▲ 50.2%, Dis: ▼ 46.6%

The arrows shows a comparison to 2023/24 performance, a green arrow shows better performance and a red shows worse performance

Medical Workforce Race Equality Standard

The Medical Workforce Race Equality Standard (MWRES) and 11 indicators were introduced in September 2020 to recognise how the medical workforce differs from the rest of the NHS workforce. The first MWRES report was published in July 2021. In response, the Trust was one of the first NHS providers to introduce the MWRES lead role. Supported by the Joint Directors of Inclusion, one core focus of the MWRES Lead role is to improve the Trust's support and development of International Medical Graduates (IMG). A programme and handbook have been produced to support the newly appointed IMGs settle into UK, understand the workplace cultural expectations of a UK workforce and meet their professional and regulatory requirements.

During 2023/24, Trusts were required to submit a return relating to measuring equity for medical staff, this data and information is currently being reviewed by the national Workforce Race Equality Standards Team.

7. Next steps

The Trust will respond to the outcome of its 2023/24 PSED by undertaking the following work:

- to maximise the available data, its accuracy, and usefulness. For example, the data descriptions need to be aligned, systems must be amended to ensure it is possible to hold data not currently held, and it is important to continue digitalising paper-based records. A significant exercise is to take place in September 2024 to write to staff for whom there is no disability or ethnicity data held.
- to review recruitment processes from the content of job descriptions and person specifications, advertising roles, preparing interview panels and monitoring their demographic composition, to monitoring the demographics of applicants, interviewees and the outcome of interviews.
- Through the Health Inequalities forum, work to refine the equalities dashboard to strengthen our inclusion reporting
- Work with organisational development colleagues to continue to promote the band 2-7 development programme for staff alongside the new programme aimed at bands 8 and above.