Trust EDI Lead: Olayinka Iwu, Head of Equality Diversity and Inclusion
Authors: Olayinka Iwu, Gemma Glanville, Sebastiano Rossitto

For any inquiries, please contact Equality Diversity and Inclusion (EDI) team by emailing imperial.inclusion@nhs.net

Workforce Race Equality Standard Report 18/19

1. Introduction

Since 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the Workforce Race Equality Standard (WRES).

This report provides an overview of WRES, within Imperial College Healthcare NHS Trust against the nine indicators set out in WRES. There are nine WRES indicators. Four of the indicators focus on workforce data, four are data from the national NHS Staff Survey, and one indicator focuses upon BME representation on boards.

2. Why WRES is important?

The WRES is a tool for identifying a number of key gaps, referred to as metrics, between White and BME staff experience of the workplace - gaps which must be closed. Closing these gaps will achieve tangible progress in tackling discrimination, promoting a positive culture and valuing all staff for their contributions to their work at Imperial College Healthcare NHS Trust.

This will in turn positively impact on patients, as it is known that a decrease in discrimination against BME staff is associated with higher levels of patient satisfaction. An environment that values and supports the entirety of its diverse workforce will result in high quality patient care and improved health outcomes for all.

Indicator 1

Percentage of staff in each of the AFC Band 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by clinical and non-clinical staff

Table 1 Ethnicity profile – percentage of staff in each of the AfC bands, medical grades and Very Senior Managers (VSM) – March 2019

Non-Clinical	BME	UNKNOWN	WHITE	Count
Band 2	70%	4%	26%	216
Band 3	65%	3%	33%	652
Band 4	54%	5%	41%	397
Band 5	52%	2%	46%	317
Band 6	49%	3%	48%	281
Band 7	45%	3%	53%	200
Band 8a	43%	4%	52%	138
Band 8b	26%	3%	71%	137
Band 8c	22%	2%	77%	60
Band 8d	18%	5%	76%	38
Band 9	12%	4%	84%	25
Spot Salary	29%	29%	43%	7

VSM	4%	12%	84%	25
Grand Total	**52%**	**3%**	**44%**	**2493**

Clinical	BME	UNKNOWN	WHITE	Count
Band 2	70%	5%	25%	776
Band 3	66%	5%	29%	522
Band 4	60%	5%	35%	168
Band 5	57%	4%	39%	1755
Band 6	58%	4%	38%	1911
Band 7	42%	4%	54%	1185
Band 8a	33%	4%	63%	384
Band 8b	24%	2%	74%	123
Band 8c	17%	2%	81%	42
Band 8d	5%	0%	95%	19
Band 9	11%	0%	89%	9
Consultant	33%	9%	59%	741
Doctor (Career Grade)	24%	38%	38%	333
Doctor (Training Grade)	28%	37%	35%	1536
Spot Salary	45%	5%	50%	22
VSM	0%	0%	100%	2
Grand Total	**47%**	**11%**	**42%**	**9528**

For the non-clinical workforce, the percentage of BME workforce has increased in Band 2-5, 8a-8b and for spot salary compared to 17/18. The percentage of the BME workforce has decreased for Band 6, 7, 8d and 9 compared to 17/18.

For the clinical workforce, the percentage of BME workforce has increased in Band 3, 4, 7, 8a, 8c, 9, and all doctors compared to 17/18. The percentage of the BME workforce has decreased for Band 6, 8b compared to 17/18.

Indicator 2

Examines the relative likelihood of staff being appointed from shortlisting across all posts

Note: Data is drawn from Trac the Trust recruitment system. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made.

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
White	3107	977	0.3144
BME	6083	1176	0.1933
Unknown	285	257	0.9017

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is roughly 1.63 times greater; this is an increase from last year when the relative likelihood was 1.57 times greater. Our Workforce Equality and Diversity Work Programme, Appendix 1, 1a WRES Action Plan sets out how the Trust intends to address this disparity. The majority of this work will start later in 2019.

Indicator 3

Examines the relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator is based on data from a two year rolling average of the current year (18/19) and the previous year (17/18). For consistency, organisations should use the same methodology as they have always used.

The Trust reports on the formal disciplinary hearings, excluding doctors who are managed in accordance with Maintaining High Professional Standards. In 17/18 the Trust held 91 disciplinary hearings, in 18/19 the Trust held 59 disciplinary hearings. The figures below are the average across two years.

Descriptor	Number of staff in workforce	Annual average of number of formal disciplinary meeting	Likelihood of entering formal disciplinary meetings
White	5070	27	0.0051
BME	5826	45	0.0077
Unknown	1132	4	0.0003

The relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 1.51 times greater. This is a deterioration from last year, at 1.43 times greater. The likelihood of BME staff entering formal disciplinary procedures remains higher than that of white staff.

Actions to address this are set out in a specific section of Workforce Equality and Diversity Programme for 2019 Appendix 1, section 1a - key deliverables to mitigate disproportionate representation of BME people entering formal disciplinary workforce procedures.

Indicator 4

Examines the relative likelihood of staff accessing non-mandatory training and CPD

Note: The data collected only includes leadership development and skills training provided by the Learning and Development team. This is the only data which is centrally available for equality analysis. It does not include locally delivered training, professional and clinical education or any externally provided training which is a significant proportion of the training offered and accessed. Therefore results are not seen as a reliable indication of all training activity available within the Trust. However, all Trusts are expected to maintain internal consistency of approach from year to year, so that changes in uptake trends can be compared over time.

Descriptor	Number of staff in workforce	Staff accessing non mandatory training (data held by leadership team)	Likelihood of accessing non mandatory training
White	5070	541	0.1067
BME	5826	631	0.1083
Unknown	1132	55	0.4858

Indicators 5 - 8

Indicators 5 -8 relate to the 2018/2019 national staff survey results, comparing the responses of BME and white staff. This is based on a sample of 522 staff who responded to the survey, which was a response rate of 46%. The wording of these four indicators is taken directly from the national NHS Staff Survey questions. Not all 522 staff chose to answer each question.

For indicator 5, 6, and 8 a low score is better. For indicator 7 a high score is better. Compared to 17/18 WRES indicators, the data shows that the Trust BME experience in 2018 has declined for indicators 5 and 6 and 7. Compared to 17/18 WRES indicators, the data shows that the Trust BME experience in 2018 has improved for indicator 8.

Indicator 5

KF 25. Examines Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

For indicator 5 a lower score is better. There has been an increase for both our white and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public since 2017. Our BME staff experience is the same as our white staff experience.

	White	BME
2018	37.6%	37.3%
2017	35.2%	29.5%

Indicator 6

KF 26. Examines the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

For indicator 6 a lower score is better. There has been an increase for both our white and BME staff experiencing harassment, bullying or abuse from staff since 2017. Our BME staff experience is now slightly worse than our white staff experience.

	White	BME
2018	32.7%	34%
2017	28.3%	28%

Indicator 7

KF21. Examines the percentage of staff believing that the trust provides equal opportunities for career progression or promotion

For indicator 7 a higher score is better. Both our white and BME staff experience has declined since 2017. Our BME staff experience has declined significantly since 2017, whereas white is a very small decline. Our BME staff experience is worse than our white staff experience.

	White	BME
2018	82.7%	65.2%
2017	83.8%	82.7%

Indicator 8

Q.17 Examines percentage staff personally experience discrimination at work from manage/team leader or other colleague

For indicator 8 a lower score is better. Our white staff experience has declined since 2017 and our BME staff experience has improved since 2017. Our BME staff experience remains significantly worse than our white staff experience.

	White	BME
2018	7.5%	14.7%
2017	5.2%	17.4%

Indicator 9

Examines percentage difference between the organisations board voting membership and its overall workforce (Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce)

	White	BME	Unknown
Overall Trust Workforce	42.13%	48.46%	9.43%
Overall Trust Board Members	100.00%	0.00%	0.00%
Voting Board Members	100.00%	0.00%	0.00%
Executive Board Members	100.00%	0.00%	0.00%
Non-Executive Board Members	100.00%	0.00%	0.00%

Note: only voting member of the board should be included when considering this indicator

WRES Action plan

Refer to Appendix 1, Workforce Equality and Diversity Work Programme. 1a WRES Action Plan

Objectives	Baseline performance 17-18	Key focus 2019/20
A more representative workforce by ethnicity at all levels and eliminate ethnicity differentials in workforce performance outcome	• Workforce ethnicity: 47% BME, 43% White, 10% Unknown • BME under-represented at Band 7+ • BME staff 1.44 times more likely to enter formal disciplinary procedures	• Increase diversity on interview panels • Introduce reverse mentoring • Introduce unconscious bias training

Key deliverables	Lead	Milestones
Improve workforce representation of BME people on Band 7+		
1. Introduce diverse panels at B7+ interviews, gender and ethnicity mix (ideally mixed panels, only use observers if not possible)	Dawn Sullivan	Increase BME representation at Band 7+ by 5% within each band by Mar 2020
2. Review end-to-end recruitment and selection process to identify areas that will contribute to a more balanced representative workforce at Band 7+	Dawn Sullivan	
3. Introduce reverse mentoring	Sue Grange	
4. Implement unconscious bias training for all levels, from the Board/Executives	Sue Grange	
Mitigate disproportionate representation of BME people entering formal disciplinary workforce procedures		
1. Introduce two check points, pre- and post-investigation, to be carried out by senior managers in formal disciplinary process	Barbara Britner	Reduce BME participation rate by 10% at formal disciplinary procedures by Mar 2020
2. Introduce mandatory training specifically for Chairs of disciplinary hearings and Investigators	Barbara Britner	
3. Identify common issues in formal procedures and develop training and support for prevention	Fiona Percival	
4. Executives/seniors to review dismissal decisions	Barbara Britner	
Reduce the differential in the relative likelihood of BME and White people receiving D or E ratings (PDR)		
1. Provide monthly reports of PDR grades to divisional senior management team throughout PDR period for calibration	Sue Grange	Quarter 1
2. Implement mid-year review	Sue Grange	Quarter 3 & 4

Address harassment and bullying issues reflected in the 2017-18 NHS staff survey		
3. Re-energise Trust values and behaviours through 'Leading our vision, values and behaviours programme	Sue Grange	Decrease the overall staff-reported B&H experiences by 2% in 2019 NHS staff survey results – reported Feb 2020
4. Develop a 'speaking up' strategy and action plan	Peter Jenkinson	
5. Staff survey action plans	Sue Grange	