

Annual Workforce Equality and Diversity Report 2015/2016

(Incorporating Workforce Race Equality Standard)

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1. Introduction

This report is published to help Imperial College Healthcare NHS Trust meet the public sector equality duty, as outlined in the Equality Act 2010. In addition, this report provides information required by the Workforce Race Equality Standard.

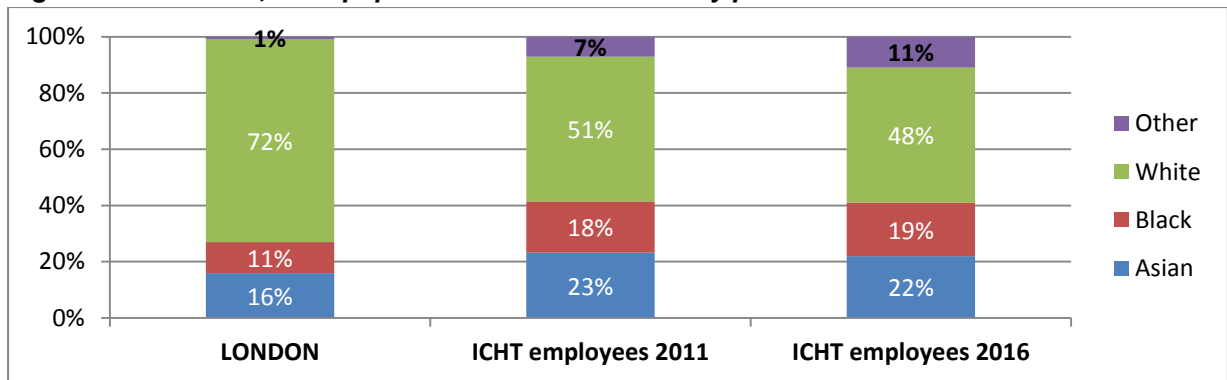
An action plan to mitigate any disproportionality can be found in appendix 1.

2. Workforce Composition

2.1 Ethnicity

The percentage of staff employed by the Trust from Black and Minority Ethnic (BME) backgrounds is higher than the local population. Fifty two percent of staff who disclose their ethnicity are from BME backgrounds compared to 28% of the London population. White people make up 48% of the workforce compared to 72% of the London population. The proportion of people from white backgrounds has decreased from 51% in 2011.

Fig. 1 *London, local population and Trust ethnicity profile*



Note: for the purpose of this Figure, data of “unknown” and “not stated” ethnicity is excluded.

When the workforce ethnicity data is split by clinical and non-clinical staff, it is largely comparable within bands. The majority of people in junior roles are from BME backgrounds. This changes with seniority as the majority of people in bands 7 and above are from white backgrounds.

There are a number of interventions that the Trust will be putting in place to support career management, including development of our staff, as well as better systems for internal transfers. The impact of this will be monitored to see how this can support ethnic distribution within bands that is more representative of our workforce.

Tab 1 Ethnicity profile – percentage of staff in each of the AfC bands and Very Senior Managers – March 2016

	Clinical				Non-Clinical			
	BME	White	Unknown	Count	BME	White	Unknown	Count
Band 1	0%	0%	0%	0	100%	0%	0%	2
Band 2	68%	29%	3%	628	60%	33%	7%	233
Band 3	64%	31%	5%	452	61%	35%	4%	685
Band 4	51%	43%	6%	149	45%	48%	7%	374
Band 5	62%	34%	5%	1714	51%	45%	5%	289
Band 6	58%	39%	3%	1645	44%	54%	2%	232
Band 7	38%	57%	4%	981	37%	57%	5%	134
Band 8a	25%	70%	4%	314	31%	62%	7%	99
Band 8b	19%	79%	2%	102	21%	78%	1%	87
Band 8c	9%	86%	5%	43	18%	75%	7%	60
Band 8d	0%	100%	0%	19	11%	77%	11%	61
Band 9	11%	89%	0%	9	11%	79%	11%	19
VSM	28%	51%	21%	2430	9%	78%	7%	51
Total Count		–		8486		–		2326

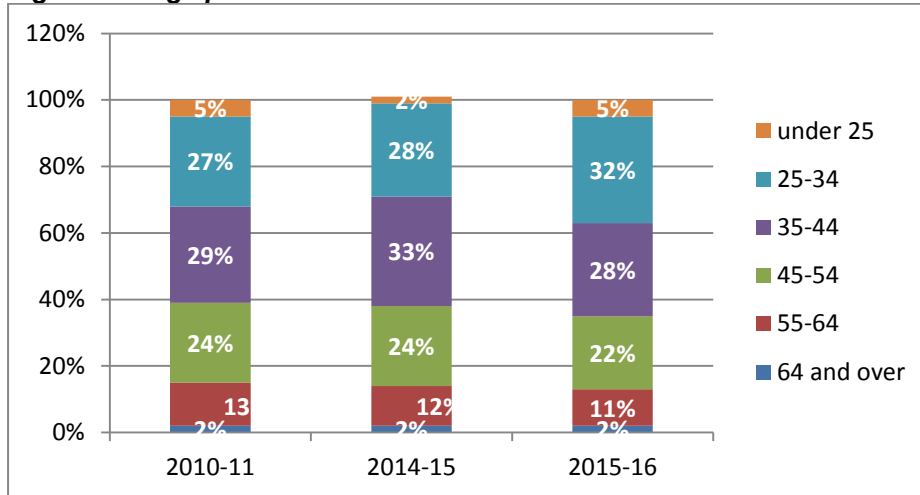
2.2 Workforce Composition: Age

There have been no significant changes in the workforce composition in regards to age since 2010/11. The majority of our staff, 82%, are aged 25 to 54.

The most noticeable variation can be seen amongst people aged 34 and below. Currently, 37% of our staff are within this age group compared to 33% in 2014/15 and 32% in 2010/11.

The Trust seeks to increase its attractiveness to people of all age groups through a range of measures including the widespread provision of work experience opportunities and apprenticeships and the promotion of flexible working.

Fig 2 Trust age profile - March 2016

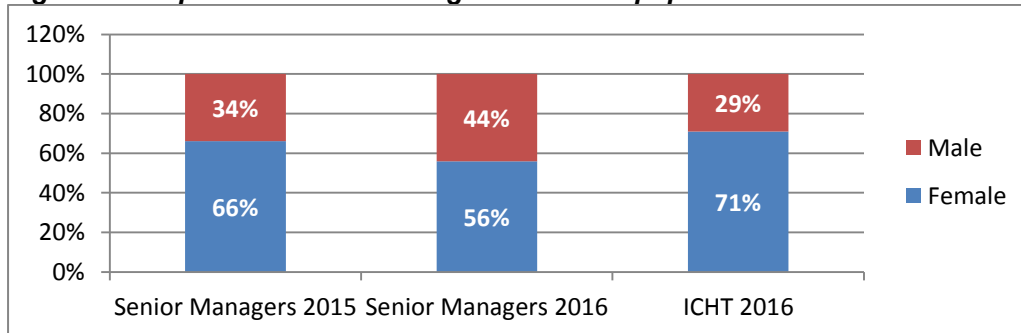


2.3 Workforce Composition: Gender

The workforce split in regards to gender has remained unchanged in the last 5 years: 71% of our staff are female and 29% are male. The high proportion of female workers is typical of NHS organisations, reflecting the gender split of people entering healthcare professions.

The proportion of male employees increases in more senior roles. The figure below shows that 44% of people employed as senior managers are men and 56% are women. This is a significant change from last year when 34% of senior managers were men and 66% were women.

Fig 3 Gender profile – senior managers and ICHT population - March 2016

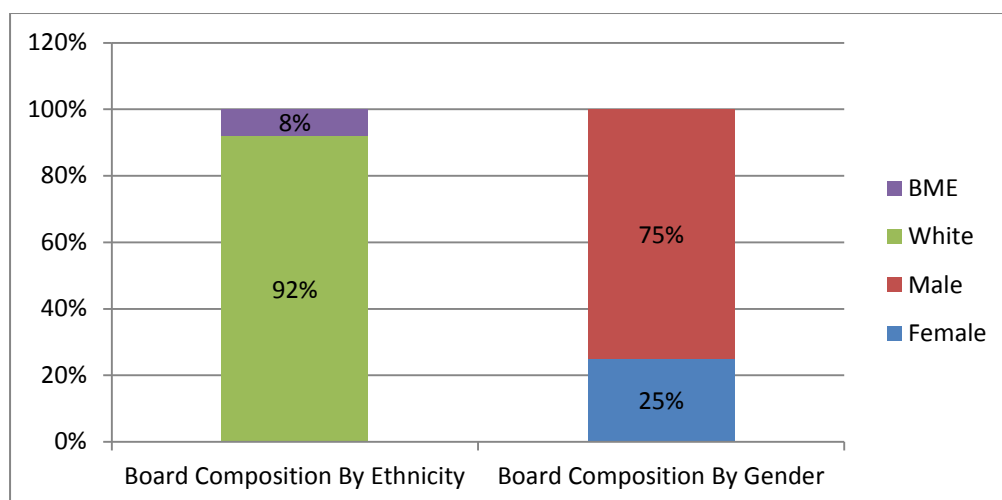


2.4 Trust Board of Directors Composition: gender and ethnicity

The Board of Directors comprises 12 people. White people account for 92% of Board Directors compared to 48% of the workforce as a whole. 75% are men and 25% are women compared to the overall Trust composition of 29% male and 71% female.

This is an important area of review for the Trust. We will review the equality and diversity policies of the talent sourcing providers we use for board executive recruitment to ensure that they are fair, equitable and transparent.

Fig 4 Trust Board composition by gender and ethnicity



2.5 Data quality for disability, sexual orientation and religion - 2015/16

Workforce information on disability, sexual orientation and religion has improved since last year. The Trust now holds demographic information on 56% (up from 47% in 2014/15) of all staff disability status and 60% (up from 54% in 2014/15) on sexual orientation and religion.

The quality of data for new starters in 2015/16 has also improved since the previous year. This now stands at 90% and above for all three protected characteristics.

The data capture is 100% for new starters whose applications are recorded via the Trac recruitment system. There are staff groups where this facility is not yet available resulting in an incomplete overall capture of data on new starters. There are plans to roll Trac out to all staff groups in the future to replace the current facilities which are less reliable.

Tab 2 Disability, sexual orientation and religion records for all staff including new staff

Protected Characteristic	Recorded demographic for all staff in 2013/14	Recorded demographic for NEW staff in 2013/14	Recorded demographic for all staff in 2014/15	Recorded demographic for NEW staff in 2014/15	Recorded demographic for all staff in 2015/16	Recorded demographic for NEW staff in 2015/16
Disability	40%	95%	47%	89%	56%	92%
Sexual Orientation	46%	96%	54%	88%	60%	90%
Religion	46%	96%	54%	88%	60%	90%

2. Recruitment

The Trust monitors the progress of applicants through the selection process by protected characteristic. A summary of the monitoring information is shown in tables 3-9.

3.1 Recruitment by ethnicity

The majority of job applications the Trust received in 2015/16 were from BME people (68%). At shortlisting stage the split changed to 32% white and 62% BME. In regards to appointments, 42% were white and 53% were BME.

Tab 3 Recruitment analysis by ethnicity

	Applicants	Shortlisted	Appointed
White British	15.45%	17.31%	26.69%
White Irish	1.27%	2.27%	3.67%
Any other white background	11.62%	12.94%	11.28%
Asian or Asian British Indian	10.31%	9.21%	7.73%
Asian or Asian British Pakistani	4.01%	2.95%	3.26%
Asian or Asian British Bangladeshi	4.74%	3.27%	2.63%
Any other Asian background	6.89%	7.38%	7.27%
Black or Black British - Caribbean	7.04%	6.35%	5.38%
Black or Black British - African	20.79%	19.38%	11.97%
Any other Black background	2.71%	1.81%	2.92%
Mixed White & Black Caribbean	1.12%	1.09%	0.92%
Mixed White & Black African	1.14%	1.09%	0.40%
Mixed White & Asian	0.74%	0.70%	0.52%
Any other mixed background	2.81%	2.96%	4.30%
Chinese	0.99%	1.15%	1.49%
Any other ethnic group	4.80%	5.37%	4.30%
Not stated	3.37%	3.21%	4.81%

3.2 Relative likelihood of being appointed from shortlisting

Tab 4 Likelihood of being appointed from shortlisting by ethnicity – 2015/16

Descriptor	White	BME
Number of shortlisted applicants	4193	8084
Number appointed from shortlisting	727	930
Relative likelihood	0.17	0.12

The likelihood of white people being appointed from shortlisting is 0.17 and 0.12 for BME groups. The relative likelihood of white people being appointed from shortlisting compared to BME people is therefore 1.42 greater. This is a significant change from the previous year when the relative likelihood was 5 times greater for white people than for BME people. This may be accounted for by the refreshed approach to advertising jobs aimed at attracting a greater diversity of applicants. In the last year, the Trust has used a varied range of vacancy advertising channels, including LinkedIn and Twitter, in addition to the traditional use of NHS

Jobs. What is more, actions were put in place to ensure that the disproportionality noted last year is highlighted to managers, such as revision of training. This is an area that we will continue to review and note really good progress this year.

Recruitment analysis by gender shows that conversion rates for female applicants are slightly higher than for male applicants; this could in part be accounted for by the larger volume of female applicants.

Tab 5 Recruitment analysis by gender 2015-16

Gender	Applicants	Shortlisted	Appointed
Male	32.31%	26.18%	25.95%
Female	67.24%	73.40%	73.94%
Not stated	0.44%	0.42%	0.11%

Analysis by transgender shows conversion rates broadly in line with the breakdown of applicants.

Tab 6 Recruitment analysis by transgender 2015-16

Transgender	Applicants	Shortlisted	Appointed
No	17.70%	20.90%	32.93%
Yes	0.10%	0.10%	0.17%
Not stated	81.60%	78.28%	65.86%

Analysis by religion, age, sexual orientation and disability shows that conversion rates from shortlisting to appointment are broadly in line with the breakdown of applicants.

Tab 7 Recruitment analysis by age 2015-16

Age group	Applicants	Shortlisted	Appointed
Under 20	1.08%	0.57%	0.34%
20 - 24	19.70%	16.24%	20.50%
25 - 29	25.21%	24.44%	27.72%
30 - 34	16.19%	16.27%	15.81%
35 - 39	12.37%	13.00%	12.60%
40 - 44	8.60%	10.22%	8.53%
45 - 49	7.58%	8.91%	6.19%
50 - 54	5.68%	6.16%	4.75%
55 - 59	2.73%	3.19%	2.46%
60 - 64	0.73%	0.81%	0.63%
65+	0.10%	0.16%	0.46%
Not stated	0.03%	0.02%	0.00%

Tab 8 Recruitment analysis by disability 2015-16

	Applicants	Shortlisted	Appointed
No	95.26%	94.83%	91.75%
Yes	3.43%	3.55%	3.67%
Not stated	1.31%	1.61%	4.58%

Tab 9 Recruitment analysis by religion 2015-16

Religion	Applicants	Shortlisted	Appointed
Atheism	6.78%	7.94%	12.32%
Buddhism	1.15%	0.96%	1.12%
Christianity	52.03%	56.39%	51.06%
Hinduism	7.74%	6.14%	5.15%
Islam	15.53%	11.47%	9.63%
Jainism	0.25%	0.22%	0.34%
Judaism	0.21%	0.28%	0.22%
Sikhism	1.27%	1.01%	0.11%
Other	5.55%	5.56%	5.94%
Do not wish to disclose	9.50%	10.04%	14.11%

Tab 10 Recruitment analysis by sexual orientation 2015-16

Gender	Applicants	Shortlisted	Appointed
Bisexual	1.05%	0.92%	0.63%
Gay	1.49%	1.67%	2.23%
Heterosexual	88.01%	86.94%	85.74%
Lesbian	0.46%	0.57%	1.09%
Not stated	9.00%	9.99%	10.41%

The Trust currently requires at least one interview panel member to be trained in recruitment and selection. In addition, all panel members are required to undertake Equality and Diversity training as this is mandatory for all people working at the Trust.

4. Access to non-compliance training 2015/16

Access to non-compliance training provided by the Trust's education and learning centre is monitored. Access to courses is monitored by the education and learning centre is broadly in line with the workforce composition.

When the data is cut by gender, women are more likely to access training than men within the organisation: women accessing training is 7% higher than the Trust workforce composition, but a slight fall from last year when it was 10% higher.

Access to training for people from most ethnic backgrounds is representative of the workforce composition. Black people however form 17% of the total workforce and 21% of those have accessed training. This is an increase on last year when 13% of black people accessed training within the Trust. Access to training by Asian staff is in line with their composition in the workforce at 21%.

Access to training by age group follows the age profile of the organisation.

The difference between the staff survey data and the data recorded by the Trust's education and learning centre stems from the fact that most training to Trust staff is managed outside of the education and learning centre and is therefore not included in table 11 below. We will be able to capture this data in the future once we have procured an integrated learning management system (LMS). For the purposes of this report, data has been pooled from all vocational courses, PDR training for line managers, Great Conversations, Understanding Workforce Policies courses held in 2015/16: this is a greater number of courses used for this analysis than in the previous year. This data does not include Core Skills training (formerly Statutory and Mandatory) as this is required by all staff regardless of age, gender or ethnicity.

Tab 11 Access to training by gender, ethnicity and age 2016

GENDER		
Female	78.26%	70.89%
Male	21.74%	29.11%
ETHNICITY		
Asian	20.90%	20%
Black	21.15%	17.02%
Not stated	3.01%	3.97%
Other	9.70%	10.11%
Unknown	0.92%	4.68%
White British	28.93%	28.30%
White Other	15.38%	15.91%
AGE		
<25	3.99%	3.70%
25-44 years	60.40%	59.78%
45-54 years	23.63%	22.73%
55-64 years	10.32%	11.76%
64 years and over	1.66%	2.04%

4.1 Relative likelihood of accessing non-mandatory training

The likelihood of BME people accessing non mandatory training and CPD was 0.1153 and for white people it was 0.1285. The relative likelihood of BME people accessing non mandatory training and CPD was 1.1144 times greater than white staff. This is a change from the previous year when the relative likelihood of accessing training and CPD was greater for white people than BME people 1.2770 times. This may be accounted for by the fact that this year the Trust was able to report on access to a wider selection of training.

Tab 12 Access to non-mandatory training and CPD by ethnicity

Descriptor	Number of staff in workforce	Staff accessing non mandatory training and CPD	Likelihood of accessing non mandatory training
White	4674	539	0.1153
BME	3913	503	0.1285

5. People awarded D or E rating on Performance and Development Review (PDR)

PDR ratings have pay implications for people on Agenda for Change contracts because incremental pay increases are awarded to people who are given A, B or C ratings. Ninety four people (0.9% of the Trust population) were awarded D or E rating on PDR in 2015/16. A D or an E rating indicates that performance is unsatisfactory.

Figure 5 shows the data on people who were awarded a D or E rating on PDR cut by gender and ethnicity. When cut by gender, the proportions are broadly in line with overall workforce composition. However, when cut by ethnicity, people from BME backgrounds were more likely to be awarded a D or E rating. Sixty six percent of D and E ratings (0.05% of Trust population) were awarded to BME staff. The disproportionality has lessened since last year when BME people accounted for 71% of those who received a D or an E rating.

When the data on those who received D and E ratings is cut by grade and professional group, there is a disproportionately high number of band 5 and 6 nurses. Grade and professional group may be contributory factors for the high proportion of BME staff amongst those who received low performance ratings but even when these factors are taken into account, ethnicity may be a factor.

The Trust has just commenced the third year of conducting PDRs in line with this process. This is an important area of review to ensure that it is designed and followed robustly and is not open to bias. As a result of actions agreed following last year’s review, the mandatory PDR training for managers now covers the topic of unconscious bias and a reduction in the disproportionality has been noted. At the same time, this affects a very small number of our staff, less than 1% of the whole workforce.

Fig 5 People awarded D or E rating on PDR by gender and ethnicity 2015-16

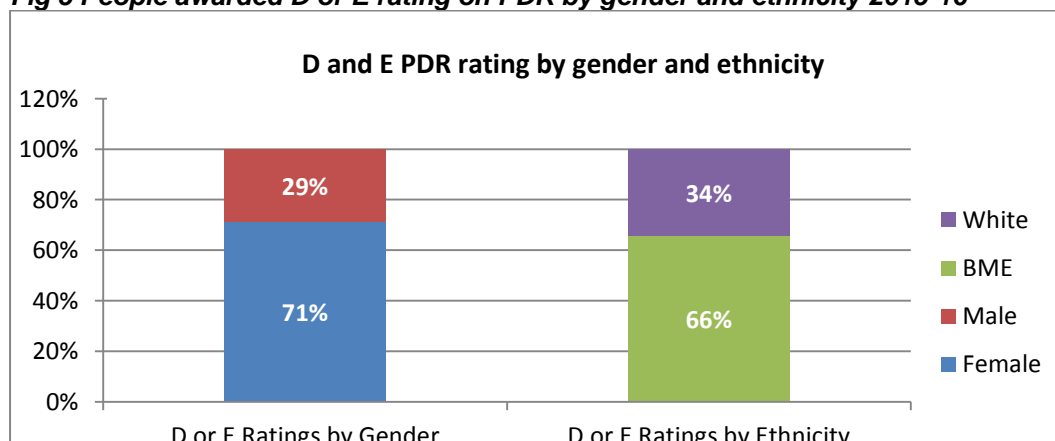


Fig 6 People awarded D or E rating on PDR by band 2015-16

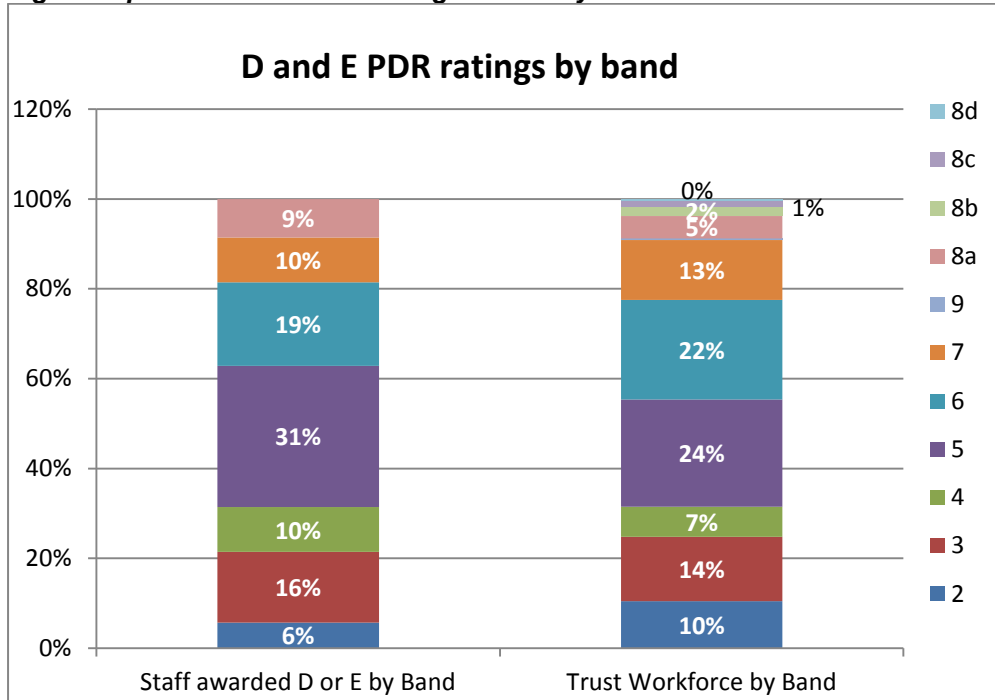
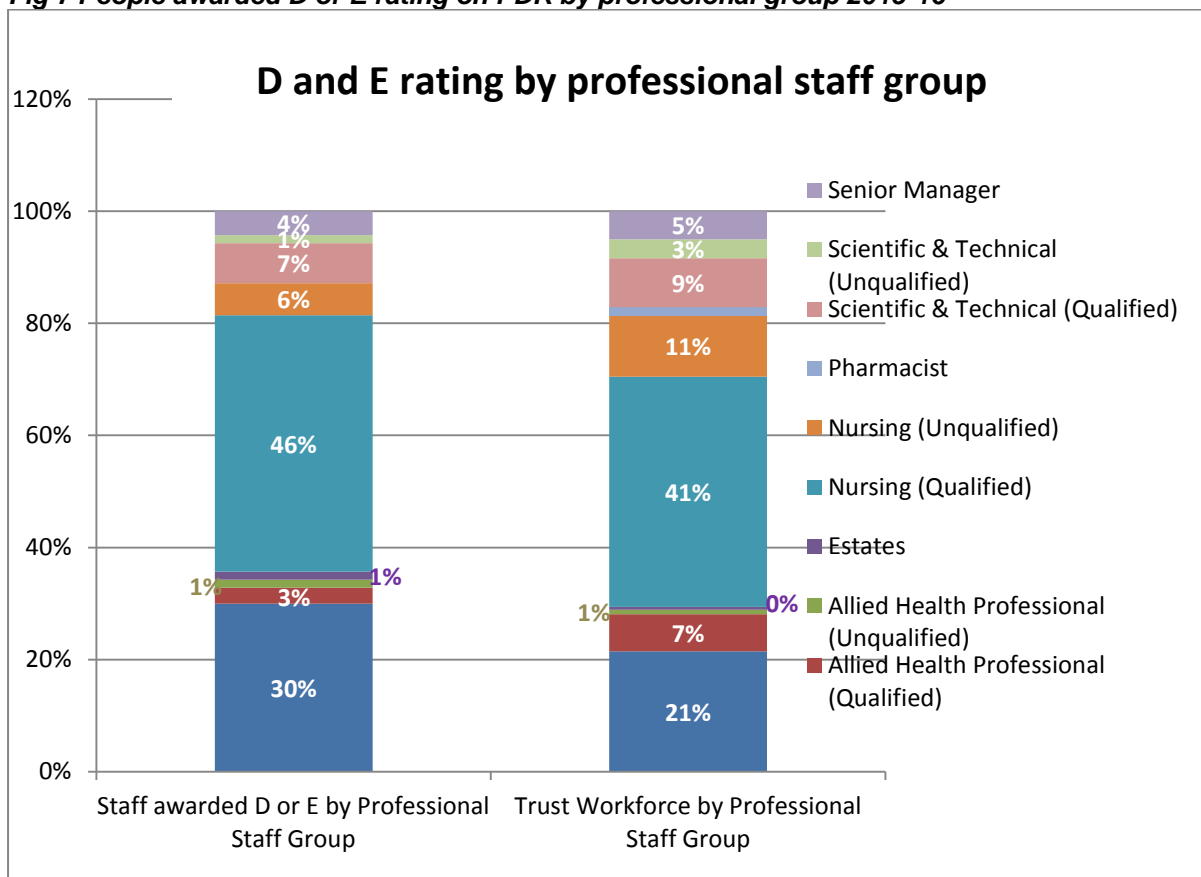


Fig 7 People awarded D or E rating on PDR by professional group 2015-16



6. Promotions and leavers

White British staff are more likely to leave than other ethnic groups, accounting for 35% of leavers in 2015/16. When the data is split by gender, women are more likely to leave than men – men accounted for 25% of leavers compared to 29% the workforce. This is a significant change from last year when 36% of leavers were men.

People from white backgrounds accounted for 50% of promotions and BME people for 49%. This is comparable to the Trust population where BME people account for 52% and white people account for 48% of the workforce. When promotions are cut by gender, women are marginally more likely to be promoted than men.

Fig 8 Promotions and leavers by ethnicity 2015-16

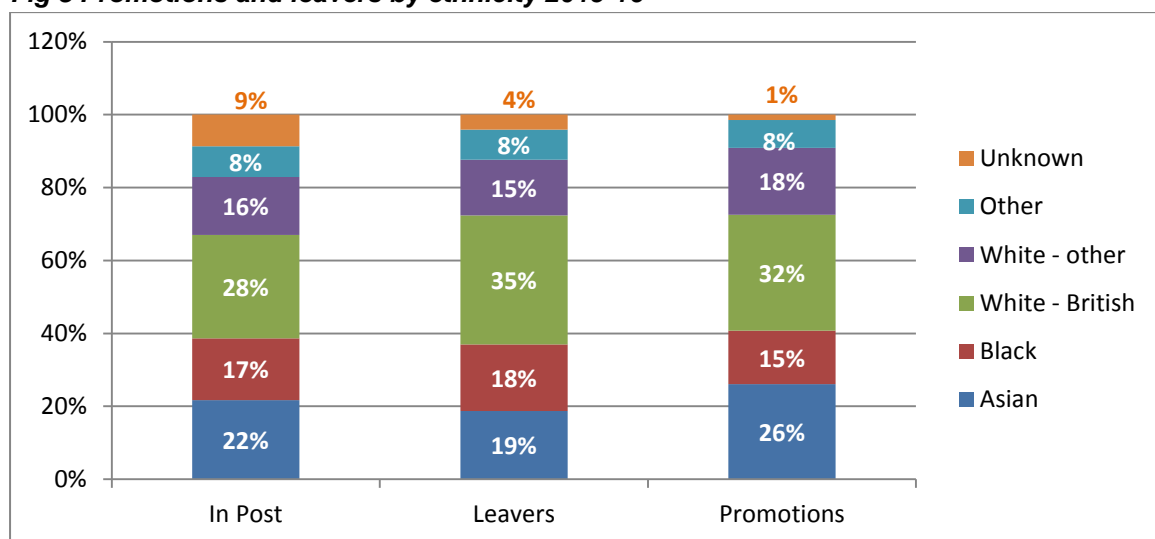
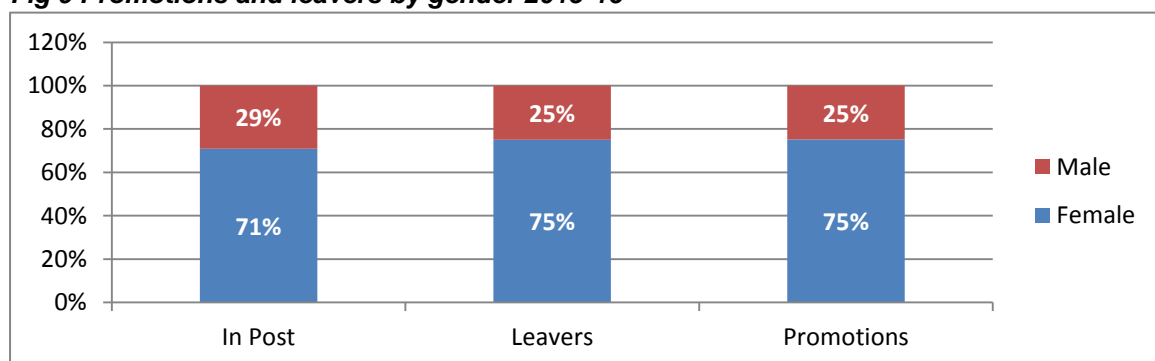


Fig 9 Promotions and leavers by gender 2015-16



7. Application of formal workforce procedures 2015/16

The Trust monitors the formal application of workforce procedures by ethnicity, gender and age. In 2015/2016, there were 254 formal hearings in total.

7.1 Ethnicity

In 2015/16, there were 77 formal disciplinary cases, twenty-six (32%) involved Asian, twenty-one (28%) involved black people and fourteen (19%) involved white people.

In 2015/16, there were 20 formal performance management cases. Comparing the performance participation rates against the Trust population, table 13 shows that black people who made up 17% of the workforce accounted for 30% of performance hearings. The disproportionate involvement of black people is down from 2014/15 when black people accounted for 46% of performance hearings and 20% of the workforce.

In 2015/16, there were 136 formal sickness absence cases, both long term and short term, of which 38% involved white people. There were also 21 formal grievance hearings, of which seven (33%) involved white people, eleven (53%) involved BME people.

Tab 13 Formal hearings by ethnicity 2015/2016

Ethnicity	% of Trust population	Disciplinary		Capability (Performance)		Sickness		Grievance	
		Number of cases	% of cases	Number of cases	% of cases	Number of cases	% of cases	Number of cases	% of cases
Asian	22%	24	32%	3	15%	25	18%	4	19%
Black	17%	21	28%	6	30%	32	24%	5	24%
White	44%	14	19%	5	25%	51	38%	7	33%
Other	8%	7	9%	4	20%	19	14%	2	10%
Not stated	9%	9	12%	2	10%	9	7%	3	14%
Total	100%	75	100%	20	100%	136	100%	21	100%

Table 14 suggests that both grade and ethnicity are factors influencing participation in formal workforce procedures. Junior people from all ethnic groups are more likely to be involved in formal procedures than senior people. In 2015/16, people employed in band 2-5 roles accounted for 43% of the total workforce and 70% of formal workforce procedures. Amongst them, band 3 and band 5 accounted for the majority of the cases but also there is a higher proportion of employment in these bands. Considering the population of employment in each band amongst band 2-5, band 2 and band 4 have a higher likelihood of being involved in formal workforce procedures. As BME people represent a higher proportion of employment in these bands (band 2-5), higher participation rates for junior people will result in higher

participation rates for certain ethnic groups. However, grade only offers a partial explanation: even allowing for the impact of grade, BME people are still more likely to be the subject of formal workforce procedures.

The Trust delivers training sessions to ensure that managers are appropriately trained in application of workforce policies, including the disciplinary policy. These sessions have been recently reviewed. They focus on fair application of the policies and raise awareness of unconscious bias. We realise that on-boarding and a positive relationship with the line manager and the team plays an important role here. Going forward, we will remind managers about the importance of thorough induction as part of the boarding process.

Tab 14 Formal hearings by ethnicity and band 2015/16

Band	No of meetings involving white people	% of meetings involving white people	% of white people by band in workforce	No of meetings involving BME people	% of meetings involving BME people	% of BME people by band in workforce
2	14	6%	2%	19	8%	5%
3	14	6%	4%	33	14%	7%
4	9	4%	2%	15	7%	2%
5	13	6%	7%	44	19%	11%
6	15	7%	7%	30	13%	10%
7	9	4%	6%	9	4%	4%
8 and above	3	1%	5%	1	0%	2%
Medical & Dental	0	0	10%	1	0%	6%
Total	77	34%	43%	152	66%	47%

Note: for the purpose of this table, 23 meetings involving people of “not stated” ethnic status were excluded.

7.2 Relative likelihood of entering into formal disciplinary procedure

Table 15 shows that the likelihood of BME people entering the formal disciplinary procedure over the two year rolling period from April 2014 to March 2016 was 0.0116 and for white people it was 0.0057. Therefore the relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 2.03 times greater. This year is the first year when we are able to benchmark our performance against other trusts on this Workforce Race Equality Standard (WRES) measure.

Tab 15 Likelihood of entering the formal disciplinary hearing by ethnicity – two year average 2014-16

Descriptor	Average number of staff in workforce (2014-16)	Annual average of number of formal disciplinary meetings (2014-16)	Relative likelihood of entering formal disciplinary meetings
White	4556	26	0.0057
BME	5000	58	0.0116

7.3 Gender

Comparing the figures against the Trust population, table 16 shows that men are more likely than women to be subject to disciplinary actions. Women are more likely than men to be involved in other workforce procedures, including sickness, performance management and grievance. We have observed this trend over the recent years.

Tab 16 Formal hearings by gender 2015/2016

Gender	% of Trust population	Disciplinary		Capability (Performance)		Sickness		Grievance	
		Number of cases	% of cases	Number of cases	% of cases	Number of cases	% of cases	Number of cases	% of cases
Female	71%	46	61%	16	80%	113	83%	19	90%
Male	29%	29	39%	4	20%	23	17%	2	10%
Total	100%	75	100%	20	100%	136	100%	21	100%

7.4 Age

The 25-34 age group had the highest participation rates for disciplinary, performance management and sickness formal procedures; however, it is also the largest age population amongst the Trust workforce. The 55-64 age group were the most likely to raise grievances.

Tab 17 Formal hearings by age 2015/2016

Age group	% of Trust population	Disciplinary		Capability (Performance)		Sickness		Grievance	
		Number of cases	% of cases	Number of cases	% of cases	Number of cases	% of cases	Number of cases	% of cases
Under 25	5%	3	4%	0	0	5	4%	2	10%
25-34	32%	22	29%	6	30%	39	29%	3	14%

35-44	28%	15	20%	5	25%	39	29%	5	24%
45-54	22%	18	24%	5	25%	32	24%	0	0
55-64	11%	13	17%	4	20%	17	13%	11	52%
65 and over	2%	4	5%	0	0	4	3%	0	0
Total	100%	75	100%	20	100%	136	100%	21	100%

8. Staff experience: 2015 NHS Staff Survey Results

The Trust monitors staff experience by protected characteristics through the annual NHS Staff Survey. The 2015 staff survey results revealed some differences in experience when analysed by disability status, ethnicity, age and gender.

The full results of the 2015 staff survey can be found at <http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2015-Results/>.

8.1 Gender

There are few significant differences in experience by gender. Overall men respond less positively to some questions relating to personal development and access to training, as well as opportunities to maintain health, well-being and safety.

Women, on the other hand, were more likely to report experiencing harassment, bullying or abuse or feeling pressurised to attend work when unwell than men.

Women are overall more engaged than men with engagement scores of 3.79 and 3.60, respectively.

8.2 Disability

People with disabilities and those who do not report to have a disability provide similar answers to the majority of KFs. Where the responses differ significantly, they are typically less favourable for disabled people.

Disabled people provide less favourable responses to questions relating to opportunities to maintain health, well-being and safety. For example disabled people were more likely than non-disabled people to report work related stress in the last 12 months (56% compared to 38%). Disabled people are also more likely to report feeling less engaged with decisions that affect staff and services they provide and empowering them to put forward ways to deliver better services.

The engagement score, is higher for non-disabled people (3.55) than disabled people (3.24).

8.3 Age

People of all age groups report similar experiences on the majority of the KFs. The area where responses differ most significantly relates to violence and harassment. This is most frequently reported by people below the age of 30. The age group 31-44 were the least likely to report this. People under 30 were also the least likely group to report positively on being satisfied with opportunities for flexible working or feeling that their opinions can lead to improvements in the workplace.

The most engaged staff group when split by age are people aged 51 and over with an engagement score of 3.93. The least engaged group are people aged 16-30 with an engagement score of 3.67.

8.4 Ethnicity

When the data is split by ethnicity, the biggest variation is on questions relating to equality and diversity and satisfaction with quality of work and patient care. BME people were more likely to report experiencing discrimination at work (32% BME, 8% white) or believing that the organisation provides equal opportunities for career progression (65% BME, 86% white people). However, BME people report more positively than white people on the quality appraisals. They also feel less pressurised to come to work when unwell (47% BME, 57% white).

Overall, BME and white staff responses indicate a similar overall engagement level. The scores are 3.74 and 3.75 respectively. This is a change from last year when the engagement score for BME people was 3.86. The engagement score for white people remained unchanged.

8.5 NHS National Survey questions mandated by the WRES.

Under the Workforce Race Equality Standard the Trust is required to publish the responses cut by ethnicity to the following NHS staff survey results:

Tab 18: Percentage of staff who report experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White	BME
25%	32%

Tab 19: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

<i>White</i>	<i>BME</i>
28%	35%

Tab 20: Percentage of staff who believe that trust provides equal opportunities for career progression or promotion.

<i>White</i>	<i>BME</i>
86%	65%

Tab 21: In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/Team Leader or other colleagues.

<i>White</i>	<i>BME</i>
5%	22%

9. Progress on actions agreed last year

A number of actions were agreed by managers, staff and staff side colleagues following the analysis of the data contained in last year's report. Actions and the progress relating to them are noted below:

1. The data on the disproportionate award of E and D ratings at Performance & Development Review will be inform the mandatory PDR training for managers to raise awareness and challenge unconscious bias.

This action was completed. Mandatory PDR training for managers now includes a section to raise awareness of unconscious bias. In the 2014 PDR cycle, 75% of those issued unsatisfactory D or E ratings were BME. This decreased to 66% in 2015. Further analysis is available in section 6. We will continue to observe and analyse the data once the 2016 PDR cycle is complete.

2. BME applicants are less likely to be shortlisted and appointed than their white counterparts. The recruitment team will undertake a review of interview panel membership to ensure that panel members are appropriately trained and review mandatory recruitment and selection training to ensure that unconscious bias is appropriately covered. Further analysis of the data will be carried out to better understand the different conversion rates for white and BME people in the recruitment process.

The review of the recruitment and selection training has been completed.

The review of interview panel membership has been completed. Some services are more compliant than others but the overall complacence stands at 40%. There were a total of 1783 interviews in 2015/16 and 714 of those had at least one person trained in

recruitment and selection on the panel. The recording of interview panel membership against completion of recruitment and selection training is relatively new and further work is required to increase compliance.

However, the likelihood of being appointed from shortlisting has increased for both white and BME applicants. Last year, the likelihood of white people being appointed from shortlisting was 0.15. This year, it is 0.17. The increase in likelihood has been significant for BME people. In 2014/15, this stood at 0.03 and has increased to 0.12 in 2015/16.

3. The quality of demographic data for new starters has dropped in 2014/15. The recruitment team will review its processes to ensure that the demographic status of at least 95% of new starters is captured.

The quality of data has improved. Data on 92% of new starters' disability status and 90% of new starters' sexual orientation and religion has been captured. A further review of the processes is required to reach the agreed target of 95%.

4. We currently report on equal pay within bands by gender (fig 16). We will run a similar report on ethnicity to determine whether there are significant differences within grade.

This review has been completed. When the data on pay was split by ethnicity, this did not indicate disproportionality.

5. The Trust does not currently report on access to training for nurses and midwives because the data is held by universities. This data will be collated, analysed and reported on and action will be taken to address any evidence of differential access by protected characteristic.

This data has been analysed partially as only data on courses where the Trust receive direct funding is available in a format that can be analysed. The review showed that in 2015/16, 75 people accessed training via this route. When the data was split by age, it was broadly in line with Trust population. Analysis by gender and ethnicity shows some disproportionality – women (88%) were more likely to access this type of training than men (12%). This can be accounted for by the fact that the large amount of people accessing this training were in nursing and midwifery roles, where the majority of staff are female. Splitting the data by ethnicity showed that 57% of people were white and 43% were BME. This is different to the workforce population of 48% white and 52% BME.

In addition, the Trust uses the NHS Equality Delivery System 2 (EDS2) framework to fulfil its public sector equality duty to promote equality. In 2015/16 the Trust's EDS2 workforce focus was on training and development opportunities and equal pay for work of equal value. This year's focus is on flexible working opportunities being equitably available to people. For last year's grading, please follow this link:

[file:///clw-vfandp-001/User01/cm149/Personal%20Profile/Downloads/Equality%20Delivery%20System%202%20%20grading%20memo%20\(2\).pdf](file:///clw-vfandp-001/User01/cm149/Personal%20Profile/Downloads/Equality%20Delivery%20System%202%20%20grading%20memo%20(2).pdf)

Appendix 1 Annual Workforce report Action Plan for 2016/17

Summary of action		Owner
ACTION 1	An internal transfer's scheme for nurses and midwives will be introduced. Access to this will be monitored and ethnic breakdown will be reviewed.	Resourcing
ACTION 2	Band 5 rotation scheme will be offered and access to this monitored and reviewed.	Talent
ACTION 3	Band 6 development programme will be offered and access to this will be monitored and reviewed.	Nursing Directorate
ACTION 4	Capacity of Trust leadership courses will be increased and access to these reviewed by ethnicity.	Talent
ACTION 5	Review of the apprentice scheme to ensure that it is promoted and accessible to our local population.	Talent
ACTION 6	We will continue to monitor interview panel membership to check that at least one panel member has been trained in recruitment and selection.	Resourcing
ACTION 7	The recruitment and selection training content will be reviewed to raise awareness of unconscious bias and best practice at interview.	Resourcing
ACTION 8	The Employee Relations team will continue to train managers in fair and equitable application of workforce policies.	ERAS
ACTION 9	Managers will be reminded to ensure to provide a good on-boarding and induction experience for all new starters by email when appointment is confirmed to them by the resourcing team.	Resourcing
ACTION 10	We will report on access to courses offered by universities when this is available for review.	Talent
ACTION 11	Additional support will be offered to managers to help them understand the results of the engagement survey and design appropriate action.	Talent
ACTION 12	We will review access to Trust coaching and mentoring registers to establish whether positive action to ensure that this is accessed by BME people is required.	Talent
ACTION 13	We will train more managers in addressing bullying and harassment.	ERAS
ACTION 14	We will review the equality and diversity policies of search teams we engage with for the purpose of Board level candidate searches.	Resourcing

Appendix 2 GLOSSARY OF TERMS USED IN THIS REPORT

Not stated	Answer to the question about demographic status was not provided
I do not wish to disclose	Person chose not to disclose demographic status
Unknown	A combination of Not stated and Unrecorded
Senior Managers	This includes people in bands 8-9, very senior managers and senior managers and senior medical staff
PDR	Performance and Development Review
New Starters	People who began working for the Trust between April 2014 and March 2015
Non-clinical support	Admin & Clerical, Estates and senior managers
Clinical support	Unqualified, Nurses, Scientific and Technical (S&T) and Allied Health Professionals (AHP)
Scientific & Technical	Qualified Scientific & Technical and pharmacists
BME	Black & Minority Ethnic
White	A combination of White British and White Other
Promotions	People who have an upward change of band/grade during the reporting year and are still employed at the end of the reporting year.

Appendix 3 Cross-referencing the Workforce Race Equality Standard requirements with the Annual Workforce Equality and Diversity Report

Indicator		Section of the report
For each of these nine workforce indicators, data is compared for white and BME staff		
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce (split by clinical and non-clinical staff).	2.1
2	Relative likelihood of staff being appointed from shortlisting across all posts.	3.2
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (a two year rolling average of the current year and the previous year).	7.2
4	Relative likelihood of staff accessing non-mandatory training and CPD.	4.1
5	Percentage of staff who report experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	8.5
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	8.5
7	Percentage of staff who believe that trust provides equal opportunities for career progression or promotion.	8.5
8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/Team Leader or other colleagues.	8.5
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	2.4