Imperial College Healthcare NHS
NHS Trust

Annual Workforce Equality and Diversity Report 2016/2017

(Incorporating Workforce Race Equality Standard)

Sebastiano Rossitto and Daisy Tsai

Directorate of People and Organisational Development

Sep 2017

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 that is mandated in the NHS standard contract.

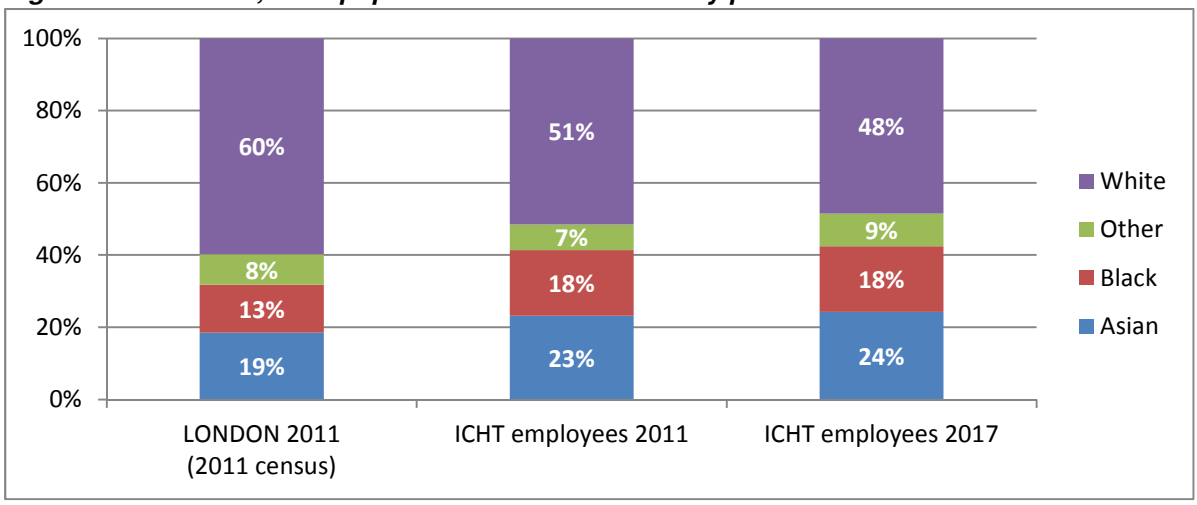
An action plan to mitigate any disproportionality can be found in section 10.

2. Workforce Composition

2.1 Ethnicity

The percentage of staff employed by the Trust from Black and Minority Ethnic (BME) backgrounds accounts for 52% of those who disclose their ethnicity. White people make up 48% of the workforce. The proportion of people from white backgrounds has decreased from 51% in 2011. In comparison, 40% of the London population is of BME backgrounds and 60% is white.

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. Similarly, there are more doctors, including consultants from white backgrounds than BME backgrounds.

The Trust offers programmes to support career management, including development of our staff and better systems for internal transfers. The Trust will also support positive action where possible, such as Ready Now external BAME (Black, Asian and minority ethnic) programmes. The impact of this will continue to be reviewed 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, medical grades and Very Senior Managers (VSM) – March 2017

	Clinical				Non-clinical			
Row Labels	BME	Unknown	White	Count	BME	Unknown	White	Count
BAND 1	0%	0%	0%	0	100%	0%	0%	2
BAND 2	68%	8%	25%	665	65%	5%	30%	219
BAND 3	62%	6%	32%	495	61%	4%	35%	674
BAND 4	49%	7%	44%	153	48%	6%	46%	375
BAND 5	59%	6%	36%	1676	50%	5%	45%	309
BAND 6	57%	4%	38%	1734	46%	3%	51%	250
BAND 7	38%	5%	57%	1084	41%	3%	55%	150
BAND 8A	28%	6%	66%	324	34%	10%	56%	110
BAND 8B	22%	6%	72%	109	28%	3%	70%	112
BAND 8C	10%	5%	86%	42	15%	7%	78%	54
BAND 8D	6%	0%	94%	17	22%	3%	75%	36
BAND 9	13%	0%	88%	8	10%	5%	85%	20
CONSULTANT	30%	8%	62%	683	0%	0%	0%	0
Doctor (Career Grade)	34%	7%	59%	61	0%	0%	0%	0
Doctor (Training Grade)	32%	21%	46%	1098	0%	0%	0%	0
Spot Salary[1]	38%	15%	46%	13	17%	33%	50%	6
VSM	0%	0%	100%	2	10%	5%	86%	21
Total Count				8164				2338

2.2 Workforce Composition: Age

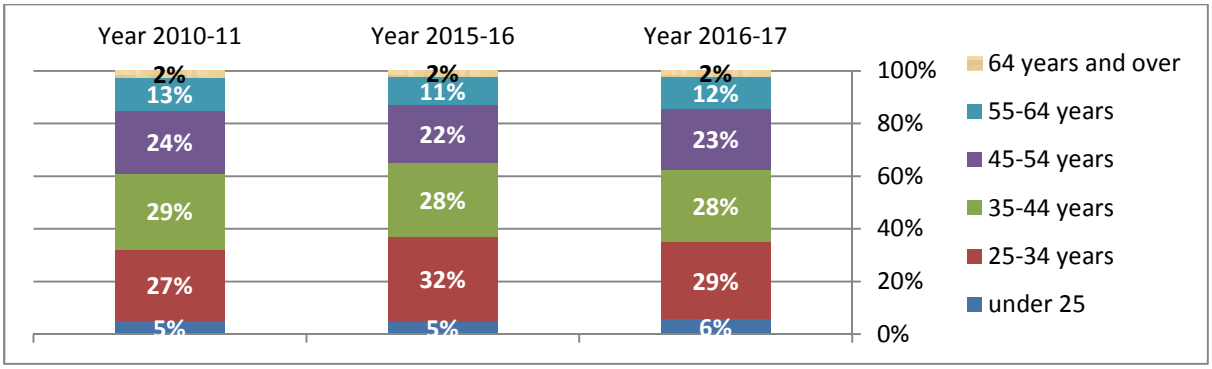
There have been no significant changes in the workforce composition in regards to age since 2010/11. The majority of our staff, 80%, are aged 25 to 54.

The most noticeable variation can be seen amongst people aged between 25 to 34. Currently, 29% of our staff are within this age group compared to 32% in 2015/16 and 27% 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 2017

[1] See Appendix 3 Glossary of Terms used in this report

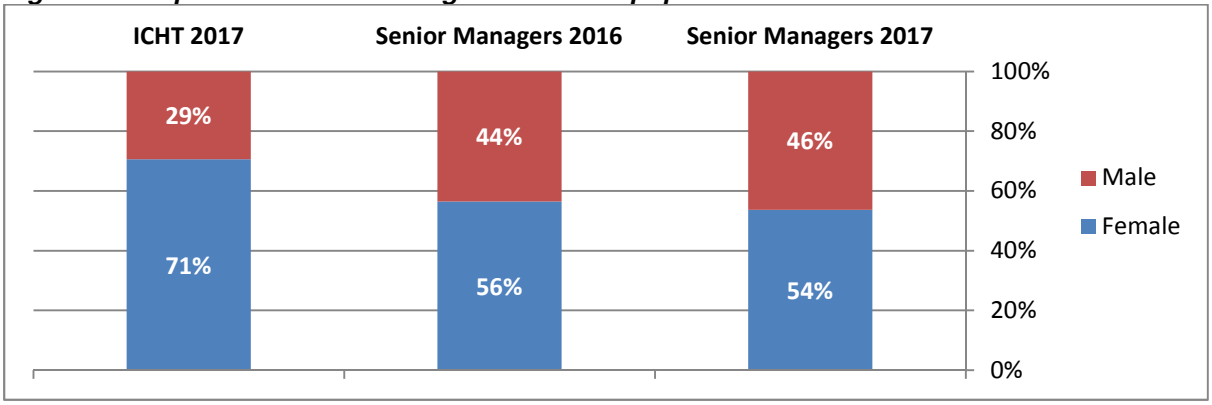


2.3 Workforce Composition: Gender

The workforce split in regards to gender has remained unchanged in the last 6 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. Figures published by NHS Employers in 2017 show that 77% of NHS workforce are women and 23% are men.

The proportion of male employees continues to increase in more senior roles. The figure below shows that 46% of people employed as senior managers are men and 54% are women. This is a slight increase from 44% in year 2015/16 and a continuous trend from 2014/15 when 34% of senior managers were men and 66% were women.

Fig 3 Gender profile – senior managers and ICHT population - March 2017

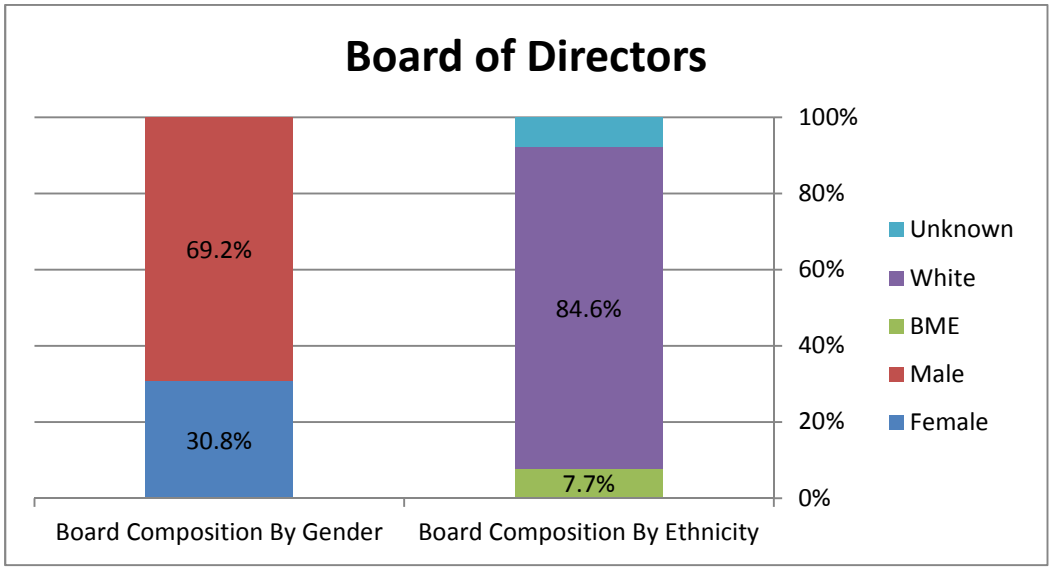


2.4 Trust Board of Directors Composition: gender and ethnicity

The Board of Directors comprises 13 people. White people accounting for 84.6% of Board Directors compared to 48% of the workforce as a whole. 69.2% are men and 30.8% are women compared to the overall Trust composition of 29% male and 71% female. While the majority of the board directors remain male, it has seen an increase in female representation compared to 25% in 2015/16.

This continues to be an important area of review for the Trust. We have included the equality and diversity policies as part of the criteria when selecting the talent sourcing providers for board executive recruitment and will continue to do so to ensure that they are fair, equitable and transparent.

Fig 4 Trust Board composition by gender and ethnicity 2017



2.5 Data quality for disability, sexual orientation and religion – 2016/17

Workforce information on disability, sexual orientation and religion has improved year on year. The Trust now holds demographic information on 62% (up from 56% in 2015/16) of all staff disability status and 67% (up from 60% in 2015/16) on sexual orientation and religion.

The quality of data for new starters has dropped in 2016/17 compared to the previous year. This now stands at 87-88% for all three protected characteristics.

The data capture is 100% for new starters whose applications are recorded via the Trac recruitment system. Trac system has now been rolled out to all staff groups so the data return next year will be complete, although people may still choose not to declare their personal information.

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	Recorded demographic for all staff in 2016/17	Recorded demographic for NEW staff in 2016/17
Disability	40%	95%	47%	89%	56%	92%	62%	87%
Sexual Orientation	46%	96%	54%	88%	60%	90%	67%	88%
Religion	46%	96%	54%	88%	60%	90%	67%	88%

3. 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 3-10 (see Appendix 1 for tables 5-10).

3.1 Recruitment by ethnicity

66% of applicants throughout 2016/17 were from BME groups while 58% of those appointed were from BME groups. In comparison, 30% of applicants described their ethnic origin as white and 34% of those appointed were from white background. Please see Appendix 1 for more details.

3.2 Relative likelihood of being appointed from shortlisting

Tab 3 Likelihood of being appointed from shortlisting by ethnicity – 2016/17

Descriptor	White	BME	Unknown
Number of shortlisted applicants	2962	6629	320
Number appointed	630	1088	155
Relative likelihood	0.2127	0.1641	0.4844

The likelihood of white applicants being appointed from shortlisting is 0.2127 and 0.1641 for applicants from BME groups. The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is roughly 1.30 times greater; this is an improvement from last year when the relative likelihood was 1.42 times greater.

Recruitment analysis by gender shows that conversion rate for female applicants' remains slightly higher than for male applicants. There is however a small change of roughly 0.6% in favour of male applicants compared to last year.

Tab 4 Recruitment analysis by gender 2016-17

Gender	Applicants	Shortlisted	Appointed
Male	32.38%	28.57%	26.43%
Female	67.02%	70.80%	73.36%
Not stated	0.60%	0.63%	0.21%

Analysis of conversion rates by transgender, age, sexual orientation, religion and disability remain broadly in line with the ratio of applicants and those shortlisted. Please see Appendix 1 for more details.

Diversity training is mandatory for everyone working at the Trust. In addition recruitment training is provided for managers.

4. Access to non-mandatory training 2016/17

An analysis of access to training which is centrally recorded in HR has been undertaken. This includes vocational courses and discretionary HR programmes, a total of 24 different courses running throughout the year. It does not include mandatory training as this is non-discretionary. Due to the limitations of the current training record system, it is not possible to analyse all training activity across the Trust.

Access to courses which have been analysed shows that access is broadly in line with the workforce composition. The main outliers which are statistically significant are that:-

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

Access to training for people from different age groups shows that 5% more people in the 25-34 age group accessed courses. This may reflect the fact that this age group are more likely to be seeking development in the early part of their career

Key recommendations for next year will be to seek investment in an integrated learning management system which will facilitate easier reporting for a greater range of training

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 2017[2]

GENDER	Workforce	People accessed training
Female	72%	82%
Male	28%	18%
ETHNICITY	**Workforce**	**People accessed training**
White	45%	44%
BME	48%	52%
Unknown	7%	4%
AGE	**Workforce**	**People accessed training**
Under 25 Years	6%	4%
25-34 Years	30%	35%
35-44 Years	27%	24%
45-54 Years	23%	24%
55-64 Years	12%	11%
64 Years and Over	2%	1%

4.1 Relative likelihood of accessing non-mandatory training

The likelihood of BME people accessing non mandatory training and CPD was 0.1541 and for white people it was 0.1356. The relative likelihood of BME people accessing non mandatory training and CPD was 1.1364 times greater than white staff. This is a slight increase from the previous year when the relative likelihood of accessing training and CPD was greater for BME people than White people by 1.1144 times.

[2] Data is gathered from 24 different courses running throughout the year.

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 and CPD
White	4874	661	0.1356
BME	5218	804	0.1541

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. Fifty people (0.5% of the Trust population) were awarded D or E rating on PDR in 2016/17, compared to ninety four people (0.9% of the Trust population) in 2015/16. D or E ratings indicate that performance is unsatisfactory and trigger formal performance management process in line with the Trust poor performance management policy.

Figure 5 shows the data on people who were awarded a D or E rating on PDR by gender and ethnicity. When cut by gender, the likelihood of male employees being awarded D or E rating are higher than their female colleagues when compared to the overall workforce composition. When cut by ethnicity, people from BME backgrounds were more likely to be awarded a D or E rating. 71% of D and E ratings were awarded to BME staff. The disproportionality has increased since last year when BME people accounted for 66% 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 2 to band 4 admin and clerical and unqualified nursing staff. 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 entered into the fourth 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.

Fig 5 People awarded D or E rating on PDR by gender and ethnicity 2016-17

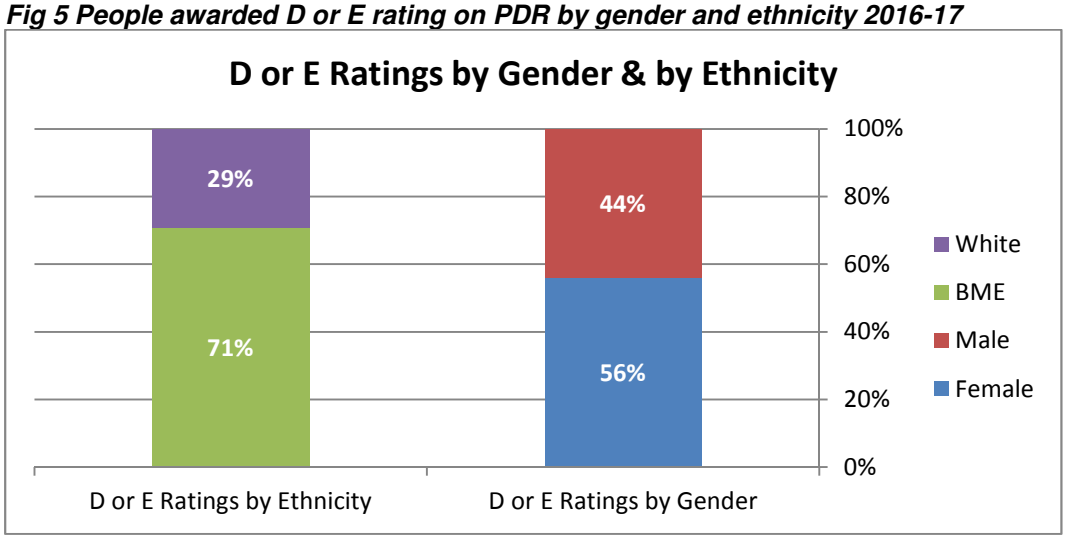


Fig 6 People awarded D or E rating on PDR by band 2016-17

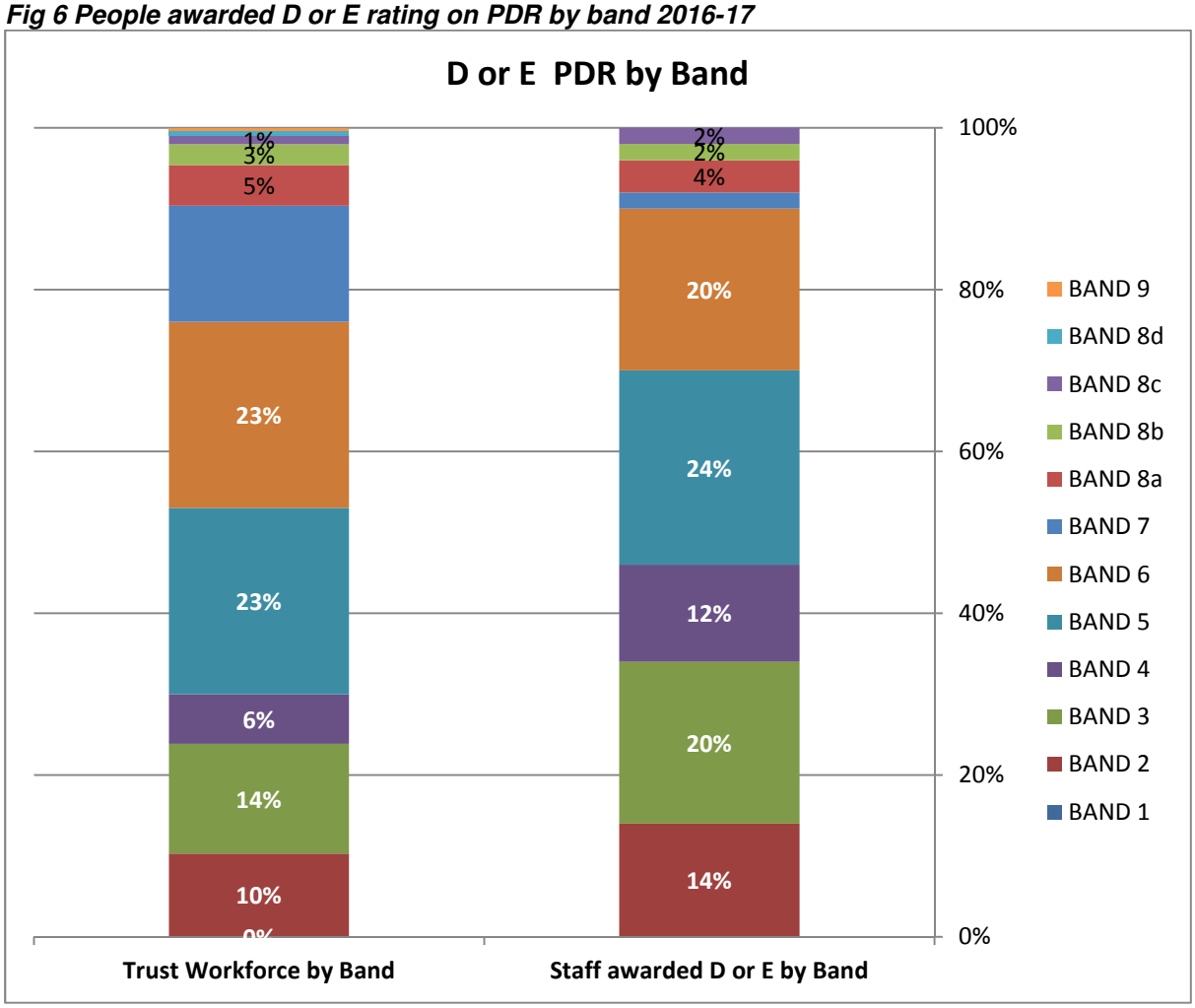
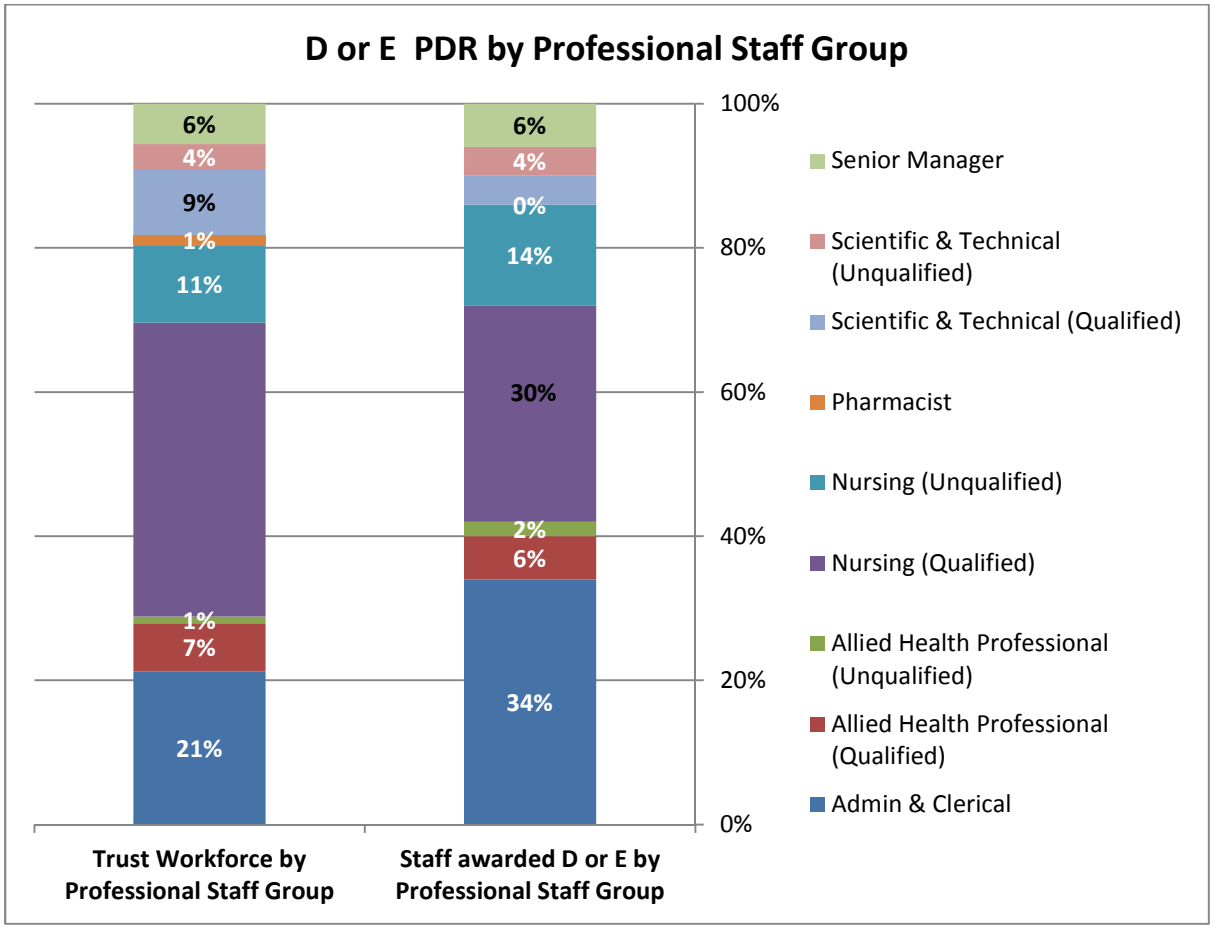


Fig 7 People awarded D or E rating on PDR by professional group 2016-17



6. Promotions and leavers

White British staff are more likely to leave than other ethnic groups, accounting for 36% of leavers in 2016/17. When the data is split by gender, men are marginally more likely to leave than women – men accounted for 32% of leavers compared to 29% the workforce. This is a significant change from last year when 25% of leavers were men.

People from white backgrounds accounted for 49% 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 more likely to be promoted than men.

Fig 8 Promotions and leavers by ethnicity 2016-17

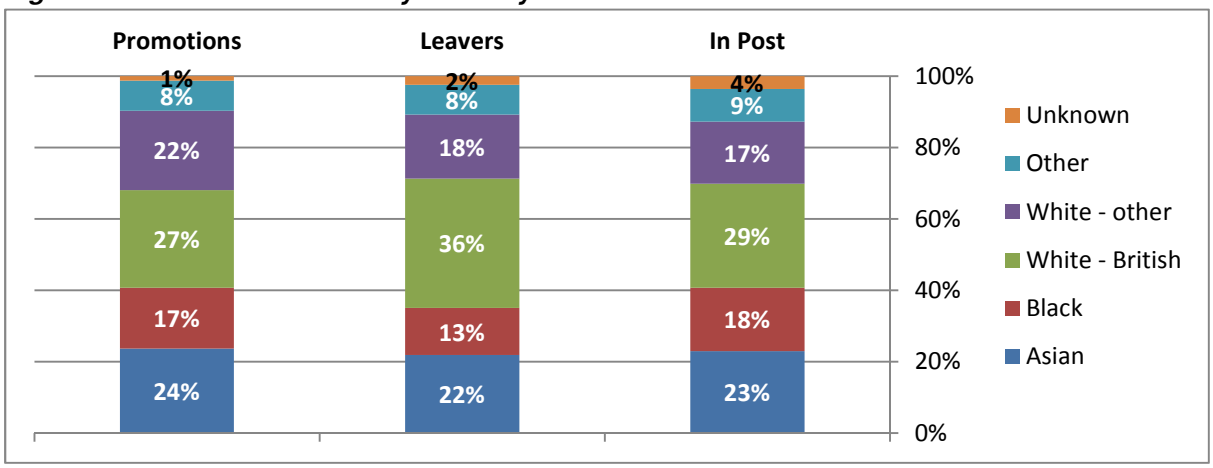
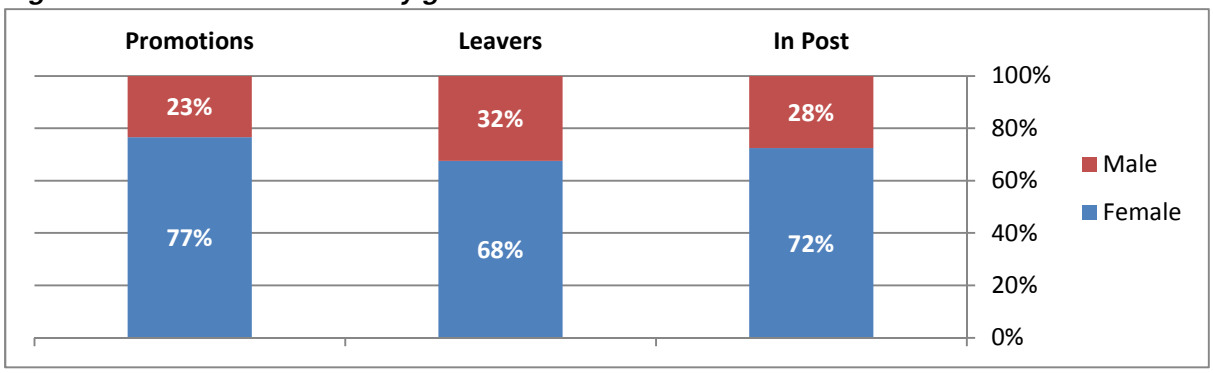


Fig 9 Promotions and leavers by gender 2016-17



7. Application of formal workforce procedures 2016/17

The Trust monitors the formal application of workforce procedures by ethnicity, gender and age. In 2016/2017, there were 342 formal meetings in total.

7.1 Ethnicity

In 2016/17, there were 89 formal disciplinary cases, twelve (13.5%) involved Asian, thirty-one (34.8%) involved black people and thirty-two (36%) involved white people. Compared to 2015/2016, there was a drop in the involvement of BME employees in disciplinary cases from 69% in 2015/2016 to 57% in 2016/2017. This appears to be mainly due to a drop in the involvement of Asian employees in disciplinary cases (from 32% of cases in 2015/2016 to 13.5% in 2016/2017). There is still a disproportionate involvement of black employees in formal disciplinary cases as they accounted for 34.8% of disciplinary hearings and made up 16.2% of the workforce in 2016/2017 in comparison to 28% of disciplinary cases in 2015/2016 where black people constituted 17% of workforce. There is a rise in the involvement of white people in formal disciplinary cases (from 19% of cases in 2015/2016 to 36% in 2016/2017).

In 2016/17, there were 22 formal performance management cases. Table 13 shows that black people, who made up 16.2% of the workforce, accounted for 40.9% of performance meetings. This is an increase of 9% in comparison to 2015/2016.

In 2016/2017, there were 213 formal sickness absence cases, both long term and short term, of which 42.3% involved white people.

There were also 18 formal grievance hearings, of which 3 (16.7%) involved white people and 14 (77.8%) involved BME people.

Tab 13 Formal hearings by ethnicity 2016-17

		Disciplinary		Capability (Performance)		Sickness		Grievance	
Ethnicity	**% of Trust population**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**
Asian	21.7%	12	13.5%	5	22.7%	40	18.8%	4	22.2%
Black	16.2%	31	34.8%	9	40.9%	45	21.1%	7	38.9%
White	43.3%	32	36%	7	31.8%	90	42.3%	3	16.7%
Other	7.6%	8	9%	1	4.5%	23	10.8%	3	16.7%
Unknown	11.1%	6	6.7%	0	0%	15	7%	1	5.6%
Total	100%	89	100%	22	100%	213	100%	18	100%

Table 14 below 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 2016/17, band 2-5 employees whose ethnicity is known accounted for 44% of the total workforce and 68% of formal workforce procedures. Amongst them, band 3 and band 5 employees accounted for the majority of the cases. Comparing participation in all formal procedures among white and BME people in bands 2-5, it appears to be relatively proportionate when compared to respective workforce population, with white people being slightly more likely to participate in formal procedures. However, there is a relatively higher proportion of BME employees participating in formal procedures in bands 6 and above, including medical and dental employees in comparison to white people.

Tab 14 Formal hearings by ethnicity and band 2016-17

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	4.4%	2.4%	31	9.7%	6.1%
3	29	9.1%	4.1%	36	11.3%	7.4%
4	14	4.4%	2.5%	16	5.0%	2.6%
5	30	9.4%	7.7%	46	14.4%	11.8%
6	24	7.5%	8.1%	40	12.5%	11.4%
7	14	4.4%	7.2%	14	4.4%	4.9%
8 and above	5	1.6%	6%	4	1.3%	2.1%
Medical & Dental	2	0.6%	9.9%	1	0.3%	5.9%

Total	132	41.3%	47.9%	188	58.8%	52.2%

Note: for the purpose of this table, "unknown" ethnic status were excluded.

When analysing the data by occupational groups, it shows that both occupational group and ethnicity are factors influencing participation in formal workforce procedures. For some occupational groups, there were not sufficient numbers to draw meaningful conclusions, however for the other occupational groups, the following conclusions could be drawn. Please also see Appendix 2 for tables with detailed figures.

Qualified nurses and admin & clerical employees are more likely to be involved in formal performance and disciplinary meetings than other occupational groups, whereas admin & clerical employees and qualified scientific & technical staff are more likely to be involved in formal grievance meetings than other occupational groups.

The disproportionate involvement from admin & clerical staff is particularly the case for BME admin & clerical employees in formal performance and grievance procedures. Nevertheless, white admin & clerical employees were more heavily involved in formal disciplinary procedures. Please see table 16 and 18 (Appendix 2)

Qualified nurses are also disproportionately involved in formal disciplinary meetings as 50.6% of disciplinary hearings involved qualified nurses when they account for 33% of the Trust population. This was particularly the case for BME qualified nurses who account for 69% of disciplinary meetings involving qualified nurses whereas they only accounted for 57.3% of the occupational group (table 17, Appendix 2). The involvement of qualified nurses in formal performance meetings (31.8%) was in line with the Trust's qualified nursing population (33%) (table 15, Appendix 2). The involvement of both white and BME qualified nurses in formal performance meetings was also broadly in line with the Trust's qualified nursing population (table 16, Appendix 2).

Finally, qualified scientific & technical employees were disproportionately involved in grievance meetings as 29.4% of formal grievance meetings involved qualified scientific & technical staff when they only accounted for 7% of the Trust's workforce population. The qualified scientific & technical employees involving in formal grievance procedures were all of BME origin (table 15, Appendix 2).

The Trust continues to deliver training sessions year on year to ensure that managers are appropriately trained in fair application of workforce policies, including disciplinary, poor performance and dignity and respect policies.

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 2015 to March 2017 was 0.0102 and for white people it was 0.0048. Therefore the relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 2.125 times greater.

Tab 19 Likelihood of entering the formal disciplinary hearing by ethnicity – two year average 2015-17

Descriptor	Average number of staff in	Annual average of number	Relative likelihood of

	workforce (2015-17)	of formal disciplinary meetings (2015-17)	entering formal disciplinary meetings
White	**4772**	**23**	**0.0048**
BME	**5094**	**52**	**0.0102**

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 and performance management. This differs from 2015/2016 when women were more likely than men to be subject to performance management. Women are more likely than men to be involved in other workforce procedures, including sickness and grievance. We have observed this trend over the recent years.

Tab 20 Formal hearings by gender 2016-17

		Disciplinary		Capability (Performance)		Sickness		Grievance	
Gender	**% of Trust population**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**
Female	71%	55	61.8%	13	59.1%	169	79.3%	15	83.3%
Male	29%	34	38.2%	9	40.9%	44	20.7%	3	16.7%
Total	100%	89	100%	22	100%	213	100%	18	100%

7.4 Age

Table 17 demonstrates that the 35-44 age group had the highest participation rates for disciplinary and sickness formal procedures, it is also the second largest age population amongst the Trust workforce. The 45-54 age group were the most likely to raise grievances and be subject to formal performance management procedures. This differs from 2015/2016 when the 25-34 age group had the highest participation rates for disciplinary and performance management procedures, and the 55-64 age group were the most likely to raise grievances. With regards to formal sickness procedures in 2015/2016 the 25-34 and the 35-44 age groups had the highest participation rates.

Tab 21 Formal hearings by age 2016-17

		Disciplinary		Capability (Performance)		Sickness		Grievance	
Age group	% of Trust population	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**
Under 25	6%	4	4.5%	1	4.5%	6	2.8%	1	5.6%
25-34	29%	19	21.3%	5	22.7%	53	24.9%	0	0
35-44	28%	26	29.2%	5	22.7%	63	29.6%	6	33.3%
45-54	23%	21	23.6%	6	27.2%	55	25.8%	8	44.4%

55-64	12%	18	20.2%	4	18.2%	30	14.1%	3	16.7%
65 and over	2%	1	1.12%	1	4.5%	6	2.8%	0	0
Total	100%	89	100%	22	100%	213	100%	18	100%

8. Staff experience: 2016 NHS Staff Survey Results

The Trust monitors staff experience by protected characteristics through the annual NHS Staff Survey. The 2016 staff survey results revealed some differences in experience when analysed by disability status, ethnicity, age and gender.

The full results of the 2016 staff survey can be found at http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2016-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, working patterns as well as job satisfaction and their contribution to patient care and experience.

Women, on the other hand, were more likely to report experiencing harassment, bullying or abuse, feeling work-related stress and feel pressurised to attend work when unwell than men. Nevertheless, women respond more positively about organisation and management interest in and action on health and wellbeing.

Women are overall more engaged than men with engagement scores of 3.87 and 3.72, respectively.

8.2 Disability

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

Disabled people provide less favourable responses to questions relating to equality and diversity, as well as health and well-being. For example disabled people were more likely than non-disabled people to report work related stress in the last 12 months (41% compared to 34%). Disabled people are also more likely to report feeling less satisfied with the quality of work and care they are able to deliver.

The engagement score, is higher for non-disabled people (3.82) than disabled people (3.77).

8.3 Age

People of all age groups report similar experiences on the majority of the key findings. The area where responses differ most significantly relates to violence, harassment and bullying.

The age group 41-50 were more likely to report experiencing physical violence and harassment, bullying or abuse in last 12 months. People above age 51 had higher percentage of reporting most recent experience of violence.

The most engaged staff group when split by age are people aged 31-40 and 51 and over, with a drop in engagement for age group 41-50. Overall the age groups engagement curve shows a dip when people are halfway into their career life at age between 41-50.

8.4 Ethnicity

When the data is split by ethnicity, the biggest variation is on questions relating to equality and diversity, appraisals and support for development, job satisfaction as well as satisfaction with quality of work and patient care. BME people were more likely to report experiencing discrimination at work (19% BME, 7% white) and felt less positive about the organisation's equal opportunities for career progression (74% BME, 87% white people). The likelihood of BME people reporting *most recent* experience of violence and harassment, bullying or abuse are higher than white people.

However, BME people report more positively than white people on quality appraisals and support for personal development. They are also more likely to feel motivated at work, satisfied with resourcing and support and more likely to recommend the organisation as a place to work or receive treatment.

Overall, BME staff shows a higher engagement level than white staff. The scores are 3.87 and 3.78 respectively.

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*
33%	31%

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

White	*BME*
32%	32%

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

White	*BME*
87%	74%

Tab 21: In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?

White	*BME*
7%	19%

9. Progress on actions agreed last year

A number of actions were agreed by managers 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. *An internal transfer's scheme for nurses and midwifes will be introduced. Access to this will be monitored and ethnic breakdown will be reviewed*

As the program has so far been available only to nurses, it is understandable why there is a female bias to the numbers presented. Among the 15 participants and excluding the one with unknown ethnicity, 7 were from BME backgrounds and 7 were white. The number of staff transferred so far does not provide a sufficient number to draw meaningful conclusions regarding this data.

Gender	% of Trust population	No of participants	% of participants
Male	29%	2	13%
Female	71%	13	87%
Total	100%	15	100%

2. *Band 5 rotation scheme will be offered and access to this monitored and reviewed*

The scheme has been implemented.

3. *Band 6 development programme will be offered and access to this will be monitored and reviewed*

Several Band 6 development programmes continue to run across the Trust. In addition, a new leadership programme for Band 5 and 6 has been launched in the summer 2017 and access to the programme will be monitored.

4. *Capacity of Trust leadership courses will be increased and access to these reviewed by ethnicity*

The Trust increased the capacity where the capacity meets demand.

5. *Review of the apprentice scheme to ensure that it is promoted and accessible to our local population*

This has been in progress and on-going. Around 50% of our current apprentices have been recruited from west and north west London and we are now developing strong relationships with Job Centre Plus in west London

6. *We will continue to monitor interview panel membership to check that at least one panel member has been trained in recruitment and selection*

Over all just over 31% of interviews had one member of the panel who had attending recruitment training at the Trust. It should be noted that we do not hold data regarding the training managers have obtained elsewhere. It is therefore possible that this number is under reported for managers who have been trained to conduct interviews.

7. *The recruitment and selection training content will be reviewed to raise awareness of unconscious bias and best practice at interview*

The training content was revised in 2016.

8. *The Employee Relations team will continue to train managers in fair and equitable application of workforce policies*

In 2016 / 2017 188 managers were trained in fair and equitable application of the main workforce policies and procedures (disciplinary, sickness, poor performance, whistleblowing and dignity and respect). In addition, ad hoc training sessions were held and 78 managers were trained in sickness absence management and 15 in managing poor performance. Ad hoc training sessions in Dignity and Respect were held and 102 managers and employees were trained.

Moreover, ad hoc training on how to appropriately and fairly manage special leave was provided in Division of Medicine and Integrated Care where they identified an issue and in 2016/2017 28 people were trained.

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.*

Action completed.

10. *We will report on access to courses offered by universities when this is available for review*

This action will roll over to the following year.

11. *Additional support will be offered to managers to help them understand the results of the engagement survey and design appropriate action*

Following the engagement survey, 'In Our Shoes' was rolled out to help managers consider how they can help their staff to experience better days at work. These are listening workshops driven by individual department managers and supported by In Our Shoes facilitators. In Our Shoes used the It's Up To Me, Not Down To Them method, which encourages individual responsibility of all employees to help their colleagues to have a good day at work. There are just under 1000 staff who have participated in the workshops. The work has also been featured in a NHS Employers case study.

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*

This is currently under review.

13. *We will train more managers in addressing bullying and harassment*

In 2016 / 2017 we trained 188 managers in how to address bullying and harassment concerns and additionally, we held ad hoc training sessions in Dignity and Respect and trained 102 managers and employees.

14. *We will review the equality and diversity policies of search teams we engage with for the purpose of Board level candidate searches*

This is something we include as part of the criteria to select an agency for senior posts.

In addition, the Trust uses the NHS Equality Delivery System 2 (EDS2) framework to fulfil its public sector equality duty to promote equality. In 2016/17 the Trust's EDS2 workforce focus was on flexible working opportunities being equitably available to people. Please visit the Trust website for more information on equality and diversity:

https://www.imperial.nhs.uk/about-us/who-we-are/publications

10. Annual Workforce report Action Plan for 2017/18

		Owner
ACTION 1	**Improve workforce representation of BME people on Band 7 and above**	
1.1	Introduce values-based interviews, which includes new guidance on recruitment and selection and highlight the minefield of potential bias. Recruitment and selection training will be adapted to include the new guidance	Resourcing
1.2	Review the language used on job adverts so it is more inclusive and target diverse groups	Resourcing
1.3	Monitor and report on the demographic breakdown of people on the talent plan	Talent
1.4	Review all leadership programme and ensure that they promote a culture of inclusions and raising awareness of diversity issues	Talent
1.5	Refresh skills and awareness of Diversity and Inclusion issues and unconscious bias across all our professional P & OD staff to ensure we are offering the best practice and consistent advice and support	Talent
ACTION 2	**Improve disproportionate representation of BME people receiving D or E rating (PDR)**	
2.1	The PDR training content will be reviewed to raise awareness of unconscious bias and best practice at PDR	Talent
ACTION 3	**Mitigate disproportionate representation of BME people entering formal workforce procedures**	
3.1	Review the reasons that people are facing formal procedures to establish whether further training and support can be offered to prevent staff from entering into formal procedures	
3.2	Review the training provided for managing workforce procedures to include a focus on potential bias	
ACTION 4	**Actions will be developed to address the concerns about harassment and bullying reflected in the 2016-2017 NHS staff survey.**	
4.1	A review of the national local survey results will take place with a targeted action plan aimed at prevention of harassment and bullying across the organisation	

Appendix 1 Recruitment data 2016-17

Tab 5 Recruitment analysis by ethnicity

Ethnic Origin	Applicants	Shortlisted	Appointed
WHITE - British	15.20%	15.92%	18.31%
WHITE - Irish	1.09%	1.72%	2.94%
Any other white background	13.52%	12.25%	12.39%
ASIAN or ASIAN BRITISH - Indian	10.74%	10.17%	7.85%
ASIAN or ASIAN BRITISH - Pakistani	4.45%	3.36%	1.71%
ASIAN or ASIAN BRITISH - Bangladeshi	4.58%	3.11%	2.14%
Any other Asian background	7.29%	9.41%	6.94%
BLACK or BLACK BRITISH - Caribbean	6.78%	6.57%	9.29%
BLACK or BLACK BRITISH - African	18.36%	18.56%	16.28%
Any other black background	4.07%	5.14%	4.27%
MIXED - White & Black Caribbean	1.24%	1.25%	0.64%
MIXED - White & Black African	1.01%	1.06%	0.59%
MIXED - White & Asian	0.72%	0.85%	0.75%
any other mixed background	1.53%	1.44%	1.12%
Chinese	0.71%	0.80%	0.91%
Any other ethnic group	4.81%	5.18%	5.61%
Not stated	3.92%	3.23%	8.28%

Tab 6 Recruitment analysis by transgender 2016-17

Transgender	Applicants	Shortlisted	Appointed
No	18.57%	19.44%	29.31%
Yes	0.09%	0.09%	0.11%
Not stated	81.34%	80.47%	70.58%

Tab 7 Recruitment analysis by age 2016-17

Age	Applicants	Shortlisted	Appointed
Under 20	1.07%	0.68%	0.59%
20 - 24	16.92%	13.87%	15.86%
25 - 29	25.64%	24.27%	27.07%
30 - 34	17.22%	16.92%	18.47%
35 - 39	11.69%	12.35%	12.55%
40 - 44	9.38%	10.83%	8.38%
45 - 49	7.79%	9.26%	7.15%
50 - 54	6.27%	7.17%	5.66%
55 - 59	2.86%	3.32%	3.31%
60 - 64	1.02%	1.16%	0.69%
65+	0.11%	0.14%	0.27%
Not stated	0.03%	0.03%	0.00%

Tab 8 Recruitment analysis by disability 2016-17

Disability	Applicants	Shortlisted	Appointed
No	94.64%	94.74%	89.80%
Yes	3.74%	3.84%	2.88%
Not stated	1.61%	1.41%	7.31%

Tab 9 Recruitment analysis by religion 2016-17

Religion	Applicants	Shortlisted	Appointed
Atheism	6.81%	7.43%	11.80%
Buddhism	1.11%	1.00%	1.12%
Christianity	49.29%	53.56%	46.45%
Hinduism	7.39%	6.35%	6.25%
Islam	17.53%	14.64%	10.89%
Jainism	0.18%	0.17%	0.11%
Judaism	0.27%	0.24%	0.32%
Sikhism	1.63%	1.62%	1.07%
Other	5.17%	5.01%	5.45%
I do not wish to disclose my religion/belief	10.63%	9.98%	16.55%

Tab 10 Recruitment analysis by sexual orientation 2016-17

Gender	Applicants	Shortlisted	Appointed
Bisexual	0.94%	0.79%	1.07%
Gay	1.37%	1.40%	1.71%
Heterosexual	87.96%	88.34%	79.55%
Lesbian	0.25%	0.30%	2.72%
Not stated	9.48%	9.17%	14.95%

Appendix 2 Application of formal workforce procedures by occupational group 2016/17

Tab 15 Formal meetings by occupational group 2016/17

		Performance		Disciplinary		Grievance	
	% of Trust Population	**No of mtgs**	**% of mtgs**	**No of mtgs**	**% of mtgs**	**No of mtgs**	**% of mtgs**
Admin & Clerical	17%	6	27.3%	20	23%	5	29.4%
Allied Health Professional (Qualified)	5%	3	13.6%	2	2.3%	1	5.9%
Allied Health Professional (Unqualified)	1%	-	-	-	-	-	-
Doctor (Consultant)	9%	-	-	-	-	-	-
Doctor (Training Grade)	10%	-	-	1	1.1%	-	-
Nursing (Qualified)	33%	7	31.8%	44	50.6%	4	23.5%
Nursing (Unqualified)	9%	2	9.1%	11	12.6%	2	11.8%
Pharmacist	1%	-	-	-	-	-	-
Scientific & Technical (Qualified)	7%	3	13.6%	3	3.4%	5	29.4%
Scientific & Technical (Unqualified)	3%	-	-	4	4.6%	-	-
Senior Manager	5%	1	4.5%	2	2.3%	-	-
TOTAL	100%	22	100%	87	100%	17	100%

Note: for the purpose of this table, 3 meetings involving employees of other occupational groups were excluded.

Tab 16 Formal performance meetings by ethnicity and occupational group 2016/17

Occupational Group	No of performance meetings involving white people	% of performance meetings involving white people	% of white people by occupational group in workforce	No of performance meetings involving BME people	% of performance meetings involving BME people	% of BME people by occupational groups in workforce
Admin & Clerical	2	33.3%	42.5%	4	66.7%	57.5%
Allied Health Professionals (Qualified)	1	33.3%	68.5%	2	66.7%	31.5%
Nursing (Qualified)	3	42.9%	42.7%	4	57.1%	57.3%
Nursing (Unqualified)	-	-	29.7%	2	100%	70.3%
Scientific & Technical (Qualified)	1	33.3%	49%	2	66.7%	51%
Senior Manager	-	-	68.6%	1	100%	31.4%

Tab 17 Formal disciplinary meetings by ethnicity and occupational group 2016/17

Occupational Group	No of disciplinary meetings involving white people	% of disciplinary meetings involving white people	% of white people by occupational group in workforce	No of disciplinary meetings involving BME people	% of disciplinary meetings involving BME people	% of BME people by occupational groups in workforce
Admin & Clerical	10	55.6%	42.5%	8	44.4%	57.5%
Allied Health Professionals (Qualified)	1	50%	68.5%	1	50%	31.5%
Nursing (Qualified)	13	31%	42.7%	29	69%	57.3%
Nursing (Unqualified)	3	30%	29.7%	7	70%	70.3%
Scientific & Technical (Qualified)	1	33.3%	49%	2	66.7%	51%
Scientific & Technical (Unqualified)	2	50%	49%	2	50%	51%
Senior Manager	1	50%	68.6%	1	50%	31.4%

Note: for the purpose of this table, 6 meetings involving employees of 'unknown' ethnic origin were excluded and 2 meetings involving employees of other occupational groups were excluded.

Tab 18 Formal grievance meetings by ethnicity and occupational group 2016/17

Occupational Group	No of grievance meetings involving white people	% of grievance meetings involving white people	% of white people by occupational group in workforce	No of grievance meetings involving BME people	% of grievance meetings involving BME people	% of BME people by occupational groups in workforce
Admin & Clerical	1	20%	42.5%	4	80%	57.5%
Allied Health Professionals (Qualified)	-	-	68.5%	1	100%	31.5%
Nursing (Qualified)	2	50%	42.7%	2	50%	57.3%
Nursing (Unqualified)	-	-	29.7%	2	100%	70.3%
Scientific & Technical (Qualified)	-	-	49%	4	100%	51%

Note: for the purpose of this table, 1 meeting involving an employee of 'unknown' ethnic origin was excluded and 1 meeting1 involving an employee of another occupational group was excluded.

Appendix 3 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 medical staff
Spot salaries	People who came to the Trust through TUPE and are not on NHS payscale
PDR	Performance and Development Review
New Starters	People who began working for the Trust between April 2016 and March 2017
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 4 Cross-referencing the Workforce Race Equality Standard requirements with the Annual Workforce Equality and Diversity Report

	Indicator **For each of these nine workforce indicators, data is compared for white and BME staff**	Section of the report
1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups 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 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 of difference between the organisations' Board membership and its overall workforce (split by voting membership and executive membership)	2.4