

Annual Workforce Equality and Diversity Report 2014/2015

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1. Introduction

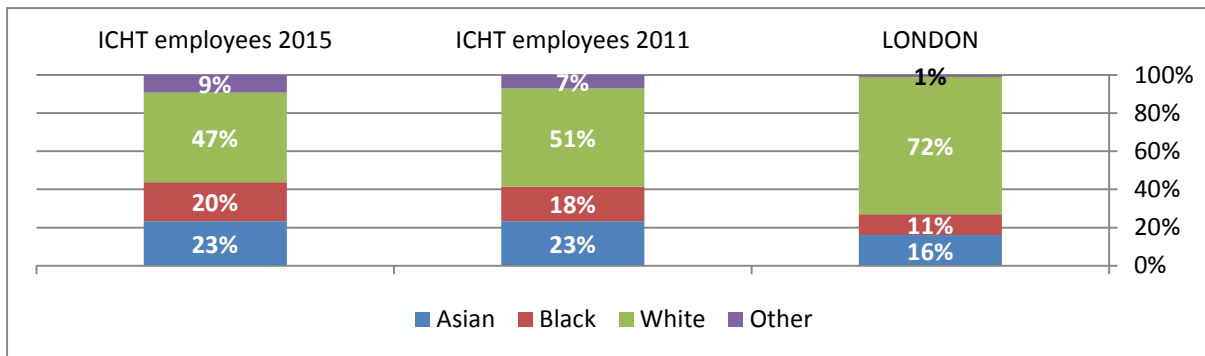
This report is published to help Imperial College Healthcare NHS Trust meet the public sector equality duty, as outlined in the Equality Act 2010. In addition, this report provides information required by the Workforce Race Equality Standard.

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. 52% of staff who disclose their ethnicity are from BME groups compared to 28% of the London population. White people make up 47% of the workforce compared to 72% of the London population. The proportion of people from white backgrounds has decreased from 51% in 2011.

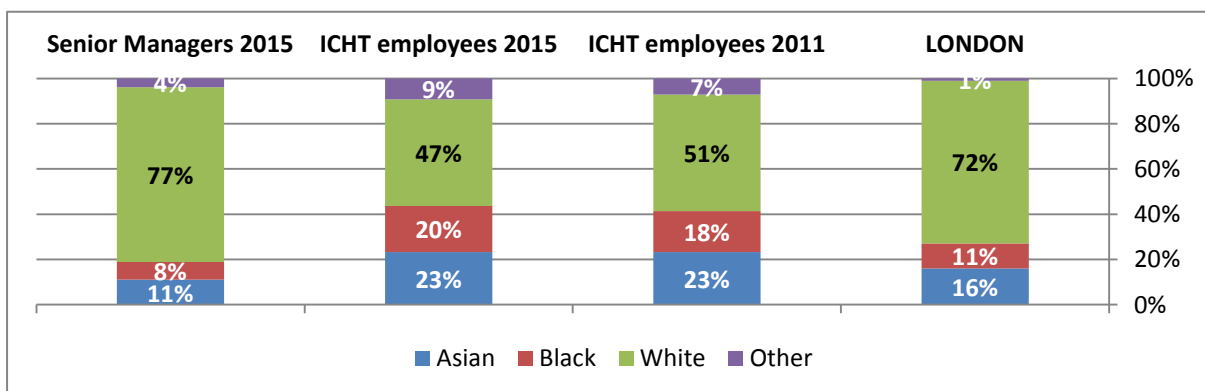
Fig 1 London, local population and Trust ethnicity profile



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

The proportion of people from white backgrounds defined as senior managers stands at 77% and is significantly higher than the Trust workforce composition (white people account for 47%). 23% of senior managers are from BME backgrounds.

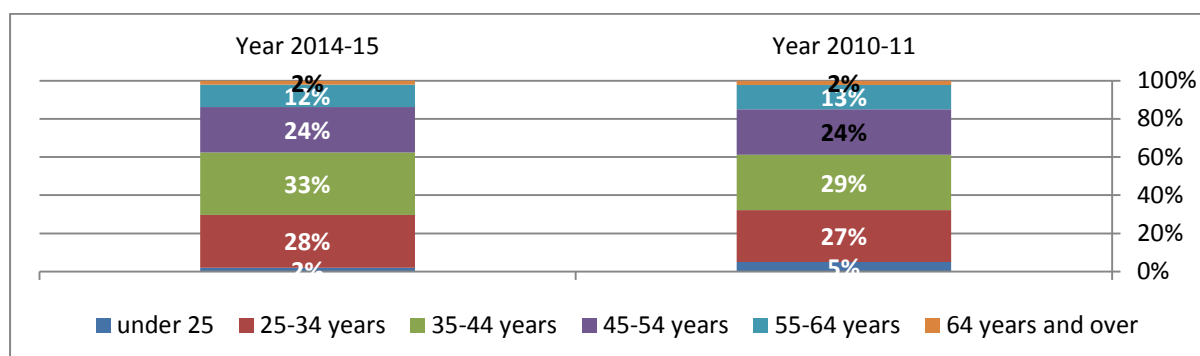
Fig 2 Ethnicity profile - senior managers compared to ICHT population - March 2015



2.2 Workforce Composition: Age

There have been no significant changes in the workforce composition in regards to age since 2010/11. 85% of staff are between 25 to 54 years of age. 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 3 Trust age profile - March 2015

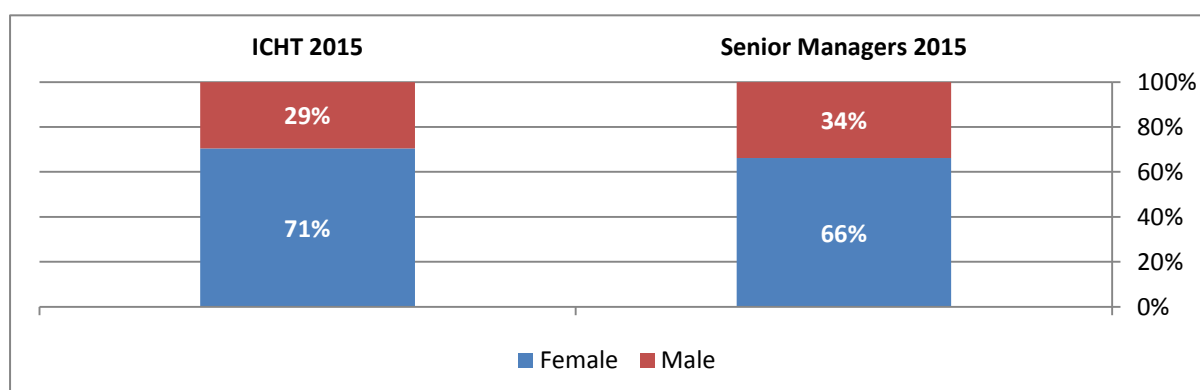


2.3 Workforce Composition: Gender

The workforce split in regards to gender has remained unchanged in the last 4 years: 71% of the 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 table below shows that 34% of people employed as senior managers are men and 66% are women.

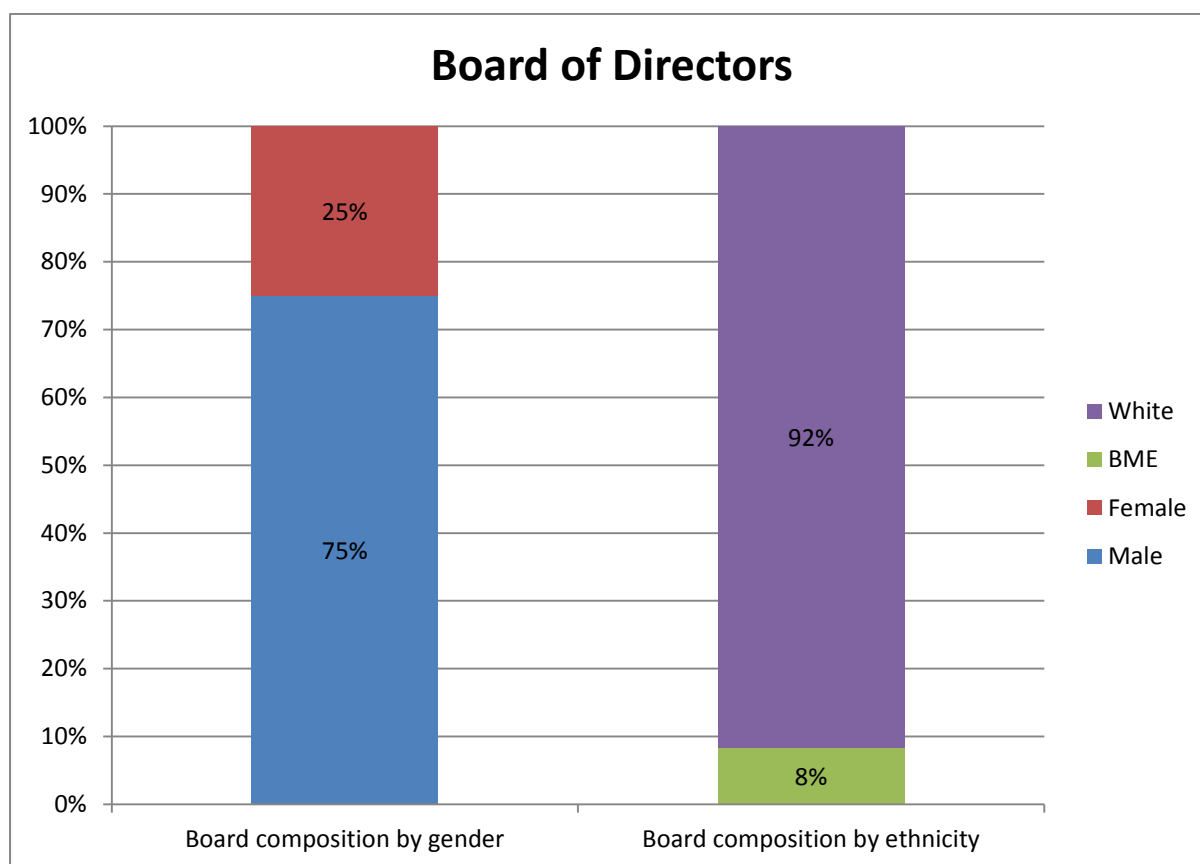
Fig 4 Gender profile – senior managers and ICHT population - March 2015



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 47% 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.

Fig 5 Trust Board composition by gender and ethnicity



2.5 Data quality for disability, sexual orientation and religion - 2014/15

Workforce information on disability, sexual orientation and religion has improved since last year. The Trust now holds demographic information on 47% of staff in regards to disability, 54% in regards to sexual orientation and religion. However, the quality of data for new starters 2013/14 dropped below 90% for these characteristics and a review of the sign on processes for new starters will be undertaken.

Fig 6 Disability, sexual orientation and religion records for all staff including new staff

Protected Characteristic	Percentage of recorded demographic for all staff in year 2013/2014	Percentage of recorded demographic for new staff in year 2013/2014	Percentage of recorded demographic for all staff in year 2014/2015	Percentage of recorded demographic for new staff in year 2014/2015
Disability	40%	95%	47%	89%
Sexual Orientation	46%	96%	54%	88%
Religion	46%	96%	54%	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 figures 7-13.

3.1 Recruitment by ethnicity

The Trust attracts relatively few applicants from white people. When white people apply for jobs they are more likely to be successful at interview than people from other ethnic backgrounds, in particular people from Black groups. White people accounted for 30.7% of job applicants and 44.9% of new starters in 2014/15.

Fig 7 Recruitment analysis by ethnicity

	Applicants	Shortlisted	Appointed
White- British	15.2%	14.1%	24.0%
White – Irish	1.4%	1.1%	3.2%
White – Any other white background	14.1%	12.7%	17.7%
Mixed white and Black Caribbean	1%	1.1%	0.7%
Mixed White and Black African	1%	1%	0.6%
Mixed White and Asian	0.6%	0.6%	0.4%
Any other mixed background	1.6%	1.6%	1.4%
Asian or Asian British – Indian	11.7%	12.1%	11.9%
Asian or Asian British – Pakistani	3.6%	4%	2.2%
Asian or Asian British – Bangladeshi	3.8%	4.3%	1.2%
Any other Asian Background	7.5%	7.1%	7.5%
Black or Black British – Caribbean	6%	6.3%	0.7%
Black or Black British – African	20.8%	21.4%	18.6%
Any Other Black Background	1.6%	1.7%	0.6%
Chinese	0.9%	0.8%	1.3%
Any other ethnic group	9.2%	10.1%	8%
Not stated	0%	0%	0%

3.2 Relative likelihood of being appointed from shortlisting

Fig 8 Likelihood of being appointed from shortlisting by ethnicity – 2014/15

Descriptor	White	BME
Number of shortlisted applicants	5670	35768
Number appointed from shortlisting	843	1063
Ratio shortlisting/appointed	0.15	0.03

The likelihood of white people being appointed from shortlisting is 0.15 and 0.03 for BME people. The relative likelihood of white people being appointed from shortlisting compared to BME people is 5 times greater. A partial explanation for this might lie in the high volume of applicants for more junior posts and the number of applicants who apply for posts from abroad. Further work to understand some of the reasons for gap in conversion rates for white and BME applicants is required. 'Relative likelihood' is a new Workforce Race Equality Standard (WRES) metric which all Trusts are now obliged to report on. From 2016, we will be able to benchmark our performance against other trusts.

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

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.

The reasons for lower BME conversion rate from applicant to appointment will be reviewed. The Trust will also review its recruitment training course to ensure that unconscious bias is appropriately covered. For further information on next steps, please see section 11 of this report.

Fig 9 Recruitment analysis by gender 2014-15

Gender	Applicants	Shortlisted	Appointed
Male	33.8%	35.8%	33.3%
Female	65.9%	63.9%	66.3%
I do not wish to disclose	0%	0%	0%
Not stated	0.3%	0.3%	0.4%
Total	100%	100%	100%

Fig 10 Recruitment analysis by age 2014-15

Age	Applicants	Shortlisted	Appointed
Under 20	1.1%	1.6%	0.8%
20 -24	19.1%	16.1%	7.5%
25 -29	26%	24.6%	26.2%
30 -34	16.2%	17.6%	25%
35 -39	12.9%	14.7%	19.7%
40 -44	9%	9.2%	10.6%
45 -49	7.3%	7.1%	5.5%
50 -54	5.1%	4.6%	3%
55 -59	2.4%	2.1%	0.8%
60 – 64	0.6%	0.8%	0.2%
65 plus	0.1%	0.1%	0.6%
Not stated	0.1%	0.1%	0%
Total	100%	100%	100%

Fig 11 Recruitment analysis by disability

Disability	Applicants	Shortlisted	Appointed
Disabled	2.9%	2.8%	2.7%
Not disabled	95.9%	96.1%	93.2%
Do not wish to disclose	0.2%	0.2%	0.1%
Not stated	1%	0.9%	4%
Total	100%	100%	100%

Fig 12 Recruitment analysis by religion

Religion	Applicants	Shortlisted	Appointed
Atheism	6.3%	0.3%	0.2%
Buddhism	1.2%	1.1%	2%
Christianity	52.1%	50.9%	47.3%
Hinduism	8.2%	8.7%	6.2%
Islam	15.7%	17.1%	11.8%
Jainism	0.3%	0.3%	0.1%
Judaism	0.3%	0.3%	0.1%
Sikhism	1.4%	1.5%	0.9%
Other	5.3%	5.2%	0.9%
I do not wish to disclose	9%	9.1%	11.1%
Unknown	0.2%	1%	3.6%
Total	100%	100%	100%

Fig 13 Recruitment analysis by sexual orientation

Gender	Applicants	Shortlisted	Appointed
Lesbian	0.2%	0.2%	0.4%
Gay	1.1%	1%	1.1%
Bisexual	1.2%	1.3%	0.8%
Heterosexual	87.7%	88.1%	86.2%
I do not wish to disclose	7.1%	7.1%	4.9%
Persons of the same sex *	0.4%	0.3%	0.8%
I do not wish to describe**	2.1%	1.9%	2.9%
Not stated	0.2%	0%	3%
Total	100%	100%	100%

*homosexual without stating whether gay or lesbian, **does not fit any the sexual orientation categories provided

4. Access to training

Access to training provided by the Trust's education and learning centre is monitored. Access to courses 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. The reported access to training for women is 10% higher than the Trust workforce composition. Access to training for people from most ethnic backgrounds is representative of the workforce composition. Black people however form 19% of the total workforce and 13% of those who accessed training. However, according to the 2014 Annual National NHS Staff Survey results, 83% of BME staff give a positive answer when asked about receiving job-relevant training, learning or development compared to 75% of the white staff. BME staff also report positively on having received an appraisal in the last 12 months and significantly higher than white staff on having received a well-structured appraisal in the last 12 months. 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 figure 14 below. We plan to capture this data in 2015/16.

Fig 14 Access to training by gender, ethnicity and age 2015

	% Accessing Training	% as total of workforce
GENDER		
Female	81%	71%
Male	19%	29%
ETHNICITY		
Asian	23%	22%
Black	13%	19%
Not stated	6%	4%
Other	8%	9%
Unknown	1%	2%
White British	31%	29%
White Other	18%	15%
AGE		
<25	0%	5%
25-34 years	30%	27%
35-44 years	33%	29%
45-54 years	30%	24%
55-64 years	8%	13%
64 years and over	1%	2%

The likelihood of BME people accessing non mandatory training and CPD was 0.0148 and for white people it was 0.0189. The relative likelihood of white staff accessing non mandatory training and CPD is 1.2770 times greater than BME staff. This is a new Workforce Race Equality Standard (WRES) measure which all Trusts are now obliged to report on. From 2016 we will be able to benchmark our performance against other trusts.

Fig 15 Likelihood of accessing non mandatory training and CPD by ethnicity – 2014/15

Descriptor	Number of staff in workforce	Staff accessing non mandatory training and CPD	Likelihood of accessing non mandatory training
White	4486	85	0.0189
BME	5047	75	0.0148

5. Pay

Figures 16 and 17 compare the difference between average basic pay and average total pay for male and female employees by grade. With the exception of pay for people in pay bands 4 and 9 and consultants, the variations by gender within grade are not significant.

Men in band 4 roles achieve an average increase on their basic salary of 11.7% compared to 3.3% for women. The reason for this disparity stems from the types of jobs that men and women typically do at band 4. Men employed in band 4 roles are more likely to work in jobs in which pay enhancements for overtime, unsocial hours and on-call are readily available, e.g. estates and security. On the other hand women in band 4 roles are typically employed in administrative and secretarial roles which do not attract pay enhancements. The Trust has undertaken a number of initiatives - including reviews of overtime, on call pay and retention & recruitment premia - to ensure that differences in pay can be justified. As a result the gender pay gap for people in band 4 roles has reduced from 16.6% in 2012/13 to 8.4% in 2014/15.

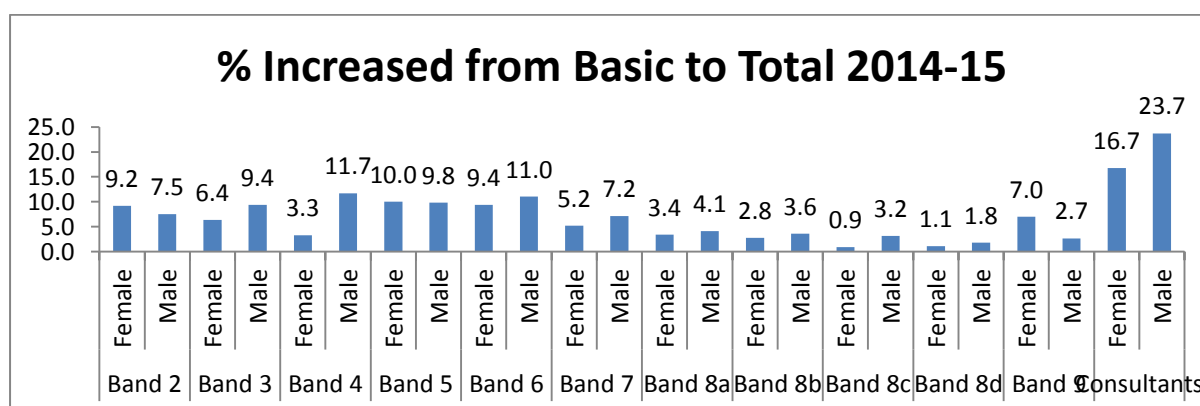
There is a pay gap for the small group of people employed on pay band 9. This gap stems from women at this grade being more likely to be employed in posts with an on-call commitment.

Additional hours worked through separate bank contracts is not captured in figure 16. This report therefore understates the average increase from basic to total pay for women in bands 2, 5 and 6. Women account for approximately 90% of people in nursing and midwifery roles.

Fig 16 Increase in percentage from basic to total pay by gender 2012-15

		% Increased from Basic to Total 2012-13	% Increased from Basic to Total 2013-14	% Increased from Basic to Total 2014-15
Band 2	Female	7.6	9.3	9.2
	Male	6.7	8.3	7.5
Band 3	Female	6.2	6.6	6.4
	Male	6.9	8.3	9.4
Band 4	Female	2.9	3.5	3.3
	Male	19.5	16	11.7
Band 5	Female	9.7	10.3	10.0
	Male	11	10.7	9.8
Band 6	Female	9	9.6	9.4
	Male	9.4	11.6	11.0
Band 7	Female	4.6	5.2	5.2
	Male	6.6	7.5	7.2
Band 8a	Female	2.7	3.7	3.4
	Male	3.5	5.4	4.1
Band 8b	Female	3.8	2.5	2.8
	Male	2.3	5.5	3.6
Band 8c	Female	1	0.7	0.9
	Male	0.4	3.2	3.2
Band 8d	Female	4.6	1.2	1.1
	Male	2.1	1.4	1.8
Band 9	Female	1.2	12.2	7.0
	Male	1.4	2.6	2.7
Consultants	Female	10.6	17.7	16.7
	Male	11.4	25.4	23.7

Fig 17 Increase in percentage from basic to total pay by gender 2014-15



6. 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 only awarded to people who are given A, B or C ratings. 163 people were awarded E or D rating on PDR in 2014/15.

Figure 18 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. 71% of D/E ratings were awarded to BME staff.

When the data is cut by grade and professional group a disproportionately high number of band 5 staff and qualified nurses were awarded D/E rating. Grade and professional group may be contributory factors for the high proportion of BME staff with low performance ratings but even when these factors are taken into account it is clear that ethnicity is a significant factor.

2014/15 was the first year our managers were required to give performance ratings and so this is an important area for review. We will ensure that our mandatory PDR training is revised to ensure that unconscious bias is properly covered.

Fig 18 People awarded D or E rating on PDR by gender and ethnicity 2014-15

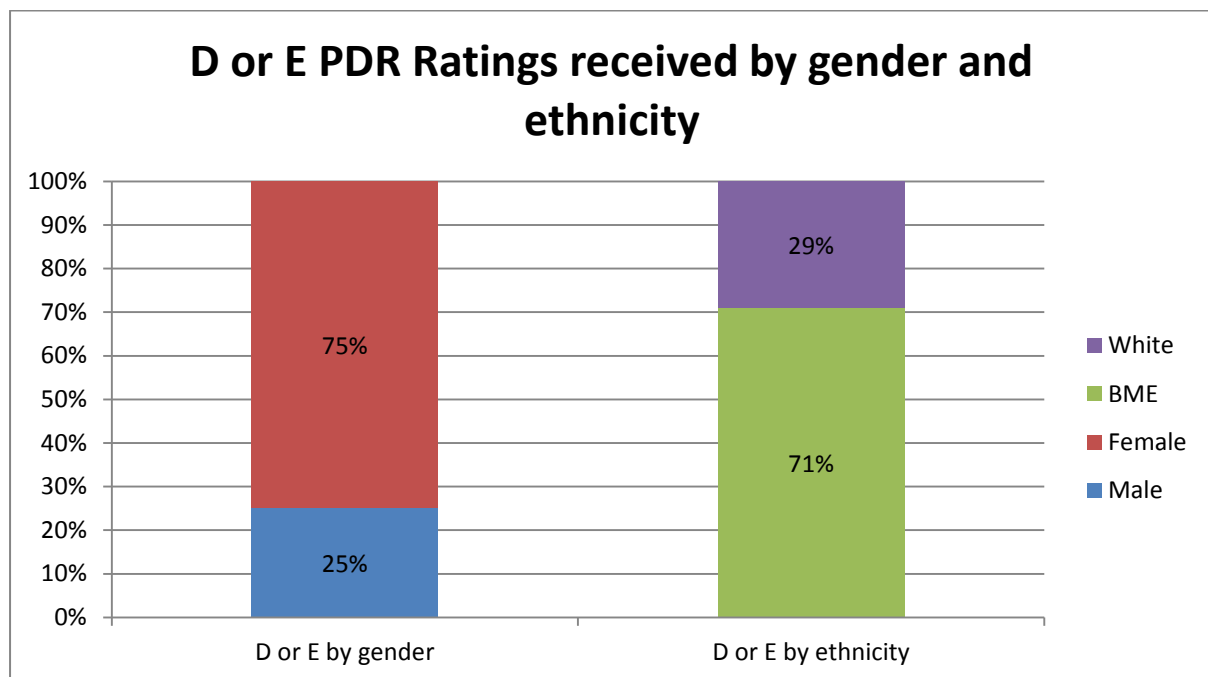


Fig 19 People awarded D or E rating on PDR by band 2014-15

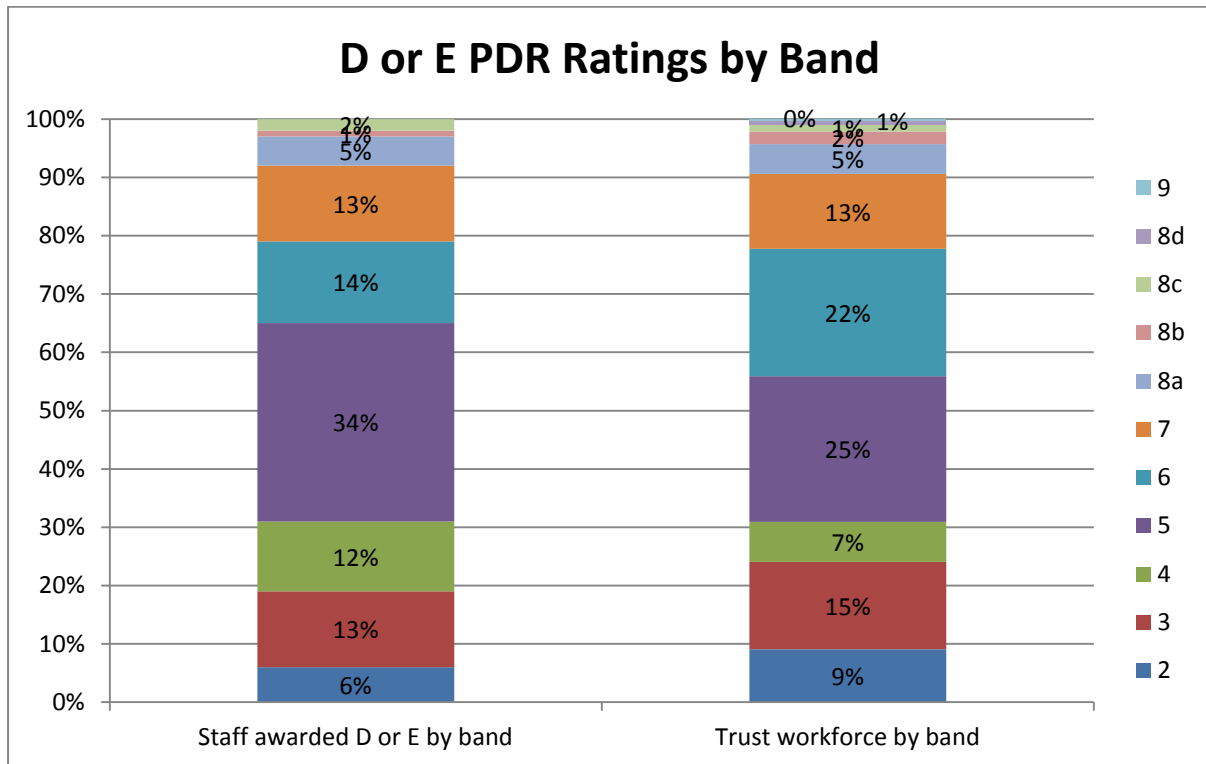
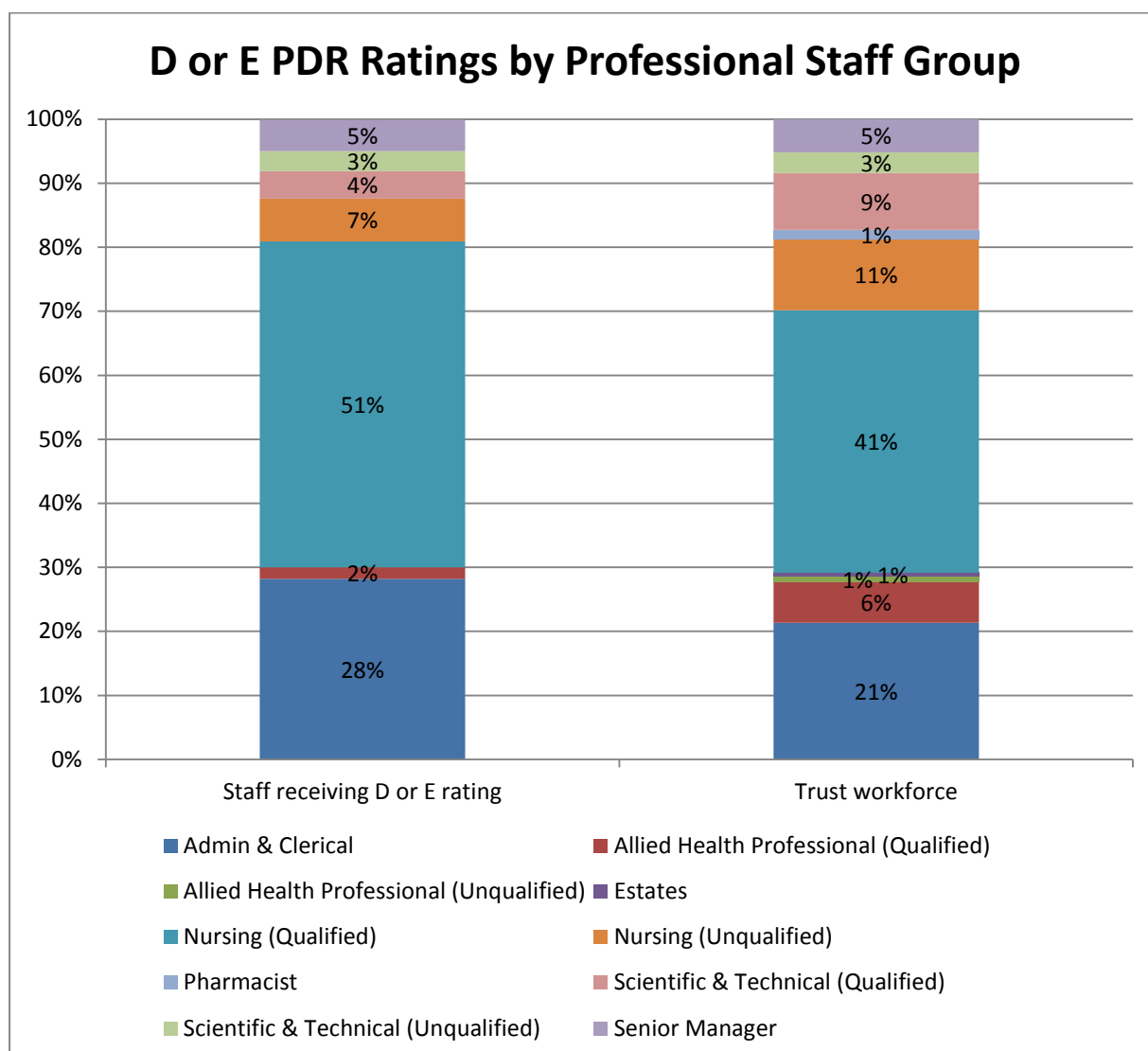


Fig 20 People awarded D or E rating on PDR by professional group 2014-15



7. Local Clinical Excellence Awards

The proportion of applicants by gender and ethnicity is broadly in line with the proportion of awardees.

Fig 21 Local Clinical Excellence Awards 2015 - Applicants and Awardees by Gender and Ethnicity

	Applicants	Awardees
Female	36%	32%
Male	64%	68%
White	66%	62%
BME	29%	29%
Unknown	5%	9%

8. Promotions and leavers

White British staff are more likely to leave than other ethnic groups, accounting for 36% of leavers In 2014/15. When the data is split by gender, men are more likely to leave than women – men accounted for 36% of leavers compared to 29% the workforce. There was a similar pattern last year in 2013/14. In 2014/15 there were 394 promotions. Of these, people from white backgrounds accounted for 50% of promotions and BME people for 46%. When promotions are cut by gender, women were marginally more likely to be promoted than men.

Fig 22 Promotions and leavers by ethnicity 2014-15

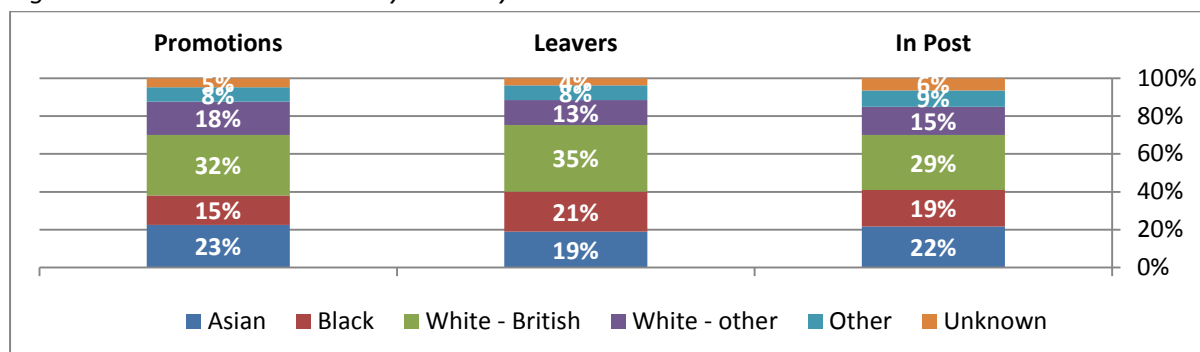
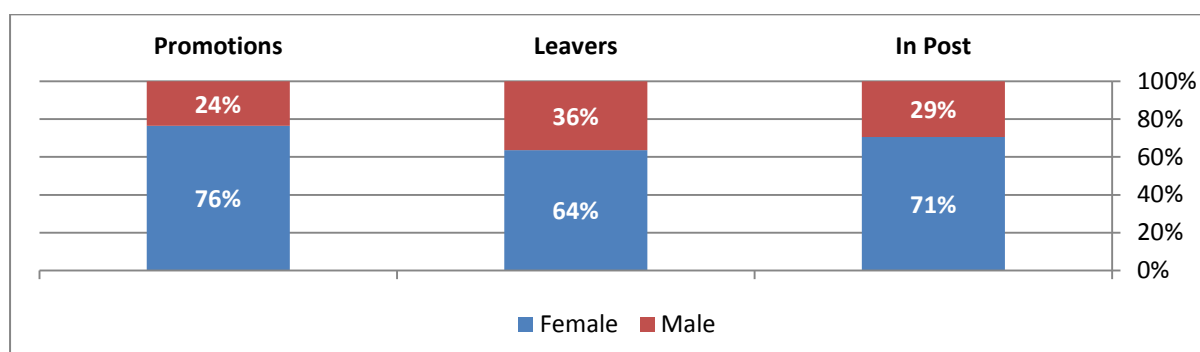


Fig 23 Promotions and leavers by gender 2014-15



9. Application of formal workforce procedures 2014/2015

The Trust monitors the formal application of workforce procedures by ethnicity, gender and age. In 2014/2015, there were 303 formal hearings in total.

9.1 Ethnicity

In 2014/15, there were 107 formal disciplinary cases. Comparing the disciplinary participation rates against the Trust population, figure 24 shows that in 2014/2015 black people, who made up 20% of the workforce, accounted for 29% of disciplinary hearings. The disproportionate involvement in of BME staff is down from 2013/2014 when black people accounted for 37% of disciplinary hearings and 18% of the workforce.

In 2014/15, there were 13 formal performance management cases, four (31%) involved white people and six (46%) involved black people; 174 formal sickness absence cases, both long term and short term, of which 45% involved white people; 9 formal grievance hearings, of which two (22%) involved white people and four (44%) involved BME people.

Fig 24 Formal hearings by ethnicity 2014/2015

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	23%	23	21%	0	0%	28	16%	1	11%
Black	20%	31	29%	6	46%	45	26%	3	33%
White	47%	38	36%	4	31%	79	45%	2	22%
Other	9%	9	8%	2	15%	10	6%	0	0%
Not stated	1%	6	6%	1	8%	12	7%	3	33%
Total	100%	107	100%	13	100%	174	100%	9	100%

Both grade and ethnicity influence participation in formal workforce procedures. Junior people from all ethnic groups are more likely to be involved in formal procedures than senior people. Figures 24 and 25 show that, in 2014/2015, people employed in band 2-5 roles accounted for 45% of the total workforce and 67% of formal workforce procedures. Amongst them, band 3 and band 5 accounted for the majority of the cases. As BME people are more likely to be employed in these bands, 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.

Fig 25 Formal hearings by ethnicity and band 2014/2015

Band	Number of meetings involving white people	% of meetings involving white people	% of white people by band in Trust population	Number of meetings involving BME people	% of meetings involving BME people	% of BME people by band in Trust population
2	13	5%	2%	20	7%	5%
3	32	11%	4%	34	12%	8%
4	10	4%	3%	5	2%	3%
5	24	9%	7%	48	17%	13%
6	22	8%	7%	32	11%	10%
7	12	4%	6%	14	5%	4%
8 and above	9	3%	6%	4	1%	2%
Medical & Dental	1	0%	11%	1	0%	8%
Total	123	44%	47%	158	56%	53%

Note: for the purpose of this table, 22 meetings involving people of "not stated" ethnic status were excluded.

9.2 Relative likelihood

Figure 26 shows that the likelihood of BME people entering the formal disciplinary procedure over the two year rolling period from April 2013 to March 2014 and April 2014 to March 2015 was 0.0087 and for white people it was 0.0055. Therefore the relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 1.58 times greater. This is a new Workforce Race Equality Standard (WRES) measure which all Trusts are now obliged to report on. From 2016, we will be able to benchmark our performance against other trusts.

Figures 27 and 28 show that the relative likelihood of BME involvement in disciplinary hearings has reduced, down from 1.85 more likely in 2013/14 to 1.47 in 2014/15. There a number of factors driving this welcome trend which include improvements in the quality of ER advice, better recording of data and a significant management training programme.

Fig 26 Likelihood of entering the formal disciplinary hearing by ethnicity – two year average 2013-15

Descriptor	Average number of staff in workforce (2013-15)	Annual average of number of formal disciplinary meetings (2013-15)	Relative likelihood of entering formal disciplinary meetings
White	4686	26	0.0055
BME	5273	46	0.0087

Fig 27 Likelihood of entering the formal disciplinary hearing by ethnicity – 2014/15

Descriptor	Number of staff in workforce	Number of formal disciplinary meetings	Relative likelihood of entering formal disciplinary meetings
White	4486	38	0.0085
BME	5047	63	0.0125

Fig 28 Likelihood of entering the formal disciplinary hearing by ethnicity – 2013/14

Descriptor	Number of staff in workforce	Number of formal disciplinary meetings	Relative likelihood of entering formal disciplinary meetings
White	4887	14	0.0028
BME	5499	29	0.0052

9.3 Gender

Comparing the figures against the Trust population, figure 29 shows that men are more likely than women to be subject to disciplinary action and to raise grievances. Women are more likely than men to be involved in sickness absence meetings.

Fig 29 Formal hearings by gender 2014/2015

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%	67	63%	9	69%	137	79%	6	67%
Male	29%	40	37%	4	31%	37	21%	3	33%
Total	100%	107	100%	13	100%	174	100%	9	100%

9.4 Age

The 45-54 age group had the highest participation rates for disciplinary, capability and sickness formal procedures while the 35-44 age group were the most likely to raise grievances.

Fig 30 Formal hearings by age 2014/2015

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	2%	1	1%	0	0%	4	2%	0	0%
25-34	28%	16	15%	0	0%	34	20%	0	0%
35-44	33%	35	33%	4	31%	44	25%	5	56%
45-54	24%	37	35%	5	38%	58	33%	3	33%
55-64	12%	15	14%	4	31%	32	18%	1	11%
65 and over	2%	3	3%	0	0%	2	1%	0	0%
Total	100%	107	100%	13	100%	174	100%	9	100%

10. Staff experience: 2014 NHS Staff Survey Results

The Trust monitors staff experience by protected characteristics through the annual NHS Staff Survey. The 2014 staff survey results revealed some differences in experience when analysed by disability status, ethnicity, age and gender. The 2014 results can be found at <http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2014-Results>.

Overall, BME staff responses indicate a higher overall engagement score to that of white staff. The scores are 3.86 and 3.75 respectively.

The percentage of people reporting that they have received equality and diversity training in the previous 12 months has increased significantly, from 42% in 2012 to 73% in 2014.

10.1 Gender

There are few significant differences in experience by gender. 80% of women reported receiving job relevant training, learning or development in the last 12 months compared to 73% of men. Other significant differences by gender included: men were less likely to agree they would feel secure raising concerns about unsafe clinical practice; more likely to report physical violence from colleagues; and more likely to report low motivation rates. Women on the other hand were more likely to experience harassment, bullying or abuse from colleagues and patients, relatives or the public.

10.2 Disability

Forty six people, 16% of respondents, stated that they had a disability. On the whole, responses from this group are less positive than the responses from people who do not have a disability. Disabled people are more likely to state that they have experienced harassment, bullying or abuse from patients, relatives or the public (40% compared to 28% for non-disabled people) and staff (42% compared to 24% for non-disabled people). Disabled people are also more likely to state that they have experienced discrimination at work in the last 3 months (28%) compared to non-disabled people (15%).

10.3 Age

Differences in staff experience by age are generally difficult to interpret: patterns are not obvious and statistically significant differences vary from year to year. Some of the results this year show that people aged 16-30 are less likely to have received an appraisal in the last 12 months or to have had a well-structured appraisal than other age groups. They are also more likely to have witnessed a potentially harmful error, near miss or incident in the last month (46%) especially when compared to staff aged 51+ (18%). Staff from both the 16-30 and 51+ age group are less likely to have experienced physical violence from patients, relatives or the public in the last 12 months (8% for both groups), compared to people aged 31-50, 20% of who report that this has happened. Additionally, people aged 51+ are the least likely to report experiencing discrimination at work in the last 12 months.

10.4 Ethnicity

With the exception of questions relating to equality and diversity, BME staff tend to report similar or more positive experience than white staff. BME staff are more likely to report having well-structured appraisals, they are more likely to recommend the Trust as a place to work or receive treatment and they are more satisfied with the quality of work and patient care they are able to deliver. Further, compared to white respondents, they are more likely to agree that their role makes a difference to patients, they report higher motivation levels, they feel less work pressure, and they are more likely to receive job relevant training, learning and development. White staff are also more likely than BME staff to report harassment, bullying and abuse from colleagues (29% compared to 23%). BME staff, on the other hand, are less likely to believe that the Trust provides equal opportunities for career progression or promotion and they are more likely to experience discrimination from their manager/team leader or other colleagues.

10.5 Responses to the questions in the national staff survey as 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:

Fig 31: % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months by gender

<i>White</i>	<i>BME</i>
<i>31</i>	<i>27</i>

Fig 32: % experiencing harassment, bullying or abuse from staff in last 12 months

<i>White</i>	<i>BME</i>
<i>29</i>	<i>23</i>

Fig 33: % believing the trust provides equal opportunities for career progression or promotion

<i>White</i>	<i>BME</i>
<i>87</i>	<i>76</i>

Fig 34: % saying they had experienced discrimination from their manager/team leader or other colleagues in the last 12 months

White	BME
6	17

11. Next steps

The Trust uses the framework provided by the NHS Equality Delivery System 2 (EDS2) to fulfil its public sector equality duty to promote equality. In 2015/16 the Trust's EDS2 workforce focus is on training and development opportunities and equal pay for work of equal value. The scope for these two areas of work was agreed at an EDS2 stakeholder group in spring 2015 and progress will be reported to the Trust Partnership Committee.

In addition, this report has highlighted a number of areas for which actions will be developed in 2015/16:

1. The data on the disproportionate award at E and D ratings at Performance & Development Review will be inform the mandatory PDR training for managers to raise awareness and challenge unconscious bias.
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 conversation rates for white and BME people in the recruitment process.
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.
4. We currently report on equal pay within bands by gender (fig 16). We will run a similar report to on ethnicity to determine whether there are significant differences within grade.
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.

Appendix 1 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
Unrecorded	The Trust has no record of demographic status
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 2 Cross-referencing the Workforce Race Equality Standard requirements with the Annual Workforce Equality and Diversity Report

Indicator	Section of the report
1. Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	2.1
2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	3.2
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	9.2
4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	4
5. KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	10.5
6. KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	10.5
7. KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	10.5
8. Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	10.5
9. Boards are expected to be broadly representative of the population they serve	2.4