Imperial College Healthcare NHS Trust

Equity
Diversity
Inclusion

2024 - 2025

# Workforce Race Equality Standard (WRES)

## Summary and Action Plan

inclusion.imperial@nhs.net
https://www.imperial.nhs.uk/

# Important Notes

## Use of Data and Information

We use data and information in relation to a range of national standards relating to workforce equality that we are required to meet annually as outlined in this report. Staff can update their personal data via employee self-service at any time. This data, when extracted for analysis in reports such as this one, is anonymous. We must comply with strict rules in managing and using people's personal information. We analyse the anonymised information to identify and respond to any issues affecting groups that share certain protected characteristics.

## Terminology

Throughout this report, we use the term Black, Asian and minority ethnic (BME), to refer to those members of the NHS workforce who are not white. As set out in the workforce race equality standard (WRES) technical guidance, the definitions of "Black, Asian and minority ethnic" and "white" used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and NHS digital data. We are aware that terminology is being reviewed and we will follow NHS guidance as it is produced.

We will also mention 'Distance from Equity'. For likelihood questions, this refers to how far the number is from 0. For other indicators, it refers to the percentage difference between BME and White experiences. For example, if 20% of White staff face bullying and harassment then it would be equitable if 20% of BME staff also face bullying and harassment. here, the greater the percentage difference, the greater the inequity.

## Purpose and scope

The Workforce Race Equality Standard (WRES) is an annual benchmarking tool mandated by NHS England to assess the progress made towards achieving racial equality for staff.

Trusts are only required to submit data for Indicators 1 - 4 and indicator 9. The data for indicators 5-8 comes from our staff survey results. Bank only workers should be excluded from this data submission.

All NHS Trusts must submit their WRES data to the Data Collections Framework (DCF) by 31st May. There is no 2024/2025 Bank WRES and MWRES submission.

# Executive Summary

## Overview

The report outlines the data from the National Workforce Race Equality Standard (WRES). The WRES is an annual benchmarking tool introduced by NHS England to assess the progress made towards achieving race and disability equality within NHS organisations.

It assesses how the trust has improved against 9 indicators designed to close the gap between the experiences of White and Black and Minority Ethnic (BME) colleagues. These include:

1. Clinical and non-clinical diversity and representation across all bands and pay grades.
2. Successful job appointment and shortlisting
3. Entering formal disciplinary processes.
4. Access to CPD and non-mandatory training
5. Incidents of bullying, harassment or abuse from public
6. Incidents of bullying, harassment or abuse from staff
7. Perceptions around equal opportunities for progression or promotion
8. Incidents of bullying, harassment or abuse from managers, team leads or other colleagues.
9. Proportional representation of the overall workforce at board level

Making positive shifts in these indicators should result in demonstrable improvements for BME workers.

## Main Findings

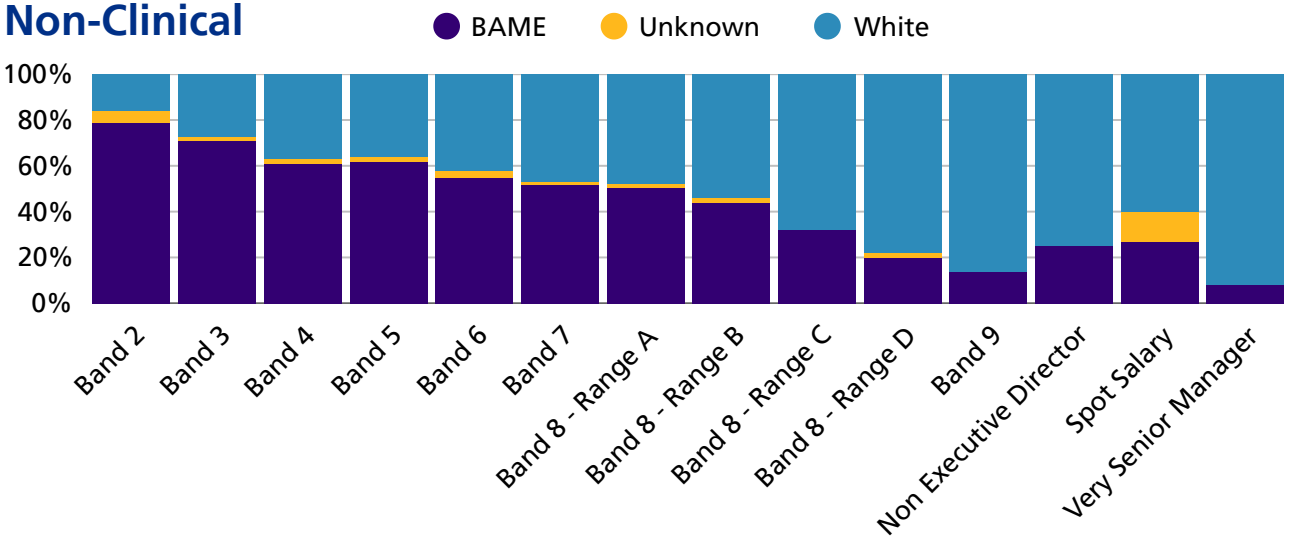
- 7 of the 9 WRES Indicators improved in 2024 although there is still disparity in key areas such as disciplinary cases, career progression, experiences of discrimination and board representation.
- There has been a slight regression in:
  - the likelihood of BME staff entering formal disciplinary compared to White staff.
  - the percentage of BME staff in our medical/dental workforce.
- Our programmes are working: we have seen a positive impact from our programmes like Engaging for Equity and Inclusion, Race Equality Staff Network projects,Inclusive Recruitment and the Bullying and Harassment task and finish group.
- We still have work to do to obtain racial equity in 5 of our 9 WRES indicators.

# Main Summary

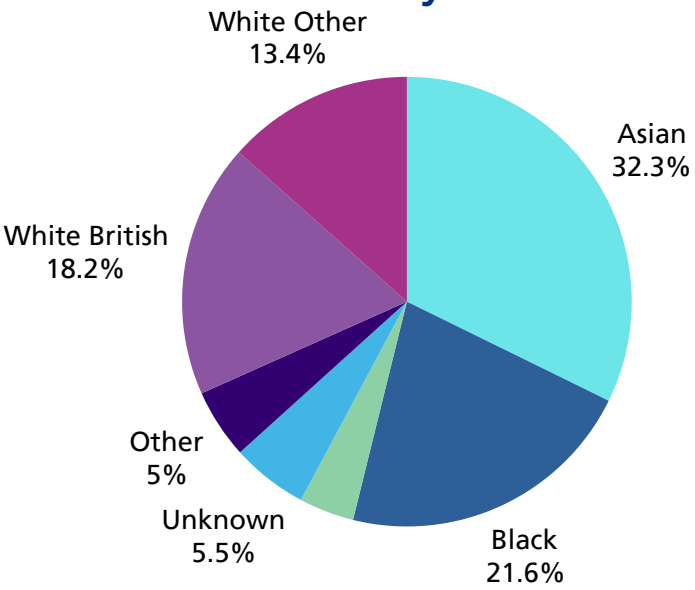
## Workforce Profile

As of 31st March 2025, the trust now has a workforce with 63.83% BME staff excluding bank staff and 61.17% BME representation including bank staff. The latter is an increase of 1.16% from 2024.

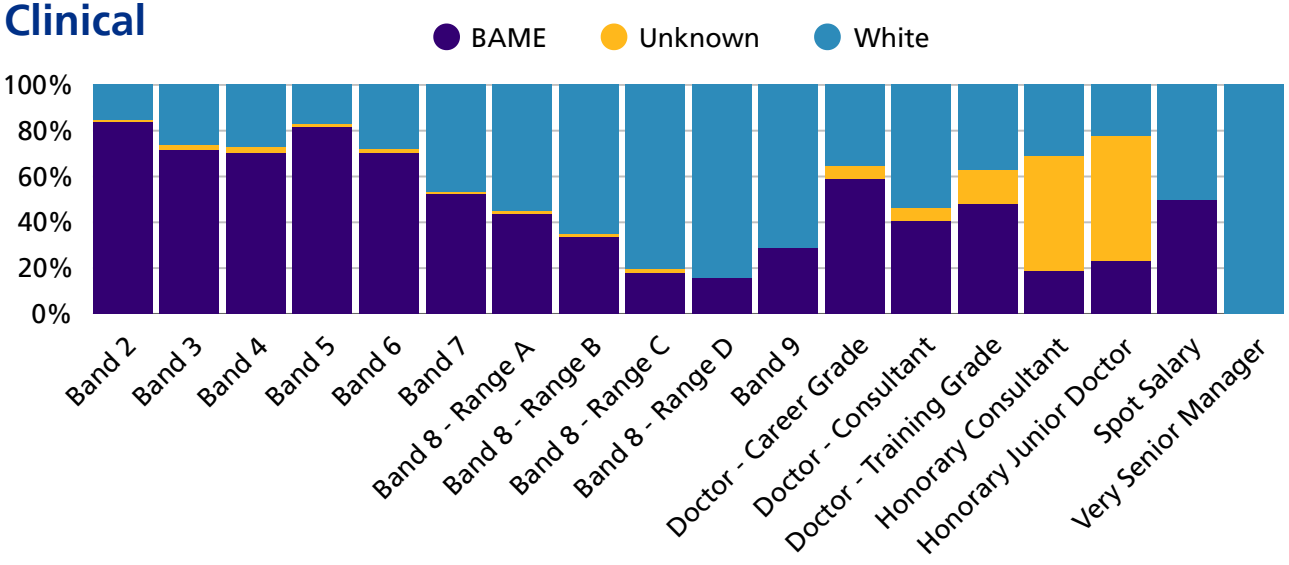
### Non-Clinical




### Ethnicity




### Clinical



# Indicators derived from ESR data

This anonymous data is derived from our secure and confidential electronic staff record system (known as ESR).

| Indicator number and description | Results | Change from 2024 | Distance from equity |
|---|---|---|---|
| **Indicator 1: BME representation in the workforce by pay band** | | | |
| Overall | **63.8%** | 1.1% increase | |
| Non-clinical | **64.2%** | 1.7% increase | |
| Clinical | **69%** | 1.6% increase | |
| Medical/Dental | **45.2%** | 1.8% decrease | |
| **Indicator 2: Likelihood of appointment from shortlisting** | | | |
| Likelihood ratio White /BME | **1.33** | 0.01 increase | 0.33 |
| **Indicator 3: Likelihood of entering formal disciplinary proceedings** | | | |
| Likelihood ratio White /BME | **2.12** | 0.62 increase | 1.12 |
| **Indicator 4: Likelihood of undertaking non-mandatory training** | | | |
| Likelihood ratio White /BME | **0.97** | 0.27 decrease | 0.03 |
| **Indicator 9: difference between BME representation on the board and in the workforce** | | | |
| Overall | **-31%** | 2% increase | -33% |
| Exec | **-44%** | 1% decrease | -43% |
| Voting | **-31%** | 2% increase | -33% |

Improvement
Decline

# Indicators derived from NHS Staff Survey

This data is derived from the annual NHS National Staff Survey.

| Indicator number and description | Results | Change from 2023 | Distance from equity | National Average |
|---|---|---|---|---|
| **Indicator 5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months** | | | | |
| BME | **29.6%** | 1.3% decrease | 0.1% | 28.3% |
| White | **29.7%** | 1.8% decrease | | 23.2% |
| **Indicator 6: Harassment, bullying or abuse from staff in last 12 months** | | | | |
| BME | **24.8%** | 1% decrease | 1.6% | 24.8% |
| White | **23.1%** | 2.5% decrease | | 21.5% |
| **Indicator 7: Career progression** | | | | |
| BME | **52.3%** | 2.7% increase | 8.2% | 49.7% |
| White | **60.5%** | 1.4% increase | | 58.80% |
| **Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months** | | | | |
| BME | **13%** | 0.5% decrease | 4.4% | 15.7% |
| White | **8.7%** | 0.8% decrease | | 6.70% |

Improvement
Decline

# Action Plan

Our action plan aims to address the disparities caused by racial inequality as outlined in the indicators above.

| Indicator | Action |
|---|---|
| 1 | • Recalculate and renew Model Employer goals taking into account attrition and growth estimates to work towards 50% parity for BME staff in bands 8A-9 (by March 2026). |
| 2 | • Diversify and optimise our Inclusive Recruitment programme to include more protected characteristics, and streamline core functions (See page 9). Implement the findings from the Imperial College report (by October 2025).<br>• Expand from gender and ethnically diverse panels to fair recruitment advisors specifically trained and representative to support equity in all parts of the recruitment life-cycle.<br>• Create e-module and in person training options around debiasing recruitment |
| 3 | • Continue expanding the 'Just and Learning Panel' which is a representative group that reviews all misconduct cases before any formal action and can override triage recommendations/decisions.<br>• Continue quarterly executive listening sessions through the Multidisciplinary and Nursing and Midwifery Race Equality Networks.<br>• Set up task and finish group within the Race Equality Steering Group to focus on 5 key actions to improve indicators 3&7. |
| 4 | • Conduct a deep dive and full equality impact assessment on career progression in the trust. Actions will be reviewed by the EDI committee.<br>• Run and host regular training sessions and events; share and promote our toolkits to ensure widespread knowledge and engagement with our equity offering (ongoing). |
| 5 | • Continue the work of our violence and aggression workstream. Monitor the new ethnicity categories on Datix and use trust processes to solve issues.<br>• Continue the work around our the anti-racism and anti-discrimination commitments |
| 6 | • Continue the work of our bullying and harassment workstream.<br>• Continue the work around our the anti-racism and anti-discrimination commitments |

| Indicator | Action |
|---|---|
| 7 | • As per 1 and 2.<br>• Launch the London Healthcare Leaders' Fellowship programme with a talent pipeline for fellows to ensure clinical development for BME staff at bands 6+.<br>• Integrate the findings from key national reports and strategies including the NWL Barriers to Leadership programme to remove barriers to BME progression (ongoing).<br>• Set up task and finish group within the Race Equality Steering Group to focus on 5 key actions to improve indicators 3&7. |
| 8 | As per number 6. |
| 9 | • Increase senior representation on the White Allies and WRES Experts programmes, define the organisational roles for allies and experts to support parity at all levels (December 2025).<br>• Create and implement cultural intelligence for senior executives (by December 2025). |

We are also following the actions set out in the NHS EDI Improvement Plan which have mandated actions we must take to improve race equality.

# Snapshot: Engaging for Equity and Inclusion

Drawing on our engaging for equity and engagement initiative (facilitated conversations with over 1,200 staff and 11 community groups), with the input and support of our staff networks and partners, we launched:

- Our 2024-2027 equality, diversity and inclusion workforce plan, Forward Together.
- Our organisational commitment to anti-racism and anti-discrimination.
- Our complementary individual staff commitment and interactive self-assessment and resources tool.

This means that:

- We have a range of commitments that now sit alongside our trust values and a multidisciplinary 3 year plan with a specific pillar aimed at improving EDI in place and across professional groups.
- We have a project aimed at socialising these with staff at all levels and ensuring comprehension around how these can be delivered.
- We have focused on new educational pieces including 12 new EDI courses and a programme on Cultural Intelligence