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Workforce Race Equality Standard 2022/23 and Action plan 2023/24

Introduction

There are nine WRES indicators. Four of the indicators focus on workforce data, four are data from the national NHS Staff Survey, and one indicator focuses on Black Minority Ethnic representation on boards.

Why is WRES important?

The WRES is a tool for identifying a number of key gaps, referred to as 'indicators', between white and Black, Asian and minority ethnic staff experience of the workplace. Our aim is to close these gaps by tackling discrimination, promoting a positive culture and valuing all staff for their contributions to their work.

This will in turn positively impact on patients. A more diverse and equal workforce is associated with higher levels of patient satisfaction. An environment that values and supports the entirety of its diverse workforce will result in high-quality patient care and improved health outcomes for all.

The WRES indicators are split into three groups:

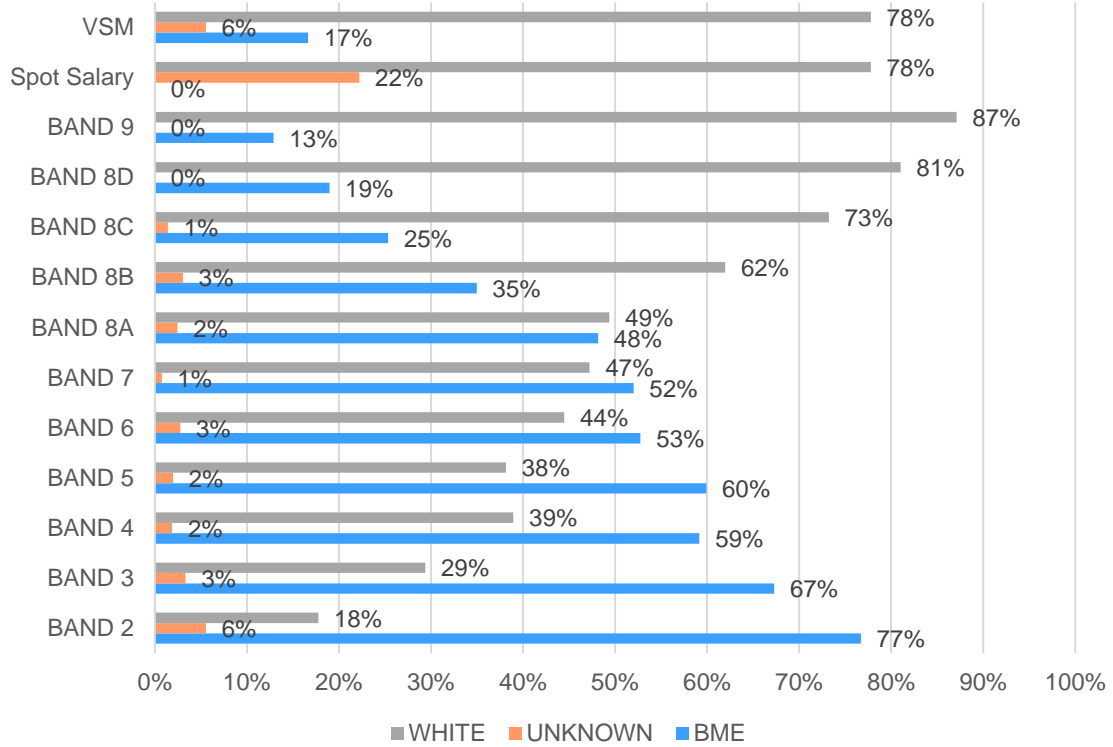
- four of the indicators focus on workforce data (1 to 4)
- four are based on data from the national NHS Staff Survey questions (5 to 8)
- one indicator focuses on Black, Asian and minority ethnic staff representation on boards (9).

Indicator 1

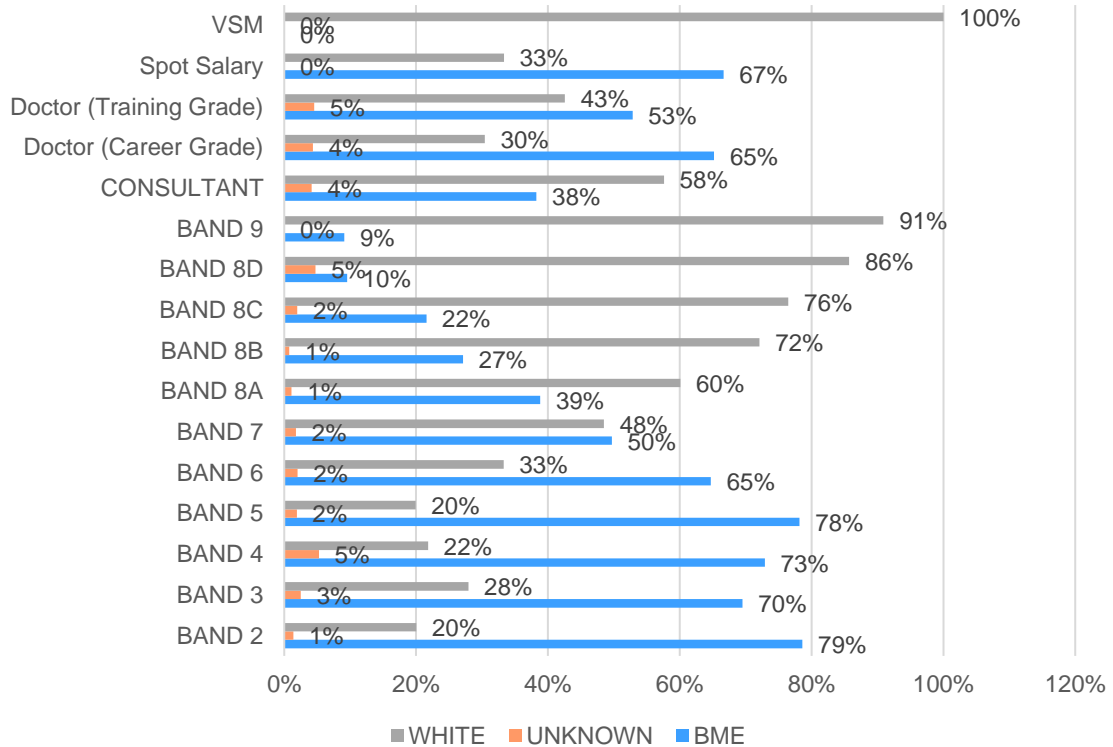
Percentage of staff in each of the Agenda for Change (AfC) bands 1-9 or medical and dental subgroups and very senior managers (VSM), including executive board members, compared with the percentage of staff in the overall workforce disaggregated by clinical and non-clinical staff.

Graph 1 Ethnicity profile – percentage of staff in each of the AfC bands, medical grades and very senior managers (VSM) – March 2023

Non-clinical



Clinical



For the non-clinical workforce, the Black, Asian and minority ethnic staff workforce increased from 60% to 62%. The percentage Black, Asian and minority ethnic staff has increased across all bands, except for bands 2 and 8c (which have remained the same), and bands 8a, 8d, and VSM, which have seen a decline.

For the clinical workforce, the overall percentage of Black, Asian and minority ethnic staff has increased from 55% to 61%. There have been increases across all bands except for 8d and 9, which have seen a decrease in the percentage of Black, Asian and minority ethnic staff. VSM has also seen a decrease, which is attributed to a vacant VSM role.

Indicator 2

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

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
White	4,985	950	19.06%
Black, and Minority Ethnic	11,856	1,663	14.03%
Unknown	1,102	61	5.54%

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from Black, Asian and minority ethnic groups is 1.36; this is slight improvement from last year, which was 1.39.

Indicator 3

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

We report on the formal disciplinary hearings excluding doctors, who are managed in accordance with Maintaining High Professional Standards. In 2022/23 the Trust held 37 disciplinary hearings, up from 27 in 2021/22.

Descriptor	Number of staff in workforce	Year-end number of formal disciplinary meetings	Likelihood of entering formal disciplinary meetings
White	5,143	7	0.14%
Black,	8,757	28	0.32%

and Minority Ethnic			
Unknown	898	2	0.75%

Note: This is the second year in which we will be report on the data at year end and not a two-year rolling average.

The relative likelihood of Black, Asian and minority ethnic staff being disciplined compared to white staff is 2.35, which is an increase from year's figure of 1.82. This is the third year in which we are reporting using this methodology which focuses on year-end for 2022 and not a two-year average.

Indicator 4

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

Note: The data collection included continuous professional development (CPD) from the Trust's eLearning platform LEARN, which includes training relating to consultants, nurses, allied health professionals, radiotherapy, radiographers, the Improvement team, scientists, pharmacists and apprentices. This is the first year that we've been able to include data from our nursing and midwifery workforce, who account for a significant amount of our workforce. This is the second year we have included data from sources other than the learning and development team.

The relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian and minority ethnic staff is 1.27. This is a decrease from the previous year's figure of 1.62.

Descriptor	Number of staff in workforce	Staff accessing non mandatory training (data held by leadership team)	Likelihood of accessing non mandatory training
White	5,143	1,491	28.99%
Black, Asian and Minority Ethnic	8,757	1,992	22.75%
Unknown	398	88	22.11%

Indicators 5 to 8

Indicators 5 to 8 relate to the 2022/23 national staff survey results, comparing the responses of Black, Asian and Minority Ethnic and white staff. Since 2021, the questions have been aligned with the [NHS People Promise](#) to track progress against

its ambition to make the NHS the workplace we all want it to be by 2024. The fieldwork for the NHS Staff Survey 2022 was carried out between September and November 2022.

The wording of these four indicators is taken directly from the national NHS Staff Survey.

Indicator 5

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

For this indicator, a lower score is better. There has been an increase for both our white and Black and Minority Ethnic staff stating that they have experienced harassment, bullying or abuse from patients, relatives or the public since 2021. Our Black and Minority Ethnic staff experience is slightly better than our white staff.

Year	White	Black and Minority Ethnic
2022	37.0%	34.0%
2021	36.2%	32.7%

Indicator 6

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

For this indicator, a lower score is better. There has been a decrease for both white and Black, Asian and minority ethnic staff stating that they have experienced harassment, bullying or abuse from staff since 2021. However, the percentage for Black, Asian and minority ethnic staff was slightly higher for 2021 and 2022.

Year	White	Black and Minority Ethnic
2022	27.8%	28.9%
2021	30.2%	31.5%

Indicator 7

Examines the percentage of staff believing that the organisation acts fairly with regard to career progression/promotion.

This indicator changed from examining the percentage of staff who believe that the Trust provides equal opportunities for career progression/promotion to those who believe that the organisation acts fairly in regard to career progression/promotion.

For this indicator, a higher score is better. Both scores for our white, and Black, Asian and minority ethnic staff have increased since 2021. However, the latter are less likely to believe the Trust acts fairly with regard to career progression and promotion.

Year	White	Black and Minority Ethnic
2022	58.3%	47.8%
2021	55.8%	41.2%

Indicator 8

Examines the percentage of staff who personally experience discrimination at work from their manager/team leader or other colleagues (in the last 12 months).

For this indicator, a lower score is better. Scores for both white, and Black, Asian and minority ethnic staff have improved since 2021. However, Black, Asian and minority ethnic staff are more likely than white staff to say that they have experienced discrimination from their manager/team leader or other colleague.

Year	White	Black and Minority Ethnic
2022	9.9%	15.3%
2021	10.5%	16.3%

Indicator 9

Examines the percentage difference between the organisation's board voting membership and its overall workforce (percentage difference between (i) the organisation's board voting membership and its overall workforce and (ii) the organisation's board executive membership and its overall workforce)

	White	Black and Minority Ethnic	Unknown
Overall Trust workforce	5,143	8,757	398
Overall Trust workforce %	36%	61.2%	2.8
Overall Trust board members %	75.0%	25.0%	0.0%
Voting board members %	75.0%	25.0%	0.0%
Executive board members %	66.7%	33.3%	0.0%

Non-executive board members %	83.3%	16.7%	0.0%
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Note: only voting members of the board are included when considering this indicator

Medical Workforce Race Equality Standard (MWRES)

In July 2021, NHS England published a report applying the principles of the Workforce Race Equality Standard to the NHS's medical workforce. This report identified the disparity in experiences of doctors from a Black, Asian and minority ethnic background across areas including recruitment, promotion, pay, representation and experience of bullying and harassment. The metrics for the MWRES draw on data from a range of sources, including Universities and Colleges Admissions Service (UCAS), deaneries, and the General Medical Council (GMC). While data for the 2021 MWRES report had been gathered centrally, for the reporting year of 2022/23, trusts were asked for the first time to provide data, including details of recruitment, Clinical Excellence Awards and ethnicity of directors. The full MWRES report will be published by NHS England and on our external website when available.

The Trust will develop an action plan based on the complete MWRES report and have an MWRES working group specifically to look at the outcomes raised.

Bank WRES

Bank workers do not have a substantive contract at their organisation but work with us via an in-house bank. We participated in the first ever Bank WRES, which covers an estimated 150,000 bank-only workers across all NHS trusts. Although the data shows some similarities with the main WRES report, there are a large portion of bank-only workers across our banks who have not disclosed their ethnicity. Therefore, it is difficult for us to draw any reliable conclusions. In the short term, we will work with Reed (who provide our bank staff) to encourage temporary staffing to share their ethnicity. In the long term, we will wait for NHS England's national bank report to inform our WRES Bank action plan.

We also participated in the first ever Bank staff survey. An overview of the anticipated results were published by NHS England. We have not included these in our report, as they are not directly comparable with the NHS Staff Survey results. However, they have been considered as part of our overall EDI programme.

Workforce Race Equality Standard – Action Plan 2023/24

	Please specify which actions are different to current practice, and which are continuation	Please specify KPIs and timelines for monitoring the actions	How will actions be made sustainable
<p>Actions around WRES Indicator 1: Recruitment and Promotion Actions around WRES Indicator 2: Appointments</p>	<ul style="list-style-type: none"> • We will continue to publish our EDI data in our workforce annual report, including WRES ethnicity pay gaps • We will continue to report on our model Employer Aspirational Goals • We will implement a MWRES working group, to address racial disparities specifically effecting the medical workforce. • We will continue to embed our inclusive recruitment process for bands 7+ to ensure that our interview panels are diverse regarding race and gender. • We will implement divisional and directorate EDI action plans to increase 	<ul style="list-style-type: none"> • Improvements in annual Staff survey questionnaire from Black, Asian and minority ethnic staff (March 2024) • Improvements in the Ethnicity pay gap (March 2024) • Progress against NHS' System Oversight and Long Term Plan metrics on diversity in senior leadership (March 2024) • Improvement in the representative of the overall workforce as per Model Employer goals (2028) • Improvement in MWRES scores (March 2024). • Increased accountability from all leaders for their 	<ul style="list-style-type: none"> • NHS England to guide and support submission of WDES and WRES • The Engagement and communication team to publish reports on website and intranet to improve transparency and awareness of reporting • Progress on EDI programme to be reviewed by the EDI Committee and Workforce Race Equality working group • EDI business partnering to support sustainability of EDI action plans • Directorates and divisions to report EDI action plans to EDI Committee.

	<p>accountability through all leaders.</p> <ul style="list-style-type: none"> • We will sign up the Business in the Community's Race at Work Charter, as an additional public commitment to equal opportunities in the workplace. • We will review our EDI policy to set out our commitment to equality, diversity, and inclusion across the Trust. • We will develop 7+ development programmes (Race Equity Leadership, Healthcare Leader Fellowship Get on and Go Further) for our Black, Asian and minority ethnic staff to improve the likelihood of BME staff being shortlisted/selection for senior roles. • We will provide a new platform for stretch projects and mentoring within the Trust 	<p>EDI performance (March 2024)</p> <ul style="list-style-type: none"> • Improvement in minority ethnic staff turnover (March 2024) • Improvements in the parity in promotion and recruitment for staff from ethnic minority (March 2024) • Completion and ratification of EDI policy (November 2023) • Track number of visit and download of new EDI policy (March 2024) • Improvement in staff survey responses in relation to career and opportunities (March 2024) • Feedback and evaluation from development and training programmes (March 2024) • Increase in percentage of staff who have successfully completed development and training programmes (March 2024) 	<ul style="list-style-type: none"> • Inclusion of EDI objectives within individual appraisals • Number of stretch and mentoring opportunities on the platform. • Regular monitoring and update of platform to ensure functionality. • Improvement in WRES • Work with CQI team to support the development • Incorporate monitoring of the EDI Dashboard as a formal update to the Board
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	<ul style="list-style-type: none"> • We will embed EDI into workforce induction and Induction checklist • We will collaborate with and involving the White Allies and WRES experts • We will develop a targeted action to increase recruitment from under-represented communities 	<ul style="list-style-type: none"> • Increase in percentage of BME staff who have gone on to higher pay band roles after completing our 7+ development programmes (March 2024). 	
<p>Actions around WRES Indicator 3: Disciplinary</p>	<ul style="list-style-type: none"> • We will implement a MWRES working group, to address racial disparities specifically effecting the medical workforce. 	<ul style="list-style-type: none"> • Increased accountability from all leaders for their EDI performance (March 2024) • Improvement in MWRES scores (March 2024) 	<ul style="list-style-type: none"> • Progress will be monitored through the MWRES working group. • Regular updates will be provided in the EDI Committee and Race Equality Steering Group. • The Engagement and communication team to support in raising awareness of EDI activities reporting • EDI business partnering to support sustainability of EDI action plans • Directorates and divisions to report EDI

			<p>action plans to EDI Committee.</p> <ul style="list-style-type: none"> • Inclusion of EDI objectives within individual appraisals • Improvement in WRES • Work with CQI team to support the development
<p>Actions around WRES Indicator 4: Education</p>	<ul style="list-style-type: none"> • We will promote and implementing e-learning for Equality Impact Assessments • We will increase participation in national programme (Getting to Equity, Capital Nurse and Capital Midwifery) • We will implement a MWRES working group, to address racial disparities specifically effecting the medical workforce. • We will carry out and cascade cultural intelligence assessments with staff across the Trust • We will develop 7+ development programmes (Race 	<ul style="list-style-type: none"> • Improvement in the number of staff complying with management of Trust policies, which includes the completion of Equality impact assessments (March 2024) • Number of people completing the e-learning EqIA training launched in May 2023 (March 2024) • Increase in people accessing and downloading EqiA resources on the staff intranet (March 2024) • The number of staff who have successfully completed work experience or 	<ul style="list-style-type: none"> • Fully embed Equality Assessment Framework (ERAF) in all new and reviewed policies, procedure • Inclusion of EDI and Trust values objectives within team and individual appraisals. • We will set up a cultural intelligence community of practice, to continue and codify learning. • The Engagement and communication team to support in raising awareness of EDI activities reporting • EDI business partnering to support sustainability of EDI action plans

	<p>Equity Leadership, Healthcare Leader Fellowship Get on and Go Further) for our Black, Asian and minority ethnic staff to improve the likelihood of BME staff being shortlisted/selection for senior roles.</p>	<p>apprenticeships Improvement in the turnover and promotion of minority ethnic staff (March 2024)</p> <ul style="list-style-type: none"> Improvement in MWRES scores (March 2024) 	<ul style="list-style-type: none"> Directorates and divisions to report EDI action plans to EDI Committee. Inclusion of EDI objectives within individual appraisals Improvement in WRES Work with CQI team to support the development
<p>Actions around WRES Indicator 5: Bullying Harassment from Public Actions around WRES Indicator 6: Bullying Harassment from Staff</p>	<ul style="list-style-type: none"> We will promote uptake of Active Bystander training We will use DATIX to monitor discrimination and influence behaviour We will promote EDI toolkits, including Talking about Race and Micro-aggressions We will deliver a structured calendar of EDI communications to support continuous cultural change including the promotion of events EDI team and Communications We will implement a MWRES working group, 	<ul style="list-style-type: none"> Improvement in Staff survey questionnaire regarding bullying, harassment, and discrimination (March 2024) Improvement in staff survey results 3 “We will have confident and compassionate leaders and managers who are inclusive and consistently deliver fair and equitable opportunities for their teams” (March 2023) Improvement in staff turnover % (March 2024) 	<ul style="list-style-type: none"> Comms to support EDI engagement activities to ensure maximum reach Regular updates provided to Workforce Race Equality working group / EDI committee EDI team to support and collaborate with the prevent against violence working group Progress will be monitored through the MWRES working group. EDI business partnering to support sustainability of EDI action plans

	<p>to address racial disparities specifically affecting the medical workforce.</p>	<ul style="list-style-type: none"> • Improvement in the number of people who know how to report discrimination bullying harassment through DATIX (March 2024) • Number of page visits and downloads of EDI toolkits (March 2024) • Improvement in MWRES scores (March 2024) 	<ul style="list-style-type: none"> • Directorates and divisions to report EDI action plans to EDI Committee. • Inclusion of EDI objectives within individual appraisals • Work with CQI team to support the development
<p>Actions around WRES Indicator 7: Equal opportunities</p>	<ul style="list-style-type: none"> • We will increase diversity in apprenticeships and work experience; monitoring participation in leadership courses with a view to potentially running targeted recruitment • We will develop 7+ development programmes (Race Equity Leadership, Healthcare Leader Fellowship Geo on and Go Further) for our Black, Asian and minority ethnic staff to improve the likelihood of 	<ul style="list-style-type: none"> • The number of staff who have successfully completed work experience or apprenticeships (March 2024) • Improvements in annual Staff survey questionnaire from Black, Asian and minority ethnic staff around fairness in career and opportunities (March 2024) • Improvement in the turnover of minority 	<ul style="list-style-type: none"> • The Engagement and communication team to support in raising awareness of EDI activities reporting • Progress on EDI programme to be reviewed by the EDI Committee and Workforce Race Equality working group • EDI business partnering to support sustainability of EDI action plans • Directorates and divisions to report EDI action plans to EDI Committee.

	<p>BME staff being shortlisted/selection for senior roles.</p> <ul style="list-style-type: none"> • We will provide a new platform for stretch projects and mentoring within the Trust • We will improve our talent management strategies and Succession map • We will develop an Anti-racism statement and anti-discrimination statement • We will continue to embed our inclusive recruitment process for bands 7+ to ensure that our interview panels are diverse regarding race and gender. • We will implement a MWRES working group, to address racial disparities specifically affecting the medical workforce. 	<p>ethnic staff (March 2024)</p> <ul style="list-style-type: none"> • Parity in promotion and recruitment for staff from ethnic minority backgrounds (March 2024) • Improvement in MWRES scores (March 2024) • Representative of the overall workforce as per Model Employer goals by 2028 	<ul style="list-style-type: none"> • Inclusion of EDI objectives within individual appraisals • Improvement in WRES • Work with CQI team to support the development • Progress will be monitored through the MWRES working group. •
<p>Actions around WRES Indicator 8: Discrimination from a Leader</p>	<ul style="list-style-type: none"> • We will use DATIX to monitor discrimination and influence behaviour 	<ul style="list-style-type: none"> • Improvement in the number of people reporting discrimination 	<ul style="list-style-type: none"> • Training will be provided to the EDI team and other stakeholders.

	<ul style="list-style-type: none"> • We will continue to promote EDI toolkits, including Talking about Race and Micro-aggressions • We are developing an Anti –racism statement and anti- discrimination statement to set out the type of organisation we hope to be. • We will implement a MWRES working group, to address racial disparities specifically affecting the medical workforce. 	<ul style="list-style-type: none"> • through DATIX (March 2024) • Improvement in the number of people who know how to report discrimination bullying harassment through DATIX (March 2024) • Number of page visits and downloads of EDI toolkits (March 2024) • Improvement WRES data around bullying, harassment, and discrimination (March 2024) • Improvement in MWRES scores (March 2024) 	<ul style="list-style-type: none"> • We will work with our communication team to support wider to support the promotion and of our toolkits so it will have the widest reach. • We are working in development with our Communication team and wider stakeholders to develop our anti-racism and anti-discrimination and to ensure it is sustainable and in line with our organisation’s strategy. • Progress will be monitored through the MWRES working group. •
<p>Actions around WRES Indicator 9: Board Representation</p>	<ul style="list-style-type: none"> • We will continue to support the implementation of the ILDBO race equity intervention (Inclusive Leadership Board Development Offer) • We continue to support the NExT Director Scheme, a development 	<ul style="list-style-type: none"> • Greater awareness and deeper understanding by the board of inequality and its impact on Black, Asian and Minority Ethnic staff and patients/service users (March 2024) • Improvement in WRES scores (March 2024) 	<ul style="list-style-type: none"> • ILDBO is designed in conjunction with NHS England and has a solid grounding in learning theories • Progress on the ILDBO and NExT Director Scheme are reported at the EDI Committee/

	programme which supports those underrepresented in non-executive roles on NHS boards.		Workforce race equality steering group
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