Response ID ANON-R89M-8JTW-W

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2017-11-08 11:40:33**

Introduction

1 Name of organisation

Name of organisation:
Imperial College Healthcare NHS Trust

2 Date of report

Month/Year:
March/2017

3 Name and title of Board lead for the Workforce Race Equality Standard

Name and title of Board lead for the Workforce Race Equality Standard :
David Wells, Director of P&OD

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:
Daisy Tsai, HR Manager
daisy.tsai@nhs.net

5 Names of commissioners this report has been sent to

Complete as applicable::
David Hill
Liam Edwards
James Cavanagh
Janet Cree

Workforce Race Equality Standard reporting template

6 Name and contact details of co-ordinating commissioner this report has been sent to

Complete as applicable.:
David Hill
Liam Edwards
James Cavanagh
Janet Cree

7 Unique URL link on which this report and associated Action Plan will be found

Unique URL link on which this Report and associated Action Plan will be found:
https://www.imperial.nhs.uk/about-us/who-we-are/publications

8 This report has been signed off by on behalf of the board on

Name::
Board

Date::
September 2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:
This year the format is different from last year, but the data requested each year covers the past 2 years. This means that some data for the year before the last would not be available as it was not requested then.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:
Same as above (for some data)

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total nuber of staff employed within this organisation at the date of the report:
11169

12 Proportion of BME staff employed within this organisation at the date of the report?

Proportion of BME staff employed within this organisation at the date of the report:
52%

13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self–reported their ethnicity:
c 90%

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:
The Trust has been looking into utilising the Self Service function on ESR to enable everyone to enter and amend information about themselves, as needed. The Self Service function has not been implemented but the project is in progress.

15 Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity?

Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity:
Yes. The resourcing team has rolled out the TRAC recruitment system to all staff groups this year. This will allow us to capture 100% ethnicity data return on new starters.

Workforce data

16 What period does the organisation's workforce data refer to?

What period does the organisation's workforce data refer to?:
April 2016 – March 2017

Workforce Race Equality Indicators

17 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Data for reporting year:
Clinical staff:
Band 2: BME 68%, White 25%
Band 3: BME 62%, White 32%
Band 4: BME 49%, White 44%
Band 5: BME 59%, White 36%
Band 6: BME 57%, White 38%
Band7: BME 38%, White 57%
Band 8A: BME 28%, White 66%
Band 8B: BME 22%, White 72%
Band 8C: BME 10%, White 86%
Band 8D: BME 6%, White 94%
Band 9: BME 13%, White 88%
VSM: BME 0%, White 100%

Non-Clinical staff:
Band 1: BME 100%, White 0%
Band 2: BME 65%, White 30%
Band 3: BME 61%, White 35%
Band 4: BME 48%, White 46%
Band 5: BME 50%, White 45%
Band 6: BME 46%, White 51%
Band7: BME 41%, White 55%
Band 8A: BME 34%, White 56%
Band 8B: BME 28%, White 70%

Band 8C: BME 15%, White 78%
Band 8D: BME 22%, White 75%
Band 9: BME 10%, White 85%
VSM: BME 10%, White 86%

Data for previous year:
Clinical staff:
Band 2: BME 67.99%, White 28.98%
Band 3: BME 63.72%, White 31.19%
Band 4: BME 51.01%, White 42.95%
Band 5: BME 61.67%, White 33.72%
Band 6: BME 58.36%, White 38.66%
Band7: BME 38.02%, White 57.49%
Band 8: BME 21.54%, White 74.89%
Band 9: BME 11.11%, White 88.89%
VSM & Non-AFC-VSM: BME 27.73%, White 51.15%

Non-Clinical staff:
Band 1: BME 100%, White 0%
Band 2: BME 60.09%, White 32.62%
Band 3: BME 60.58%, White 35.47%
Band 4: BME 44.92%, White 48.13%
Band 5: BME 50.52%, White 44.64%
Band 6: BME 43.97%, White 53.88%
Band7:BME 37.31%, White 57.46%
Band 8: BME 21.82%, White 71.98%
Band 9: BME 10.53%, White 78.95%
VSM, Non-AFC-VSM & board: BME 7.84%, White 78.43%

The implications of the data and any additional background explanatory narrative:
The data suggests that people of BME background are underrepresented from Band6/7 and above in both clinical and non-clinical staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions will be taken to 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
1.2 Review the language used on job adverts so it is more inclusive and target diverse groups
1.3 Monitor and report on the breakdown of talent management based on E&D criteria
1.4 Review all leadership programme and ensure that they promote a culture of inclusions and raising awareness of Diversity issues
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

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:
The likelihood of being appointed from shortlisting: BME = 0.16; White = 0.21
The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is 1.30 times greater

Data for previous year:
The likelihood of being appointed from shortlisting: BME = 0.12; White = 0.17
The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is 1.41 greater.

The implications of the data and any additional background explanatory narrative:
Compared to people from BME background, white people are more likely to be appointed from shortlisting. However it is not clear whether the disproportionate representation is more at senior posts as the breakdown stated in Q17. It will be helpful to monitor the performance at band level next year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions will be taken to close the gaps:
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
1.2 Review the language used on job adverts so it is more inclusive and target diverse groups
1.3 Monitor and report on the breakdown of talent management based on E&D criteria
1.4 Review all leadership programme and ensure that they promote a culture of inclusions and raising awareness of Diversity issues
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

19 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.

Data for reporting year:
The likelihood of staff entering formal disciplinary procedure is: BME = 0.0102; White = 0.0048
The relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 2.125 times greater.

Data for previous year:
The likelihood of staff entering the formal disciplinary procedure is: BME = 0.0116; White = 0.0057
The relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 2.04 times greater.

The implications of the data and any additional background explanatory narrative:
We looked further into the disproportionate representation from BME groups by occupational groups, it appears that BME qualified nursing group had a higher likelihood of entering disciplinary procedures.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
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

20 Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year:
The likelihood of staff accessing non-mandatory training and CPD is: BME = 0.1541; White = 0.1356
The relative likelihood of BME people accessing non mandatory training and CPD was 1.1364 times greater than white staff.

Data for previous year:
The likelihood of staff accessing non-mandatory training and CPD is: BME = 0.1153; White = 0.1285
The relative likelihood of BME people accessing non mandatory training and CPD was 1.1144 times greater than white staff.

The implications of the data and any additional background explanatory narrative:
An analysis 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.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
There doesn’t appear to be a huge bias in accessing non-mandatory training by ethnicity. However, in order to obtain the full picture of the access to training, the Trust will seek investment in an integrated learning management system which will facilitate easier reporting for a greater range of training. Access to non-mandatory training will continue to be monitored to ensure fair and equitable access.

Workforce Race Equality Indicators

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:
33%

BME:
31%

White:
25%

BME:
32%

The implications of the data and any additional background explanatory narrative:
The outcome reflects that there is no disproportionate experience between BME and white groups this year. However, it shows some general concern in the Trust.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Trust wide actions will be developed to address concerns about harassment and bullying.

23 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

White:
87%

BME:
74%

White:
86%

BME:
65%

The implications of the data and any additional background explanatory narrative:
BME staff reported less favourably on whether the Trust provided equal opportunities for career progression when compared to white staff, but it has shown a slight improvement from last year's outcome.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions will be taken to improve this outcome:
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
1.2 Review the language used on job adverts so it is more inclusive and target diverse groups
1.3 Monitor and report on the breakdown of talent management based on E&D criteria
1.4 Review all leadership programme and ensure that they promote a culture of inclusions and raising awareness of Diversity issues
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

24 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.

White:
7%

BME:
19%

White:
5%

BME:
22%

The implications of the data and any additional background explanatory narrative:
While BME staff were more likely to report experiencing discrimination at work, it showed a slight improvement from last year. On the contrary, white staff's experience was more negative when compared to the year before.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The overall plan is to decrease people's experience about discrimination at work. There will be equality and diversity steering group in place and divisional and local action plans are being developed where discrimination is highlighted. Local actions will be put in place.

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

White:
32%

BME:
32%

White:
28%

BME:
35%

The implications of the data and any additional background explanatory narrative:
The outcome reflects that there is no disproportionate experience between BME and white groups this year. However, it shows some general concern in the Trust.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Trust wide actions will be developed to address concerns about harassment and bullying.

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:
82%

BME:
9%

White:
This data was not requested last year so information was not available

BME:
This data was not requested last year so information was not available

The implications of the data and any additional background explanatory narrative:
This year the WRES reporting format is different from last year, but the data requested each year covers the past 2 years. This means that some data for last year or the year before the last would not be available as it was not requested then.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
We will continue to review the equality and diversity policies of search teams we engage with for the purpose of Board level candidate searches.

26 Are there any other factors or data which should be taken into consideration in assessing progress?

Are there any other factors or data which should be taken into consideration in assessing progress?:
N/A

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.:
https://www.imperial.nhs.uk/about-us/who-we-are/publications