

Equity

Diversity

Inclusion

2023 - 2024

Model Employer Goals

Update report and 2024 modelling

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Background

Research shows that organisations that have diverse leadership are more successful and innovative than those that do not. Employees who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. Such organisations are better placed to reduce the health inequalities of our diverse communities which leads to better patient care, satisfaction and outcomes.

NHS Trusts are required to publish data annually about our workforce diversity through the Workforce Race Equality Standard (WRES). In 2022, North West London ICS mandated the adoption of the NHS Model Employer Goals (MEG) for at least 3 years- a commitment linked to WRES Indicator 1 to ensure our organisations have **“a diverse senior workforce and leadership”**.

The Model Employer Goals is a data-driven strategic trajectory for improving diversity and progression. It requires trusts to accelerate the removal of barriers which prevent BME staff from progressing to management and senior leadership positions. To accomplish this, Imperial College Healthcare NHS Trust agreed to commit to achieving 50% BME representation at bands 8a-9 by 2025 through the delivery of four interlinked components and associated priorities:



Originally the target goals were to achieve a diverse workforce by 2028. This target date was revised in August 2020 to 2025 following the publication of the Phase 3 plan. https://www.england.nhs.uk/wp-content/uploads/2020/08/C0716_Implementing-phase-3-v1.1.pdf

This report will act alongside our quarterly updates in the Race Equality Steering group to demonstrate our progress towards achieving our goals and highlight any areas of concern.

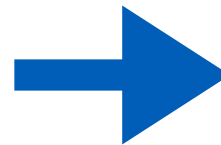
In 2024, our trust is now 62.72% BME staff excluding bank staff which is an increase of 3.82% from 2022.

2022 Report

WRES requires NHS trusts to annually self-assess against nine indicators of workplace equity and develop robust action planning for improvement. In 2022, WRES data was used to model and track our diversity goals. This enabled us to:

- Determine areas of focus for setting targets and developing action plans
- Identify where underrepresentation manifests
- Model the number of staff needed to bridge the gap between the number of BME staff trust wide and the number of BME staff in bands 8a+

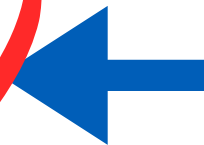
	Total Headcount	Overall %	% Known Ethnicity
BME workforce	8012	58.90%	60.48%
WHITE workforce	5235	38.48%	39.52%
Chose not to declare	356	2.62%	-
Total	13603		



	Proportion of BME workforce (n)	Additional BME recruitment over the next 3 years to reach equity	Total BME staff in AfC band by 2025 to reach equity
Band 8a	40.7% (235)	99	334
Band 8b	28.6% (77)	109	186
Band 8c	19.6% (21)	64	85
Band 8d	17.7% (12)	44	56
Band 9	9.3% (4)	35	39
VSM	25% (8)	14	22

	2022 Actual	2023 Ambition	Gap
Band 8a	235	260	-25
Band 8b	77	104	-27
Band 8c	21	37	-16
Band 8d	12	23	-11
Band 9	4	13	-9
VSM	8	12	-4

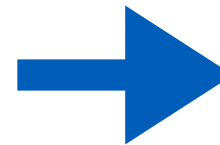
	2023	2024	2025
Band 8a	260	285	334
Band 8b	104	132	186
Band 8c	37	53	85
Band 8d	23	34	56
Band 9	13	22	39
VSM	12	15	22



2023 Report

In 2023, the report was expanded to include modelling against the clinical divisions. There was an increase in representation for bands 8a,8b,8c and 9. The proportion of BME staff in bands 8d ad VSM decreased by 1% and 12.5% respectively.

	Total Headcount	Overall %	% Known Ethnicity
BME workforce	9,019	57.5%	62.1%
WHITE workforce	5,493	35.0%	37.9%
Unknown	1,173	7.5%	-
Total	15,685	-	-

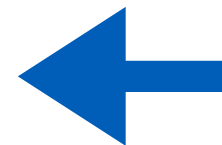


	Proportion of BME workforce (n)	Additional BME recruitment over the next 2 years to reach equity	Total BME staff in AfC band by 2025 to reach equity
Band 8a	42.6% (257)	118	375
Band 8b	32.9% (98)	87	185
Band 8c	22.0% (27)	49	76
Band 8d	16.7% (13)	35	48
Band 9	10.6% (5)	25	30
VSM	12.5% (5)	20	25

	2024	2025
Band 8a	316	375
Band 8b	142	185
Band 8c	52	76
Band 8d	31	48
Band 9	17	30
VSM	15	25



	2023 Actual	2024 Ambition	Gap
Band 8a	257	316	-59
Band 8b	98	142	-44
Band 8c	27	52	-25
Band 8d	13	31	-18
Band 9	5	17	-12
VSM	5	15	-10



Limitations

There were a number of limitations outlined in our original report linked to the modelling assumptions:

- Assumes no change in the number of staff in the organisation over the next three years.
- Assumes constant number of employees and leavers per year based on data between March 2022 and March 2023.
- The model considers the number of BME recruits to replace leavers and increase representation up to equality by 2025.
- BME proportions are recorded as a total of known ethnicities.

In addition to these limitations, focusing on the number rather than the percentage doesn't allow us to accurately anticipate how close or far we are from our goals.

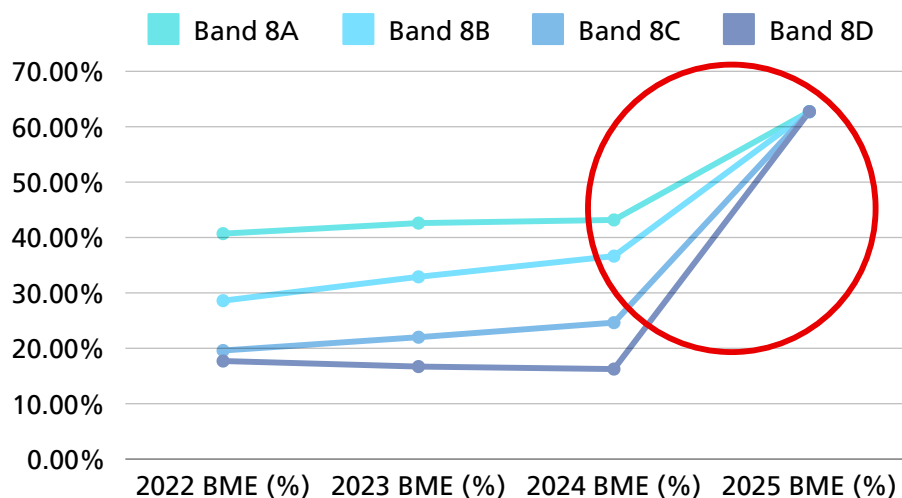
For our 2024 report, WRES, recruitment and attrition data were combined to track our progress. This enabled us to:

- Determine how we have performed in our areas of focus and against our targets and action plans
- Identify how and where underrepresentation manifests
- Continue to model the number of staff needed to bridge the gap between the number of BME staff trust wide and the number of BME staff in bands 8a+
- Apply the calculation for Indicator 2 (Relative likelihood of BME staff being appointed from shortlisting compared to White staff) across each pay band above 7 to identify priority areas

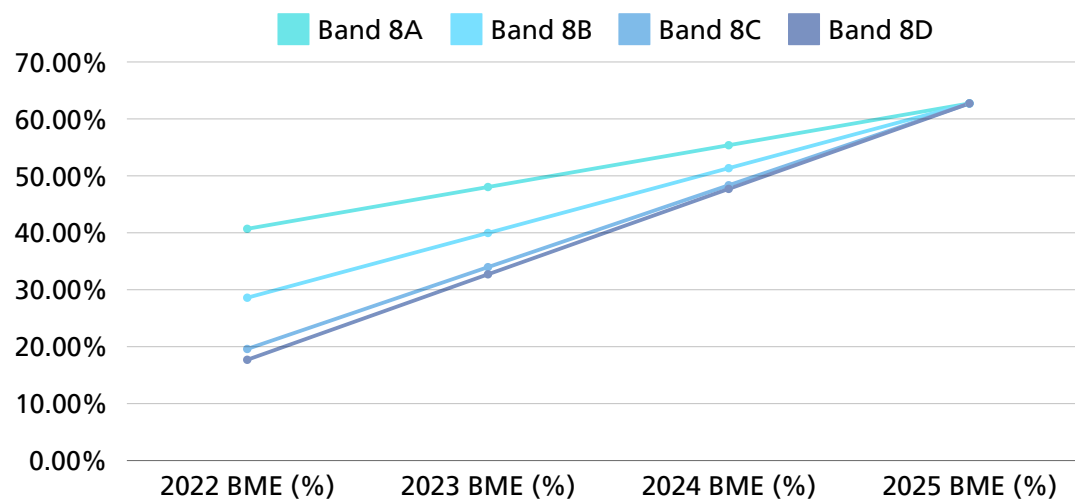
Progress

Our trust has not currently achieved our model employer goals for bands 8a+. At our current rate of progress, it is unlikely that we will achieve these by 2025. We remain committed to obtaining parity.

The amount our trajectory would need to shift by 2025 to meet our goals, considering the movement across 2022-2024.



Ideal model employer goals trajectory



Our status for 2024 is outlined in the table below. This shows the number of substantive BME staff on an agenda for change contract (AfC) that we would need to reach parity. This is our ambition for 2025.

Pay band	Total staff	BME (%)		2025 Ambition (62.72%)	Gap
Band 8A	644	278	(43.17%)	404	-240
Band 8B	292	107	(36.64%)	183	-109
Band 8C	134	33	(24.63%)	84	-50
Band 8D	80	13	(16.25%)	50	-30
Band 9	40	5	(12.5%)	25	-15
VSM	5	2	(40%)	3	-2
Overall	1195	438	(36.65%)	750	-445

We have one year left to achieve our goal. As our organisation headcount has grown across the last 2 years, the gap towards achieving our goal has increased.

Pay band	2022 Gap	2023 Gap	2024 Gap
Band 8A	-25	-59	-240
Band 8B	-27	-44	-109
Band 8C	-16	-25	-50
Band 8D	-11	-18	-30
Band 9	-9	-12	-15
VSM	-4	-10	-2

The table below shows the gap from 2022-2024 as a percentage. This allows us to more accurately measure the substantive BME staff we will require on an agenda for change contract (AfC) to meet the 2025 model employer goal.

Pay band	2022 BME (%)	2023 BME (%)	2024 BME (%)	Distance from 2022 BME Headcount (60.48%)	Gap from parity (62.72%)
Band 8A	40.7%	42.6%	(43.17%)	17.31%	19.55%
Band 8B	28.6%	32.9%	(36.64%)	23.84%	26.08%
Band 8C	19.6%	22%	(24.63%)	35.85%	38.09%
Band 8D	17.7%	16.7%	(16.25%)	44.23%	46.47%
Band 9	9.3%	10.6%	(12.5%)	47.98%	50.22%
VSM	25%	12.5%	(40%)	20.48%	22.72%

Supporting delivery of the ambition

The WRES team will support the wider system to focus on driving improvements in BME representation at senior levels across the NHS – building a sustainable talent pipeline for the future. A clear focus will be upon both growing and supporting existing BME talent from within the NHS, as well as attracting talent from outside of the NHS.

To help meet the aspirations set-out above, dedicated support to individual organisations, and parts of the NHS, will be provided by the WRES Implementation team. We will continue our

Leadership and cultural transformation

Demonstrating commitment to becoming an inclusive and representative employer by role modelling race equality

- We are continuing to implement and evaluate our approach to inclusive recruitment, including making an ethnically and gender-diverse panel mandatory for all consultant appointments. Recent evaluation has shown very high compliance with panel composition and presenting the rationale of the appointment decision to the Chief Executive.
- Our trustwide engagement programme for anti-racism and anti-discrimination had participation from over 1250 staff, patients, community partners and lay partners. This has resulted in a 3-year EDI strategy and trustwide anti-racism and anti-discrimination pledges to sit alongside our trust values.
- We now have an EDI Manager supporting each division and divisional action plans which are reported quarterly to the CEO and EDI committee.

Positive action and practical support

Talent management and diverse shortlisting and interviewing panels

- We have finished the first cohort of our multiple award-nominated Healthcare Leaders' Fellowship, with the third cohort starting in June 2024. These programmes incorporate apprenticeships, stretch projects and mentoring to support healthcare professionals from a Black, Asian and minority ethnic background in their career journeys. All fellows who have completed our go further cohort received a distinction. so far, 6 fellows have been promoted.
- We introduced diverse recruitment panels for all posts above Band 7, the effectiveness of this is reviewed frequently, and changes to our internal process made. The programme will be expanding to include consultants.
- We supported several senior nurses on national programmes including Getting to Equity.
- We have received approval for our pilot of the executive pairings project

Accountability and assurance

Build assurance and accountability for progress

- ICHT Progress: Imperial has an Equality, Diversity, Inclusion Work Programme for 2022/2023 and use WRES data and focussed improvement methodology through our scorecards to make EDI improvements. The board has undergone training in EDI and we undertook an Inclusive Boards diagnostic for 2022/2023. Pledges will sit alongside

Senior leaders and board members will have performance objectives on workforce race equality built into their appraisal process

- ICHT Progress: All board members have an EDI objective. Senior executive leaders are held accountable for the level of progress on this agenda.

Building the capability and capacity of BME staff networks across the NHS

- ICHT Progress: Imperial has two race equity staff networks with terms of reference and committee structures, who work closely with staff side to raise awareness. Our networks have administrative support and allocated funding for CPD and events. The network has also set up BAME ambassadors.

Monitoring progress and benchmarking

Benchmarking progress

- ICHT Progress: Imperial participates in benchmarking and annual data reporting.

Periodic update

- ICHT Progress: Imperial will ad-hoc refresh data as required, including deep dives into areas where further data is required. Imperial has also included Band 7 + BAME percentage as an EDI metric into the Trust scorecard which supports the delivery of our model employer goals.

Oversight

- ICHT Progress: Imperial senior leaders and network chairs within a regional healthcare footprint come together on this agenda regularly.

Appendix 1: Inclusive Recruitment

We obtained dedicated data that is reported at EDI committee throughout the year. This shows our progress during this period to obtain more diverse staff.

Here:

- 1975 campaigns for new band 7 or above leaders have been advertised, shortlisted and a hiring decision made between September 2021 and April 2024
- 2032 offers of employment made
- 69% of applicants, 59% of shortlisted applicants and 51% of the successful candidates were leaders from a black, Asian or minority ethnic background

Sept 21 - Apr 24	No. of Interviews	Total shortlisted	Shortlisted (ethnic minority)	% ethnic minority	Total offers	Offers (ethnic minority)	% ethnic minority
MIC	464	1498	874	58%	447	201	45%
SCC	500	2084	1180	57%	524	270	52%
WCCS	491	1963	1215	62%	515	265	51%
Pathology	104	496	333	67%	109	76	70%
Corporate	416	2116	1227	58%	437	218	50%
Total	1975	8157	4829	59%	2032	1030	51%

