

Equity

Diversity

Inclusion

2023 - 2024

Workforce Race Equality Standard (WRES)

Summary and Action Plan

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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.

There are three WRES reports:

- Workforce Race Equality Standard (WRES) - annual
- Bank Workforce Race Equality Standard (BWRES)- Biannual
- Medical Workforce Race Equality Standard (MWRES)- Biannual

All NHS Trusts must submit their WRES data by 31st May and publish their WRES Action Plans on their public-facing trust website, as well as submit a copy of their plan to the WRES team by October 31, 2024. There is no 2023/24 Bank WRES and MWRES submission - they will be required for 2024/2025.

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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 and metrics should result in demonstrable improvements for BME workers.

Main Findings

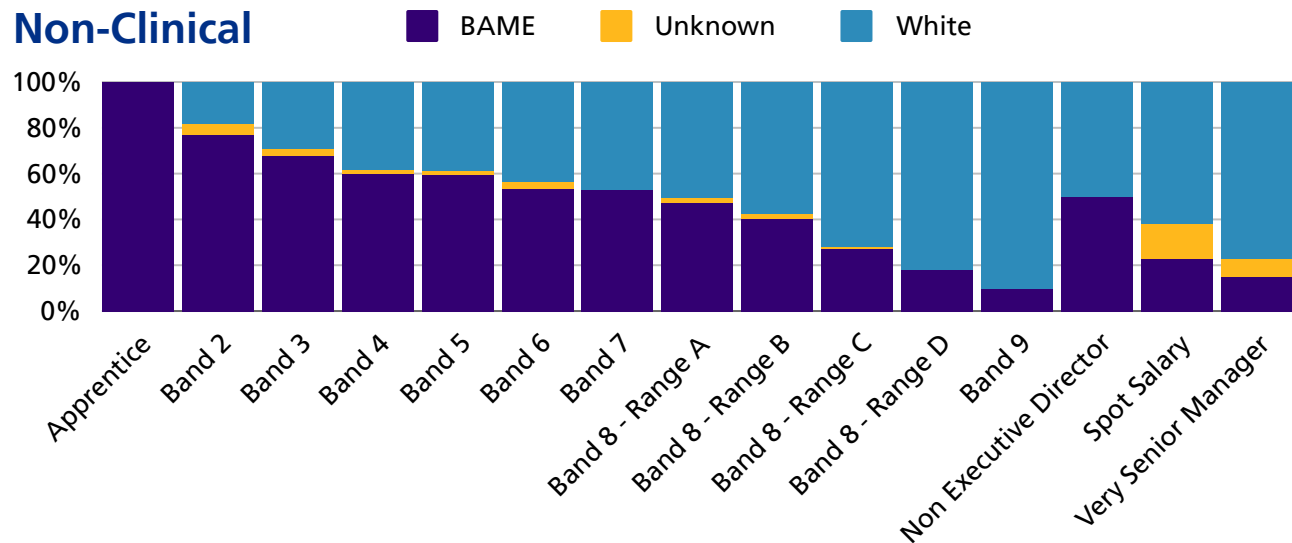
- Every WRES Indicator improved in 2024 although there is still disparity in key areas such as recruitment, disciplinaries, training, career progression, experiences of discrimination and board representation.
- Our programmes are working: we have seen a positive impact from our programmes like the Employment Tribunal Deep Dives, Bullying and Harassment task and finish group and Inclusive Recruitment.
- We still have work to do to obtain racial equity in 7 of our 9 WRES indicators.

Main Summary

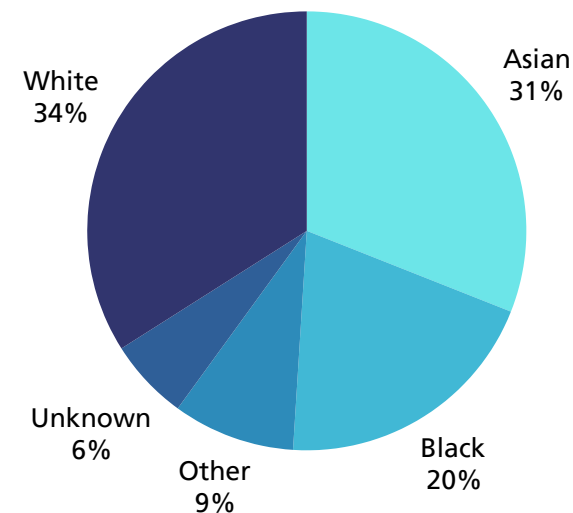
Workforce Profile

In 2024, the trust now has a workforce with 62.72% BME staff excluding bank staff and 60.1% BME representation including bank staff. The latter is an increase of 1.27% from 2023.

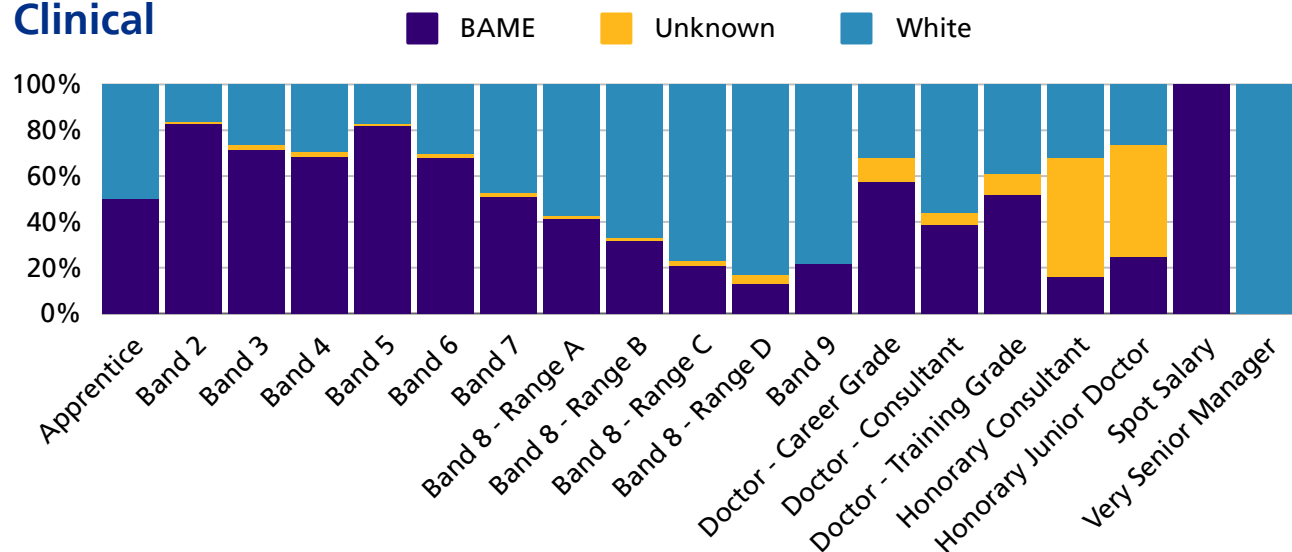
Non-Clinical



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 2023	Distance from equity
Indicator 1: BME representation in the workforce by pay band			
Overall	62.70%	1.5% increase	
Non-clinical	62.50%	0.6% increase	
BME declaration rate in the workforce			
Clinical	67.40%	2.3% increase	
Medical/Dental	47%	0.2% decrease	
Indicator 2: Likelihood of appointment from shortlisting			
Likelihood ratio White /BME	1.32	0.04 decrease	0.32
Indicator 3: Likelihood of entering formal disciplinary proceedings			
Likelihood ratio White /BME	1.5	0.85 decrease	0.5
Indicator 4: Likelihood of undertaking non-mandatory training			
Likelihood ratio White /BME	1.24	0.03 decrease	0.24
Indicator 9: difference between BME representation on the board and in the workforce			
Overall	-33%	3.2% increase	-33%
Exec	-43%	15.1% decrease	-43%
Voting	-33%	3.2% increase	-33%

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[Indicators 1-4 & 9](#)

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Indicators derived from NHS Staff Survey

This data is derived from the annual [NHS National Staff Survey](#).

Indicator number and description	Results	Change from 2022	Distance from equity	National Average
Indicator 5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months				
BME	30.9%	3.1% decrease	0.6%	28.1%
White	31.5%	5.5% decrease		24.7%
Indicator 6: Harassment, bullying or abuse from staff in last 12 months				
BME	25.80%	3.2% decrease	0.10%	26.20%
White	25.70%	2.1% decrease		22.40%
Indicator 7: Career progression				
BME	49.60%	1.73% increase	9.50%	49.60%
White	59.10%	0.8% increase		58.80%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months				
BME	13.60%	1.6% decrease	4.10%	16.20%
White	9.50%	0.4% decrease		6.70%

Action Plan

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

Indicator	Action
1	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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). 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.
3	<ul style="list-style-type: none"> Continue to implement the recommendations from the WRES 3 deep dive to continue to decrease ER cases for BME staff. This includes 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. Continue quarterly executive listening sessions through the Multidisciplinary and Nursing and Midwifery Race Equality Networks.
4	<ul style="list-style-type: none"> Conduct a deep dive and full equality impact assessment on BME participation and withdrawal from level 5 & 7 apprenticeships and development programmes. Run and host regular training sessions and events; share and promote our toolkits to ensure widespread knowledge and engagement with our equity offering (by March 2025).
5	<ul style="list-style-type: none"> Continue the work of our violence and aggression workstream. Monitor the new ethnicity categories on Datix and use trust processes to solve issues. Launch the anti-racism and antidiscrimination pledges with strong communication via a newsletter, posters and videos and host events for patients, lay and community partners starting from National Inclusion Week 2024.
6	<ul style="list-style-type: none"> Continue the work of our bullying and harassment workstream. Launch the anti-racism and antidiscrimination pledges with strong communication via stalls, EDI bitesize sessions, communication from staff networks, all staff webinar, self-assessment framework for anti-racism, posters and videos and events starting from National Inclusion Week 2024.

Indicator	Action
7	<ul style="list-style-type: none"> • As per 1 and 2. • Make the Healthcare Leaders' Fellowship business as usual and create a talent pipeline for fellows to ensure clinical development for BME staff at bands 7+. • Widen the programme to include non-clinical staff (by June 2026). Integrate the findings from key national reports and strategies including the NWL Barriers to Leadership programme to remove barriers to BME progression (ongoing). • Race Equality Networks joint project with People division analysing the data from Exit Interviews and Stay Conversations to ensure we retain diverse staff.
8	As per number 6.
9	<ul style="list-style-type: none"> • 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). • Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 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: Inclusive Recruitment Plan

Improvements to inclusive recruitment process

- Provide guidance on shortlisting process (e.g. who should be shortlisting/ how many people) to minimise potential subjectivity to address drop-off of BME candidates between application and shortlisting stage.
 - Additional focus on reviewing shortlisting process for internally-advertised vacancies
- Identify ways to support internal BME candidates to apply for roles using staff engagement survey data.
- Use an interview template to collect interview questions and candidate answers noted by panel to reduce differences in candidate scoring and assessment topics by panel and candidate profile.
- Increase awareness and availability of inclusive recruitment training, with a focus on senior leadership.

Improvements to data quality

- Conduct a user experience survey on Dear Tim Letter process to get feedback from hiring managers on current process.
- Implement an online form that hiring managers complete which generates a Dear Tim letter in current format to improve quality of information captured.
- Capture standardised disaggregated ethnicity categories for candidates and panel members at each recruitment stage to identify more targeted areas for improvement.
- Obtain disaggregated staff engagement survey data from third-party provider to identify improvement opportunities around career progression for BME Trust employees.

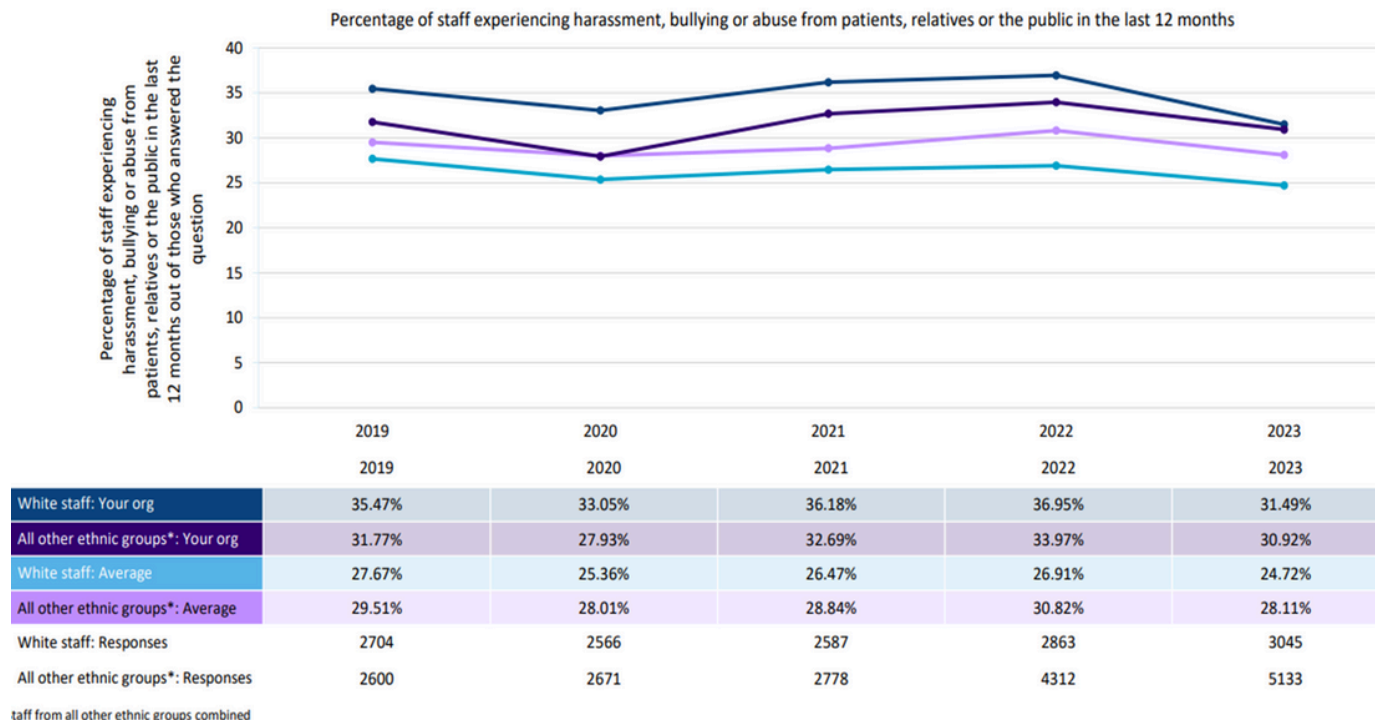


Appendix 1:

Analysis of the staff survey WRES questions

WRES Indicator 5 (Q14a) – 31.49% W; 30.92% BME BME

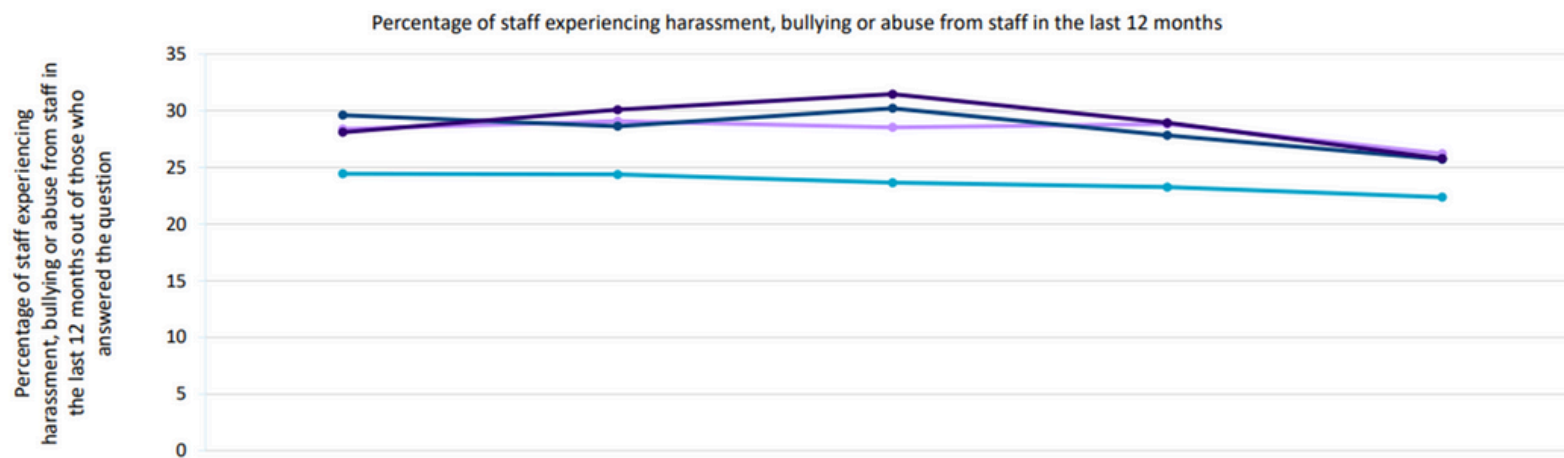
- There has been a decrease in bullying and harassment experiences across summary groups (White/Other Ethnic Groups Combined)
- Our levels remain higher than the benchmark median across the past 5 years and also above the national average of 24.66% (white) 28.58% (other ethnic groups combined).
- However, they are in line with results from North-West London ICS (30.49% for other ethnic groups combined). Regional results for London are 28.55% (white) and 28.99% (other ethnic groups combined). This means that the London Anti-racism project and strategy are vital mechanisms for reducing this indicator alongside violence and aggression workstreams for patients.
- When examining the data broken down by race and professional groups (ICS), the highest areas of impact were:
 - For white staff: Nursing and Healthcare Assistants 40.19%, followed by Medical and Dental 38.22% then Registered Nurses and Midwives 37.18%.
 - For OEGC: Registered Nurses and Midwives 41.52%, followed closely by Nursing and Healthcare Assistants 41.39% then Medical and Dental 38.91%
- This highlights a need to work with our NMREN and MREN networks, professional groups and Staffside to support and drive change.
- The data shows that a higher percentage of white staff experience this treatment overall however it is more acutely felt by ethnic groups in specific professions.



WRES Indicator 6 (Q14b & 14c)- 25.71% W; 25.77% BME

- There has been a decrease in bullying and harassment experiences across summary groups (White/Other Ethnic Groups Combined OEGC). The summary data indicates equity of experience between the two groups.
- We are currently unable to cross reference this indicator with national, regional and ICS data as it separates managers and colleagues in questions 14b&c.
- Our overall responses are lower for OEGC than white staff for abuse from managers (11.68% vs 10.48%) and higher for OEGC staff from colleagues (21.1% vs. 22.05%).
- The highest staff ethnicity impacted was white and black mixed staff, followed by white- Irish and Any Other Black Ethnicities.
- Our data responses to these questions do align with the ICS so the London Anti-racism project and strategy are vital mechanisms for reducing this indicator alongside violence and aggression workstreams for staff.

Workforce Race Equality Standard (WRES) Survey Coordination Centre

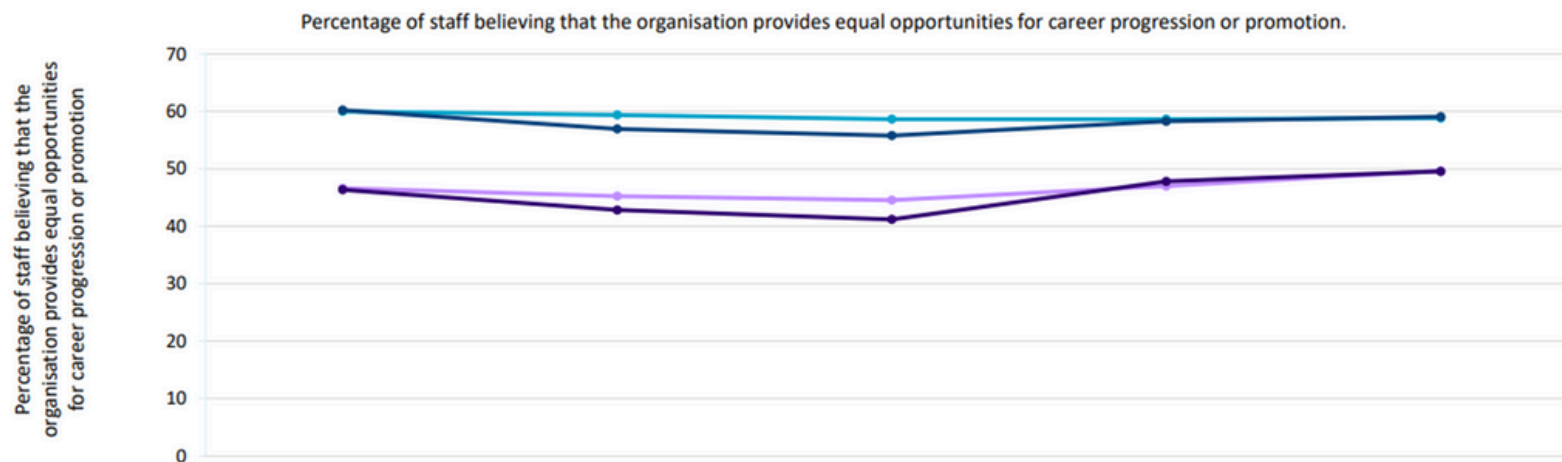


	2019	2020	2021	2022	2023
White staff: Your org	29.60%	28.63%	30.21%	27.82%	25.71%
All other ethnic groups*: Your org	28.10%	30.09%	31.45%	28.93%	25.77%
White staff: Average	24.44%	24.37%	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.39%	29.07%	28.53%	28.81%	26.20%
White staff: Responses	2716	2578	2592	2868	3042
All other ethnic groups*: Responses	2605	2682	2785	4304	5119

WRES Indicator 7 (q15) 59.08% W; 49.55% BME

- There has been a slight increase in staff believing that the organisation provides equal opportunities for career progression or promotion however this is still below pre-pandemic levels and is relatively stagnant in terms of change for BME staff.
- There is a clear disparity in experiences across summary groups (White/Other Ethnic Groups Combined).
- When examining the data broken down by ethnicity, the highest areas of impact:
- For white staff: 63.34% of White British compared to 50.16% in the White other category. This is a clear area of disparity as White Other was lower than Indian 56.20%, Chinese 56.15% and Any other Asian 55.92%. We currently do not have any work programmes aimed at addressing inequalities for this group.
- For OEGC: Any other Black / African / Caribbean was the lowest by significant amount 28.42% followed by Black Caribbean 39.23% and mixed black and white Caribbean 39.34%.
- This highlights blackness as a significant determinant in career progression and disparity, highlighting the need to work with our NMREN and MREN networks, professional groups and Staffside to support and drive change. It also means our inclusive recruitment programme must be robust enough to prevent discrimination at every level. Re-evaluating our offer is key.
- Real time dashboards on shortlisting to appointments will help significantly.

Workforce Race Equality Standard (WRES) Survey Coordination Centre



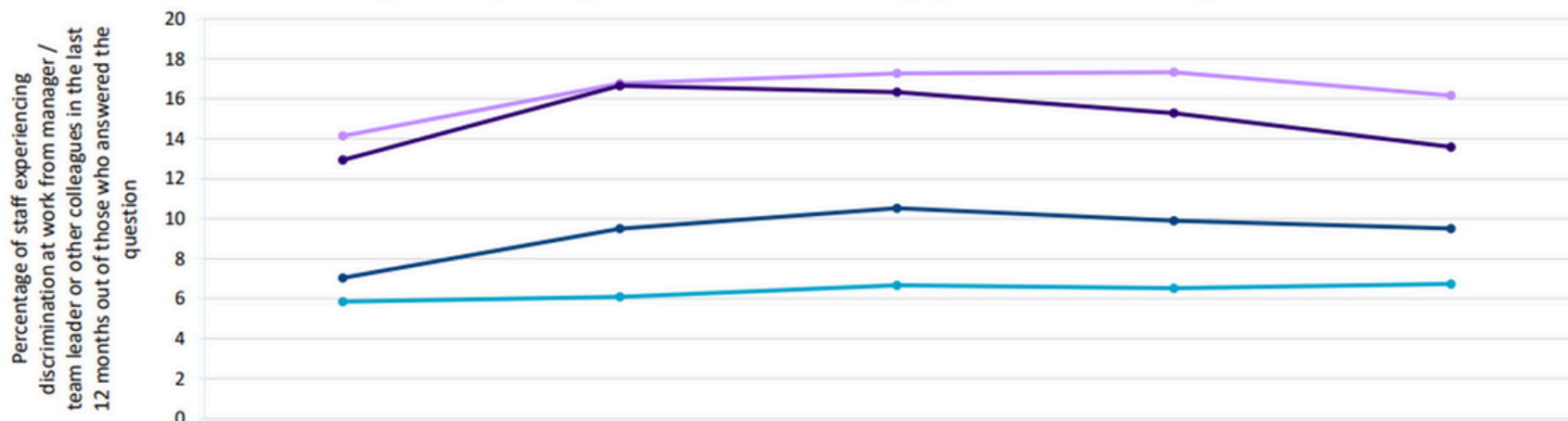
	2019	2020	2021	2022	2023
White staff: Your org	60.23%	56.95%	55.78%	58.28%	59.08%
All other ethnic groups*: Your org	46.36%	42.83%	41.20%	47.82%	49.55%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%
White staff: Responses	2718	2581	2594	2869	3045
All other ethnic groups*: Responses	2612	2690	2794	4287	5102

WRES Indicator 8 (q16b,16c_1)

- There has been a decrease in staff experiencing discrimination from 2021 however this is still above pre-pandemic levels.
- There is a clear disparity in experiences across summary groups (White/Other Ethnic Groups Combined).
- We are currently unable to cross reference this indicator with locally with professional groups as we could last year but we can review, regional and ICS data.
- When examining the data broken down by ethnicity, the highest areas of impact:
 - For White staff: Irish staff was at 12.07% similar to White and Asian Mixed 12% an Indian 11.51%. Any other white was at 14.70%- this is higher than all Asian groups, African 14.29% and Caribbean staff 12.69%.
 - This shows a gap in provision- although the protected characteristic is for race, ethnicity and nationality, there were limited workstreams focusing on white diverse staff groups outside of traveller and gypsy groups in 2023.
 - For OEGC: Any other Black / African / Caribbean was the highest by significant amount 20.41% followed by Mixed White and Black African 20.00%; Any Other Ethnic group 19.93%. It was consistently
 - It reflects how social increases in racialized discrimination such as Brexit can impact on staff experiences at work.
 - This equally highlights the impact of our NMREN and MREN networks, EDI committee and Race Equality Steering group in reducing discrimination in some of our highest areas.
- When looking at professional groups who have experienced discrimination on the basis of their ethnicity – there is a significant risk for black and black and white nurses and midwives at ICS level:
 - Black and black mixed staff overall had levels <80%
 - 75.78% of White Other nursing and healthcare assistants
 - 92.53% and 95.16% for Mixed Black and White Caribbean and African respectively followed by Black Caribbean at 88.97% at Black African at 87.65% for Registered nurses and midwives.

Workforce Race Equality Standard (WRES)

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2019	2020	2021	2022	2023
White staff: Your org	7.04%	9.50%	10.53%	9.90%	9.51%
All other ethnic groups*: Your org	12.94%	16.65%	16.33%	15.28%	13.59%
White staff: Average	5.85%	6.09%	6.67%	6.52%	6.73%
All other ethnic groups*: Average	14.14%	16.77%	17.28%	17.33%	16.17%
White staff: Responses	2686	2557	2584	2848	3029
All other ethnic groups*: Responses	2574	2660	2755	4273	5085