South East London Integrated Care System

NHS South East London

South East London Integrated Care Board

NHS Workforce Race Equality Standard 2023 report

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1. Introduction

1.1. The NHS Workforce Race Equality Standard (WRES) ensures that employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

1.2. The WRES has nine indicators: Data for **four** indicators is sourced from **workforce data**, **four** indicators from the **National Staff Survey** and the data for the **final** indicator comes from the **board**.

1.3. The data utilised for the WRES is retrospective. This year's report is based on data from the financial year 2022/2023.

1.4. We know from the Census 2021 data that the population of South East London (SEL) is diverse. This means we need to ensure the breakdown of our workforce is diverse, which will help to understand the community we serve. Along with this we need to ensure our processes are equitable and staff experiences are free from discrimination.

2. Summary of findings

2.1. Indicator 1: Overall, 40.7% of the workforce are from a BME background and 56% from a White background. The ICB has an overrepresentation of 0.9% of BME staff.

2.2. Indicator 2: White applicants are 2.06 times more likely to be appointed from shortlisting.

2.3. Indicator 3: We are unable to present disciplinary data to maintain confidentiality due to low numbers.

2.4. Indicator 4: Information on non-mandatory training undertaken by the workforce is not currently collected by the ICB.

2.5. Indicator 5: White staff (6.5%) are more likely to experience harassment, bullying or abuse from patients compared to BME staff (4.3%). However, SEL ICB is below the national average.

2.6. Indicator 6: BME staff (24.8%) experience more harassment, bullying or abuse from staff compared with White staff (19.6%). This is above the national average.

2.7. Indicator 7: 38.4% of BME staff and 58.2% White staff believe the organisation provides equal opportunities for progression or promotion.

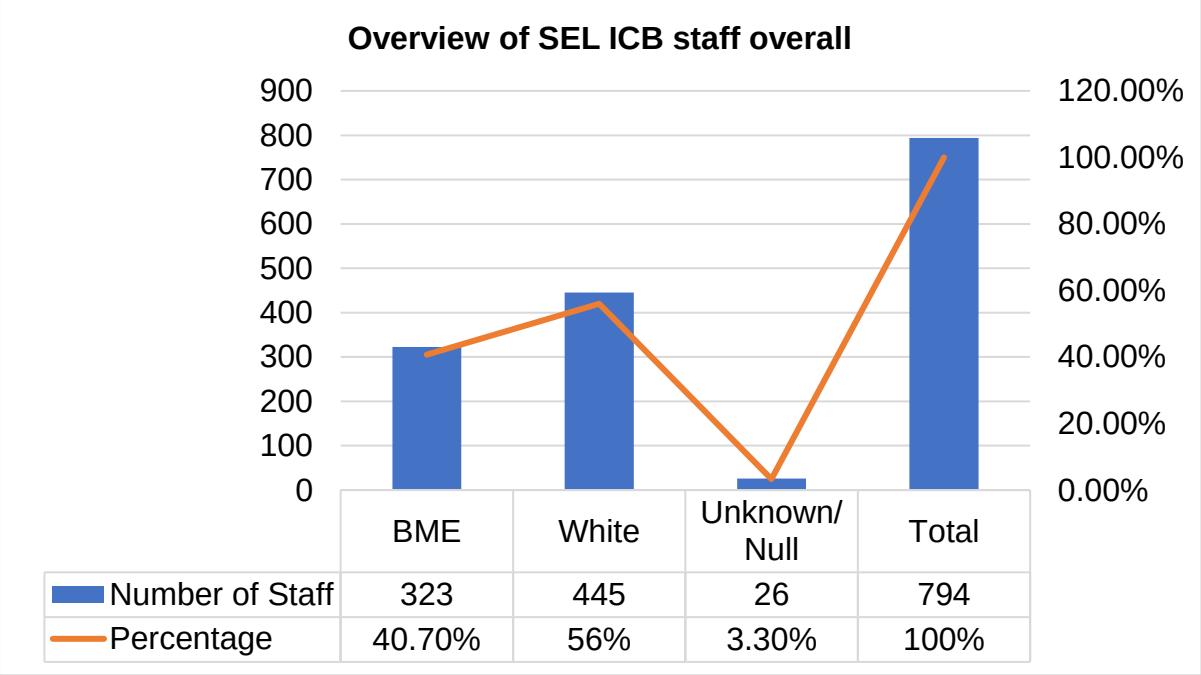
2.8. Indicator 8: BME staff (12.1%) are more likely to experience discrimination at work from managers/team leaders and other colleagues compared to White staff (7.2%). This is below the national average.

2.9. Indicator 9: The difference between BME board members and SEL ICB workforce is (minus) -22.5% and (plus) 16.7% for White board members and SEL ICB workforce.

3. Indicator 1: Percentage and number of staff in NHS trusts by ethnicity (Clinical and non-clinical).

3.1. For a full breakdown of staff (clinical and non-clinical) in each band and ethnicity please see Appendix A and B.

3.2. **Overview of SEL ICB staff overall (Graph1).**



3.3. **Overview of SEL ICB staff in non-clinical roles (Table 1).**

Number of Staff	BME	White	Unknown/Null	Total
	194	334	10	538
Percentage	**36.1%**	**62.1%**	**1.8%**	**100%**

3.4. **Overview of SEL ICB staff in clinical roles (Table 2).**

Number of Staff	BME	White	Unknown/Null	Total
	129	111	16	256
Percentage	**50.4%**	**43.4%**	**6.2%**	**100%**

3.5. **Overall:** The data details that **40.7%** of staff are Black Minority Ethnic (BME) and **56%** of staff are **White**. Within the organisation **3.3%** of staff ethnicity status is **unknown**. This can be due to various reasons, for example, not knowing how to update this information.

3.6. **Non-Clinical roles:** The data is showing that overall, there are more **White** Staff (**62.1%**) compared to **BME** staff (**36.1%**). **BME** staff are more concentrated from **Band 3 to Band 5**. However, from Band 6 onwards, the

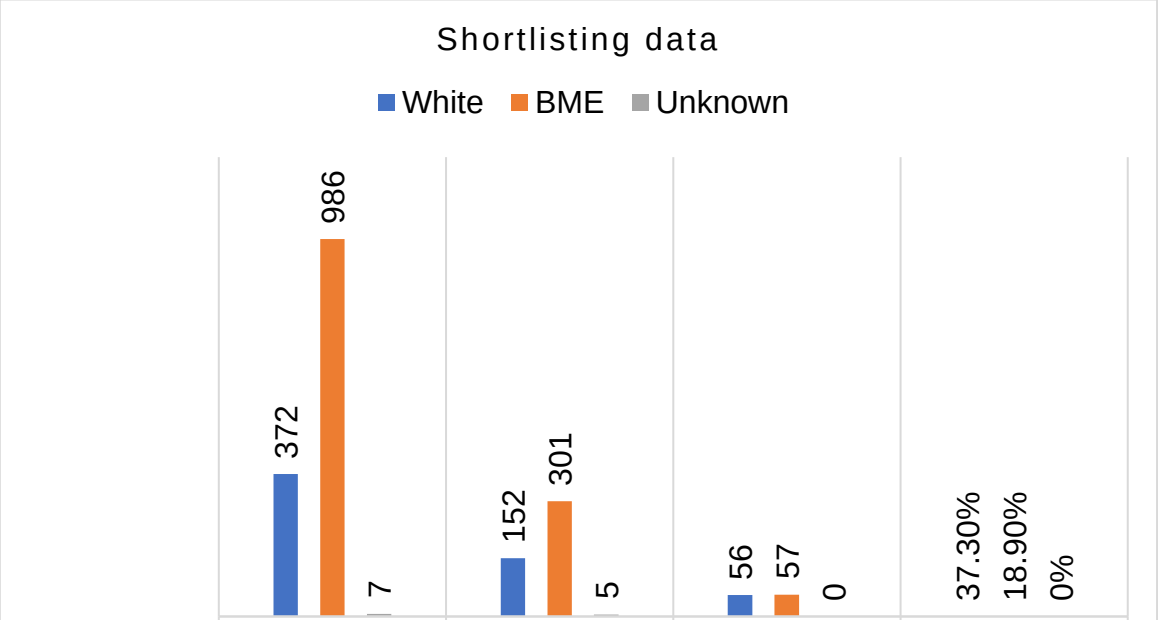
numbers of BME staff decrease. This is telling us that BME staff are experiencing a glass ceiling effect after Band 5.

3.7. **Clinical roles:** Overall there are a higher number of **BME** staff (**50.4%**) compared to **White** staff (**43.3%**). However, there are certain bandings in which there is a lack of BME representation, which are the following: Band 8C (BME – 40% & White 60%), Band 9 & Very Senior Managers (VSM) in which data indicates that all staff (**100%**) are from a White heritage (it should be noted that the number of overall staff are low). With the 'Other' group, there are **40.5% BME** staff compared to **47.6%** White staff.

3.8. South East London's **BME** population is **39.8%**, the ICB is overrepresented by **0.9%**. As detailed above our non-clinical BME staff are mainly concentrated in Bands 3-6.

4. Indicator 2: The relative likelihood of White applicants being appointed from shortlisting compared to BME applicants.

4.1. **Shortlisting data (Graph 2):**



	Applied	Shortlisted	Appointed	% appointed
White	372	152	56	37.30%
BME	986	301	57	18.90%
Unknown	7	5	0	0%

4.2. **37.3%** of White applicants were appointed compared to **18.9% BME** applicants.

4.3. Although more **BME** applicants were shortlisted (301) compared to **White** (152) applicants, the data is showing us that White applicants are **2.06** times more likely to be appointed following shortlisting.

4.4. It should be noted that a ratio of above 1.0 indicates **White** applicants are more likely to be appointed and a ratio of below 1.0 would indicate **BME** staff being more likely to be appointed.

5. Indicator 3: The relative likelihood of BME staff entering the formal disciplinary process compared to White staff.

5.1. **Number of formal and informal complaint/concerns raised (Table 3).**

Type	Number
Formal	Suppressed
Informal	Suppressed

5.2. **Ethnicity breakdown of informal complaint/concerns raised (Table 4).**

Ethnicity	Number
White	Suppressed
BME	Suppressed
Not stated	Suppressed

5.3. There have been a low number formal and informal concerns/complaints raised, however as the number is below 11, we are unable to provide details due to confidentiality and the risk of identifying the staff.

6. Indicator 4: The relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.

6.1. SEL ICB currently **does not** have a process for collecting data on non-mandatory training undertaken by staff. However, it should be noted that SEL ICB have a training interview panel for all non-mandatory training requests, which are over £500.

7. Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months:

7.1. **National Staff Survey Data (Table 5).**

Ethnicity	SEL ICB	National ICB Average
White	6.5%	7.9%
BME	4.3%	8.3%

7.2. Both **White** and **BME** colleague percentages are **below** the national average.

7.3. **White** staff are more **likely** to experience bullying or abuse from patients, relatives or the public **(6.5%)**, which is **2.2%** more than **BME (4.3%)** staff.

8. Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

8.1. **National Staff Survey Data (Table 6).**

Ethnicity	SEL ICB	National ICB Average
White	19.6%	15.5%
BME	24.8%	20%

8.2. The South East London ICB data shows that both **White** and **BME** staff are **above** the national **average**.

8.3. **24.8%** of BME staff have experienced harassment, bullying or abuse from staff compared to **19.6%** of White staff.

8.4. This shows that **5.2%** more BME staff have experienced harassment, bullying or abuse from staff. Given the above average score overall, this area should be a focus of activities over the next year.

9. Indicator 7: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion.

9.1. **National Staff Survey Data (Table 7).**

Ethnicity	SEL ICB	National ICB Average
White	58.2%	59.3%
BME	38.4%	38.3%

9.2. The data indicates that **38.4%** of **BME** staff believe the organisation provides equal opportunities for progression or promotion, this is **0.1%** above the national average.

9.3. However, **58.2%** of **White** staff believe that the organisation provides equal opportunities for profession or promotion, this is below the national average by **1.1%**.

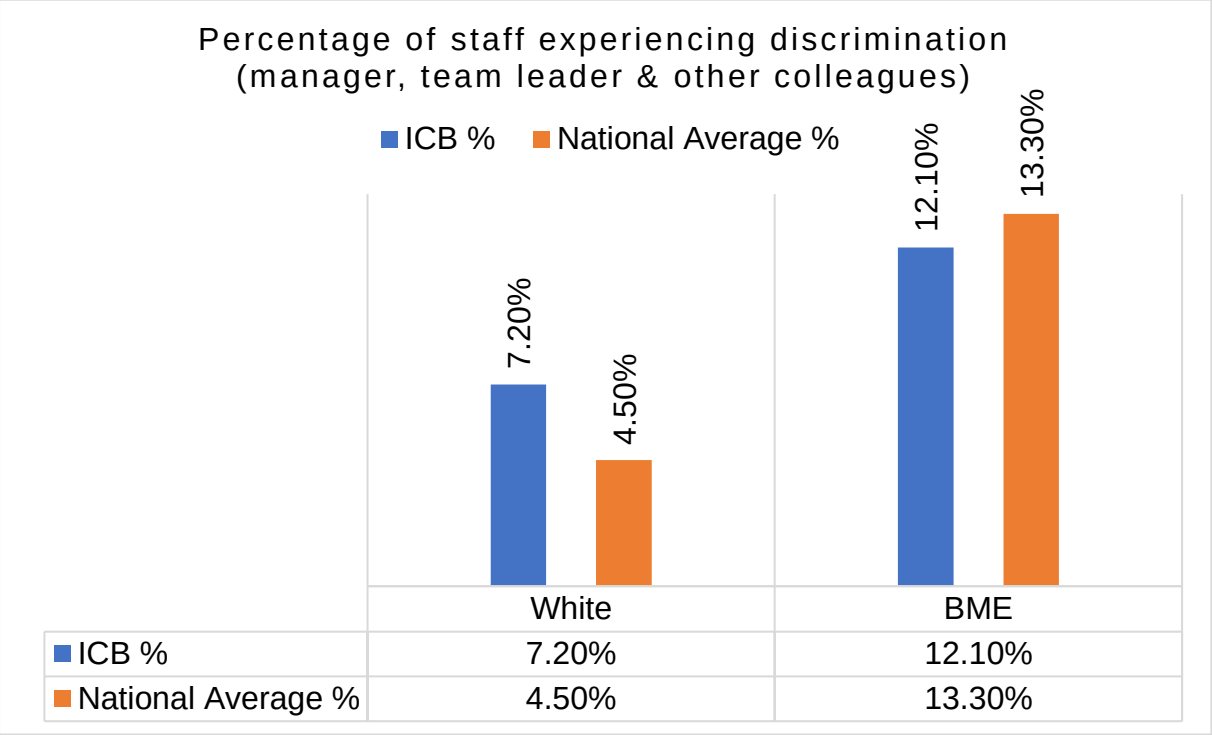
9.4. This is a difference of **19.8%** between **White** staff and **BME** staff perception. Given the significant disparity, this should be a focus of activities over the next year.

10. Indicator 8: Percentage of staff experiencing discrimination at work from other staff in the last 12 months (Manager/team leader or other colleagues).

10.1. **National Staff Survey Data: Manager and Colleagues data (Table 8).**

Ethnicity	Manager	Other colleagues
White	11.4%	11.4%
BME	12.8%	17.9%

10.2. **National staff survey data: Managers/team leaders and colleagues combined and National average (Graph 3).**



10.3. Table 8 indicates that **BME** staff experienced more discrimination at work from a manager **(12.8%)** and colleagues **(17.9%)** compared to **White** staff **(11.4%).**

10.4. Graph 3, which details the percentage of discrimination experienced from a manager, team leader and other colleagues indicates that **BME (12.1%)** staff experienced **4.9% more** discrimination compared to **White** staff **(7.2%).**

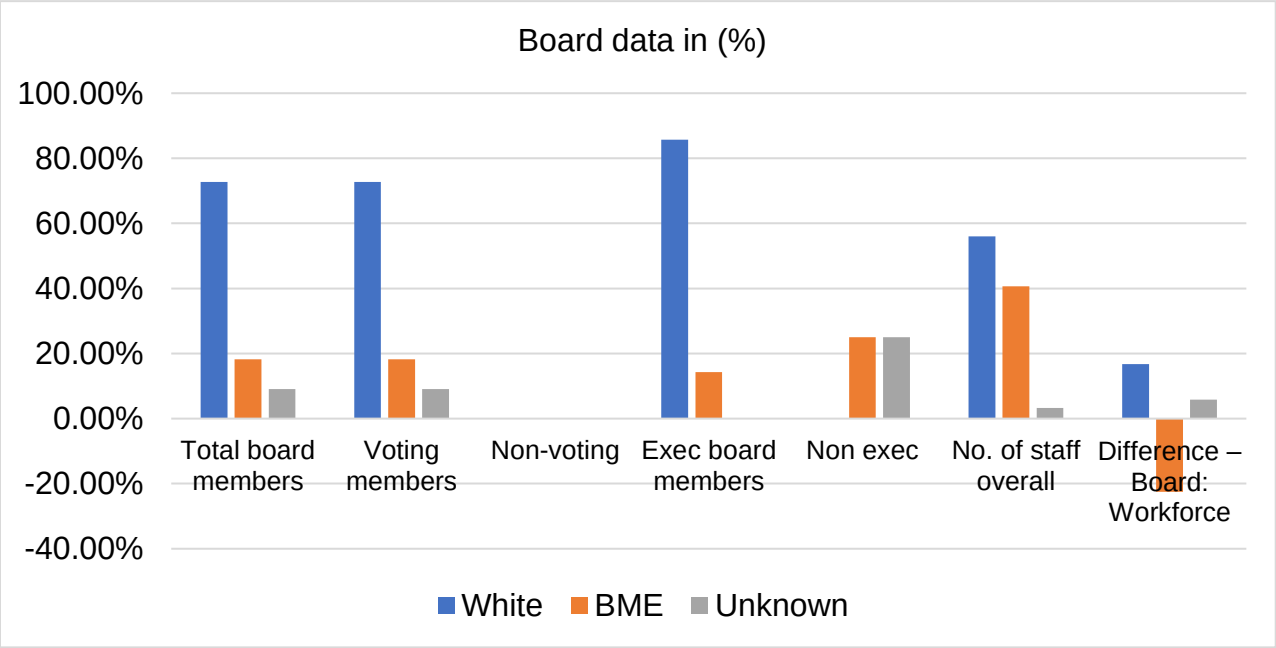
10.5. However, it should be noted that both BME and White staff are below the national average.

11. Indicator 9: Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- **By voting membership of the Board**
- **By executive membership of the Board**

11.1. **Board data (Table 9 and Graph 4):**

	White	BME	Unknown	Total
Total board members	8 (**72.7%**)	2 (**18.2%**)	1 (**9.1%**)	11
Voting members	8 (**72.7%**)	2 (**18.2%**)	1 (**9.1%**)	11
Non-voting	0	0	0	0
Exec board members	6 (**85.7%**)	1 (**14.3%**)	0	7
Non exec	2 (**50%**)	1 (**25%**)	1 (**25%**)	4
No. of staff overall	445 (**56%**)	323 (**40.7%**)	26 (**3.3%**)	794
Difference – Board: Workforce	**16.7%**	**-22.5%**	**5.8%**	N/A



11.2. There are a total of **11** board members: **72.7%** are **White**, **8.2%** are **BME** and **9.1% unknown**.

11.3. **All** board members are **voting** members.

11.4. There are **7 executive** members (please note that SEL ICB have more executive members, however they are seconded from other organisations): **85.7% White** and **14.3% BME**.

11.5. The difference between White **Board** members and White staff (**workforce**) is **16.7%.**

11.6. The difference between BME **Board** members and BME staff (**workforce**) is (minus) **-22.5%**.

12. Overview

12.1. Data from the 2022/2023 WRES report shows that improvements are required in the following areas:

12.1.1. BME representation within higher Agenda for Change (AfC) and VSM bandings within clinical and non-clinical roles.

12.1.2. Shortlisting and recruitment training.

12.1.3. Recording of non-mandatory training and CPD.

12.1.4. Reducing discrimination, bullying, harassment and abuse experienced by staff.

12.1.5. Providing equal opportunities for promotion and progression.

12.1.6. BME representation at Board and executive level.

13. Mitigating actions

13.1. The following actions will be taken to address the above disparities, the actions below have been developed from the analysis of the WRES data, aligning to the anti-racism strategy and NHSE EDI Improvement plan.

13.2. Develop a talent management programme which will include:

13.2.1. Mentoring, awareness sessions (on topics including race and ethnicity), confidence and resilience training to our staff, and providing training sessions for leaders within the organisation.

13.2.2. Career conversations for clinical and non-clinical staff.

13.2.3. Succession planning for BME staff from Band 8a and above.

13.2.4. Develop future leaders to ensure equality and inclusion is a key competence of all leaders, ensuring it is linked to the ICB organisational values.

13.2.5. Create a buddying system between different groups and ethnicities in the ICB Board.

13.2.6. Develop training for line managers to provide/receive feedback and supervision style discussions (360 feedback).

13.3. Create a central intranet page with guidance and processes.

13.4. Develop ways to increase the reach and advertising of non-mandatory training.

13.5. Encourage disclosure rate of protected characteristics.

13.6. Review and de-bias our processes across the employee lifecycle to ensure they are inclusive and reflective of just culture, this includes:

13.6.1. Induction

13.6.2. Disciplinaries

13.6.3. Capability

13.6.4. Focus on de-biasing the recruitment process through:

- Recruitment training

- EDI questions in the interview
- Further unconscious bias training
- Diverse interview panels (diversity representatives)
- Ensure that recruiting managers are familiar with legal requirements and practices in relation to protected characteristics, including race, in recruitment.

13.6.5. Relaunch the exit interview process to ensure the organisation learns from those who are leaving.

13.7. Ensure a personal objective within appraisals focuses on EDI.

13.8. Create a psychologically safe environments in order to build trust and to support for staff to speak up when they experience or witness racism and take swift action through:

13.8.1. Raising awareness of Freedom to Speak Up Guardians

13.8.2. How to approach them

13.8.3. Having champions in the ICB

13.9. Develop a process to ensure the ICB is able to record non-mandatory training being undertaken by staff at SEL ICB.

13.10. Review HR policies to ensure they reflect issues such as micro-aggressions, and weathering, and are inclusive.

13.11. Promote educational resources that help people understand racism and its emotional, mental, and physical impact.

13.12. Develop an improvement plan to eliminate ethnicity pay gaps to ensure pay equity across the organisation.

14. Conclusion

14.1. The WRES report is retrospective, therefore it should be noted that the data and experiences may have changed since the data was originally collected and analysed.

14.2. Although improvements have been made, we know that further work needs to be undertaken as outlined in section 13.

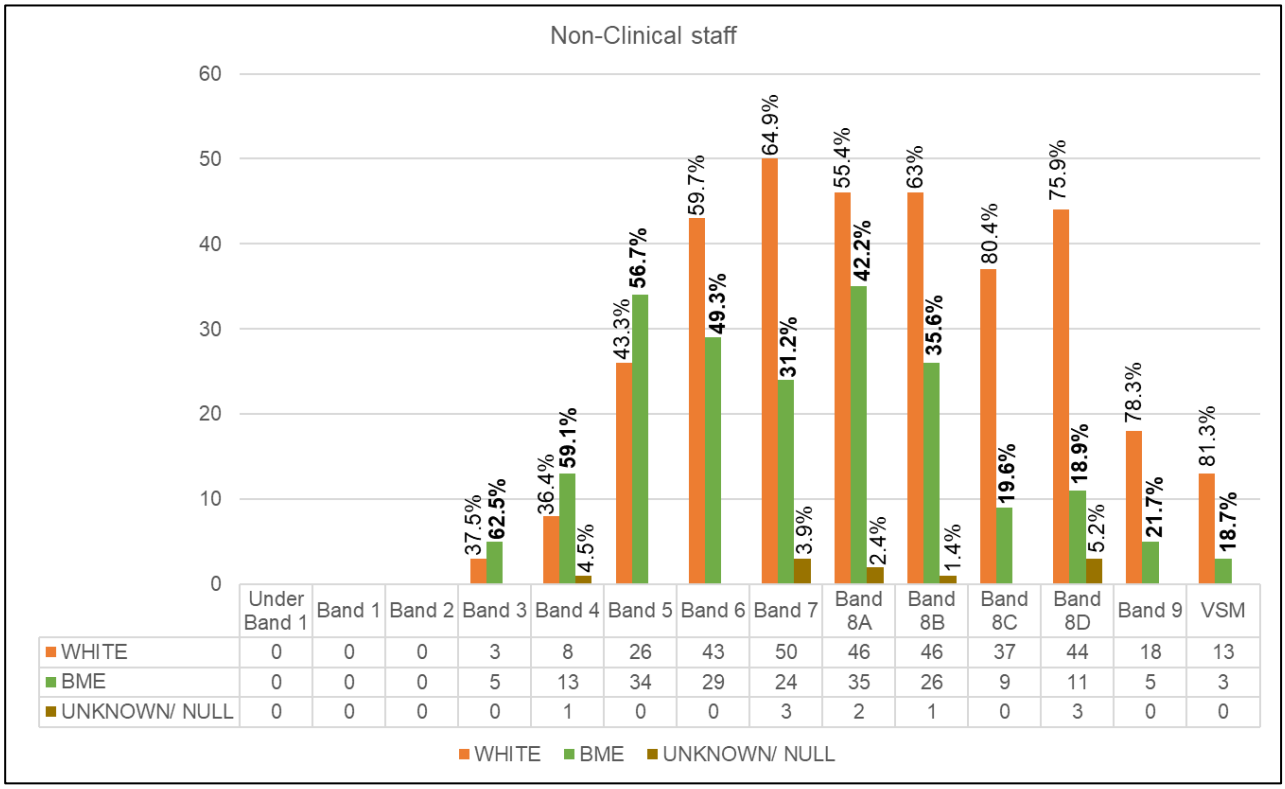
14.3. A SELICB Staff Anti-racism strategy has been developed by the EDI team and actions have been developed to ensure we are able to improve BME staff experience.

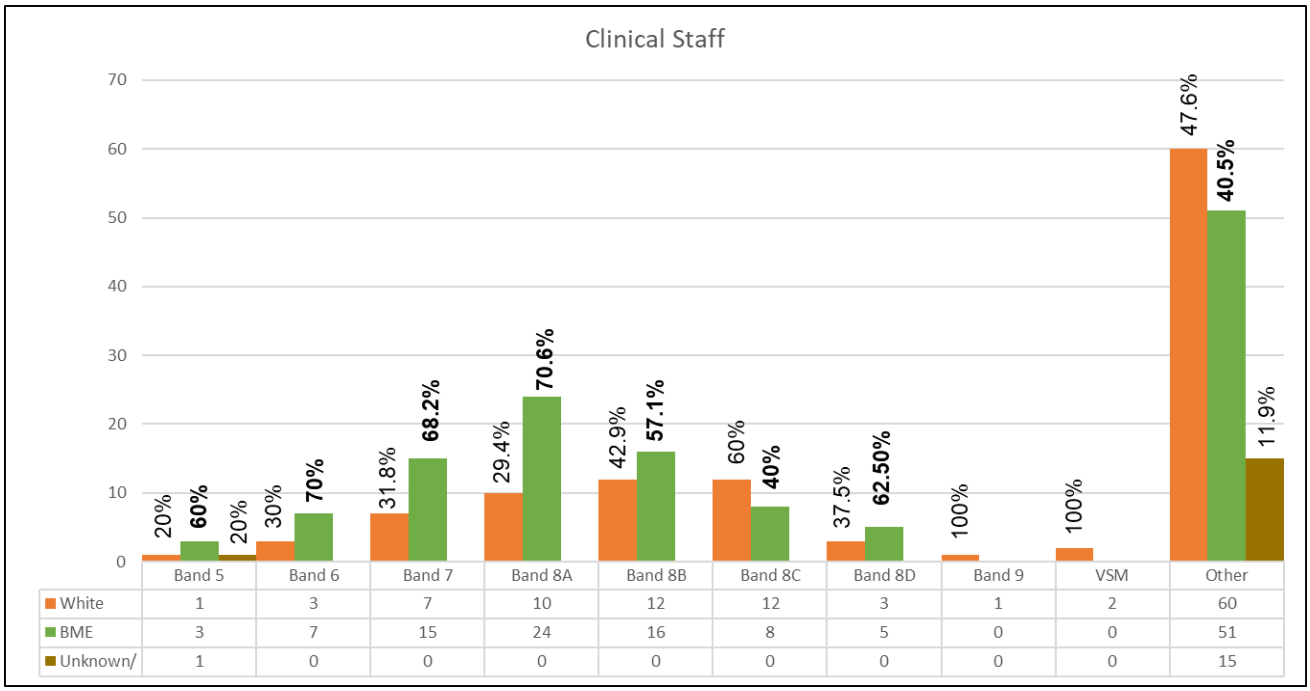
14.4. The ICB is committed to improving all staff experiences and continually review our impact through our equality, diversity and inclusion activities, including the development on an anti-discrimination strategy.

14.5. The WRES action plan will be regularly monitored through the SEL ICB Equalities Sub-Committee which is chaired by the Equalities Senior Responsible Officer (SRO). The EDI team will ensure progress is shared and communicated across the organisation.

Appendix 1: Non-clinical staff data breakdown

Band: Non-Clinical	WHITE	%	BME	%	UNKNOWN/ NULL	%	Total
Under Band 1	0	**0%**	0	**0%**	0	**0%**	**0**
Band 1	0	**0%**	0	**0%**	0	**0%**	**0**
Band 2	0	**0%**	0	**0%**	0	**0%**	**0**
Band 3	3	**37.5%**	5	**62.5%**	0	**0%**	**8**
Band 4	8	**36.4%**	13	**59.1%**	1	**4.5%**	**22**
Band 5	26	**43.3%**	34	**56.7%**	0	**0%**	**60**
Band 6	43	**59.7%**	29	**49.3%**	0	**0%**	**72**
Band 7	50	**64.9%**	24	**31.2%**	3	**3.9%**	**77**
Band 8A	46	**55.4%**	35	**42.2%**	2	**2.4%**	**83**
Band 8B	46	**63%**	26	**35.6%**	1	**1.4%**	**73**
Band 8C	37	**80.4%**	9	**19.6%**	0	**0%**	**46**
Band 8D	44	**75.9%**	11	**18.9%**	3	**5.2%**	**58**
Band 9	18	**78.3%**	5	**21.7%**	0	**0%**	**23**
VSM	13	**81.3%**	3	**18.7%**	0	**0%**	**16**
Total	**334**	**62.1%**	**194**	**36.1%**	**10**	**1.8%**	**538**



Appendix 2: Clinical staff data breakdown

Band Clinical: Non-medical	White	%	BME	%	Unknown/ Null	%	Total
Under Band 1	0	**0%**	0	**0%**	0	**0%**	**0**
Band 1	0	**0%**	0	**0%**	0	**0%**	**0**
Band 2	0	**0%**	0	**0%**	0	**0%**	**0**
Band 3	0	**0%**	0	**0%**	0	**0%**	**0**
Band 4	0	**0%**	0	**0%**	0	**0%**	**0**
Band 5	1	**20%**	3	**60%**	1	**20%**	**5**
Band 6	3	**30%**	7	**70%**	0	**0%**	**10**
Band 7	7	**31.8%**	15	**68.2%**	0	**0%**	**22**
Band 8A	10	**29.4%**	24	**70.6%**	0	**0%**	**34**
Band 8B	12	**42.9%**	16	**57.1%**	0	**0%**	**28**
Band 8C	12	**60%**	8	**40%**	0	**0%**	**20**
Band 8D	3	**37.5%**	5	**62.5%**	0	**0%**	**8**
Band 9	1	**100%**	0	**0%**	0	**0%**	**1**
VSM	2	**100%**	0	**0%**	0	**0%**	**2**
Of which Medical & Dental: Consultants	0	**0%**	0	**0%**	0	**0%**	**0**
of which Senior medical manager	0	**0%**	0	**0%**	0	**0%**	**0**
Non-consultant career grade	0	**0%**	0	**0%**	0	**0%**	**0**
Trainee grades	0	**0%**	0	**0%**	0	**0%**	**0**
Other	60	**47.6%**	51	**40.5%**	15	**11.9%**	**126**
Total	**111**	**43.4%**	**129**	**50.4%**	**16**	**6.2%**	**256**