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Workforce Race Equality Standard 19/20

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 upon BME 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 BME staff experience of the workplace - gaps which we want to close. Closing these gaps will achieve tangible progress in tackling discrimination, promoting a positive culture and valuing all staff for their contributions to their work.

This will in turn positively impact on patients, as it is known that a decrease in discrimination against BME staff 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.

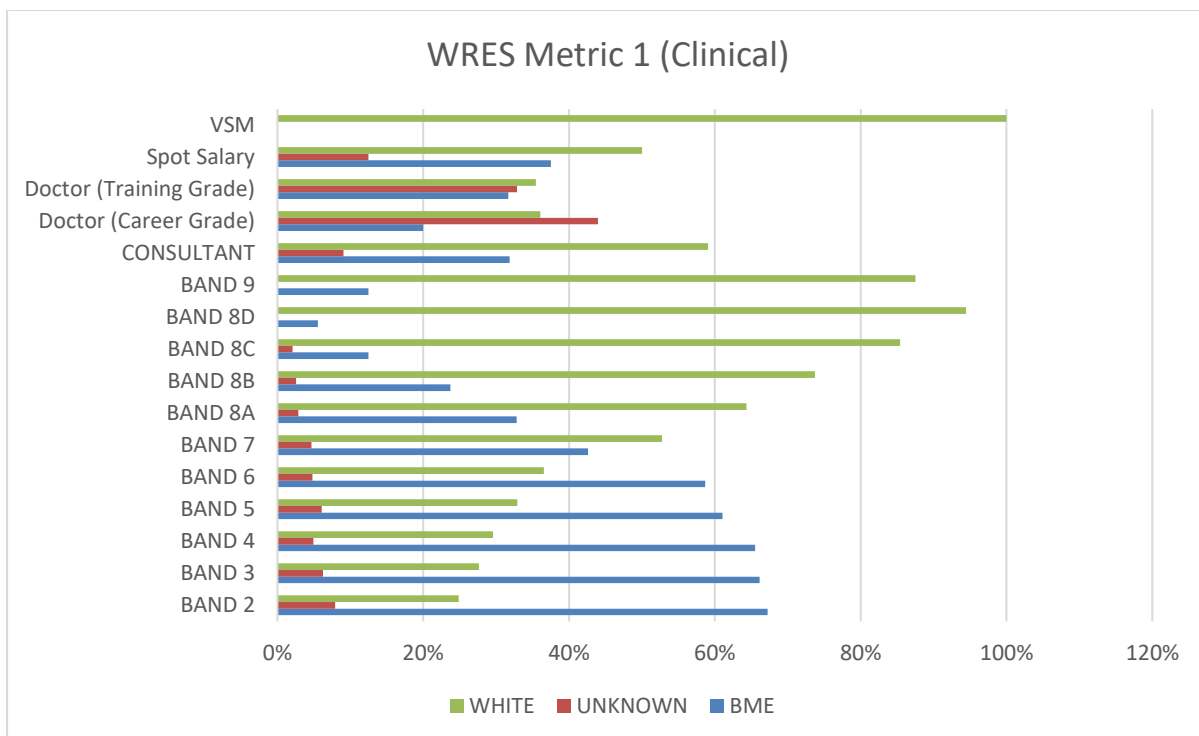
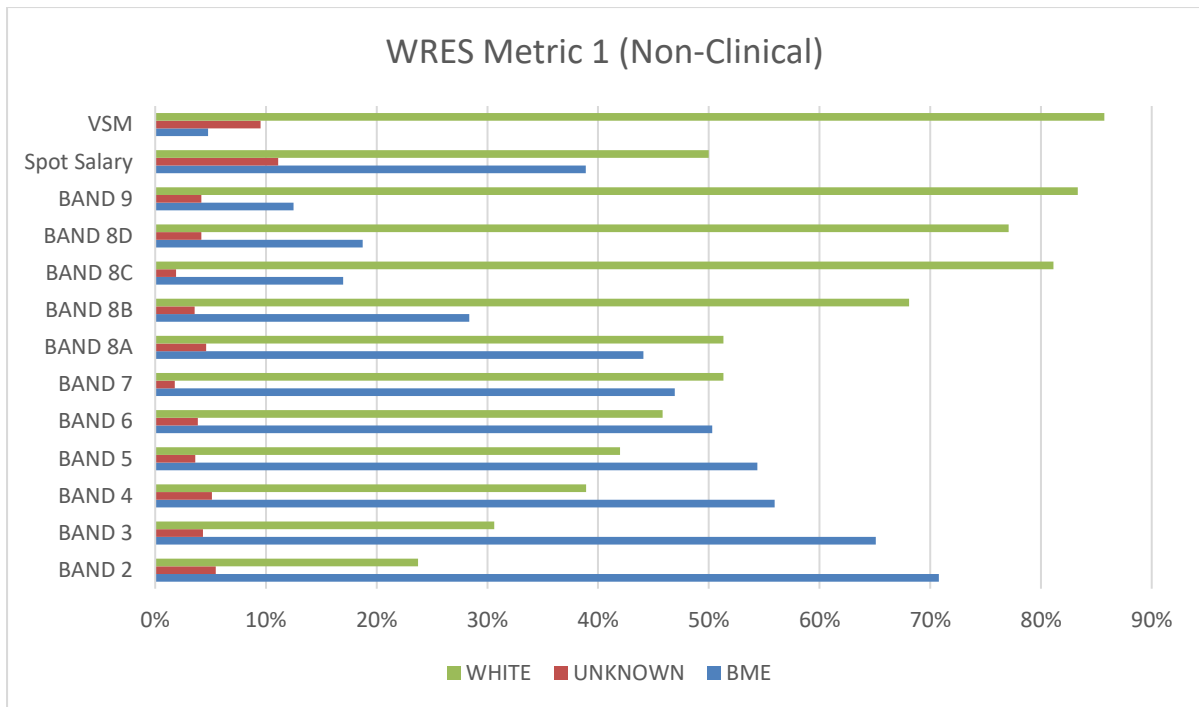
The WRES indicators:

- Four of the indicators focus on workforce data (1 -4)
- Four are based on data from the national NHS Staff Survey questions (5-8)
- One indicator focuses upon black and minority ethnic (BME) representation on boards (9)

Indicator 1

Percentage of staff in each of the AFC Band 1-9 or Medical and Dental subgroups and 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 2020



For the non-clinical workforce, the percentage of BME workforce increased in Band 2, Band 4-6, Band 7, 8a, 8b, 8d and 9. Increase have also been seen in both spot salary and VSM compared to 18/19. The percentage of the BME workforce has decreased for Band 8c compared to 18/19.

For the clinical workforce, the percentage of BME workforce increased in Bands 4, -6, 7, 8d and 9. Doctor (training grade) also showed an increase compared to 18/19. The percentage of the BME workforce has decrease for Bands 2, 8c, Consultant and

Doctors (career grade). Spot salary decreased by 1% for BME staff compared to 18/19.

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	5751	1152	0.20
BME	11272	1606	0.14
Unknown	502	56	0.11

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is roughly **1.41 times greater**; this is a decrease from last year when the relative likelihood was 1.63 time greater. This improvement in data is associated with a review of our end to recruitment process and implementation of initiatives which focus on inclusive recruitment practices. We will continue to work to embed the actions outlined in Appendix 2.

Note: Data is drawn from Trac the Trust recruitment system. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made.

Indicator 3

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

Note: This indicator is based on data from a two year rolling average of the current year (19/20) and the previous year (18/19).

We report on the formal disciplinary hearings, excluding doctors who are managed in accordance with Maintaining High Professional Standards. In 18/19 the Trust held 59 disciplinary hearings, in 19/20 the Trust held 20 disciplinary hearings. The figures below are the average across two years.

Descriptor	Number of staff in workforce	Annual average of number of formal disciplinary meeting	Likelihood of entering formal disciplinary meetings
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White	5142	14	0.27
BAME	6338	22	0.35
Unknown	1267	2	0.08

The relative likelihood of BME staff being disciplined compared to white staff is **1.27**; this is a decrease from last year when the relative likelihood was **1.51**.

Indicator 4

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

Note: The data collected only includes leadership development and skills training held by the learning and development team. This is the only data which is centrally available for equality analysis. It does not include locally delivered training, professional and clinical education or any externally provided training which is a significant proportion of the training offered and accessed.

Therefore results are not seen as a reliable indication of all training activity available within the Trust. However, all Trusts are expected to maintain internal consistency of approach from year to year, so that changes in uptake trends can be compared over time.

Descriptor	Number of staff in workforce	Staff accessing non mandatory training (data held by leadership team)	Likelihood of accessing non mandatory training
White	5142	1480	0.28
BME	6338	3453	0.54
Unknown	1267	225	0.17

Indicators 5-8

Indicators 5 -8 relate to the 2019/2020 national staff survey results, comparing the responses of BME and white staff. The 2018/2019 national staff survey was based on a sample of 522 staff who responded to the survey. The 2019/2020 results are based on a sample of 5,659 staff who responded to the survey, which represents a 52%

completion rate across the Trust. This is a much larger sample than the previous year's staff survey (based on 522 respondents), which should be taken into account when comparing the previous year's metrics.

The wording of these four indicator is taken directly from the national NHS Staff Survey. For indicators 5, and 8 a low score is better. For indicator 7, a high score is better.

Indicator 5

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

There has been a decrease for both our white and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public since 2018/2019. Our BME staff experience is slight better than our white staff.

	White	BME
2019	35.5%	31.8%
2018	37.6%	37.3%

Indicator 6

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

For indicator 6 a lower score is better. There has been a decrease for both our white and BME staff experiencing harassment, bullying or abuse from staff since 2018. Our BME staff experience is now slightly better than our BME staff experience.

	White	BME
2019	29.6%	28.1%
2018	32.7%	34%

Indicator 7

Examines the percentage of staff believing that the trust provides equal opportunities for career progression or promotion

For indicator 7 a higher score is better. Both our white and BME staff experience has improved since 2018. Our BME staff experience has increased significantly since

2018, whereas white is a very small increase. Our BME staff experience is worse than our white staff experience.

	White	BME
2019	85.5%	70.8%
2018	82.7%	65.2%

Indicator 8

Examines percentage staff personally experience discrimination at work from manage/team leader or other colleague

For indicator 8 a lower score is better. Our white staff experience has got slightly worse since 2018 by 0.5% and our BME staff experience has improved. Our BME staff experience remains slightly worse than our white staff experience.

	White	BME
2019	7.0%	9.0%
2018	7.5%	14.7%

Indicator 9

Examines percentage difference between the organisations board voting membership and its overall workforce (Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce)

	White	BME	Unknown
Overall Trust Workforce	40.3%	49.8%	10.0%
Overall Trust Board Members	80.0%	0.0%	20.0%
Voting Board Members	80.0%	0.0%	20.0%
Executive Board Members	75.0%	0.0%	25.0%
Non – Executive Board Members	83.3%	0.0%	16.7%

Note: only voting members of the board should be included when considering the indicator

