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Workforce Race Equality Standard 20/21

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 Black Minority Ethnic 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 Black Minority Ethnic 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 Black Minority Ethnic 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 representation on boards (9)

A small number of revisions were made to the WRES reporting requirements for 2021.

- WRES Indicator 1 now has a clearer definition of "senior medical manager" and "very senior manager".
- WRES Indicator 2 and 3 have been simplified. The calculation has been changed from using a two-year rolling average to using the year end figure
- WRES Indicator 9 now requires submission of data that disaggregate: (i) the voting and non-voting members of boards, and (ii) the executive and non-executive members of boards. Trusts are encouraged to try and ensure that there are no board members with an unknown ethnicity.

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 2021
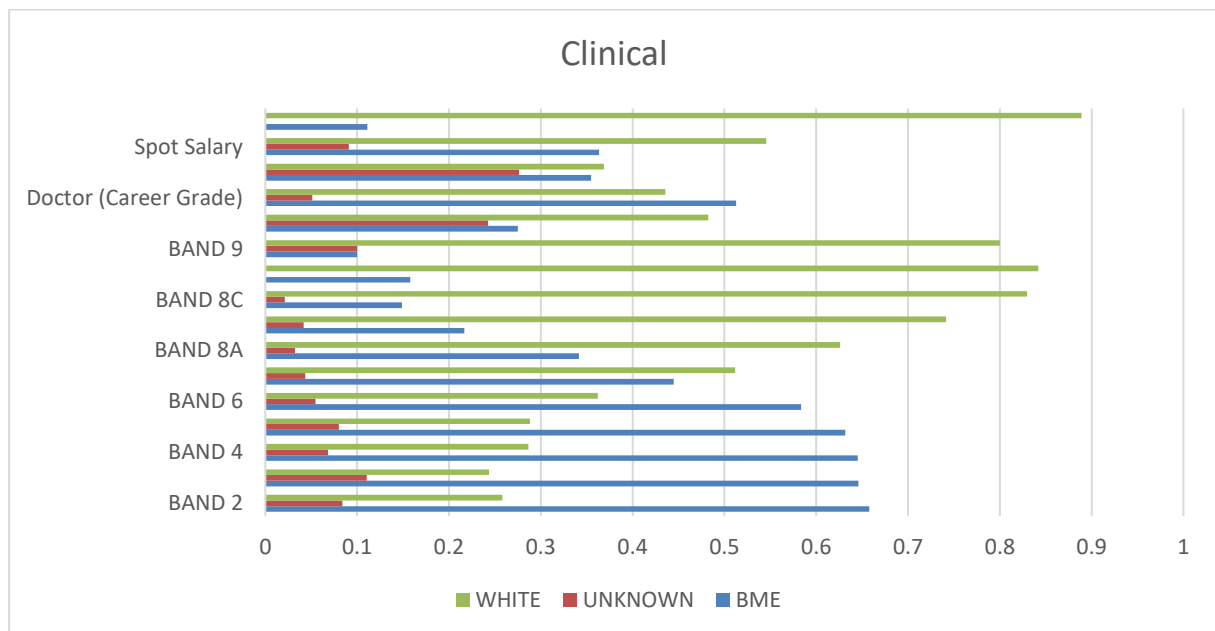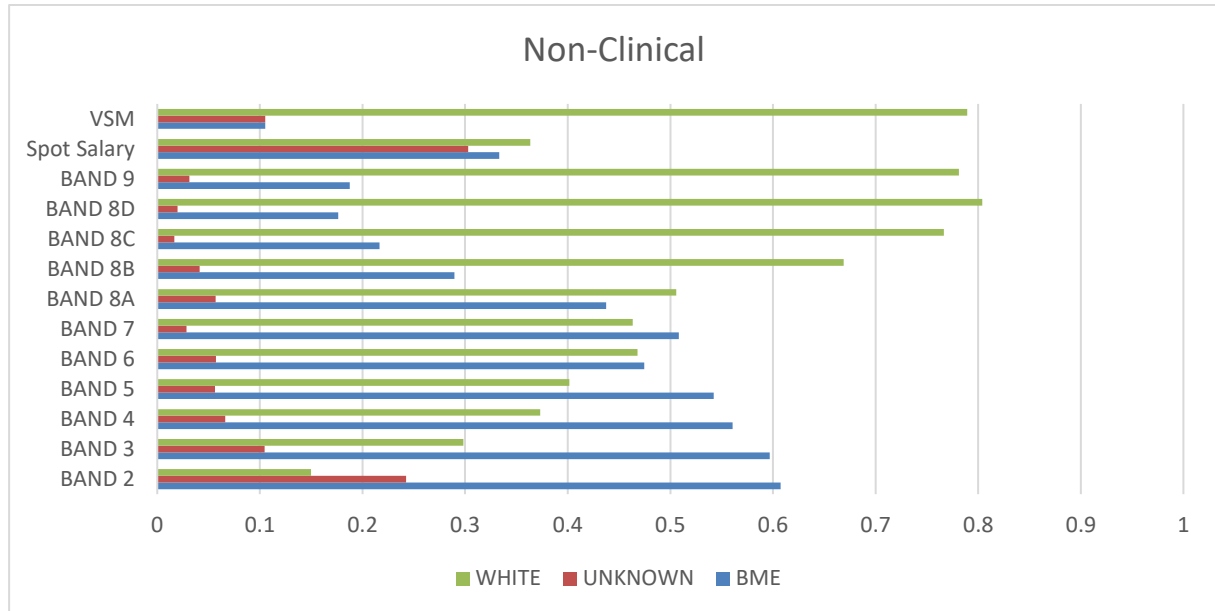
For the non- clinical workforce, the percentage of Black Minority Ethnic Workforce increased in Band 6, 8b, 8c and 9. Increase have also been seen in VSM compared to 19/20. The percentage of the Black Minority Ethnic workforce has decreased for Band 2 –3, Band 8d and spot salary compared to 19/20.

For the clinical workforce the percentage of Black Minority Ethnic workforce increase in Band 5, 7, 8a, 8c and 8d. Doctors (career Grade) and Doctors (training grade) also show an increase compared to 19/20. The percentage of the Black Minority Ethnic workforce has decrease for Band 2-4, Band 6, 8b, 9 and Consultants. Spot salary decreased by 2% for Black Minority Ethic staff compared to 19/20.

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	3483	713	20.47%
Black, Minority Ethnic	5965	877	14.70%
Unknown	307	33	10.75%

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from black, asian and minority ethnic groups is **1.39;** this is an decrease from last year when the relative likelihood was 1.41 times greater. We will continue to work to embed the actions outlined in Appendix 2.

Note: Data is drawn from a both Trac and the new recruitment system which we partially operated on during 2020/2021. 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 year this indicator has been changed from a a two year rolling average to the data at year end.

We report on the formal disciplinary hearings, excluding doctors who are managed in accordance with Maintaining High Professional Standards. In 20/21 the Trust held 46 disciplinary hearings.

Descriptor	Number of staff in workforce	Year end number of formal disciplinary meeting	Likelihood of entering formal disciplinary meetings
White	5341	9	0.17%
Black, Minority Ethnic	7280	33	0.45%
Unknown	1728	4	0.23%

The relative likelihood of black, asian and minority ethnic staff being disciplined compared to white staff is **2.69**; this is an increase from last year when the relative likelihood was 1.27. To note the indicator methodology has changed from a two year average to a year end for 2021.

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	5341	465	8.70%
Black, Minority Ethnic	7280	515	7.07%
Unknown	1728	36	2.08%

Indicators 5-8

Indicators 5 -8 relate to the 2020/2021 national staff survey results, comparing the responses of Black Minority Ethnic and white staff.

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 Black Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public since 2019. Our Black Minority Ethnic staff experience is slight better than our white staff.

	White	Black, Minority Ethnic
2020	33.0%	27.9%
2019	35.5.%	31.8%

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 an increase for our Black Minority Ethnic staff experiencing harassment, bullying or abuse from staff since 2019. While there has been a decrease for our white staff. Our Black Minority Ethnic staff experience is worse than our white staff experience.

	White	Black, Minority Ethnic
2020	28.6%	30.1%
2019	29.6%	28.1%

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 Black Minority Ethnic staff experience has worsened since 2019. Our Black Minority Ethnic staff experience has decreased significantly since 2019, whereas white is a small decrease. Our Black Minority Ethnic staff experience is worse than our white staff experience.

	White	Black, Minority Ethnic
2020	81.9%	65.5%
2019	85.5%	70.8%

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 2019 and our black, asian and minority ethnic staff experience has worsened considerably. Our black, asian and minority ethnic staff experience is slightly worse than our white staff experience.

	White	Black, Minority Ethnic
2020	9.5%	16.7%
2019	7.0%	9.0%

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	Black, Minority Ethnic	Unknown
Overall Trust Workforce	5341	7280	1728
Overall Trust Board Members	81.8%	18.2%	0.0%
Voting Board Members	75.0%	25.0%	0.0%
Executive Board Members	75.0%	25.0%	0.0.%
Non – Executive Board Members	85.7%	14.3%	0.0%

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

Workforce Race Equality Standard 20/21 – Work Plan

- Design, develop and implement different diversity dashboards for directorate, Trust level (WRES1)
- We will continue to review incidents of discrimination and abuse in our people processes relating to protected characteristics and develop responsive, innovative approaches to reduce incidents (WRES5, 6)
- Improve the quality of our protected characteristics data in ESR (WRES1)
- Produce Model Employer goals and action plan (June 2021) (WRES1, 2, 7)
- Support recruitment into EDI development programmes (White Allies, Capital Nurses) (WRES7)
- Review diversity and decision making in Emergency Preparedness, Resilience and Response (Site Director, October 2021) (WRES8)
- Train wider organisation how to complete robust and effective equality impact assessments for major decision-making (WRES8)
- Setting specific KPIs and targets linked to recruitment (WRES2)
- Roll out inclusive panels (including training, monitoring and data reviews) (WRES2)
- Design and delivery race training to 200 managers (WRES2,4 8)
- Conduct a review of Band 9 recruitment practices (WRES2)
- Introduce talent pools for under-represented groups (WRES1, 2, 7)
- Co-design anti-racist statement (WRES8)
- Design range of toolkits to support EDI behavioural change (WRES4)
- Review and evaluate reverse mentoring pilot (WRES8, 9)
- Improve people practices – disciplinary process (WRES3)