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Workforce Race Equality Standard 21/22

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, Asian and 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, Asian and 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.

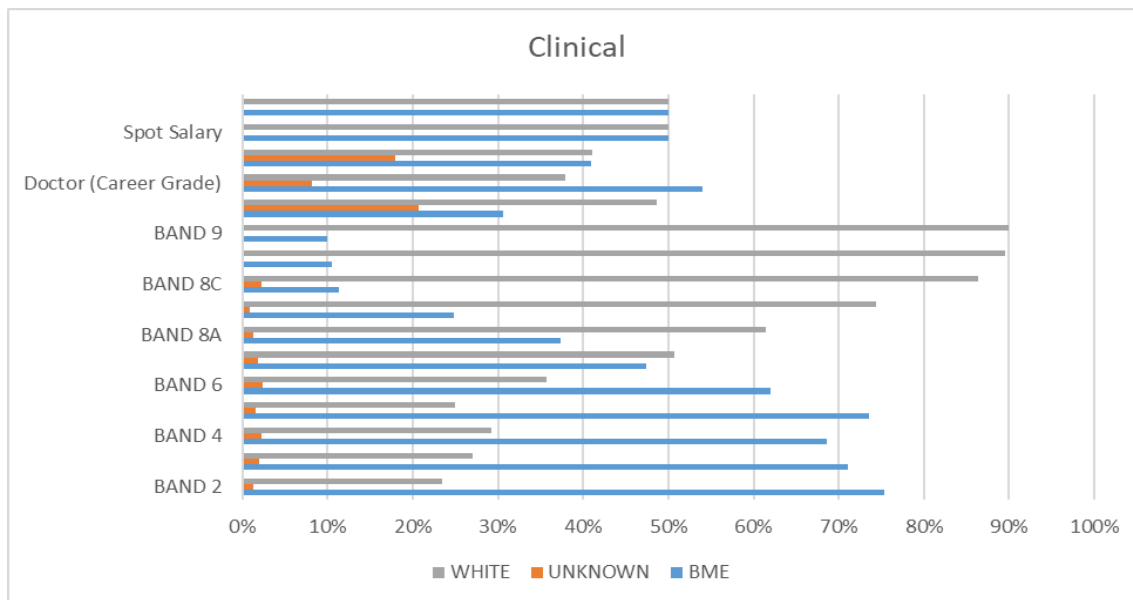
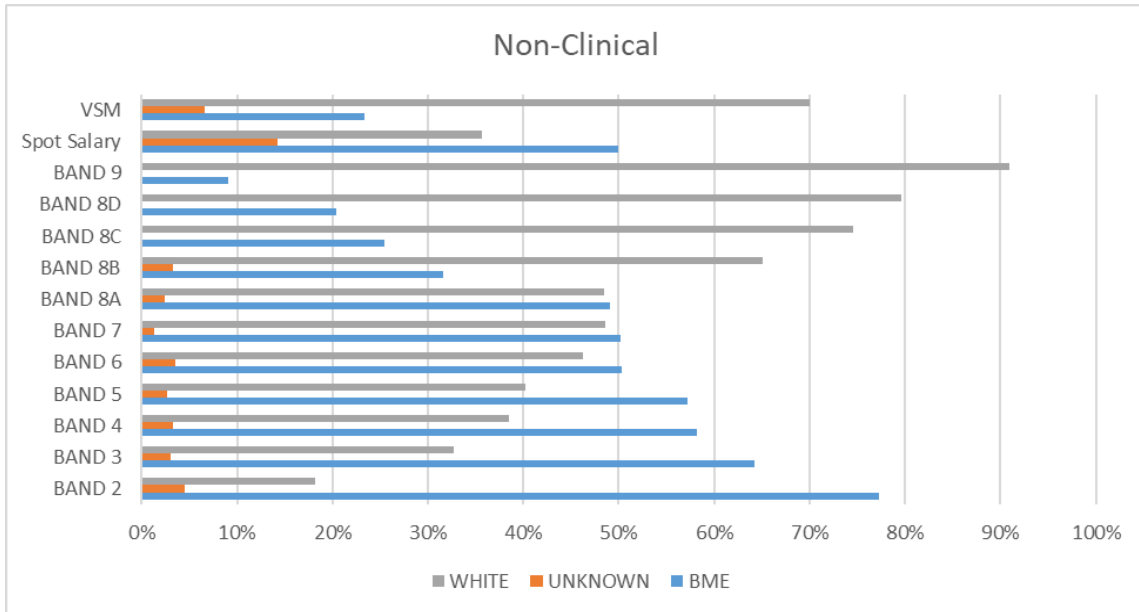
The WRES indicators:

- Four of the indicators focus on workforce data (1 to 4)
- Four are based on data from the national NHS Staff Survey questions (5 to 8)
- One indicator focuses upon Black, Asian and minority ethnic staff 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 2022



For the non-clinical workforce, the percentage of Black Minority Ethnic Workforce increased in Bands 2 to 3, Bands 5 to 6, and Bands 8A to 8D. Increases have also been seen in VSM posts compared to 20/21. The percentage of the Black Minority Ethnic workforce has decreased for Bands 4, 7 and 9, and those on spot salaries compared to 20/21.

For the clinical workforce, the percentage of Black Minority Ethnic workforce increased in Band 3 to 8B. Consultant and doctor in training grades also show an increase compared to 20/21. The percentage of the Black Minority Ethnic workforce has decreased for bands 2, 8C and 8D. There has been no movement in band 9, VSM and doctors in the non-consultant grades compared to in 20/21. Those on spot salaries decreased by for Black Minority Ethnic staff compared to 20/21.

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	3073	691	22.49%
Black, Minority Ethnic	6024	973	16.15%
Unknown	249	12	4.82%

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 the same as last year. We will continue to work to embed the actions outlined in Appendix 2.

Indicator 3

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

Note: This is the second year in which we will be report on the data at year end and not a two-year rolling average.

We report on the formal disciplinary hearings excluding doctors, who are managed in accordance with Maintaining High Professional Standards. In 21/22 the Trust held 27 disciplinary hearings.

Descriptor	Number of staff in workforce	Year-end number of formal disciplinary meeting	Likelihood of entering formal disciplinary meetings
White	5473	7	0.13%
Black, Minority Ethnic	8160	19	0.23%
Unknown	853	1	0.12%

The relative likelihood of Black, Asian and minority ethnic staff being disciplined compared to white staff is **1.82**; this is a decrease from last year when the relative likelihood was 2.69. This is the second year in which we will be reporting using this methodology which focuses on year-end for 2022 and not a two-year average.

Indicator 4

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

Note: The data collection includes CPD from allied health professionals, radiotherapists, consultants' study leave, apprenticeships and all recorded non-mandatory courses from LEARN This is a change from previous years where the data collection only included data held by leadership development and skills training held by the learning and development team. The data does not yet include our nursing and midwifery workforce who account for a significant amount of our workforce. The switch to online learning means that many of our staff do not need to record training as study leave and so it is not captured in the same way that classroom training is. We will continue to work to improve how we capture this data.

Descriptor	Number of staff in workforce	Staff accessing non mandatory training (data held by leadership team)	Likelihood of accessing non mandatory training
White	5473	2560	46.78%
Black, Minority Ethnic	8160	2351	28.81%
Unknown	853	139	16.30%

Indicators 5 to 8

Indicators 5 to 8 relate to the 2021/2022 national staff survey results, comparing the responses of Black Minority Ethnic and white staff. For the first time, in 2021 the questions were aligned with the [NHS People Promise](#) to track progress against its ambition to make the NHS the workplace we all want it to be by 2024. The fieldwork for the NHS Staff Survey 2021 was carried out between September and November 2021.

The wording of these four indicators is taken directly from the national NHS Staff Survey.

Indicator 5

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

For this indicator, a lower score is better. There has been an increase for both our white and Black Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public since 2020. Our Black Minority Ethnic staff experience is slightly better than our white staff.

	White	Black, Minority Ethnic
2021	36.2%	32.7%
2020	33.0%	27.9%

Indicator 6

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

For this indicator, 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 an increase for our white staff since 2020, our Black Minority Ethnic staff experience is worse than our white staff experience.

	White	Black, Minority Ethnic
2021	30.2%	31.5%
2020	28.6%	30.1%

Indicator 7

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

For this indicator, a higher score is better. Both our white and Black Minority Ethnic staff experience has worsened since 2020. Our Black Minority Ethnic staff experience has decreased significantly since 2020, and is worse than our white staff experience.

	White	Black, Minority Ethnic
2021	55.8%	41.2%
2020	57.0%	42.8%

Indicator 8

Examines percentage staff personally experience discrimination at work from manage/team leader or other colleague (In the last 12 months)

For this indicator, a lower score is better. Our white staff experience has got slightly worse since 2020 and our Black, Asian and minority ethnic staff experience has

improved slightly. However, our Black, Asian and minority ethnic staff experience is considerably worse than our white staff experience.

	White	Black, Minority Ethnic
2021	10.5%	16.3%
2020	9.5%	16.7%

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	Black, Minority Ethnic	Unknown
Overall Trust Workforce	5473	8160	853
Overall Trust Workforce %	37.8%	57%	6%
Overall Trust Board Members %	80.0%	20.0%	0.0%
Voting Board Members %	83.3%	16.7%	0.0%
Executive Board Members %	80.0%	20.0%	0.0%
Non – Executive Board Members %	80.0%	20.%	0.0%

Note: only voting members of the board are included when considering this indicator

Workforce Race Equality Standard – Action Plan

	<i>Please specify which actions are different to current practice, and which are continuation</i>	<i>Please specify KPIs and timelines for monitoring the actions</i>	<i>How will actions be made sustainable</i>
<p>Actions around WRES Indicator 1: Recruitment and Promotion</p> <p>Actions around WRES Indicator 2: Appointments</p>	<ul style="list-style-type: none"> • In 2021/22 we introduced diverse recruitment panels for all roles at band 7 and above, meaning that panels could not be all-white (or all-female or -male). Recruiting managers are to complete an inclusive recruitment report that is addressed and sent to the Chief Executive of the organisation. In 2022/23, we are focussing on compliance in all aspects of the process. • In instances where internal candidates from a Black, Asian and Minority Ethnic background, they are directed to the Learning and Development team for further career development and support. • In 2022/23 we are working to require this for consultant appointing panels. • We are relaunching our Recruitment and Selection training in 2022/23. • The Trust has designed a series of learning fellowships for Black, Asian and minority ethnic registered healthcare professionals which incorporates apprenticeships, shadowing, stretch projects and mentoring. A pilot is being run in 2022/23 and the fellowships are to launch for recruitment in 2023/24. • The pilot, <i>Creating a Powerful Leadership Presence</i>, connected 40 talented leaders with RADA in Business • We continue to monitor our workforce against the Model Employers report, with the goals and action plan to be produced in June 2023 	<ul style="list-style-type: none"> • 100% of interview panels for roles Band 7 and above are to have a diverse interview panel. • 100% of interview panels are to return the inclusive recruitment report. • Data regarding shortlisting is reviewed on a quarterly basis • Progress is reported on at the EDI Committee, which occurs every two months, as well as the People Board, chaired by a NED who is a WRES Expert • Improvement in model employer targets alignment to trajectory • 20% improvement in Black, Asian and minority ethnic staff in band 7 roles progressing to 8a+ roles within a year • 10% improvement in Black, Asian and minority ethnic staff in band 8a+ roles securing a promotion within a year 	<ul style="list-style-type: none"> • Compliance to this recruitment policy is reviewed by the Chief Executive within the role as Chair of EDI Committee • Offer letters are not sent to candidates until the inclusive recruitment report is completed, providing an incentive to complete the report • A master list of trained and diverse panel members is available to the Recruitment team • Successful graduates from the Healthcare Leaders' Fellowships are to mentor future cohorts • Capacity to support 80 people through the fellowships each year

	<i>Please specify which actions are different to current practice, and which are continuation</i>	<i>Please specify KPIs and timelines for monitoring the actions</i>	<i>How will actions be made sustainable</i>
	<ul style="list-style-type: none"> We continue to support recruitment into external EDI development programmes (such as White Allies and Capital Nurses) 		
<p>Actions around WRES Indicator 3: Disciplinary</p>	<ul style="list-style-type: none"> In 2021/22 the Trust introduced a Resolution Policy, which places an emphasis on informal resolution where possible and feasible. The Disciplinary Policy was updated in March 2022 to introduce plurality of decision-making at all disciplinary hearings, where previously it was for only ones with a potential outcome of dismissal. Disciplinary cases, as well as bullying and harassment, are investigated by a specially-trained team within HR instead of by managers, leading to impartiality We are embedding our conflict strategy for employee relations with a focus on Black, Asian, and minority ethnic experience of disciplinary and conflict resolution practices 	<ul style="list-style-type: none"> 100% of disciplinary panels are to have two or more chairs, one to be external 100% of panel members to be trained by Acas Updates are to be given twice a year to the EDI Committee and comprehensive data is shared on a regular basis with the People Committee Updates are shared and cases reviewed by the Workforce Race Equality Steering Group 	<ul style="list-style-type: none"> The central investigation team, which investigates disciplinary cases, is fully staffed and are actively working to reduce the time it takes to complete investigations All investigators and employee relations team members have received specialist race training targeted at HR professionals
<p>Actions around WRES Indicator 4: Education</p>	<ul style="list-style-type: none"> We are continuing to embed our educational offering throughout the Trust, including use of our toolkits that cover microaggressions, being an ally, and talking about race, as well as training on being an active bystander, and promotion of the Career Focus platform We have completed training hundreds of managers through our work with SEA-Change consultancy, and are looking to roll out the training to more managers and non-management staff in 2023/24. 	<ul style="list-style-type: none"> Evaluation of SEA-Change manager training to be published in 2023. 90% retention rate on fellowships for Black, Asian and minority ethnic registered healthcare professionals All new and current managers to undertake 	<ul style="list-style-type: none"> The Healthcare Leaders' Fellowship incorporates a qualification funded by the apprenticeship levy Successful graduates from the Healthcare Leaders' Fellowships are to mentor future cohorts Capacity to support 80 people through the fellowships each year

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	<ul style="list-style-type: none"> • This training programme supports managers in their understanding of race and how it can impact decision-making within teams and could have an impact on a patient's outcomes. • The Trust has designed a series of learning fellowships for Black, Asian and minority ethnic registered healthcare professionals which incorporates apprenticeships, shadowing, stretch projects and mentoring. A pilot is being run in 2022/23 and the fellowships are to launch for recruitment in 2023/24. • The pilot, <i>Creating a Powerful Leadership Presence</i>, connected 40 talented leaders with RADA in Business • We supported several senior nurses on national programmes including <i>Getting to Equity</i> • We are also ensuring EDI is incorporated within all our other programmes of work, including the immediate managers' programme and <i>Improvement through People Management</i> 	<p><i>Improvement through People Management</i></p>	<ul style="list-style-type: none"> • We are developing a development directory of internal and external opportunities to ensure transparency and information sharing

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<p>Actions around WRES Indicator 5: Bullying Harassment from Public</p> <p>Actions around WRES Indicator 6: Bullying Harassment from Staff</p>	<ul style="list-style-type: none"> We are encouraging all members of staff to log incidents of racial abuse through DATIX, our incident reporting system, so occurrences can be tracked and counselling offered to those who may need it, as well as a letter to the direct line manager. We have also established a Violence and Aggression sub-group which has overseen the roll-out of regular communication, body-worn cameras in clinical areas and the drafting of a behavioural contract for visitors Our aim through our education initiatives is for staff to understand that racism and discrimination have no place in the organisation. Additionally, our resolution-focussed approach to conflict aims to make dealing with incidences of discrimination less traumatic for those reporting them. In 2022/23 we are developing an additional toolkit on bullying and harassment to join our other EDI toolkits 	<ul style="list-style-type: none"> An increase in recording of DATIXes related to bullying and harassment, as we believe this is currently under-reported Every DATIX reporting bullying and harassment relating to race or ethnicity to be followed up by our internal counselling department 	<ul style="list-style-type: none"> Chief People Officer being responsible for the Violence and Aggression sub-group Expansion of our employee relations provision with divisionally aligned ER specialists
<p>Actions around WRES Indicator 7: Equal opportunities</p>	<ul style="list-style-type: none"> As well as our work around recruitment practices, we are designing and launching targeted fellowships for Black, Asian and minority ethnic individuals at the Trust to prepare them for applying and undertaking more senior roles. We have also removed the requirement for line managers approval to apply for EDI opportunities such as fellowships 	<ul style="list-style-type: none"> 90% retention rate on fellowships for Black, Asian and minority ethnic registered healthcare professionals. 	<ul style="list-style-type: none"> We review the uptake of CPD within nurses and midwives to evaluate whether usage is proportional
<p>Actions around WRES Indicator 8: Discrimination from a Leader</p>	<ul style="list-style-type: none"> Our highly successful race training for line managers introduces them to how "good people can be racist" and aims to equip them with the tools to challenge racism and address discriminatory behaviour. We are also ensuring EDI is incorporated within all our other programmes of work, including the 	<ul style="list-style-type: none"> We continue to train our managers and increase their competencies in EDI Divisional and corporate EDI action plans are to be presented to the EDI 	<ul style="list-style-type: none"> Training and information is available for managers on how to effectively conduct an EqIA, as well as support from the EDI team

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	<p>immediate managers' programme and <i>Improvement through People Management</i></p> <ul style="list-style-type: none"> • We sent 8 senior leaders from strategically chosen areas on the White Allies programme • In 2022/23, we are developing an anti-racist strategy along with an anti-discrimination strategy for display on our external website, showcasing our commitment to eliminating discrimination within our organisation. • We are continuing with our programme of encouraging managers in all areas of the Trust to conduct equality impact assessments for policies, programmes and interventions • In 2021/22 we asked for our clinical areas to develop EDI action plans, and in 2022/23 this ask has been expanded to all areas, including corporate services 	<p>Committee on a bi-annual basis</p>	
<p>Actions around WRES Indicator 9: Board Representation</p>	<ul style="list-style-type: none"> • We are engaging with an external provider to develop our board as part of the Inclusive Leadership Board Development Offer (ILDBO) • We continue to support the NExT Director Scheme, a development programme which supports those under-represented in non-executive roles on NHS boards. 	<ul style="list-style-type: none"> • Greater awareness and deeper understanding by the board of inequality and its impact on Black, Asian and Minority Ethnic staff and patients/service users 	<ul style="list-style-type: none"> • ILDBO is designed in conjunction with NHS England and has a solid grounding in learning theories