

# Workforce Race Equality Standard

## Annual Report 2020

## Executive Summary

The Workforce Race Equality Standard (WRES) is a requirement for all NHS organisations to publish data and action plans against 9 indicators of workforce race equality.

This report shows the Trusts latest workforce race equality data (as at 31<sup>st</sup> March 2020) and identifies where improvements have been made and where data has deteriorated.

The key findings from the 2020 report show:

- Black and minority ethnic (BME) staff represent 20% of the total workforce, this is a 4% increase since 2019
- BME staff are less likely to be appointed from shortlisting than White staff
- BME staff are less likely to enter the formal disciplinary process than White staff
- BME staff are more likely to access non-mandatory training and continued professional development than White staff
- BME staff are more likely to experience harassment, bullying or abuse from patients, relatives and the public than White staff
- BME staff are more likely to experience harassment, bullying or abuse from staff than White staff
- BME staff are less that likely to believe the Trust provides equal opportunities for career progression or promotion than White staff
- BME staff are more likely to experience discrimination at work from either their manager, team leader or colleagues than White staff
- There is no BME staff on the Board with voting membership

It is pleasing to see improvements in 5 out of the 9 indicators of workforce race equality:

- Increase in the percentage of BME workforce
- Increase in the likelihood of BME staff being appointed from shortlisting
- A reduction in the likelihood of BME staff entering the formal disciplinary process
- A reduction in the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public
- Increase in the percentage of BME staff believing the Trust provides equal opportunities for career progression or promotion

Although the Trust has seen improvements in the data, it is important to recognise that BME staff have a poorer work experience than White staff overall. The following have been identified as areas of concern that the Trust will focus on for improvement:

- Lack of BME representation in senior posts
- Likelihood of BME staff being appointed from shortlisting
- Likelihood of BME staff accessing non-mandatory training and continued professional development
- Percentage of BME staff experiencing harassment, bullying or abuse from staff

- Percentage of BME staff believing the Trust provides equal opportunities for career progression or promotion
- Percentage of BME staff experiencing discrimination at work from their manager, team leader or colleagues
- Lack of BME representation on the Board with voting membership

With the areas for improvement in mind, the Trusts EDI Improvement Plan (see Appendix 1) outlines actions the Trust will take to respond to the WRES and achieve improvements against the following themes:

- Inclusive recruitment and selection processes
- Staff are free from discrimination, bullying and harassment in the workplace
- Inclusive career opportunities for development
- Compassionate and inclusive leadership

## Introduction

The WRES is a requirement for all NHS organisations to publish data and action plans against 9 indicators of workforce race equality.

Research and evidence strongly suggest that BME staff in the NHS have a poorer experience or opportunities than White staff and this has a significant impact on the efficient and effective running of the NHS and impacts the quality of care received by all patients.

WRES aims to ensure employees from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace and support NHS organisations make the necessary structural and cultural changes needed to advance workforce race equality.

The data for indicators 1 to 4 and 9 are taken from the Trusts workforce data as at 31<sup>st</sup> March 2020 and data for indicators 5 to 8 are taken from the Trusts National Staff Survey 2019 results.

The aim of this report is to present the Trusts latest workforce race equality data and identify where improvements have been made and where data has deteriorated.

## Workforce Race Equality Standard Progress in 2019/2020

It is pleasing to see improvements in 5 out of the 9 indicators of race equality:

- Increase in the percentage of BME workforce
- Increase in the likelihood of BME staff being appointed from shortlisting
- A reduction in the likelihood of BME staff entering the formal disciplinary process
- A reduction in the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public
- Increase in the percentage of BME staff believing the Trust provides equal opportunities for career progression or promotion

A number of actions have been taken in the last WRES reporting year that will have attributed to the above improvements, these include:

### *Training and Development*

- A second cohort of 26 staff have joined the Trusts bespoke development programme for BME staff called Beyond Boundaries.
- Implemented a Reverse Mentoring Programme where 26 Beyond Boundaries delegates have been paired with a member of the Executive Team or a senior leader in the organisation.
- Ad-hoc Unconscious Bias training for hot spot areas in the organisation have been delivered.
- Equality Diversity and Inclusion Training has been embedded within the mandatory Passport to Manage training for all new managers and newly promoted managers.
- Development sessions are now included as part of the ethnic minority staff network meetings.
- The recruitment of a Talent Lead has placed inclusion at the centre of the talent strategy.

- The Trusts' recent Senior Leaders development programmes included compassionate and inclusive leadership as a key component.
- The Trust hosted its 5th Leadership Summit in October 2019 with the topic of Inclusive Leadership; keynote speakers included Catherine Loftus, NHS Leadership Academy and Hayley Barnard, MIX Diversity Developers.

### *People Practices*

The Trust has agreed and implemented the actions from the Baroness Dido Harding letter entitled 'Learning lessons to improve our people practices' and NHS England/NHS Improvement – A Fair Experience for All: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce.

### *Staff Networks*

The Trust continues to promote staff networks that have a key role in developing and overseeing the implementation of the action plans. The BAME Staff Network continues to oversee the development and implementation of the WRES action plan and to improve the experiences of BME staff. The Trust has the BAME Staff Network, LGBT+ Staff and Allies Network and the DisAbility Staff Network. All staff are encouraged to join any of the groups they wish.

### *NHS Employers Partners Diversity and Inclusion Programme*

The partners programme supports participating NHS organisations to progress and develop their equality performance and build an inclusive culture in the workplace. The Trust this year completed of year 2 of the programme and is now a member of the alumni.

Despite these improvements, it is important to recognise that BME staff have a poorer work experience than White staff overall and action is needed to close the gap in work experience between BME staff and White staff.

## Workforce Race Equality Standard 2020 Data

### **Indicator 1: Percentage of staff in each AfC bands 1 to 9 and VSM compared with the percentage of black and ethnic staff in the overall workforce**

*Table 1*

WRES Indicator	Metric Description		2019 PHU Score	2020 PHU Score
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	All	15.98%	20%
		8-9 VSM	7.5%	7%

**Table 2**

	2019						2020					
	Headcount				% of staff of the total workforce		Headcount				% of staff of the total workforce	
	White	BME	Unknown	Total	White	BAME	White	BME	Unknown	Total	White	BAME
<b>Non-Clinical</b>												
Under Band 1	26	2	0	28	93%	7%	23	0	2	25	92%	0%
1	2	0	0	2	100%	0%	0	0	0	0	0%	0%
2	518	18	4	536	97%	3%	515	19	2	536	96%	4%
3	268	14	2	282	95%	5%	276	13	3	292	95%	4%
4	125	5	1	130	96%	4%	134	8	0	142	94%	6%
5	97	4	0	101	96%	4%	100	7	1	108	93%	6%
6	78	5	1	83	94%	6%	82	6	0	88	93%	7%
7	65	4	0	69	94%	6%	67	2	0	69	97%	3%
8a	70	0	0	70	100%	0%	73	2	1	76	96%	3%
8b	27	1	0	28	96%	4%	32	1	0	33	97%	3%
8c	24	0	0	24	100%	0%	36	0	0	36	100%	0%
8d	6	0	0	6	100%	0%	7	1	0	8	88%	13%
9	10	0	0	10	100%	0%	10	0	0	10	100%	0%
VSM	13	1	0	14	93%	7%	12	1	0	13	92%	8%
<b>Total</b>	<b>1329</b>	<b>54</b>	<b>8</b>	<b>1391</b>	<b>96%</b>	<b>4%</b>	<b>1367</b>	<b>60</b>	<b>9</b>	<b>1436</b>	<b>95%</b>	<b>4%</b>
	2019						2020					
	Headcount				% of staff of the total workforce		Headcount				% of staff of the total workforce	
	White	BME	Unknown	Total	White	BAME	White	BME	Unknown	Total	White	BAME
<b>Clinical</b>												
Under Band 1	17	1	1	18	94%	6%	13	1	0	14	93%	7%
1	0	0	0	0	0%	0%	0	0	0	0	0%	0%
2	972	151	8	1123	87%	13%	1012	162	11	1185	85%	14%
3	292	55	8	347	84%	16%	293	68	10	371	79%	18%
4	233	13	4	246	95%	5%	230	21	5	256	90%	8%
5	1099	442	20	1541	71%	29%	1007	678	29	1714	59%	40%
6	866	121	12	987	88%	12%	873	139	10	1022	85%	14%
7	499	31	4	530	94%	6%	506	34	6	546	93%	6%
8a	136	5	3	141	96%	4%	136	6	2	144	94%	4%
8b	31	0	0	31	100%	0%	38	0	0	38	100%	0%
8c	20	0	1	20	100%	0%	19	0	1	20	95%	0%
8d	11	1	0	12	92%	8%	9	1	1	11	82%	9%
9	1	0	0	1	100%	0%	1	0	0	1	100%	0%
VSM	0	0	0	0	0%	0%	1	0	0	1	100%	0%
Consultants	350	83	8	433	81%	19%	346	92	10	448	77%	21%
Non Consultant Career Grade	40	16	1	56	71%	29%	36	20	1	57	63%	35%
Trainee Grades	314	227	21	541	58%	42%	308	259	17	584	53%	44%
Other	1	0	0	1	100%	0%	0	0	0	0	0%	0%
<b>Total</b>	<b>4882</b>	<b>1146</b>	<b>91</b>	<b>6028</b>	<b>81%</b>	<b>19%</b>	<b>4828</b>	<b>1481</b>	<b>103</b>	<b>6412</b>	<b>75%</b>	<b>23%</b>

The data in table 1 indicates that 20% of our workforce is from a BME background, which is a 4% increase since 2019 and more than representative of our local community at 11%. However, it is disappointing to see that the number of BME staff in bands 8a to VSM has decreased by 0.5%.

Non-Clinical Workforce (table 2)

The highest percentage of Ethnic Minority staff are in bands 8d (13%) followed by 7% in band 6 and 6% in bands 4 and 5, there is no representation in bands 1, 8c and 9.

The most notable increases from the 2019 data in ethnic minority representation can be seen in Band 8d (13%, equates to 1 additional recruit/promotion), in Band 5 (3%) which may be due to the continued recruitment of International Nurses to PHU and in Band 8a (3%, 2 additional recruits/promotions). There is a 3% reduction (2 members of staff) in Band 7 and a 1% reduction in band 8b (1 staff member).

Clinical Workforce (table 2)

The highest percentage of Ethnic Minority staff is Trainee Grade Doctors (44%) followed by 40% in band 5, 35% in Non Consultant career grades and 21% in Consultant grades. There is no representation in bands 8b, 8c, 9 and VSM.

The most notable increases from the 2019 data are in Band 5 (11%) which may be due to the continued recruitment of International Nurses to PHU and in Non Consultant Career Grades (7%), there are no reductions.

Whilst it is good news that the BAME workforce continues to grow, the Trust recognises that there is still significant work to be done to achieve race equality within the workforce. In line with the Model Employer strategy and NHS People Plan the Trust is currently setting targets to increase representation of BME staff in bands 7 to VSM.

**Indicator 2: Relative likelihood of staff being appointed from shortlisting**

*Table 3*

WRES Indicator	Metric Description	2019 PHU Score	2020 PHU Score
2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	1.31	1.30

The data in table 3 indicates that the likelihood of BME staff being appointed from shortlisting has improved slightly since 2019 but the data is still showing a concerning disparity in comparison with White staff.

White staff are 1.3 times more likely to be appointed from shortlisting than BME staff.

**Indicator 3: Relative likelihood of staff entering the formal disciplinary process**

**Table 4**

WRES Indicator	Metric Description	2019 PHU Score	2020 PHU Score
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	1.29	0.93

The data in table 4 indicates that the disparity in the likelihood of BME staff and White staff entering the formal disciplinary process has significantly reduced, however our data now tells us that White staff are more likely to enter this process.

**Indicator 4: Relative likelihood of staff accessing non-mandatory training and continued professional development**

**Table 5**

WRES Indicator	Metric Description	2019 PHU Score	2020 PHU Score
4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	0.88	0.79

This data in table 5 tells us that BME are 0.79 times more likely to access non mandatory training and continued professional development than White staff. Although good news, the Trust would like to see all staff accessing these opportunities more equally.

**Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public**

**Table 6**

WRES Indicator	Metric Description	2019 PHU Score	2020 PHU Score	NSS 2019 National Average	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	BME	31%	29%	30%
		White	28.5%	27%	28%

This data in table 6 indicates that BME staff are 3% more likely to experience harassment, bullying or abuse from patients, relatives and the public than White staff. This is better than the national average score.

**Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff**

**Table 7**

WRES	Metric Description	2019 PHU	2020 PHU	NSS 2019
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Indicator		Score	Score	National Average	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	BME	26%	29%	29%
		White	26%	23.5%	26%

This data in table 7 indicates that BME staff are 5.5% more likely to experience harassment, bullying or abuse from staff than White staff. This is on par with the national average score.

### Indicator 7: Percentage of staff believing the Trust provides equal opportunities for career progression or promotion

Table 8

WRES Indicator	Metric Description		2019 PHU Score	2020 PHU Score	NSS 2019 National Average
7	Percentage believing that trust provides equal opportunities for career progression or promotion.	BME	74.5%	76%	74%
		White	89%	91%	87%

This data in table 8 indicates that 76% of BME staff believe the Trust provides equal opportunities for career progression or promotion compared to 91% of White staff. This is better than the national average score.

### Indicator 8: Percentage of staff personally experiencing discrimination at work from their manager/team leader or colleagues

Table 9

WRES Indicator	Metric Description		2019 PHU Score	2020 PHU Score	NSS 2019 National Average
8	In the last 12 months have you personally experienced discrimination at work from their manager/team leader or colleagues?	BME	14.5%	17%	14%
		White	6%	6%	6%

The data in table 9 demonstrates that 17% of BME staff have personally experienced discrimination at work from either their manager, team leader or colleagues in comparison to 6% of White staff - this indicator is worse than national average.

### Indicator 9: Percentage difference between Board voting membership and its overall workforce

**Table 10**

WRES Indicator	Metric Description	2019 PHU Score	2020 PHU Score
9	Percentage difference between Board voting membership and its overall workforce	-15.98%	-19.64%

This data in table 10 indicates that, as at 31<sup>st</sup> March 2020, there is no voting BME staff member on the Trust Board.

## Conclusion and Next Steps

Based on the 2020 data the following have been identified as areas of concern that the Trust must focus on for improvement:

- Lack of BME representation in senior posts (bands 7+)
- Likelihood of BME staff being appointed from shortlisting
- Likelihood of BME staff accessing non-mandatory training and continued professional development
- Percentage of BME staff experiencing harassment, bullying or abuse from staff
- Percentage of BME staff believing the Trust provides equal opportunities for career progression or promotion
- Percentage of BME staff experiencing discrimination at work from their manager, team leader or colleagues
- Lack of BME representation on the Board with voting membership

With the areas for improvement in mind, the Trusts EDI Improvement Plan (see Appendix 1) outlines actions the Trust will take to respond to the WRES and achieve improvements against the following themes:

- Inclusive recruitment and selection processes
- Staff are free from discrimination, bullying and harassment in the workplace
- Inclusive career opportunities for development
- Compassionate and inclusive leadership

In line with the Model Employer strategy and NHS People Plan the Trust is currently setting targets to increase representation of black and ethnic minority staff in bands 7 to VSM.

## Appendix 1: WRES Action Plan 2020/2022

Our overall aim is to ensure our workforce at every level is inclusive and representative of the community we serve		
Priority Objective	Underpinning Action	Measures of Success by March 2022
<p><b>1. Reduce the number of BME and Disabled staff reporting a lower likelihood of being appointed from shortlisting through improved and inclusive recruitment processes</b></p>	<ul style="list-style-type: none"> <li>Place inclusion at the centre of people processes such as recruitment, appraisal, training and development programmes (including unconscious bias)</li> <li>Develop an internal group of inclusion experts to provide advice for shortlisting and target recruitment opportunities for BME staff</li> <li>Invest in a system with suitable data reporting capabilities to monitor candidate profiles at all stages of recruitment</li> </ul>	<ul style="list-style-type: none"> <li>Year on year improvement in the likelihood of Disabled and BME applicants being appointed from shortlisting, measured by the WRES and WDES, as we move towards parity</li> <li>Increased representation of BME staff in senior post (bands 7+) based on workforce composition and national model employer strategy</li> </ul>
<p><b>2. Take positive steps to ensuring all staff are free from discrimination, violence, abuse and harassment in the workplace</b></p>	<ul style="list-style-type: none"> <li>Eradicate unacceptable behaviours through ensuring all staff, patients, relatives and carers are clear on expectations and consequences of their actions and behaviours:               <ul style="list-style-type: none"> <li>Violence against staff campaign continues with media support</li> <li>Staff are encouraged to report any form of discrimination/abuse</li> <li>Continue to work with staff networks to address any concerns</li> <li>Continue to build positive relationships with local constabulary</li> <li>Improve training for staff to deal with violence from service users</li> <li>Implement and fully embed a Leadership Behaviours Framework as identified through the culture and leadership programme</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Significantly less staff report experiencing discrimination, violence, abuse and harassment as measured across three themes within the National Staff Survey; Equality, Diversity and Inclusion, Violence, Bullying and Harassment and benchmark within top percentile of England acute Trusts</li> </ul>
<p><b>3. Provide inclusive career opportunities for development, leading to a more representative workforce at every level</b></p>	<ul style="list-style-type: none"> <li>Career conversations embedded as part of the annual appraisal process</li> <li>Implement and fully embed an inclusive talent management system, to support the development of a talent pipeline</li> <li>Grow coaching and mentoring capacity as part of our development offer</li> <li>Promote and support inclusive access to training, learning and development opportunities, at national, regional and local level, identifying any specific gaps requiring some targeted or bespoke programmes</li> </ul>	<ul style="list-style-type: none"> <li>Increase of BME staff compared to white reporting equal opportunities for career progression or promotion (WRES indicator 7)</li> <li>Increase of Disabled staff compared to non-disabled reporting equal opportunities for career progression or promotion (WDES indicator 5)</li> <li>Increased representation of BME staff in senior post (bands 7+) based on workforce composition and national model employer strategy</li> <li>The Board's composition accurately reflects staff and</li> </ul>

## Appendix 1: WRES Action Plan 2020/2022

	<ul style="list-style-type: none"> <li>• Targeted recruitment for volunteers and non-executive Board members</li> </ul>	<p>community demographic with any gaps identified</p>
<p><b>4. Continue to invest in developing compassionate and inclusive leadership</b></p>	<ul style="list-style-type: none"> <li>• Continue to deliver Phase 3 of our Culture Change Programme</li> <li>• Set clear expectations of all staff through embedding our values and implementing a leadership behaviours model</li> <li>• Invest in our management and leadership development, ensuring compassionate, inclusive leadership is at the centre.</li> <li>• Implement a 'reverse mentoring' scheme for ethnic minority staff</li> <li>• Grow coaching and mentoring capacity as part of our development offer</li> <li>• Continue to work with staff networks and support the delivery of key actions identified to improve their experience in the work place</li> <li>• Ensure full implementation of our staff health and well-being improvement plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ No disparity between protected staff groups reporting that they would recommend the organisation as a place to work (Q21c of the NSS)</li> <li>➤ Staff turnover remains below target of 12% with parity between protected characteristic staff groups</li> <li>➤ Year on year reduction in the Gender Pay Gap</li> <li>➤ Recognised within the top quartile of employers in the Stonewall top 100 workplace equality index</li> <li>➤ Data recording of protected characteristics has increased</li> </ul>