

Trust Board (Public) – 1 December 2022

Agenda item:	5.3									
Presented by:	Ogechi Eme	Ogechi Emeadi, Director of people								
Prepared by: Date prepared: Subject:	people info9 November	Padraig Brady – Head of people business partnering, Nathaniel Williams – people information manager 9 November 2022 Workforce Race Equality Standard (WRES) 2022								
Purpose:	Approval	Decision	x Informat	tion Ass	surance					
Key issues: please don't expand this cell; additional information should be included in the main body of the report	 There into s The liproce positifrom scomp 	 The Trust has appointed a dedicated lead for equality, diversity and inclusion. There has been an increase in the number of BME staff recruited into senior roles. The likelihood of BME staff entering into a formal disciplinary process has reduced to 0.6. Any score less than 1 is seen as a positive indicator. The likelihood of white staff being appointed from shortlisting across all posts has decreased slightly compared to last year (this data excludes ongoing international recruitment). 								
Recommendation:	To present the Board with key findings of the Trust's Workforce Race Equality Standard (WRES) report and subsequent action plan for approval.									
Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	Patients x	People x	Performance x	Places x	Pounds x					

Previously considered by:	Equality and Inclusion Steering Group PC.28.11.22
Risk / links with the	2.1 Workforce capacity
BAF:	2.3 Internal engagement
	2.4 Workforce capabilities





Legislation, regulatory, equality, diversity and dignity implications:	The WRES forms part of the Trust's statutory duties under the broader equality and inclusion landscape – Equality Act 2010.
Appendices:	Appendix 1 WRES Key Findings Appendix 2 WRES Data

1.0 Purpose

To provide oversight of the Trust Workforce Race Equality Standard report (WRES) for Trust wide publication.

This paper presents the revised recommendation for 2021-2022, which builds on from action and key objectives of the Race Equality and Cultural Heritage staff network (REACH).

The data covers the period from April 2020 – March 2021 and April 2021 – March 2022 respectively.

Context

The Workforce Race Equality Standard (WRES) was introduced in 2015 as part of the NHS standard contract to enable employees from black and minority ethnic (BME) backgrounds to have equal access to career opportunities and receive fair treatment in the workplace. This is vital as the evidence shows that a motivated, inclusive and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety; it also leads to more innovative and efficient organisation.

The WRES forms part of the Trust's statutory duties under the broader equality and inclusion landscape – Equality Act 2010.

WRES is self-assessed against 9 indicators - four of which relate specifically to workforce data, four are based on data from the national NHS Staff Survey questions and the final one considers BME representation on the Trust board.

The data is to enable the Trust to adopt a 'learning organisation' approach and produce an action plan to build a culture of continuous improvement. This will form essential steps in helping to bring about a workplace that is free from discrimination.

Appendix 1 Key findings – what the data tells us

- Metric: Percentage of staff in each of the AFC pay bands 1-9, medical and dental and VSM compared to overall workforce: The percentage of BME staff employed within the Trust has increased from 33% to 37% compared to last year. The number of BME staff at VSM remain at two headcount from last year
- Metric: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME: The % of BME staff appointed in this reporting period was 24% (compared to 24% in 2021). The % of white staff appointed in this reporting period was 30% white (compared to 33% in 2021). The relative likelihood of





- white staff being appointed compared to BME staff is currently 1.25. Any score less than 1 is seen as a positive indicator.
- Metric: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff. The likelihood of BME staff entering the formal disciplinary process is now 0.60 times more likely than white staff (compared to 1.15 in 2021). Any score less than 1 is seen as a positive indicator. The numbers of BME staff that entered the formal disciplinary process is 0.42% (0.24% in 2021). The overall number of staff entering a formal disciplinary process remains small.
- Metric: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff: The likelihood of white staff accessing non-mandatory training and CPD when compared to BME staff is 1.27 as compared to 1.15 in 2021. However, the percentage of BME staff accessing training and CPD has also increased from the previous reporting period.
- Metric: BME board membership executive directors: BME board membership

 non-executive directors:
 BME representation at board level has increased over the last 3 years from 12% to 18% and 21% in 2022 respectively.

Appendix 2

Percentage of non-clinical staff in each Pay band AFC Band 1-9 and VSM.

	Apr20-M	ar21	Apr21-Mar22		
	White	BME	White	BME	
Band 1	72%	17%	71%	14%	
Band 2	83%	10%	80%	14%	
Band 3	87%	8%	87%	7%	
Band 4	91%	6%	90%	7%	
Band 5	77%	15%	78%	17%	
Band 6	86%	11%	80%	14%	
Band 7	80%	17%	84%	12%	
Band 8a	76%	24%	82%	15%	
Band 8b	82%	14%	70%	26%	
Band 8c	67%	33%	64%	36%	
Band 8d	100%	0%	91%	9%	
Band 9	100%	0%	100%	0%	
VSM	78%	22%	78%	22%	
NEDS	75%	0%	70%	20%	

Percentage of clinical staff in each pay band AFC Band 1-9 and medical and dental.



Clinical	Apr20-N	1ar21	Apr21-Mar22		
	White	BME	White	BME	
Band 2	75%	21%	67%	30%	
Band 3	85%	12%	84%	14%	
Band 4	62%	38%	61%	32%	
Band 5	30%	65%	24%	71%	
Band 6	65%	32%	60%	37%	
Band 7	65%	31%	63%	32%	
Band 8a	67%	27%	68%	27%	
Band 8b	78%	13%	68%	24%	
Band 8c	89%	11%	90%	10%	
Band 8d	89%	11%	88%	13%	
Band 9	0%	0%	100%	0%	
Medical & Dental	32%	68%	30%	70%	

2020		2	021		4	2022	
1.23			.37			1.25	
ı İ	_			1			
				21		2	
	White	e BME	White	BME	White	BME	
Relative likelihood of appointment from shortlisting	21%	17%	33%	24%	30%	24%	
1.94			1.15			0.60	
	2020		2021		2022		
	White	e BME	White	BME	White	BME	7
Likelihood of staff entering formal disciplinary process	0.46%	% 0.90%	0.21%	0.24%	6 0.70%	0.42%	
0.94			145			1.27	
	likelihood of appointment from shortlisting 1.94 Likelihood of staff entering formal disciplinary process	1.23 Relative likelihood of appointment from shortlisting 1.94 Likelihood of staff entering formal disciplinary process 0.469	1.23 Relative likelihood of appointment from shortlisting 1.94 1.94 1.94 2020 White BME 2020 White BME Likelihood of staff entering formal disciplinary process 0.46% 0.90%	1.23 2020 2020 White BME White Relative likelihood of appointment from shortlisting 21% 17% 33% 1.94 1.15 2020 2 White BME White Likelihood of staff entering formal disciplinary process 0.46% 0.90% 0.21% 0.46% 0.90% 0.21%	1.23 1.37	1.23 1.37 202 2021 202	1.23 1.37 1.25





Relative							
likelihood of		20	2020		2021		22
white staff		White	BME	White	BME	White	BME
accessing non- mandatory training and CPD compared to BME staff	Likelihood of staff accessing non-mandatory training & CPD	9.75%	10.39%	9.33%	8.09%	14.08%	10.96%
Total Board							
Members %		20	020		2021		2022
by ethnicity		White	BME	White	BMI	E Whit	e BME
	Total Board members - % by ethnicity	82.40 %	11.80 %	70.60 %	17.1	⁻ 1 73 7	% 21.1%

Achievements for 2021/22

- 1. EDI champions on all interview panels at band 8a and above
- 2. Inclusive recruitment training rolled out across the Trust. 155 recruiting managers trained to date
- 3. Appointment of a dedicated EDI lead role in January 2022. Recruitment of Trust EDI lead now in place
- 4. Rebranding of the staff network to be called REACH (the Race Equality and Cultural Heritage); appointment of a new staff network chair and re-appointment of vice chair

Areas of action for 2022/23

Reference	Actions	Lead	Timescale
1	To work with an external partner in developing the REACH staff network to increase their membership, participation and visibility within the Trust, as part of an overall EDI staff engagement strategy	REACH Staff Network	Review March 2023
2	Review the process for accessing CPD funded courses to ensure it is accessible to all staff; ensuring the process for distribution and allocation of funded CPD courses is managed consistently and by a diverse decision-making panel	Learning and organisational development team/EDI Steering Group	March 2023
3	Annual agenda to deliver awareness events that are promoting REACH staff network objectives, in addition to Black History month	EDI Steering Group	Review quarterly





4	To review the recruitment data relating to shortlisting and appointments to review the impact of introducing EDI champions and inclusive recruitment training	EDI Steering Group	Review quarterly	NHS
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