

Workforce Race Equality Standard (WRES) report 2022-23

1.0 Context

This paper provides the Committee with the 2022-23 WRES data set for PAHT that has been submitted to NHS England in August 2023, together with a summary of action taken in the past year and proposed refreshed WRES action plan. The data in this report covers the period from April 2022 to March 2023.

The WRES was introduced in April 2015 as the NHS England WRES briefing for boards states that NHS workforce race equality delivers better care, outcomes and performance. Research and evidence such as that from Professor Michael West and Professor Jeremy Dawson has found that less favourable treatment of Black, and minority ethnic (BME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by patients. West and Dawson assert “The greater the proportion of staff from a Black or minority ethnic background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction. The experience of BME staff is a very good barometer of the climate of respect and care for all within NHS Trusts”

The Committee is reminded that, in its simplest form, the WRES offers NHS organisations the framework to understand their workforce race equality performance, including the degree of BME staff representation at senior management and board level. The WRES indicators highlight differences between the experience and treatment of white staff and BME staff in their organisations. The WRES is intended to help all NHS organisations to focus on where they are right now on this agenda, where they need to be, and how they can get there.

The PAHT WRES plan is informed by a number of publications and wider actions:

- In May 2021 NHS England WRES team published the WRES report analysing all national data submitted across the NHS, and wrote to all Trusts advising them for the first time of their Race Disparity Ratio and benchmarked their relative likelihood of BME and white staff progressing to lower, middle and upper tiers of Agenda for Change bandings based on 2020 data.
- The National WRES team has also set out Model Employer leadership targets for the NHS; an ambition for all posts across the NHS to increase black and minority ethnic representation at all levels of workforce by 2028 including at senior leadership and Board level by to equate to either the organisational or community percentage, whichever is highest.
- East of England Anti-racism strategy, PAHT has put in place various initiatives which are referenced in this report.
- In 2022 the Trust committed to the UNISON Eastern Antiracism Charter. This outlines various pledges under the themes of Leadership, Process and Audit.
- The NHS equality, diversity, and inclusion improvement plan published in June 2023 builds on the People Promise, using the latest data and evidence to identify six high impact actions organisations should take to considerably improve equality, diversity and inclusion.

2.0 WRES key findings

The Trust's WRES data was submitted to NHS England in August 2023. The results for each indicator are set out below.

In summary the Trust has improved in five of the nine indicators in the last year:

- **Metric 1: Percentage of staff in each of the AFC pay bands 1-9, medical & dental and VSM compared to overall workforce.** Percentage of BME Staff employed within the Trust has increased from 37% to 39% when compared to last year. BME staff at VSM is one compared to two headcounts from last year..
- **Metric 3: 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 0.30 times more likely than White groups as compared to 0.60 in 2022. Any score less than 1 is seen as a positive outcome for BME groups. The numbers of BME staff that entered the formal disciplinary process is 0.26% (0.42% in 2022).
- **Metric 4: 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 0.99 as compared to 1.27 in 2022 an improvement.

Underperformed in four indicators in the last year:

- **Metric 2: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME.** The % of BME staff appointed was 23% (24% in 2022) compared to 34% white (30% in 2022). The relative likelihood of White staff being appointed compared to BME staff is currently 1.44, an increase from 2022. Any score less than 1 is seen as a positive outcome for BME groups. Please note that most international recruitment is not included in the number as they do not go through the recruitment system.
- **Metric 5: BME board membership – Executive and Non-Executive Directors.** BME representation at board level is 16% when compared to 21% last year.

Table 1:

National Staff Survey question	BME 2022	White	BME 2021	White
Metric 6: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	34.0%	30.8%	33.3%	29.1%
Metric 7: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	29.3%	26.4%	30.6%	28.3%
Metric 8: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	40.6%	53.2%	41.0%	50.8%
Metric 9: Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.	17.5%	6.9%	18.4%	7.7%

3.0 Key activity in the past 12 months

Actions in 2022-23

- Inclusion of Inclusion Champions when interviewing for roles of band 8a and above.
- Roll out of inclusive recruitment training for hiring managers
- Workshops to support REACH network members
- REACH rebranded and relaunched with bespoke leadership development support for its leaders
- Collaboration with the ICS to implement new career development programme for BME staff
- Signed up to UNISON Eastern Antiracism Charter
- Commenced roll out of Anti-racism work programme for AHP
- Increase in the pool FTSU ambassadors
- The FTSU Guardian has attended the BME staff network to recruit from the BME community

The EDI steering group, including the REACH staff network, has met at a minimum of every quarter to ensure the WRES action plan has traction and engagement. Activities include: REACH chairs meeting with EDI lead every 4-6 weeks to bring ideas together to inform the wider EDI strategy; promoting staff to become inclusion champions; proactively encouraging network members to apply for band 8a and above positions; and informally mentoring BME staff.

4.0 Moving forward

The success of our WRES action plan set out in Appendix 2 and our participation in the implementation of the regional anti-racism strategy will require all colleagues to be supportive and inclusive in their behaviour. We require all leaders to be accountable and responsible for creating an inclusive culture where racism and discrimination is not tolerated and action is taken to address racial harassment, micro-aggressions and incivility. Measures to meet our Model Employer goals and with what are described as 'accountability nudges' by Roger Kline will be incorporated in our anti-racism plan. We will continue to inform educate and support colleagues and leaders to be accountable. Our aim is to shift the current culture and improve the experience of work and opportunity for Black, Asian, minority, ethnic staff.

Appendix 1: WRES DATA

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

Non-Clinical	Apr21-Mar22		Apr22-Mar23	
	White	BME	White	BME
Band 1	71%	14%	69%	13%
Band 2	80%	14%	80%	15%
Band 3	87%	7%	86%	9%
Band 4	90%	7%	91%	7%
Band 5	78%	17%	82%	13%
Band 6	80%	14%	70%	26%
Band 7	84%	12%	86%	13%
Band 8a	82%	15%	88%	10%
Band 8b	70%	26%	71%	25%
Band 8c	64%	36%	64%	36%
Band 8d	91%	9%	73%	27%
Band 9	100%	0%	100%	0%
VSM	78%	22%	89%	11%
NEDS	70%	20%	70%	20%

Percentage of clinical staff in each Pay band AFC Band 1-9 & Medical and Dental

Clinical	Apr21-Mar22		Apr22-Mar23	
	White	BME	White	BME
Band 2	67%	30%	64%	33%
Band 3	84%	14%	80%	18%
Band 4	61%	32%	56%	42%
Band 5	24%	71%	24%	72%
Band 6	60%	37%	55%	42%
Band 7	63%	32%	64%	32%
Band 8a	68%	27%	61%	33%
Band 8b	68%	24%	70%	22%
Band 8c	90%	10%	64%	29%
Band 8d	88%	13%	78%	22%
Band 9	100%	0%	100%	0%
Medical and Dental	30%	70%	27%	68%

Indicator	2021	2022				2023	
Relative likelihood of white staff being appointed from Shortlisting compared to BME staff across all posts	1.37	1.28				1.44	
		2021		2022		2023	
		White	BME	White	BME	White	BME
	Relative likelihood of appointment from shortlisting	33%	24%	30%	24%	34%	23%
Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to white staff (two years rolling average)	1.15	0.60				0.30	
		2021		2022		2023	
		White	BME	White	BME	White	BME
	Likelihood of staff entering formal disciplinary process	0.21%	0.24%	0.70%	0.42%	0.85%	0.26%
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	1.15	1.28				0.99	
		2021		2022		2023	
		White	BME	White	BME	White	BME
	Likelihood of staff accessing non-mandatory training and CPD	9.33%	8.09%	14.08%	10.96%	23.8%	24.0%
Total Board Members % by ethnicity							
		2021		2022		2023	
		White	BME	White	BME	White	BME
	Total Board members - % by ethnicity	71%	17%	74%	21%	79%	16%

Appendix 2 Areas of action for 2023 - 2024

WRES Metric	Actions	Lead
1	Undertake an ethnicity pay gap audit in order to inform actions to further address inequality. Agree approach for advertising of stretch assignments and secondment opportunities Promote a range of anti-racism resources, videos, e-learning and webinars across our departments and divisions.	People - information team, learning and organisational development (L&OD)
2	Review and implement recommendations given in De-biasing Recruitment toolkit that has been developed for the region by Research fellow and diversity expert Roger Kline Increase pool of existing inclusion champions.	People – resourcing and retention
3	Provide managers and leaders with development and support to improve cultural intelligence, knowledge and understanding when leading diverse teams to help Review people management processes with just and learning culture lens	L&OD People - business partners
4	Sponsorship, mentoring and coaching and promoting positive action programmes e.g. Ready Now, reverse mentoring Career development seminars for BME staff Promote access to CPD	L&OD
5 – 8	Review how best to embed in the organisation the NHSI Civility and Respect Toolkit Implementation of actions in EoE Anti-racism strategy including review of key policies and procedures for reporting racism and other categories Promote quarterly attendance of the FTSUG at the REACH network meetings to update on trends of complaints/reports	People - business partners L&OD
9	Work with skilled and experienced recruitment agencies to source potential candidates from diverse backgrounds when senior and VSM vacancies arise Adopt inclusive approach to talent management and succession planning. BME staff network leads to be invited to attend Board meetings	People – resourcing and retention L&OD