

Report to:	Trust Board	Date: 26 August 2021
Report from:	Oonagh Monkhouse, Director of Workforce and OD and Onika Patrick-Redhead, EDI Manager	
Principal Objective/Strategy:	To approve the 2020/21 WRES data submission and action plan.	
Title:	WRES Data submission and Action Plan 2021	
Board Assurance Framework Entries:	Staff Engagement Retention Recruitment	
Regulatory Requirement:	WRES Equality Act Public Sector Equality Duty	
Equality Considerations:	Supports the delivery of the Trust's WRES and EDS goals. This report supports the requirements laid out in the Equality Act 2010 and the Public Sector Equality Duty. This report provides assurance that the Trust is complying with NHS Workforce Equality Standards as outlined in the NHS Standard Contract.	
Key Risks:	<ul style="list-style-type: none"> • Staff retention • Staff engagement • Patient experience 	
For:	Noting the 2021/22 WRES data submission Approval of WRES action plan	

1. Purpose

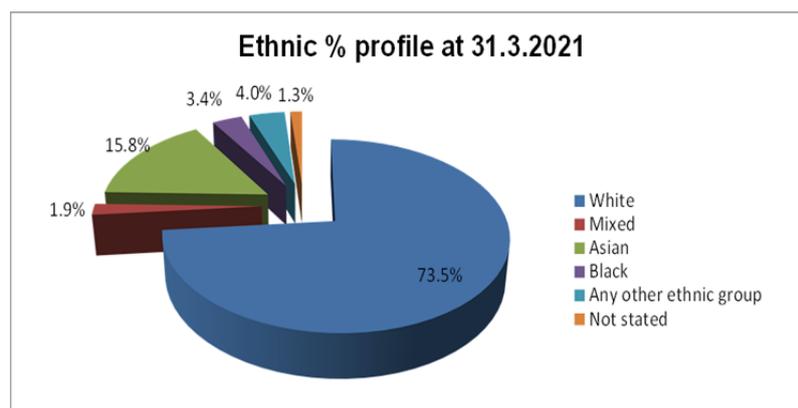
The purpose of this paper is to provide the Board with a summary of the Workforce Race Equality Standard submission for 2021/2022 and a draft of the action plan for approval. This data and plan will be published on our external website as required.

The data and action plan have been discussed and approved by the Quality and Risk Committee.

1.1 WRES Data submission highlights 2021/22

This report details our 21/22 data submission and provides a comparison with our data from the previous two years. It also details the actions developed in conjunction with the Black, Asian and Minority Ethnic (BAME) network and will be circulated to all network members following Board approval.

Our baseline data tells us that 25.1% of our workforce comes from Black, Asian and Minority Ethnic (BAME), backgrounds, and that we have 62 -different nationalities represented across RPH.



2. WRES Indicators

The Workforce Race Equality Standard (WRES) is a workforce standard mandated by NHS England & NHS Improvement. All NHS Trusts and organisations are required to collect and analyse data across a series of metrics to help to improve the working experiences of Black, Asian and Minority ethnic (BAME) staff across the NHS. There are nine WRES metrics:

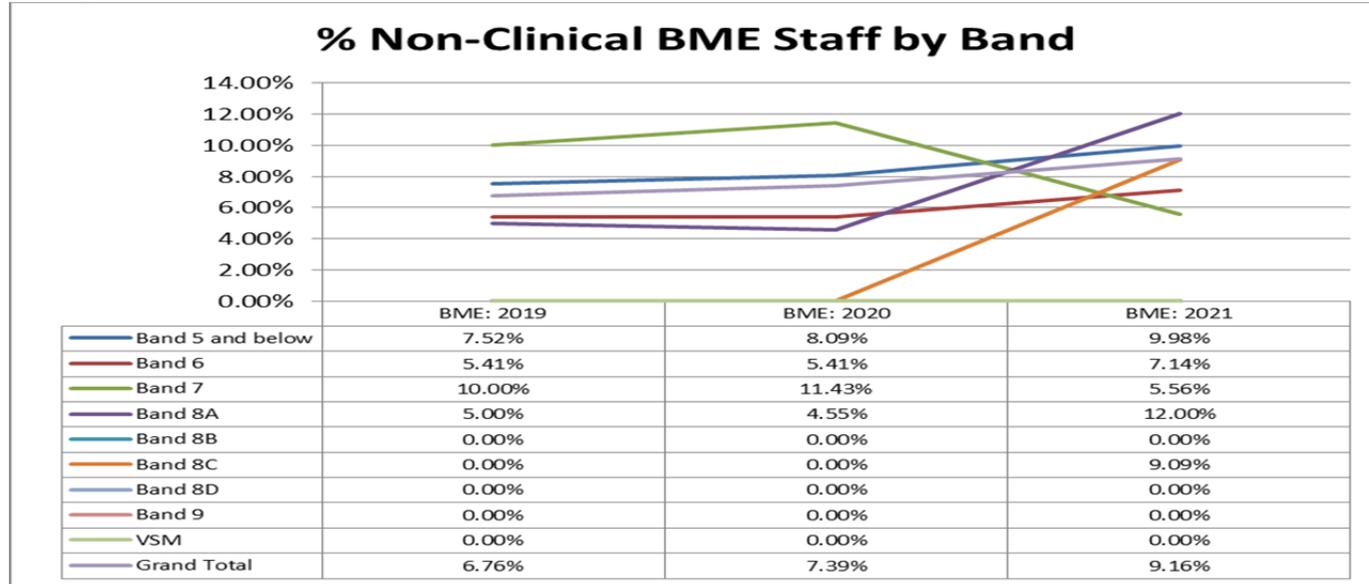
- Two focus on workforce data and representation.
- Four are based on questions from the NHS Staff Survey
- Three based on workforce data from HR interventions.

Indicator Number	Workforce Indicators (comparison of data for white and BAME staff)	Who provides the data
1	Percentage of staff in each of the AFC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce Calculation completed separately for non-clinical and for clinical staff	Workforce Information team
2	Relative likelihood of staff being appointed from shortlisting across all posts	Workforce Information team
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator is based on data from a two-year rolling average of the current year and the previous year	Workforce Information team
4	Relative likelihood of staff accessing non-mandatory training and CPD	Workforce Information team
	National NHS Staff Survey indicators (or equivalent) Comparison of the outcomes of the response for White and BAME staff	Staff Survey Results
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last months	Staff Survey Results
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Staff Survey Results
7	Percentage believing that trust provides equal opportunities for career progression or promotion	Staff Survey Results
8	In the last 12 months have you personally experienced discrimination at work from any of the following? Managers/team leader or other colleagues	Staff Survey Results
	Board representation indicator Comparison of the difference of White and BAME staff	Trust Secretary
9	Percentage difference between the organisations' Board voting membership and its overall workforce Only voting members of the Board are included when considering this indicator	Trust Secretary

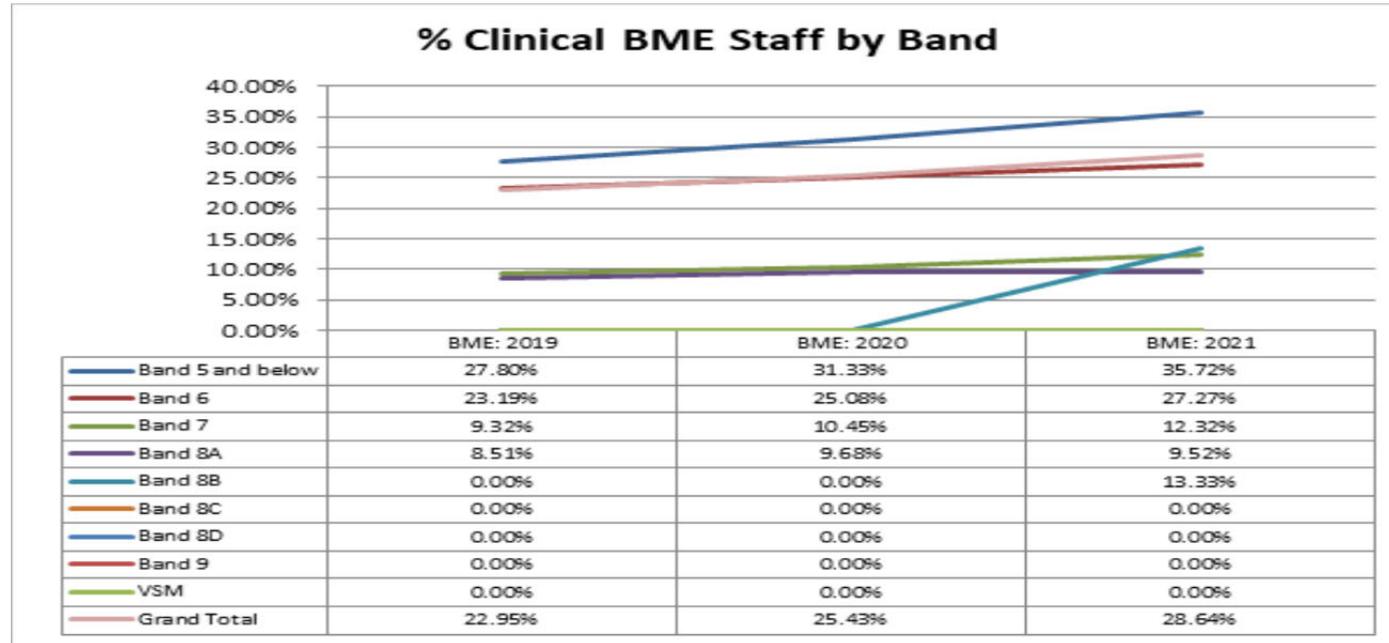
3.1 WRES data submission 2021 key areas

Indicator 1

Percentage of BAME staff in Bands 8-9 and Very Senior Manager (VSM) (including Executive Board members and senior medical staff) compared with the percentage of BAME staff in the overall workforce.



Non Clinical Workforce	2019			2020			2021		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Band 5 and below	282	23	1	340	30	1	377	42	2
Band 6	32	2	3	34	2	1	38	3	1
Band 7	27	3	0	29	4	2	33	2	1
Band 8A	19	1	0	21	1	0	22	3	0
Band 8B	17	0	0	16	0	0	14	0	0
Band 8C	6	0	1	7	0	1	9	1	1
Band 8D	6	0	0	5	0	0	3	0	0
Band 9	1	0	0	2	0	0	2	0	0
VSM	5	0	0	5	0	0	5	0	0



Clinical Workforce	2019			2020			2021		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Band 5 and below	472	186	11	525	245	12	501	284	10
Band 6	208	64	4	239	82	6	259	99	5
Band 7	146	15	0	180	21	0	183	26	2
Band 8A	43	4	0	56	6	0	50	6	0
Band 8B	14	0	1	12	0	1	11	1	1
Band 8C	1	0	0	4	0	0	6	0	0
Band 8D	2	0	0	2	0	0	1	0	0
Band 9	0	0	0	0	0	0	0	0	0
VSM	1	0	0	1	0	0	1	0	0
Consultants	74	26	4	86	28	5	86	29	4

Descriptor	31 st March 2019	31 st March 2020	31 st March 2021
Total number of staff in overall workforce	1813	2138	2267
Total number of staff in overall workforce (with declared ethnicity)	1786	2103	2237
Number of BAME staff in overall workforce	377	479	570
Total number of staff in bands 8-9	115	134	137
Number of BAME staff in bands 8-9 and VSM	5	7	11
but excluding medical consultants	0	0	0
Percentage of BAME staff in bands 8-9 and VSM but excluding medical consultants	4.17%	5.00%	8.16%



There is a 3.16% increase of BAME staff in Bands 8A- 8D VSM over the past year; and a 3.99% increase of the same banding over a 3 year span.

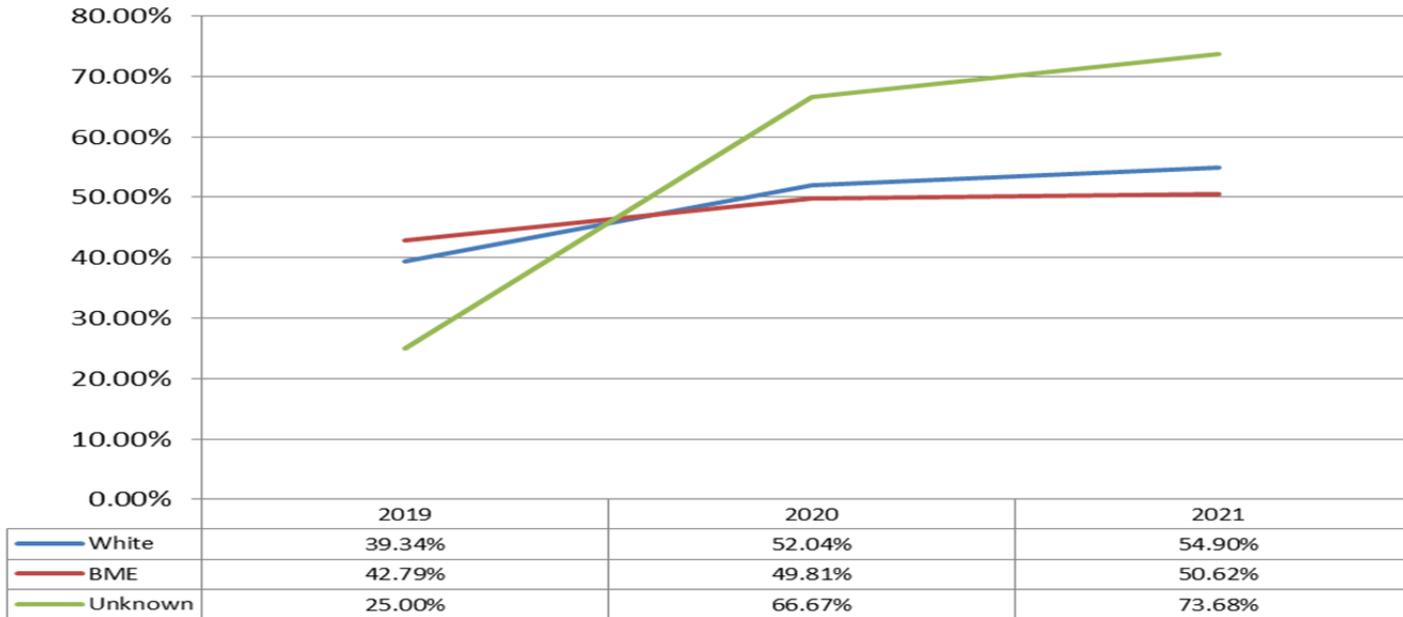
(For Indicator 1 please see Appendix 1; action plan 1.1 to 1.7.)

Indicator 2

Relative likelihood of BAME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.

Below the data is shown per year.

Percentage of likelihood of being appointed by Ethnic Group



Questions	2019			2020			2021		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Number of shortlisted applicants	722	201	16	661	269	24	663	243	19
Number of appointed applicants	284	86	4	344	134	16	364	123	14
Percentage of likelihood	39.34%	42.79%	25%	52.04%	49.81%	66.67%	54.9%	50.62%	73.68%
Relative Likelihood of appointment	0.92			1.04			1.08		

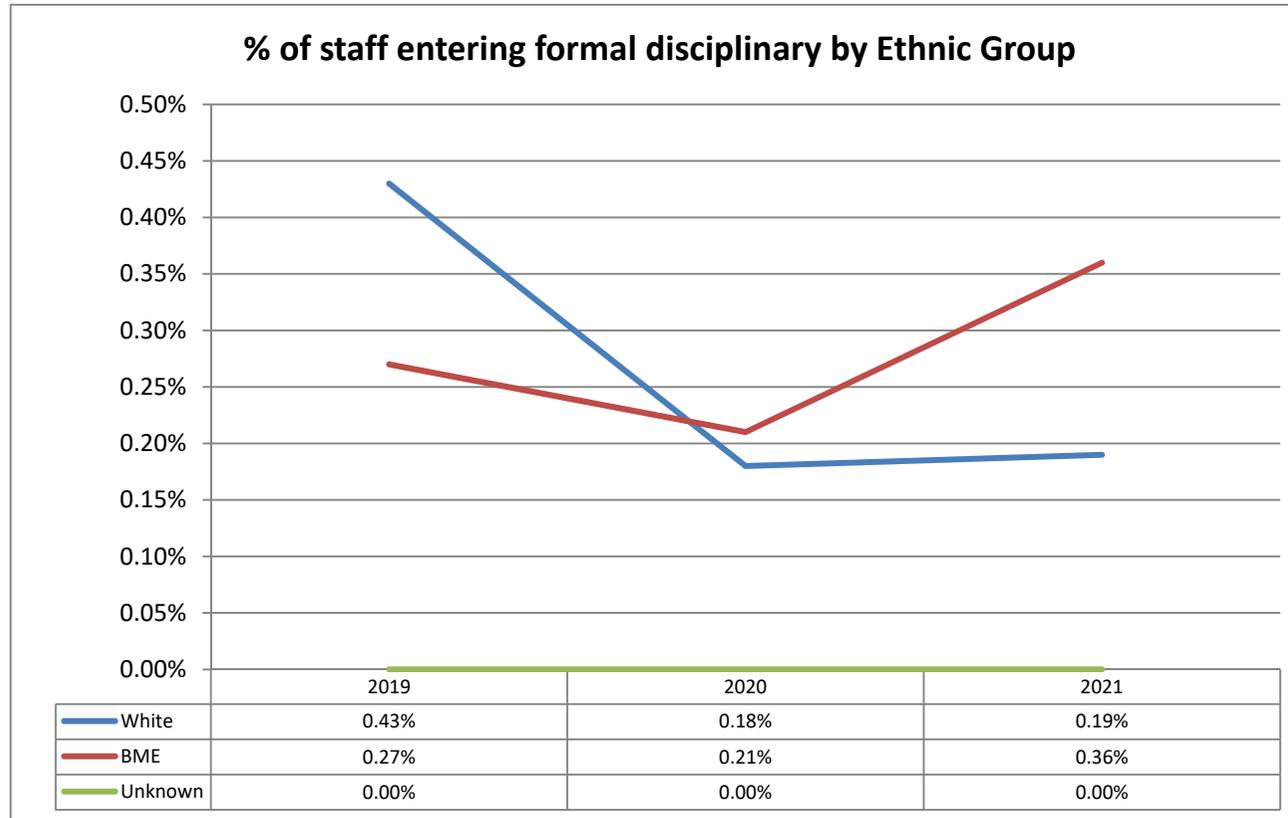


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This indicates that there is no greater likelihood of white staff being shortlisted than BAME staff.

Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.



Overall, the Trust has seen a decrease in the number of formal disciplinarys over the last 3 years: from 7 cases 2018/19 down to 5 cases 2020/2021. We have introduced a pre-screening process for all staff to review all cases before entering a formal disciplinary process. In cases where the member of staff is from a BAME background the chair of the BAME Network is part of the review process. Four pre-disciplinary tools were completed in the reporting year 2019/2020 of which led to one 'no further action' and one an informal process rather than formal. Both of these cases related to staff from a BAME background.

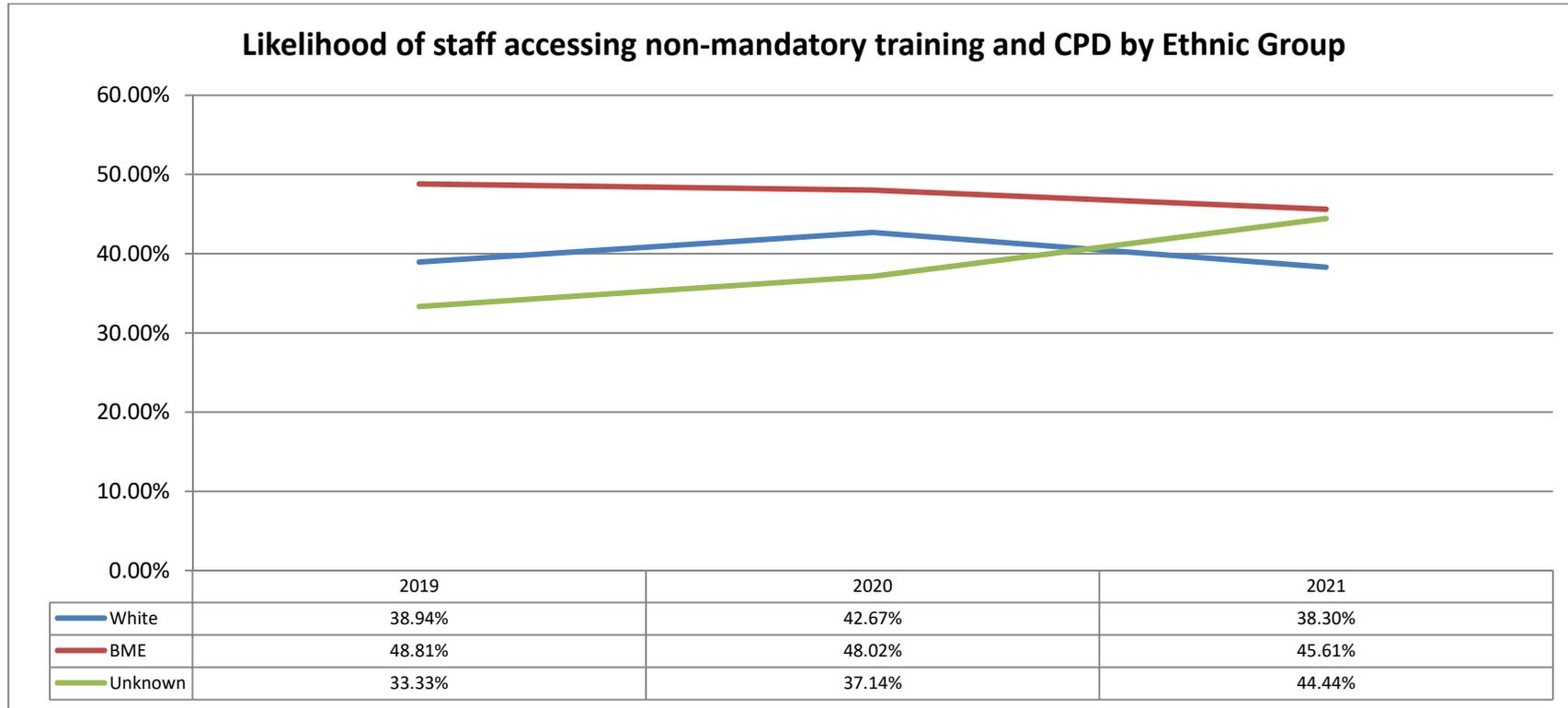
	2019			TOTAL STAFF	2020			TOTAL STAFF	2021			TOTAL STAFF
	WHITE	BME	UNKNOWN		WHITE	BME	UNKNOWN		WHITE	BME	UNKNOWN	
Overall workforce	1410	377	27	1814	1624	479	35	2138	1611	570	27	2208
No of staff entering formal disciplinary process	6	1	0	7	3	1	0	4	3	2	0	5
% of staff entering formal disciplinary	0.43%	0.27%	0.00%	0.7%	0.18%	0.21%	0.0%	0.39%	0.19%	0.36%	0.00%	0.23%
Relative Likelihood BME staff entering formal disciplinary		0.80				0.89				2.16		



This indicates that there is a greater likelihood of BAME staff entering a formal disciplinary process.

Indicator 4

Relative likelihood of BAME staff accessing non mandatory training and CPD compared to White staff.



The data indicates that BAME staff are more likely to access non-mandatory training and CPD than white staff however there needs to be improvement around capturing the data more effectively. Training delivered externally or with specialist teams are is not always captured. Over the last year, access to non-mandatory training and development has increased with the EDI team amplifying a range of targeted courses. By the end of 2021 the Compassionate and collective Leadership team would have created Personal and Leadership Development modules, which enable a flexible learning approach.

Quality Improvement training, coaching and access to national and leadership programmes through HEE / NHSE/ Leadership Academy are also available. It is positive that the number of courses means BAME staff are more likely to engage in development. However, this highlights that there may be a perception that these staff feel they need more development to compete with white colleagues.

(For Indicators 2-4 please see Appendix 1, action plan 2.1 to 2.5.)

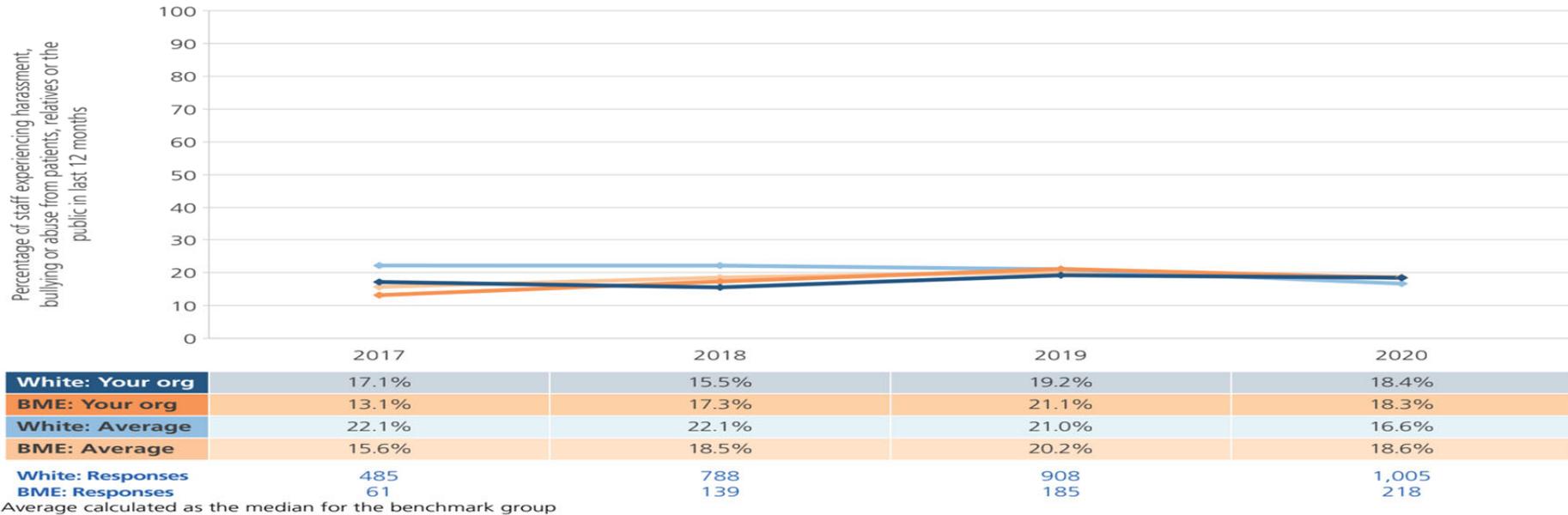
	2019			TOTAL	2020			TOTAL	2021			TOTAL
	WHITE	BME	UNKNOWN		WHITE	BME	UNKNOWN		WHITE	BME	UNKNOWN	
Number of workforce	1410	377	27	1814	1624	479	35	2138	1611	570	27	2208
Number of staff accessing non-mandatory training and CPD	549	184	9	742	693	230	13	936	617	260	12	889
Likelihood of staff accessing non-mandatory training and CPD	38.94%	48.81%	33.33%		42.67%	48.02%	37.14%		38.30%	45.61%	44.44%	
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.80				0.89				0.73			



This indicates that there is no greater likelihood of white staff being shortlisted than BAME staff

Indicator 5

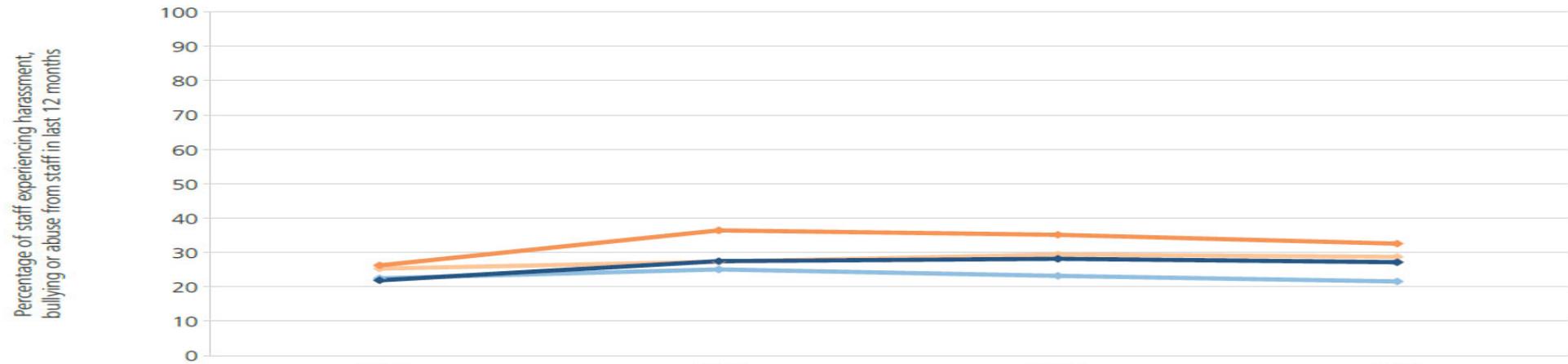
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.



✓ There is a slight decrease in the number of all staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months. For BAME staff this has reduced from 21.1% 2019 down to 18.3% 2020; a drop of 0.8%. You can see a trend of increased reporting, over the past 4 years. There is no difference in the experience of white staff with this indicator.

Indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.



	2017	2018	2019	2020
White: Your org	21.9%	27.5%	28.2%	27.2%
BME: Your org	26.2%	36.4%	35.1%	32.6%
White: Average	22.5%	25.1%	23.2%	21.6%
BME: Average	25.3%	27.3%	29.4%	28.7%

White: Responses	484	779	909	1,005
BME: Responses	61	140	185	218

Average calculated as the median for the benchmark group



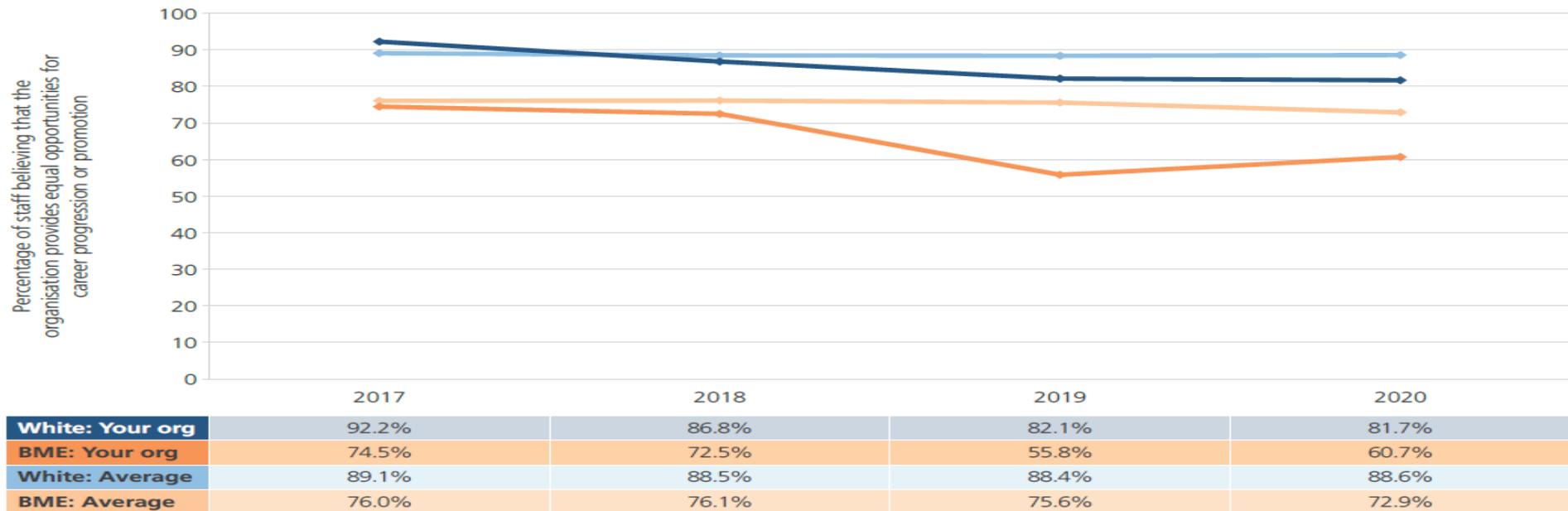
There is a decrease in the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months from 35.1% down to 32.6%; a decrease of 2.5%. However there is still a 5.4% difference being reported compared to white staff.

Indicator 7

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

Survey
Coordination
Centre

2020 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

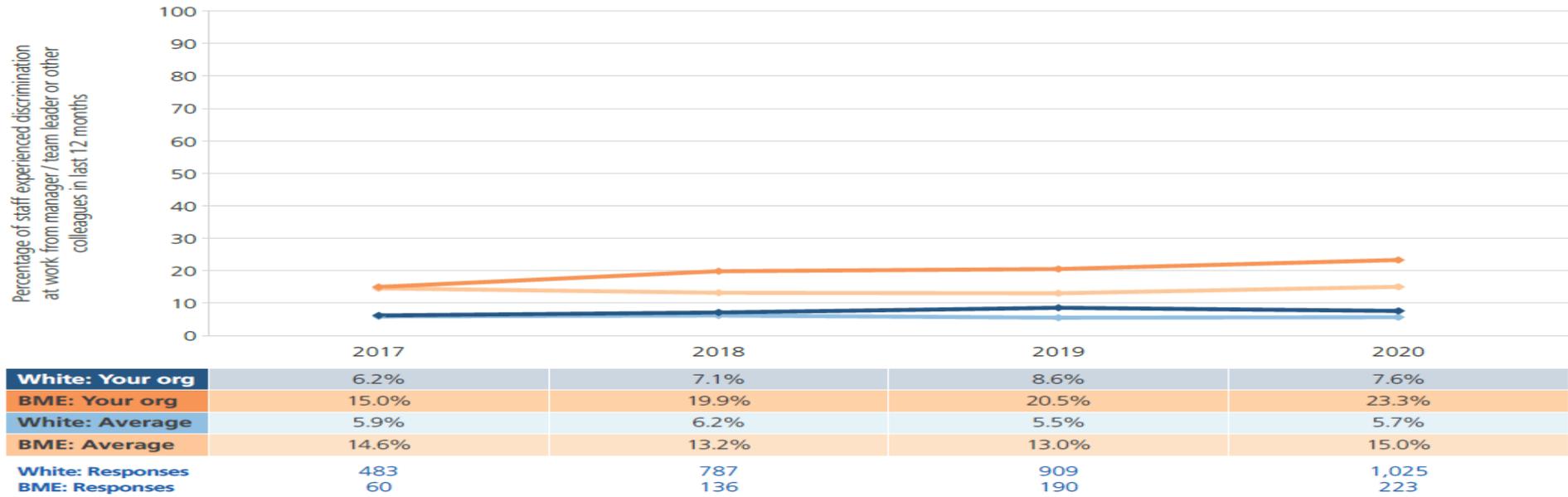
There is an increase in the percentage of BAME staff reporting that they believe the Trust provides equality of opportunity from 55.8% to 60.7% (rise of 4.6%). However this is still significantly below the national average and also there is still a significant gap of 21% between white and BAME staff. Looking at the trend over the last four years there has been a significant deterioration – a difference of 13.8%.

Indicator 8

Percentage personally, experienced discrimination at work from any of their manager/team leader or other colleagues in last 12 months.

Survey
Coordination
Centre

2020 NHS Staff Survey Results > WRES > Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

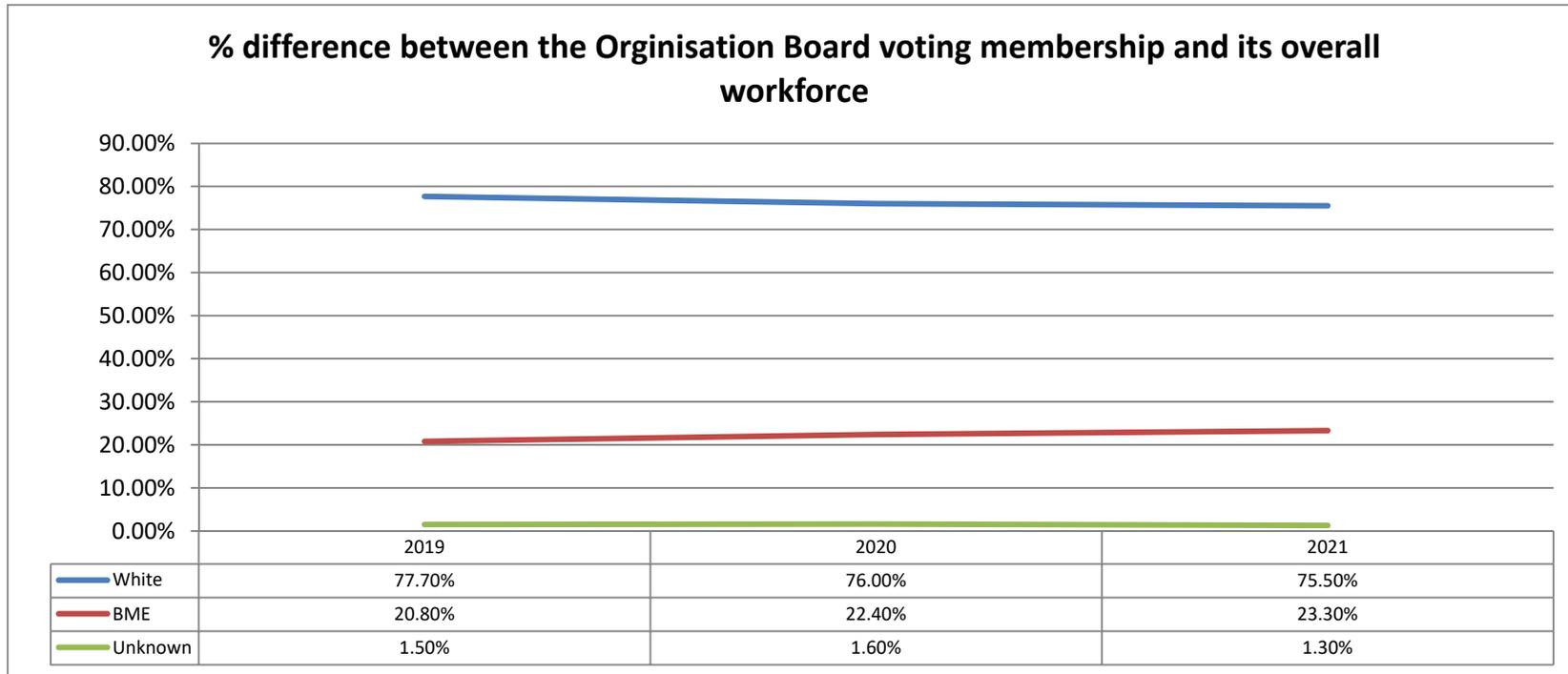


There was a deterioration with this indication from the previous year – an increase of 2.8% of BAME staff reporting feeling they had been discriminated against. The gap between white and BAME reporting remains high at 15.7%, making RPH outliers nationally.

(For Indicators 5-8 Please see Appendix 1; action plan 3.1 to 3.7)

Indicator 9

Percentage difference between the organisation's Board voting membership and its overall workforce.



	2019			2020			2021		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Total Board members	13	1	0	12	2	0	12	3	0
<i>of which: voting Board members</i>	12	1	0	11	2	0	11	2	0
Non-voting Board members	1	0	0	1	0	0	1	1	0



Royal Papworth Hospital
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Overall workforce - % by Ethnicity	77.7%	20.8%	1.5%	76.0%	22.4%	1.6%	75.5%	23.3%	1.3%
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3. Next Steps

The data provided in this report will be submitted to NHS England by the 31st August along with the 2021/2022 Action Plan (Appendix 1)

The WRES Action plan has been reviewed and updated in collaboration with the BAME Network. The Network have identified the following priorities, some of which are carried over from the 2020 plan as a result of delays in implementation because of the Covid19 emergency. The work will be supported by the Equality, Diversity and Inclusion Team and monitored through the EDI Steering Committee and Quality and Risk Committee. The key priorities of the plan are to:

- Improve BAME staff representation and career progression across senior levels of the organisation
- Reduce the gaps in experiences between white staff and BAME staff
- Value and promoting the voice of BAME Staff within decision-making.
- Support managers to understand structural and individual acts of racism and develop cultural intelligence programmes
- Implement Reciprocal Mentoring; this is an 18 month mentoring programme modelled on STP approach. Communication/ engagement/ training and review.
- Reduce bullying and harassment.

Please also note that when reviewing Appendix 1, WRES Action plan, there are actions taken that will underpin more than 1 indicator, for example Reciprocal Mentoring etc.

4. Disparity Ratio

The NHSI WRES Team have are in the process of implementing a new methodology to help Trusts understand their data and identify where there is the greatest inequality gaps. It is called the Race Disparity Ratio and it seeks to illuminate the difference in the proportion of BAME staff at various AfC bands in a Trust compared to proportion of White staff at those bands. It is presented at three tiers:

- bands 5 and below ('lower')
- bands 6 and 7 ('middle')
- bands 8a and above ('upper')

The data submitted by organisations as part of the WRES 2020 survey has been used to calculate the disparity ratio and rank organisations in relation to their staff survey responses. Attached as Appendix 2 is a document setting out the methodology used. Below is the RPH's calculations for based on 2019/20 data.

Trust Name	Indicator 1			Indicator 2	Indicator 3	Indicator 4	Indicator 5		Indicator 6		Indicator 7		Indicator 8		Indicator 9	
	Lower to Middle	Middle to Upper	Lower to Upper	Likelihood			Rank BME	Rank difference	Voting board rank	Diff staff non-voting rank						
ROYAL PAPWORTH HOSPITAL NHS FOUNDATION TRUST	1.41	4.23	5.95	1.04	1.13	0.89	19	107	212	185	221	220	220	203	62	107

The indicators are placed in a heatmap format. The colour coding is that green is odds ratio within the 'four-fifths rule' (i.e. between **0.8 - 1.25**), amber is ratio **1.25 - 2.50** and red is greater than **2.51**.

This is a new methodology and it demonstrates the very significant issue the Trust has with regards the perception of staff regarding equality of opportunity and the experience of discrimination.

5. Recommendation

The Board/Committee is asked to review the information and approve the action plan in Appendix 1 which will be reviewed and updated as appropriate following the Bi-Monthly BAME network meeting and once the results of the 2021 Staff Survey are published.