

Report to:	Trust Board	Date: 1 September 2022
Report from:	Oonagh Monkhouse, Director of Workforce and OD and Onika Patrick-Redhead, Head of EDI	
Principal Objective/Strategy:	To approve the WRES data submission and 2022/23 WRES Action plan.	
Title:	WRES Data submission and Action Plan 2022	
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:	<ul style="list-style-type: none"> • Note the 2021/22 WRES data submission • Approval of 2022/23 WRES action plan • Note progress of 2021/22 WRES action plan 	

1. Purpose

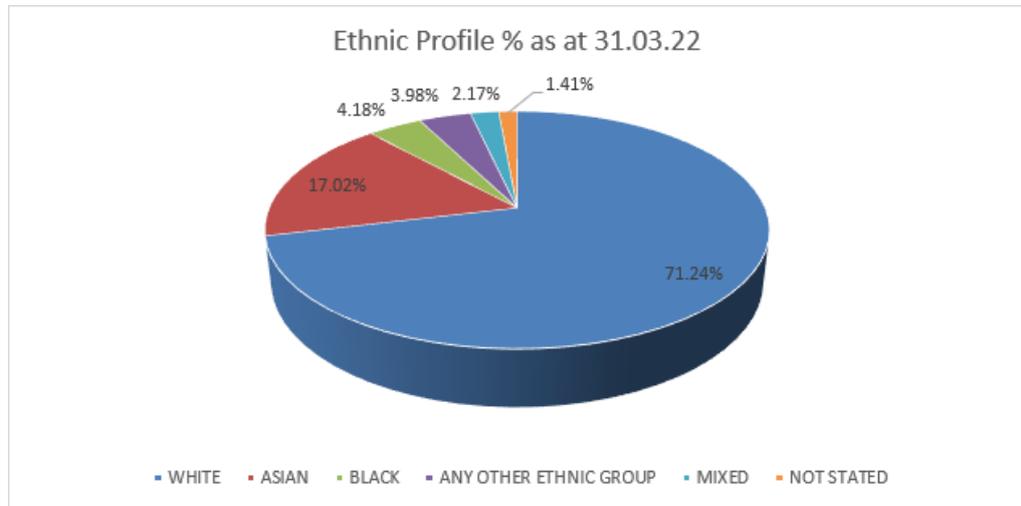
The purpose of this paper is to provide the Quality and Risk Committee and Board with a summary of the Workforce Race Equality Standard submission, to note progress of the 2021/22 WRES action plan and approve 2022/23 WRES action plan. This submission and action plan will be published on our external website as required.

The data and action plan have been discussed by the EDI Steering Committee and BAME Network.

1.1 WRES Data submission highlights 2022/23

This report details our 2022 data submission, and is based on April 21 to March 22 data, in line with the national requirements, and provides a comparison with our data from the previous three years. It also details the actions developed in conjunction with the Black, Asian, and Minority Ethnic (BAME) network. The final plan will be circulated to all network members following your approval.

Our baseline data tells us that 27.35% of our workforce comes from Black, Asian, and Minority Ethnic (BAME), backgrounds, an increase from last year's 25.1%. We have 63 - different nationalities represented across RPH.



* These figures include temporary staffing which is excluded from the WRES data submission.

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:

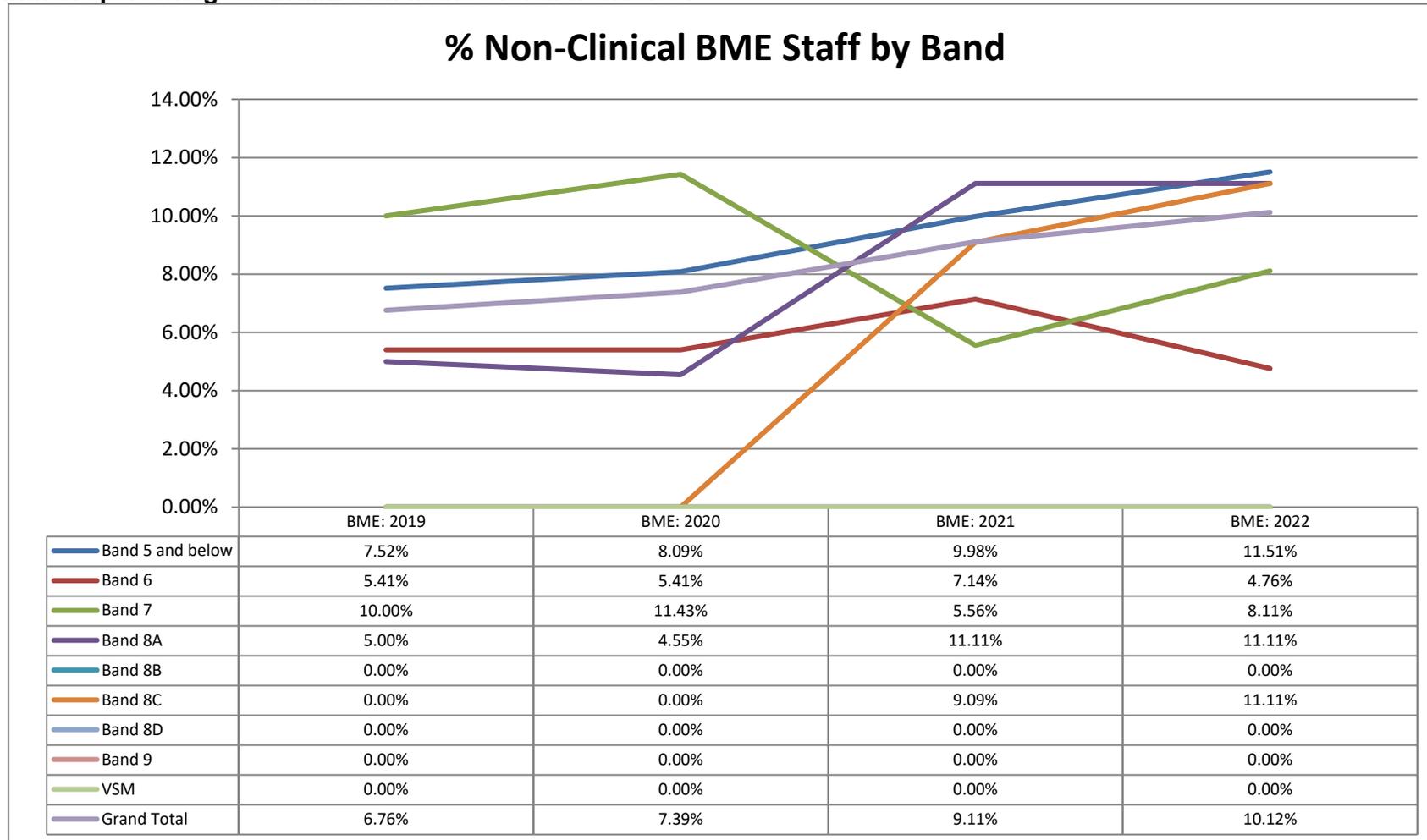
- Two focus on workforce data and representation.
- Four are based on questions from the NHS Staff Survey
- Three based on workforce data from HR interventions.

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 2022 key areas

Indicator 1

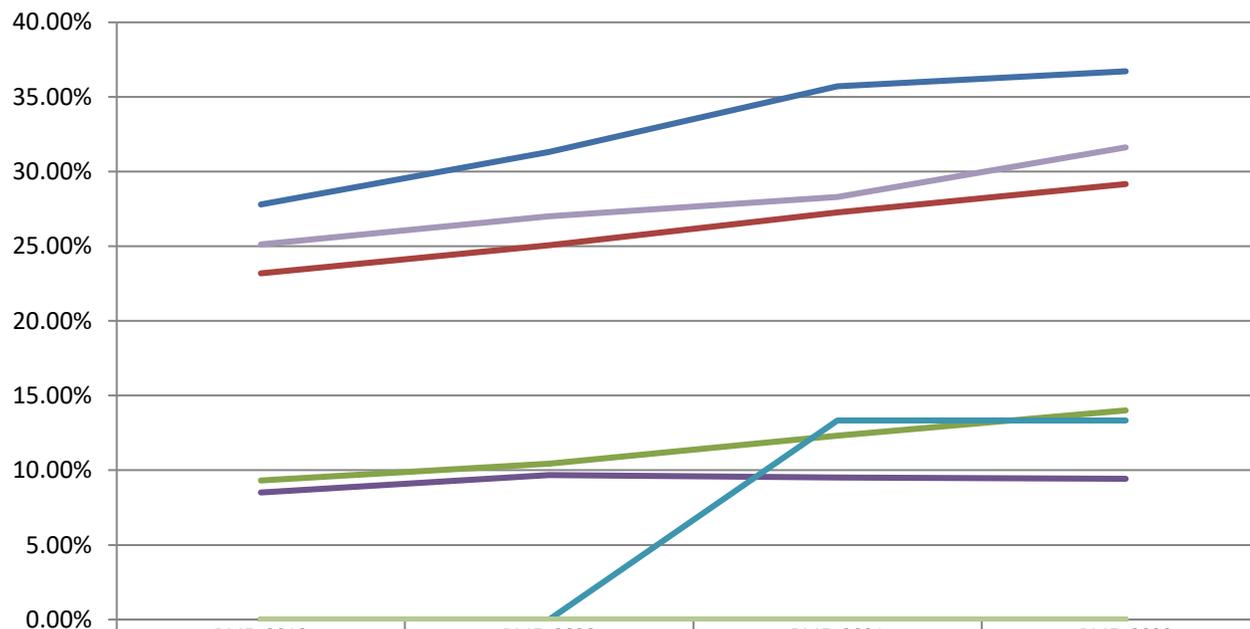
Percentage of BAME staff in Bands 8-9 and Very Senior Manager (VSM) (including Executive Board members and senior medical staff) compared with the percentage of BAME staff in the overall workforce.



Head Count Non-Clinical Workforce

Non-Clinical Workforce	2019/2020			2020/2021			2021/2022		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Band 5 and below	340	30	1	377	30	2	321	42	2
Band 6	34	2	1	38	3	1	39	2	1
Band 7	29	4	2	33	2	1	33	3	1
Band 8A	21	1	0	22	3	0	24	3	0
Band 8B	16	0	0	14	0	0	13	0	0
Band 8C	7	0	1	9	1	1	8	1	0
Band 8D	5	0	0	3	0	0	5	0	0
Band 9	2	0	0	2	0	0	1	0	0
VSM	5	0	0	5	0	0	5	0	0

% Clinical BME Staff by Band



	BME: 2019	BME: 2020	BME: 2021	BME: 2022
Band 5 and below	27.80%	31.33%	35.72%	36.72%
Band 6	23.19%	25.08%	27.27%	29.17%
Band 7	9.32%	10.45%	12.32%	14.01%
Band 8A	8.51%	9.68%	9.52%	9.43%
Band 8B	0.00%	0.00%	13.33%	13.33%
Band 8C	0.00%	0.00%	0.00%	0.00%
Band 8D	0.00%	0.00%	0.00%	0.00%
Band 9	0.00%	0.00%	0.00%	0.00%
VSM	0.00%	0.00%	0.00%	0.00%
Grand Total	25.13%	27.00%	28.30%	31.62%

Head Count Clinical

Clinical Workforce	2019/2020			2020/2021			2021/2022		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Band 5 and below	525	245	12	501	284	10	456	271	11
Band 6	239	82	6	259	99	5	234	98	4
Band 7	180	21	0	183	26	2	175	29	3
Band 8A	56	6	0	50	6	0	48	5	0
Band 8B	12	0	1	11	1	1	12	2	1
Band 8C	4	0	0	6	0	0	4	0	0
Band 8D	2	0	0	1	0	0	3	0	0
Band 9	0	0	0	0	0	0	0	0	0
VSM	1	0	0	1	0	0	1	0	0
Total	1019	354	19	1021	417	18	993	405	19

All Staff

Descriptor	31 st March 2020	31 st March 2021	31 st March 2022
Total number of staff in overall workforce	2138	2267	2123
Number of BAME staff in overall workforce	479	570	563
Total number of staff in bands 8-9 including VSM but excluding medical consultants	134	137	135
Number of BAME staff in bands 8-9 and VSM but excluding medical consultants	7 0	11 0	11 0
Percentage of BAME staff in bands 8-9 and VSM	5.00%	8.16%	8.14%

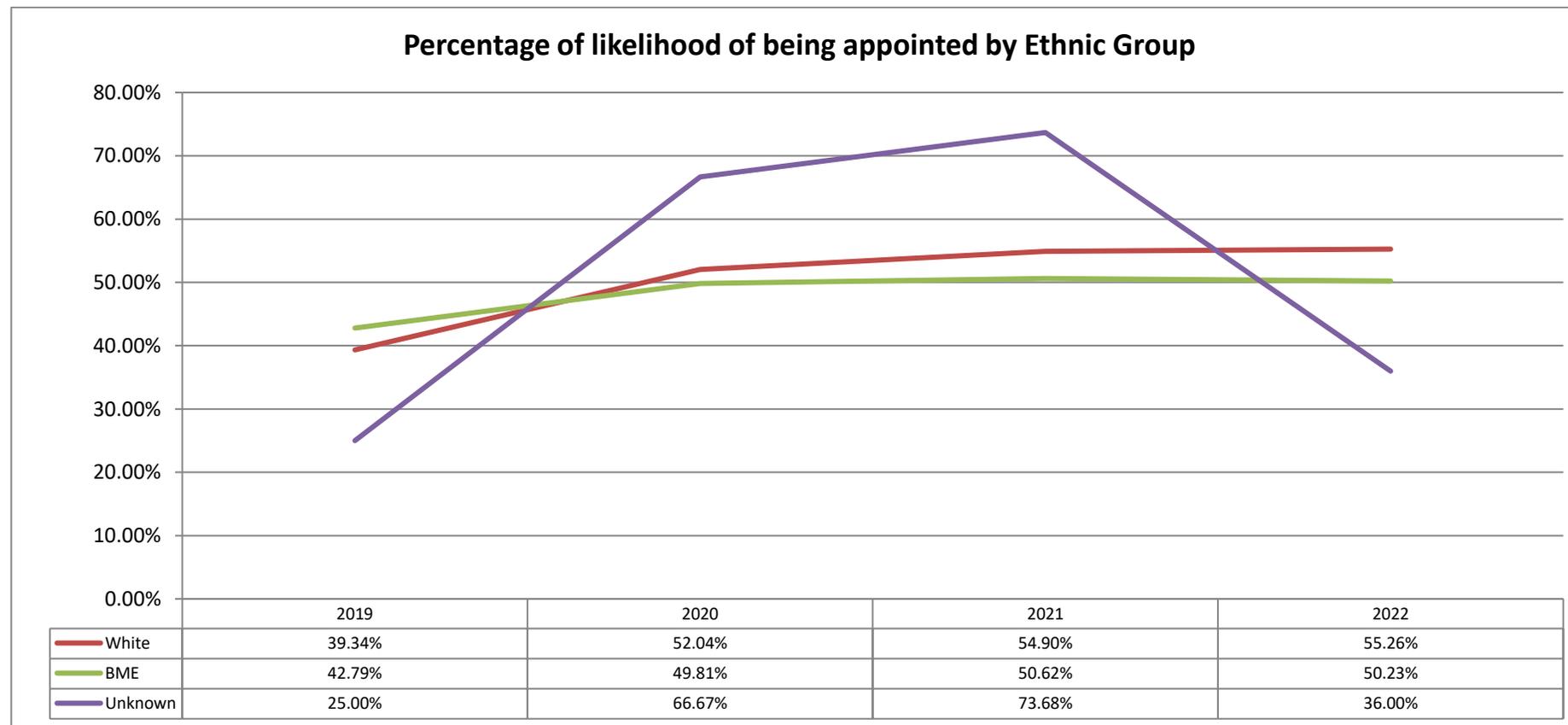
Analysis: There is no significant change of BAME staff in Bands 8A- 8D VSM over the past year: and a 3.44% increase of the same banding over a 3-year span. However overall, the table shows that the organisation has less than 1.96% of its total BAME staff at a Band 8A and above.

(For Indicator 1 and 9 please see Appendix 1; action plan 1.1 to 1.3)

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.



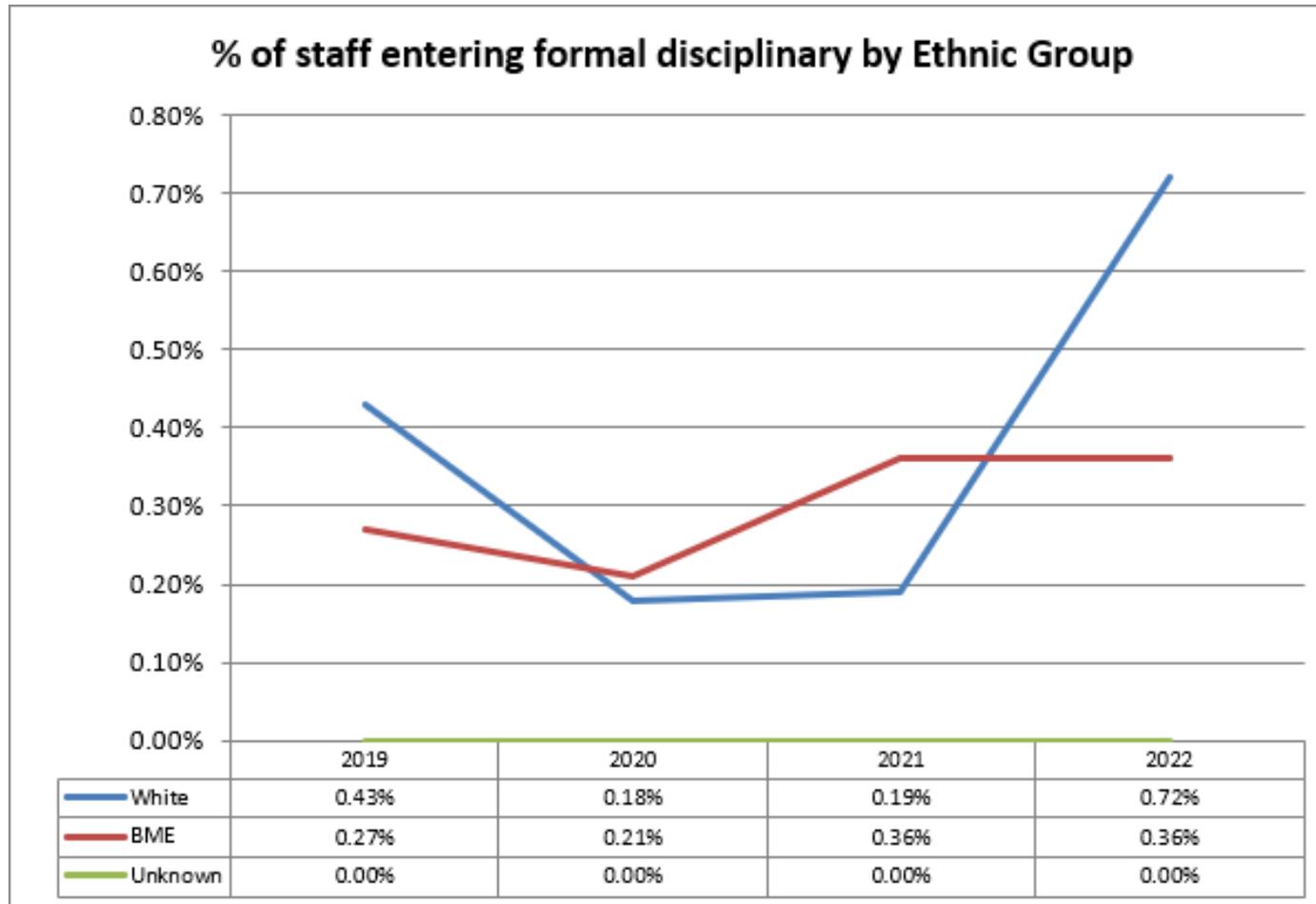
Head Count

Questions	2019/2020			2020/2021			2021/2022		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Number of shortlisted applicants	661	269	24	663	243	19	485	215	25
Number of appointed applicants	344	134	16	364	123	14	268	108	9
Percentage of likelihood	52.04%	49.81%	66.67%	54.9%	50.62%	73.68%	55.26%	50.23%	36.00%
Relative Likelihood of appointment	1.04			1.08			1.10		

Analysis: As at March 2022 the likelihood ratio was 1.10; not significantly different from "1.0" or equity. Specifically, 268 out of 485 white candidates were appointed from shortlisting (55.26% of white candidates) compared to 108 out of 215 BME candidates (50.23% of BME candidates).

Indicator 3

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.



Head Count

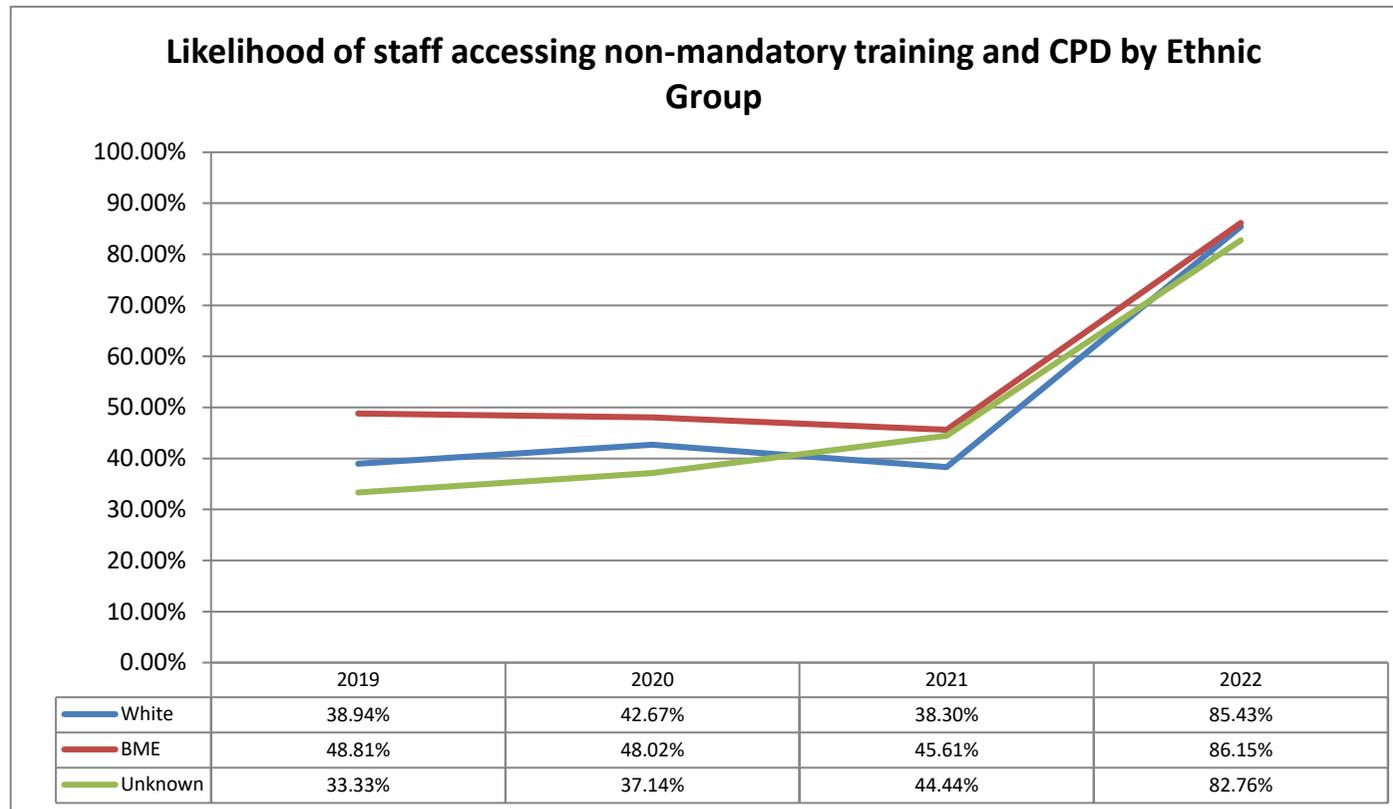
	2019/2020			TOTAL STAFF	2020/2021			TOTAL STAFF	2021/2022			TOTAL STAFF
	WHITE	BME	UNKNOWN		WHITE	BME	UNKNOWN		WHITE	BME	UNKNOWN	
Overall workforce	1624	479	35	2138	1611	570	27	2208	1531	563	29	2123
No of staff entering formal disciplinary process	3	1	0	4	3	2	0	5	11	2	0	13
% Of staff entering formal disciplinary	0.18%	0.21%	0.0%	0.39%	0.19%	0.36%	0.0%	0.23%	0.72%	0.36%	0.00%	1.08%
Relative Likelihood BME staff entering formal disciplinary		0.89				2.16				0.49		

Analysis: Overall, the Trust has seen an increase in the number of formal disciplinaries over the last 3 years. A pre-screening process to review all cases before entering a formal disciplinary process was introduced. In cases where the member of staff is from a BAME background the chair of the BAME Network or a cultural Ambassador is part of the review process.

2 out of 563 BAME staff entered formal disciplinary proceedings (0.36% of the BME workforce) compared to 11 out of 1531 white staff (0.72% of the white workforce).

Indicator 4

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



(For Indicators 2-4 please see Appendix 1, action plan 2.1 to 2.4)

Head Count

	2019/2020			TOTAL	2020/2021			TOTAL	2021/2022			TOTAL
	WHITE	BME	UNKNOWN		WHITE	BME	UNKNOWN		WHITE	BME	UNKNOWN	
Number of workforce	1624	479	35	2138	1611	570	27	2208	1531	563	29	2123
Number of staff accessing non-mandatory training and CPD	693	230	13	936	617	260	12	889	1308	485	24	1817
Likelihood of staff accessing non-mandatory training and CPD	42.67%	48.02%	37.14%		38.30%	45.61%	44.44%		85.43%	86.15%	82.76%	
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.89				0.73				0.99			

Analysis: The data for indicator 4 indicates that BAME staff are more likely to access non-mandatory training and CPD than white staff by less than 1%. Training delivered externally or with specialist teams are 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. The Compassionate and Collective Leadership team has created a line managers development Programme and a Values and behaviours training session, 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.

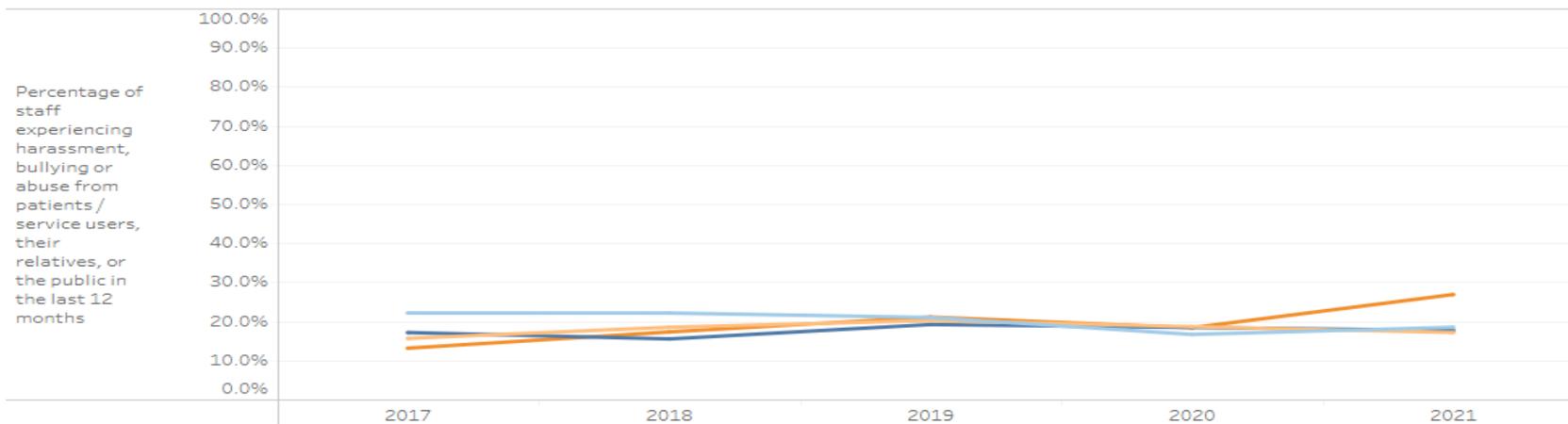
To note, there is a significant increase in non-mandatory training as at March 2022, this is due to the easing of covid restrictions the return to BAU approach, and improved recording of training information on Learnzone and ESR.

NB: The data from Indicators 5 to 8 is taken from the 2021 staff survey results (published March 2022), it is worth noting that the results shown below are benchmarked against the national context and not our peers.

Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months. This data is from the 2021 staff survey results.

Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients / service users, their relatives, or the public in the last 12 months



Click legend to highlight

- White Staff, Organisation result
- White Staff, Benchmark median
- Staff from all other ethnic groups combined, Organisation result
- Staff from all other ethnic groups combined, Benchmark median

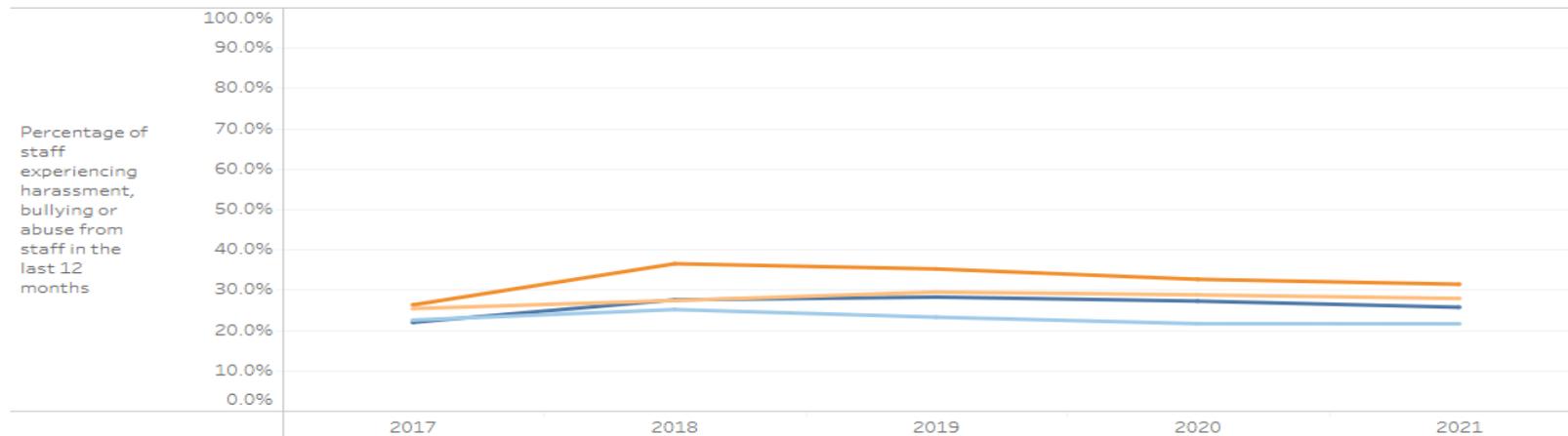
		2017	2018	2019	2020	2021
White Staff	Organisation result	17.1%	15.5%	19.2%	18.4%	17.7%
	Benchmark median	22.1%	22.1%	21.0%	16.6%	18.5%
Staff from all other ethnic groups com..	Organisation result	13.1%	17.3%	21.1%	18.3%	26.8%
	Benchmark median	15.6%	18.5%	20.2%	18.6%	17.1%

Analysis: There is a considerable increase 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 increased from 21.1% 2019 to 26.8% 2021, a significant increase. You can see a trend of increased reporting, over the past 4 years. There is a significant 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.

Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



Click legend to highlight

- White Staff, Organisation result
- White Staff, Benchmark median
- Staff from all other ethnic groups combined, Organisation result
- Staff from all other ethnic groups combined, Benchmark median

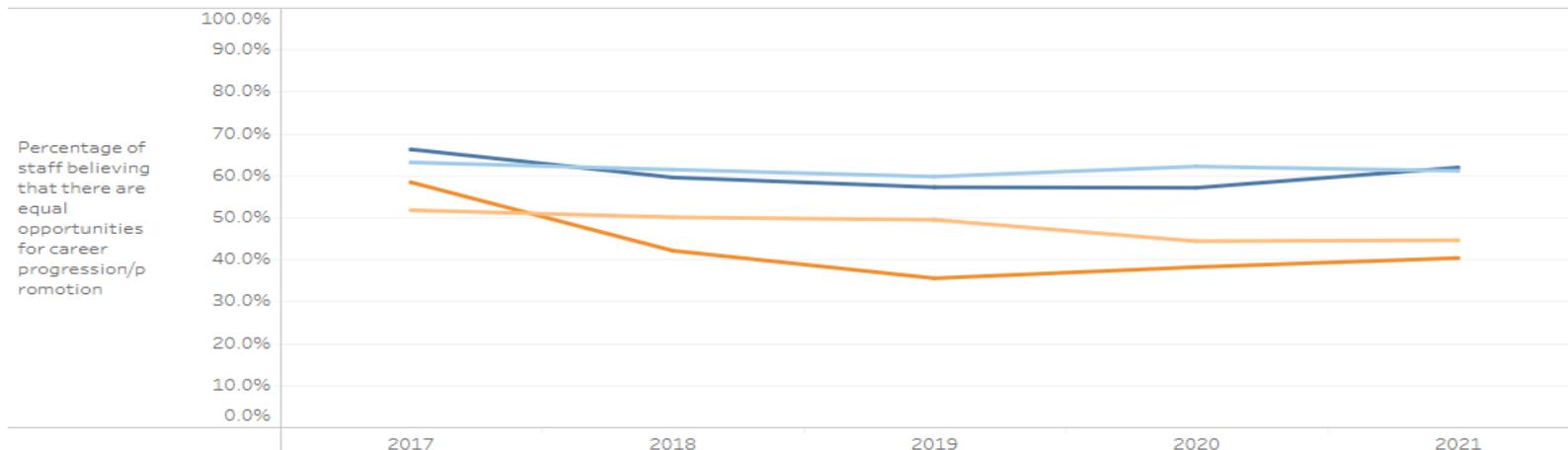
		2017	2018	2019	2020	2021
White Staff	Organisation result	21.9%	27.5%	28.2%	27.2%	25.6%
	Benchmark median	22.5%	25.1%	23.2%	21.6%	21.5%
Staff from all other ethnic groups com..	Organisation result	26.2%	36.4%	35.1%	32.6%	31.3%
	Benchmark median	25.3%	27.3%	29.4%	28.7%	27.8%

Analysis: There is a decrease in the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months from 32.6% down to 31.3%; a decrease of 1.3%. However, there is still a 5.7% difference being reported compared to white staff, a slight increase from 2020 figures.

Indicator 7

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

Indicator 7 - Percentage of staff believing that there are equal opportunities for career progression/promotion



Click legend to highlight

- White Staff, Organisation result
- White Staff, Benchmark median
- Staff from all other ethnic groups combined, Organisation result
- Staff from all other ethnic groups combined, Benchmark median

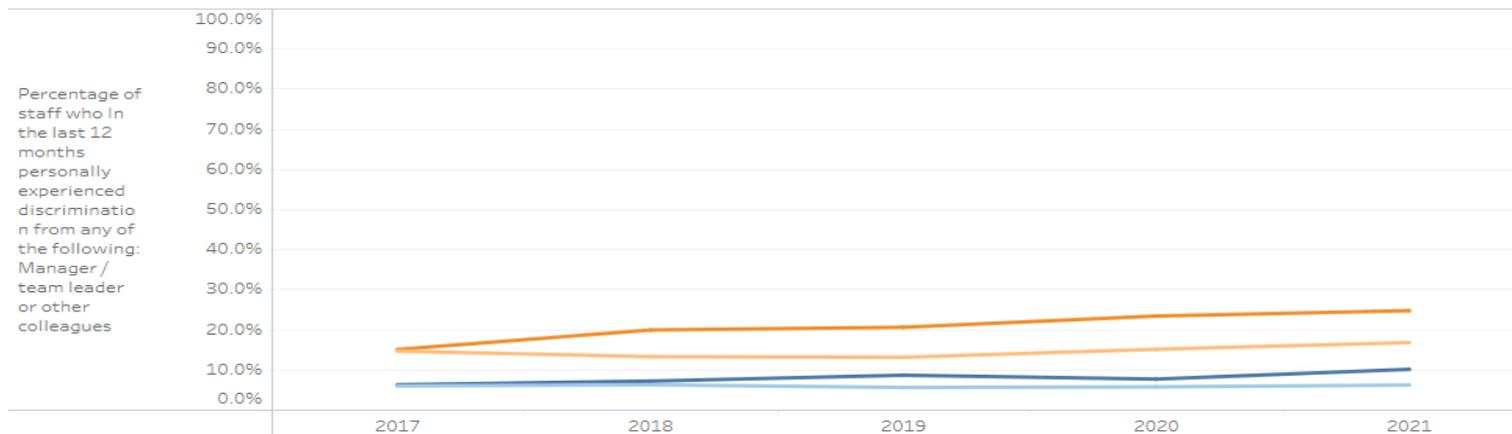
		2017	2018	2019	2020	2021
White Staff	Organisation result	66.2%	59.5%	57.2%	57.0%	61.9%
	Benchmark median	63.1%	61.4%	59.7%	62.1%	61.1%
Staff from all other ethnic groups com..	Organisation result	58.3%	42.0%	35.4%	38.1%	40.3%
	Benchmark median	51.7%	50.0%	49.4%	44.3%	44.5%

Analysis: There is a small increase in the percentage of BAME staff reporting that they believe the Trust provides equality of opportunity from 38.1% to 40.3% (rise of 2.2%). However, this is still significantly below the national average and 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 18.8%.

Indicator 8

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

Indicator 8 - In the last 12 months have you personally experienced discrimination from any of the following: Manager / team leader or other colleagues



Click legend to highlight

- White Staff, Organisation result
- White Staff, Benchmark median
- Staff from all other ethnic groups combined, Organisation result
- Staff from all other ethnic groups combined, Benchmark median

		2017	2018	2019	2020	2021
White Staff	Organisation result	6.2%	7.1%	8.6%	7.6%	10.0%
	Benchmark median	5.9%	6.2%	5.5%	5.7%	6.1%
Staff from all other ethnic groups com..	Organisation result	15.0%	19.9%	20.5%	23.3%	24.7%
	Benchmark median	14.6%	13.2%	13.0%	15.0%	16.7%

Analysis: There is further deterioration with this indicator from the previous year – an increase of 4.2% of BAME staff reporting feeling they had been discriminated against, over a 3-year period. The gap between white and BAME reporting remains high at 14.7%.

(For Indicators 5-8 Please see Appendix 1; action plan 3.1 to 3.4)

Indicator 9

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

Head Count

	2019/2020			2020/2021			2021/2022		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Total Board members	12	2	0	12	3	0	12	3	0
<i>of which: voting Board members</i>	11	2	0	11	2	0	11	2	0
Non-voting Board members	1	0	0	1	1	0	1	1	0
Overall workforce - % by Ethnicity	76.0%	22.4%	1.6%	75.5%	23.3%	1.3%	72.10%	26.50%	1.40%
Voting Board Percentage- % by Ethnicity	84.6%	15.4%	0%	84.6%	15.4%	0%	84.6%	15.4%	0%

Analysis: BME Board representation has remained the same.

3. Next Steps

The data provided in this report will be submitted to NHS England by the 31st of August along with the 2022/2023 Action Plan (Appendix 1).

Our national report based on the 21/22 data submitted is analysed by the national WRES team who then provide a benchmarked report to support trusts in developing focused action plans.

This is extremely helpful, the drawback however is that the report is not provided until March the following year, at which point a lot of the data is 12 months out of date.

The report provided this year set out the following areas for improvement and best practice.

Areas for Improvement

A maximum of three high priority areas for improvement have been identified for the Trust. These are the areas from amongst the Trust’s indicators with the worst percentile rankings against other Trusts (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be significantly worse than that for the other ethnic group.

High priority areas for improvement within the Trust (to a maximum of three):
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months against BME staff
Indicator 1: Career progression in clinical roles (middle to upper levels)
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion amongst BME staff

Areas of Best Performance

A maximum of three areas of best performance have been identified for the Trust. These are the areas from amongst the Trust’s indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be similar to that for the other ethnic group.

Areas of best performance within the Trust (to a maximum of three):
Indicator 1: Career progression in non-clinical roles (middle to upper levels)
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months against BME staff
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months against white staff

The 2022/22 WRES Action plan has been reviewed and updated in collaboration with the BAME Network and EDI Steering Committee and considers the areas for improvement highlighted on the National WRES report, the following priorities have been identified. Some of these are carried over from the 2021/22 plan, because of the Covid19 emergency delay and implementation. The work will be supported by the Equality, Diversity and Inclusion Team and monitored through the EDI Steering 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
- Progress the Transformational Reciprocal Mentoring Programme; 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 Transformational Reciprocal Mentoring, Implementation of the fairer recruitment work etc.

4. 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 2022 Staff Survey are published.
- To note the progress of the 2021/22 Action Plan Appendix 2.