



Meeting	People and OD Committee		
Agenda Item No		Meeting Date	28 th September 2023
Report Title	Workforce Race Equality Standard (WRES) Improvement Plan 2023		
Sponsoring Executive Director	Julie Pennycook, Director of People and OD		
Author(s)	Katie Bond, OD Practitioner for Inclusion Cate Neal, Health, Wellbeing and Inclusion OD Business Partner		
Report previously considered by including date	Race Equality Staff Network		

Purpose of the Report		Reason for submission to Trust Board in Private only (please indicate below)	
Trust Board Approval	x	Commercial Confidentiality	
Committee Agreement		Patient Confidentiality	
Assurance		Staff Confidentiality	
Information Only		Other Exceptional Circumstance	

Link to CQC Domain		Link to Trust Strategic Objectives 2020-2025	
Effective		SO 01: Make our Trust a great place to work and receive care	X
Caring		SO 02: Work with our partners and our community to improve services	
Safe		SO 03: Deliver high quality compassionate care	
Responsive		SO 04: Make sure our services are clinically and financially sustainable	
Well-led	X	SO 05: Join up health and care services by working more closely with our partners	
		SO 06: Invest in building and IT that helps our teams make a positive difference to our island community	

Key Recommendations to be considered:

The People and OD Committee is asked to consider the following recommendations:

- That this report provides the People and OD Committee with key oversight of WRES data and corresponding action plan and the ability to monitor progress.
- That a WRES Action Plan Task and Finish Group, led by the Race Equality Network be formed to consult upon future action plans, and that a SOP be developed which outlines a procedure and timescales for consultation and feedback.

Executive Summary

The NHS Workforce Race Equality Standard report, (WRES) is an annual analysis of Trust data reflecting 9 indicators of workforce race equality with a requirement to submit relevant data by 30th May 2023. This data was signed off by the Deputy Director of OD and Inclusion in accordance with approval protocol and submitted prior to the deadline.

There is an additional requirement for all Trusts to develop and publish an Action Plan relating to the data by 31st October 2023 highlighting where and how improvements will be made. The national WRES team will provide all Trusts with feedback on their Action Plan.

The data for the 9 metrics are gathered as follows:

WRES Metrics		
ESR / HR Services (data as at 31/03/23)	NHS Jobs/Trac (data as at 31/03/23)	2022 Staff Survey (staff survey data for 2022)
Metric 1: Representation in the workforce and across bandings	Metric 2: Recruitment and Appointments	Metric 5: Bullying/Harassment and Abuse – patients, relatives and the public
Metric 3: Likelihood of disciplinary action		Metric 6: Bullying/harassment and abuse - staff
Metric 4: Likelihood of accessing non-mandatory training		Metric 7: Opportunities for career progression
Metric 9: Board Representation		Metric 8: Discrimination from Line Manager

In addition to the WRES data submission, commencing from this year, every NHS Trust was asked to submit a Bank WRES and a Medical WRES data submission.

The Bank WRES data submission focused on three indicators:

- Active bank worker headcounts across staffing groups by ethnic group and gender.
- The number of bank workers by ethnic grouping entering a formal disciplinary process over a 12-month period.
- The number of dismissals by ethnic grouping for bank workers over a 12-month period (conduct and capability cases only).

The Medical WRES data submission also focused on three indicators:

- Medical WRES headcounts for medical and clinical directors (disaggregated by ethnicity).
- Clinical Excellence Awards (number eligible, number who applied, number awarded, disaggregated by ethnicity).

- Consultant recruitment (number who applied, number shortlisted, number appointed, disaggregated by ethnicity).

Further information was gathered from other sources, such as the General Medical Council in relation to formal complaints.

Whilst this data reflects specifically on Race, WRES and the WDES (Workforce Disability Equality Standard) data may also highlight issues relating to cross-sectionality relevant across a wider spectrum of other minority or potentially vulnerable groups.

This report summarises the latest workforce Race Equality data. A formal WRES Action Plan accompanies this report, highlighting specific tasks to improve the experiences of our Black, Asian and Minority Ethnic (BAME) staff, to increase representation at all levels, and make the Trust an employer of choice for BAME talent.

A full breakdown of the data is included in Appendix 1, 2 and 3 of this report.

Summary of Data

Table 1: Summary of WRES Data

RESULTS SUMMARY – WRES	
Indicator	Summary of data
<p>1: Percentage of staff in each Agenda for Change (AfC) bands 1 – 9 and Very Senior Manager (VSM) compared with the percentage of BAME staff in the overall workforce.</p> <p>Non-clinical and clinical staff calculated separately.</p>	<p>There is clearly a disparity in BAME representation across the higher AfC bands.</p> <p>There is no BAME representation at VSM level.</p> <p>In grades 7-9 there is a 2.5% representation of BAME staff (a positive increase from just under 1% from last year).</p>
<p>2: Relative likelihood of staff being appointed from shortlisting across all posts.</p>	<p>There is a clear gap in the percentage of BAME applicants who are appointed from shortlisting: 21% of BAME staff compared to 33% of White applicants. *</p>
<p>3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation, based on data from a two-year rolling average of the current year and the previous year.</p>	<p>There is no disparity in the number of BAME staff and White staff entering the formal capability process.</p>
<p>4: Relative likelihood of staff accessing non-mandatory training and CPD.</p>	<p>Fewer of our colleagues from the BAME community are likely to access non-mandatory training or CPD, (0.7% fewer) but this is within the National parameter of 1.</p>
<p>5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.</p>	<p>With a broad average of 30% of all staff feeling they experience these behaviours across the divisions, there is an increase for our BAME staff in Acute and Community Services to 37%. In Acute services, BAME staff are 15% more likely than their White colleagues to experience this behaviour from the public, and in Community 10% more likely.</p>
<p>6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.</p>	<p>A broad average of 24% of all staff feeling they experience this type of behaviour across the divisions. There is a slight increase reported from our BAME staff in Acute and MH Services by 3.5% and 5.9% respectively. In Community Services, BAME staff feel 17% more likely to experience harassment, bullying and abuse from their colleagues.</p>
<p>7: Percentage believing that Trust provides equal opportunities for career progression or promotion.</p>	<p>There is a disparity of between 5% and 16.3% between White and BAME colleagues across all divisions, with our BAME colleagues less likely to believe the Trust provides equal opportunities for career progression or promotion than White staff.</p>

	MH has the highest disparity with 70.1% of White staff believing career opportunities are equal, compared to 53.8% of BAME staff.
8: Percentage of staff who in the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues.	A significant percentage of BAME staff in Acute (14.2%) say they experience discrimination at work from their manager/team leader or colleague (although this has reduced from 20.7% in 2022), compared to 6.8% of White colleagues. BAME staff in the Community report they have an increased experience of discrimination from 10% in 2021 to 22.3% in 2022. White staff in Community report a 3.9% experience of discrimination, down slightly from 4% in the previous year.
9: Percentage difference between the organisations' Board membership and its overall workforce disaggregated.	The percentage of BAME representation between Board voting members and the overall workforce is very low, (-17.5%) and is 0% for non-voting members.

*The accurate recording of recruitment data has been problematic due to three recruitment platforms being in use across the reporting timeframe. The original version of NHS Jobs was being used at the beginning of the period, which was then upgraded before the Trust transferred to TRAC. Collating data across these three systems has been challenging not just for our Trust, but many other Trusts when reporting their data to the national team. Therefore, we suspect this year's data is not a totally accurate reflection of shortlisting and appointment activity. We expect to see more consistent data for 2024.

Table 2: Summary of Medical WRES Data

RESULTS SUMMARY - MEDICAL WRES All data as at 31 st March 2023	
Indicator	Summary of data
1a: The number of staff in each medical and dental subgroup, disaggregated by ethnicity.	18 of our Clinical Directors are of White ethnicity, 1 is BAME, and 1 ethnicity unknown.
1b: The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity.	There is no disparity by ethnicity in the awarding of Clinical Excellence Awards.
2: Consultant recruitment disaggregated by ethnicity.	Of the 7 White applicants who applied for consultant posts, 2 were appointed. Of the 12 BAME applicants shortlisted for consultant posts, 2 were appointed.

Table 3: Summary of Bank WRES Data

RESULTS SUMMARY - BANK WRES All data as at 31 st March 2023	
Indicator	Summary of data
1: Active bank worker headcounts across staffing groups by ethnic group and gender.	72.6% of bank workers are female. 27.4% of bank workers are male. This data correlates with our substantive workforce, where we have a 74% female workforce.
2: The number of bank workers by ethnic grouping entering a formal disciplinary process over a 12-month period.	1 BAME member of staff entered the formal disciplinary process, the only member of Bank staff to do so.
3: The number of dismissals by ethnic grouping for bank workers over a 12-month period (conduct and capability cases only).	There is no disparity between BAME and White staff.

Additional Information

- **Professional Development Programmes**

Between January and July 2023, 19 members of staff attended the Hampshire and IOW ICS 'Rising Tide Programme', which was open to BAME staff only with a view to supporting with career progression and development.

2 members of staff attended the Hampshire and IOW ICS 'BAME Leadership Development Programme' which was open to Band 8a and above from BAME backgrounds over a 6-month period.

The feedback received from attendees on both programmes has been exceptionally good and it is recommended that when future opportunities arise that a business case should be put forward to offer our BAME colleagues the opportunity to attend relevant programmes during 2024.

The Windrush Programme offered by The Florence Nightingale Foundation is currently being promoted across divisions, with Director/Deputy Directors of Nursing/Heads of Nursing to identify suitable delegates. This is funded through NHS England.

- **Race Equality Staff Network**

We now have a Chair, Vice-Chair and Executive Lead Sponsor in place for our Race Equality Staff Network. The Chair of the Network attended the ICS Network Chairs' Development Programme during 2023.

- **Leadership & Management Initiatives**

It should be noted that there is also significant internal work that has been undertaken or is underway in terms of improving the leadership and management capability of staff in addition to

team development activity. These include:

- Multi Professional Leadership Programme, which includes an Allyship Module
- Appraisal completion
- Introduction to Line Management
- Listening Ear Service
- Affina Team Development
- Values Based Recruitment
- Management Essentials, which includes a Recruitment Module
- Leadership Essentials, which includes an Inclusive Leadership Module
- Freedom to Speak Up

Appendix 1 – Detailed Results of WRES

Indicator 1 - Comparison of White staff in each AfC bands 1 – 9 and VSM compared with BAME						
	2022			2023		
Non-Clinical	White	BAME	NK	White	BAME	N/K
Band 7	57	2	2	68	1	2
Band 8a	27	1	1	34	2	1
Band 8b	14	0	0	21	1	0
Band 8c	14	0	0	15	0	0
Band 8d	5	1	0	8	0	0
Band 9	7	0	0	7	0	0
Clinical	White	BAME	NK	White	BAME	N/K
Band 7	270	22	7	296	33	4
Band 8a	85	5	1	92	6	3
Band 8b	19	1	0	17	1	0
Band 8c	13	1	0	17	2	0
Band 8d	4	1	0	5	1	0
Band 9	2	0	0	2	0	0

Indicator 2 - Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.

	White	BAME	N/K	
2021				*The accurate recording of recruitment data has been problematic due to three recruitment platforms being in use across the reporting timeframe. The original version of NHS Jobs was being used at the beginning of the period, which was then upgraded before the Trust transferred to TRAC. Collating data across these three systems has been challenging not just for our Trust, but many other Trust's when reporting their data to the national team. Therefore, we suspect this year's data is not a totally accurate reflection of shortlisting and appointment activity. We expect to see more consistent data for 2024.
Shortlisted	3016	569	40	
Appointed	1009	119	11	
%	33%	20%	27%	
2022				
Shortlisted	3962	672	105	
Appointed	844	106	17	
%	21%	15%	16%	
2023				
Shortlisted	1863	1812	169	
Appointed	799	133	10	
%	28%	7%	6%	

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

2021	2022	2023
1.05	0	0.4

Indicator 4: Relative likelihood of White staff accessing non-mandatory training and continued professional development compared to BME staff. (National parameter is 1)

2021	2022	2023
0.87	0.8	0.7

Indicator 5 & 6: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public and from other staff.

***No data reflects small staff representation in an area and data may reveal identity**

Division	2020	2021	2022
Acute	Patients, service users, relatives, or members of the public BME: 34.1% White:24.8%	Patients, service users, relatives, or members of the public BME: 36.5% White: 23%	Patients, service users, relatives, or members of the public BME: 37.3% White: 21.9%
	Colleagues BME: 32.5% White: 29.8%	Colleagues BME: 33.9% White: 24%	Colleagues BME: 29.3 % White:25.8%
Mental Health	Patients, service users, relatives, or members of the public BME: * White: 45.9%	Patients, service users, relatives, or members of the public BME: 37.5% White: 36.3%	Patients, service users, relatives, or members of the public BME: 30.8% White: 32.5%
	Colleagues BME: * White: 18%	Colleagues BME: 25% White: 18.6%	Colleagues BME: 23.1% White: 17.2%
Ambulance	Patients, service users, relatives, or members of the public BME: * White: 27.6%	Patients, service users, relatives, or members of the public BME: * White: 33.6%	Patients, service users, relatives, or members of the public BME: * White: 44.4%
	Colleagues BME* White: 21.6%	Colleagues BME: * White: 21.1%	Colleagues BME: * White: 19.7%
Community	Patients, service users, relatives, or members of the public BME: * White: 30%	Patients, service users, relatives, or members of the public BME: 20% White: 25%	Patients, service users, relatives, or members of the public BME:37% White:27.1%
	Colleagues BME: * White: 24%	Colleagues BME: 35% White: 17%	Colleagues BME: 33.3% White: 16.3%

Indicator 7 - Percentage of staff believing the Trust provides equal opportunities for career progression or promotion *No data reflects small staff representation in an area and data may reveal identity

Division	2020	2021	2022
Acute	White Staff 58.6% BAME 48.4%	White Staff 60.1% BAME 51.5%	White Staff 60.1% BAME 55%
Mental Health	White Staff 59% BAME *	White Staff 63% BAME 53%	White Staff 70.1% BAME 53.8%
Ambulance	White Staff 61.9% BAME *	White Staff 59.4% BAME *	White Staff 58.8% BAME *
Community	White Staff 64% BAME *	White Staff 65% BAME 57%	White Staff 66.3% BAME 59.3%

Indicator 8: Percentage of staff personally experiencing discrimination at work from their manager/team leader or colleagues. *No data reflects small staff representation in an area and data may reveal identity

Division	2020	2021	2022
Acute	White Staff 6.2% BAME 13.4%	White Staff 6.3% BAME 20.7%	White Staff 6.8% BAME 14.2%
Mental Health	White Staff 4% BAME *	White Staff 6% BAME 6%	White Staff 7% BAME 7.7%
Ambulance	White Staff 7.6% BAME *	White Staff 7.4% BAME *	White Staff 9% BAME *
Community	White 4% BAME *	White Staff 4% BAME 10%	White Staff 3.9% BAME 22.3%

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

	2021	2022	2023
White	5.6%	15%	20%
BAME	-8.1%	-8%	-17.5
Unknown	2.5%	-8%	-2.9
As of 31st March 23	All Board Members	Voting Board Members	Non-Voting Members
White	100%	100%	100%
BAME	0%	0%	0%
Unknown	0%	0%	0%

Appendix 2 – Detailed Results of Bank WRES

Clinical and Non-Clinical combined:

Men		
Ethnicity	No. in Bank	%
White	412	65%
Asian / Asian British	99	16%
Other Ethnic	47	7%
Black / Black British	41	6%

Not Stated	19	3%
Mixed Race	12	2%

Women		
Ethnicity	No. in Bank	
White	1328	80%
Asian / Asian British	129	8%
Other Ethnic	101	6%
Black / Black British	43	2%
Not Stated	37	2%
Mixed Race	31	2%

Appendix 3: Detailed Results of Medical WRES

	2021/22					2022/23				
	White	Black	Asian	Other	Not known	White	Black	Asian	Other	Not known
Medical directors	2					2				
Number of staff eligible to apply for Clinical Excellence Awards	55	2	12	2	3	55	1	10	2	3
Number of staff who applied for Clinical Excellence Awards	55	2	12	2	3	55	1	10	2	3
Number of staff awarded Clinical Excellence Awards	55	2	12	2	3	55	1	10	2	3
Number of applicants	12	1	17	9	3	7	2	25	9	2
Number shortlisted	5	1	4	3	1	7	0	8	4	2
Number appointed	2	1	2	0	1	2	0	1	1	1