

Title:	2023 Workforce Race Equality Report
Agenda item no:	
Meeting:	People Committee
Date:	May 2023
Presented by:	Don Fairley (Chief People Officer)
Prepared by:	Pete Sandham (Associate Director – Staff Experience and Inclusion)

Purpose of the Report	<p>To provide the committee with oversight of Trust performance relative to the 9 indicators within the Workforce Race Equality Standard (WRES).</p> <p>Seek approval for the publication of the data set in line with National reporting requirements.</p>
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Report History	
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What action is required?	
Assurance	✓
Information	✓
Discussion/input	
Decision/approval	✓ (Approval for publication in line with National reporting requirements)

Resource Impact:	<i>None</i>
Relationship to Risk in BAF:	<i>Failure to be a Great Place to Work</i>
Corporate Risk Register (CRR) Reference /score	<i>N/A</i>
Title of CRR	<i>Links To 4176/4177 - Staff Recruitment and Retention</i>

Strategic objectives This report impacts on (tick all that apply)::			
Provide the highest quality care			✓
Invest in our staff and live out our values			✓
Drive the development of integrated services			
Cultivate innovation and transformation			
Achieve long-term financial sustainability			
Well Led Framework applicability:			Not applicable <input type="checkbox"/>
1. Leadership ✓	2. Vision & Strategy <input type="checkbox"/>	3. Culture ✓	4. Governance <input type="checkbox"/>
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement ✓	8. Learning & Innovation <input type="checkbox"/>

Publication			
Published on website	✓	Confidentiality (FoI)	Private <input type="checkbox"/> Public <input type="checkbox"/>

1 Executive Summary

- 1.1 Since its introduction in 2016, the Workforce Race Equality Standard (WRES) has provided National impetus to the race equality agenda and challenged NHS organisations to improve their performance in relation to race equality and diversity.
- 1.2 WRES comprises nine indicators relating to the workforce. The nine indicators cover a range of areas including pay composition of the organisation; recruitment; disciplinary processes; access to non mandatory training in addition to a range of measures taken directly from the NHS Staff Survey. The final indicator relates to Board representation.
- 1.3 NHS Organisations are **required** to report and publish the indicators, identifying their current position (as of 31.03.23) and to develop an improvement plan (as required),
- 1.4 The summary of performance across the relevant metrics is summarised in the table below. Trust position is better than NHS average on all but one measure (although to note NHS average measures below are based on 2022 figures due to 2023 figures not yet being Nationally reported).

	WRES INDICATOR	RBFT 2023	RBFT 2022	RBFT IN YEAR TREND	NHS AVERAGE 2022
1	BAME staff composition of all AfC Bands 8a - 9 and VSM positions	18.3%	16.5%	▲	12%
2	Relative likelihood* of white candidates being appointed form shortlisting compared to BAME candidates	1.49	1.47	▲	1.54
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff	1.79	0.94	▲	1.14
4	Relative likelihood of White staff accessing non mandatory training , learning or development compared to BAME staff	0.80	0.75	▲	1.12
5	% of BAME staff experiencing harassment bullying or abuse from patients, relatives or public in last 12 months	27.9%	19.9%	▲	30.8%
6	% of BAME staff experiencing harassment bullying or abuse form other staff in last 12 months	24%	19.9%	▲	28.8%
7	% of BAME staff believing trust provides equal ops for career progression or promotion	48.6%	45.9%	▲	47%
8	% of BAME staff personally experiencing discrimination at work form manager/team leader or other colleague	14.4%	13.3%	▲	17.3%
9	BME Board Membership	23%	15%	▲	13.2%

** In 'relative likelihood' measures, a figure of 1 indicates the exact same likelihood. A figure greater than 1 indicates a greater likelihood and a figure less than 1 indicates a lesser likelihood

- 1.5 Our **WRES Improvement Plan** has been fully refreshed to address the key thematic improvement priorities and to maintain delivery on previous priority actions. The plan is included in Appendix 1.

2 Key Issues

2.1 The detail of each indicator is presented below.

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSM compared with the percentage of staff in the overall workforce.

- **Performance against this indicator has improved**
- The % of BAME staff in all senior AfC Bands 8a - 9 and VSM positions at the RBFT **continues to grow on a positive trajectory** – up to 18.3% in 2023 compared to 16.5% in 2022. This represents a 4.8% growth since 2021 and 10% growth since reporting commenced in 2016.
- As of March 2023 there are 67 BAME staff in senior AfC bands compared to 44 in 2021 and 19 in 2017.
- The positive growth in the BAME Band 7 population also continues. A headcount growth of 16 now means that 24% of our Band 7 population are from BAME backgrounds - a positive signal for the sustained development pipeline into more senior roles into the future.
- The number of BAME Medical consultant's shows an in year growth and at nearly 35% continues to be a diverse and representative group. BAME colleagues make up 63% of career grade positions and 49% of trainees grades as of March 2023
- Whilst noting the accelerated pace of improvements over the past year it remains the case that BAME representation in senior leadership roles remains adrift from the overall composition of BAME staff in the RBFT workforce, which at 32% is a 2% increase on last year and a trend consistent with the National picture. Nationally BME staff make up 24% of the total NHS workforce.

Indicator 2: Relative likelihood of BAME staff being appointed from short listing compared to that of White staff being appointed from short listing across all posts

- **Performance against this indicator has slightly deteriorated**
- White candidates are 1.49 times more likely to be appointment from shortlisting than BAME candidates. This is a slight negative trend from the 1.47 times likelihood reported in 2022, but a sustained improved position from the 1.7 reported in 2021. A relative likelihood of 1 would indicate exactly the same likelihood of being appointed from shortlisting.
- In overall terms across the Trust, this translates into 21% of BAME candidates being appointed post shortlisting compared 31% of White candidates.
- Further investigation into the raw data driving the 'relative likelihood measure' surfaces a number contextual findings. The table below collates the total number of candidates shortlisted and candidates appointed in 21/22 and 22/23 for comparative purposes

	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
	BAME Candidates		WHITE Candidates		Total	
Candidates Shortlisted	2120	2172	2017	1852	4137	4024
Candidates Appointed	402	450	561	573	963	1023

- The number of BAME candidates shortlisted and subsequently appointed was higher in 2022/23 than in any previous year.
- Two factors are driving the relatively static nature of the relative likelihood measure. Firstly, whilst more BAME candidates were appointed, it is also true that more were shortlisted - so an increase in the numerator is accompanied by an increase in the denominator. Secondly, whilst the number of white candidates shortlisted actually dropped in 2022/23, the number of appointments has remained very similar to 21/22.
- Focussed action delivered through our overhaul of recruitment and selection processes and our focus on progression disparity ratios is required to deliver sustained improvement in this metric.

Indicator 3: Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff.

- **Performance against this indicator has deteriorated**
- **BAME staff are more likely than White staff to enter the formal disciplinary process.** A relative likelihood of 1.79 is reported (where '1' would indicate the exact same relative likelihood). In 2022, a relative likelihood of 0.94 was reported and in 2021 it was 0.48– e.g BAME staff less likely to enter the formal process.
- The increase in relatively likelihood appears significant at first view, but it is important it is understood in terms of the context of actual changes both in the number and profile of cases. A summary of the number of cases over the past 4 years is provided below.

Table: Cases entering the Formal Disciplinary Process by ethnicity (2020-2023)

REPORTING YEAR	BAME	WHITE	NOT DECLARED	TOTAL NO OF CASES
2023	7	6	1	14
2022	4	7	1	12
2021	3	12	1	16
2020	13	17	1	31

- The relatively likelihood figure for 2023 is impacted by an increase (+3) in cases involving BAME colleagues and a corresponding small reduction (-1) in cases involving white colleagues. The overall number of cases in 2023 follows the trend of very low numbers seen over the past three years.
- Performance in this metric will require review and ongoing monitoring to ensure it does not continue to trend in the adverse range of over 1.25.

Indicator 4: Relative likelihood of staff accessing non mandatory training and CPD.

- Performance against this metric is relatively static, maintaining a positive position for BAME staff.
- Analysis of all non-mandatory, non-statutory designated training offerings recorded for 2021/22 indicates that White staff are slightly less likely (0.80) than BAME staff to access such learning (where 1 would indicate the exact same likelihood).

Indicators 5-8: Staff Experience.

- **Performance against three of these indicators has deteriorated, one has improved.** BAME staff experience on all four measures is better than the Acute Average.
- These indicators are directly drawn from the Trusts Staff Survey Results for 2022. Comparative data from 2021 is also shown.

Indicator Description	BAME STAFF EXPERIENCE: RBFT		BAME STAFF EXPERIENCE: ACUTE AVERAGE
	2022	2021	2022
Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months	27.9	19.9%	30.8% ▲
Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	24%	19.9%	28.8% ▲
Indicator 7: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	48.6%	45.9%	47% ▲
Indicator 8: Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months	14.4%	13.3%	17.3% (-)

- Rises in the % of BAME staff experiencing harassment, bullying or abuse from both patients and other staff is of concern despite these measures benchmarking significantly 'favourably' to the acute average position.

- Additional analysis of all 2022 NHS Staff Survey questions has also been undertaken to fully understand the full and wider staff experience of BAME colleagues across all survey measures. Generally, a positive experience is reported by Ethnic Minority colleagues in the organisation. Experience reported is better than that of white colleagues in 61 of 92 questions (66%). This in the context, of the Trust position as one of the top National performers is pleasing although it is clear further work is required to address the unacceptable experience of too many colleagues in certain key regards when it comes to their experience at work.

Indicator 9: Board Membership

As of the 31.03.23, there are three BAME Board members. With a 23% Board BME Representation and a 32% organisational BAME representation, the differential between BAME workforce composition and BAME board composition is 9% (its lowest ever level)

Progression Ratios and Race Disparity Ratios

- Beyond the WRES reporting indicators, both at national and local level attention continues to focus on Progression and Race disparity ratios.
- **Progression ratios** look at the likelihood of progression through banding clusters in the organisation. Bands 1-5 are clustered as 'lower', Bands 6+7 clustered as 'middle' and 8A+ as 'upper'. **Disparity ratios** divide the progression ratios of BAME staff by the progression ratios of White staff, ending up with a disparity ratio figure. A figure of '1' is positioned as the 'equity position' e.g that progression rates for white and BAME staff are the same
- The table below summarises the National, Regional and Trust position on Disparity Ratios.

	Non Clinical Disparity Ratios			Clinical Disparity Ratios		
	Lower to Middle	Middle to Upper	Lower to Upper	Lower to Middle	Middle to Upper	Lower to Upper
National (2022)	0.88	1.42	1.25	1.70	1.37	2.34
South East (2022)	1.09	1.29	1.40	1.95	1.66	3.59
RBFT (31.03.23)	2.69	1.66	4.48	1.87	1.92	3.58

The Trust is an outlier in non clinical disparity ratios in the South East and a marginal outlier in middle to upper disparity ratio for clinical staff. Considerable regional variations exist in disparity ratios across England, therefore Trust performance against the regional benchmark provides a reliable comparative context

Two key structural factors continue to drive the outlying position. Firstly, high BAME staff representation in lower banded non-clinical roles, particularly in soft E&F services and secondly, large headcount numbers of BAME staff in clinical Band 5 roles (which are in the 'lower' band cluster). These factors have the cumulative effect of creating a large BAME denominator group in the 'lower' clusters which stymies the impact of the improvements in the numerator group in this ratio measure of progression.

Significant work is underway to improve this position, with Progression Disparity Ratios a Workforce Driver Metric and Board Watch Metric as part of our improving together focus.

Detailed root cause analysis and stratified data collection is driving forward action addressing career development and progression, non declaration rates, recruitment and selection accountability and will further inform targeted focus in hot spot areas.

3 Conclusion

- 3.1 Eight out of the nine WRES metrics benchmark better than the National Average, but the in-year trend is a mixed picture. Solid improvements in leadership representation and satisfaction with career development opportunities are reported but accompanied by unwelcome increases in staff experience of bullying, harassment and discrimination from patients and other colleagues alike. More BAME staff have been recruited this past year than ever before, but this is yet to translate into overall improvements in the relative likelihood indicator relating to recruitment and selection.
- 3.2 The three key areas requiring priority focus in the year ahead are:
 - Staff Experience – concerning trend in BAME colleagues experiencing more bullying, harassment and discrimination – particularly from patients but also from other staff in the organisation
 - Recruitment, selection and progression in the organisation – we need to maintain our improvement in BAME representation in senior roles and work to convert the principles of this good progress into equitable selection and progression across all strata's of the organisation.
 - Review and monitor disciplinary metric to ensure non adverse range representation does not become a trend
- 3.3 Our **WRES Improvement Plan 2023-2025** (Appendix 1) has been fully refreshed to address the key thematic improvements required and to maintain delivery on previous priority actions. Our previous improvement plan was rated 'good' by the National WRES implementation team and this year's plan embraces feedback on how we can further improve and focus our efforts
- 3.4 We will consult with our Ethnic Minority staff forum and with system partners on this improvement plan and further develop accordingly.
- 3.5 Our 'Inclusive Culture Work Programme' (as part of our new People Strategy 2023-2027)

4 Attachments

The following are attached to this report:

- (a) **WRES Improvement Plan 2023-2025**

DRAFT WRES 2023-2025 Improvement Plan

Improvement Theme	How	When	Who	Update	Measures
BAME staff in senior management and leadership positions and Improving our Race Disparity Ratios	Deliver our Disparity Ratio Improvements Targets as part of our Workforce Directorate Driver Metrics programme	Nov '24	Senior Workforce Team		<p>Achieve parity with the Middle to Upper Disparity regional ratio of 1.66 by Nov '24.</p> <p>BAME staff in 20%+ of senior management roles by 2025</p> <p>Annual 10% increase in mentoring and coaching capacity</p> <p>Always deliver 33% BAME representation on flagship leadership development programmes.</p> <p>Effective promotion and subsequent engagement.</p> <p>Equitable representation in talent pools</p>
	EDI related representation improvements a standing appraisal objective for all leaders at Band 8C and above	Sept '23	Exec Team	To be set out in EMC paper Q2 - 2023	
	Continue to disseminate all VSM/NED and 8C opportunities through BAME Staff Forum network	As opportunities arise	PS		
	Secure approval for expanded Aspiring BAME Senior Leader programme – from cohort of 3 to 6+ staff members.	June 23	Care group DON's and PS	2 nd cohort delivered. EMC paper Q2 2023	
	Further expand Mentoring+ and diverse Coaching capacity	Ongoing	PS	In place but need to expand pool of mentors. Diverse coaching pool developing	
	Continue targeted recruitment of current/aspiring BAME leaders/talent onto Leadership Development Programmes	Always	NKS	Representation targets being delivered – Henley Programme Cohort 4 – 40%	
	Promotion of NHS targeted leadership programmes for BAME staff (as enrolment windows permit)	As opportunities arise	L&D team	All opportunities promoted as enrolment windows open.	
	Monitor and audit of talent pools to ensure inclusivity and diversity.	On-going	NKS	Aspiring BAME senior leader programme creates talent pool	
Shortlisting and Appointment	Mandate and audit that for all selection process at Band 8A and above, hiring managers require candidates to demonstrate/evidence EDI work during interview	June '23	PS	To be set out in EMC paper Q2 - 2023	Provision is implemented
	Deliver batch/gateway recruitment process	Feb '24	Head of Resourcing	Delayed from previous year.	Provision is implemented and impacts evaluated

DRAFT WRES 2023-2025 Improvement Plan

Improvement Theme	How	When	Who	Update	Measures
	Delivery of our plan related to overhaul of our recruitment and selection practices	Various	Various		Various
Staff Experience	Ensure a clear, strong leadership narrative on race equality is maintained, including Trust wide communications focussing on key issues underpinning understanding of racial equality	On-going	Execs and Senior Leaders	See Me First –Apr '23; Cultural Celebration events; Health Equalities agenda etc	EDI to be a 'top three space' for engagement on our new Workvivo platform.
	Embed Leadership Behaviours Framework in key areas of people agenda - focus on inclusion, civility, curiosity	Sept '23	NKS	Framework launched Oct '22	Clear anti-bullying, anti-discrimination , inclusive narrative in our expected behaviours framework
	Continued representative network of FTSU champions	On-going	FTSU		BAME FTSU champions recruited
	Zero Tolerance to Racism programme as an element of our wider Promoting Positive Behaviours programme	Sept 23 commence	TP/EMN Network	Scoping to commence at next EMN meeting – June '23	To be a top 10 Acute Trusts in low levels of staff experiencing such behaviour.
	Cultural celebration events to recognise and celebrate diversity and understanding	Ongoing	EMN Network	12.05.23 – Cultural Celebration Event to co-incide with International Nurses Day	Engagement and profile of events
	Refresh EDI mandatory training and develop a branded portfolio of training interventions focussing more deeply on key EDI imperatives	By Sept '23	PS	Work underway	
	Audit of Disciplinary cases for 21/22 for thematic review	By Sept '23	Head of ER		Thematic review and assurance.
	Targeted work to reduce non declaration rates to ensure representativeness and validity of data insights	Apr '24	PS and WFI		Deliver a minimum of 5% reduction in non-declaration rates
Career Development	Development focus (clinical and non-clinical) as recurring item on EMN meeting agenda	Every Quarter	L&D Team		Maintain equity in access to non-MAST activity as measured by WRES indicators
	Focus on Clinical Band 5 to 6 progression through delivery of Band 6 development programmes, Mary Seacole programme and enhanced experiential rotational opportunities	Ongoing	Practice Development and Education		Improving Band 5-6 Clinical Progression Disparity Ratios
	Develop enhanced Apprenticeship portfolio for staff in Admin and Clerical roles to develop career ladders	Ongoing	AO	Priority in our Education Strategy	New A&C apprenticeship pathways created e.g Clinical Admin Teams
	Expand uptake into our Winning at Interviews Programme	By Apr 24	L&D Team		50% uptake in enrolments in 23/24
	Continue to promote and increase utilisation of Internal Coaching Network	On-going	L&D Team	Expansion of Coaching and Mentoring capacity a priority in our Education Strategy.	10% increase in coaching capacity and subsequent utilisation rates.

