NHS

Royal Papworth Hospital
NHS Foundation Trust

Workforce race equality standard 2022/2023

Onika Patrick-Redhead - Head of EDI

Compassion
Excellence
Collaboration

Report to:	Trust Board	Date: 7 September 2023
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 2023/24 WRES Action plan.	
Title:	WRES Data submission and Action Plan 2023	
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:	• **Staff retention** • **Staff engagement** • **Patient experience**	
For:	• **Note the 2022/23 WRES data submission.** • **Approval of 2023/24 WRES action plan** • **Note progress of 2022/23 WRES action plan**	

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1. Purpose

The purpose of this paper is to provide the Workforce Committee and Board with a summary of the Workforce Race Equality Standard submission, which took place on the 31st of May 2023, to note progress and recognition from the National WRES team of RPH's 2022/23 WRES action plan and approve 2023/24 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 2023/2024

This report details our 2023 data submission, and is based on April 22 to March 23 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 30.09% of our workforce comes from Black, Asian, and Minority Ethnic (BAME), backgrounds, an increase from last year's 27.35%. We have 63 -different nationalities represented across RPH.

Ethnic Profile % as at 31.03.23
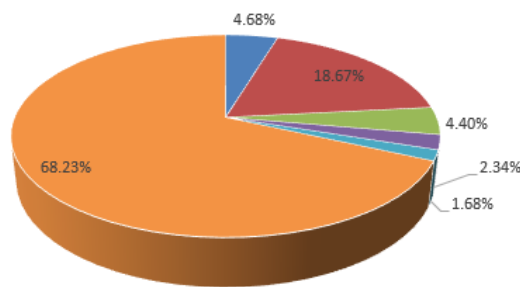
AS AT 31.03.23		
ETHNICITY	Total	%
Any Other Ethnic Group	100	4.68%
Asian	399	18.67%
Black	94	4.40%
Mixed	50	2.34%
Not Stated	36	1.68%
White	1458	68.23%
Grand Total	2137	

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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, bulling or abuse from patients, relatives or the public in the last months	Staff Survey Results
6	Percentage of staff experiencing harassment, bulling 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

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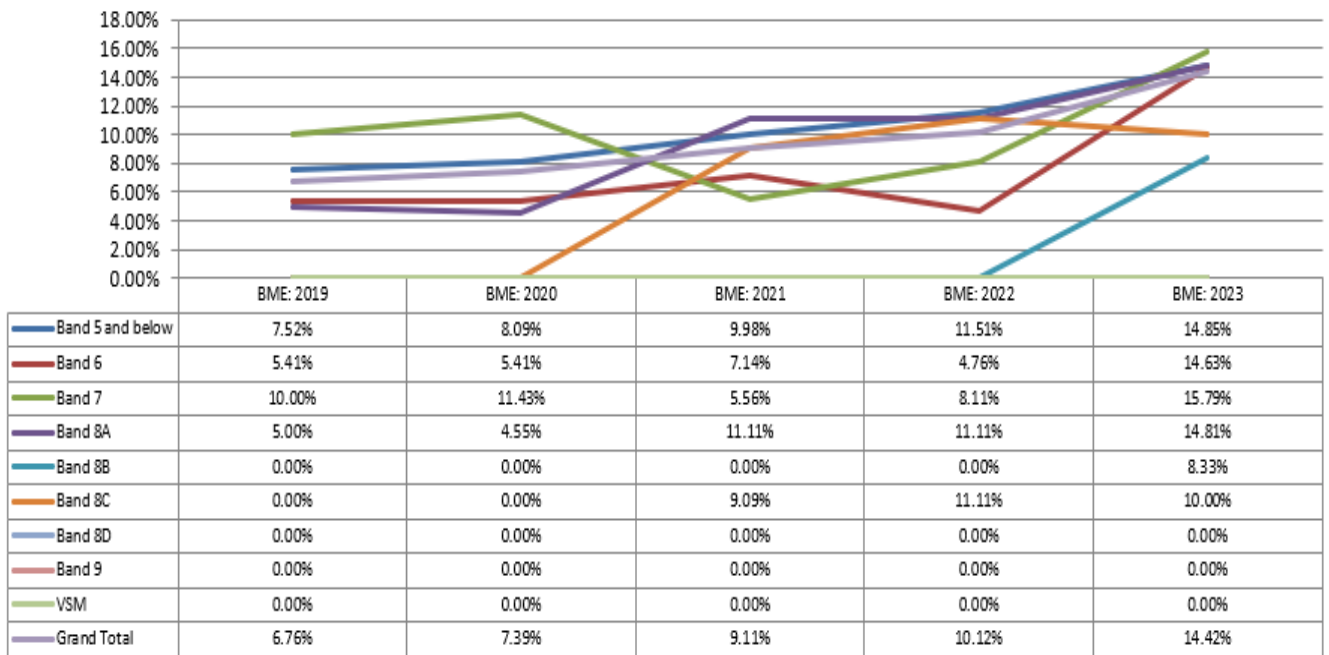Onika Patrick-Redhead

3. WRES data submission 2023 key areas

In this section there will be an evaluation of the indicators, by comparing the data against previous years' results, industry benchmarks, and national standards. It will help in identifying areas of improvement and set targets for 23/24.

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 BME Staff by Band

	BME: 2019	BME: 2020	BME: 2021	BME: 2022	BME: 2023
Band 5 and below	7.52%	8.09%	9.98%	11.51%	14.85%
Band 6	5.41%	5.41%	7.14%	4.76%	14.63%
Band 7	10.00%	11.43%	5.56%	8.11%	15.79%
Band 8A	5.00%	4.55%	11.11%	11.11%	14.81%
Band 8B	0.00%	0.00%	0.00%	0.00%	8.33%
Band 8C	0.00%	0.00%	9.09%	11.11%	10.00%
Band 8D	0.00%	0.00%	0.00%	0.00%	0.00%
Band 9	0.00%	0.00%	0.00%	0.00%	0.00%
VSM	0.00%	0.00%	0.00%	0.00%	0.00%
Grand Total	6.76%	7.39%	9.11%	10.12%	14.42%

NON-CLINICAL WORKFORCE HEADCOUNT														
Pay Band	White 2019	BME 2019	Unknown 2019	White 2020	BME 2020	Unknown 2020	White 2021	BME 2021	Unknown 2021	White 2022	BME 2022	Unknown 2022	White 2023	BME 2023	Unknown 2023
Band 5 and below	282	23	1	340	30	1	377	42	2	321	42	2	316	56	5
Band 6	32	2	3	34	2	1	38	3	1	39	2	1	34	6	1
Band 7	27	3	0	29	4	2	33	2	1	33	3	1	31	6	1
Band 8A	19	1	0	21	1	0	24	3	0	24	3	0	23	4	0
Band 8B	17	0	0	16	0	0	14	0	0	13	0	0	11	1	0
Band 8C	6	0	1	7	0	1	9	1	1	8	1	0	9	1	0
Band 8D	6	0	0	5	0	0	3	0	0	5	0	0	4	0	0
Band 9	1	0	0	2	0	0	3	0	0	1	0	0	1	0	0
VSM	5	0	0	5	0	0	3	0	0	5	0	0	3	0	0
Grand Total	395	29	5	459	37	5	504	51	5	449	51	4	432	74	7

% Clinical BME Staff by Band
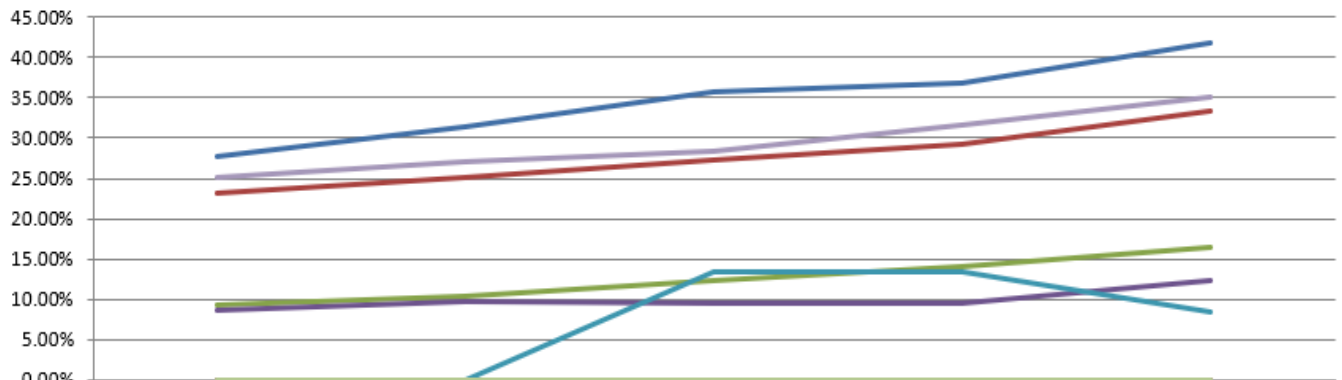
	BME: 2019	BME: 2020	BME: 2021	BME: 2022	BME: 2023
Band 5 and below	27.80%	31.33%	35.72%	36.72%	41.80%
Band 6	23.19%	25.08%	27.27%	29.17%	33.33%
Band 7	9.32%	10.45%	12.32%	14.01%	16.43%
Band 8A	8.51%	9.68%	9.52%	9.43%	12.28%
Band 8B	0.00%	0.00%	13.33%	13.33%	8.33%
Band 8C	0.00%	0.00%	0.00%	0.00%	0.00%
Band 8D	0.00%	0.00%	0.00%	0.00%	0.00%
Band 9	0.00%	0.00%	0.00%	0.00%	0.00%
VSM	0.00%	0.00%	0.00%	0.00%	0.00%
Grand Total	25.13%	27.00%	28.30%	31.62%	35.02%

| CLINICAL WORKFORCE HEADCOUNT														
Pay Band	White 2019	BME 2019	Unknown 2019	White 2020	BME 2020	Unknown 2020	White 2021	BME 2021	Unknown 2021	White 2022	BME 2022	Unknown 2022	White 2023	BME 2023	Unknown 2023
Band 5 and below	472	186	11	525	245	12	501	284	10	456	271	11	405	298	10
Band 6	208	64	4	239	82	6	259	99	5	234	98	4	236	119	2
Band 7	146	15	0	180	21	0	183	26	2	175	29	3	174	35	4
Band 8A	43	4	0	56	6	0	57	6	0	48	5	0	50	7	0
Band 8B	14	0	1	12	0	1	12	2	1	12	2	1	10	1	1
Band 8C	1	0	0	4	0	0	4	0	0	4	0	0	4	0	0
Band 8D	2	0	0	2	0	0	2	0	0	3	0	0	2	0	0
Band 9	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
VSM	1	0	0	1	0	0	2	0	0	1	0	0	1	0	0
Consultants	74	26	4	86	28	5	86	29	4	83	31	4	86	30	4
Non-consultant career grade	0	0	0	0	0	0	1	0	0	0	4	0	26	37	5
Non-consultant career grade	39	41	1	44	38	4				66	72	2	27	39	3
Non-consultant career grade	15	12	1	16	22	2				0	0	0	0	0	0
Grand Total	1015	348	22	1165	442	30	1108	446	22	1082	512	25	1021	566	29

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All Staff

Descriptor	31st March 2021	31st March 2022	31st March 2023
Total number of staff in overall workforce	2267	2123	2129
Number of BAME staff in overall workforce	570	563	640
Total number of staff in bands 8-9 including VSM but excluding medical consultants	137	135	133
Number of BAME staff in bands 8-9 and VSM but excluding medical consultants	11	11	14
Percentage of BAME staff in bands 8-9 and VSM	8.16%	8.14%	10.52%

Analysis: There is a small change in BAME staff in Bands 8A- 8D VSM over the past year: a 2.15% increase of the same bandings from 22-23.

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

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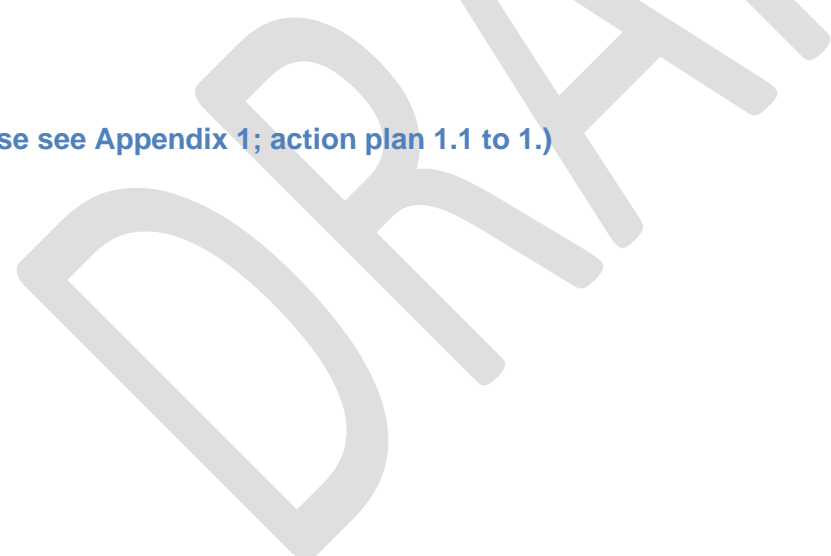
Indicator 2

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

	2019	2020	2021	2022	2023
White	39.34%	52.04%	54.90%	55.26%	58.99%
BME	42.79%	49.81%	50.62%	50.23%	62.61%
Unknown	25.00%	66.67%	73.68%	36.00%	50.00%

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INDICATOR 2	2019			2020			2021			2022			2023		
	White	BME	Unknown / Null	White	BME	Unknown / Null	White	BME	Unknown / Null	White	BME	Unknown / Null	White	BME	Unknown / Null
Number of shortlisted applicants	722	201	16	661	269	24	663	243	19	485	215	25	417	222	46
Number appointed from shortlisting	284	86	4	344	134	16	364	123	14	268	108	9	246	139	23

Analysis: As at March 2023 the likelihood ratio was 0.94; which is not significantly different from "1.0" or equity. Specifically, 246 out of 417 white candidates were appointed from shortlisting (58.99% of white candidates) compared to 139 out of 246 BME candidates (62.61% of BME candidates).

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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.

% of staff entering formal disciplinary by Ethnic Group

	2019	2020	2021	2022	2023
White	0.43%	0.18%	0.19%	0.72%	0.14%
BME	0.27%	0.21%	0.36%	0.36%	0.47%
Unknown	0.00%	0.00%	0.00%	0.00%	0.00%

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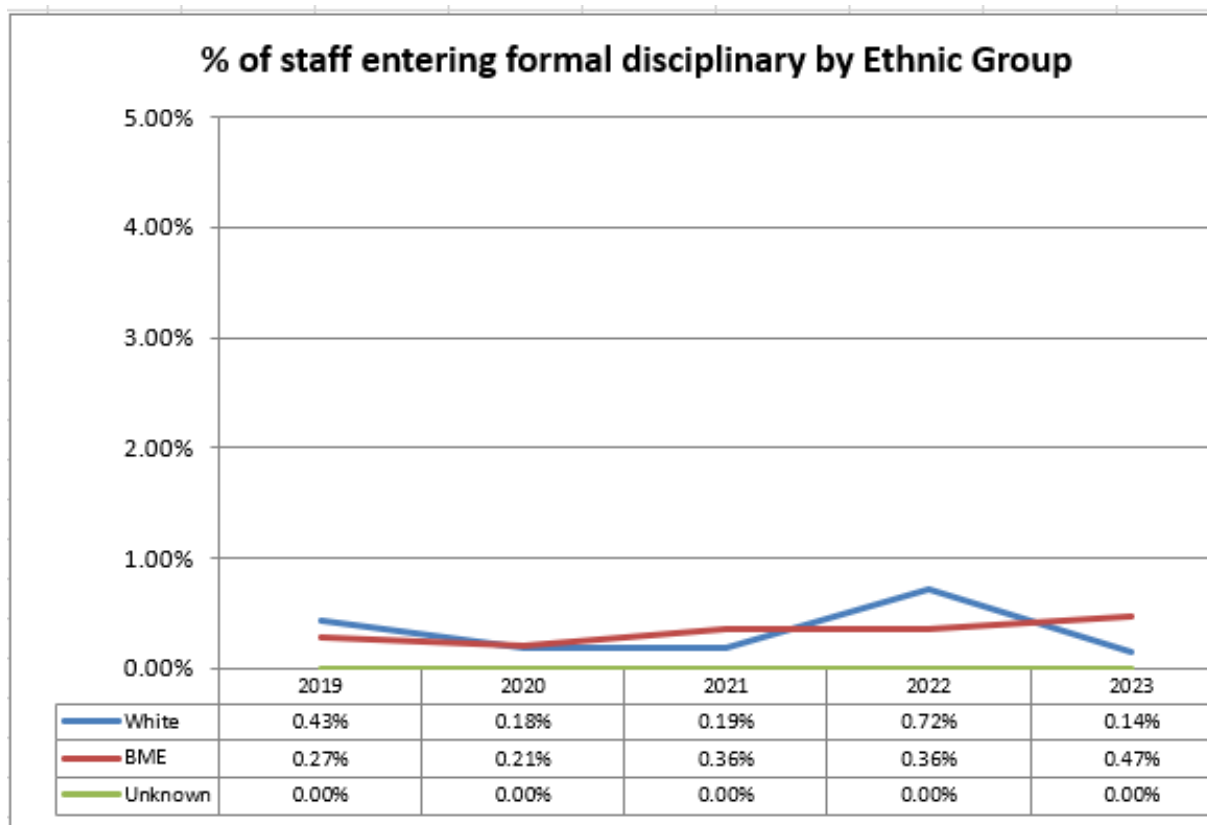
INDICATOR 3	2019			2020			2021			2022			2023		
	White	BME	Unknown / Null	White	BME	Unknown / Null	White	BME	Unknown / Null	White	BME	Unknown / Null	White	BME	Unknown / Null
Number of staff in workforce	1409	377	27	1624	479	35	1618	557	30	1531	563	29	1453	640	36
Number of staff entering the formal disciplinary process	6	1	0	2	0	0	3	2	0	11	2	0	3	2	0

Analysis: Overall, the Trust has seen a decrease 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 640 BAME staff entered formal disciplinary proceedings (0.31% of the BME workforce) compared to 3 out of 1453 white staff (0.21% of the white workforce).

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Indicator 4

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

Likelihood of staff accessing non-mandatory training and CPD by Ethnic Group
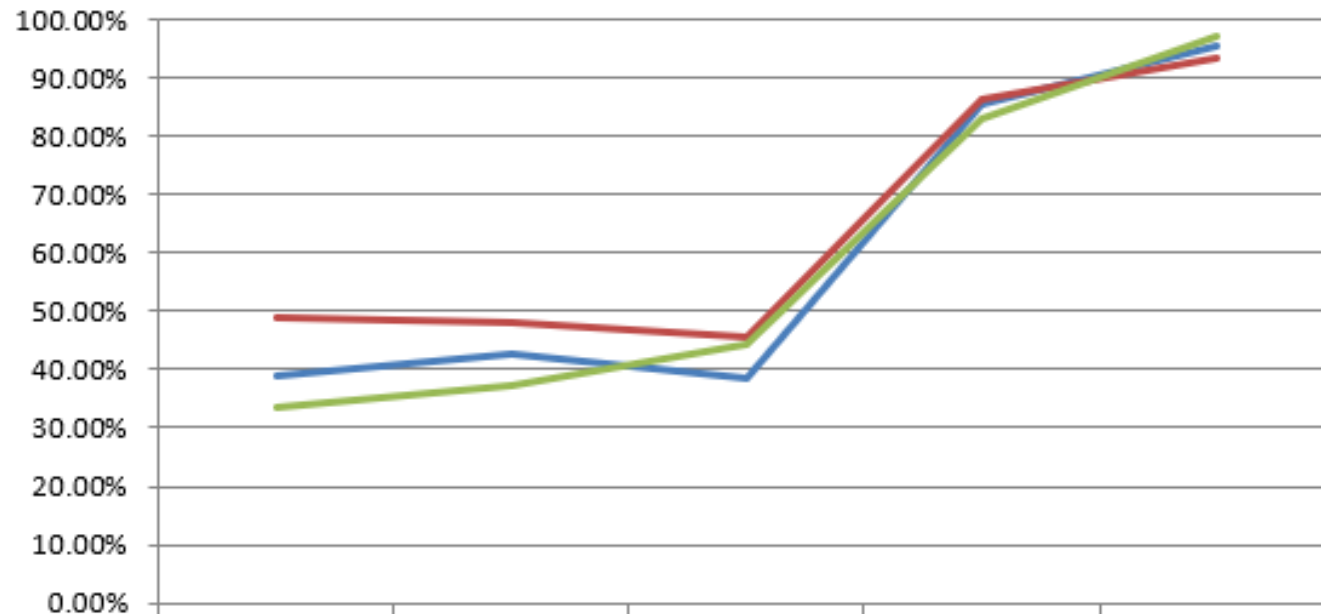
	2019	2020	2021	2022	2023
White	38.94%	42.67%	38.30%	85.43%	95.40%
BME	48.81%	48.02%	45.61%	86.15%	93.47%
Unknown	33.33%	37.14%	44.44%	82.76%	97.22%

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INDICATOR 4	2019			2020			2021			2022			2023		
	White	BME	Unknown / Null	White	BME	Unknown / Null	White	BME	Unknown / Null	White	BME	Unknown / Null	White	BME	Unknown / Null
Number of staff in workforce	1409	377	27	1624	479	35	1618	557	30	1531	563	29	1453	640	36
Number of staff accessing non-mandatory training and CPD	549	184	9	693	230	13	617	260	12	1308	485	24	1391	601	35

Analysis: The data for indicator 4 indicates that BAME staff are less likely to access non-mandatory training and CPD than white staff by 2%. Training delivered externally or with specialist teams are not always captured. Over the last couple years, 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, the EDI team has created a Civility matters 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.

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

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.

Select Indicator

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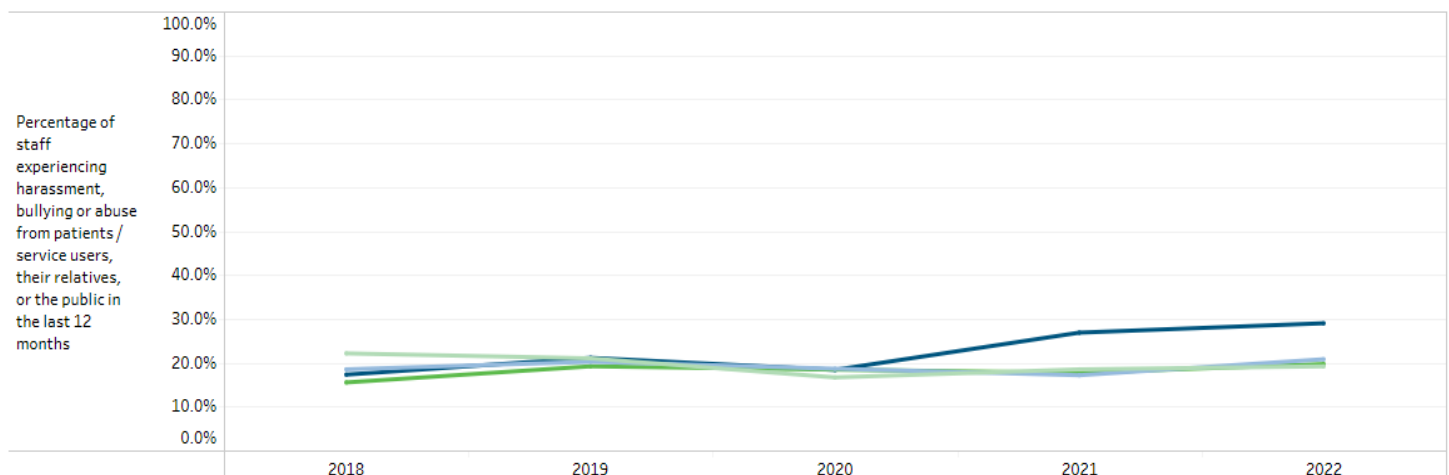
Click legend to highlight

- ■ 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

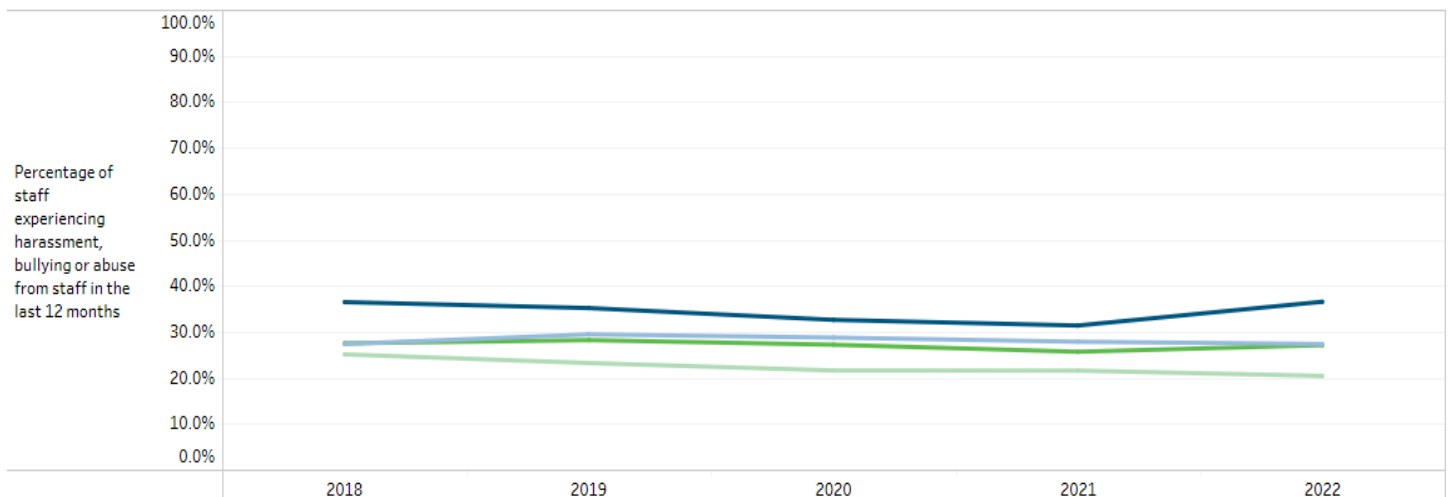|		2018	2019	2020	2021	2022
White Staff	Organisation result	15.5%	19.2%	18.4%	17.7%	19.7%
	Benchmark median	22.1%	21.0%	16.6%	18.5%	19.2%
Staff from all other ethnic groups combined	Organisation result	17.3%	21.1%	18.3%	26.8%	29.0%
	Benchmark median	18.5%	20.2%	18.6%	17.1%	20.8%

Analysis: There is an 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 18.3% in 2020 to 29% 2022, a significant increase. You can see a trend of increased reporting, over the past 3 years. There is a significant difference in the experience of white staff with this indicator.

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Indicator 6

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

Select Indicator

| 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

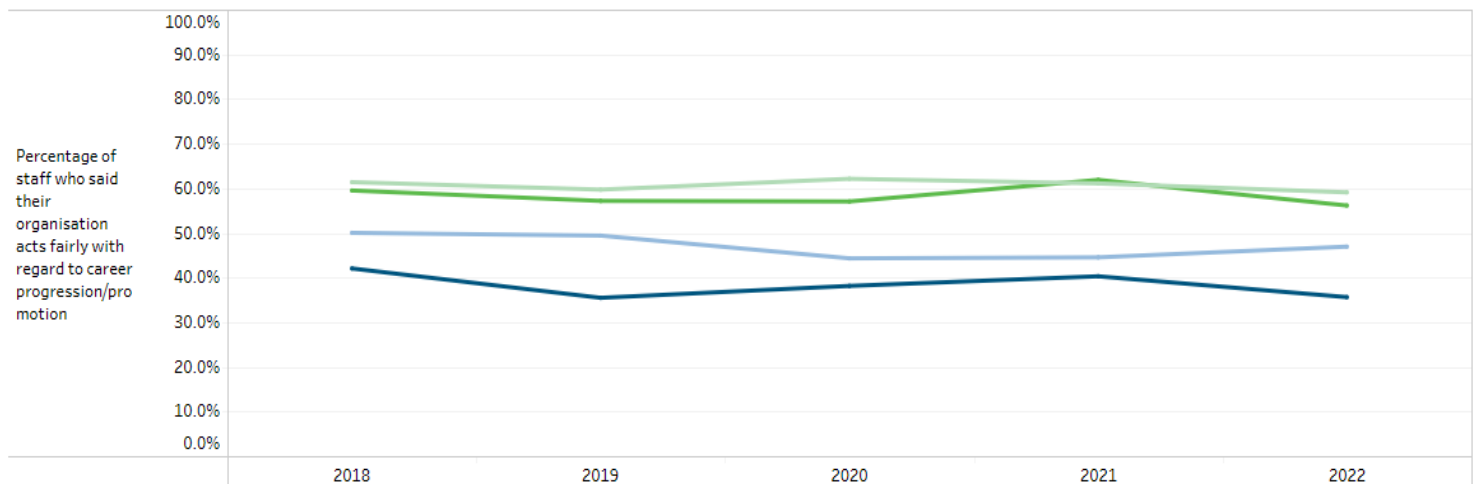|		2018	2019	2020	2021	2022
White Staff	Organisation result	27.5%	28.2%	27.2%	25.6%	27.1%
	Benchmark median	25.1%	23.2%	21.6%	21.5%	20.4%
Staff from all other ethnic groups combined	Organisation result	36.4%	35.1%	32.6%	31.3%	36.5%
	Benchmark median	27.3%	29.4%	28.7%	27.8%	27.3%

Analysis: There is an increase in the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months from 31.3% up to 36.5%; an increase of 5.2%. This is the highest percentage reported in the last 4 years. Although there is a reported increase with our white staff by 1.5%, there is still a 9.4% difference being reported comparatively, a significant increase from 2021 figures.

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Indicator 7

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

Select Indicator

Indicator 7 - Percentage of staff who said their organisation acts fairly with regard to 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

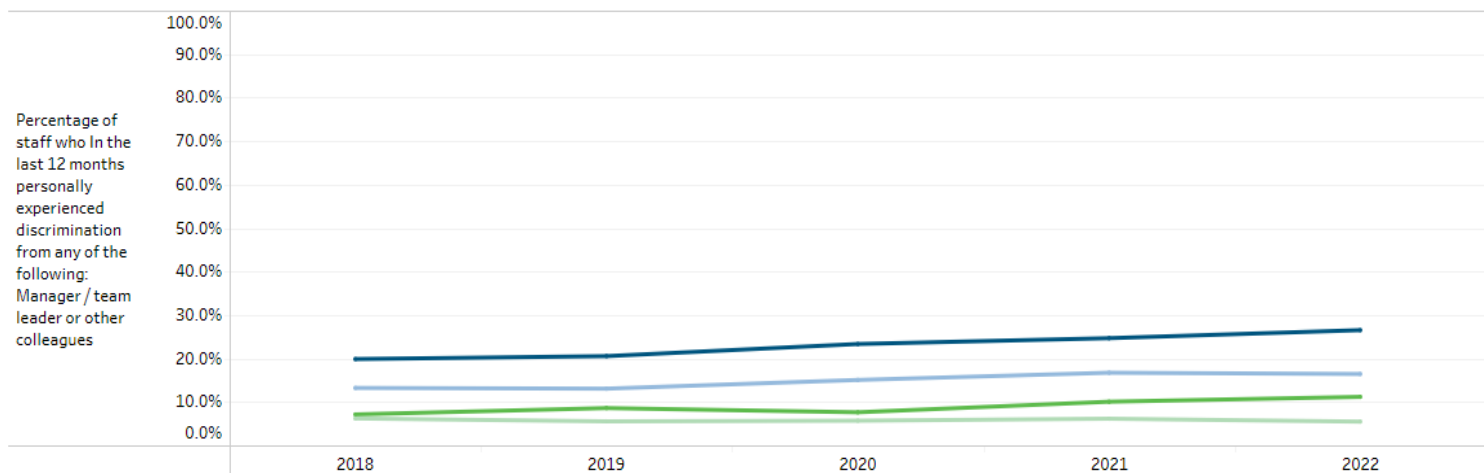|		2018	2019	2020	2021	2022
White Staff	Organisation result	59.5%	57.2%	57.0%	61.9%	56.1%
	Benchmark median	61.4%	59.7%	62.1%	61.1%	59.1%
Staff from all other ethnic groups combined	Organisation result	42.0%	35.4%	38.1%	40.3%	35.6%
	Benchmark median	50.0%	49.4%	44.3%	44.5%	46.9%

Analysis: There is a decrease this year in the percentage of BAME staff reporting that they believe the Trust provides equality of opportunity from 40.3% to 35.6% (reduction of 4.7%). There is a significant gap of 20% between white and BAME staff, which gives us an indication that there is a significant amount of work needed to be done around improving equal opportunities for career progression or promotion.

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Indicator 8

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

Select Indicator

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

		2018	2019	2020	2021	2022
White Staff	Organisation result	7.1%	8.6%	7.6%	10.0%	11.2%
	Benchmark median	6.2%	5.5%	5.7%	6.1%	5.5%
Staff from all other ethnic groups combined	Organisation result	19.9%	20.5%	23.3%	24.7%	26.5%
	Benchmark median	13.2%	13.0%	15.0%	16.7%	16.4%

Analysis: There is further deterioration with this indicator from the previous year – an increase of 3.2% 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 15.3%.

(For Indicators 5-8 Please see Appendix 1; action plan 3.1 to 3.)

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Indicator 9

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

	2020/2021			2021/2022			2022/2023		
	WHITE	**BME**	**UNKNOWN**	**WHITE**	**BME**	**UNKNOWN**	**WHITE**	**BME**	**UNKNOWN**
Total Board members	12	3	0	12	3	0	11	3	0
of which: voting Board members	11	2	0	11	2	0	10	2	0
Non-voting Board members	1	1	0	1	1	0	1	1	0
Overall workforce - % by Ethnicity	75.5%	23.3%	1.3%	75.5%	23.3%	1.3%	78.6%	21.4%	0%
Voting Board Percentage- % by Ethnicity	84.6%	15.4%	0%	84.6%	15.4%	0%	83.3%	16.7%	0%

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4. Next Steps

The data provided in this report was submitted to NHS England by on the 31st of May 2023, which was a change from previous years when the submission date was 31st August. The 2023/2024 Action Plan (Appendix 1) will be submitted as required on September 31st, 2023.

Our national report based on the 22/23 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.

In March 2023 the Trust received its feedback from the National WRES team, on its WRES 22/23 Action plan, see review below:

"The WRES team have reviewed your trust's action plan that was submitted at the end of October 2022. Your trust Royal Papworth Hospital NHS Foundation Trust was awarded a score of 3.00. The scoring is as per the CQC 4-point award system (0 = 'inadequate', 1 = 'requires improvement', 2 = 'good', and 3 = 'outstanding').

This provides feedback on how we feel your plan aligns with your trust specific WRES data that was shared with you earlier this year. In particular we found that.

Excellent range of monitored interventions and direction and vision from leadership."

This means that as an organisation we appear to understand the interventions needed and should remain consistent with our approach.

The report from the National WRES Team also 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 1: Career progression in clinical roles (lower to upper levels)

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)

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The 2023/24 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 in the National WRES report. Some of these actions are ones continuing from the 2022/23 plan.

The work will be supported by the Equality, Diversity and Inclusion Team and monitored through the EDI Steering and Workforce 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 experience 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; with a second Cohort, this is a 12-month mentoring programme modelled on STP approach. Communication/ engagement/ training and review. Using Cohort 1's learning and expertise to drive and sustain the Transformational change.
- 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, continued work on the fairer recruitment work etc.

WRES report Data submission and Action Plan 2023
Onika Patrick-Redhead

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 2023 Staff Survey are published.
- To note the progress of the 2022/23 Action Plan Appendix 2.

WRES report Data submission and Action Plan 2023
Onika Patrick-Redhead