

Item 2.ii

Report to:	Trust Board	Date: 7 December 2023
Report from:	Oonagh Monkhouse, Director of Workforce and OD	
Principal Objective/ Strategy and Title:	Workforce Race Equality Standard 2022-23 Report	
Board Assurance Framework Entries:	Staff Engagement Retention Recruitment	
Regulatory Requirement:	Well Led WRES	
Equality Considerations:	This report provides underpinning data and analysis	
Key Risks:	<ul style="list-style-type: none"> • Staff retention • Staff engagement 	
For:	For discussion and noting	

1. Background

1.1 The attached report (Appendix 1) has been developed by the NHSE WRES team. It provides a summary of workforce race equality standard (WRES) metrics for the Trust.

1.2 The intention of the report is to provide detailed information for Trusts. The NHS standard contract requires Trusts to submit an annual report to the coordinating commissioner on progress in implementing their annual WRES action plan. It is intended that this data report will allow each Trust to understand where the data indicates the areas of greatest challenge are, be that around recruitment, promotion, disciplinary referral, education, bullying and harassment or board representation. The report also highlights areas where the Trust is performing well. The Trust's data is tabulated alongside data for the region, as well as data from Trusts of similar type. The report is shared with the regional EDI leads who we work closely with and will be able to help with identifying target actions.

1.3 The quantitative information is analysed and interpreted using inferential statistical techniques, adopting the standards applied in the social and medical sciences. A comprehensive user guide is provided alongside this report. The user guide includes guidance on interpreting the metrics, the colour coding used in the tables of analysis, and the graphs and charts included in the report.

1.4 Data for indicators 1 to 4 are taken from WRES data portal submissions relating to the workforce as at the end of March 2023. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2022.

1.5 There are nine WRES indicators:

	<p>Workforce indicators For each of these four workforce indicators, <u>compare the data for White and BME staff</u></p>
1.	<p>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</p> <p>Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff</p>
2.	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p>
3.	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note: This indicator will be based on data from a two year rolling average of the current year and the previous year</p>
4.	<p>Relative likelihood of staff accessing non-mandatory training and CPD</p>
	<p>National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff</p>
5.	<p>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>
6.	<p>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p>
7.	<p>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion</p>
8.	<p>Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues</p>
	<p>Board representation indicator For this indicator, <u>compare the difference for White and BME staff</u></p>
9.	<p>Percentage difference between the organisations' Board voting membership and its overall workforce</p> <p>Note: Only voting members of the Board should be included when considering this indicator</p>

2. Findings of the Report

2.1 The key findings:

- Indicators 6 and 7 were highlighted as high priority areas for improvement. Over a third of BME staff reported experiencing harassment, bullying or abuse from staff in the last 12 months. Only around a third of BME staff believed the trust provides equal opportunities for career progression or promotion. Addressing these issues should be a top priority.
- There are opportunities to build on areas of best performance. The trust performs well on the relative likelihood of white vs BME staff being appointed from shortlisting.
- The clinical race disparity ratios indicate inequality in career progression for BME clinical staff at band 6 and above.
- There is underrepresentation of BME staff on the board, particularly amongst voting and executive members.

- Over a quarter (26.5%) of BME staff reported experiencing discrimination from managers, team leaders or colleagues in 2022. This is over 2 times higher than the percentage for White staff (11.2%). This difference is statistically significant, meaning it is very unlikely to be due to chance.
 - When compared to other trusts nationally, we performed the worst, ranking in the bottom 0% of all trusts for the percentage of BME staff experiencing discrimination.
3. We have been discussing the findings of this report with the Race Equality Network and the EDI Steering Group. It makes for sobering reading particularly the benchmarking data for Indicator 8. The Committee has previously considered our progress against our EDI objectives and a Board development session is planned for the 7 December to consider our leadership approach to culture and EDI.
 4. We have concluded that we need to understand better the discrimination being experienced by staff in order to consider whether the measures we have been taking in our WRES planning need to be refocused. We know that some of the areas in the wider workforce plan such as improving the quality of appraisals, putting in place talent management systems and developing compassionate and inclusive managers are key however we need to know more about the experience of staff to ensure it addresses the causes of the discrimination. The WRES action plan will be reviewed and updated to ensure that it focuses on the key areas of improvement required.
 5. The Board is asked to:
 - Review and note the content of the report and the next steps identified.