



Workforce Race Equality Standard 2023/2024

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Report to:	Trust Board	Date: 3 October 2024
Report from:	Oonagh Monkhouse, Director of Workforce and OD Onika Patrick-Redhead, Head of EDI	
Principal Objective/Strategy:	To approve the 2023/24 WRES data submission and 2024/25 WRES Action plan.	
Title:	23/24 WRES Data submission and 24/25 Action Plan	
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 2023/24 WRES data submission. • Approval of 2024/25 WRES action plan • Note progress of 2023/24 WRES action plan 	

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1. Purpose

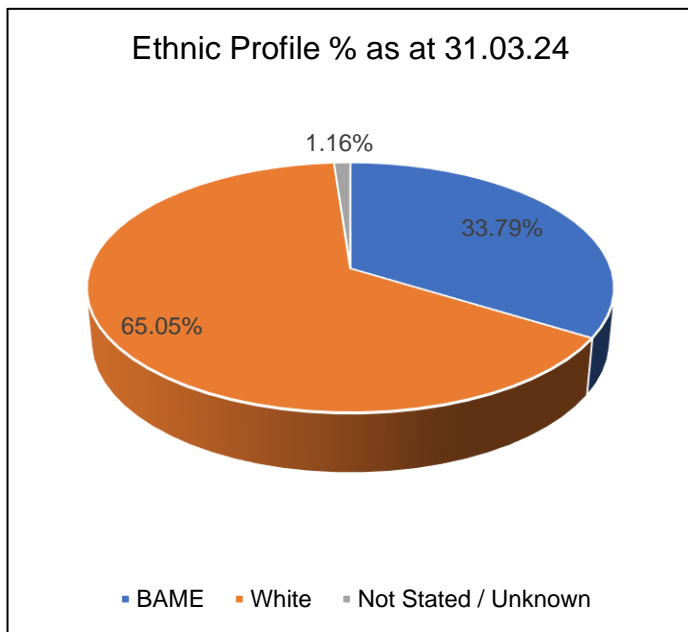
The purpose of this paper is to provide the Workforce Committee and Board with a summary of the Workforce Race Equality Standard submission, which took place on the 31st of May 2023, to note progress and recognition from the National WRES team of RPH's 2022/23 WRES action plan and approve 2023/24 WRES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

1.1 WRES Data submission highlights 2023/2024

This report details our 2024 data submission, and is based on April 23 to March 24 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 Race Equality Network (REN). The final plan will be circulated to all network members following your approval.

Our baseline data tells us that 33.79% of our workforce comes from Black, Asian, and Minority Ethnic (BAME), backgrounds, an increase from last year's 30.09%. We have 63 -different nationalities represented across RPH.



Ethnicity	Female		Male		Grand Total	
	Headcount	% of Female	Headcount	% of Male	Headcount	% of Workforce
White	1118	69.61%	329	54.38%	1447	65.45%
Asian	334	20.80%	189	31.24%	523	23.65%
Black	77	4.79%	44	7.27%	121	5.47%
Mixed	37	2.30%	13	2.15%	50	2.26%
Any Other Ethnic Group	25	1.56%	19	3.14%	44	1.99%
Not Stated	15	0.93%	11	1.82%	26	1.18%
Grand Total	1606	100.00%	605	100.00%	2211	100.00%

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:

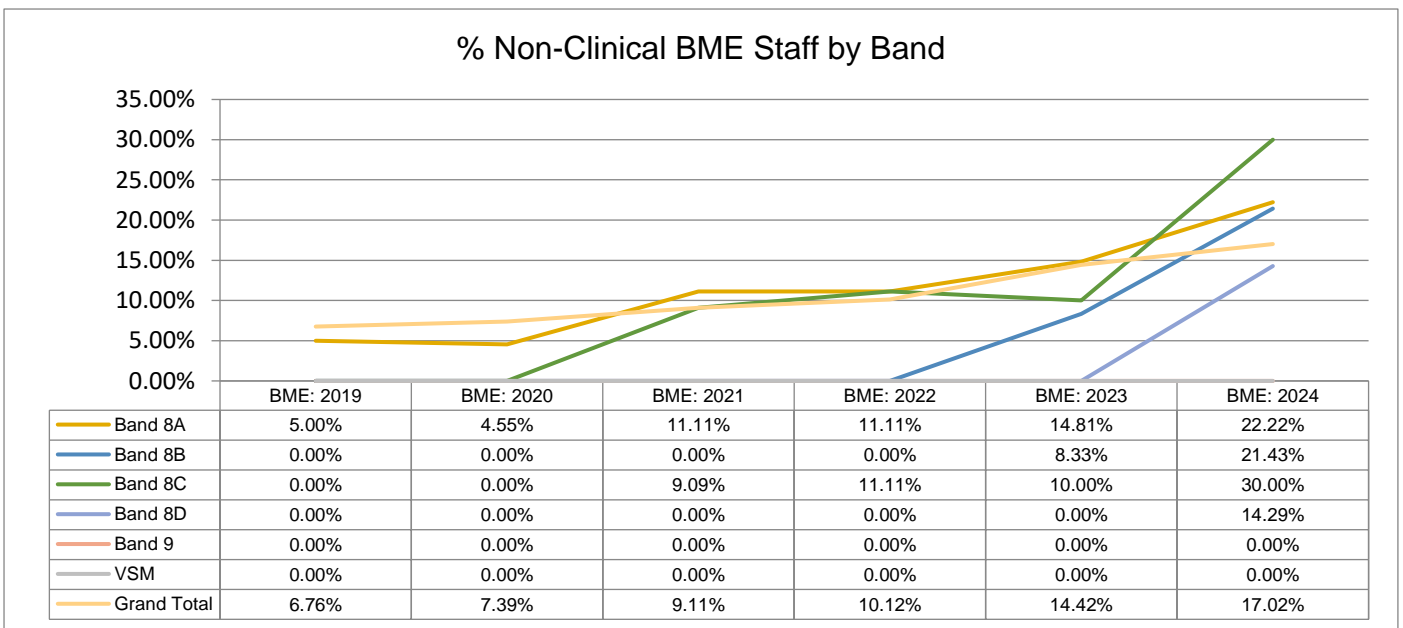
- Two focus on workforce data and representation.
- Four are based on questions from the NHS Staff Survey
- Three based on workforce data from HR interventions.

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. WRES data submission 2024 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 24/25.

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.

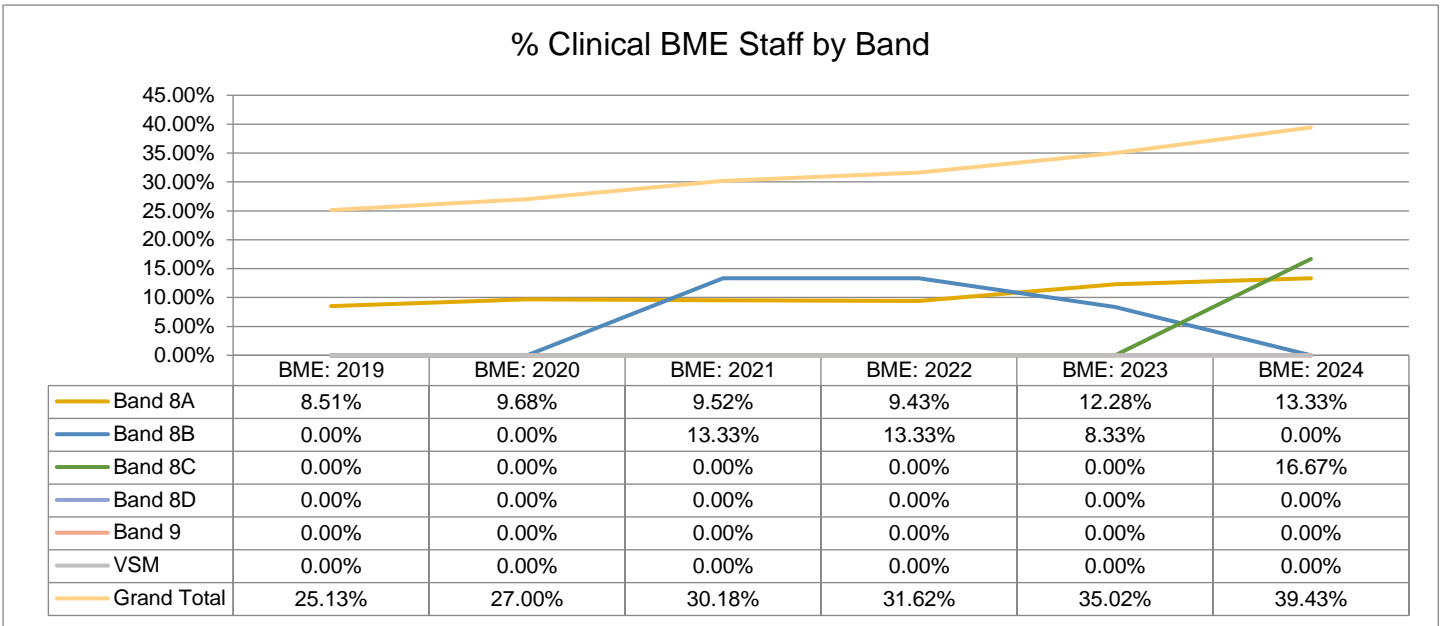


The data highlights that the percentage of BME staff in Non-Clinical, Band 8 positions, has steadily risen over the last five years. There has been a more rapid increase in the percentage of staff in Band 8 B, C, and D between 2023 and 2024.

NON-CLINICAL	AS AT	
	Mar-24	%
BAME		
Band 5	9	11.84%
Band 6	6	10.91%
Band 7	3	5.77%
Band 8 - Range A	8	25.00%
Band 8 - Range B	3	17.65%
Band 8 - Range C	3	25.00%
Band 8 - Range D	1	12.50%
Exec Directors		0.00%

NON-CLINICAL GOALS		
END OF 2023 GOAL	END OF 2024 GOAL	END OF 2025 GOAL
6	10	13
4	6	8
2	3	4
1	2	3
0	1	2
0	1	2

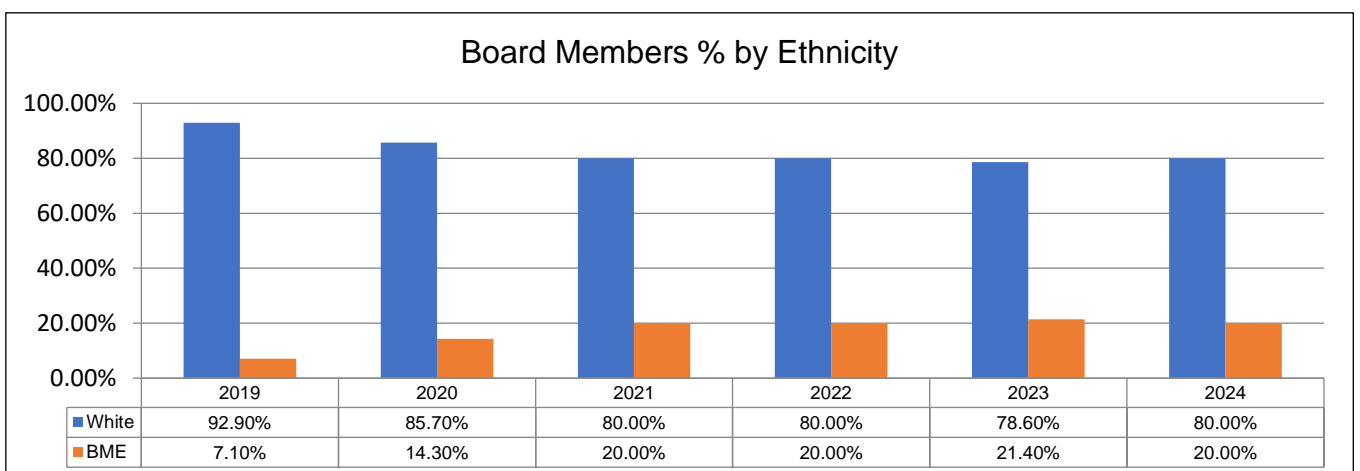
Following our 2023 WRES results, we implemented targeted goals for Band 7 and above as part of our Workforce strategy, over a 3-year period. We have monitored these goals and found that all bands have achieved them, except for Band 7 roles.



The data looks at the progression for BME clinical staff from Band 8A and above. This data suggests there's been progress in increasing BME representation in clinical staff overall, but there's still a lack of diversity at the highest pay bands.

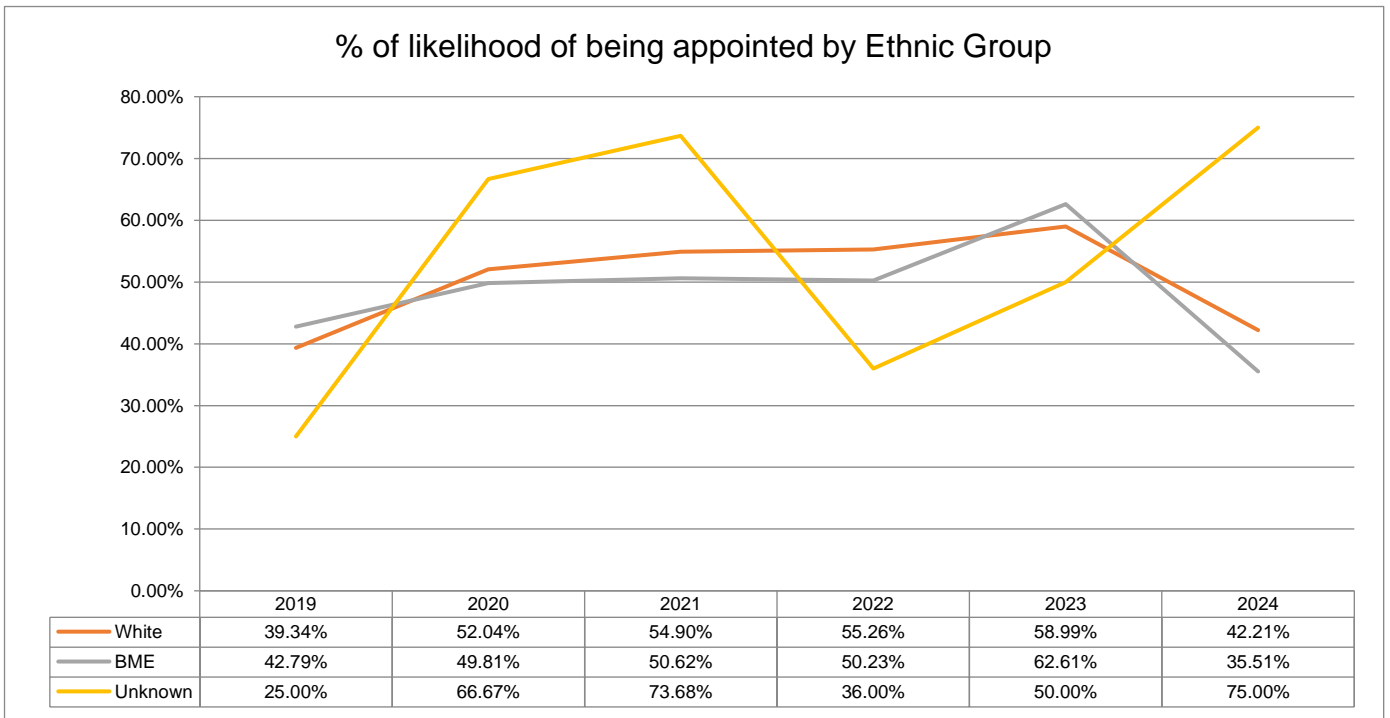
CLINICAL	AS AT		CLINICAL GOALS		
	Mar-24	%	END OF 2023 GOAL	END OF 2024 GOAL	END OF 2025 GOAL
BAME					
Band 5	248	55.36%			
Band 6	138	33.91%			
Band 7	46	18.11%	40	52	63
Band 8 - Range A	8	12.31%	8	13	18
Band 8 - Range B	0	0.00%	1	2	3
Band 8 - Range C	1	14.29%	0	1	2
Band 8 - Range D	0	0.00%	0	0	1

Following our 2023 WRES results, we implemented targeted goals for Band 7 and above as part of our Workforce strategy, over a 3-year period. We have monitored these goals and found that all bands have achieved them, except for Band 8A roles.

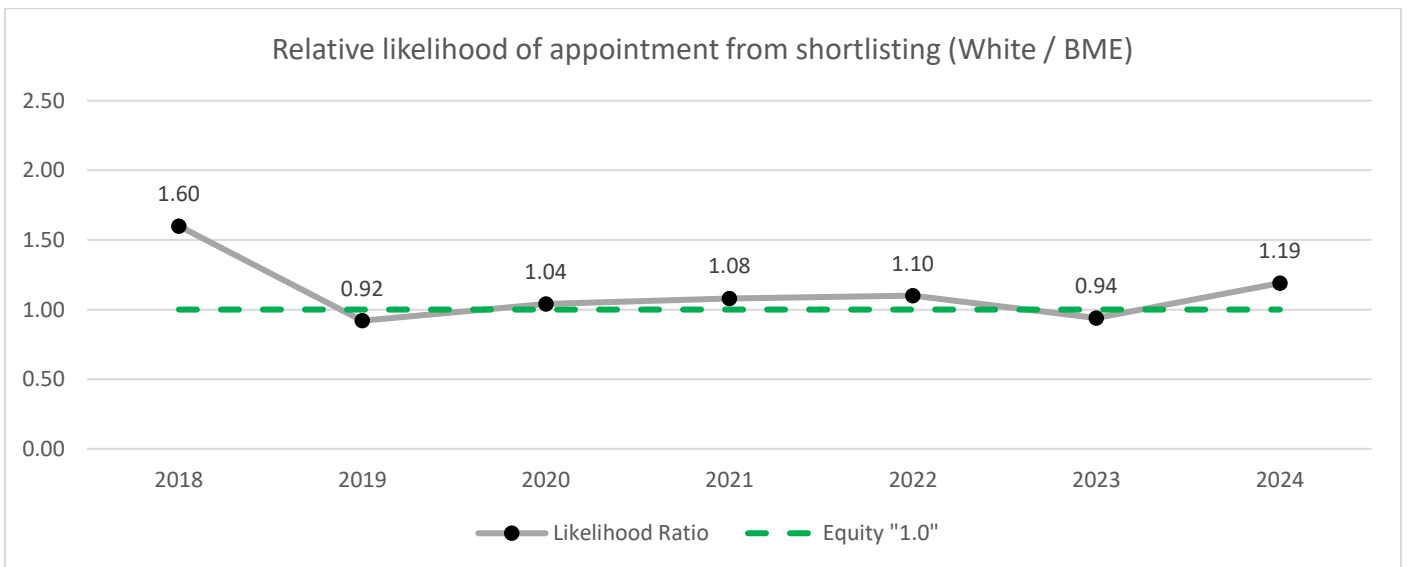


Our data indicates progress in board diversity over the years, though there's still a gap between White and BME representation.

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

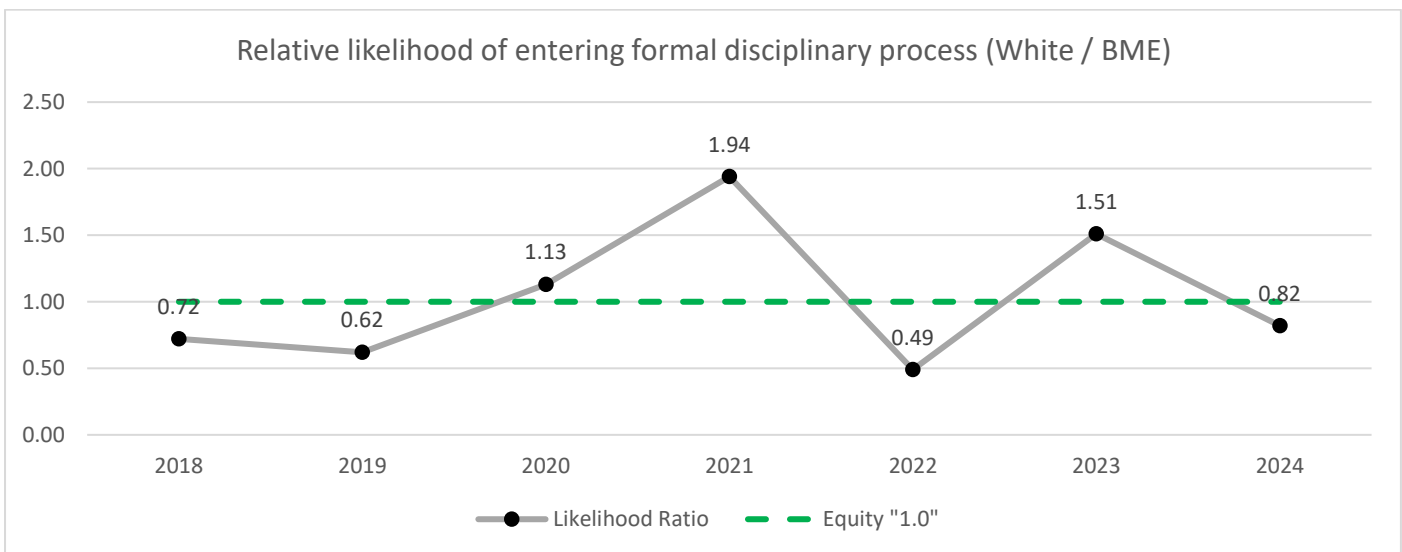
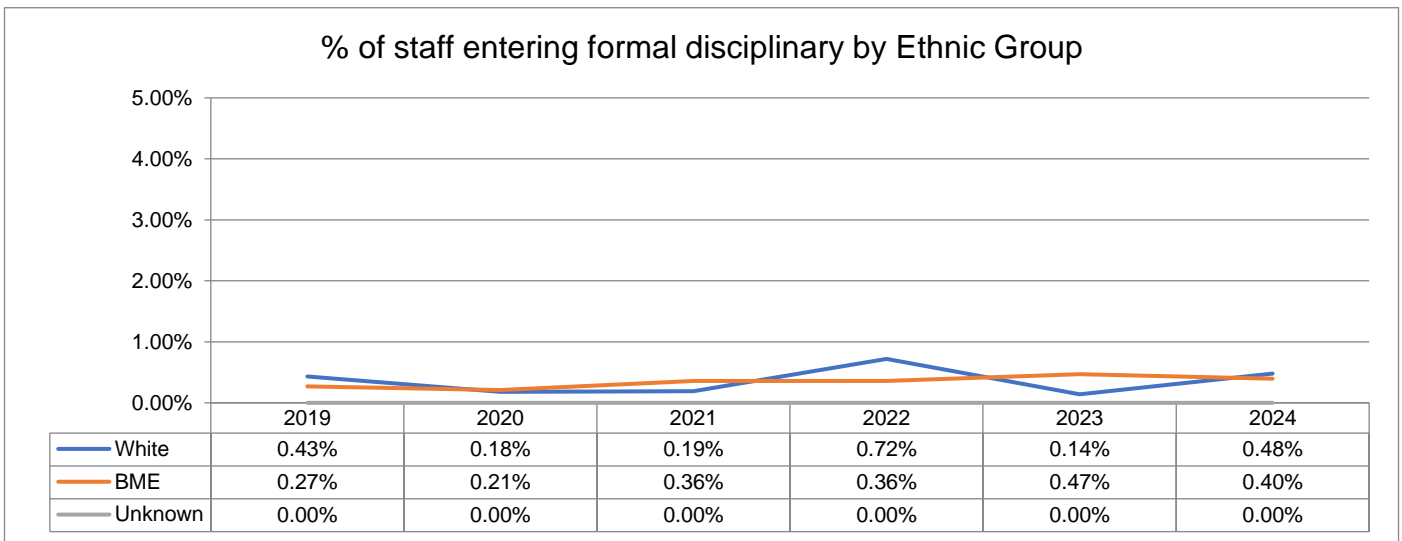


The data highlights that there has been a decrease between 2023-2024 in the likelihood of staff from a BME background being shortlisted compared to white candidates.



The graph compares the likelihood ratio to an "Equity" line at 1.0. A ratio of 1.0 would indicate equal likelihood of appointment for White and BME candidates. Overall, this graph suggests that while there has been significant progress towards equity in appointment likelihood between White and BME candidates since 2018, small disparities persist, and the situation continues to fluctuate slightly from year to year.

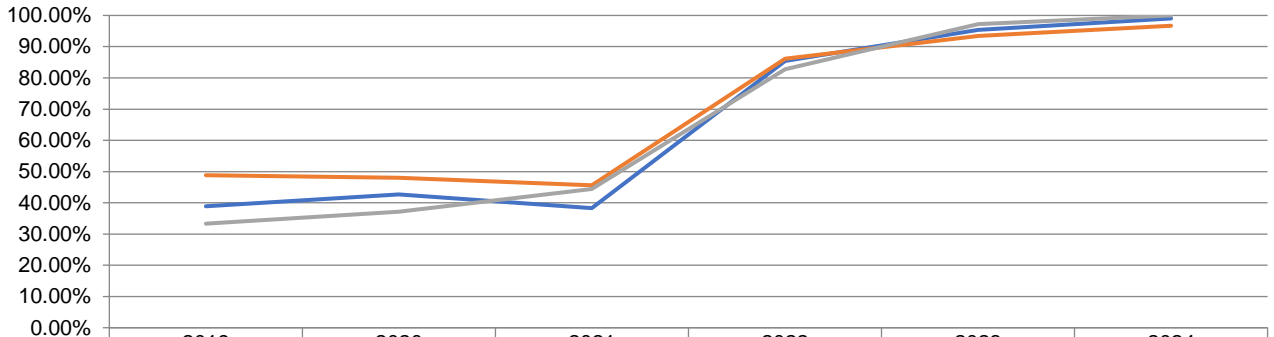
Indicator 3- Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.



This data in both graphs suggests that there have been disparities in disciplinary processes between White and BME employees over the years, with no consistent trend over time. There are very small numbers of staff involved in formal processes.

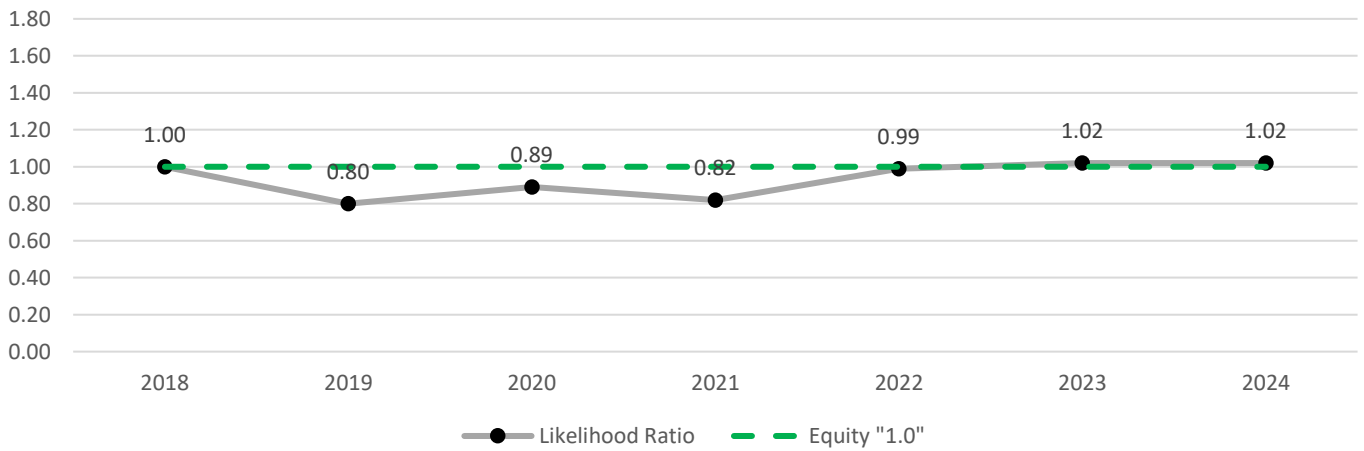
Indicator 4- Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to White staff.

Likelihood of staff accessing non-mandatory training and CPD by Ethnic Group



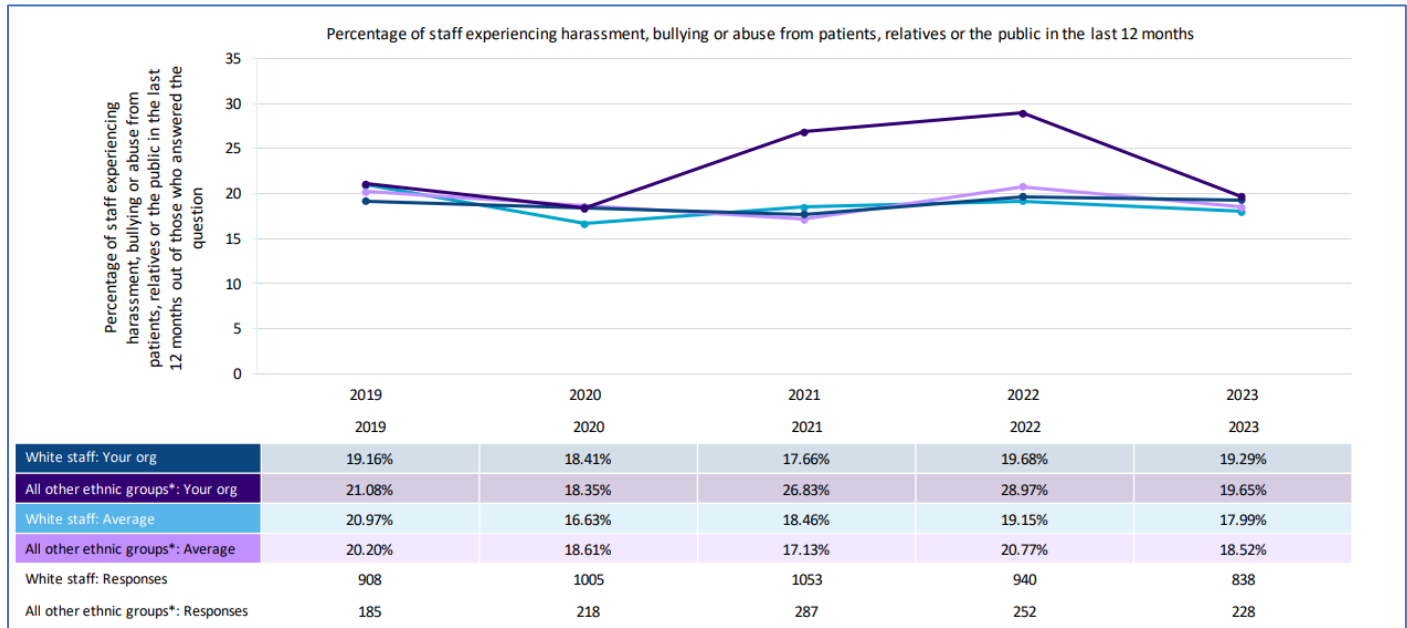
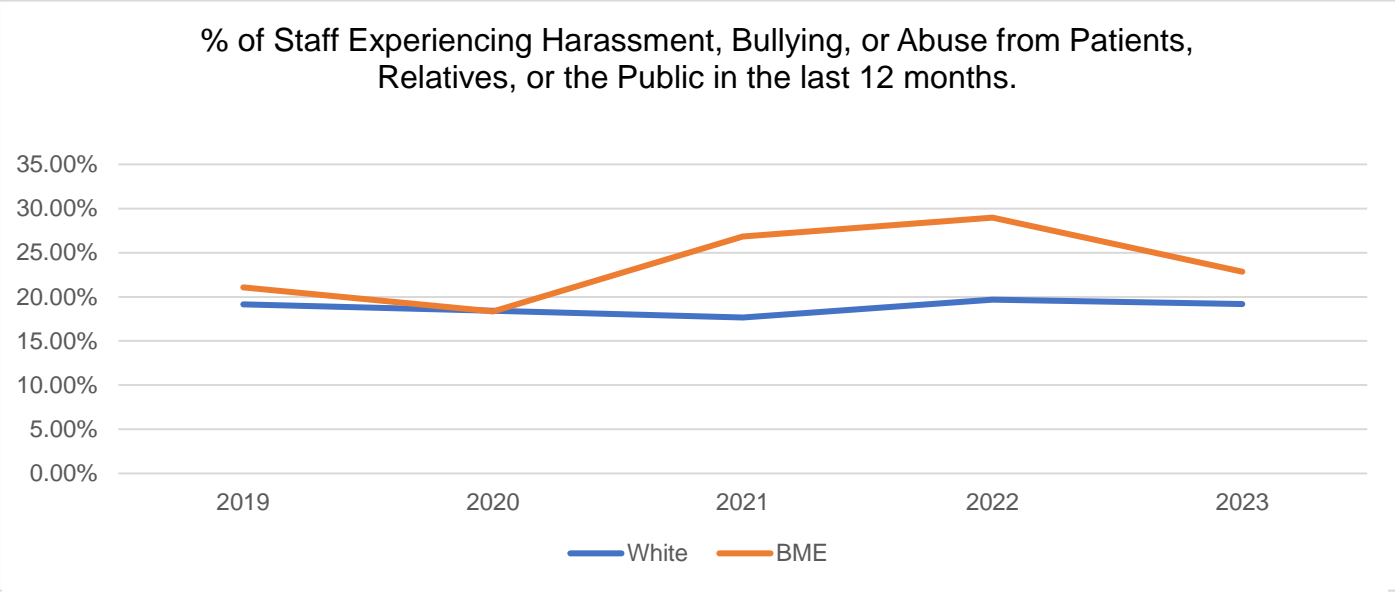
	2019	2020	2021	2022	2023	2024
White	38.94%	42.67%	38.30%	85.43%	95.40%	99.04%
BME	48.81%	48.02%	45.61%	86.15%	93.47%	96.70%
Unknown	33.33%	37.14%	44.44%	82.76%	97.22%	100.00%

Relative likelihood of undertaking non-mandatory training (White / BME)



Overall, the data in both graphs suggests that while there have been fluctuations in the relative likelihood of undertaking non-mandatory training and CPD between White and BME staff at RPH, recent trends indicate movement towards equity in training participation.

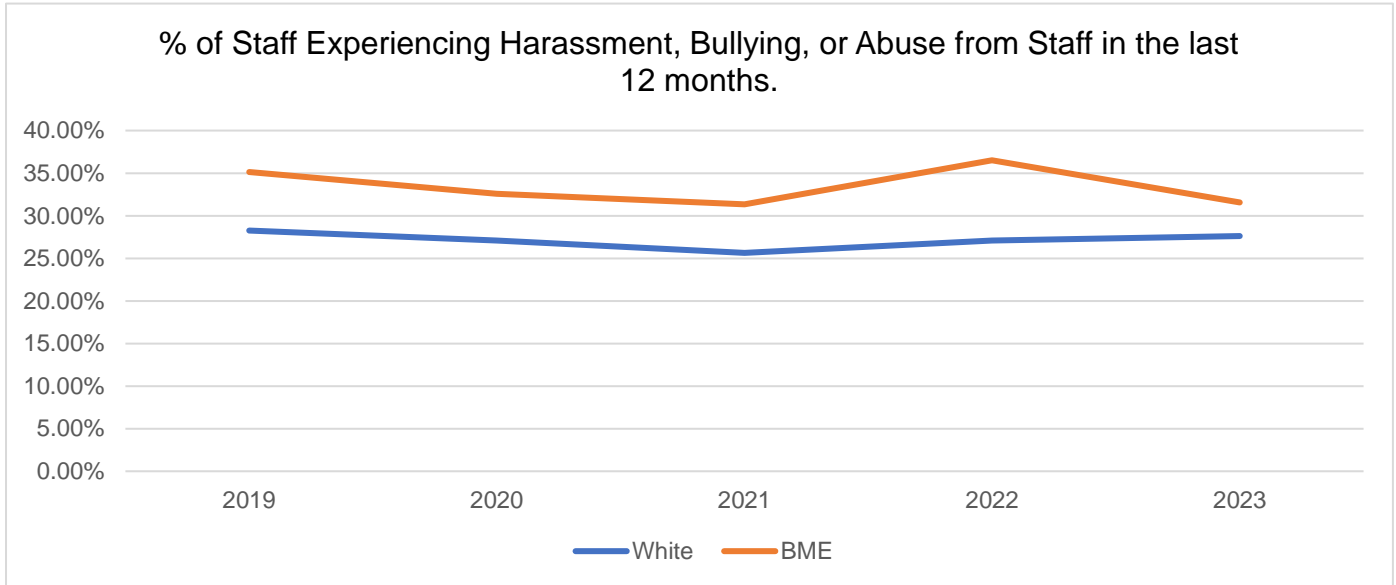
Indicator 5- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.



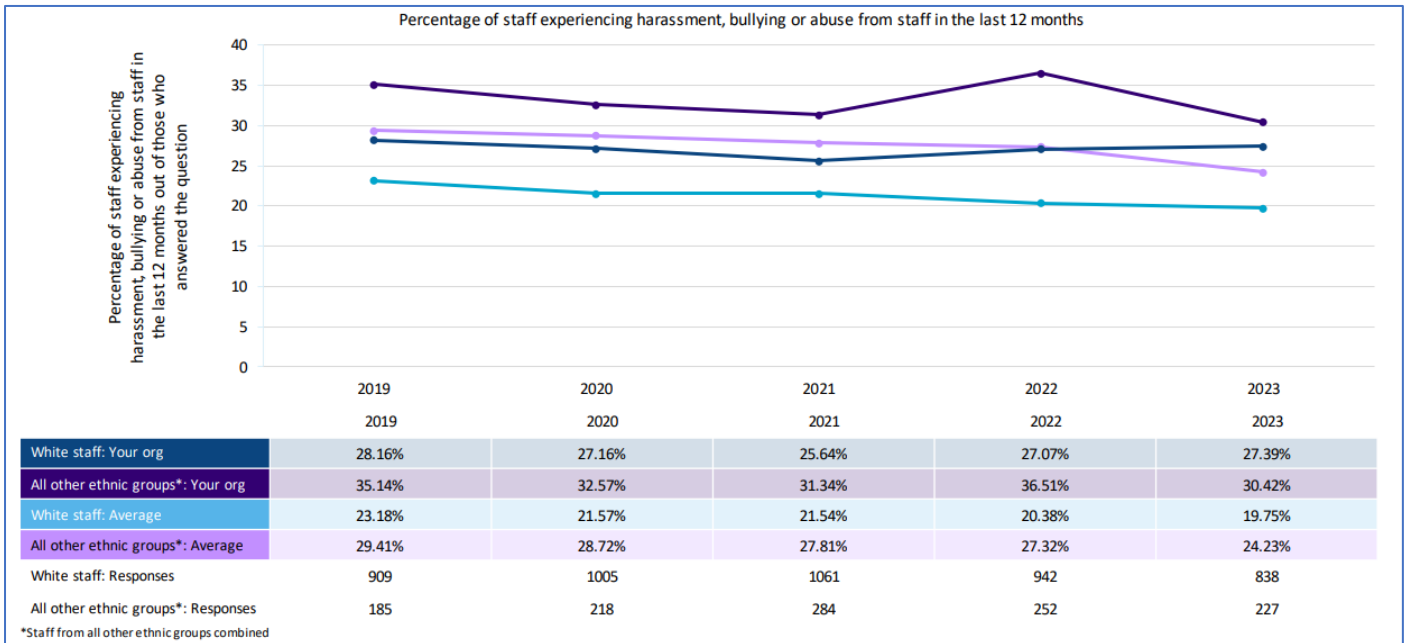
Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity							
Ethnicity		Survey Year					
		2018	2019	2020	2021	2022	2023
Grouped	White	15%	19%	18%	18%	20%	19%
	BME	17%	21%	18%	27%	29%	23%
Detailed	White British	15%	18%	17%	17%	19%	18%
	White 'Other'	17%	24%	24%	21%	23%	19%
	Asian	16%	24%	18%	27%	31%	24%
	Black	7%	11%	25%	29%	26%	22%
	Mixed / Other	23%	19%	15%	23%	23%	17%

The data shows that consistently, since 2020, staff from a BME background are more likely to experience harassment, bullying, or abuse from patients, relatives or the public than white staff. It also suggests that whilst there was an improvement in 2023, BME and specific ethnic groups i.e. Asian and Black staff still experience higher rates of harassment, bullying, or abuse compared to their White counterparts, indicating ongoing challenges in achieving equity and safety for all staff. Overall, RPH's data shows higher rates of harassment, bullying, or abuse compared to the average for our peer group.

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



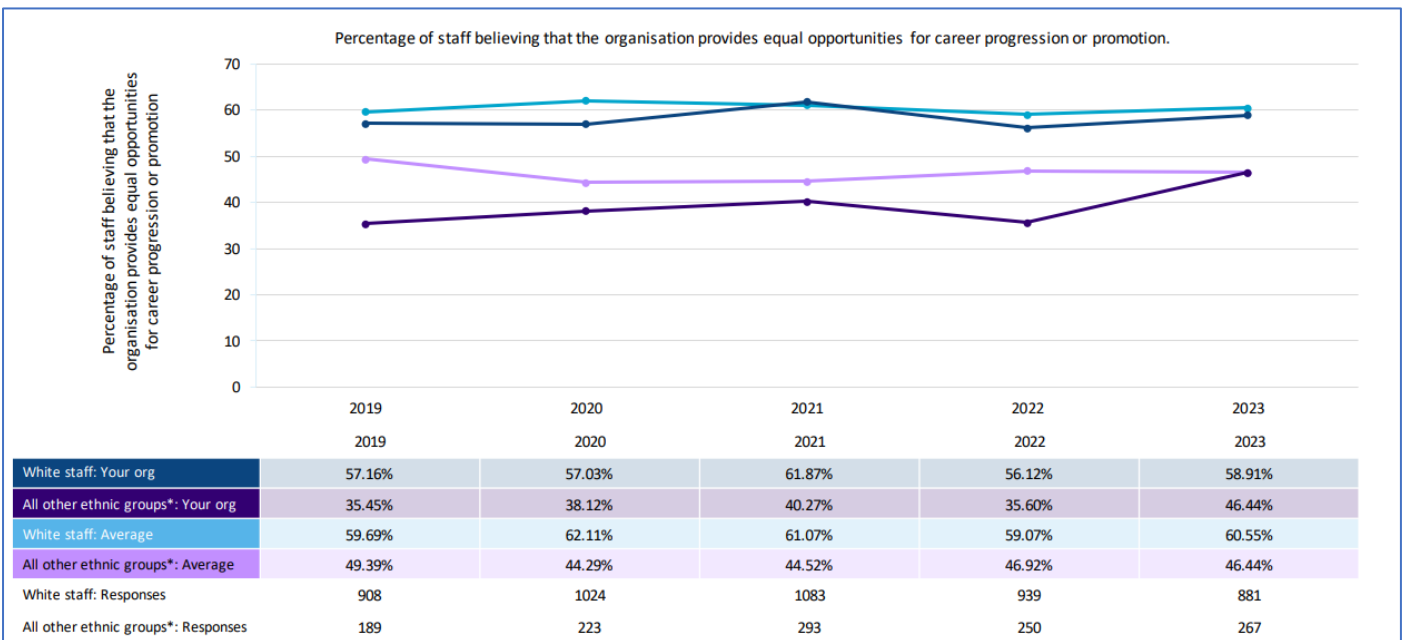
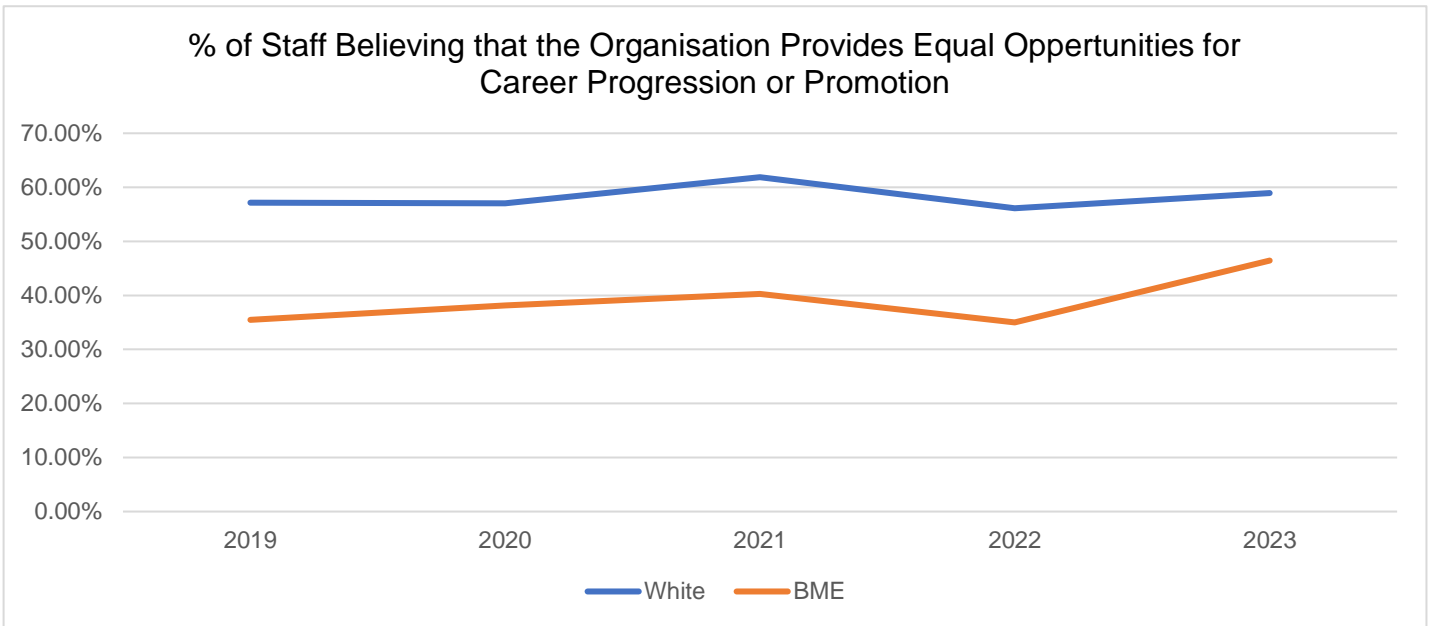
The graph indicates that consistently over the last five years a higher percentage of BME staff are experiencing harassment, bullying, or abuse from other staff, compared to white staff.



Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity							
Ethnicity		Survey Year					
		2018	2019	2020	2021	2022	2023
Grouped	White	27%	28%	27%	26%	27%	28%
	BME	36%	35%	33%	31%	37%	32%
Detailed	White British	25%	26%	26%	24%	24%	25%
	White 'Other'	37%	38%	34%	32%	39%	31%
	Asian	35%	38%	33%	31%	37%	30%
	Black	40%	30%	31%	31%	35%	39%
	Mixed / Other	38%	29%	32%	35%	35%	29%

The data indicates that the reported rates of harassment, bullying, or abuse from other staff being experienced by white British staff experience have not varied much over the last 6 year. The reported rates experienced by White "Other" staff is much higher than White British staff. Black staff report the highest rate of harassment, bullying and abuse. Reported rates of harassment, bullying or abuse are much higher than our peer group for both white staff and staff from other ethnicities.

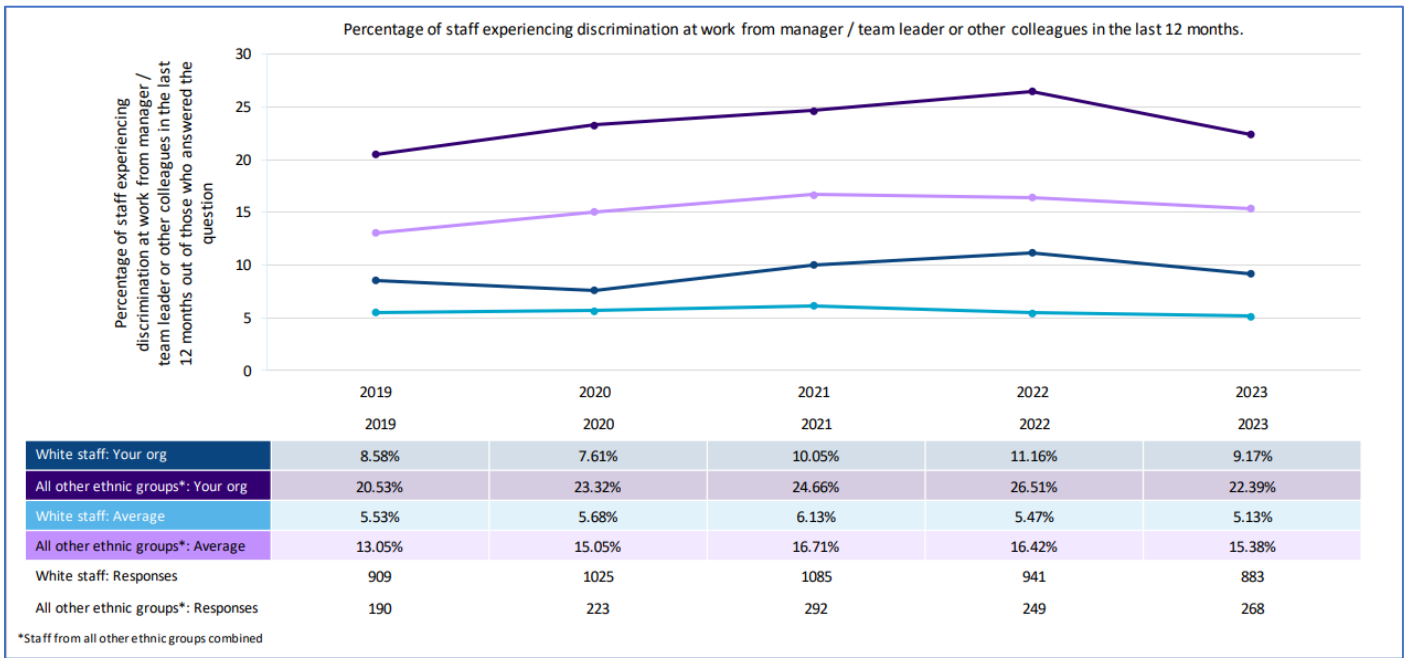
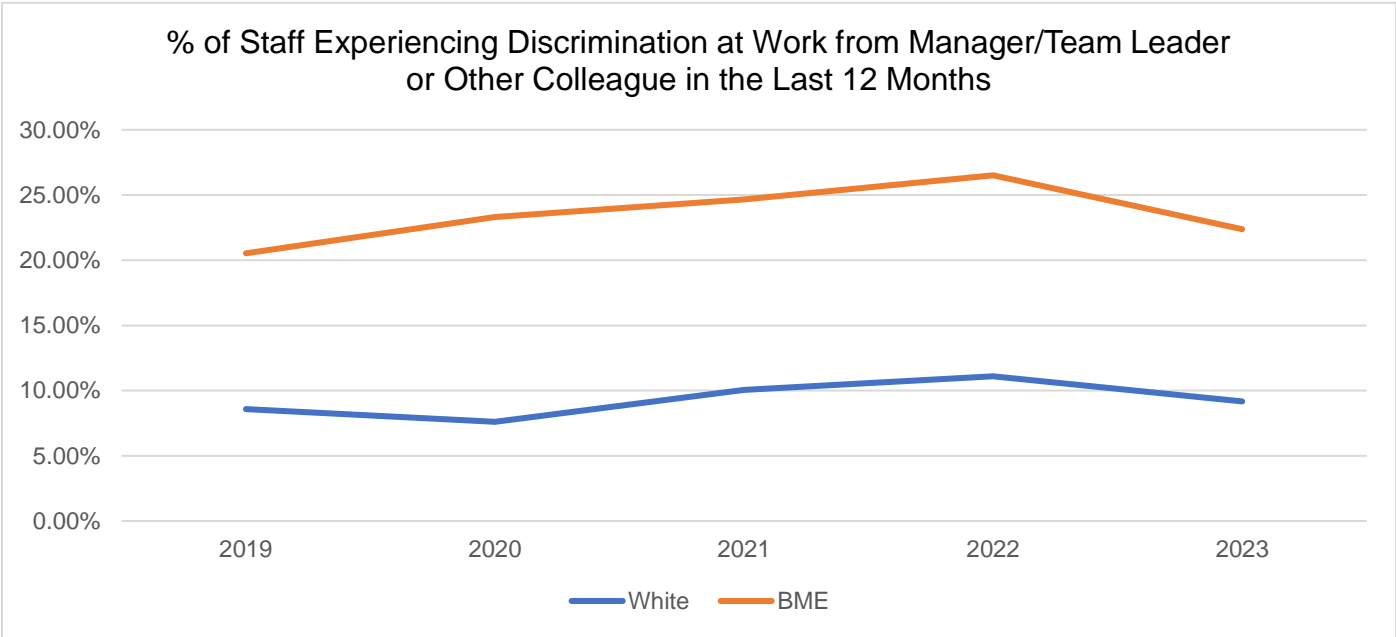
Indicator 7- Percentage of staff who said their organisation acts fairly with regard to career progression/promotion.



Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity							
Ethnicity		Survey Year					
		2018	2019	2020	2021	2022	2023
Grouped	White	59%	57%	57%	62%	56%	59%
	BME	42%	35%	38%	40%	36%	46%
Detailed	White British	61%	61%	61%	65%	60%	62%
	White 'Other'	53%	43%	41%	48%	41%	58%
	Asian	38%	36%	40%	43%	37%	45%
	Black	27%	29%	27%	19%	29%	41%
	Mixed / Other	56%	39%	40%	46%	33%	61%

The data from the above graphs and table show that while White British staff consistently report higher levels of confidence in the trust providing equal opportunities for career progression or promotion, BME staff and specific ethnic groups such as Black staff have historically reported lower levels of confidence. However, there is an overall improving trend for BME staff, especially in 2023. Confidence levels in 2023 are now average for our peer group.

Indicator 8- Percentage personally, experienced discrimination from any of the following: Manager/team leader or other colleagues.



Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity							
Ethnicity		Survey Year					
		2018	2019	2020	2021	2022	2023
Grouped	White	7%	9%	8%	10%	11%	9%
	BME	20%	21%	23%	25%	27%	22%
Detailed	White British	6%	7%	6%	8%	8%	7%
	White 'Other'	13%	16%	15%	20%	25%	10%
	Asian	20%	21%	24%	23%	29%	20%
	Black	14%	18%	25%	31%	23%	31%
	Mixed / Other	22%	21%	17%	25%	18%	24%

The data indicates that BME staff, particularly Black and Asian staff, experience higher levels of discrimination compared to White staff. The percentage for White British staff reporting experiencing discrimination are the lowest of all ethnic groups, indicating a more favourable experience regarding discrimination. The recent decrease in discrimination being reported by BME staff in 2023 is a positive sign, but the overall higher rates compared to White staff suggest ongoing challenges. Again, the rates being reported by Black staff is significantly higher than other ethnic groups. Reported rates of discrimination are much higher than our higher peer group.

Indicator 9- Percentage difference between the organisation's Board voting

	2021/2022			2022/2023			2023/2024		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Total Board members	12	3	0	11	3	0	12	3	0
<i>of which: voting Board members</i>	11	2	0	10	2	0	10	3	0
Non-voting Board members	1	1	0	1	1	0	2	0	0
Overall workforce - % by Ethnicity	75.5%	23.3%	1.3%	78.6%	21.4%	0%	80%	20%	0%
Voting Board Percentage- % by Ethnicity	84.6%	15.4%	0%	83.3%	16.7%	0%	76.92%	23.08%	0%

Next Steps

The data provided in this report was submitted to NHS England by the 31st of May 2024. The 2024/2025 Action Plan (Appendix 1) will be submitted as required on October 31st, 2024. These will be published on the Trust website.

The 2024/25 WRES Action plan has been reviewed and updated in collaboration with the Race Equality 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 2023/24 plan. It has been approved by the Workforce Committee

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:

- Continue to improve BME staff representation and career progression across senior levels of the organisation.
- Continue to reduce the gaps in experience between white staff and BAME staff.
- Continue to value and promoting the voice of BME staff within decision-making.
- Continue to support managers to understand structural and individual acts of racism and develop cultural intelligence programmes.
- Progress the Transformational Reciprocal Mentoring for Inclusion Programme; with a third Cohort, this is a 12-month mentoring programme modelled on STP approach. Communication/ engagement/ training and review. Using Cohort 1 and 2's learning and expertise to drive and sustain the Transformational change.
- Reduce bullying and harassment for BME and "White Other" staff.

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 for Inclusion, continued work on the fairer recruitment work etc.

The Board 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 Race Equality network meeting and once the results of the 2024 Staff Survey are published.
- To note the progress of the 2023/24 Action Plan Appendix 2.