NHS WORKFORCE RACE EQUALITY STANDARD (WRES)

ANNUAL REPORT 2022

Ashford and St. Peter's Hospitals NHS Foundation Trust

Our vision is to build leadership for inclusion inside the organisation and in the communities and networks we serve. To foster a healthy, inclusive, compassionate, and respectful culture where every member of the team feels valued and respected, and the Trust is a great place to work and to be a patient irrespective of background. We reflect the community we serve, and we role model and encourage others in our position as an anchor institution.

INTRODUCTION

1. This paper sets out the Trust Workforce Race Equality Standard annual report for the period from 1 April 2021 to 31 March 2022 with a comparison from previous years. This report should be read in in conjunction with the Trust Annual Equality Report.

BACKGROUND

2. The NHS is founded on a core set of principles and values that bind together the diverse communities and people it serves – the patients and public – as well as the staff who work in it. The NHS Constitution establishes those principles and values of the NHS across England. It sets out the rights, to which all patients, communities and staff are entitled to, and the pledges and responsibilities which the NHS is committed to achieve in ensuring that the NHS operates fairly and effectively. Working towards race equality is rooted in the fundamental values, pledges, and responsibilities of the NHS Constitution.

3. The Workforce Race Equality Standard (WRES) programme was established in 2015. The main purpose of the WRES is:
   a) to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
   b) to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
   c) to improve BME representation at the Board level of the organisation.

4. Organisation's Board or corporate leadership play a full part in signing-off the WRES data and agreeing the associated WRES action plans.

5. The report, our commitment to race quality, and action planning considers the emerging data, requirements and plans associated with:
   a) Paper entitled `A fair experience for all – closing the ethnicity gap in rates of disciplinary action across the NHS workforce' (2019), set all NHS organisations clear goals to close the gap in the disproportionate rates of disciplinary action between BME and white staff across the healthcare system by 2022.
   b) Paper entitled `A Model Employer: Increasing Black and minority ethnic representation at senior levels across the NHS (2019), sets out the ambitions set by NHS England and reflected in the Long-Term Plan, for each NHS organisation to set its own target for BME representation across its leadership team and broader workforce.
   c) The national People Plan requires organisations to overhaul recruitment and promotion practices to improve diversity in organisations and six high impact actions have been identified. NHS organisations have been asked to identify how they will take forward these actions locally.

d) Disparity ratio, a metric that helps organisations assess how staff are represented in progression through the seniority ranks. This provides a numerical indicator to be part of the trust dashboard to identify the success of actions taken with regard to inclusive recruitment practices in pursuit of the Model Employer goals.

KEY FINDINGS MATRIX

WORKFORCE INDICATOR			YEAR					
			2017	**2018**	**2019**	**2020**	**2021**	**2022**
1	Percentage of total workforce by ethnicity	BME	33.1%	33.3%	34.8%	38.2%	39%	42.5%
		VSM (BME)	25%	25%	25%	0%	0%	0%
		White	65.4%	65.3%	63.6%	59.30%	59.20%	56.6%
		Unknown	1.5%	1.4%	1.6%	2.4%	1.8%	2%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.59	1.25	1.37	1.37	1.40	not available
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.34	1.28	1.02	0.97	0.7	0.58
4	Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff		-	-	-	-	-	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months.	BME	28%	28%	30%	28.3%	28.5%	25%
		White	29%	29%	28.7%	28.8%	23.6%	25%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	26%	26%	29.8%	24.5%	27.9%	25.8%
		White	24%	24%	27.5%	27.1%	26%	21%
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	BME	77%	49%	46%	51.5%	47%	48%
		White	88%	60%	58%	57.0%	59.5%	58.3%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14%	14%	16.3%	13.1%	14%	15.0%
		White	5%	5%	5%	5.7%	6.6%	6.4%
9	BME board membership		6.3%	6.3%	6.3%	0%	0%	0%

KEY FINDINGS COMMENTARY

6. Diverse workforce

a) Increase in the BME workforce
   - BME workforce has increased to 42.5% compared to 39% in the previous year and shows an increase by almost 29% since 2017. 2% of the workforce has not declared their ethnicity.

b) Medical workforce – increase in the overall workforce.
   - overall BME staff make up 55% of the workforce. 49% are BME consultants and 50% medical managers.

c) BME Executive Board member is 0% and BME Non-Executive Board membership is 20%.

d) Likelihood of progression through agenda for change bands. Disparity ratio shows White colleagues are 3 times more likely to be progress from lower bands (2-5) to Bands 8a and above, compared to BME colleagues (see Table 3 for details).

7. Disciplinary process

e) The relative likelihood of BME staff entering the disciplinary process compared to White staff is 0.58 and compares with 1.59 in 2017. The Trust aim is to reduce the entry of all staff into the formal process through embedding `just culture`.

8. Equal opportunities

f) BME staff report that they believe the Trust provides fewer opportunities for career progression and development compared to White staff, 48% compared to 58.3%. The gap has slightly reduced from the previous year of 47.2% compared 59.5% respectively.

9. Experience of bullying and harassment

g) The percentage of BME staff (25.8%) experiencing bullying and harassment from colleagues is higher than compared to White colleagues (21%) in the last 12 months and shows a reduction when compared to the previous year (28%).

10. Discrimination

h) 15.1% BME staff reported personally experiencing discrimination from a manager/team leader/other colleague/s in 2021 compared to 14% in the previous year and compared to 6.4% reported by White colleagues.

i) Since 2017, the levels of discrimination reported by BME staff have remained between 13.1% (lowest) to 16.3% (highest). The last 3 years shows that we are better than the median national benchmark.

CONCLUSION AND NEXT STEPS

11. Our commitment to equality and inclusion continues through embedding good practice guidance within policy levers, governance arrangements at local level and education/upskilling of our workforce. We see progress in some areas and note the actions necessary to make more change at pace. We have increased our EDI team capacity and resource with the appointment of two EDI officers and the impact of this can be seen with the advent of programmes being delivered at pace.

    a) Allyship and wellbeing. A range of educational bite-sized training modules designed to engage, support, and upskill our workforce in race equality and unconscious bias, launched earlier this year. New starters are engaged in our commitment to inclusion at the outset. A flexible delivery model enables staff to book on open sessions (including lunch and learn), and alternatively team-based sessions. We will continue to develop, monitor, review and refresh as necessary.
    b) Networks and forums. Our network is renamed as the Race, Ethnicity and Cultural Heritage Network (REACH). We moved away from using Black, Asian, and Minority Ethnic (BAME) to REACH to reflect the diversity of our workforce, to create a sense of belonging, where everyone, including allies, feel valued, heard. The forum has a pivotal role in co-creating and supporting the implementation of strategies for race equality.
    c) Executive sponsor. The Chief Nurse and Deputy Medical Director are the named executive sponsors of the network and the race equality programme.
    d) Focus on inclusion in our recruitment and promotion strategies. Our work incorporates the Model employer 6 high impact areas for recruitment practices and increasing BME representation at senior and board level.
    e) Chief Nurse (CN) internship programme. Our data shows a balanced representation between staff from BME and White qualified entry into Nursing and Midwifery positions however BME staff do not progress easily to senior management positions. The programme is designed to proactively support these colleagues and give them the opportunity to work alongside the Chief Nurse and Deputy Chief Nurse for 3 months on rolling basis (2 colleagues for each part of the programme and 6 in total). The objective is to give staff a wider understanding of the operational and strategic nursing issues whilst working on a key project and will give individuals the confidence to go for promotion when the opportunity presents itself. The programme will run for 12 months and will be assessed at the end of this before progressing further.
    f) Mentoring scheme. We will re-establish the mentoring programme focused specifically for BME colleagues. This will sit alongside the general mentoring programme. The scheme will be a part of the wider education and development programme designed to support individuals to reach their career aspirations and support promotion opportunities.
    g) Appointment of dedicated senior lead to provide leadership and oversight and the introduction of New Starters Pastoral Support Officer role, to enhance the experience of international staff joining the Trust and ensure they receive a smooth transition into the Trust, NHS, and United Kingdom (UK). The provision of targeted on-boarding support and the opportunity to identify and develop sustainable networks within the Trust and local community will enhance the experience and the sense of belonging for these groups of staff. Work programme is being scoped, will include priorities such as career mapping, matching experience rather than one entry level, setting up oversight committee and network.

h) Cultural Improvement Programmes includes the Improving People Practices programme, aimed at helping us to move to a more compassionate and restorative culture, empowering people managers and creating greater psychological safety, by enabling colleagues to raise concerns more openly. So that when issues arise, they are addressed at the point they arise. Enabling change through a 'just culture' lens underpins this work. Stakeholder engagement is via focus groups, targeted survey and one to one meeting. The programme is due to be completed by the end of the year.

i) A focus on a refresh of our leadership practices to evolve the way we lead and develop our teams. The programme will focus on redefining and shaping the leadership framework in areas such as:
    - Supporting our staff of all levels to develop and progress with a newly defined Leadership Development Programme
    - Supporting our leaders via updated Manager's Toolkit, Manager's Induction and offering valuable training workshops e.g. 'What is expected of you'
    - Implementing the Healthcare 360 Leadership Model
    - Promotion of internal stretch opportunities and external opportunities such as Stepping Up programme to all Black, Asian and minority ethnic staff.

Recommendation

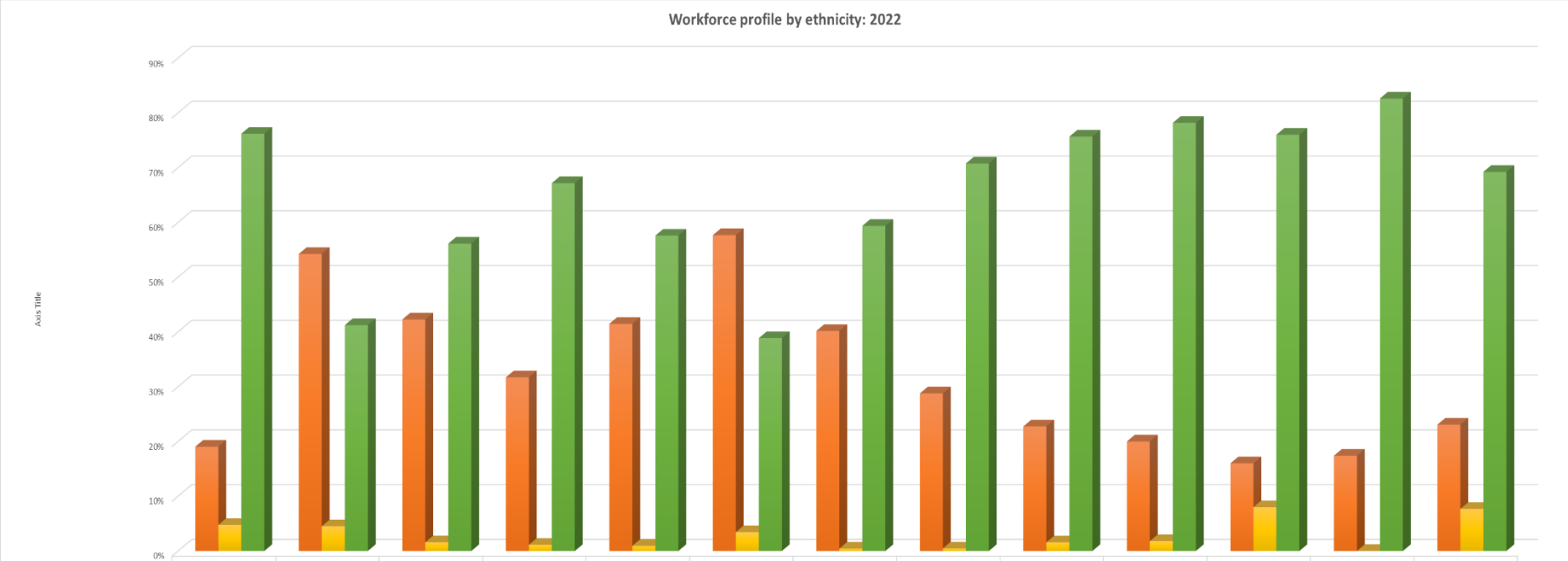
The Executive is asked to approve this years' WRES report and action plan for publication on the Trust website.

DETAILED KEY FINDINGS

WRES Indicator 1

Figure 1. Workforce profile by ethnicity.

The percentage of people who identify as Black, Asian, or ethnic minority has increased by 28.8% since 2017. The number in the unknown category has also increased in the same period.



	Corp	Medical	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9
BME Headcount %	19.05%	54.24%	42.27%	31.70%	41.48%	57.67%	40.18%	28.77%	22.75%	20.00%	16.00%	17.39%	23.08%
Not Stated Headcount %	4.76%	4.52%	1.60%	1.13%	0.95%	3.45%	0.45%	0.47%	1.59%	1.82%	8.00%	0.00%	7.69%
White Headcount %	76.19%	41.24%	56.13%	67.17%	57.58%	38.87%	59.37%	70.75%	75.66%	78.18%	76.00%	82.61%	69.23%

Table 2: Medical workforce profile by ethnicity

The data shows an increase in overall medical and dental workforce from 665 in 2021 to 717 in 2022. BME consultants represent almost 50% of the total consultant workforce and 50% of the senior medical management in 2022 in comparison to the previous year.

	YEAR									
	2021					2022				
Medical, Dental staff, Consultants	White	BME	Unknown	Total	BME %	White	BME	Unknown	Total	BME %
Consultants	135	117	7	259	45%	136	139	10	285	49%
Senior Medical Manager	4	2	0	6	33%	2	2	0	4	50%
Non-consultant career grade	36	110	2	148	74%	41	108	7	156	69%
Trainee grades	120	120	12	252	48%	114	142	16	272	52%
Grand total	295	349	21	665	52%	293	391	33	717	55%

Table 3: Disparity ratio by pay band (excludes medical workforce)

The disparity ratio is a reflection of staff progression in terms of representation through the pay bands, comparing BME with white staff. Lower bands refer to band 5 and below, middle bands 6 and 7, higher bands 8a and above. A ratio of 1 reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BME staff. The 2022 data analysis shows colleagues from White backgrounds are 3.04 times more likely to progress from lower to higher bands.

Disparity ratio - 2021			Disparity ratio - 2022		
Lower to middle	Middle to higher	Lower to higher	Lower to middle	Middle to higher	Lower to higher
1.45	1.96	2.83	1.41	2.15	3.04

WRES Indicator 2

Table 5: Recruitment - Relative likelihood of BME applicants being appointed from shortlisting compared to White applicants. The data for 2022 is only available for the number of candidates appointed due to reporting format used by the recruitment platform piloted by the Trust as an alternative provider. The new starter data for the period from 01 April 2021 to 31 March 2022 shows that out of 807 candidates appointed, 316 (39%) White, 461 (57%) BME and 30 (3.7%) ethnicity is unknown.

2020	2021
1.37	1.4

WRES Indicator 3

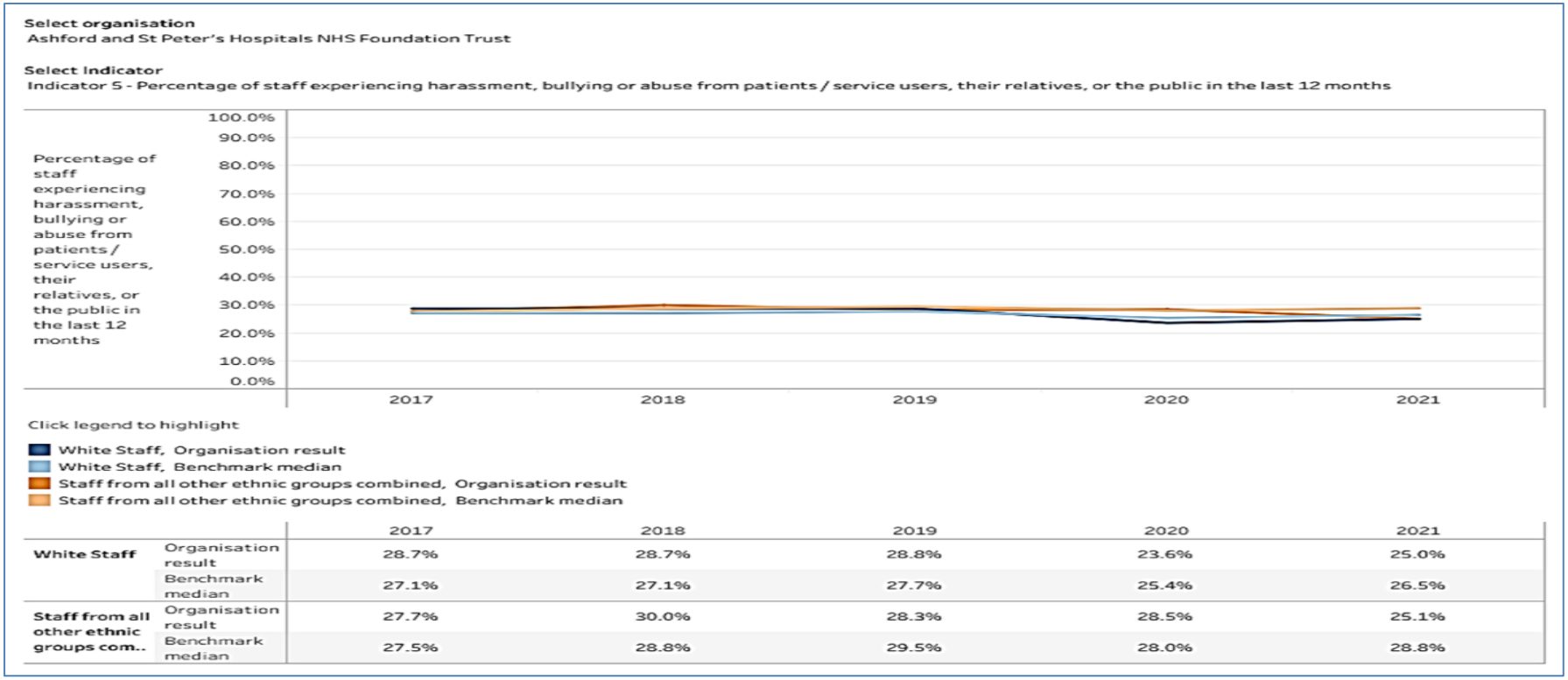
Table 6: The relative likelihood of BME staff compared to White staff entering the disciplinary process, as measured by entry into the formal disciplinary procedure. There is notable year on year improvement since 2017.

		2017	2018	2019	2020	2021	2022
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	1.34	1.28	1.02	0.97	0.7	0.58

WRES Indicator 5

Figure 2. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public, managers, or other colleagues in last 12 months: 2017 – 2021.

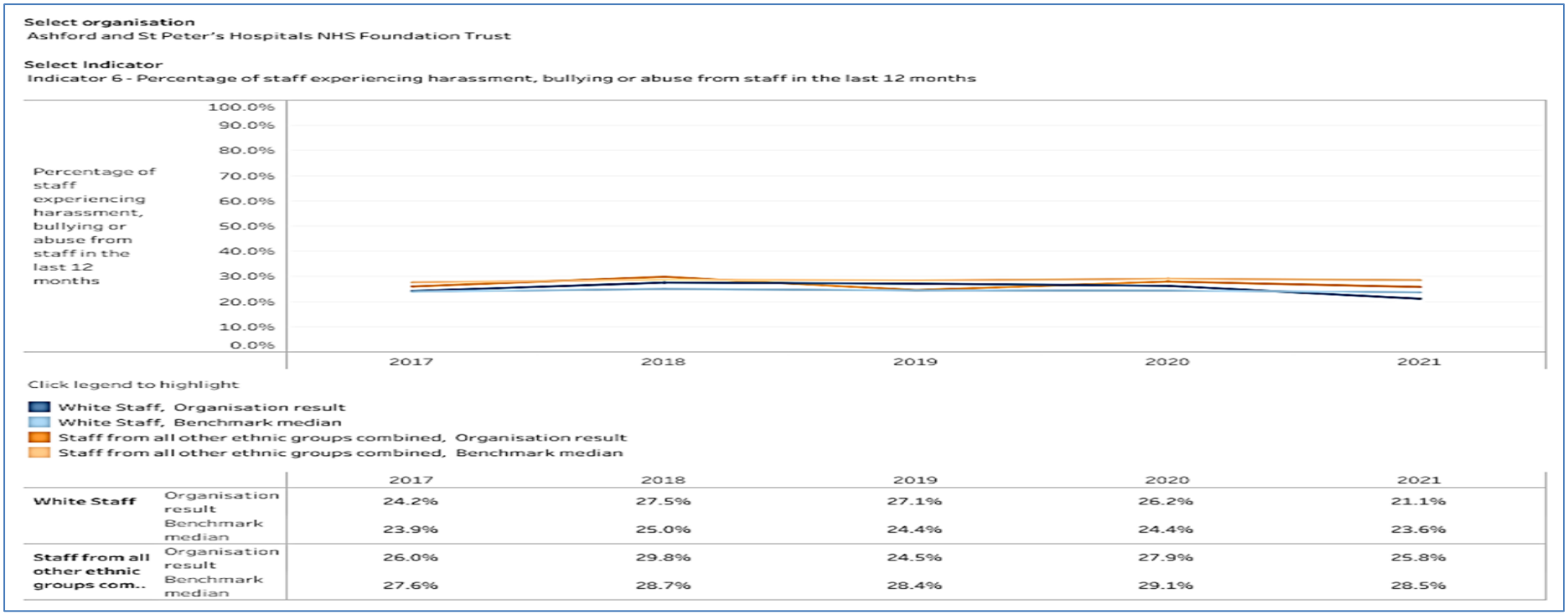
A higher proportion of BME staff compared to white staff experienced harassment, bullying or abuse from patients, relatives, or the public in the last 12 months. Since 2017, a higher percentage of BME employees have said they have experienced being harassed, bullied, or abused by patients, family, or the general public, compared to white staff.



		2017	2018	2019	2020	2021
White Staff	Organisation result	28.7%	28.7%	28.8%	23.6%	25.0%
	Benchmark median	27.1%	27.1%	27.7%	25.4%	26.5%
Staff from all other ethnic groups com..	Organisation result	27.7%	30.0%	28.3%	28.5%	25.1%
	Benchmark median	27.5%	28.8%	29.5%	28.0%	28.8%

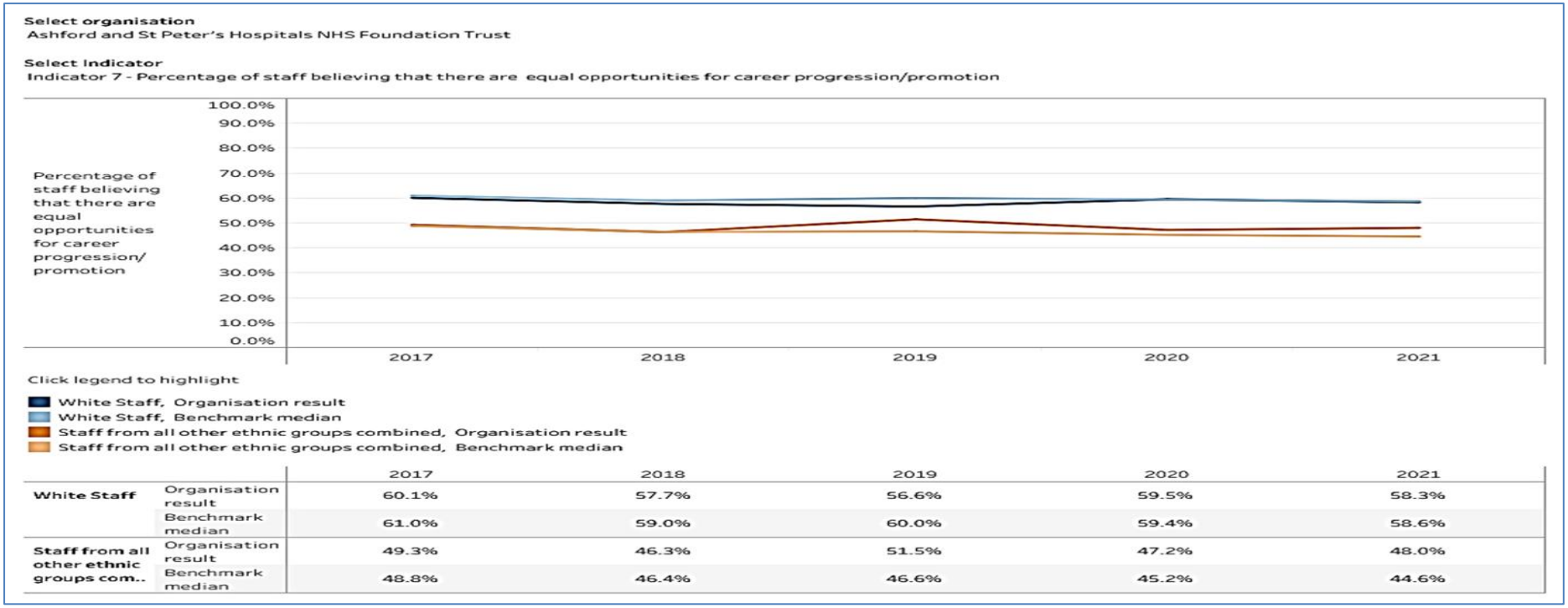
WRES Indicator 6

Figure 3. The percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months was higher for BME staff (25.8%) than for white staff (21%) in 2021.



		2017	2018	2019	2020	2021
White Staff	Organisation result	24.2%	27.5%	27.1%	26.2%	21.1%
	Benchmark median	23.9%	25.0%	24.4%	24.4%	23.6%
Staff from all other ethnic groups com..	Organisation result	26.0%	29.8%	24.5%	27.9%	25.8%
	Benchmark median	27.6%	28.7%	28.4%	29.1%	28.5%

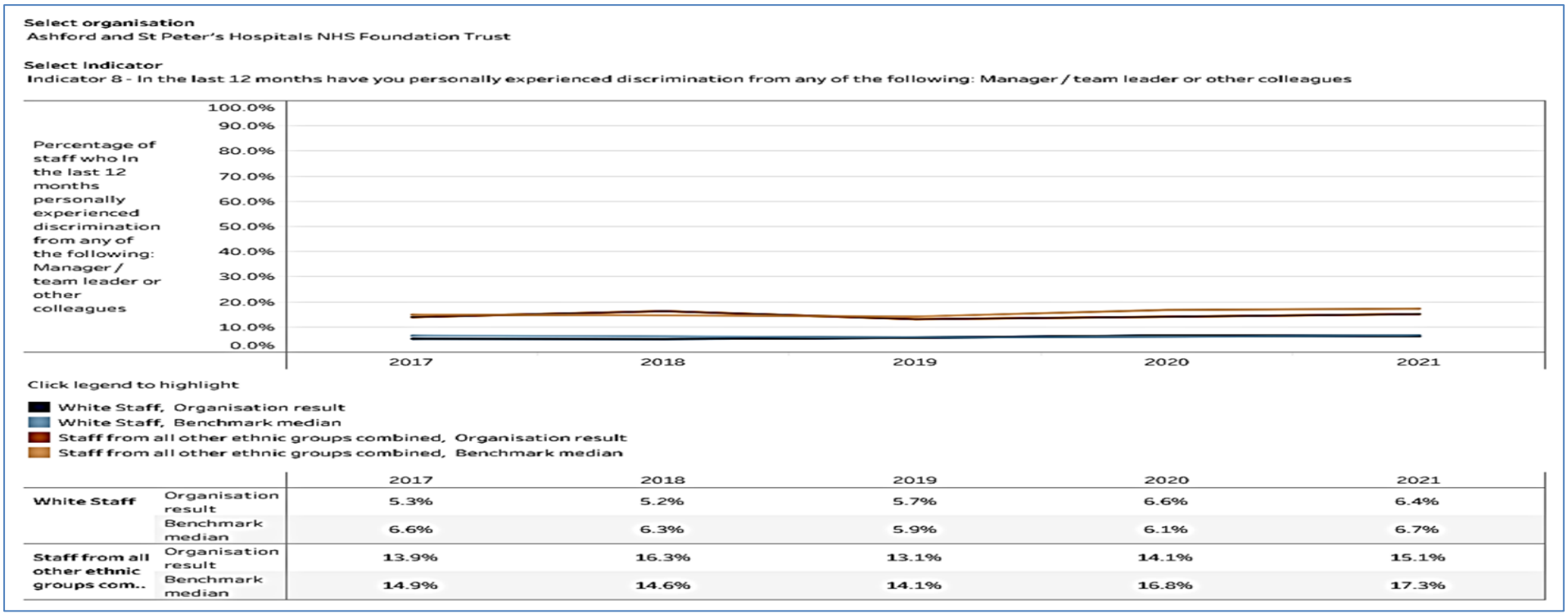
Figure 4. The percentage of BME staff (48%) compared believe that the Trust provides equal opportunities for career progression or promotion compared to White staff (58.3%) in 2021. The 2021 survey shows a better than median benchmark for BME staff (44.6%) but lower than White staff within the Trust.



		2017	2018	2019	2020	2021
White Staff	Organisation result	60.1%	57.7%	56.6%	59.5%	58.3%
	Benchmark median	61.0%	59.0%	60.0%	59.4%	58.6%
Staff from all other ethnic groups com..	Organisation result	49.3%	46.3%	51.5%	47.2%	48.0%
	Benchmark median	48.8%	46.4%	46.6%	45.2%	44.6%

WRES Indicator 8

Figure 5. In the last 12 months if you have personally experience discrimination from manager/team leader or other colleagues.



		2017	2018	2019	2020	2021
White Staff	Organisation result	5.3%	5.2%	5.7%	6.6%	6.4%
	Benchmark median	6.6%	6.3%	5.9%	6.1%	6.7%
Staff from all other ethnic groups com..	Organisation result	13.9%	16.3%	13.1%	14.1%	15.1%
	Benchmark median	14.9%	14.6%	14.1%	16.8%	17.3%