

Report to Trust Board

Subject:	Workforce Race Equality Standard (WRES)	Date: 2nd September 2021		
Prepared By:	Ali Pearson – EDI Lead			
Approved By:	Rob Simcox – Deputy Director of HR			
Presented By:	Clare Teeney – Director of People			
Purpose				
This document provides a summary of the 2020/21 Workforce Race Equality Standard (WRES) data submission.			Approval	x
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x	x	x	x
Risks/Issues				
Financial	Improving productivity and workforce utilisation and impact			
Patient Impact	Maintain safe staffing levels and a good patient experience			
Staff Impact	Improve working lives			
Services	Staffing levels impact service and bed availability			
Reputational	SFH recommended as a great place to work			
Committees/groups where this item has been presented before				
<p>People, Culture and Improvement Committee – 29 July 2021 People and Inclusion Cabinet – 10 August 2021 Ethnic Minority staff network colleagues on 13 August 2021 People, Diversity and Inclusion Sub-Cabinet – 17 August 2021</p>				
Executive Summary				
<p>This report presents a summary for the 2020/21 Workforce Race Equality Standard (WRES).</p> <p>Background</p> <p>The Workforce Race Equality Standard (WRES) is mandatory and all NHS organisations are required to demonstrate progress against nine indicators; four workforce data metrics, four staff survey findings regarding White and BME experiences, and one Board metric to address low levels of BME representation.</p> <p>Findings</p> <p>Note: The data submitted for 2020 includes data for Bank colleagues which has not been included in previous submissions.</p>				

Indicator 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

BME representation in the Trust overall is 11.7% which is higher than our local population of 5% (based on 2011 census).

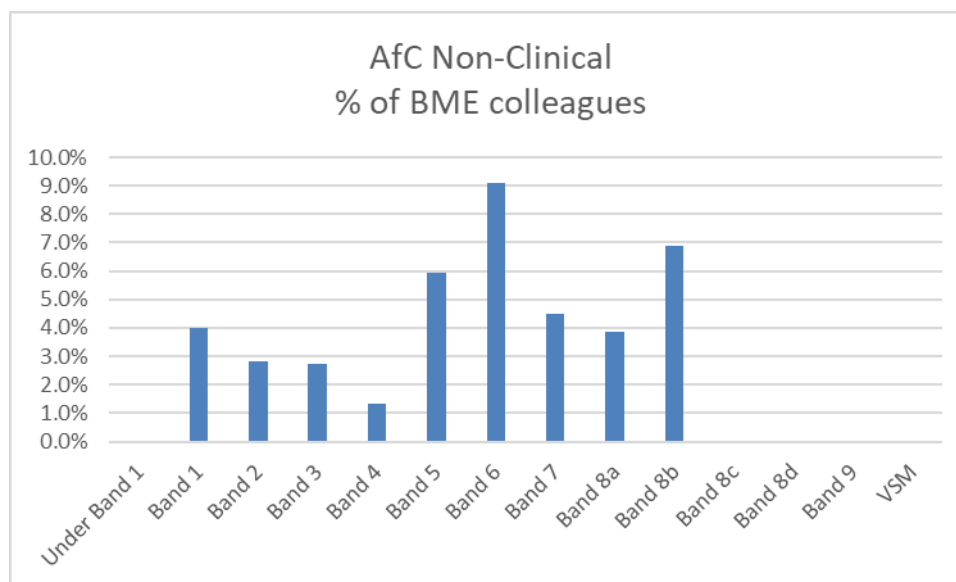
For AfC non-clinical pay bands, there are 4 BME employees at band 8a and above which is a decrease of 2 from last year and 120 white or ethnicity not stated employees which is an increase from 92 last year.

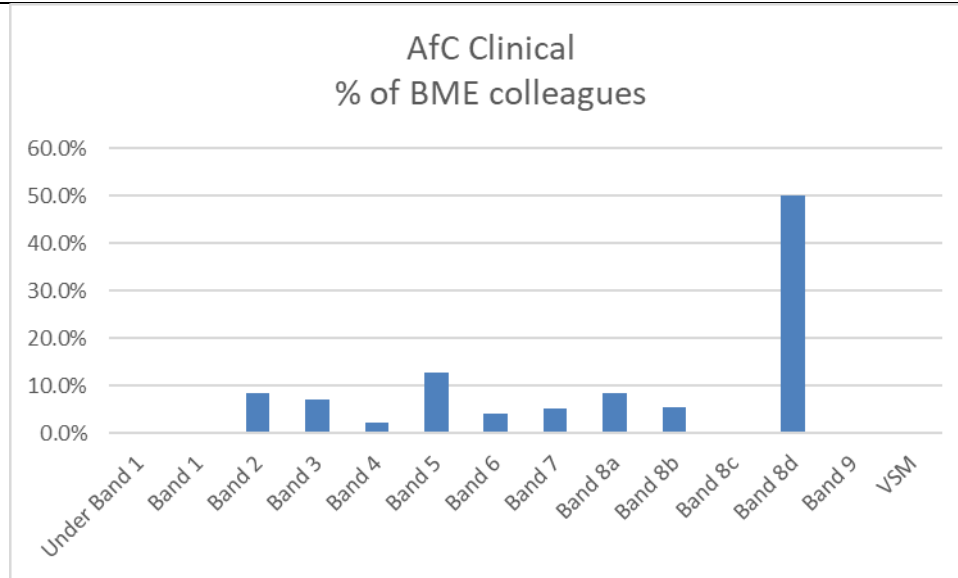
For our clinical AfC workforce, we have seen an increase in colleagues at Band 8a and above in the last year from 4 to 23. We have also seen increases in white or ethnicity not stated from 96 to 270*.

When reviewing our Medic workforce, in the last year, BME representation has increased in the last 12 months by 4 to 533 BME Consultant's. Our white or ethnicity not stated Consultant's has also risen by 132 to 734*.

* The increases in these figures are due to the inclusion of Bank colleagues in our data and our recruitment of colleagues to the mass vaccination team.

The charts below show the percentages for BME representation for AfC bandings level in more detail:





Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts

This indicator has increased from 1.00 last year to 1.33 showing that BME applicants are **less likely** to be appointed from short listing than white applicants.

Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

This indicator has increased from last year from 0.28 to 0.58 however, BME colleagues remain **less likely** to enter the formal disciplinary process when compared to white colleagues.

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

This indicator has reduced by 0.38 and is now 1.09. Whilst the figure has reduced, it confirms that BME colleagues are still **more likely** to access non-mandatory training than White colleagues.

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

We have seen an increase of 1.7% in this indicator for our BME colleagues although for White colleagues, the percentage has decreased by 2.9%.

	2019	2020	
BME	24.3%	26%	↑
White	25.9%	23%	↓

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

This indicator has improved for both BME and White colleagues within the Trust, however, for BME colleagues, the reduction is 1.4% and for White colleagues is 2.4%.

	2019	2020	
BME	27.4%	26%	↓
White	23.4%	21%	↓

Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion

This indicator has decreased by 1.5% for BME colleagues but has increased for White colleagues by 2.7%.

	2019	2020	
BME	84.5%	83%	↓
White	88.3%	91%	↑

Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues

This indicator shows an increase in the experience of BME colleagues of almost 2% whereas for White colleagues, the experience remains stable over the last 12 months.

	2019	2020	
BME	10.2%	15%	↑
White	4.9%	5%	↔

Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce

In the last 12 months, board representation has remained stable.

WRES Action Plan

The Trust will undertake the following actions which relate to the above findings as follows:

- Explore opportunities for positive action in attracting BME applicants for all roles and specifically more senior roles. Development opportunities will also be explored.
- Train staff network members to be Equality Experts to sit on panels for Band 7 and higher roles to ensure more diverse representation during selection processes
- Review Recruitment and Selection training to address unconscious bias and nepotism
- Continue to utilise the informal stage of the Disciplinary policy where appropriate and ensure Just Culture principles are applied in formal cases
- Continue to promote development opportunities for BME colleagues, i.e. Stepping Up and BAME Aspirant Leaders programmes and develop in-house courses to address shortages of opportunities in some professions
- Design and implement an Anti-Racism Strategy to minimise the likelihood of racist behaviour towards BME colleagues from other colleagues and our community to complement our Zero Tolerance approach
- Ensure our Freedom to Speak Up Champions continue to reflect the diversity within the Trust
- Support the Ethnic Minority network with activities and events
- Encourage BME colleagues to take part in the Reverse Mentoring Scheme which will also be reviewed to ensure they are current, relevant and effective
- Continue to encourage colleagues to declare their ethnicity on ESR through communications and visual campaigns
- Support the implementation of the NHSI/E regional Race Equality Strategy and work with ICS partners to achieve the six High impact objectives for Nottinghamshire
- Continue to support the development of our staff network
- Evaluate the impact and success of two new events that have been proposed by our staff network for BME colleagues in 2021;
 - 14 September - Better Together workshop; an externally facilitated workshop enabling BME staff to share their lived experience from working at Sherwood Forest Hospitals
 - 15 October - REACH Out! – an event bringing together the diversity within the Sherwood Forest Hospitals team

The Board are asked to note the summary findings of this years WRES data. Whilst there have been some slight improvements, we recognise that there is still work to do and are committed to doing this. The Board are asked to approve the high level actions to address some of the WRES specific outcomes and to note that these form part a wide Equality and Diversity Strategy for the Trust. The onward detailed work will be overseen by the People Culture and Improvement Committee.