

## **Workforce Race Equality Standard (WRES) Report 2023-24 including Medical Workforce Race Equality Standard and Model Employer update**

### **Introduction**

The Workforce Race Equality Standard (WRES) is a set of nine specific measures (metrics) which enable NHS organisations to review the workplace and career experiences of our colleagues from Ethnic Minority backgrounds against those who are White British. We use the metrics data to review our performance and to identify any disparity in the experiences of colleagues and then use the findings to inform the actions we will take to reduce disparity. Our actions are contained within this report (page 5). Year on year comparison enables us to show the change against the indicators.

This year, NHS Trusts were asked to report data on their Medical workforce in addition to the overall workforce data and the specific metrics are detailed on page 3-4 of this report. Narrative is absent from the report due to this being the first time we have collected this data.

We have included a summary of our Model Employer data (Appendix 1, pages 6-7). The Model Employer (2019) from the WRES team at NHS England outlined for Sherwood the aspirational goals to be achieved over a 10-year period to increase BME Senior Leadership in the Trust; the data provided herein shows the progress we are making to achieving the specific goals set out for us in 2019.

The WRES is important, because research shows that a motivated, included and valued workforce will support us in the delivery of high quality patient care and will contribute to increased patient satisfaction and patient safety.

### **Our community**

Since our last WRES report, the 2021 Census data for Ethnicity for our local populations has been updated. The Census data shows that across the populations of Mansfield, Ashfield and Newark and Sherwood, just 5.5% of our citizens identified as having an Ethnic Minority background. Here at Sherwood Forest Hospitals, just over 16% of our colleagues are from an Ethnic minority background demonstrating that we continue to have far greater Ethnic diversity in our workforce than in our local communities.

<b>WRES Indicator</b>	<b>2022</b>	<b>2023</b>	<b>Notes</b>
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. (Workforce Data)	15.0%	16.2%	Overall there has been an increase in the proportion and number of BME staff in most areas in the last year. Notably we have seen increases at Bands 5 and 8A (non-clinical) and Bands 4, 5, 8b and 8c (clinical).
2. Relative likelihood of staff being appointed from shortlisting across all posts. (Workforce Data)	0.78	0.82	Whilst we have seen a slight increase in our data this year, our result for recruitment continues to be positive for BME applicants. The calculation of the likelihood means that a figure above 1.0 would indicate that White candidates are more likely to be appointed into roles; our figure is below one demonstrating that White candidates are not more likely to be offered roles after shortlisting; this is evidence that our recruitment processes provide equity of opportunity for all applicants.
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year. (Workforce Data)	0.60	1.67	Our data result here has increased this year and the calculation results in a figure above 1.0 which would indicate that BME staff are more likely to be entered into a formal disciplinary process. However, during the last year, one BME staff member was entered into a formal process which was the same number as 2022 so in this last year, there hasn't been an increase in the number of BME staff entering into the formal processes.  What we have seen is a reduction overall in the number of formal disciplinary cases which has affected the outcome for this indicator.
4. Relative likelihood of White staff accessing non-mandatory training and Continued Professional Development (CPD).	1.13	1.00	The data here has reduced (and we have seen year on year reductions since 2019) so whereas last year, White staff were more likely to access non mandatory training and CPD, we are now seeing a more equitable position for colleagues wishing to undertake training and CPD.

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. (Annual Staff Survey)	30.8%	30.1%	The proportion of BME staff experiencing bullying and harassment from patients and relatives has remained at a similar level to last year and is very close to the national average of 30.8%.
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. (Annual Staff Survey)	28.7%	25.5%	The proportion of BME staff experiencing bullying and harassment from staff has seen a decrease from last year and we are seeing an annual trend in reduction for this indicator and our indicator outcome sits below the national average of 28.8%. Whilst this is an encouraging result, there is still considerable disparity between BME and White British colleagues.
7. Percentage believing that trust provides equal opportunities for career progression or promotion. (Annual Staff Survey)	53.3%	53.7%	The proportion of BME staff percentage believing that trust provides equal opportunities for career progression or promotion has seen a minimal increase from 2022 and our indicator outcome sits at above the national average of 47.0%.
8. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues. (Annual Staff Survey)	14.3%	12.7%	We have seen a reduction the proportion of BME staff experiencing discrimination but this is an indicator that remains significantly higher for BME staff than White British staff.
9. Percentage difference between the organisations' Board voting membership and its overall workforce. (Workforce Data)	-7.8%	-3.7%	The overall board BME % has increased, and the overall trust diversity position has increased. These two movements have reduced the gap between the board membership and the Trust BME split.

### Medical Workforce Race Equality Standard

Metric 1: The number of staff in each medical and dental subgroup, disaggregated by Ethnicity based on the workforce as at 31 <sup>st</sup> March of the reporting year.		2021/22	2021/22	2021/22	2021/22	2021/22	2022/23	2022/23	2022/23	2022/23	2022/23
		White	Black	Asian	Other	Not Known	White	Black	Asian	Other	Not Known
	Medical Director	1	0	0	0	0	1	0	0	0	0
	Clinical Directors	3	0	2	0	0	3	0	2	0	0

Metric 1b: The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award disaggregated by Ethnicity (based on the financial year)	2021/22	2021/22	2021/22	2021/22	2021/22	2022/23	2022/23	2022/23	2022/23	2022/23
	White	Black	Asian	Other	Not Known	White	Black	Asian	Other	Not Known
	Data not available	Data not available	Data not available	Data not available	Data not available	61	8	83	5	1

Metric 2: Consultant recruitment aggregated by Ethnicity (based on the financial year)		2021/22	2021/22	2021/22	2021/22	2021/22	2022/23	2022/23	2022/23	2022/23	2022/23
		White	Black	Asian	Other	Not Known	White	Black	Asian	Other	Not Known
	Applicants	Data not available	Data not available	Data not available	Data not available	Data not available	13	7	62	24	2
	Shortlisted	Data not available	Data not available	Data not available	Data not available	Data not available	4	1	20	8	2
	Appointed	Data not available	Data not available	Data not available	Data not available	Data not available	4	1	11	4	1

### Reflections on our actions from 22-23

It is encouraging to see improvements in our data from our actions last year. We have continued to embed Anti-Racism through our updated posters and events, including REACH OUT!, a day dedicated to celebrating Race, Ethnicity And Cultural Heritage in Sherwood (inaugural event was in October last year, and this years event took place on 26<sup>th</sup> September and was a great success). We have also improved communication of different religious celebrations and we are engaging with other local public sector organisations to work together on our approaches to tackle abuse towards our colleagues. We have reviewed the Violence and Aggression Working Group and updated the Terms of Reference for this group moving forwards. Our commitment to providing training for staff network members to support diversity on recruitment panels is ongoing.

### Three Key Objectives for Improvement - WRES Action Plan 2023-24

Objective	Action	Owner	Measure	Date for completion
1. Maintain performance against indicator 2 for Recruitment of BME applicants	Provide recruitment and selection training for staff network members to support diversity on recruitment panels.	EDI Lead Staff Network Chairs	Maintain and/or improve on result for indicator 2	On-going; training will be offered to members on an ongoing basis
2. Embed Anti-Racism message and reduce the percentage of colleagues reporting bullying, harassment, discrimination and violence and aggression	Engage colleagues in what they think will support a reduction through REACH OUT! and Staff Networks  Focus groups with colleagues to be led by Violence & Aggression Working Group members to better understand colleague experience  Signpost colleagues to Staff Network support as part of Care Values refresh  Reduction targets to be agreed from 2023 Staff Survey results (part of the national EDI Improvement Plan)  Audit of prominence of Anti-Racism posters Trust-wide	EDI Lead EM Staff Network Chair/Co-Chair  DDoPeople  HoC&E EDI Lead  HoC&E EDI Lead  EDI Lead	Improvements in results for indicators 5, 6 and 8 and see a reduction in the disparity of experience between BME and White British colleagues	On-going; lived experiences and lessons learnt will be an on-going priority at events and network meetings  Focus groups will be arranged by Q4 23/24  Care Values refresh due by the end of Q4  Results will be available to review by March '24  Audit to be completed by the end of Q4 23/24.
3. Ensure equity of opportunity for promotion and career progression for BME colleagues into senior roles	Implementation of a Talent Management Plan (part of the national EDI Improvement Plan)	EDI Lead People Development Team	Indicator 7 to increase to above 55%.	Due to be implemented during 24/25.

In addition to the above actions specific to our WRES results, the new NHS England EDI Improvement Plan contains 6 High Impact Actions and WRES data will be monitored to review success against some of the actions contained within the plan over the next 3-years.

## Appendix 1: Model Employer

### Model Employer

Table 1: Aspirational Goals from Model Employer (current year in bold)											
	2018	2019	2020	2021	2022	<b>2023</b>	2024	2025	2026	2027	2028
Band 8a	4	5	5	6	7	<b>7</b>	8	9	9	10	11
Band 8b	2	2	2	3	3	<b>3</b>	3	3	3	4	4
Band 8c	0	0	0	0	1	<b>1</b>	1	1	1	1	1
Band 8d	0	0	0	1	1	<b>1</b>	1	1	1	2	2
Band 9	0	0	0	0	0	<b>0</b>	0	0	0	0	0
VSM	0	0	0	0	1	<b>1</b>	1	1	1	1	1
Table 2: Actual headcount in each year of the Model Employer											
	2018	2019	2020	2021	2022	<b>2023</b>					
Band 8a	5	8	10	8	9	<b>12</b>					
Band 8b	2	3	4	5	6	<b>4</b>					
Band 8c	0	0	0	0	1	<b>1</b>					
Band 8d	0	0	0	1	0	<b>0</b>					
Band 9	0	0	0	0	0	<b>0</b>					
VSM	0	0	0	0	0	<b>0</b>					

The charts below show progress and trajectory towards model employer goals.

