**Workforce Race Equality Standard 2021**

1. **Purpose of the report**
	1. This report provides a summary of key data, issues and recommendations arising from the Workforce Race Equality Standard (WRES) report (snapshot as at 31 March 2021)
	2. The WRES data template adopts the common use of ethnic categories of ‘White’ and Black and Minority Ethnic ‘BME’ – these categories are used within this report to ensure alignment and consistency.
2. **Background**
	1. The WRES has been in place since 2015/16. The NHS England WRES team now routinely provides national output data by organisation in respect of WRES outcomes nationally, enabling benchmarking with comparators.
	2. The NHS Race and Health Observatory was also established in 2021 as an independent body working to tackle ethnic inequalities in healthcare through evidence, policy recommendations and change implementation.
	3. The window for data collection templates for the reporting period (data up to 31 March 2021) is 1 July 2021 to 30 August 2021. WRES data uploads are supplemented by a narrative return which is derived from the content of this report.
	4. NHS England requires that WRES action plans are ratified by the Trust Board and published by 30 October 2021.
3. **Data quality and outline numbers**
	1. Data for the Trust’s data return is derived from a combination of sources; Electronic Staff Record, TRAC (recruitment), Selenity (Employee Relations) and the NHS Staff Survey 2020.
	2. Following recruitment, data files transfer from TRAC to ESR upon an applicant’s appointment.
	3. All colleagues have access to the ESR self-service portal which allows them to review and update their personal information at regular intervals. This is supported by user manuals and support from the HR Services team.
	4. As at 31 March 2021, 5.1% of colleagues (192 headcount) had chosen not to disclose their ethnicity (4.4%, 163 headcount in 2020). Further work is required to close this gap in order to show the true composition of the Trust’s workforce.
	5. Overall, the number of BME colleagues employed has increased in 2021 – 33.9% (1288 headcount) compared to 32.2% in 2020 (1182 headcount). Disaggregation of the data allows the Trust to analyse where improvements can be made at pay band, pay cluster, clinical, non-clinical and medical workforce levels.
	6. Action can be further improved by analysing the data by staff group. Although these data are not reportable through the WRES data template, it is considered to be one further step towards improving the Trust’s understanding of its challenged areas.
	7. Further work is required to increase the BME profiles at Band 7 and above level in the Trust’s clinical (non-medical) workforce. There is already a recognition of this within those circles; the Trust’s Workforce Matron has recently requested such data in support of development in the Nursing, Midwifery and Therapies workforce.
4. **Recruitment**
	1. A figure below 1.00 indicates that BME applicants are more likely than White staff to be appointed from shortlisting. The Trust has improved in this regard since 2020 – in 2020 this figure was 2.21 and it is now 1.29.
	2. A number of actions have supported this improvement in year; unconscious bias training has been added to MK Manager’s Way, Recruitment and Equality Diversity and Inclusion training. Diverse interview panels have been recommended by the Workforce teams to increase awareness of particular issues in challenged areas. It is clear from the data that increased focus should now be applied to supporting the Band 6 to Band 7 and beyond development of BME colleagues
	3. Prior to the commencement of the Trust’s Living our Values organisational development programme, Human Factors training, Strengths Based Recruitment and a values-based framework of questions have been adopted for early use in late 2019.
5. **Disciplinary process**
	1. The Trust has improved its 2020 position of 0.98 being the relative likelihood of BME staff entering the formal disciplinary process compared to white staff. In 2021 this figure has reduced by over 50% to 0.41.
	2. Coupled with the implementation of unconscious bias training and a shift in employee relations towards a more fair and just culture with the employee at the heart of decision making and part of the solution, it is believed that this level continues to be sustainable.
	3. A further supportive measure in 2021 has been the development of routine learning from cases and staff side colleagues lead by the HR Business Partners and the commencement of the Living our Values programme will support an underlying improvement in appreciation of and means of surfacing suboptimal behaviour through tried and tested methods of facilitation at personal levels and at an early stage.
	4. In the coming year the role of Cultural Ambassadors will be important to increase understanding of behaviours through appreciation of backgrounds and individuality – this will be further underpinned by the Cultural Intelligence Programme – commencing with Trust Board and followed by a train the trainer programme to support the levels beneath Divisional Triumvirates.
6. **Staff Survey data**
	1. The NHS Staff Survey shows a deterioration across one reported WRES specific factor for BME colleagues:
* Staff believing that the Trust provides equal opportunities for career progression or promotion
	1. A number of positive areas have also been noted:
* Staff experiencing harassment, bullying or abuse from managers and other colleagues
* Staff experiencing harassment, bullying or abuse from the patients, service users, public, families

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| * staff experiencing discrimination at work from manager/team leader or other colleagues.
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* 1. It should be noted that although these are relatively positive outcomes compared to the 2019 NHS Staff Survey, the levels reported remain unacceptably high. This as true of the Trust as it is nationally.
	2. The deterioration of the perception of equal opportunities and career progression compared to the relative improvement in the recruitment metric is also an area for further exploration.
1. **Facilitating the voices of BME colleagues**
	1. The Trust’s BAME (BME) network has been in place since late 2019 and has developed its collective voice, its membership and reach, alongside an open-door approach with the Chief Nurse as its Executive Lead and the Chief Executive and Director of Workforce.
	2. Governance has been strengthened in 2021 with the establishment of a formal Terms of Reference and membership with key roles established such as Vice Chair to support leadership and management of the group.
	3. In 2020/21 the network has been able to showcase its work and purpose to the wider Trust at Virtual Event in the Tent sessions in October 2020 and more recently in May 2021.
	4. Throughout 2020, the Trust has sought to mitigate worsening impact of Covid-19 on its BME workforce through its individual and workplace risk assessment process. As evidence emerged, the Trust’s frameworks were changed twice to understand and treat the corresponding level of risk to BME colleagues and its Risk Assessment Panel has also undertaken provided personalised support through addressing individual concerns outside of the formal process. Further updates have been given far and wide by way of reassurance; e.g. JCNC, JLNC and Medical Advisory Committee, Trust Executive Group, Trust Board.
	5. The Leadership Inclusion Council recruitment and selection process has taken place with many roles having been filled but with action being delayed due to the onset of the Covid-19 pandemic. It is believed that full commencement in the coming quarter will further decision making at Board level and support a wider and greater appreciation of associated issues for both patients (accessibility of services and experience) and colleagues.
	6. The Trust has been accepted onto the NHS England WRES Experts programme and although its commencement has been delayed due to the prolonged impact of the Covid-19 pandemic, it is believed that this will help to increase focus in line with national direction to support local challenges and improvement.
	7. The Trust has recently commenced its participation in Cohort 4 of the national Diversity and Inclusion Partners programme – permitting a seminar-based approach to improving practice, frameworks and governance through the network. Trusts have been accepted onto the programme based on their equalities data and their corresponding improvement intent.
	8. Further regional (ICS) and national (WDES) engagement is planned to support the BAME network’s development.
2. **Trust Board composition**
	1. The Trust Board composition has not changed markedly from 2020 and there remains a difference over 25% in terms of the comparison against the overall ethnic profile of the Trust’s workforce
	2. In 2019/20 steps have been taken to improve both the initial search and recruitment and selection processes to increase the field of appropriately diverse candidates. This has been supplemented by specific employment legal advice and assessment centre redesign. On each occasion where a Board level appointment has been made, the Trust has assured itself that the best candidates for the roles have been appointed.
3. **Recommendations**
	1. Take steps to encourage colleagues to self-declare their ethnicity status through positive communications and improved use of electronic systems.
	2. Make use of NHS England WRES data to enable improvement in outcomes through adoption of proven actions in comparable environments.
	3. Undertake meta-analysis of WRES data by staff group, commencing with Nursing, Midwifery and Therapies. Focus for improvement should be on increasing the BME profiles at Band 7 and above level in the Trust’s clinical (non-medical) workforce and metrics should be considered against this factor to monitor and measure progress against intent.
	4. Triangulation of data is required to impact upon staff experience e.g., informally resolved cases, grievance and disciplinary data, exit questionnaires, data held by; staff side colleagues, FTSU guardian, Staff Health and Wellbeing, Incident reports
	5. Explore further the deterioration of the perception of equal opportunities and career progression compared to the relative improvement in the recruitment metric – career pathways are a development area within the Workforce Strategy.
	6. Cultural Ambassadors, License to Hire training and Talent Management are part of the Workforce Strategy Plan and will support further improvement in the recruitment metric as well as the equal opportunities and career development NHS Staff Survey outcomes.
	7. Improve communications and publicity across the Trust around key workstreams such as; BAME Network and achievements, working groups on additional paid hours and violence and aggression in the workplace, Living our Values culture programme and behaviours framework, Cultural Intelligence and wider training outcomes.
	8. Continue to support the ongoing development of the BAME Network through advances in data analysis, regional/national support.

Paul Sukhu, Deputy Director of Workforce

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