

Workforce Race Equality Standard 2023

1. Purpose of the report

- 1.1. 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 2023).
- 1.2. 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

- 2.1. 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.
- 2.2. 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.
- 2.3. The window for data submission for the reporting period (data up to 31 March 2023) is 01-31 May 2023. WRES data uploads are supplemented by a narrative return which is derived from the content of this report.
- 2.4. Following the submission of the return and publication of this report, NHS England requires that a WRES action plan is developed, ratified by the Trust Board and published by 31 October 2023.

3. Data Quality and Outline Numbers

- 3.1. Data for the Trust's data return is derived from a combination of sources; Electronic Staff Record (workforce composition and learning and development data), TRAC (recruitment), Assure HR Case (employee relations) and the NHS Staff Survey 2022.
- 3.2. Following recruitment, data files transfer from TRAC to ESR upon an applicant's appointment.
- 3.3. 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.
- 3.4. As at 31 March 2023, 3.7% (156 headcount) of employees had chosen not to disclose their ethnicity. This is an improvement from 2022, where 4.3% (168

headcount) of employees had chosen not to disclose. Further work is required to close this gap in order to show the true composition of the Trust's workforce. A staff census project is to be undertaken in 2023 to capture missing information and to provide employees with the opportunity to update their records.

- 3.5. Overall, the number of BME employees has increased in 2023 – 40.2% (1664 headcount) compared to 36.3% (1428 headcount) in 2022. 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.
- 3.6. Notably, there has been an increase in headcount for BME employees within bands 6-8c in the last year:

Band	2022 BME Headcount	2023 BAME Headcount
6	188	216
7	70	80
8a	14	19
8b	4	5
8c	1	2

- 3.7. Further work is required to continue to increase the BME profiles at Band 6 and above, specifically in the most senior bands (8a and above). The Trust is working on a talent management rollout and engagement with the BAME Network (the staff network for BME employees) will be essential in ensuring that BME colleagues are able to access this programme.
- 3.8. There has also been an increase in headcount for BME employees within the following medical grades:

Medical Grade	2022 BME Headcount	2023 BAME Headcount
Consultant	132	139
Non Consultant Career Grade	92	110

4. Recruitment

- 4.1. A figure below 1.00 indicates that BME applicants are more likely than White candidates to be appointed from shortlisting. For 2023, the relative likelihood of White candidates being appointed from shortlisting compared to BME staff is 1.05, meaning that BME candidates are as likely to be appointed from shortlisting as White candidates.

- 4.2. 54.5% of successful candidates were BME, which is consistent with the fact that BME representation in the Trust's workforce has increased from 36.3% as at March 2022 to 40.2% as at 31st March 2023.
- 4.3. The Trust has recruited 116 internationally trained nurses in 2022-2023 and has worked directly with these individuals to ensure that they are properly supported during their integration into the Trust. These nurses have received a customised preceptorship programme, which includes various different modules to support them reflecting on culture, including imposter syndrome, compassion, leadership, empathy and emotional intelligence. The BME Network has engaged with the nurses to provide pastoral support and a network for internationally trained recruits is in development.
- 4.4. A statement outlining the Trust's stance on ED&I has been included in all job adverts to ensure that our values are front and centre for potential applicants.
- 4.5. The Trust has engaged with all Staff Networks to review recruitment practices and is implementing changes to the advertising, shortlisting, and interview stages to ensure equal opportunities for all candidates through an inclusive, values-based recruitment process.
- 4.6. Recruitment Specialist roles have been developed and recruited to. These roles support line managers throughout the recruitment process, ensuring that shortlisting and selection procedures are fair, and challenging decision making to ensure that the best performing candidates are recruited.
- 4.7. Detailed recruitment training is in development, covering recruitment best practice and bias in the recruitment process. This training is intended to provide managers with a 'license to recruit' allowing them to only conduct recruitment activity once they have received the training.

5. Disciplinary Process

- 5.1. A figure below 1.00 indicates that BME employees are less likely to enter the formal disciplinary process than White employees (as measured by entry into a formal disciplinary investigation). The Trust reports a figure of 0.61 for 2023, which is a decrease from 0.76 in 2022. This means that BME employees are less likely to enter the formal disciplinary process.
- 5.2. The Employee Relations team continue to ensure all HR policies are in line with a fair and just culture.
- 5.3. The Employee Relations team meets on a monthly basis to undertake case reviews and share learning with colleagues. Changes to practice are identified and evidenced to the Trust Board through an annual Employee Relations Case

Report, showcasing the activity for the year but also the reflections, and process improvements made.

- 5.4. The Employee Relations team have a database of disciplinary outcomes, which will continue to be developed. This will provide guidance for managers when deciding to issue sanctions, ensuring consistency and fairness.
- 5.5. Cultural Intelligence training has been delivered to the Trust Board and is in the process of being rolled out for senior leaders within the Trust.
- 5.6. The Employee Relations team continues to deliver cultural awareness training, which includes topics such as harassment, racism, unconscious bias, and microaggressions, across the Trust.

6. Staff Survey Data

- 6.1. A comparison of the four staff survey indicators for the 2021 and 2022 staff surveys is outlined below (note: for questions 14a, 14b, 14c, and 16b a lower score is positive whilst for question 15, a higher score is positive):

Question	National Average		Milton Keynes University Hospital			
	2022 White	2022 BME	2021 White	2021 BME	2022 White	2022 BME
Ind5: q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	26.8%	30.4%	28.3%	32.7%	25.8%	27.2%
Ind6: q14b&c - In the last 12 months how many times have you personally experience harassment, bullying or abuse at work from managers or other colleagues?	22.0%	27.7%	22.2%	25.7%	14.6%	17.0%
Ind7: q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	59.1%	46.4%	63.3%	42.0%	62.5%	49.5%
Ind8: q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	6.7%	16.6%	5.3%	15.8%	6.5%	12.4%

- 6.2. For BME employees, there has been a positive increase for all questions. This means that, in comparison with 2021, in 2022 BME employees:
 - Have experienced less harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public (27.2% - 2022; 32.7% - 2021).
 - Have experienced less harassment, bullying or abuse at work from managers or other colleagues (17.0% - 2022; 25.7% - 2021).
 - Are more likely to say that the Trust acts fairly with regards to career progression or promotion (49.5% - 2022; 42.0% - 2021).
 - Have experienced less discrimination at work from managers, team leaders or other colleagues (12.4% - 2022; 15.8% - 2021).

- 6.3. It should be noted that, for all of these factors, the Trust scored better than the national average however, in comparison to White employees, BME employees are more likely to face bullying, harassment, discrimination and abuse, and therefore there is work to be done to improve employee experience in these areas.
- 6.4. The Trust continues to roll out Cultural Awareness training in areas where conflict has been identified and is also working with an external partner to deliver Cultural Intelligence training to senior leaders. The Trust's ED&I Business Partner and members of the Employee Relations Team have been accredited as certified cultural intelligence facilitators and is supporting the roll-out of the programme.
- 6.5. A listening event will be held with the BAME Network to discuss the 2022 staff survey results and provide context for the Trust's scores in the WRES-specific questions. An action plan will be co-produced with the network.
- 6.6. The Trust has signed up to the East of England Anti-Racism Pledge outlining its commitment to supporting staff against racism.

7. Access to Non-Mandatory Training and Continuous Professional Development (CPD)

- 7.1. A figure below 1.00 indicates that BME employees are more likely than White staff to access non-mandatory training and CPD. There has been an increase in the metric in 2023, which reports at 1.05 compared to 0.93 in 2022 the figure (0.93). This indicates that BME employees are less likely to access non-mandatory training and CPD than White employees.
- 7.2. Engagement between the Trust's ED&I Business Partner, Organisational Development, Learning and Development (including Apprenticeships), and BME Network has been undertaken to ensure that there is access to non-mandatory training and CPD for a diverse range of groups. A Microsoft Teams channel has been created to advertise modules such as BME and Imposter Syndrome, Compassionate Leadership, Pride Leadership, ED&I Visionary Leadership, Exploring Apologetic Culture (Female Empowerment), and ED&I Inclusive Strategies.
- 7.3. A talent management scheme roll out is in the project planning phase and will ensure inclusion for BME staff.
- 7.4. The Learning and Development Team have undertaken analysis of areas of CPD where BME employees have identified, through staff survey results, that there is not equal access to development opportunities. They have worked with the BAME Network to publicise the routes for application of CPD funding with a view to improving equality of access.

8. Facilitating the Voices of BME Colleagues

- 8.1. The Trust's BAME Network has been in place since late 2019 and has developed its collective voice, its membership and reach. The network has been engaged with on a number of initiatives including, inclusive recruitment practices, engagement with the Practice Education team to improve the experience of BME student nurses, talent management, allyship and better exposure.
- 8.2. Representatives from the network have also been involved in focus group assessments for high profile recruitment campaigns such as Non-Executive Director and Chief Nurse.
- 8.3. Following publication of staff survey results and WRES data, listening events have been undertaken with the BME network to support the development of action plans.
- 8.4. In 2022, the Trust's WRES action plan was rated as '3-outstanding' by the National WRES Team, who commented "good buy-in from leadership and commitment to sustaining ongoing workplan".
- 8.5. The Inclusion Leadership Council has been in operation since November 2021 and is a bi-monthly meeting where representatives from all staff networks can raise matters to the highest level of the Trust. In 2022 the ILC agenda was refreshed to strengthen the links with the Trust Board and encourage engagement from networks. Supporting this is a more informal, monthly meeting with the Head of HR Employee Relations and ED&I Business Partner to ensure ongoing engagement on everyday matters.
- 8.6. Ongoing regional (ICS) and national (WRES) engagement is planned to support the BAME Network's development.

9. Trust Board composition

- 9.1. The Trust Board composition has changed significantly from 2022 with 27.8% of Board members identifying as BME. This is an increase from 6.3% in 2022 and is partly due to the addition of Associate Non-Executive Director posts that have been created to provide development opportunities on the Board, with a view to bringing wider diversity to the Board in the future.
- 9.2. In 2023 the Trust has continued 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.

10. Recommendations

- 10.1. Take steps to encourage colleagues to self-declare their ethnicity status through positive communications and improved use of electronic systems, including a “share not declare” campaign to encourage employees to share equality data that they may have not disclosed at recruitment stage.
- 10.2. Make use of NHS England WRES data to enable improvement in outcomes through the adoption of proven actions in comparable environments.
- 10.3. Continue to implement values based recruitment practices and develop recruitment training to provide managers with a ‘license to recruit’.
- 10.4. Undertake listening events with the BAME Network to discuss both the staff survey and WRES results, to support the delivery of co-produced action plans.
- 10.5. Continue to improve communications and publicity across the Trust around key workstreams such as: BAME Network and achievements, working groups on violence and aggression in the workplace, Living our Values culture programme and behaviours framework, Cultural Intelligence and wider training outcomes.
- 10.6. Continue to support the ongoing development of the BAME Network through advances in data analysis, regional/national support.
- 10.7. Wider sharing of WRES metrics with the workforce, including infographics published and posted in all departments.
- 10.8. Continue to work alongside other Trusts and the ED&I Business Partner within our network, in addition to the Trust’s BAME network and the local community to engage on the ED&I agenda, focusing on the key deliverables of the NHS People Plan, where belongingness is key.
- 10.9. Continue to engage with networks to share best practices and lessons learned with a view to driving the ED&I agenda forward and build an inclusive learning culture for all at the Trust where everyone is passionate about ‘learning, sharing and growing.’
- 10.10. Continue to build a robust internal and external outreach programme and engaging with colleagues, BME and local communities/charities to capture lived experiences to enhance the culture of inclusion and belongingness in the Trust.
- 10.11. Develop and publish a detailed action plan by 31 October 2023.