



Workforce Race Equality Report 2020-21



FOREWORD

The Workforce Race Equality Standard (WRES) report details the workforce data as at 31st March 2020. The data set has been submitted to NHS England as per compliance with the standard.

The reporting timescales were put back due to the pandemic, previously years this data has been published in October.

The WRES report will be submitted to the Executive Board and will be published on the organisations website under the our equality, diversity and inclusion section.



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1. Introduction

The report has been developed to inform the board of the data submitted to NHS England in respect of the Workforce Race Equality Standard (WRES). The data has been analysed and an action plan developed.

WRES forms part of the organisations Equality Diversity and Inclusion Strategy with an objective being:

Workforce race equality (WRES) develop action plan to show year-on-year improvements in closing the gap between white and BME staff being appointed from shortlisting and reduce the level of BME staff being bullied by colleagues.

The WRES reporting compares the data for white against BME and follows the ethnic categories as set out in the Office of National Statistics 2001, the statistics refers to white as; White British, White Irish and Any other White background. It does not recognise white minority ethnicities such as Eastern Europeans independently although it does consider Asian ethnicities when referring to BME.

CHCP recognises BAME and includes Black, Asian and Minority Ethnicities, therefore the WRES reporting does not capture a true record of the organisations workforce which needs to be considered when agreeing any actions required.

2. Background Context

The Workforce Race Equality Standard was introduced to NHS organisations in April 2015 following an announcement by the NHS Equality and Diversity Council announcing that it had agreed to ensure employee's from black and minority backgrounds have equal access to career opportunity and receive fair treatment in the workplace.

The standard was mandated through the NHS standard contract and from 2018 independent health care providers are required to publish their WRES data on their websites.

The standard reviews the treatment of BME staff in the NHS measuring across nine key metrics, including representation, experience of discrimination and access to senior roles.

From 2016 the standard has formed part of CQC inspections under the 'well led domain'.

WRES also forms part of the NHS Interim People Plan with a new strategy 'A fair experience for all: closing the ethnicity gap in rates of disciplinary action across the NHS workforce' being introduced to align with the objective 'making the NHS the best place to work'.

3. Data Analysis

The data set reported is at 31st March 2020 and has been drawn from ESR, Colleague Survey and HR Employee Relations logs and the full data set can be accessed by contacting chcp.equalitydiversityandinclusion@nhs.net



The data reports on substantive staff only and does not consider bank and or sub-contractors.

3.1 Workforce

At the date of reporting, the total headcount of the substantive workforce was 2117 which includes:

- White 1948 – this figure sees an increase of 18 on the previous year
- BME 40 - reduced by 5 since 2019 reporting
- Unknown 129 - reduced by 13 since 2019 reporting

These figures give a percentage of just 1.89% of the workforce being of a BME background.

Since the previous year reporting there has been several organisational data cleansing exercises which may account for the positive reduction of the total of unknowns. As the reporting shows an increase in white but a decrease in BME, it is being recommended that an audit to consider new recruits against leavers be carried out.

The reporting breaks the workforce down into Clinical, Non-Clinical and Medical and for clinical and non-clinical these are grouped into categories of Support, Middle, Senior and VSM. Medical groups include; Consultants (Of-which senior medical managers) Non-consultant career grade, trainee and other.

The table below shows number of headcounts for each grouping of staff

Non-Clinical	White	BME	Unknown
Support	457	5	29
Middle	78	3	9
Senior	38	0	6
VSM	2	0	0
Clinical	White	BME	Unknown
Support	450	1	32
Middle	830	13	39
Senior	52	2	2
VSM	4	1	0
Medical	White	BME	Unknown
Consultants	4	3	1
Non-Consultant career grade	10	4	0
Trainee grade	1	0	1
Other	22	8	10

VSM are defined as:

Board level management (Chair / chief executives / executive directors) / Senior medical manager/ Other senior managers with board level responsibility who report directly to the chief executive. When considering representation of the board the data reports ethnicity as being 100% White which is consistent with previous years.

The recruitment figures quoted are taken from the Electronic Staff Records which records applicants and new starters, the figures given are for the period 01/04/2019 to 31/03/2020 this shows the number of shortlisted as:

- 2846 White
- 256 BME
- 57 Unknown

Number appointed from shortlisting:

- 574 White
- 15 BME
- 25 unknown

The number of appointed does not reflect what the workforce data says at 3.1 therefore again it is recommended to do an audit of leavers against recruits for the period 01/04/2019 – 31/03/2020. It is also being recommended that any actions plans to capture the gaps between white and BME being shortlisted and appointed considers is this due to less people applying or the applications themselves. Consider the recruitment process, is it inclusive enough. Any actions identified need to link in to the recruitment workstream of the people plan.

3.3 Colleague Survey based on 1314

The number of returns for 2020 was 1314 of which just 27 identified from a BME background. WRES focuses on 4 questions from the colleague survey, these are:

1. Percentage of staff experiencing harassment, bullying or abuse from patients/relatives/pubic within the last 12 months.
2. Percentage of staff experiencing harassment, bullying or abuse from staff within the last 12 months
3. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
4. In the last 12 months have you personally experienced discrimination at work from Manager/team leader/colleague

The outputs are shown below, with a comparison against 2019 data

Question Area	2019	%	2020	%	Percentage Difference
1.	White	12	White	25	+13
	BME	08	BME	40	+32
	Unknown	21	Unknown	14	-07
1.	White	06	White	11	+05
	BME	06	BME	20	+14
	Unknown	14	Unknown	13	-01
2.	White	72	White	74	+02
	BME	65	BME	41	-24
	Unknown	43	Unknown	47	+04



3.	White	05	White	04	-01
	BME	08	BME	15	+07
	Unknown	07	Unknown	0	-07

Given the low data set for BME staff (27) any changes of opinion from the previous year will have a large swing on percentages, therefore when considering the outputs for questions 1, 2, and 4 the numbers of individuals reporting negatively is extremely low. The main concern on the findings would be the 13+ rise in regard to white responding to question 1.

In respect of question 3, it is concerning to read that 24% less BME staff believe that the organisation provides equal opportunities for career progression or promotion. A recommendation for this would be to carry out a more-in-depth engagement exercise with the BME workforce to gain from them some suggestions of what we can consider improving this going forward. The BAME staff network group will be key in contributing to this exercise.

3.4 Employee Relations Activity

When reporting on Employee Relations Activity, the standard focuses on staff being subject to the formal disciplinary process, the findings show:

- White 47
- BME 7 – 0.33%
- Unknown 56

4. Conclusion

There are some real key points to consider from the data presented with a number of actions being required to improve a) the number of BME particularly into senior roles and b) the zero bullying culture we as an organisation support. The BAME staff network is now well established and the group members are keen to support any action plans. The report shows

5. Recommendations

It is recommended that the following actions contribute to form the action plan.

- An audit to consider new recruits against leavers be carried out.
- Consider the recruitment process, is it inclusive, what can be improved. Any actions identified need to link in to the recruitment workstream of the people plan.
- Repeat the data cleanse exercise to reduce the number of unknown declarations
- Continue to promote the BAME staff network group to encourage more membership which will strengthen the voice of the workforce with a BAME background
- Carry out a more-in-depth engagement exercise with the BME workforce to gain from them some suggestions of what we can consider improving this going forward. The BAME staff network group will be key in contributing to this exercise.



Workforce race Equality Standard Action Plan 2020-2021

Action	Intended Outcome	Date to be completed
Data cleanse – all staff to be approached to update the data currently held within ESR	Better reporting outcomes to reflect the true demographics of the organisation	On a Qrtly basis, next due March 2021
Audit New Starters and Leavers throughout the reporting period 01/04/19 – 31/03/20	To establish if the reduction in BME numbers is due to more leavers than starters or perhaps more BME not declaring.	30 April 2021
Audit recruitment, applications against those shortlisted.	What gaps are there in respect of the number of applications being received from BME applications and those that are shortlisted.	30 April 2021
Review the recruitment process, introduce targeted recruitment to close the ethnicity gap.	To ensure the process is inclusive, giving fair opportunity to BME workforce and the communities	30 th September 2021
To strengthen our approach to social engagement and address health inequalities within our populations	To reduce/remove cases of Bullying and Harassment to our staff by patients/service users/general-public	30 th September 2021
Carry out a gap analysis of current EDI training and bridge the gaps with further offers of training for example: Bullying and Harassment, Unconscious Bias, Micro Aggression	Raise awareness of the diverse needs of individuals and enhancing managing techniques to support these needs.	30 th September 2021
Improve equal opportunity and career progression to the BAME workforce	To increase the level of BAME representation at Senior Level.	April 2022
Promote BME staff network forum	To strengthen the voice of our BAME workforce, ensuring inclusivity and engagement	Ongoing