

Workforce Race Equality Standard (WRES) Report 2022-2023

Introduction

The Workforce Race Equality Standard (WRES) is a set of ten specific measures (metrics) which enable NHS organisations to compare the workplace and career experiences of our colleagues from Ethnic Minority backgrounds to those who are White British.

We use the metrics data to review our performance and to develop and publish an action plan to improve in the areas we identify from the data. Year on year comparison enables us to demonstrate progress against the indicators of Race equality.

The WRES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

We are required to submit our results annually to NHS England and publish a report; this is our report for data as at March 2021.

In the 2011 Census, updated in 2013, just 5% of our local population identified as having an Ethnic Minority background; we are still waiting for more detailed data from the 2021 Census. Within Sherwood Forest Hospitals, almost 15% of colleagues are from an Ethnic minority background; this shows that the ethnic diversity within our hospitals is far greater than our local communities.

| WRES Indicator | 2021 | 2022 | Notes |
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| <p>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)</p> | 11.7% | 14.9% | <p>Overall there has been an increase in the proportion and number of BME staff in most areas in the last year; most notably at Bands 7 and 8A (non-clinical) and Bands 5 & 6 (clinical).</p> |
| <p>2. Relative likelihood of staff being appointed from shortlisting across all posts. (Workforce Data)</p> | 0.90 | 0.95 | <p>The overall likelihood of BME staff being appointed from shortlisting compared to white staff has increased over the last year. However this indicates that there is very little likelihood of White applicants being appointed over BME applicants and BME applicants as more likely to be appointed following interview.</p> <p>Nationally in 2021, the likelihood was 1.67, meaning that white candidates have a higher likelihood of appointment than BME candidates.</p> <p>A figure above 1.00 would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting.</p> |
| <p>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)</p> | 0.47 | 0.51 | <p>During the last year the proportion of BME staff compared to white staff entering the formal disciplinary process has decreased, meaning BME are less likely to go through the disciplinary process compared to white staff.</p> <p>Nationally in 2021, the likelihood was 1.14, meaning that white staff are less likely to enter the formal disciplinary process.</p> <p>A figure above 1.00 would indicate that BME staff members are more likely than white staff to enter the formal disciplinary process.</p> |

White is defined as those who identify on ESR as White – British, White – Irish, White – Other. BME is any other category. Undeclared staff are not included in this analysis.

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| <p>4. Relative likelihood of White staff accessing non-mandatory training and CPD. (Workforce Data)</p> | <p>1.10</p> | <p>1.15</p> | <p>Access to CPD and non-mandatory training was lower across all staff groups between 2019/20 and 2020/21; it is likely this is a consequence of the pandemic and unprecedented demand on our services.</p> <p>The overall figures have remained at a constant level over the last 3 years and sits at 1.15, meaning that BME are less likely to access non-mandatory training and CPD. However, in the 2021 national WRES report, Sherwood Forest was named as the only Trust in the Midlands to achieve sustained, long term improvement for this indicator.</p> <p>Nationally in 2021, the likelihood was 1.14, meaning that white staff are more likely to access non-mandatory training and CPD</p> <p>A figure below 1.00 would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.</p> |
| <p>5. KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. (Annual Staff Survey)</p> | <p>25.6%</p> | <p>30.8%</p> | <p>The proportion of BME staff experiencing bullying and harrassment from patients and relatives has seen a gradual increase over the last few years.</p> <p>This sits above the national average (28.8%)</p> |
| <p>6. KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. (Annual Staff Survey)</p> | <p>25.9%</p> | <p>28.8%</p> | <p>The proportion of BME staff experiencing bullying and harrassment from staff has seen a gradual increase over the last few years.</p> <p>This sits at the same level as the national average (28.5%)</p> |
| <p>7. KF21. Percentage believing that trust provides equal opportunities for career progression or promotion. (Annual Staff Survey)</p> | <p>55.6%</p> | <p>53.3%</p> | <p>The proportion of BME staff percentage believing that trust provides equal opportunities for career progression or promotion has seen a minimal decrease from 2021.</p> <p>This sits at above the national average (44.6%)</p> |

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| <p>8. Q17b. 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)</p> | <p>14.7%</p> | <p>14.3%</p> | <p>The proportion of BME staff experiencing discrimination has decreased slightly between 2020/21 and 2021/22 and still remains significantly higher for BME staff than white staff.</p> |
| <p>9. Percentage difference between the organisations' Board voting membership and its overall workforce. (Workforce Data)</p> | <p>-1.7%</p> | <p>-4.9%</p> | <p>The overall board BME % has remained the same, and the overall trust diversity position has increased. These two movements have extended the difference between the board membership and the Trust BME split</p> |
| <p>Action Plan 22/23</p> <ul style="list-style-type: none"> • Continue to embed the Anti-Racism strategy within the Trust to improve staff survey results in regard to bullying, harassment and discrimination. • Further develop partnerships with local organisations (public, private and voluntary sectors) to tackle violence, aggression and hate crime in our communities locally. • Work with Ethnic Minority staff network colleagues and ICS Partners in the development and delivery of an Anti-Racism action plan. • Review 6 High Impact Actions action plan to ensure delivery of race equality objectives. • Provide recruitment and selection training for staff network members to increase the diversity on recruitment panels. • Ensure revised Appraisal process enables equity of opportunity for personal training and development in support of aspirational BME colleagues. | | | |