

WRES Submission Summary Report

1. Purpose

- 1.1. The purpose of the report is to inform the board of the results from the recent Workforce Race Equality Standards (WRES) annual collection.

2. Background

- 2.1. This collection of data was first published in 2016 and is to ensure that employees from Black, Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

3. Workforce Data

- 3.1. The data period for the information within the submission was 1st April 2019 – 31st March 2020
- 3.2. The total number of staff employed by NDHT at 31st March 2020 stands at 3415, of which 211 were classed as BAME and 82 with Ethnicity Unknown/Null. This shows that 97.6% of staff have stated their ethnicity which is recorded in ESR.
- 3.3. BAME staff represents 6.17% of the total staff population. The BAME population within the Trust has increased by 1.27% from the previous reporting period.

4. Recruitment

- 4.1. The data has shown that of the 335 people who were shortlisted, who classified themselves as BAME, 43 were appointed. This means that 12.8% were taken into employment. 20.1% of people who identify as White were appointed into roles. This shows that BAME staff are still less likely to be appointed directly. However, these figures are slightly closer than the previous year, therefore indicating a potential improvement in this area.
- 4.2. It is worth noting that of BAME applicants only 36.4% of people who were shortlisted attended interview (indicating a very high DNA rate). Of those that were interviewed, 35.5% were appointed.

5. Disciplinary process

- 5.1. The data shows a significant increase in BAME staff being involved in a disciplinary process with the percentage standing at 11.4% of the total. Those of a Black or Black British ethnicity accounting for all of the BAME staff in this area. White staff account for 85.7% of the total involved in a disciplinary process. However it must be taken into account that due to the small population of BAME staff in the Trust (6.17%) even a small number of staff entering this process will significantly affect the scope of this indicator. The 11.4% in this case amounts to 4 members of staff.

6. Accessing non-mandatory training and CPD

- 6.1. The return shows that BAME staff have a higher percentage (88.15%) than White Staff (81.13%) when looking at who in the last 12 months have accessed non-mandatory training and CPD. This could be accounted for due to the medical and dental staff groups having different study leave arrangements to their non-medical colleagues. The medical and dental staff group are also the most diverse group of staff within the Trust.

7. Workforce Race Equality Indicators (from staff survey)

- 7.1. Bullying, harassment or abuse:

	White Staff 2018	BAME staff 2018	White staff 2019	BAME staff 2019
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	23.7%	22.2%	23.2% ↓	32.8% ↑
% of staff who experience harassment, bullying or abuse from other colleagues	22.9%	28.9%	20.3% ↓	34.8% ↑

This data suggests that there has been a significant negative increase in the number of BAME staff who have experienced bullying, harassment or abuse in the workplace from either patients, relatives or members of the public, or from work colleagues.

- 7.2. Equal opportunities with regard to career progression or promotion:

	White Staff 2018	BAME staff 2018	White Staff 2019	BAME staff 2019
% of staff who believe their organisation provides equal opportunity for career progression	91.6%	72.4%	90.3% ↓	82.4% ↑

This data indicates a significant positive increase in the number of BAME staff who feel that they receive equal opportunities with regards to career progression.

- 7.3. Experience of discrimination at work from manager or other colleague:

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	White Staff 2018	BAME staff 2018	White Staff 2019	BAME staff 2019
% of staff who believe they have experienced discrimination at work from the manager or other colleague	4.9%	11.4%	4.6% ↓	20% ↑

This data shows that a significantly higher proportion of BAME staff feel that they have personally experienced discrimination at work from their manager or another member of staff. The percentage is also considerably higher when compared to the percentage for white staff.

8. Board Voting Membership

- 8.1. The return shows that the Board voting membership is 100% White.

9. Recommendations / Actions

- 9.1. Due to Covid, several of the actions from last year's report are still outstanding. It is recommended that these outstanding actions be completed, and the following actions be added to the Equality, Diversity and Inclusion action plan:

- Continue to take a zero tolerance approach to bullying, harassment or abuse from patients, relatives or visitors and ensure staff and patients understand that we are doing so. Report to staff on the action we are taking on unacceptable behaviour.
- Revisit and review information and training for managers on bullying, harassment and discrimination.
- As part of our development of networks to enable staff inclusion, enable BAME colleagues to have a forum to articulate experiences and issues.
- Review the ED&I training provided to our people via e-learning. A number of new interventions including manager, employee awareness and the concept of unconscious bias in our organisation to be developed.
- Review all disciplinary cases before undertaking formal investigations in order to confirm that there are no ethical or racial issues underpinning the matters to be investigated.
- The NHS People Plan will provide ample opportunity to consider the race implications of Equality, Diversity and Inclusion and at the time of writing, action plans are being drawn up to address the specific actions contained in the NHS People Plan. This will include a review of internal and external recruitment and selection procedures.

- Ensure our HR processes, in a context of just and learning culture, are avoiding harm to our people and that we are resolving issues informally as much as possible. These continued improvements on how we manage long term sickness, disciplinary processes and grievances in order to ensure a just and learning culture, will inherently advantage this group of our people.
- Celebrate the diverse and international nature of our workforce to our colleagues, patients and our community.
- Improve our metrics and measurements around employee experience and areas of diversity and intersectionality, to target actions to improve our employees experience and understand issues that employees of difference are experiencing.
- Appoint a board level wellbeing guardian.