

**Workforce Race Equality Standard Report**

**2020-21**

***Author: Kate Sonpal Head of Diversity & Inclusion***



**Workforce Race Equality Standard**

**1. Introduction**

The Workforce Race Equality Standard (WRES) is a set of nine indicators that measure the experiences and career progression of BAME staff and has been a mandatory requirement since 2015-16. All NHS Trusts are required to submit their WRES data and subsequentially write a report and action plan that must be publicly available on their website.

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| WRES Indicator |
| Data from ESR |
| 1 | Percentage of BAME staff |
| 2 | Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants  |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process compared to white staff |
| 4 | Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff |
| Data from staff survey |
| 5 | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months |
| 6 | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 month |
| 7 | Percentage of staff believing that trust provides equal opportunities for career progression or promotion |
| 8. | Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues |
| Data from ESR |
| 9. | BAME board membership |

Table 1 WRES Indicators

The data required for submission is for *substantive* staff only is from 1st April 2020 - 31st March 2021. All the information from ESR is correct as for 31st March 2021.

**2. Key findings**

**Indicator 1**

As of 31st March 2021 there were 3,930 substantive staff employed at Solent.

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| **2020** | **2021** |
| **White staff** | **BAME staff** | **Ethnicity Unknown** | **White staff** | **BAME staff** | **Ethnicity Unknown** |
| 91% (3274) | 8% (335) | 0.9% (29) |  88.9% (3531) | 10.2% (364) | 0.9% (35) |

Table 2 Ethnicity of staff

Graph 1 Ethnicity of workforce

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| **Non-clinical workforce** |
|  | **White** | **BAME** |
| Band 1 | 11 | 1 |
| Band 2 | 277 | 37 |
| Band 3 | 337 | 21 |
| Band 4 | 109 | 5 |
| Band 5 | 110 | 6 |
| Band 6 | 65 | 3 |
| Band 7 | 64 | 4 |
| Band 8a | 30 | 1 |
| Band 8b | 21 | 0 |
| Band 8c | 17 | 1 |
| Band 8d | 15 | 2 |
| Band 9 | 5 | 1 |
| VSM | 4 | 0 |

 Table 3 Ethnicity of non-clinical workforce

Graph 2 Ethnicity of non-clinical workforce

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| **Clinical workforce of which non-medical** |
|  | **White** | **BAME** |
| Band 1 | 0 | 0 |
| Band 2 | 3 | 25 |
| Band 3 | 143 | 26 |
| Band 4 | 349 | 16 |
| Band 5 | 209 | 73 |
| Band 6 | 348 | 49 |
| Band 7 | 691 | 24 |
| Band 8a | 399 | 9 |
| Band 8b | 134 | 2 |
| Band 8c | 46 | 2 |
| Band 8d | 10 | 1 |
| Band 9 | 11 | 0 |
| VSM | 1 | 0 |

Table 4 Ethnicity of clinical (non-medical workforce)

Graph 3 Ethnicity of clinical (non-medical workforce)

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| **Medical Staff** |
|  | **White** | **BAME** |
| Consultants | 33 | 19 |
| Non-Consultant Career Grade | 48 | 23 |
| Trainee Grades | 22 | 6 |
| Other | 16 | 8 |

Table 5 Ethnicity of medical staff

Graph 4 Ethnicity of medical staff

Although the number of BAME staff has increased from 8% to 10.2% there is still a noticeable difference in the amount of white and BAME staff in all bands and medical grades. This is particularly apparent in clinical Bands 8a and above and all non-clinical bands. However, it should be noted that since this data was gathered on 31st March 2021 there has been a known increase of 2 BAME staff in non-clinical 8a posts, and 1 as a non-clinical VSM. The BAME 8a non-clinical posts were in the Community Engagement and Diversity and Inclusion teams, both of whom have led the way in inclusive recruitment. The lessons learnt will be shared with the Trust.

**Indicator 2**

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| **Relative likelihood of white staff being shortlisted compared to BAME staff**  |
| **2020** | **2021** |
| 1.40 | 1.36 |

**Table 6 Relative likelihood of white staff being shortlisted compared to BAME staff**

There has been a slight improvement in this indicator and we now have a slight increase in the amount of BAME staff being shortlisted. Initiatives that have been implemented that may have contributed this include the growth in membership of the BAME Resource Group, increase in members of the Diversity and Inclusion team and increased collaboration with the Diversity and Inclusion and People and OD team.

**Indicator 3**

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| **Relative likelihood of BAME staff entering the formal disciplinary process** |
| **2020** | **2021** |
| 1.55 | 2.64 |

Table 7 Relative likelihood of BAME staff entering the formal disciplinary process

This indicator has increased since last year. The WRES guidance states that “this indicator refers to staff who have entered a formal investigation as prescribed by the local disciplinary process. Any occasional cases where disciplinary action is not preceded by an investigation should also be included in this definition.” The data is for capability on the grounds of performance not ill-health. The relative likelihood of BAME staff entering the formal disciplinary process has increased from 1.55 to 2.64. It is anticipated that the launch earlier in the year of the early Resolution Hub which aims to prevent escalation to the formal disciplinary process will help improve results for this indicator.

**Indicator 4**

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| **Relative likelihood of white staff accessing non-mandatory training compared to BAME staff** |
| **2020** | **2021** |
| 1.22 | 1.02 |

Table 7 Relative likelihood of white staff accessing non-mandatory training compared to BAME staff

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| **Staff accessing non-mandatory training** |
| **2020** | **2021** |
| **White staff** | **BAME staff** | **Ethnicity Unknown** | **White staff** | **BAME staff** | **Ethnicity Unknown** |
| 1668 | 139 | 15 | 2256 | 228 | 20 |

Table 8 Amount of staff accessing non-mandatory training

There has been a slight positive change in this indicator. However, the raw data shows there has been a significant increase in both white and BAME staff accessing non-mandatory training. This may in some part be explained by the impact of Covid-19. The pandemic meant that some staff were redeployed and therefore had to undertake training in order to take on their new role. Nevertheless, this cannot be assumed to be the only reason and Solent needs to continue to maintain this positive trajectory which it is anticipated will be improved by the new Learning Management System.

**Indicator 5**

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| **Staff experiencing harassment, bullying and abuse from patients’ relatives or the public in the last 12 months** |
| **2020** | **2021** |
| **White** | **BAME** | **White** | **BAME** |
| 20.4% | 25.5% | 19.5% | 24.3% |

Table 9 Percentage of staff experiencing harassment, bullying and abuse from patients’ relatives or the public in the last 12 months

There has been a small drop in the number of staff experiencing harassment, bullying and abuse from patients’, relatives, or the public in the last twelve months. The anti-discrimination taskforce is now established and may have contributed to this positive change. Its primary purpose is to challenge anti-discrimination in all forms and levels, to maintain oversight of delivery and outcomes to support Solent NHS Trust systems to recognise hate crime including healthcare impacts related to discrimination against protected characteristic groups/individuals, with the aim of complementing work around diversity and inclusion mandated standards and our legal, regulatory and commissioner requirements. Embedding anti-discrimination and hate crime strands within Solent NHS Trust’s incident reporting system presents excellent opportunities to maximise the benefits of this work through robust analysis of existing/future datasets; evaluation of existing reporting and recording structures; the identification of best practice; and the creation of a template for future action. This will have significant benefits in terms of ensuring patient/staff safety and wellbeing. However, next year’s figures for this indicator may show an increase in numbers as staff feel more comfortable to report incidences due to the work of the taskforce. Although this may be difficult to see it is important that staff feel able to report and it will also provide the Trust with a more accurate picture. Work will, of course, continue to reduce these occurrences, and the Trust continues to strongly promote its zero tolerance approach to abuse.

**Indicator 6**

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| **Staff experiencing harassment, bullying and abuse from staff in the last 12 months** |
| **2020** | **2021** |
| **White** | **BAME** | **White** | **BAME** |
| 14.4% | 18.2% | 13.5% | 18.1% |

Table 9 Percentage of staff experiencing harassment, bullying and abuse from staff in the last 12 months

This figures for this indicator have remained largely static. It is hoped that the work of the anti-discrimination taskforce will help reduce this number. The BAME Resource group remains a space for support and advice for BAME staff and allies. There is a weekly safe-space for BAME staff only with a clearly outlined escalation route for any issues that members want raised.

**Indicator 7**

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| **Staff believing that Solent provides equal opportunities for career progression or promotion** |
| **2020** | **2021** |
| **White** | **BAME** | **White** | **BAME** |
| 92.6% | 82.4% | 91.8% | 80.3% |

Table 10 Percentage of staff believing that Solent provides equal opportunities for career progression or promotion

The numbers for this indicator have dropped slightly for all staff. Solent has four thriving staff resource groups (BAME, LGBT+, Disability and Multifaith) who are invited to contribute to working groups on career progression. A deep dive into recruitment was conducted last year and the resulting findings are starting to be implemented across the Trust.

**Indicator 8**

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| **Staff who personally experienced discrimination at work from Manager/team leaders or other colleagues in the last 12 months** |
| **2020** | **2021** |
| **White** | **BAME** | **White** | **BAME** |
| 4.2% | 9.5% | 3.7% | 13.8% |

Table 11 percentage of staff who personally experienced discrimination at work from Manager/team leaders or other colleagues in the last 12 months

There is an increase in the amount of BAME staff who have experienced discrimination at work from managers/team leaders or their colleagues. As the data for this indicator is gathered from the staff survey Solent were already aware of this rise and have conducted a deep dive into the data. This showed that there were 110 overall incidences reported in the survey, 24 of which involved BAME staff. Further analysis at service line level identified the three service lines with the highest amount (total number in these three service lines 13). Meetings were held with the three operational directors to discuss the results and an action plan, with individual service line targets, designed for them. The progress on these action plans will be reported to the Workforce and Organisational Development Committee in September 2021, and regularly thereafter.

**Indicator 9**

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| **Ethnicity of Board members** |
| **2020** | **2021** |
| **White**  | **BAME** | **White** | **BAME** |
| 11 (84.6%) | 2 (15.4) | 11 (78.6%) | 3 (21.4) |

Table 12 Ethnicity of Board members

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| **Voting Board members** |
| **2020** | **2021** |
| **White**  | **BAME** | **White** | **BAME** |
| 9 (81.8%) | 2 (18.2) | 9(81.8%) | 2 (18.2%) |

Table 13 Voting Board members

There is one more BAME Board member than last year. Board diversity is important in order to avoid group think, it allows more nuanced discussions. Solent is proud to have its Chief People Officer as its Board level champion to provide sponsorship. The Board is fully committed to the diversity and inclusion agenda, and show visable leadership in this area.

**Conclusion**

Although progress has been made on the majority of indicators there is still work to be done. A comprehensive action plan has been developed with targets and actions for all indicators. Actions have been allocated specific owners and progress on this will be reported to the WRES taskforce group and the Workforce and Organisational Development Committee. Solent is committed to making strong and sustained progress on the WRES indicators to advance opportunites and improve experiences for all BAME staff. Evidence shows that a motivated and inclusive workforce results in better patient care and increased patient satisfaction and safety.