**WRES– 2022/ 23**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WRES Indicator** | | | | |  |
| **Data from ESR** | | | | |  |
| **1** | **Percentage of BAME staff**  **Target: Increase by 2% (total 11.3%) by July 2022.** | | | | **Revised target for Sept 23/24**  **In line with local census data** |
| **2019/20**  **9.2%** | | **2020/21**  **9.3%** | **2021/22**  **10.7%** | | **2022/23**  **12.8%** |
| **Narrative as of May 2023**  Continued recruitment from overseas has contributed towards the positive increase in this indicator | | | | | |
| **Action**   * Ensure our attraction and recruitment and development are equitable and inclusive | | | | **Output/ Outcomes**   * Toolkit, guidance and training that draws on Roger Kline, London debias and other evidence-based approaches to inclusive recruitment. * Trained recruitment Allies on band 7 and above posts * Increased use of community partners * Increased applicants from the communities we serve * Retention and cultural programme in place for internationally recruited colleagues * Signposting to positive action development programmes either run by ICB or national team * Positive impact on WDES | |
| **2** | **Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants.**  **Target: decreased to 1.2 by July 2022** | | | | **Revised target for Sept 23 /24**  **1.2** |
| **2019/20**  **1.40** | | **2020/21**  **1.36** | **2021/22**  **1.41** | | **2022/23**  **1.43** |
| **Narrative as of May 2023**  It is worthwhile to note, that there is a better % better at Offer – at offer there is a ratio of 1.27.  However less BAME offers convert to appointments - 30% of those BAME offered do not become appointed, vs 22% White. This drop off is due to RTW checks being carried out after offer – also worth noting there was a large scale NHSE event that recruited and offered but high % did not translate into new starters and this impacted on conversion rate and lowered due to RTW.  It’s worth considering the impact of the recent HCSA visa that came out last years that enables overseas on sponsorship for visa. This will also have impacted on recruitment stats. More people will have applied and been SL and offered but the reality is the NHS does not financially sign off recruitment of internationally recruited HCAs.  The other factor that impacts this is the high level of ‘Unknow’ are 61% - this has been consistent over the years and will affect this indicator. | | | | | |
| **Action**  Ensure our attraction and recruitment processes are equitable and inclusive. | | | | **Output/ Outcomes**   * Toolkit, guidance and training that draws on Roger Kline, London debias and other evidence-based approaches to inclusive recruitment. * Use of OIio recruitment system to debias process. * Trained recruitment Allies on band 7 and above posts * Increased use of community partners * Increased applicants from the communities we serve * Retention and cultural programme in place for internationally recruited colleagues * Positive impact on WDES | |
| **3** | **Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff**  **Target: Decrease 1.5 by July 2022** | | | | **Revised target for Sept 23/24**  1 |
| 2019/20  1.55 | | 2020/21  2.64 | 2021/22  **00** - No BAME staff entering the formal disciplinary process in FY22, so not index calculated | | **2022/23**  **1.21** |
| **Narrative as of May 2023**  **2021-2022**  For the reporting period 1st April’22 – 31st March’23  There were 22 staff entering formal disciplinary process. Of which 4 BAME. – it’s worth noting there has been in increase in all formal ER since the pandemic.  There were in the previous year a total 46 ER cases. Whereas in 2022-2023 there was 88 total so an increase of 91%.  *N/B – guidance from NHSE -* With the number of staff members entering the capability being very small for most organisations, it can result in the relative likelihood calculation for metric 3 being very high. Please note:  1. **A high relative likelihood result (over 1.25**) does not automatically imply there is a problem with BAME staff entering the capability process. Instead of viewing this as a definitive indicator, I suggest it is viewed as an indication as to whether further investigation is required | | | | | |
| **Action**  Ensure more inclusive and debiased ER policies and procedures are in place | | | | **Output/ outcomes**   * Staff networks involved in review and co creation of guidance and policy * Implementation of Kind Life and Respectful resolution * Increased diversity within the bank if internal investigators * Case reviews with lived experience staff; Ensure people partners review cases with EDI/ lived experience lens * Lived experience from network when developing policies and EIAs * Training and development for managers and People partners to ensure ER is free from discrimination and unconscious bias | |
| **4** | **Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff**  **Target: decrease to 1 by July 2022. *(A figure below “1” would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.)*** | | | | **Revised target for Sept 23/24**  **1** |
| 2019/20  1.22 | | 2020/21  1.02 | 2021/22  **1.06** | | **2022/23**  **0.67** |
| **Narrative as of May 2022**  We have been promoting positive action and the ICB as well as Solent have run positive action programmes aimed at minoritized groups of staff. | | | | | |
| **Action**  Support leadership, development and coaching for colleagues with protected characteristics. | | | | **Outcomes and Outputs**   * Reverse mentoring programme * Targeted promotion of positive action programmes such as Rising Tide * Coaching and career conversations for BAME colleagues | |
| **Data from staff survey** | | | | |  |
| **5** | **Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months**  **Target: Decrease percentage to below 20% by September 2022.** | | | | **Revised target for Sept 23/24**  **-20%** |
| 2019/20  25.5% | | 2020/21  24.3% | 2021/22  **18.7%** | | **2022 /23**  **19.1%** |
| **Narrative as of May 2023**  There has been an increase of 0.4% of colleagues experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.  This is significantly still better than the average median benchmark which this year is 31.5%.  This year we also had an increase of 32 responses from 214 to 246 form colleagues from other ethnic groups than those identify as white.  This slight increase does not come as a surprise as colleagues are reporting through staff networks, FTSU and other staff voice mechanisms that the public are showing less tolerance and more unpleasant and harassing behaviour since the height of the pandemic. We are developing a workshop to support colleagues to address this – ‘when does patient choice become discrimination’ and, we have implemented a new 3 step hate crime reporting process. This will remain an area of action in the 23/24 EDIB action plan. | | | | | |
| **Action**  Develop support guidance and training to tackle discrimination and report hate crime. | | | | **Outcomes and Outputs**   * Roll out of #HateHurts campaign and promotion of hate crime reporting and victim support * Development and delivery of workshop ‘when does patient choice become discrimination’. | |
| **6** | **Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**  **Target: Decrease percentage to below 15% by July 2022.** | | | | **Revised target for Sept 23/24**  **-15%** |
| 2019/20  18.2% | | 2020/21  18.1% | 2021/22  **16.4%**. | | **2022/23**  **16.7%** |
| **Narrative as of May 2023**  We have seen an increased response rate from 214 to 246 with this indicator and we have also seen a marginal increase in the number of staff experiencing harassment, bullying or abuse from staff in last 12 months – an increase of 0.3%. The median benchmark average for this indicator is 22.8% and has remined stable for past 2 years.  This year’s EDIB action plan includes the introduction of the Kind Life model – an evidenced based approach that reduces bullying and harassment and supports early restorative resolution when conflict does arise. | | | | | |
| **Action**  To raise education and awareness around harassment bullying and abuse and ensure robust People Policies are in place that are free from bias and address systemic or unconscious racism. | | | | **Outcomes and Outputs**   * Activating allyship programmes * Inclusive language programmes * ER review with lived experience. * SLT training and lived experience at SLT and board | |
| **7** | **Percentage of staff believing that trust provides equal opportunities for career progression or promotion**  ***NB the data collection and calculation formula have been changed by the national team, to now includes ‘don’t know’ in the base – new figure in brackets for 2019/2020.***  **Target: Increase percentage to 85% by July 2022. Revised target – proportional increase – 60%** | | | | **Revised target for Sept 23 /24**  **+60%** |
| 2019/20  82.4% (47.9%) | | 2020/21  80.3% (56.1%) | 2021/22  **57.7%** | | **2022 /23**  **56.9%** |
| **Narrative as of May 2023**  This is an area that continues to be a recognised challenge and we are lunching the reverse mentoring programme with the aim to address this further. The national benchmark average is currently 49.6% but it is clear through this data and staff voice in the networks further needs to be actioned to address the inequalities here. This will remain a clear priority and focus in this years EDIB action plan. The response rate for this indicator increased by 33.intrestinmg to consider alongside indicator 4, where we have seen in increase – could suggest positive action takes place to open CPD but it’s the progression that comes after that needs more attention and support**.** | | | | | |
| **Action**  Support leadership, development and coaching for colleagues with protected characteristics. | | | | **Outcomes/ Outputs**   * Reverse mentoring programme * Targeted promotion of positive action programmes such as Rising Tide * Coaching and career conversations for BAME colleagues | |
| 8. | Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues  **Target: Decrease percentage to below 10% by June 2022.** | | | | **Revised target for Sept 23 /24**  -10% |
| 2019/20  9.5% | | 2020/21  13.8% | 2021/22  **9.6%** | | **2022/23**  **10.2%** |
| **Narrative as of May 2023**  The national average this year is benchmarked by comparison at 13.6%.  In Solent there has been an increase or 0.6% for ethnic minority colleagues experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months. The response rate for this indicator has gone from 219 to 246, an increase of 27. A spotlight needs to remain on this to ensure that this does not continue to climb and a deeper look by People Partners needs to consider service line data so that targeted interventions can be put in place. | | | | | |
| **Action**  To reduce discrimination and educate and raise awareness that support inclusive culture | | | | **Outputs / Outcomes**   * Implementation of Kind Life * Implementation of KindER – respectful resolution * Implementation of inclusive language, activity allyship, privilege and bias workshops * EDI and lived experience on case reviews * Lived experience and staff stories at Board and SLT * EDIB objectives and accountability through PRMS | |
| **Data from ESR** | | | | |  |
| 9. | BAME board membership - Percentage difference between the Board’s voting membership and its overall workforce  **Target: Increase diversity of board membership when vacancies arise.** | | | | **Revised target for Sept 23 TBC** |
| 2019/20  15.4% BAME Board members  18.2% Voting BAME Board members | | 2020/21  21.4% BAME Board members  18.2% Voting BAME Board members | 2021/22  **16.7%** BAME Board members  **20.0%** Voting BAME Board members | | **23%**  **22%** |
| **Action** | | | | **Output** | |