

## NNUH

## Workforce Race Equality Standard (WRES) Reporting 2024





### Introduction

- Research and evidence strongly suggest that BAME staff in the NHS are treated less favourably, have poorer experience and progression opportunities. This in turn has significant implications for the efficient and effective running of the NHS, including adverse impacts on the quality of care received by all patients.
- The NHS Workforce Race Equality Standard (WRES), introduced in 2015, seeks to prompt inquiry to better understand why it is that BAME staff receive poorer treatment than white staff in the workplace and to facilitate the closing of these gaps
- Data has been directly compared to our 2022 and 2023 report data providing a clear picture on the indicators that the trust is performing well and those that require our focus in the year ahead.



	Norfolk	East of England	England
		-	
Asian, Asian British or Asian Welsh	18992	405869	5426392
Asian, Asian British or Asian Welsh (%)	2.1	6.4	9.6
Black, Black British, Black Welsh, Caribbean			
or African	8369	184949	2381724
Black, Black British, Black Welsh, Caribbean or African (%)	0.9	2.9	4.2
Mixed or Multiple ethnic groups	15080	179654	1669378
Mixed or Multiple ethnic groups (%)	1.6	2.8	3
White	867151	5478364	45783401
White (%)	94.7	86.5	81
Other ethnic group	6528	86232	1229153
Other ethnic group (%)	0.7	1.4	2.2

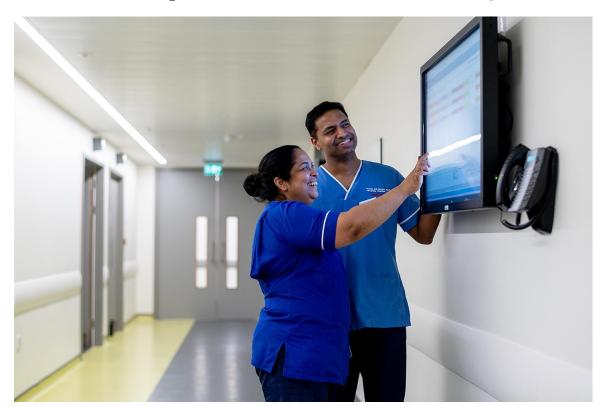
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# Norfolk Census Data (2021)

To understand the data better, it is important to recognise Norfolk's population. Below is a table which identifies Norfolk's population by ethnicity and compares this to the East of England region and England.



# Summary of Findings.... (Indicators 1-9)



Indicator 1: Percentage of BAME staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce Norfolk and Norwich University Hospitals

#### **Key Findings**

- ▶ 18.1% of our workforce is now from a Black, Asian or Ethnic Minority background (B.A.M.E)
- This is an increase of just under **3%** compared to last year's report. This increase in BAME staff representation still falls just below the overall increase in the Trust's workforce (of just under 5%) has over the same period.

#### Actions over the past 12 months

- B.A.M.E representation continues to be very small in respect of headcount within AfC nonclinical, higher banded roles when comparing to white representation within these roles.
- When looking at AfC clinical roles we can see that there is only 1 BAME colleague within Band 8c and above roles in comparison to 33 white colleagues. Although this representation improves at 8c and above, when including non-clinical staff.



#### Indicator 2: Relative Likelihood of staff being appointed from shortlisting across all posts.

	2023			2024		
	White	BAME	Unknown	White	BAME	Unknown
Number of shortlisted applicants	6,561	2,546	552	5896	3528	760
Number appointed from shortlisting	1,544	357	163	1515	591	295
Relative likelihood of appointment from						
shortlisting	23.53%	14.02%	29.53%	25.70%	16.75%	38.82%
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff		1.68			1.53	

What does Indicator 2 really tell us and how have we been addressing this over the past 12 months?

- Whilst this indicator has improved since last year, we recognise that this statistic remains disproportionate for our BAME candidates.
- Over the past 12 months we have been discussing the 'Too Hot to Handle' and 'No more Tick Boxes' reports by Roger Kline and considering the recommendations proposed in his report within the Trust's Equality and Diversity Group and our staff networks.
- The Trust's divisional Equality and Diversity Groups have scrutinised the data further by assessing the likelihood of BAME candidates and White candidates to be appointed from shortlisting within their local areas. The intention is so that they can identify any hot spot areas.
- With the hot spot areas identified, divisions are encouraged to discuss how they suggest they will improve for example do they need refresher unconscious bias training.
- From a corporate level, we have included initiatives which will look to improve this WRES indicator within our newly developed Diversity, Inclusion and Belonging Strategy.

**Indicator 3:** Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

	2023			2024		
	White	BAME	Unknown	White	BAME	Unknown
Number of staff in workforce	7,246	1,432	681	7348	1776	707
Number of staff entering the formal disciplinary process	25	3	4	36	3	4
Likelihood of staff entering the formal disciplinary process	0.35%	0.21%	0.59%	0.00%	0.00%	0.01%
Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff	<b>SS</b> 0.61 0.34					

Norfolk and Norwich University Hospitals

What does Indicator 3 really tell us and how have we been addressing this over the past 12 months?

- A figure less than 1.0 means the likelihood is in favour of B.A.M.E staff when comparing to White staff.
- We are on a journey to embed a just and learning culture which is captured within our Misconduct Policy.
- We want staff to feel empowered to learn when things do not go as expected, rather than feeling blamed. We want a culture that instinctively asks in the case of an adverse event: "what was responsible, not who is responsible". It is not finger pointing and not blame-seeking. But it is not the same as an uncritically tolerant culture where anything goes that would be as inexcusable as a blame culture.

#### **Indicator 4:** Relative likelihood of staff accessing non-mandatory training and CPD.

	2023 White BAME Unknown			2024		
				White	BAME	Unknown
Number of staff in workforce	7,246	1,432	681	7348	1776	707
Number of staff accessing non- mandatory training and CPD	2,700	297	117	2126	379	91
Likelihood of staff accessing non- mandatory training and CPD	37.26%	20.74%	17.18%	28.93%	21.34%	12.87%
Relative likelihood of White staff non- mandatory training and CPD compared to BAME staff	<b>Ⅰ●</b>		1.36			

What does Indicator 4 really tell us and how have we been addressing this over the past 12 months?

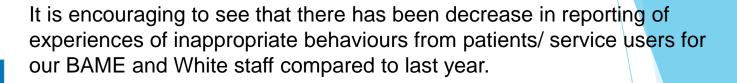
- When comparing to the previous year, this statistic has modestly improved.
- Our Accelerated Leadership programme for B.A.M.E colleagues continues to be offered. Line managers are encouraged to promote the course to their colleagues during PDR discussions.
- Our new Diversity, Inclusion and Belonging strategy will commit to working with managers to undertake meaningful career conversations with all staff. We will monitor the progression of our B.A.M.E and international nursing staff specifically.
- The strategy will also commit the Trust to implement a clear process to enable staff to be able to shadow senior leaders or be coached by them.

**Indicator 5:** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

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2023		202	4
White B	AME	White	BAME
33.5%	36.6%	26.9%	32.3%

What does Indicator 5 really tell us and how have we been addressing this over the past 12 months?



This suggests that our initiatives to address the high number of incidents last year – including launching our No Excuse for Abuse campaign as well as our withdrawal of patient care protocol – have had a positive effect.

However, we must not be complacent and must ensure that our staff members are aware of and feel confident in using our reporting system via Datix so that we have an accurate idea of the scale of the issue and can closely monitor incidents and reflect on actions taken. We should also acknowledge that while both white and BAME staff members have decreased the reporting of inappropriate behaviours, this has improved at a higher rate for white staff members compared to their BAME colleagues.

Through listening to staff feedback and our staff survey results we recognise we need to do more. As part of our People Promise plans we will expand our package of support through providing additional guidance on what to do where staff are faced with this situation as well as educational resources for patients to recognise that such behaviours are not tolerated.

O Dur Vision The best care for every patient

No Excuse for Abuse

NHS

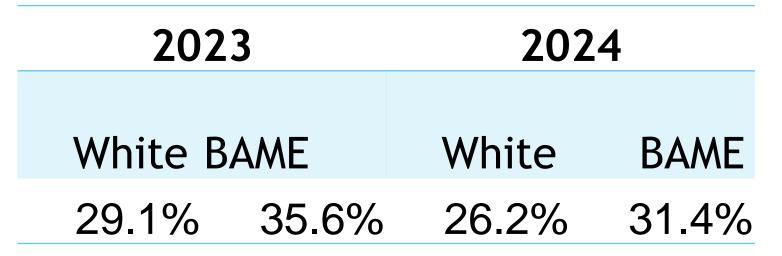
Norfolk and Norwich



Verbally or physically abusing staff can result in withdrawal of treatment or even prosecution including a fine or custodial sentence



Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



The Trust has begun to deliver an active bystander training to teams who have reported experiences of microaggressions and inappropriate behaviours. With this training it is hoped colleagues can identify and challenge inappropriate behaviours as a victim of such behaviours or as a witness.

As part of our Diversity, Inclusion and Belonging strategy, we have also committed to reviewing our Dignity at Work policy/ framework where civility and respect will be a key feature in order to help us embed a just and learning culture.

**Indicator 7:** Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

2023	3	202	4
White B	AME	White	BAME
54.6%	<b>39.</b> 1%	54.3%	49.2%

Whilst this has improved significantly for our BAME colleagues compared (by the 10% outlined in our action plan by March 2025) to last year it has remained relatively static for our white staff members. This suggests that we need to take care that while we specifically promote opportunities for BAME staff members as needed, we need to promote all equal opportunities campaigns to the widest range of staff appropriate so there is no disparity in favour of BAME colleagues.

In response to the Trust's staff survey results we have developed workstreams which tie into each of the NHS People Promise principles. This staff survey result will tie into our compassionate and inclusive and we are always learning workstream.

Our Diversity, Inclusion and Belonging strategy will also include a measurable outcome where this statistic will be monitored closely over the course of our five-year plan towards ensuring everyone feels included and are given opportunities to thrive at work.

Indicator 8: Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months.

2023		202	4
White B	AME	White	BAME
7.5%	21.1%	7.5%	19.2%

Whilst this statistic has improved for our BAME colleagues and remained static for our white members of staff, for we recognise that these statistics are still above the NHS England benchmark average (white: 6.5% and BAME: 17.3%).

The Trust has begun to deliver an active bystander training to teams who have reported experiences of microaggressions and inappropriate behaviours. With this training it is hoped colleagues can identify and challenge inappropriate behaviours as a victim of such behaviours or as a witness.

As part of our Diversity, Inclusion and Belonging strategy, we have also absorbed our Dignity at Work framework within a new Civility and Respect policy which was created to help us embed a just and learning culture.

Indicator 9: Percentage difference between the organisation's Board voting membership and its overall workforce.

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Norfolk and Norwich University Hospitals

2023			2024			
	White	BAME	Unknown	White	BAME	Unknown
Total Board Members	10	1	4	12	1	3
Overall Workforce % by Ethnicity	77.4%	15.3%	7.3%	75.0%	18.0%	7.2%
Difference (total board – overall workforce)	-10.8%	-8.6%	19.4%	0.00%	-12%	12%

Our Board representation has decreased in respect of ethnicity but is too incidental to comment upon fully as it seems to be driven primarily by the high percentage of 'unknown' ethnicity data which our Board voting membership has not provided.

The Trust continues to take part in the NExT Director Scheme which is a development programme created and designed to help find and support the next generation of talented people from groups who are currently under-represented on our NHS board into these important non-executive roles.







## Our hospital for <u>all</u>