

NNUH Workforce Race Equality Standard (WRES) Reporting 2022



Introduction

- ▶ Research and evidence strongly suggest that BME 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 2021 and 2022 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 Census Data (2011)

- ▶ 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.

	Norfolk		East of England		England	
	Count	%	Count	%	Count	%
Asian/Asian British	13,017	1.5%	278,372	4.8%	4,143,403	7.8%
Black/ African Caribbean/ Black British	4,609	0.5%	117,442	2%	1,846,614	3.5%
Mixed/ Multiple ethnic groups	10,027	1.2%	112,116	1.9%	1,192,879	2.3%
Other ethnic group	2,217	0.3%	28,841	0.5%	548,418	1.0%
White	828,018	96.5%	5,310,194	90.8%	45,281,142	85.4%

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



Indicator 1: Percentage of BME 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

WRES Indicator 1	2022				2021		
	White	BME	Unknown/Null	Total	White	BME	Unknown/Null
Total Headcount	7292	1294	585	9171	7489	1227	606
% of Total Headcount by Ethnicity	79.5%	14.1%	6.4%		80.3%	13.2%	6.5%
Non Clinical Workforce							
Under Band 1	39	4	4		30	1	1
Band 1	1	0	0		1	0	0
Band 2	533	43	25		576	36	30
Band 3	460	13	15		460	14	20
Band 4	429	12	15		426	11	15
Band 5	164	4	8		151	5	6
Band 6	92	9	5		84	8	5
Band 7	97	8	5		77	7	7
Band 8a	61	5	4		44	4	4
Band 8b	43	6	6		51	2	8
Band 8c	21	3	4		16	3	2
Band 8d	11	1	1		14	0	1
Band 9	14	0	1		12	0	0
VSM	11	0	4		14	0	4
Clinical Workforce (of which Non-Medical)							
Under Band 1	25	1	0		21	0	0
Band 1	2	0	0		3	0	0
Band 2	966	93	61		1117	99	64
Band 3	364	14	12		362	16	13
Band 4	320	54	38		303	42	21
Band 5	1101	387	175		1192	389	193
Band 6	1076	117	43		1097	105	44
Band 7	602	32	23		603	30	23
Band 8a	181	10	7		176	10	8
Band 8b	49	2	2		44	2	0
Band 8c	12	0	0		12	1	0
Band 8d	10	0	0		7	0	0
Band 9	5	0	0		4	0	0
VSM	2	0	0		1	0	0
Of which Medical & Dental							
Medical & Dental Consultant	313	171	52		305	163	57
Of which Senior Medical Manager	1	0	0		1	0	0
Medical & Dental Non-consultant career grade	68	67	20		71	69	16
Medical & Dental Trainee grades	220	238	55		215	210	64

What does Indicator 1 really tell us and how have we been addressing this over the past 12 months?

- ▶ 14.1% of our workforce are of a BAME background. This has increased from 13.2% last year.
- ▶ BAME representation is increasing within the higher banded roles however numbers remain low;
 - ▶ 15 BAME Non-Clinical colleagues are Band 8a – Band 8d but 0 are Band 9 and upwards. This is in comparison to 150 white colleagues who are within Band 8a to Band 9 non-clinical positions.
 - ▶ 12 BAME Clinical colleagues (of which are non-medical) are Band 8a – Band 8b but 0 are Band 8c and upwards. This is in comparison to 257 white colleagues who are within Band 8a to Band 9 clinical positions.

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

	2021			2022		
	White	BME	Unknown	White	BME	Unknown
Number of shortlisted applicants	6,074	1,192	166	7,946	2,673	533
Number appointed from shortlisting	1,604	202	38	1,785	291	187
Relative likelihood of appointment from shortlisting	26.41%	16.95%	22.89%	22.46%	10.89%	35.08%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.56			2.06		

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

- ▶ White candidates are now twice as likely to be appointed from shortlisting compared to BME candidates. This is a disappointing increase compared to last years statistics.
- ▶ We will be breaking this indicator down by division and speciality to understand and identify the hot spot areas for improvement.
- ▶ Our JD templates now include demonstrating EDI understanding as an essential criteria. We have also amended our interview question matrix to include EDI based questions.
- ▶ Our new People & Culture Strategy has committed to implementing balanced interview panels in respect of ethnicity for Band 8a and above roles.
- ▶ We are keen to review our recruitment process to address this concern. Further details will be outlined within the WRES action plan.

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

	2021			2022		
	White	BME	Unknown	White	BME	Unknown
Number of staff in workforce	7,489	1,227	606	7,292	1,294	585
Number of staff entering the formal disciplinary process	26	7	8	21	5	3
Likelihood of staff entering the formal disciplinary process	0.35%	0.57%	1.32%	0.29%	0.39%	0.51%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	1.64			1.34		

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

- ▶ There has been some improvement for the likelihood of BME colleagues entering the formal misconduct process compared to white colleagues however the disproportion remains.
- ▶ In May 2021 we revised our Misconduct policy to embed a just and learning approach – similar to Mersey Care. We are looking to embed this approach across all our employee relations policies to implement a ‘just’ culture. A just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution’. In a just culture investigators principally attempt to understand why failings occurred and how the system led to sub-optimal behaviours. However a just culture also holds people appropriately to account where there is evidence of gross negligence or deliberate acts.
- ▶ Actions to address and improve this indicator will be included within the WRES Action Plan.

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

	2021			2022		
	White	BME	Unknown	White	BME	Unknown
Number of staff in workforce	7,489	1,227	606	7,292	1,294	585
Number of staff accessing non-mandatory training and CPD	402	40	25	876	143	38
Likelihood of staff accessing non-mandatory training and CPD	5.37%	3.26%	4.13%	12.01%	11.05%	6.50%
Relative likelihood of White staff non-mandatory training and CPD compared to BME staff	1.65			1.09		

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

- ▶ There has been a significant improvement for WRES indicator 4 with almost near parity between BME and White staff accessing non-mandatory training or CPD over the past 12 months.
- ▶ We believe the main reason behind this is due to the reverse mentoring training which we offer to all diverse colleagues as well as the recent launch of our Accelerated Development programme which is a positive action course specific to BME staff. We will continue with the delivery of both courses as they have been positively received.
- ▶ Both the reverse mentoring and Accelerated Development programmes have enabled BME staff to develop their leadership skills and work with senior managers or executives in helping to embed an inclusive culture. Some individuals have since been sponsored by senior leaders/ executives.
- ▶ We have also recently launched a new Performance Development Review process which aims to encourage helpful and meaningful career development conversations for all our staff going forward.

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

2021		2022	
White	BME	White	BME
28.3%	28.3%	30.7%	33.5%

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

Our Vision
The best care
for every patient

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

No Excuse for Abuse

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

serco

NORFOLK
CONSTABULARY
Our Priority is You

Our Values **P**eople focused **R**espect **I**ntegrity **D**edication **E**xcellence

- ▶ It is disappointing to learn that this statistic has worsened for both White and BME staff.
- ▶ We continue to encourage managers and staff to Datix inappropriate behaviours from patients/ service users so that this can be investigated.
- ▶ A new 'No Excuse for Abuse' poster campaign has launched which aims to raise awareness of the severity and consequences to patients should they display such behaviours towards our staff.
- ▶ A new Withdrawal of Patient Care Protocol has been developed to align with our violence and aggression policy. The protocol provides a clear escalation process should staff experience such behaviours from patients. In exceptional circumstances we may consider withdrawing patient care.
- ▶ We will be evaluating the impacts of the No excuse for Abuse campaign and protocol going forwards.

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

2021		2022	
White	BME	White	BME
29.6%	33.0%	30.1%	35.6%

- ▶ It is disappointing to learn that this statistic has worsened for both White and BME staff.
- ▶ During this period of time, our Dignity at Work framework has been reviewed by an external agency following feedback from staff. It is aimed for the revised policy to be launched in September 2022.
- ▶ Actions to address and improve this indicator will be included within the WRES Action Plan.

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

2021		2022	
White	BME	White	BME
56.4%	43.7%	53.8%	44.5%

- ▶ This indicator shows that there has been a slight improvement in BME staff feeling that the Trust provides equal opportunities for career progression which is near the average benchmark. However, interestingly this percentage has decreased for our white colleagues.
- ▶ We are keen to continue to support the development of all our staff which is why we have included career conversations as part of our new Performance Development Review process.
- ▶ Actions to address and improve this indicator will be included within the WRES Action Plan.

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

2021		2022	
White	BME	White	BME
6.7%	18.4%	8.4%	24.1%

- ▶ It is disappointing to learn that this statistic has worsened for both White and BME staff.
- ▶ Our Equality, Diversity and Inclusion policy has recently been revised to make it clear that we will not tolerate such behaviour within the Trust. It is encouraged for staff to report such incidents and depending on the nature and severity of the incident colleagues will be managed in line with the Misconduct Policy.
- ▶ During this period of time, our Dignity at Work framework has been reviewed by an external agency following feedback from staff. It is aimed for the revised policy to be launched in September 2022.
- ▶ Actions to address and improve this indicator will be included within the WRES Action Plan.

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

	2021			2022		
	White	BME	Unknown	White	BME	Unknown
Total Board Members	14	0	4	11	0	4
Total Board Members % by Ethnicity	77.8%	0%	22.2%	73.3%	0%	26.7%
Overall Workforce % by Ethnicity	80.3%	13.2%	6.5%	79.5%	14.1%	6.4%
Difference (total board – overall workforce)	-2.6%	-13.3%	15.7%	-6.2%	-14.1%	20.3%

What does Indicator 9 really tell us and how have we been addressing this over the past 12 months?

- ▶ The majority of our Trust Board are of a White background with the remaining colleagues who have not disclosed their ethnicity.
- ▶ Our Board will be addressing this indicator and aim to commit to ensuring we close and improve the 'unknown' gap.
- ▶ We have taken part in the NeXT programme and have successfully appointed a diverse candidate.



Our hospital for all