

NNUH

Workforce Race Equality Standard (WRES) Reporting 2023



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 2022 and 2023 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 (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.

	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

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

2022

2023

	MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL
1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
Under Band 1	Headcount	39	4	4	26	1	3
Band 1	Headcount	1	0	0	1	0	0
Band 2	Headcount	533	43	25	512	33	29
Band 3	Headcount	460	13	15	462	25	15
Band 4	Headcount	429	12	15	430	17	16
Band 5	Headcount	164	4	8	160	4	8
Band 6	Headcount	92	9	5	99	5	4
Band 7	Headcount	97	8	5	99	7	5
Band 8A	Headcount	61	5	4	60	6	3
Band 8B	Headcount	43	6	6	42	4	6
Band 8C	Headcount	21	3	4	22	4	2
Band 8D	Headcount	11	1	1	13	2	1
Band 9	Headcount	14	0	1	11	1	1
VSM	Headcount	11	0	4	7	0	2
1b) Clinical workforce of which Non Medical							
Under Band 1	Headcount	25	1	0	39	1	3
Band 1	Headcount	2	0	0	0	0	0
Band 2	Headcount	966	93	61	921	128	97
Band 3	Headcount	364	14	12	359	24	13
Band 4	Headcount	320	54	38	347	58	37
Band 5	Headcount	1101	387	175	1009	401	214
Band 6	Headcount	1076	117	43	1134	144	47
Band 7	Headcount	602	32	23	619	41	26
Band 8A	Headcount	181	10	7	187	12	7
Band 8B	Headcount	49	2	2	53	4	2
Band 8C	Headcount	12	0	0	14	0	0
Band 8D	Headcount	10	0	0	8	0	0
Band 9	Headcount	5	0	0	4	0	0
VSM	Headcount	2	0	0	1	0	0
Of which Medical & Dental							
Consultants	Headcount	313	171	52	326	184	54
of which Senior medical manager	Headcount	1	0	0	1	0	0
Non-consultant career grade	Headcount	68	67	20	64	59	19
Trainee grades	Headcount	220	238	55	217	267	67
Other	Headcount	0	0	0	0	0	0

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

- ▶ 15.3% of our workforce are from a Black, Asian or Ethnic Minority background (B.A.M.E)
- ▶ B.A.M.E representation is very small in respect of headcount within AfC non-clinical, higher banded roles when comparing to white representation within these roles.
- ▶ When looking at AfC clinical roles we can see that there are 0 B.A.M.E colleagues within Band 8c and above roles in comparison to 27 white colleagues.

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

	2022			2023		
	White	BME	Unknown	White	BME	Unknown
Number of shortlisted applicants	7,946	2,673	533	6,561	2,546	552
Number appointed from shortlisting	1,785	291	187	1,544	357	163
Relative likelihood of appointment from shortlisting	22.46%	10.89%	35.08%	23.53%	14.02%	29.53%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	2.06			1.68		

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 significantly disproportionate for our BME candidates.
- ▶ Over the past 12 months we have been discussing Roger Klines 'No More Tick Boxes' guidance 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 BME 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.

	2022			2023		
	White	BME	Unknown	White	BME	Unknown
Number of staff in workforce	7,292	1,292	585	7,246	1,432	681
Number of staff entering the formal disciplinary process	21	5	3	25	3	4
Likelihood of staff entering the formal disciplinary process	0.29%	0.39%	0.51%	0.35%	0.21%	0.59%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	1.34			0.61		

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 fingerpointing 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.

	2022			2023		
	White	BME	Unknown	White	BME	Unknown
Number of staff in workforce	7,292	1,294	585	7,246	1,432	681
Number of staff accessing non-mandatory training and CPD	876	143	38	2,700	297	117
Likelihood of staff accessing non-mandatory training and CPD	12.01%	11.05%	6.50%	37.26%	20.74%	17.18%
Relative likelihood of White staff non-mandatory training and CPD compared to BME staff	1.09			1.80		

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 significantly worsened.
- ▶ To form part of this statistic we included all of our non-mandatory courses which includes our new PDR conversations course. Managers were encouraged to participate in this course in response to our new PDR process which was one of our people promise initiatives.
- ▶ If we were to deduct the numbers of those attending our PDR conversations workshop the statistic would result to 1.73.
- ▶ 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

2022		2023	
White	BME	White	BME
30.7%	33.5%	33.5%	36.6%

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 there is an increase in reporting experiences of inappropriate behaviours from patients/ service users for our BME and White staff. To start to address this last year, we launched our No Excuse for Abuse campaign as well as our withdrawal of patient care protocol. With such initiatives it is hoped more of our colleagues will report such behaviours via our Datix reporting system so that we can closely monitor and reflect on actions taken.

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.

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

2022		2023	
White	BME	White	BME
30.1%	35.6%	29.1%	35.6%

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.

2022		2023	
White	BME	White	BME
53.8%	44.5%	54.6%	39.1%

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.

2022		2023	
White	BME	White	BME
8.4%	24.1%	7.5%	21.1%

Although there is some improvement for both our White and BME staff in reporting experiences of discrimination we recognise that this statistic is above the benchmark average (white: 6.5% and BME: 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 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 9: Percentage difference between the organisation’s Board voting membership and its overall workforce.

	2022			2023		
	White	BME	Unknown	White	BME	Unknown
Total Board Members	11	0	4	10	1	4
Overall Workforce % by Ethnicity	79.5%	14.1%	6.4%	77.4%	15.3%	7.3%
Difference (total board – overall workforce)	-6.2%	-14.1%	20.3%	-10.8%	-8.6%	19.4%

- ▶ Our Board representation is improving in respect of ethnicity
- ▶ 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 all