

WRES Action Plan

31 October 2022



Workforce Race Equality Standard (WRES) Action Plan (2022/2023)

What is the Workforce Race Equality Standard (WRES)?

- The WRES was introduced for NHS organisations and included within the NHS Standard Contract from 2015-16
- WRES baseline data has been provided and published on a yearly basis by the NHS since 1 July 2015.
- The main purpose of the WRES is to help local and national NHS organisations to review their workforce data against nine indicators and to produce an action plan to improve workplace experiences of Black and Asian minority ethnic employees
- The WRES also places an obligation on NHS organisations to improve overall representation at Board level
- WRES reporting links into the mandated Equality Delivery System (EDS) goals. EDS is an equality performance and evaluation tool to help improve equality performance across 4 goals:-
 1. Better health outcomes
 2. Improve patient access and experience
 3. A represented and supported workforce
 4. Inclusive leadership
- WRES relates directly to all goals but specifically directly to EDS goals 3 and 4.
- This report describes CHFT performance and sets out the action plan to address the gaps in data
- The action plan will be shared with all relevant departments.
- An end of year ED&I report to capture the progress made in 2022 will be shared at Workforce Committee
- Provides a real impetus for NHS organisations to improve workforce equality for the benefit of colleagues and patients
- This document has been produced with support from the North East and Yorkshire Diversity Team and Action Plan Guidance document.



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NHS Foundation Trust

	Indicator	Narrative – the implications of the data and any additional background explanatory narrative	Action Plan
1	<p>Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce</p>	<ul style="list-style-type: none"> Overall, the Trust has 20.6% of its workforce from a BME background compared to 18.0% in the previous year, an increase of 2.6%. The report this year shows a further decrease in the number of people who had not declared their ethnicity. Reducing from 4.0% last year to 3.4% as at the 31 March 2022. This indicates an overall data quality improvement. Within the non-clinical group, the largest increases of BME staff were in Band 8c (+7.1%), Under Band 1 (+5.7%) apprentices, and Band 5 (+3.1%). The largest decreases of BME staff within the non-clinical group were within VSM (-11.1%), Band 8b (-7.1%), and Band 1 (-4.2%). Within the clinical group, the largest increases of BME staff were in Band 8c (+16.7%), Under Band 1 (+6.4%), and Band 5 (+5.9%). The largest decreases of BME staff within the clinical group were within Band 8d (-11.1%), and Band 4 (-1.5%). Within the Medical group all grades have seen an increase in BME staff. Consultants an increase of +1.3%, Career an increase of 1.2%, and Trainees an increase of 3.4%. 	<ul style="list-style-type: none"> ED&I Education and Awareness programme Awareness developed by equality group members Workplace ED&I theme in Health Inequalities strategy Work with the ICB to enhance work on ED&I Participant in Diversity in Health & Care Partners Programme Reciprocal mentoring launching Aut/Win 22 Continue to grow membership of the REN network and encourage attendance at the quarterly meetings. Campaign to promote the importance of an appraisal conversation Continue to host values and behaviours charter workshops including focus on ED&I and belonging People strategy refresh with a chapter dedicated to ED&I Staff survey outputs shared with each equality network and each equality network then has the opportunity to build objectives to improve colleague experience Health Academy – partnering with the council and the local colleges / universities to ensure we implement effective talent pipelines Recruitment – simplifying the way we hire young people and people who find application forms/interviews difficult Best Practice to be shared between all Equality Groups at CHFT Inclusion Group meeting

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2	Relative likelihood of staff being appointed from shortlisting across all posts.	<p>The data shows that in a 12-month period (April 2021 to March 2022) the likelihood of being appointed decreased for both White and BME staff.</p> <p>More colleagues getting shortlisted and interviewed therefore ratio between shortlisted and appointed reduced. Overall, white staff remain slightly more likely to be appointed than BME staff.</p>	<ul style="list-style-type: none"> • Review of recruitment practices, align work with the published inclusive recruitment toolkits and implement values based recruitment • Interview skills and application form workshops • Shadowing opportunities • Empower programme – Season 3 • Development for all – self directed learning dependent on what your ambitions are • Stepping into Leadership – for colleagues who want to be a leader in the future but want to start to understand leadership now. • Leadership Development Programme / Platform to be promoted
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator is based on snapshot data as at 31 March 2022 for the previous year.	<p>The overall number of disciplinaries recorded by the Trust remains very low, as such even small changes can cause dramatic shifts in the reported ratios. However, based on current year information the likelihood of a BME colleague entering the disciplinary process is now 3 times as likely than a white colleague; this is an increase from the previous year.</p>	<ul style="list-style-type: none"> • Audit a sample of formal disciplinary proceedings • Race Inclusion Advisor to work with HR Ops to undertake an exercise to determine why this has increased so much • Values and Behaviours refresh • Values & Behaviours charter • New appraisal – discussing problem areas early • Freedom to Speak up Guardian and network attending REN meetings

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4	Relative likelihood of staff accessing non-mandatory training and CPD.	The data shows that during 2021-22 the uptake of non-mandatory training has increased for both BME and White staff, and both groups are now equally as likely to access non-mandatory CPD.	<ul style="list-style-type: none"> • Campaign to promote the importance of Appraisal • Empower – case studies, how people have found this development beneficial • Increased activity around the promotion of development opportunities • ILM Level 5 and level 7 apprenticeships available in 2023
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<p>The latest survey shows that the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months has seen a decrease when compared to the previous year.</p> <p>The average benchmark (median) for BME staff within Acute Trusts is 28.8%. In comparison the Trusts ranking is better than the average.</p> <p>Rates for white staff have remained the same compared to the previous and remain above (worse than) the benchmark median average for Acute Trusts (26.5%).</p>	<ul style="list-style-type: none"> • Impactful communications campaign • Lived Experience, ED&I education materials and unconscious bias learning material is available via our on line development platforms • Race Inclusion Advisor supporting colleagues across the Trust • More work with security teams to work with colleagues and patients/service users to eradicate inappropriate behaviour • Refresh values and behaviours

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6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	<p>BME staff have seen a significant decrease in this metric, moving from 33.2% to 23.9%.</p> <p>The average (median) for BME staff within acute Trusts is 28.5%. In comparison the Trusts ranking is better than the average.</p> <p>White staff have reported a slight decrease when compared to the previous year from 21.7% to 21.1%. This is a favourable position and is below the benchmark average of 23.6%</p>	<ul style="list-style-type: none"> • Say No to Racism campaign – widen the marketing around this • Introduce visible symbols of support i.e. lanyards, pin badges • Allyship programme • Education and awareness programme- January 2023 • Ensure REN members have access to senior leader allies • International Recruits safe space sessions • Wellbeing team attending REN meetings
7	Percentage believing that trust provides equal opportunities for career progression or promotion.	<p>BME staff have seen improvement in this metric when compared to the previous year moving from 50.2% to 51.5%.</p> <p>The benchmark average (median) for BME staff within Acute Trusts is 44.6%. In comparison the Trusts ranks better than the average.</p> <p>The average (median) for white staff within Acute Trusts is 58.6%. In comparison the Trusts ranking of 60.8% is better than the average.</p>	<ul style="list-style-type: none"> • Regular discussions around development at REN network • Coaching and mentoring encouraged across the Trust • Development for all • Enhanced focus on inclusive equitable recruitment and the way positions are advertised /promoted • ED&I Chair Development • New Manager development programme

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8	<p>In the last 12 months have you personally experienced discrimination at work from any of the following? - Manager/team leader or other colleagues</p>	<p>White staff have seen a small increase in discrimination from colleagues. While BME staff report a decrease in discrimination of -3.3% within the reporting year.</p> <p>However, the likelihood of a BME staff member experiencing discrimination remains over twice as likely than a white colleague.</p> <p>The benchmark average (median) for BME staff within acute Trusts is 17.3%. In comparison the Trusts rate of 13.9% is much better than the average.</p> <p>The average (median) for White staff within acute Trusts is 6.7%. In comparison the Trusts ranking is better than the average at 5.8%</p>	<ul style="list-style-type: none"> • Enhanced engagement with line manager – new line manager bulletin format • Promoting allies/managers to attend the REN network to hear lived experience and have more awareness around ‘step in your shoes’ • Enhance engagement in the root out racism pledge • ED&I events and improve marketing around these • Compassionate Leadership programme

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9	Percentage difference between the organisations' Board membership and its overall workforce.	The Board BME rate has decreased due to staffing changes over the year. This combined with an overall increase in BME rate for the Trust has led to an increase in the difference between BME representation of the board and the Trust by 9.7%.	<ul style="list-style-type: none"> • Board to review their representation in 22/23 • Action Plan • Self assessment • Focus on encouraging diverse high calibre candidates for Board level roles. • Consider candidates for Board appointments from a wide pool. • Ensure Board appointment 'long lists' include diverse candidates. • Report against these objectives and other initiatives to promote diversity annually. • Report annually on the outcome of the Board evaluation including the diversity of the composition of the Board • Support BAME fellowship programme