

WORKFORCE RACE EQUALITY STANDARD REPORT 2021/2022



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Introduction and Background

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS Standard contract.

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

In April 2015, after engaging and consulting with key stakeholders including other NHS organisations across England, the WRES was mandated through the NHS standard contract, starting in 2015/16. From 2017, independent healthcare providers were required to publish their WRES data.

With over one million employees, the NHS is mandated to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

The first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to support and help make the necessary changes.

The next phase of the WRES focuses on enabling people to work comfortably with race equality. Through communications and engagement, we will work to change the deep rooted cultures of race inequality in the system, learn more about the importance of equity, and build capacity and capability to work with race.

Continuous embedding of accountability to ensure key policies have race equality built into their core, so that eventually workforce race becomes everyday business.

The WRES will continue to work to evidence the outcomes of the work that is done, publishing data intelligence and supporting the system by sharing replicable good practice.

There are nine WRES indicator. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BME representation on boards. The WRES highlights any differences between the experience and treatment of white staff and BME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

Based on feedback from the WRES baseline data returns and from engagement with the NHS, the wording for Indicators 1 and 9 have been revised in relatively minor ways. The revisions seek to add clarity on progress against these three WRES indicators:

- WRES Indicator 1 now has a clearer definition of “senior medical manager” and “very senior manager”.
- WRES Indicator 2 and 3 have been simplified. The calculation has been changed from using a two-year rolling average to using the year end figure.
- WRES Indicator 9 now requires submission of data that disaggregate: (i) the voting and non-voting members of boards, and (ii) the executive and nonexecutive members of boards. Trusts are encouraged to try and ensure that there are no board members with an unknown ethnicity.

With regard to WRES Indicator 2, organisation’s annual data returns are expected to include the shortlisting for both internal and external recruitment activity.

As highlighted above, a number of the WRES indicator (5-8) have been taken directly from the NHS Staff Survey questions. The NHS Staff Survey is reviewed annually; to ensure that organisations’ local staff surveys are aligned to the four WRES indicator based upon the NHS Staff Survey questions, organisations not partaking in the NHS Staff Survey should check the current survey questionnaire.

There are continuous improvements being made to increase the survey response rates and make the national NHS Staff Survey data more useful. The push towards eliminating the use of small staff survey samples should help increase BME staff responses to the survey and make the analysis of data locally more meaningful.

As a whole, the WRES indicators have been chosen to be as simple and straightforward as possible and are almost entirely based on existing data sources (Electronic Staff Records; NHS Staff Survey or local equivalent) and analysis requirements which good performing NHS organisations are already undertaking. The development of the nine WRES indicators owes a great deal to consultation with, and contributions from, the NHS and key stakeholders.

From 2022 all submitted data against the WRES indicators must exclude internally held bank worker data. A Bank worker is defined as any worker held internally on ESR whose primary work assignment is Bank (those who work solely on a zero hours contract within your organisation). A separate data collection for NHS held bank workers will be made available to you later this year.

Summary

This report contains information in relation to our workforce and the NHS Workforce Race Equality Standard (WRES). The WRES has nine standards and this report is written in response to each of the standards. Please note for 2022 we do not have to report on Indicators 5-8 as part of the WRES submission as these are reported separately as part of the National NHS staff survey.

This report discusses actions taken to date, describing some improvements between 2021 and 2022 but also describes targeted action to create a succession plan for the future that is inclusive of our BME workforce.

The report details the WRES workforce data and presents the information in a very visual format, the graphs are a visual representation and may be an appropriate way to share our information with our workforce and embed the reasons that the actions in this plan are so important.

The statistics within the report have been captured from the NHS ESR system and the calculations have been carried out manually by the ESR team. Indicators 5 - 8 have been extracted from the NHS staff survey dashboard.

1.0 Employee Ethnicity in Workforce

1.1 Population demographics

The local population for the Sandwell and West Birmingham area has the ethnicity breakdown as follows (2011 Census Data) The data from the 2021 census has not yet been fully released.

| | Sandwell | West Birmingham | Total across Sandwell & West Birmingham |
|-------|----------|-----------------|---|
| BME | 27.70% | 52.90% | 40.90% |
| White | 70.00% | 45.60% | 57.50% |
| Other | 1.30% | 1.50% | 1.40% |

Our workforce data below demonstrates the % distribution of White and BME employees in 2021 and 2022. The data suggests an overall decrease of 3% for white employees from 2021 to 2022 and a 3% increase in the number of employees who have not declared their ethnicity whilst the % BME employees have remained the same. The data for 2021 and 2022 reports both white and BME % below that of the local population; however 15% of employees have not declared their ethnicity therefore this may be a contributory factor in both BME and white showing numbers below the local population.

| | 2021 | No of staff | % |
|----------------------|---------|-------------|----|
| SWBH Total Workforce | White | 3533 | 48 |
| | BME | 2985 | 40 |
| | Unknown | 862 | 12 |

| | 2022 | No of staff | % |
|---------|------|-------------|---|
| White | 3409 | 45 | |
| BME | 3072 | 40 | |
| Unknown | 1108 | 15 | |

Our data demonstrates that the medical workforce is over-represented in % of BME employees and the Agenda for Change (AfC) pay bands and Very Senior Manager (VSM) employees are both under-represented in the % of BME employees of our Trust % employee total. The tables below demonstrate the medical, AfC and VSM workforce % numbers as a total of the whole Trust total (headcount).

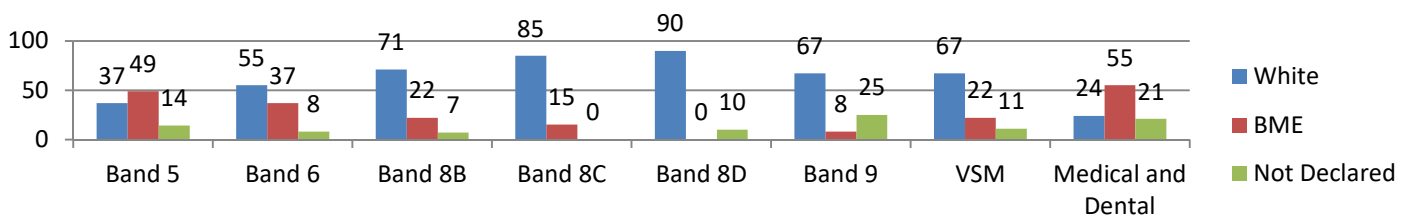
| | 2021 | No of staff | % |
|-----------------------|---------|-------------|----|
| Medical Workforce | White | 226 | 24 |
| | BME | 516 | 55 |
| | Unknown | 197 | 21 |
| | 2022 | No of staff | % |
| AfC and VSM Workforce | White | 3324 | 50 |
| | BME | 2477 | 38 |
| | Unknown | 758 | 12 |

| | 2022 | No of staff | % |
|-----------------------|---------|-------------|----|
| Medical Workforce | White | 192 | 22 |
| | BME | 508 | 58 |
| | Unknown | 180 | 20 |
| | 2022 | No of staff | % |
| AfC and VSM Workforce | White | 3217 | 48 |
| | BME | 2564 | 38 |
| | Unknown | 928 | 14 |

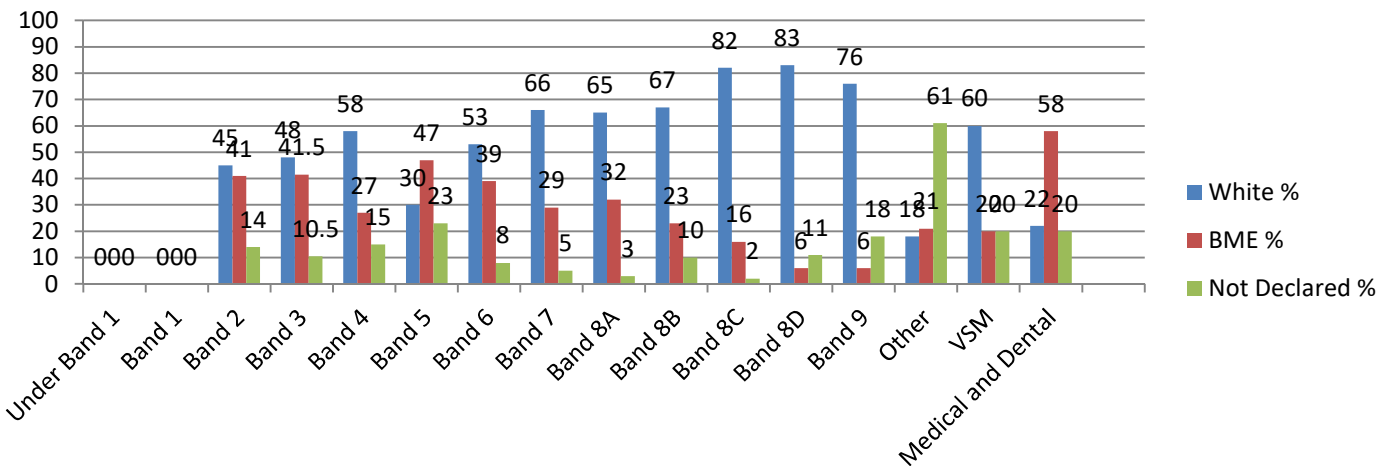
1.2 Our Workforce by Band

The graphs below demonstrate for both AfC and VSM by Band the proportion of the workforce who are White and BAME in each of the Bands. In 2021 the graph demonstrates a significant decline in the number of BAME employees above Band 6. This has much improved during 2022.

2021 - Total staff ethnicity - % of White BME and unknown by Band AfC, VSM and Medical and Dental

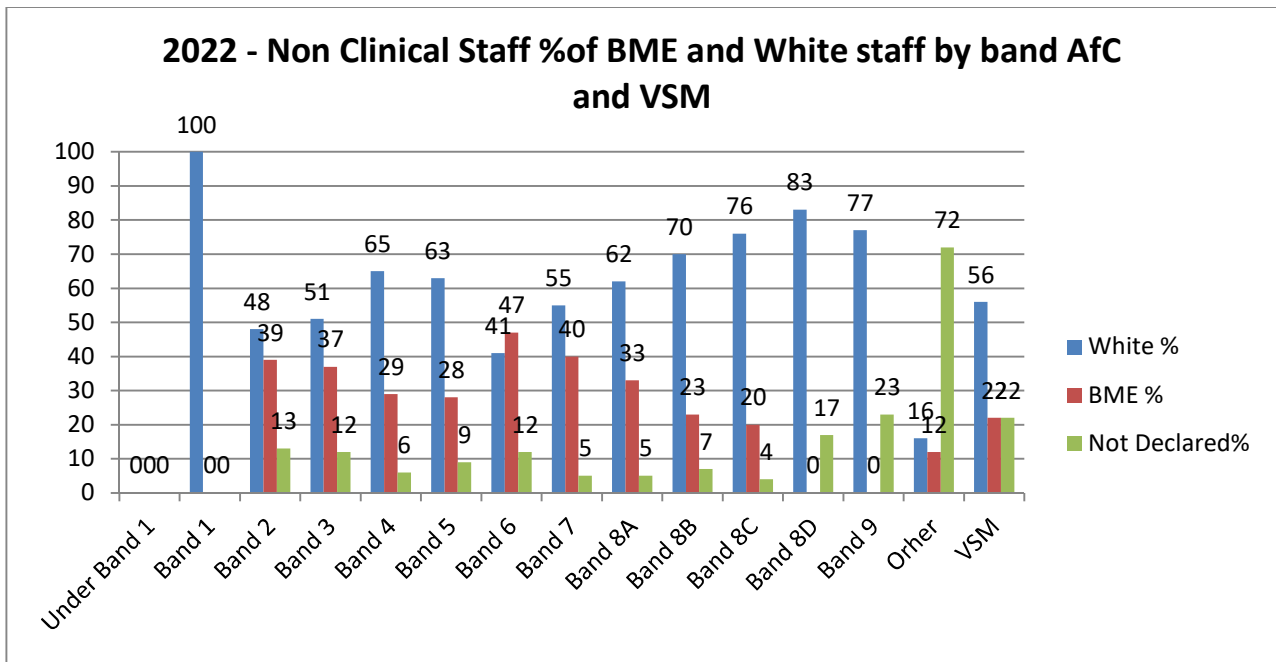
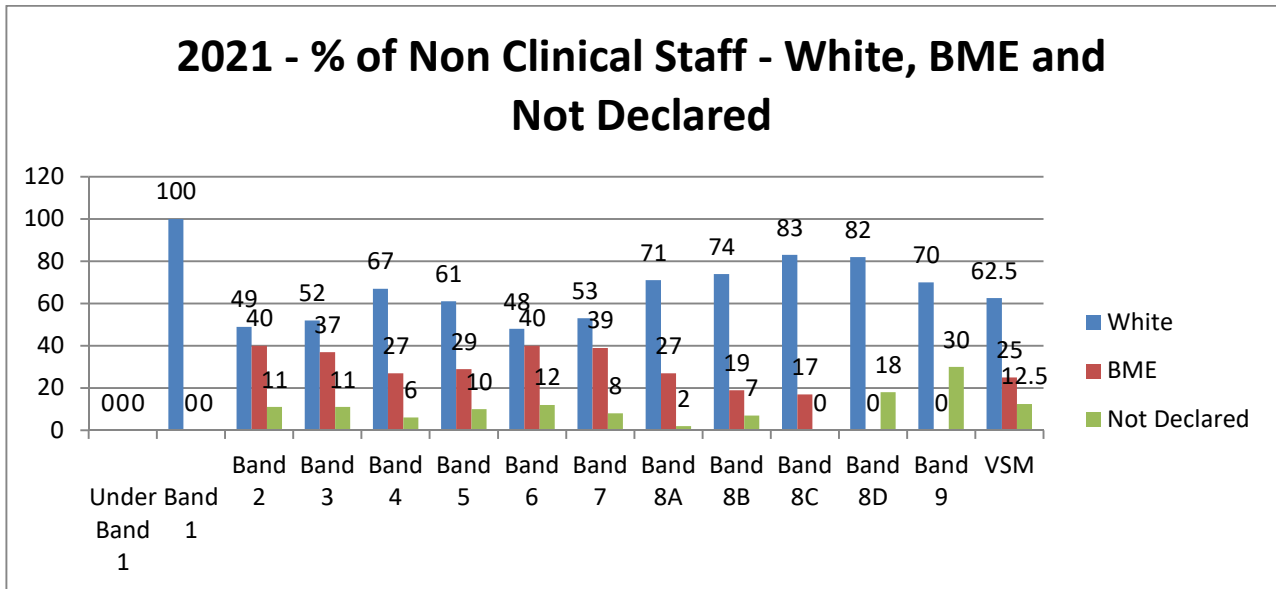


2022 - Total staff ethnicity - % of White BME and unknown by Band AfC, VSM and Medical and Dental



1.3 Our Non-clinical workforce.

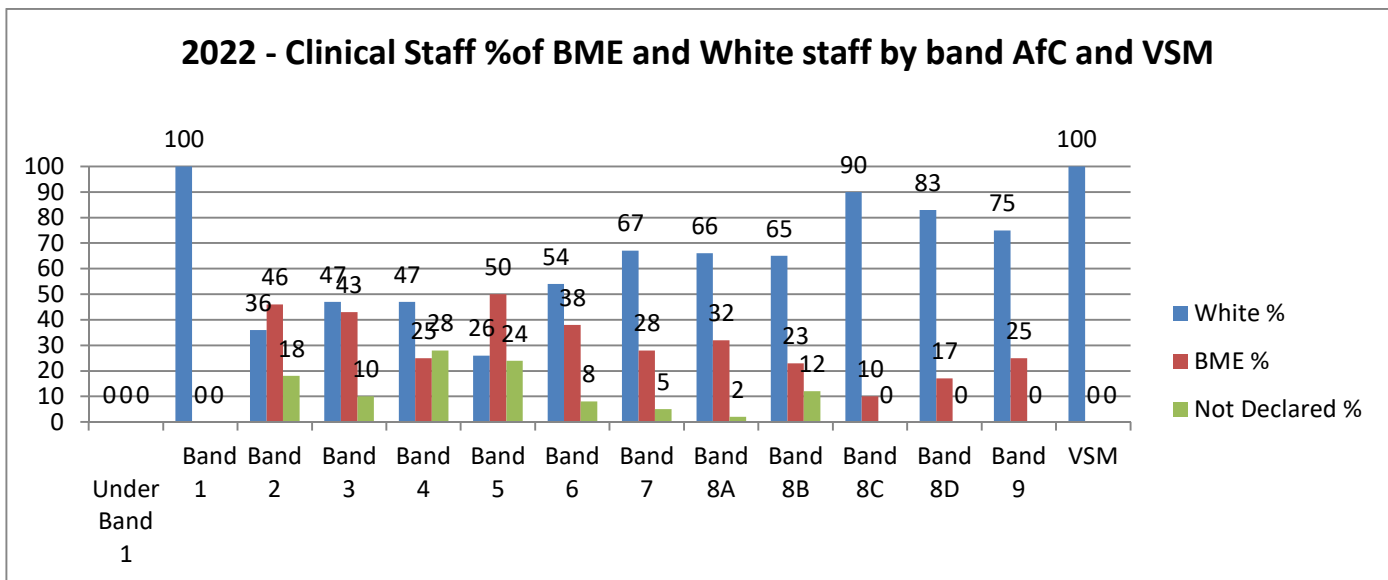
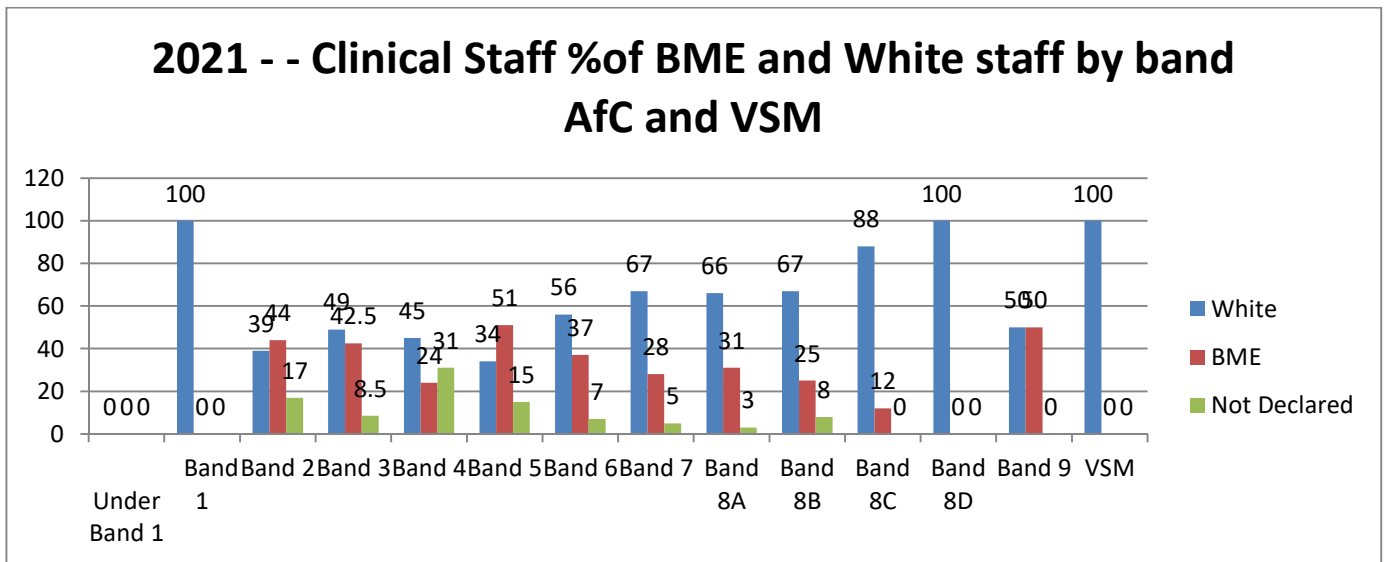
The graph below shows the above data into Clinical and Non-clinical employees. For Non-clinical employees the data shows that in 2022 there is an increase in BME staff at band 6, 8A, 8B, 8C and 8D levels. This may be evidence that the Stepping Up programme that has previously been run in the Trust which is to encourage BME staff from bands 4 and 5 to apply for band 6 and 7 positions may be having a positive impact.



The tables above show that there has been an increase in BME colleagues at Bands 6, 8A through 8D VSM level with an increase in the amount of VSM staff not declaring their ethnicity. During National Inclusion week we will be issuing bespoke pamphlets with a rationale as to why we need this data and what we use it for to try and encourage more disclosure.

1.4 Our Clinical Workforce

The Graphs below demonstrates the distribution of BME and White staff in Clinical roles for both 2021 and 2022. This data demonstrates that there is a higher percentage of staff in Band 5 clinical roles that identify as BME; this would indicate that there is a requirement to continue to develop our BME colleagues to become the managers and executives of the future. We can now see that we have BME staff in band 8D which is an improvement on 2021 figures. However the band 9 figures show a decrease from 2021.

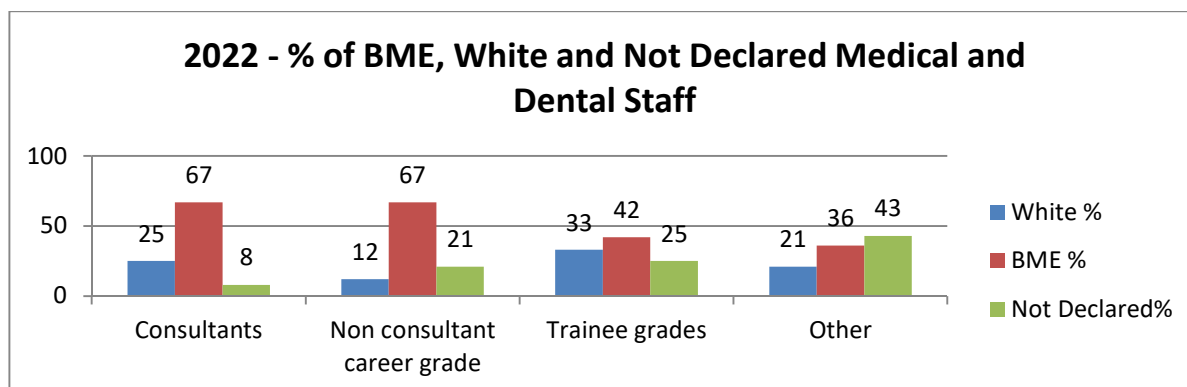
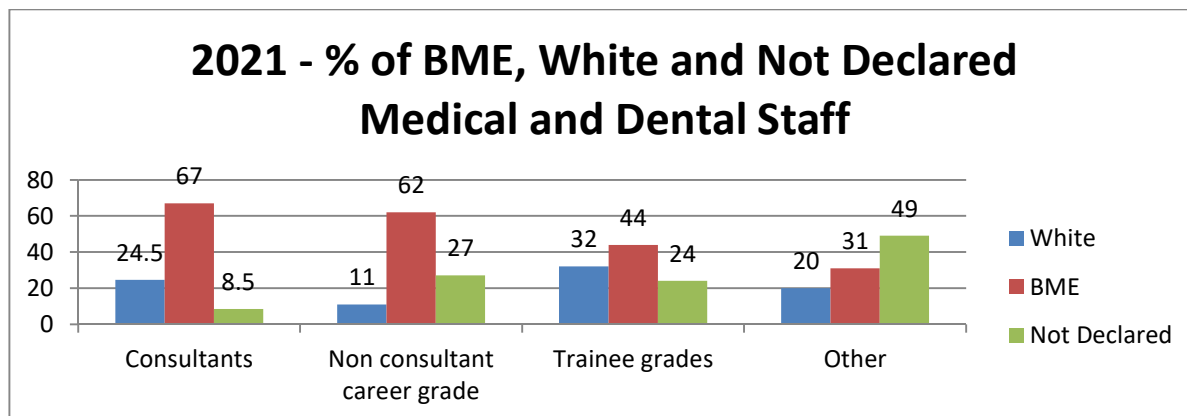


The tables above show that there has been an increase in the number of BME clinical staff at Band 8D (which may be evidence that the Stepping Up programme that has previously been run in the Trust which is to encourage BME staff from bands 4 and 5 to apply for band 6 and 7 positions may be having a positive impact), However there is a decrease at Band 9. The data also shows that there has been an increase in staff at band 5 who have not declared their ethnicity. During National Inclusion week we will be issuing bespoke pamphlets with a rationale as to why we need this data and what we

use it for to try and encourage more disclosure. These will also be issued via the BME Staff Network.

1.5 Our medical and Dental Workforce

The Graphs below demonstrates the distribution of BME and White staff in Medical and Dental roles for both 2021 and 2022.



The tables above shows the number of BME Non consultant career grade have increased whilst the number of white Non consultant career grade have remained static.

2.0 Recruitment of BME Employees

This section describes the relative likelihood of staff being appointment from shortlisting across all posts.

The table below demonstrates the number of candidates shortlisted by BME or White in both 2020, 2021 and 2022

| | 2020 | 2021 | 2022 |
|--------------|------|------|------|
| White | 740 | 2533 | 1909 |
| BME | 872 | 3110 | 3832 |
| Not Declared | 52 | 480 | 344 |

The table below demonstrates the number of candidates appointed by BME or White in both 2020, 2021 and 2022

| | 2020 | 2021 | 2022 |
|--------------|------|------|------|
| White | 24 | 227 | 522 |
| BME | 28 | 221 | 613 |
| Not Declared | 0 | 41 | 188 |

Therefore in 2021 white candidates were 1.26 times more likely to be appointed and in 2022 white candidates are 1.69 times more likely to be appointed, than BME candidates this is an increase of 0.43 times, (this may be evidence that the Trust's initiatives on having a BME member of staff in interview panels and including in all job adverts that the Trust welcomes applications from under-represented groups may not be having the desired effect due to the disparity on the number of BME candidates who were shortlisted and appointed compared to the white candidates). The number of candidates who have not declared their ethnicity on appointment has greatly increased. Recruitment team to encourage all candidates to declare their ethnicity.

3.0 Formal Disciplinary Process

The data below describes staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation for both White and BME employees for 2021 and 2022

| | 2021 | % of Total | 2022 | % of total |
|--------------|------|------------|------|------------|
| White | 20 | 27.7% | 7 | 16.3% |
| BME | 31 | 43.1% | 16 | 37.2% |
| Not Declared | 21 | 29.2% | 23 | 53.5% |

The data demonstrates a 5.9% decrease in formal disciplinaries for BME employees and 11.4% decrease of disciplinaries for White employees. These statistics should be viewed with caution as you will see that there has been a 24.3% increase in the Not Declared category which will have impacted on the declared categories.

4.0 Training & CPD

The table below demonstrates the % of staff for both White and BME who accessed non-mandatory training in 2021 and 2022.

| 2021 | White | BME | Not Declared |
|-------------------|-------|------|--------------|
| Total staff | 3553 | 2985 | 862 |
| Accessed training | 476 | 246 | 53 |
| % of total | 13.4% | 8.2% | 6.1% |

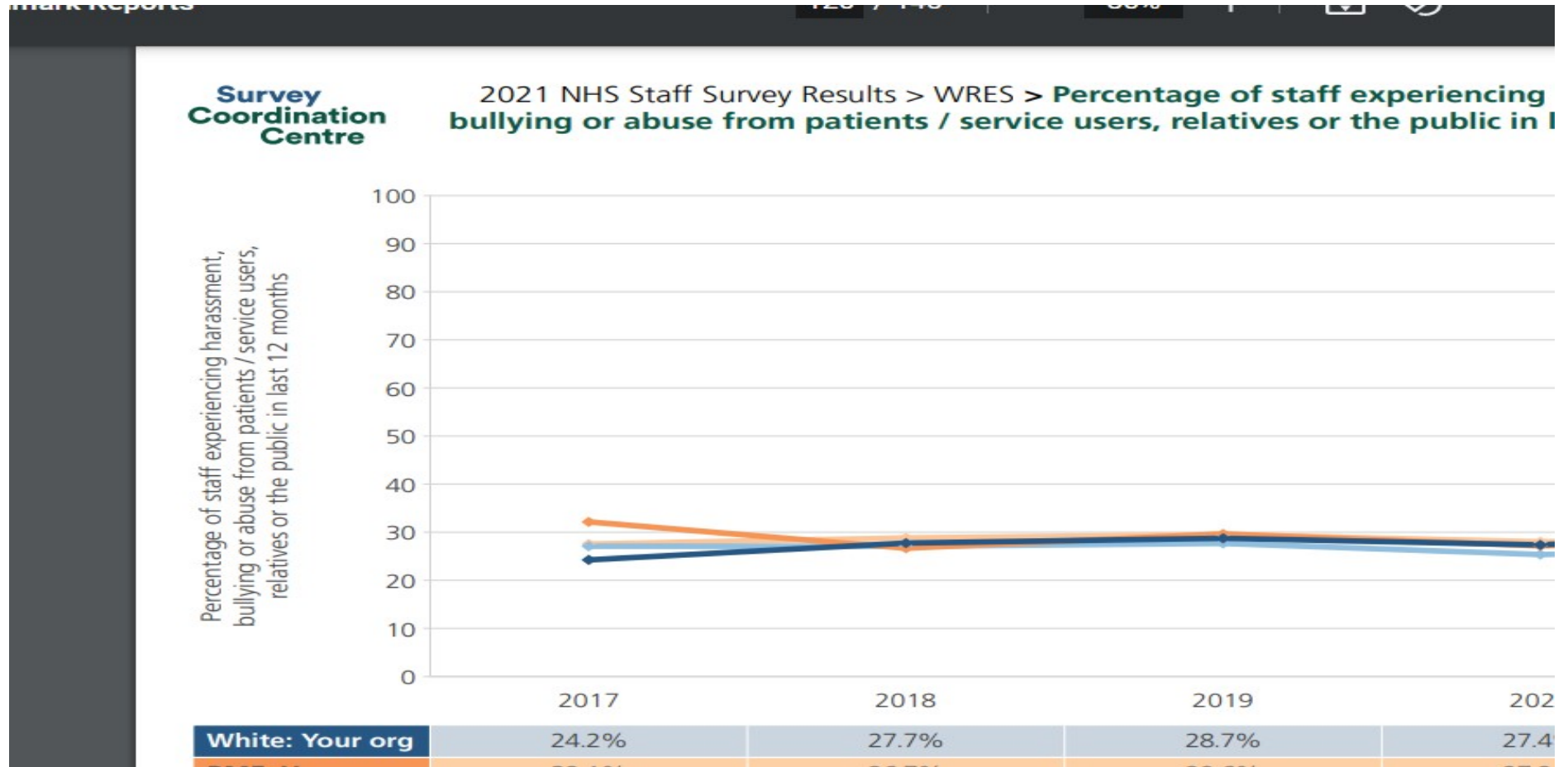
| 2022 | White | BME | Not Declared |
|-------------------|-------|-------|--------------|
| Total staff | 3409 | 3072 | 1108 |
| Accessed training | 574 | 355 | 75 |
| % of total | 16.8% | 11.5% | 6.8% |

The data for 2021 showed that 5.2% more employees of white origin received non-mandatory training than BME. Whilst the data for 2022 shows that this increased slightly to 5.3% more employees of white origin accessing non-mandatory training than BME employees.

In 2021 the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff was 1.63. Whilst in 2022 the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 1.42, which is a reduction of 0.21. The data excludes localised development (e.g. shadowing, internal courses, on-the-job training, CPD and non-mandatory training for doctors). Reporting of these types of activities is difficult to collate and therefore was not included in the data submission. Many of the leadership courses across the Trust have been halted since the Covid 19 Pandemic and fewer cohorts have accessed training.

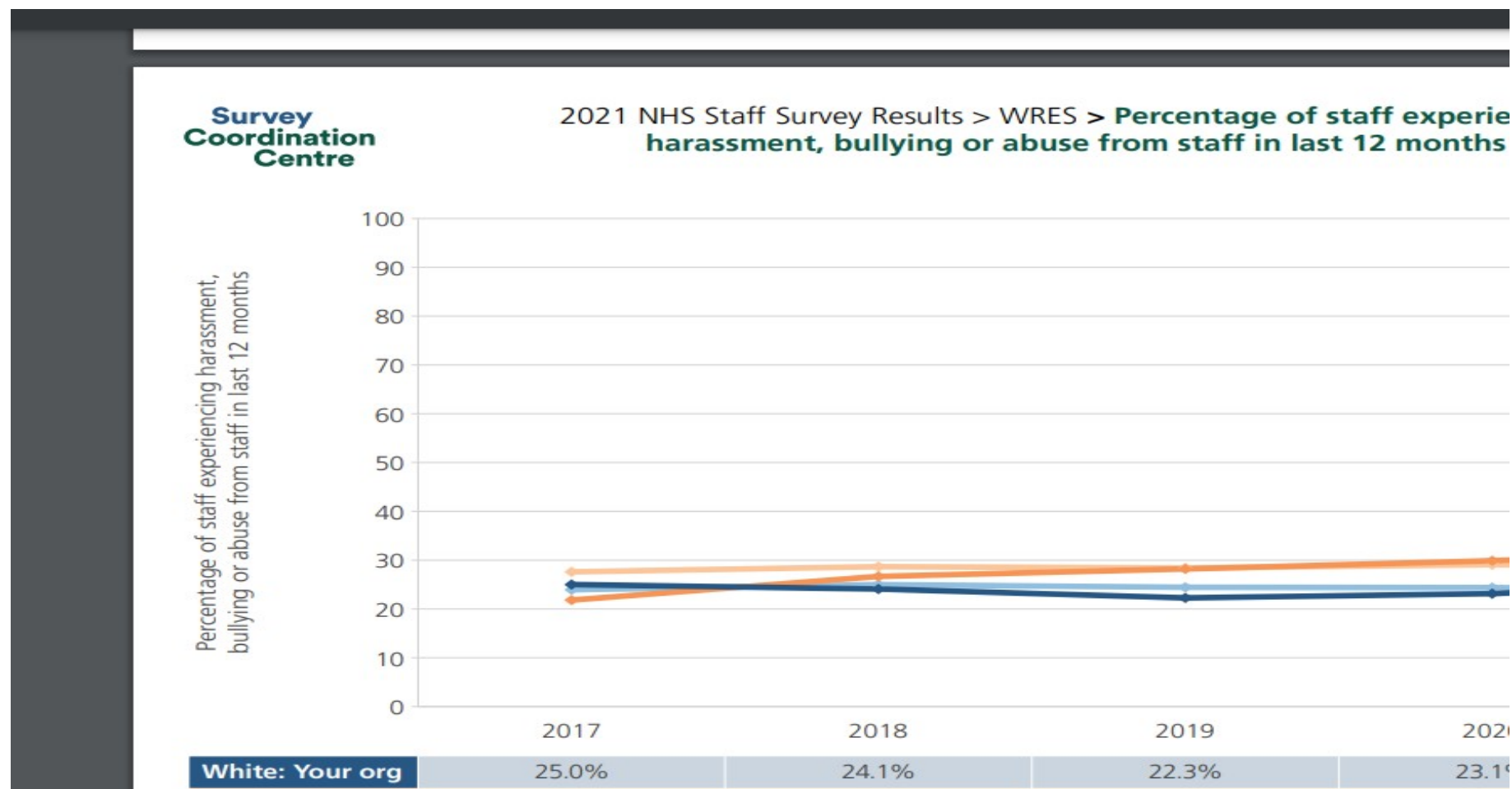
5.0 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

The percentage of white staff who have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months has increased from 27.4% in 2020 to 30.7% in 2021 (3.3% increase). The figure for the BME staff has increased from 27.2% in 2020 to 29.2% in 2021 (2% increase)



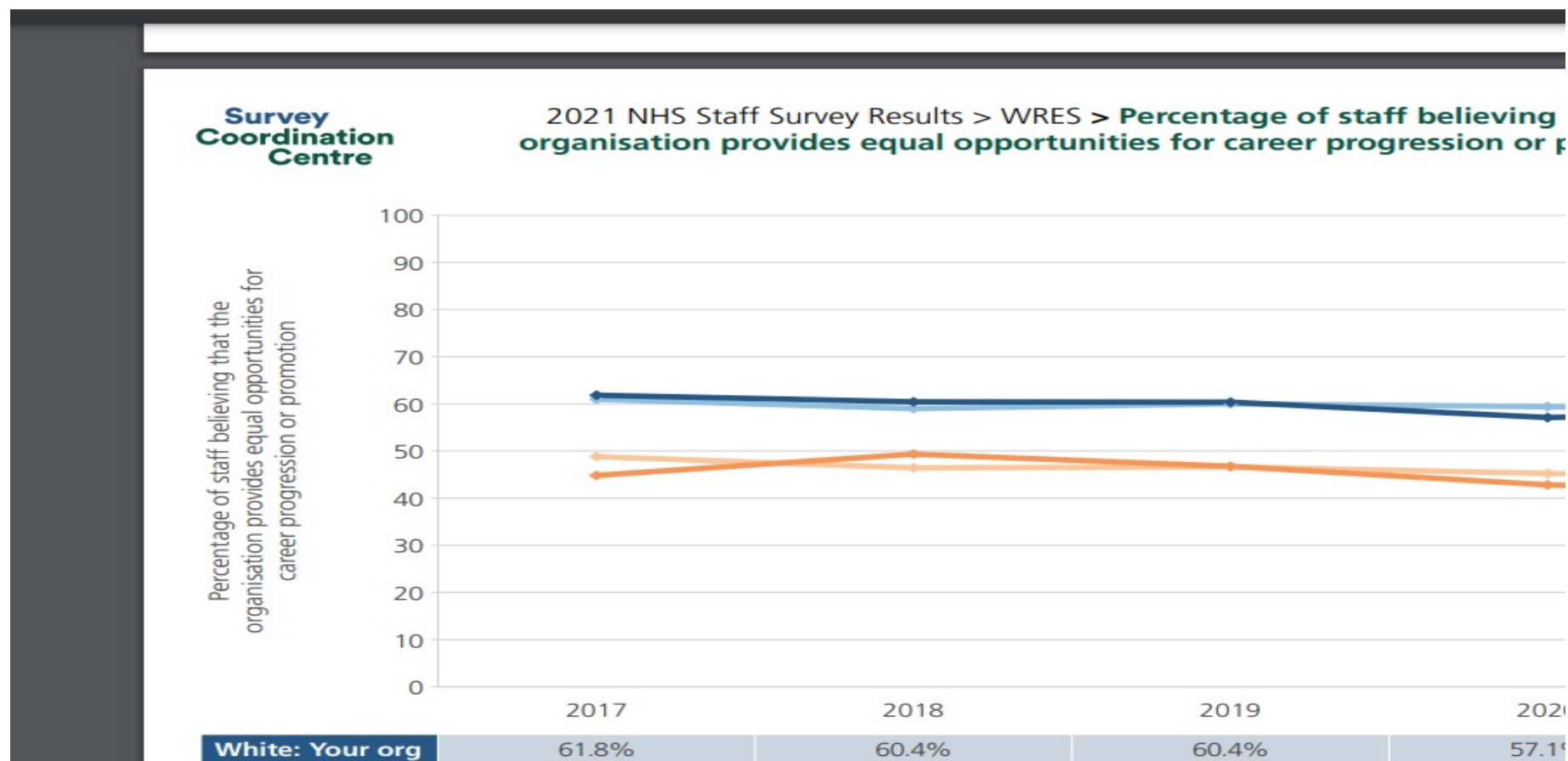
6.0 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

The percentage of white staff experiencing harassment, bullying or abuse from staff in the last 12 months has increased from 23.1% in 2020 to 26% in 2021 (2.9% increase). The figure for the BME staff has increased from 29.1% in 2020 to 32.2% in 2021 (3.1% increase)



7.0 Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion

The percentage of white staff who believes their organisation provides equal opportunities for career progression or promotion has increased from 57.1% in 2020 to 58.6% in 2021 (1.5% increase). The figure for the BME staff has decreased from 42.8% in 2020 to 41.3% in 2021 (1.5% decrease).



8.0 In the last 12 months have you personally experienced discrimination at work from any of the following? – Manager/ team leader or other colleagues.

The percentages of white staff that have personally experienced discrimination from any of the following? – Manager/ team leader or other colleagues has increased from 6.3% in 2020 to 7.9% in 2021 (1.6% increase). The figure for the BME staff has increased from 15.8% in 2020 to 19.5% in 2021 (3.7% increase).



9.0 Board representation

The below tables indicate the Board Voting and Board Executive Membership by White and BME origins.

| Voting | 2020 | 2021 | 2022 |
|--------------|------|------|------|
| White | 67% | 73% | 61% |
| BME | 17% | 18% | 8% |
| Not Declared | 16% | 9% | 31% |

| Executive | 2020 | 2021 | 2022 |
|--------------|------|------|------|
| White | 70% | 73% | 58% |
| BME | 10% | 18% | 17% |
| Not Declared | 20% | 9% | 25% |

The overall data shows a decrease in both voting White and BME ethnicity for Board Members with a substantial increase in the not declared category.

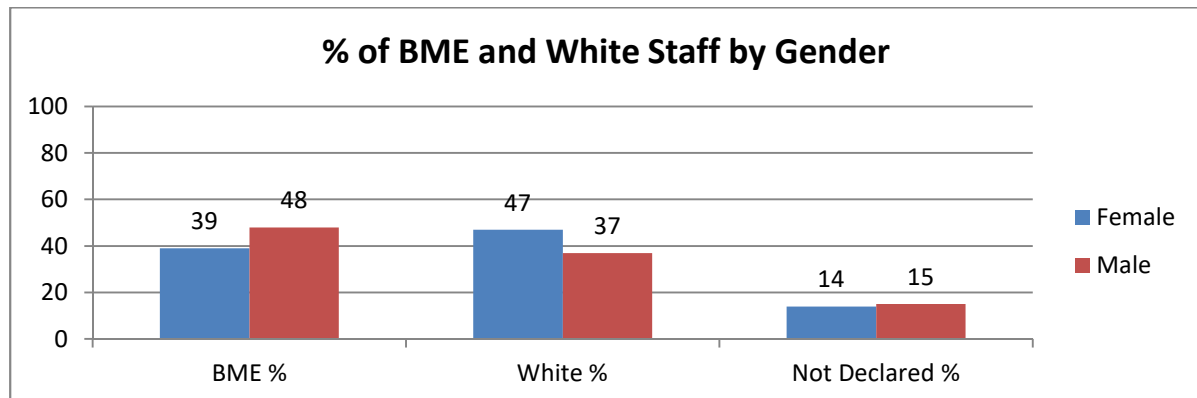
The percentage difference between the organisations' Total Board members and its overall workforce in 2021 was White 13.2%, BME -18.2% and Not Declared 5%.

The percentage difference between the organisations' Total Board members and its overall workforce in 2022 is White is 3%, BME is -26% and Not Declared is 23%

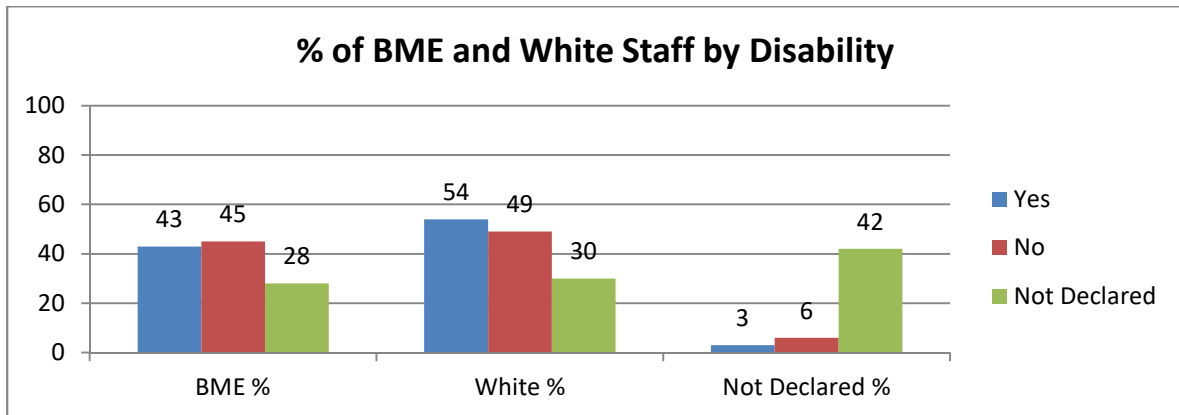
This equates to a decrease of white board members by 10.2%, a decrease in BME Board members by -7.8% and in increase in Board members who have not declared their ethnicity by 18%.

10.0 Percentages of BME and White staff by other Protected Characteristics.

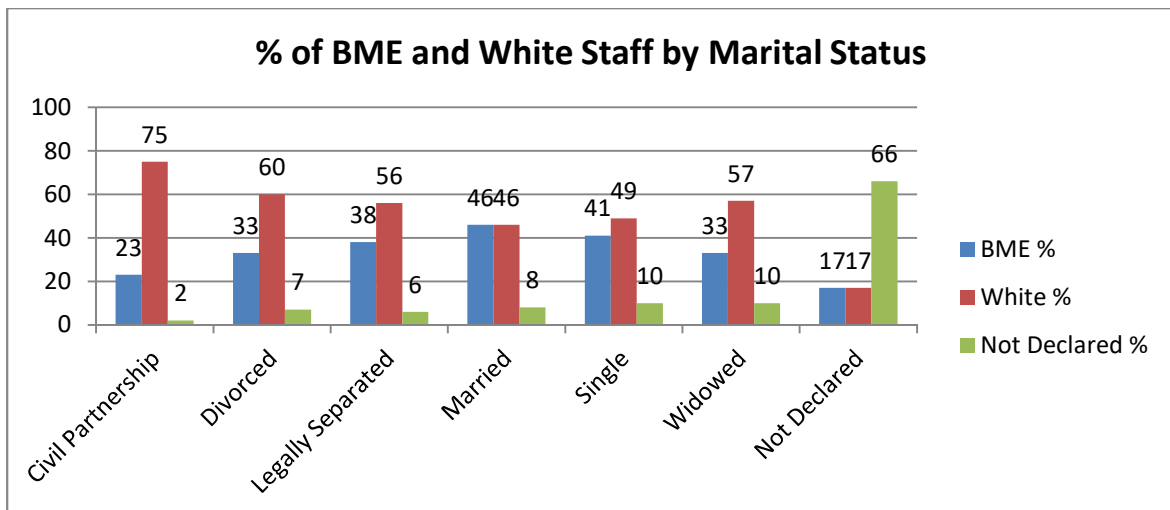
The graph below shows the percentages of BME and White staff by Gender in 2022.



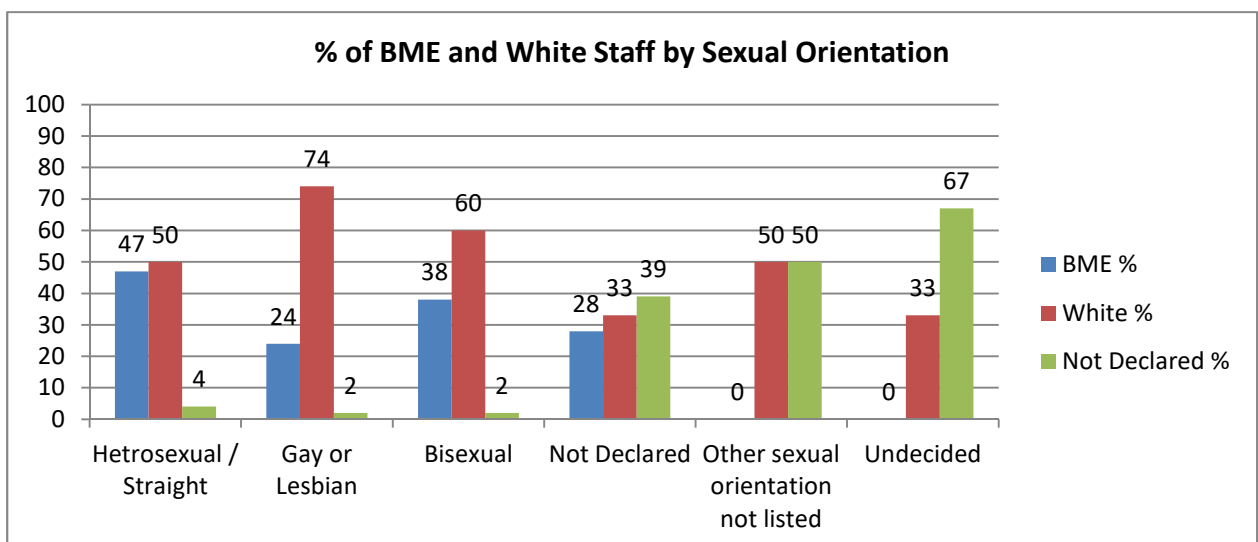
The graph below shows the percentages of BME and White staff by Disability in 2022.



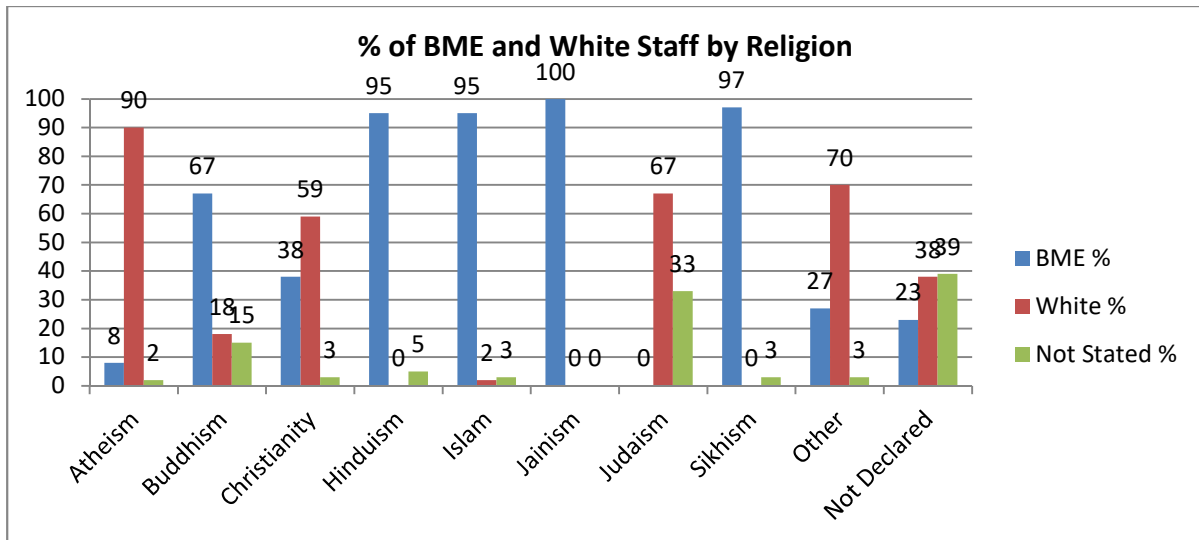
The graph below shows the percentages of BME and White staff by Marital Status in 2022.



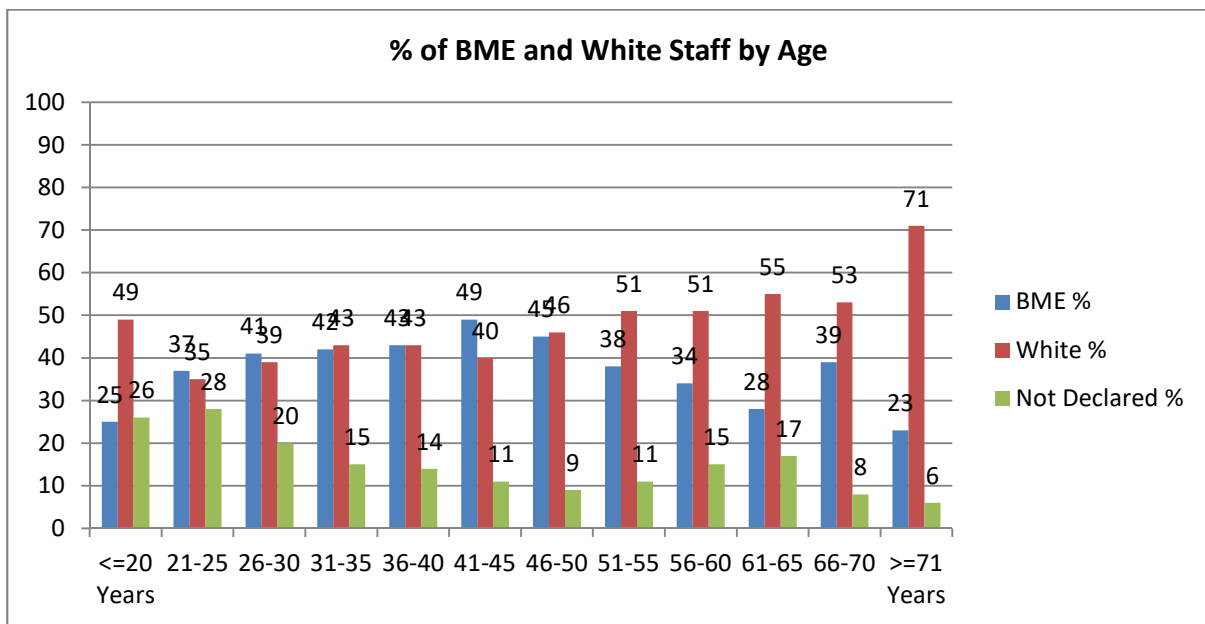
The graph below shows the percentages of BME and White staff by Sexual Orientation in 2022.



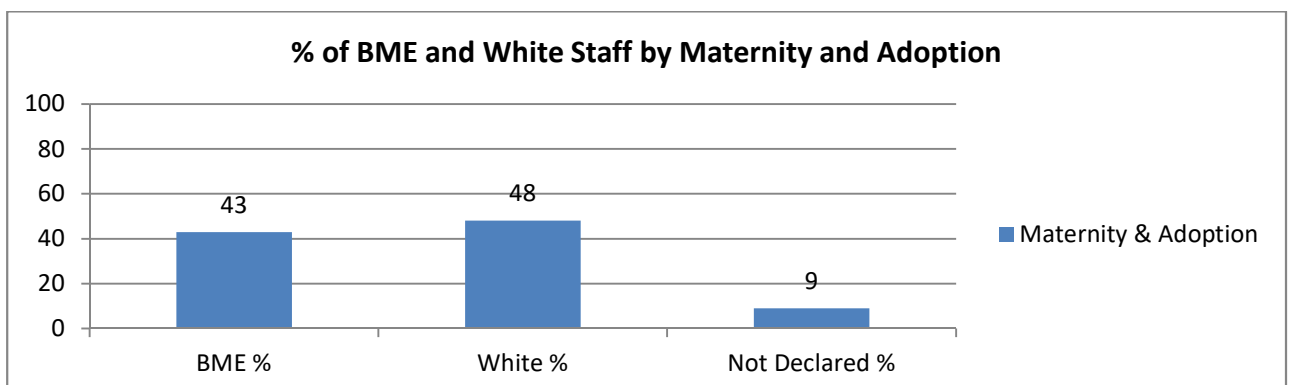
The graph below shows the percentages of BME and White staff by Religion in 2022.



The graph below shows the percentages of BME and White staff by Age in 2022.



The graph below shows the percentages of BME and White staff by Maternity and Adoption in 2022.



11.0 What we done so far:

Staff Networks

The People who work for the NHS are its greatest asset and when they feel supported and happy in work this positivity reaches those very people we are here for – the patients.

In our Trust we are committed to creating a more diverse and inclusive organisation, ensuring that we harness the talents of all our staff fully.

One of the ways we try to support this is through the development of specific staff networks that contribute to addressing and solving problems for all under-represented and disadvantaged groups and individuals within our organisation.

We have the following staff networks:

- Black and Minority Ethnic (BME) Staff network
- Lesbian, Gay, Bisexual and Trans+ (LGBT+) Staff network
- Disability and Long Term Conditions Staff network
- Muslim Liaison Group which includes both staff and service users.

During the last 12 months we have also launched a Women's Staff Network and a Clinical Women's Staff Network. We are also in the process of launching a Men's Staff Network.

We believe our staff networks offer a place for staff to come together, share experiences and facilitate learning and development. Networks assist in the shaping and delivery of organisational strategy and policy, working with us to improve staff experience on specific issues relating to each network.

Our staff networks will support a fairer and more diverse NHS for everyone. They will:

- Tackle issues for underrepresented and disadvantaged groups and individuals
- Offer a place to come together, share experiences and facilitate learning and development
- Help shape and deliver our organisational strategy and policy
- Improve the staff experience on specific issues relating to each network.

Cultural Ambassadors

We have introduced Cultural ambassadors into the organisation who are trained to identify and challenge discrimination and cultural bias. They use these skills in their

role as a neutral observer within disciplinary processes, formal investigations and grievance hearings involving ethnic minority staff.

With evidence showing that ethnic minority nursing staff in the NHS are over-represented in such processes, and as a result more likely to face sanctions, the role is supporting the organisations to make crucial changes and tackle racial discrimination.

In June 2021 we trained our first cohort of 14 cultural Ambassadors. The primary aim of the Cultural Ambassador is to address the disproportionate impact of BAME staff entering informal and formal

Processes: The programme is aimed directly at WRES, data to:

- Reduce the number of BME staff disproportionately affected by the employment relations process
- Improve the experience of BME staff whilst in the informal or informal processes
- Improve the experience of BME applicants in the recruitment and selection process.

BME Staff Network

- We have a BME Staff Network and membership is open to staff from BME heritage, and those with a positive interest in driving forward race equality within NHS England as an individual employer. The Black and Minority Ethnic (BME) Staff Network is staff group aimed at supporting and improving the working lives of our BME staff and empowering them to succeed within our organisation.

Muslim Liaison Group(MLG)

- We have a Muslim Liaison Group (MLG). This consists of Muslim members of staff and service users who meet quarterly, and who also assist in organising Eid celebrations, Islam Awareness Week as well as the on-going running and development of the Prayer Room

Raising Awareness

- In partnership with the Black Country & West Birmingham ICS, we have delivered a number of Education & Awareness Events in 2021 (March, April and May)
- Gaslighting and Microaggressions sessions
- How to be an effective ally workshops
- 5 Race and Space podcasts – White Privilege/Who are BAME?/The White Experience & White Allies/Microaggressions/Next Steps.
- In September 2021 we held an National Inclusion Week event.
- In May 2022 we held a National Staff Network Day event.

‘Just Culture’

- We adopted a ‘Just Culture’ in October 2021. This refers to a system of shared accountability in which organisations are accountable for the systems they have designed and for responding to the behaviours of their employees in a fair and just manner. Employees are accountable for the quality of their choices and for reporting errors and system vulnerabilities. We are committed to implementing a ‘Just Culture’ where patient safety is improved and our staffs feel more secure in decisions they make. We know that creating a safe and transparent environment encourages reporting of mistakes and hazards and ultimately improves the care we provide to our patients.

12.0 Trust Action Plan 2022/23 - The Trust action plan 2022/2023 as per discussion with the EDI lead this work will be featured in our Trust EDI action plan, with leads and timelines included.

