



# Workforce Race Equality Standard (WRES) 2021 Report

## 1. Introduction

The NHS was established on the principles of social justice and equity, but evidence tells us that the treatment of our employees from Black, Asian and Minority Ethnic (BAME) groups can fall short. Covid 19 has intensified social and health inequalities, with the pandemic having had a disproportionate impact on our BAME colleagues. The NHS is the largest employer of BAME people in the country yet the Workforce Race Equality Standard (WRES) programme, by collecting data on race inequality for five years, is holding up a mirror to the service and revealing the disparities that continue to exist for Black, Asian and minority ethnic staff compared to their white colleagues.

The national evidence from each WRES report over the years has shown that our BAME staff members are less well represented at senior levels, have measurably worse day to day experiences of life in NHS organisations, and have more obstacles to progressing in their careers.

It is in recognition of these realities that the People Plan 2020/21 has 'Belonging' as one of its four pillars. The NHS People Plan calls for a time of national awakening, that each of us must listen and learn from our colleagues and from society and take considered, personal and sustained action to improve the working lives of our NHS people and the diverse communities we serve.

The WRES has been designed to deliver tangible and lasting improvements in race inclusion. NHS providers are expected to show progress against a number of indicators of workforce equality. The WRES is intended to provide a platform and direction to encourage and help NHS organisations to:

- Reduce the differences in the treatment and experience between BAME and white staff in the NHS
- Compare not only their progress in reducing the gaps in treatment and experience but to make comparisons with similar organisations about the overall level of such progress over time
- Identify and take necessary remedial action on the causes of ethnic disparities in the metric outcomes

The WRES is mandated annually as part of the NHS Standard Contract. NHS Organisations are required to publish their data and action plan on their public facing website. The key national findings from the 2020 WRES analysis found:

**+2.9%**

21% (273,359) of staff working in NHS Trusts and CCGs in England were from a BAME background. This is an increase from 18.1% in 2017

**X1.16**

BAME staff were 1.16 times more likely to enter the formal disciplinary process compared to white staff. This is an improvement on 2019 (1.22)

**X1.61**

White applicants were 1.61 times more likely to be appointed from shortlisting than BAME applicants. There's been year on year fluctuation but no overall improvement in the past 5 years

**+41.7%**

The total number of BAME staff at Very Senior Manager (VSM) pay band has increased from 108 in 2017 to 153 in 2020

**30.3%**

30.3% of BAME staff and 27.9% of white staff reported experiencing harassment, bullying or abuse from patients, relatives or the public.

**+ 1.6%**

10.0% of board members in NHS trusts were from a BAME background. An improvement from 8.4% in 2019

## No Change

The national WRES indicators relating to perceptions of bullying, harassment and abuse and on beliefs regarding equal opportunities in the workplace have not improved over time for both BAME and white staff

Key publications released in 2021 that have influenced the race inclusion agenda include the NHS/E [Midlands Workforce, Race, Equality and Inclusion Strategy](#) and the Medical Workforce Race Equality Standard (MWRES).

The Midlands Workforce, Race Equality and Inclusion Strategy identifies the following key priorities:

The NHS People Plan	Regional Strategic Priorities
Looking after our people	1. Removing barriers to inclusive and compassionate health and wellbeing support
Belonging in the NHS	1. Leading with compassion and inclusion 2. Removing barriers to help staff speak up 3. Tackling racism and other types of discrimination (including bullying and harassment) 4. Eliminating bias and racism in disciplinarys 5. Reward and celebration when good practice is identified
New ways of delivering care	1. A collaborative approach across systems 2. Building accountability
Growing for the future	1. Eliminating racism and bias in recruitment and progression

The [Medical Workforce Race Equality Standard \(MWRES\)](#) 2020 report is the first publication with a specific focus on doctors and dental staff measured against eleven indicators. The report has the following key roles:

- To enable organisations to understand the challenges that exist in the medical workforce, with the aim of encouraging improvement by learning and sharing good practice
- To provide a national picture of WRES in practice, to colleagues, NHS organisations, royal colleges and the public on the developments in the workforce race equality agenda

This report is the first publication of the MWRES data, and will provide baseline evidence to quantify discrimination in the NHS trust-based medical workforce at the national level, and hence identify the targets for organisations to pursue with corrective action.

The report has found that, nationally, the shortlisting and interview process discriminates against BAME applicants for consultant appointments. BAME doctors reported a worse experience than their white colleagues when it comes to harassment, bullying, abuse and discrimination from staff. BAME doctors have a worse experience when it comes to examinations (medical school and post-graduation examinations) and regulation (revalidation, referrals/complaints to GMC, Annual Review of Competence Progression). This discrimination begins early in the career, with BAME students less likely to attain a place in medical school than white students.

For this launch report, the data is only available at the national level. In future years, it is intended to present the data at trust, royal college or specialty level as appropriate, and the analyses of trends can begin as soon as methodology for data analysis are finalised, and the data completeness and accuracy permit valid comparisons.

The report has been released at a particularly pertinent time when the experiences of medical and dental colleagues at UHNM has highlighted concerns about bullying and harassment and discrimination.

Appendix 2 provides a data summary of experiences of UHNM medical and dental staff from currently available sources. It is anticipated that the outputs from the BRAP Independent Review will help shape our future work with this group of staff and the wider organisation and that future MWRES reports, will, like the WRES, enable meaningful analysis and benchmarking to monitor progress against key metrics and indicators.

## 2. WRES Metrics and UHNM Performance

A detailed analysis of the UHNM WRES Metrics is attached as Appendix 1 and includes comparison of our performance against benchmarking data where this is available from either the 2020 NHS Staff Survey, or the 2020 National WRES data analysis report. A summary of our 2021 WRES Metrics is outlined below.

Note: data for Metrics 2, 3 and 4 is auto calculated using the WRES pre populated excel spread sheet to produce a relative likelihood score. A relative likelihood of 1.00 indicates that there is no difference between BAME and white staff. For example, for Metric 2, a result above 1.00 indicates that white staff have an increased likelihood of being appointed from shortlisting compared to BAME staff and for Metric 3 a result above 1.00 would indicate that BAME staff are more likely to enter the formal disciplinary process than white staff.

**Note on Terminology:** The term Black, Asian and Minority Ethnic (BAME) will be used throughout this report as this is currently the preferred term. Race terminology has been a subject of debate at national level during 2021 and the NHS Race Observatory has recently conducted a survey around preferences on this topic. As an organisation we await further guidance on recommended terminology going forward.

WRES Metric		2016	2017	2018	2019	2020	2021	Progress														
1	Percentage of BAME 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	13.7%	14.6%	15.9%	16.9%	17.6%	18.6%	<p><b>BAME Representation %</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2016</td><td>13.7%</td></tr> <tr><td>2017</td><td>14.6%</td></tr> <tr><td>2018</td><td>15.9%</td></tr> <tr><td>2019</td><td>16.9%</td></tr> <tr><td>2020</td><td>17.6%</td></tr> <tr><td>2021</td><td>18.6%</td></tr> </tbody> </table>	Year	Percentage	2016	13.7%	2017	14.6%	2018	15.9%	2019	16.9%	2020	17.6%	2021	18.6%
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2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants	1.08	0.95	1.0	1.20	1.41	1.38	<p><b>Shortlisting to Appointment Likelihood</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Likelihood</th> </tr> </thead> <tbody> <tr><td>2016</td><td>1.08</td></tr> <tr><td>2017</td><td>0.95</td></tr> <tr><td>2018</td><td>1.0</td></tr> <tr><td>2019</td><td>1.20</td></tr> <tr><td>2020</td><td>1.41</td></tr> <tr><td>2021</td><td>1.38</td></tr> </tbody> </table>	Year	Likelihood	2016	1.08	2017	0.95	2018	1.0	2019	1.20	2020	1.41	2021	1.38
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3	Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	0.69	0.17	0.70	0.80	0.64	0.49	<p><b>Likelihood of Entry into Disciplinary Process</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Likelihood</th> </tr> </thead> <tbody> <tr><td>2016</td><td>0.69</td></tr> <tr><td>2017</td><td>0.17</td></tr> <tr><td>2018</td><td>0.70</td></tr> <tr><td>2019</td><td>0.80</td></tr> <tr><td>2020</td><td>0.64</td></tr> <tr><td>2021</td><td>0.49</td></tr> </tbody> </table>	Year	Likelihood	2016	0.69	2017	0.17	2018	0.70	2019	0.80	2020	0.64	2021	0.49
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4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff		-	1.05	1.02	1.0	0.99	1.05	
5	Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BAME	35.5%	26.5%	26.7%	26.9%	29.2%	26.3%	
		White	24%	25%	25%	24.7%	27.3%	23.7%	
6	Percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months	BAME	30%	30.6%	30.2%	30.5%	30.0%	30.0%	
		White	28%	28%	26.7%	28.5%	28.3%	27.0%	
7	Percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion	BAME	80%	78%	77.5%	72.2%	76.0%	78.2%	
		White	88%	85%	82.2%	82.2%	86.0%	87.8%	
8	Percentage of BAME staff experiencing discrimination at work from a manager, team leader or other colleagues in the last 12 months	BAME	6.5%	15.1%	13.6%	15.8%	14.0%	15.2%	
		White	7%	8%	7.1%	7.5%	6.1%	6.4%	
9	Percentage difference between the organisations' board voting membership and its overall workforce		-13.7%	-14.6%	-15.9%	-16.9%	-17.6%	-18.6%	

### 3. Race Equality Actions Undertaken in 2020/21

Our key areas of focus for 2020/21 identified in last year's WRES Report were to:

- Take a strategic focus on respect and dignity
- Review our recruitment and promotion practices to make sure that our staffing reflects the diversity of the community
- Progression of our Model Employer goals to ensure that our workforce leadership is representative of the overall BAME workforce
- Launch the UHNM Reverse Mentorship Programme
- Introduce Cultural Intelligence Training

During 2020/21, we have undertaken the following actions to deliver against these priorities:

### **Take a strategic focus on respect and dignity**

- Launch of the UHNM Speaking Up Charter to promote the Trusts commitment to a healthy speaking up culture
- Focus on support for vulnerable groups with safe routes to raise issues in the first Staffordshire and Stoke on Trent System Wide BAME Staff Network
- Held a focus session with our Ethnic Diversity Staff Network on racial discrimination that has informed the development of the Trust Violence Prevention and Reduction Strategy
- UHNM's Freedom to Speak Up Guardians have joined the Keele University Professionalism Committee and Raising Concerns Group to understand, support and address BAME doctor in training concerns at work whilst placed at UHNM
- Raised the profile of race equality and workplace inclusivity through our annual calendar of diversity and inclusion campaigns and engagement activities such as Black History Month, South Asian Heritage Month and Show Racism the Red Card
- Promoted the important role of BAME Allies through our UHNM animation ['how to be an effective ally'](#)
- Created a WRES infographic to raise awareness of race inequalities across the organisation
- System leaders cultural intelligence race training introduced with 'Comfortable Being Uncomfortable with Race' immersive development for Very Senior Managers delivered in June and July 2021
- Race Equality Board Development Seminar held in September 2021
- Winter and Summer system wide Inclusion School sessions for all leaders to gain a greater understanding of key concepts of inclusion

### **Review our recruitment and promotion practices to make sure that our staffing reflects the diversity of the community**

- Reviewed and updated our Recruitment and Selection Policy, ratified in December 2020 to state that 'recruiting managers will be held accountable for ensuring diverse shortlisting and interview panels. UHNM stipulate that it is a requirement that all Band 6 Agenda for Change posts and above have an ethnically diverse shortlist and interview panel. All of which need to be recorded against the vacancy on TRAC and will be audited'
- Revised and updated the equality & inclusion in recruitment e-learning package to reflect this change. The training is a pre requisite for all staff who are undertaking the Trust's Gateway to Management leadership development programme. This includes the practical application of the Trust Recruitment Policy, including awareness of fair recruitment practice and an understanding of unconscious bias

### **Progression of our Model Employer goals to ensure that our workforce leadership is representative of the overall BAME workforce**

- Continued our programme of work with local schools and colleges, and through a range of events, promotional material, social media and engagement with our local communities to promote the various roles and routes into employment as part of our Widening Participation Strategy
- Created an Equality, Diversity and Inclusion section on our Working Here page of the UHNM website, promoting our commitment to a fair and diverse workforce and the role of our staff networks in actively engaging and contributing to equality acceptance and inclusion within the Trust
- Monitoring of our BAME and other protected group representation on internal leadership development programmes ensuring that this is representative of the workforce and to ultimately support action to address the disparity of BAME staff in senior roles

- Actively sought diverse applications to the Staffordshire High Potential Scheme and put forward a nomination to the Midlands 'Developing Aspirant BAME Nurse and Midwifery Leaders Programme'
- The UHNM cohort of Staffordshire Stepping Up graduates continue to be supported through the Stepping Up Alumni programme including a session in November 2020 which celebrated the impact the programme has had with multiple graduates successfully achieving promotions and other development opportunities and focused on the what next?, this was followed by an Alumni Survey in July 2021 to inform future positive action interventions
- The February 2021 meeting of the Ethnic Diversity Network was a dedicated session on the leadership development opportunities available both internally and externally and how colleagues can access these. This was followed by a toolkit of information with details of the programmes
- Increased the pool and diversity of Coaches available to UHNM colleagues to access

### **Launch the UHNM Reverse Mentorship Programme**

- The first cohort of our Reverse Mentorship programme, launched in August 2020, with members of the UHNM Ethnic Diversity Staff Network matched with Board and senior leaders. A mid-point review session held in January 2021 with the Mentors and a short mid-point evaluation questionnaire was also sent to all participants. Our end of programme virtual Celebration Event was held in June 2020, with resounding positivity from both mentees and mentors of the experience they have had. All attendees stated that it was great to have had the opportunity to listen from and share stories with their partner in the process. There has been significantly more learning and development impact arising from the relationships beyond the original scope of the programme - for example mentors attending a Divisional Board to talk about reverse mentoring, an Executive Director attending as a panel member on Schwartz rounds, mentees shadowing a Trust Board Meeting etc. During the session participants were asked to vote on which themes they felt the Trust should prioritise over the next 6 months, with the following being the top responses:
  1. Culture - To work with our staff networks to identify ways to improve the inclusive culture we aspire for = 77%
  2. Careers - To enhance career progression opportunities for those from under-represented groups = 62%
  3. Diversity - To demonstrate our commitment to broader and deeper representation of those currently underrepresented = 54%

### **Introduce Cultural Intelligence Training**

- The UHNM 'Belonging in the NHS' Inclusivity Masterclass has been introduced to the Gold and Platinum Connects Leadership Programmes. The Masterclass was created internally to introduce cultural intelligence and diversity awareness into our compassionate leadership development following members of the HR/Organisational Development team and Ethnic Diversity Staff Network attending specialist Cultural Intelligence training in 2020. Feedback from the pilot delivery of the Belonging in the NHS Masterclass has been extremely positive.

## **4. Conclusions**

Our 2021 WRES data shows modest improvement and some deterioration. While there is year on year increases in the diversity of our workforce, their experiences, particularly regarding behaviours from other colleagues, managers and the public remain a key challenge for the organisation.

There are positive stories with progress against our Model Employer targets, and improvement in the race disparity ratio from its baseline position. BAME staff perceptions of equality in career progression opportunities have also improved year on year. BAME staff also continue to be less likely than white staff to enter the formal disciplinary process, in direct contrast with the national picture.

We are committed to ensuring that our BAME staff are involved in shaping our equality, diversity and inclusion work and have opportunities to influence our activities to improve race equality at UHNM. We do this by working collaboratively with our Ethnic Diversity Staff Network and through a range of workforce engagement activities, for example survey's and awareness events in addition to the National Staff Survey. We know that by working in partnership with our staff that we can develop workplace cultures where everyone feels they belong, and that enables all of our employees to thrive.

Our WRES Action Plan is based on the commitments of the NHS People Plan, Midlands Workforce Race, Equality and Inclusion Strategy and from listening to the voices of our staff. To maximise meaningful action we are working collaboratively as a system to drive systemic change particularly in the recruitment and progression of BAME colleagues.

This report is written in advance of the findings of the BRAP review into bullying and harassment that the organisation has commissioned. Once these findings and any recommendations are received these will be included in the action plan that accompanies this report.

It is also acknowledged that the NHSEI Workforce Race Equality Standard (WRES) team is developing a five-year race equality strategy, to establish a standard for advancing race equality, eliminating discrimination, and fostering good relations for staff and workers across organisations, operations and services. The strategy is due for publication in October 2021, and will also shape our actions in this important agenda.

Our UHNM equality and inclusion workforce priorities for 2021- 2024 are:

- Priority 1: To listen to, understand and learn from the experience of all staff
- Priority 2: To respect and value all colleagues and their contribution and have a strategic focus on dignity and respect
- Priority 3: To develop a culture of inclusive and compassionate leadership
- Priority 4: To ensure that people are recruited, trained and promoted according to their abilities and in the proportions one would expect for the populations represented

Progress against these priorities and our WRES Action Plan will be measured by improved scores in the 2022 WRES submission, 2021 Staff Survey results and the monitoring of other relevant metrics including regular engagement with our BAME workforce. Progress against this Action Plan will be monitored at the Trust Transformation and People Committee.

## UHNM WRES Action Plan 2021 – 2022

WRES Metric	Action / Recommendation	Timescale	Progress Rating
<p>Percentage of BAME 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"> <li>• Continue our Widening Participation strategy of targeting local ethnic minority communities and schools to promote NHS Careers.</li> <li>• Showcase the diversity of our workforce and celebrate BAME role models in our promotional and recruitment material, to demonstrate our commitment to being an inclusive employer</li> <li>• Continue with the tailored support given to the overseas nursing programme which includes input from the Ethnic Diversity Staff Network Chair and FTSU Guardians</li> <li>• Continue our focus of increasing BAME representation in senior leadership positions through positive action programmes including ICS sponsored Staffordshire Stepping Up Programme,</li> <li>• Introduction of a self nomination route to internal leadership development</li> <li>• Progress the system and UHNM actions in relation to the 6 High Impact actions identified to close the ethnicity gap in recruitment and promotion outcomes from the Midlands Race Equality and Inclusion Strategy:</li> </ul> <ol style="list-style-type: none"> <li>1. Ensuring Executive Senior Managers own the agenda</li> <li>2. Introduce a system of 'comply or explain' about recruitment process</li> <li>3. Organise talent panels</li> <li>4. Enhance equality, diversity and inclusion support</li> <li>5. Overhaul interview processes</li> <li>6. Adopt resources, guides and tools for productive conversations about race</li> </ol>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Q4</p> <p>Q4</p>	
<p>Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants</p>	<ul style="list-style-type: none"> <li>• Develop a network of inclusive recruitment guardians, supported with a training package to participate in selection interviews to support our commitment to ethnically diverse recruitment practices</li> <li>• Recruitment team to work with areas where audits indicate that diverse recruitment panels are not consistently applied</li> <li>• Further Staffordshire and Stoke on Trent ICS sponsored cohorts of the Staffordshire Stepping Up positive action BAME leadership development programme</li> </ul>	<p>Q3</p> <p>Ongoing</p> <p>Q4</p>	

<p>Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff</p>	<ul style="list-style-type: none"> <li>• Ongoing promotion of Just and Learning Culture and launch of the UHNM Just and Learning training across the Trust</li> <li>• Development and introduction of MerseyCare 4 step process of restorative justice</li> <li>• Ensure that no disciplinary process is instigated without a JLC decision tree checklist having been undertaken</li> <li>• Continue with embedding learning from post disciplinary action reviews by the Just and Learning panel</li> <li>• Collaborative working with Staff Side to ensure consistency in application of the Trust Disciplinary Procedure and Maintaining High Professional Standards Policies</li> <li>• Raise cultural awareness amongst senior leaders through the Belonging in the NHS Inclusivity Masterclass and reciprocal mentorship programmes</li> </ul>	<p>Q4</p> <p>Q4</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	
<p>Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff</p>	<ul style="list-style-type: none"> <li>• Update the talent management process to ensure there is greater prioritisation and consistency of diversity in talent, by proposing self-nomination assessment centres as pre cursor for our Gold and Platinum Connects programmes</li> <li>• Additional Staffordshire and Stoke on Trent ICS sponsored cohorts of the Staffordshire Stepping Up positive action BAME leadership development programme</li> <li>• Actively promote leadership development opportunities through the Ethnic Diversity Network and Leaders Network</li> <li>• Promote access to coaching and career conversations and system wide pool of diverse coaches</li> <li>• Continue to monitor the diversity of participants in UHNM non mandatory learning and development</li> </ul>	<p>Q4</p> <p>Q4</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	
<p>Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</p>	<ul style="list-style-type: none"> <li>• Launch the Violence Reduction and Prevention Strategy</li> <li>• Ethnic Diversity Staff Network to work with the Trust Security Lead in developing resources to tackle hate crime and race related incident incidents, including conflict resolution training</li> <li>• Continue to promote health and wellbeing conversations – in accordance with the People Plan line managers should discuss equality, diversity and inclusion as part of health and wellbeing conversations to empower people to reflect on their lived experience, support them to become better informed on the issues and determine what they and their teams can do to make further progress</li> </ul>	<p>Q4</p> <p>Q2-4</p> <p>Ongoing</p>	

<p>Percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months</p>	<ul style="list-style-type: none"> <li>• Development of a Behavioural Compact</li> <li>• Launch of the UHNM Middle Management Programme with a focus on civility and respect</li> <li>• Review of Dignity at Work Policy</li> <li>• Increase the number of internal mediators</li> <li>• Introduction of the 'Taking the Heat Out of Conflict' Masterclass</li> <li>• Delivery of the Belonging in the NHS Inclusivity Masterclass through the Gold and Platinum Connects Leadership Programme</li> <li>• Extend the reach of the ICS Cultural Awareness system leaders training 'Comfortable Being Uncomfortable Talking About Race' by delivering the sessions in the 2021 Connects Programme as part of the 100 Day EDI Project initiative.</li> <li>• Introduction of equality, diversity and inclusion conversations within Personal Development Reviews</li> <li>• Launch the Speak Up Listen Up mandatory staff training</li> <li>• WRES Expert and FTSU Guardian Network to be established in the Midlands region to identify best practice</li> <li>• Recruit additional FTSU Guardians, expanding the team to reflect the diversity of the workforce</li> <li>• Continue to work closely in enabling safe speaking up channels for our BAME workforce and build confidence of our staff to speak up</li> </ul>	<p>Q4 Q4</p> <p>Q3 Q2 Complete Q2 – pilot complete Ongoing</p> <p>Q2</p> <p>Q4</p> <p>Q3 Q3</p> <p>Q3</p> <p>Ongoing</p>	
<p>Percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion</p>	<ul style="list-style-type: none"> <li>• Additional system wide cohorts of the Staffordshire Stepping Up positive action programme</li> <li>• Progress plans to develop a UHNM development centre working with divisions, including introducing more aspirational roles with supporting development plans, piloting a career development planning toolkit and signposting to higher level apprenticeships. Plan to increase numbers of informal secondment and shadowing opportunities across the Trust</li> <li>• Revise the Performance &amp; Development Review to encompass a more strength based development and forward looking annual appraisal</li> <li>• Promote access to career conversations and coaching</li> </ul>	<p>Q4</p> <p>Q4</p> <p>Q4</p> <p>Ongoing</p>	
<p>Percentage of BAME staff experiencing discrimination at work from a manager, team leader or other colleagues in the last 12 months</p>	<ul style="list-style-type: none"> <li>• Delivery of further cohorts of the Gold and Platinum Leadership Development Programme, containing the 'Belonging in the NHS Inclusivity Masterclass'</li> <li>• Through the EDI 100 Day Challenge Project extend the session to a full day to include an expansion of the system funded cultural education programme 'Comfortable Being Uncomfortable Talking About Race'. This will reach a wider audience with the aim of embedding a deeper understanding and active commitment to building race inclusion and</li> </ul>	<p>Ongoing</p> <p>Q2</p>	

	<p>addressing racism amongst senior leaders, translating into action.</p> <ul style="list-style-type: none"> <li>• Raise awareness through the diversity events calendar of the Trusts commitment to zero tolerance of discrimination, including Show Racism the Red Card Events and individual responsibility of Allyship</li> <li>• Launch Cohort 2 of the UHNM Reciprocal Mentoring Programme with organisational leaders</li> <li>• Update our UHNM Values Based Recruitment (VBR) pack to include EDI questions as standard, including the introduction of a requirement for recruitment of Band 8a and above for candidates to demonstrate their EDI work and legacy</li> <li>• Build audit of VBR recruitment question compliance into the recruitment audit process</li> </ul>	Ongoing	
		Q3	
		Q3	
		Q3	
Percentage difference between the organisations' board voting membership and its overall workforce	<ul style="list-style-type: none"> <li>• Cohort 2 of the Reciprocal Mentorship Programme with members of our Ethnic Diversity Staff and our Trust Board</li> <li>• Continue with strong board leadership internally and externally on race inclusion</li> </ul>	Q3	
		Ongoing	

CURRENT PROGRESS RATING		
<b>B</b>	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
<b>GA / GB</b>	On Track	Improvement on trajectory either: A. On track – not yet completed or B. On track – not yet started
<b>A</b>	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
<b>R</b>	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.

## Appendix 1 – UHNM WRES 2021 Metric Analysis

Further detail is provided below on each of the WRES metrics, including comparisons of our performance against benchmarking data where this is available from either the 2020 NHS Staff Survey, or the 2020 National WRES data analysis report, which was published in February 2021.

Four of the WRES indicators are drawn from the national NHS Staff Survey. The response rate for the 2020 staff survey was 44%. 15.2% of these were from BAME respondents.

### **Metric 1: Representation of BAME staff in each of the Agenda for Change (AfC) Bands 1 – 9, or Medical and Dental subgroups and Very Senior Manager (including executive Board members) compared with the percentage of staff in the overall workforce**

96.6% of the workforce has disclosed their ethnicity, and the percentage of BAME staff in our total workforce has increased from 17.4% in 2020 to 18.6% at 31<sup>st</sup> March 2021:

Ethnic Group	% of Total Workforce
White	78.0%
BAME	18.6%
Not Stated/Null	3.4%
<b>Total</b>	<b>100%</b>

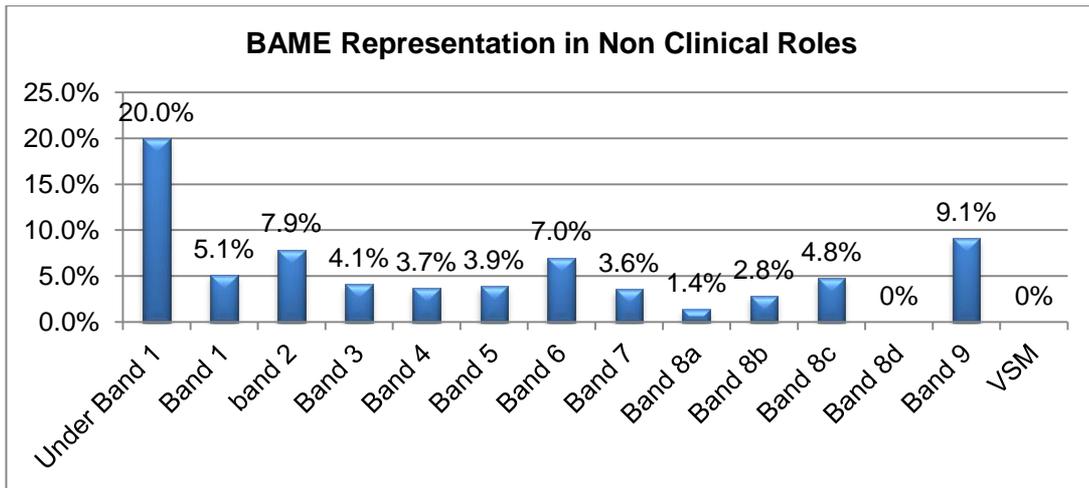
These latest figures compare favourably with BAME representation within our local communities, as recorded in the 2011 Census, which indicated that across Staffordshire 6.4% of the population is from a Black and Minority Ethnic background. The BAME population of Stoke on Trent is 13.4%, and Staffordshire & Stoke on Trent together being 8.1%. The latest available data for BAME staff representation working in the Midlands NHS is 23% (April 2020).

The following table and graphs demonstrate BAME representation across Agenda for Change (AfC) pay bands and Medical and Dental workforce:

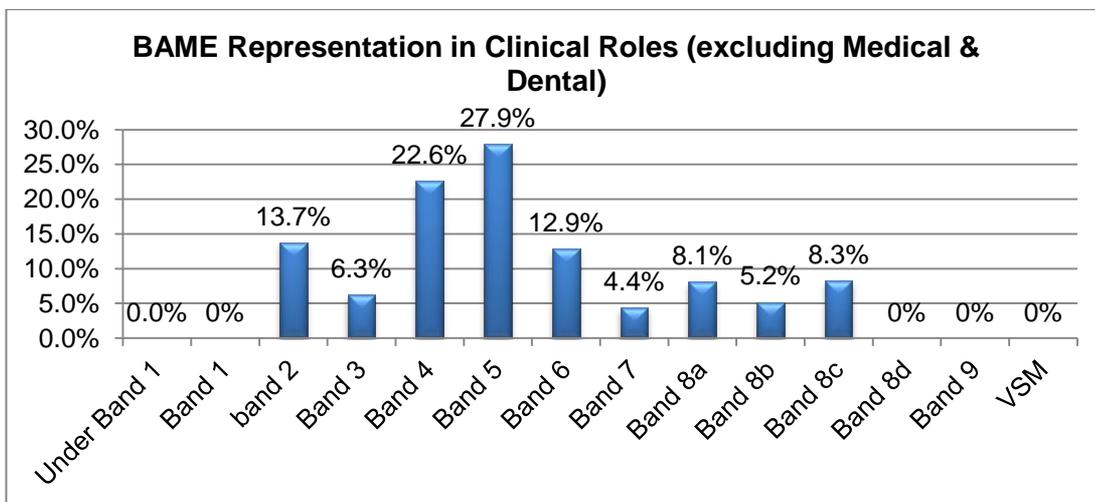
WRES Metric	2019	2020	2021	Narrative
Percentage of BAME staff in each of the AfC Bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	Under Band 1: 0.0%	Under Band 1: 11.1%	Under Band 1: 6.1%	There has been year on year increase in the ethnic diversity of our organisation
	Band 1: 20.4%	Band 1: 5.0%	Band 1: 5.1%	
	Band 2: 9.9%	Band 2: 11.6%	Band 2: 11.9%	
	Band 3: 4.8%	Band 3: 5.2%	Band 3: 5.1%	
	Band 4: 10.4%	Band 4: 10.7%	Band 4: 11.9%	
	Band 5: 23.8%	Band 5: 24.4%	Band 5: 26.2%	
	Band 6: 10.5%	Band 6: 11.0%	Band 6: 12.4%	
	Band 7: 4.0%	Band 7: 4.8%	Band 7: 4.3%	
	Band 8a: 5.9%	Band 8a: 6.4%	Band 8a: 6.9%	
	Band 8b: 2.4%	Band 8b: 2.3%	Band 8b: 4.3%	
	Band 8c: 6.5%	Band 8c: 6.5%	Band 8c: 6.1%	
	Band 8d: 0.0%	Band 8d: 0.0%	Band 8d: 0.0%	
	Band 9: 0.0%	Band 9: 0.0%	Band 9: 8.3%	
	VSM: 0.0%	VSM: 0.0%	VSM: 0.0%	
	Medical & Dental: 55.6%	Medical & Dental: 58.4%	Medical & Dental: 60.8%	

At UHNM BAME staff have significantly better representation within clinical roles compared to non-clinical roles:

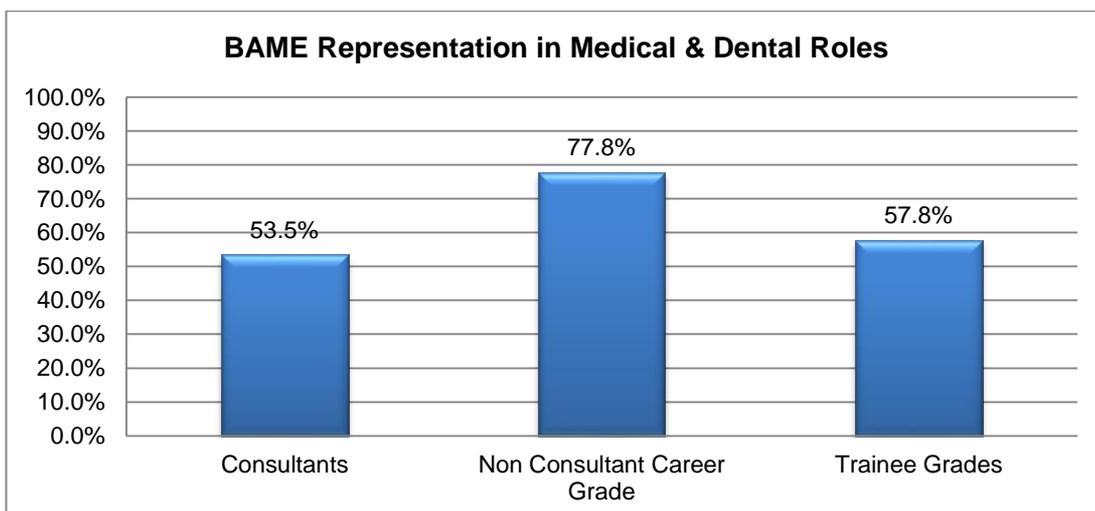
	Non-Clinical Roles	Clinical Roles	Medical & Dental
<b>BAME Representation in UHNM Workforce:</b>	5.4%	16.0%	60.8%



BAME representation in non-clinical roles has remained consistent, but below the ethnicity profile within the local population of Staffordshire and Stoke on Trent in the majority of pay bands.



BAME representation has increased across all clinical pay bands except Band 1 and under, Band 8b and there remains no representation above Band 8c.



BAME representation has increased across all medical and dental roles, a year on year increase since we began reporting the WRES.

'A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS', forms part of a strategy within the overarching WRES programme of work to support organisations to meet the workforce equality commitments set out in the NHS Long Term Plan. Assurance is needed that the composition of leadership not only includes the best range of talent, skill sets and experience available to us, but that it also broadly reflects those who work in our organisation. Our staff should look at their leaders and see themselves represented. As such the WRES has identified a need for further accelerated improvement in the representation of BAME staff at leadership levels.

The table below shows the 10-year trajectory for the UHNM workforce to reach equality by 2028 for AfC Bands 8a to VSM. The numbers show the required staff in post for each year:

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	17	21	24	28	31	35	38	42	45	49	52
Band 8b	3	4	5	6	7	9	10	11	12	13	14
Band 8c	2	2	3	3	3	4	4	4	5	5	5
Band 8d	0	0	1	1	1	2	2	2	3	3	3
Band 9	0	0	0	1	1	1	1	1	1	2	2
VSM	0	0	0	1	1	1	1	1	1	2	2

The table below demonstrates the UHNM BAME staff in post as at 31<sup>st</sup> March 2021 and is compared to the 2021 trajectory for the Trust:

	2018 actual	2019 actual	2020 actual	2021 actual	2021 ambition	Gap
Band 8a	17	20	22	26	28	-2
Band 8b	3	2	2	4	6	-2
Band 8c	2	2	2	2	3	-1
Band 8d	0	0	0	0	1	-1
Band 9	0	0	0	1	1	
VSM	0	0	0	0	1	-1

This indicates continued progress in increasing representation in senior positions, but recognises that more work is needed to achieve our aspirations of BAME representation that matches our organisational make-up across all pay bands.

## Race Disparity Ratio

The Race Disparity Ratio, a new monitoring metric was introduced in June 2021 and is the difference in the proportion of BAME staff at various Agenda for Change bands in the Trust compared to the proportion of white staff at those bands. It is presented at three tiers:

- Bands 5 and below ('lower')
- Bands 6 and 7 ('middle')
- Bands 8a and above ('upper')

UHNM Race Disparity Ratio	Progress	2021	2020
Disparity ratio – lower to middle	↓	1.63	1.72
Disparity ratio – middle to upper	↓	1.74	1.83
Disparity ratio – lower to upper	↓	2.82	3.14

## Midlands Race Equality Heat Map

In addition to the Race Disparity Ratio, the NHSI/E Midlands Equality Team have created a regional data pack, which includes a WRES Heat Map and is a useful tool for benchmarking and monitoring progress, as this will be updated annually. The data is extracted from the 2020 WRES submission. The areas where UHNM is falling into the red category are:

Indicator 1 - Lower to upper career progression race disparity ratio

Indicator 6 – the percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months

Indicator 9 - Board representation

Trust Name	Indicator 1			Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6		Indicator 7	Indicator 8		Indicator 9			
	Lower to Middle	Middle to Upper	Lower to Upper	Likelihood			Rank BME	Rank difference	Rank BME	Rank difference	Rank BME	Rank difference	Rank BME	Rank difference	Voting board rank	Diff staff non-voting rank
UHNM	1.72	1.83	3.14	1.41	0.64	0.99	97	104	171	67	83	65	116	123	213	167

### Metric 2: The relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants

This indicator, which is extracted from our TRAC recruitment system, indicates that across all recruitment, BAME applicants are less likely to be appointed from shortlisting than white staff with a metric of **1.38**. A metric of 1.0 would indicate no difference between BAME and white applicants.

A review of the TRAC System indicates that for the 12 month period July 2020 – June 2021 demonstrated:

Ethnic Group	Applicants Shortlisted	Applicants appointed	% of applicants appointed from shortlisting	% of Appointed
White	7216	915	12.7%	55.9%
BAME	2992	274	9.2%	16.8%
Not Stated	898	447	49.8%	27.3%
<b>Total</b>	<b>11,106</b>	<b>1,636</b>	<b>-</b>	<b>100%</b>

(As per WRES guidance, this data excludes Deanery and bank appointments)

This metric has slightly improved compared to the previous year, which was 1.41. Data indicates that our performance is better than the average for this indicator.

2021 UHNM Result	2020 National Result
1.38	1.61

### Metric 3: The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff

To be a model employer, the NHS needs to be an inclusive employer with a diverse workforce at all levels. However, staff also need to feel fully engaged and supported within the workplace.

This indicator is based on data from a two year rolling average of the current year and the previous year of entry into our formal disciplinary process as recorded on the HR Case Tracker. The data indicates that our BAME staff are not disproportionately represented in entry to the formal disciplinary process, but is outside of the non-adverse range of 0.8 – 1.25 (as measured by the WRES), meaning that white staff are more likely to enter the formal disciplinary process.

2021 UHNM Result	2020 National WRES Result
0.49	1.19

**Metric 4: Relative likelihood of white staff accessing non-mandatory training and career progression and development (CPD) compared to BAME staff**

This indicator measures the relative likelihood of white staff accessing non-mandatory training (recorded on ESR) compared to BAME staff. Our data has shown year on year improvement in this indicator but it has slightly deteriorated this time. Our result of 1.05 compares well with other NHS comparable benchmarks:

2021 UHNM Result	2020 National WRES Result	2020 WRES Result by Midlands Region
1.05	1.14	1.11

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

This indicator is taken from the 2020 NHS Staff Survey, and shows that 26.3% of the 665 BAME staff who responded to the survey reported experiencing harassment bullying or abuse from patients, relatives or the public in the last 12 months, compared with 29.2% the previous year.

Our data is better than the acute sector average for both White and BAME staff on this indicator:

Staff Group	2020 UHNM Staff Survey Result	2020 Result for Staff Survey Acute Sector Average
BAME	26.3%	28.0%
White	23.7%	25.4%

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

This indicator measures the percentage of BAME staff reporting experience of harassment, bullying or abuse from other staff in the 2020 NHS Staff Survey in comparison with the organisation as a whole.

The data tells us that there is no change in the percentage of BAME staff reporting experience of harassment, bullying or abuse from other staff, which has been around 30% for the past 4 years.

Staff Group	2020 UHNM Staff Survey Result	2020 Result for Staff Survey Acute Sector Average	2020 WRES Average for NHS Trusts in England
BAME	30.0%	29.1%	28.4%
White	27.0%	24.4%	23.6%

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

This indicator is taken from the 2020 NHS Staff Survey and shows year on year improvement on this indicator over the past 5 years. The percentage of our BAME staff that believe that the Trust provides equal opportunities for career progression or promotion improved to 78.2%, compared to 76.0% the previous year, and is better than the acute trust average, however it remains lower than the white staff comparator.

Staff Group	2020 UHNM Staff Survey Result	2020 Result for Staff Survey Acute Sector Average	2020 Average for NHS Trusts in England
BAME	78.2%	72.5%	71.2%
White	87.8%	87.7%	86.9%

**Metric 8: Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues**

This indicator is taken from the 2020 NHS Staff Survey, and demonstrates staff experience of discrimination in the workplace from a manager, team leader or other colleagues. Our data shows an increase to 15.2% of BAME staff reported experience of discrimination, compared to 14.0% the previous year.

Staff Group	2020 UHNM Staff Survey Result	2020 Staff Survey Result for Acute Sector Average	2020 Average for NHS Trusts in England
BAME	15.2%	16.8%	14.5%
White	6.4%	6.1%	6.0%

**Metric 9: The percentage difference between the organisations board voting membership and its overall workforce**

Boards are expected to broadly representative of their workforce. There has been no change in BAME representation within the voting or non-voting Board membership as at 31<sup>st</sup> March 2021. This indicator has therefore deteriorated from last year due to the percentage of BAME membership of the total workforce increasing. The percentage difference between board membership and its BAME workforce is now -18.6%.

However it is very positive that in recent months new appointments to the Trust Board include colleagues from an ethnically diverse background in both Executive Director and Non-Executive Director positions and next year's WRES submission will reflect this progressive step.

## Appendix 2: MWRES Analysis of UHNM BAME Medical & Dental Workforce

The WRES was launched in 2015 to document the different experience of white and BAME staff in the NHS, and to provide guidance on how to achieve better race equality in the workforce. However, there are several ways in which the medical workforce differs from the rest of the NHS workforce; hence the development of the Medical Workforce Race Equality Standard (MWRES) and its 11 indicators, introduced in September 2020. This first report of the MWRES data provides baseline evidence to quantify discrimination in the NHS trust-based medical workforce but only at a national level. The National MWRES Report has identified the following key areas:

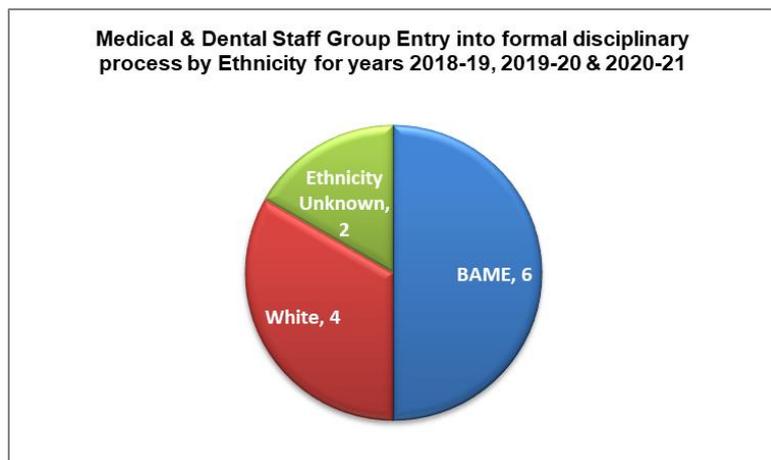
<ul style="list-style-type: none"> <li>Organisations and institutions expressly communicating their intention to address inequality</li> <li>International Medical Graduates (IMGs) appropriate induction to ensure their integration</li> <li>Providing IMGs with development opportunities as a valued part of the workforce rather than just a clinical resource</li> <li>Ensuring institutional and organisational websites, prospectuses, application packs and monitoring forms are couched in inclusive language</li> <li>Stakeholder organisations to aim to have a workforce, in both voluntary and staff roles at all levels, that reflects the diversity of their membership</li> <li>Setting targets and timelines for reducing the ethnic disparity in representation at consultant, clinical director and academic levels</li> <li>Narrowing the ethnicity gap in appointment of consultants after shortlisting: a potential role for the royal college member often present on consultant interview panels</li> </ul>	<ul style="list-style-type: none"> <li>NHS trust based medical leaders to enhance local capacity and skills to resolve complaints and avoid their referral to the GMC if appropriate</li> <li>Enhancing the leadership diversity of the royal colleges and arm's length bodies</li> <li>Having senior officers in these organisations include performance objectives for measurable delivery of diversity outcomes as part of appraisal</li> <li>Obtaining fuller and more granular data by clinical specialty and by region (including primary care)</li> <li>Obtaining detailed data on the performance of undergraduate medical students and postgraduate trainees in their assessments and examinations</li> <li>Undertaking research to identify what works, in terms of addressing differential attainment in training and assessments</li> </ul>
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Limited analysis of MWRES indicators can be undertaken at an organisational level from this first MWRES Report, however a review of UHNM data presently available disaggregated by staff group and ethnicity is presented below:

The following below demonstrates the breakdown of the UHNM Medical and Dental workforce by ethnicity. There is a greater representation of BAME colleagues in every professional group.

Medical & Dental Group	White (Headcount)	BAME (Headcount)	Unknown Ethnicity (Headcount)
Consultant	235	288	17
Non Consultant Career Grade	59	245	11
Trainee Grade	177	269	19
<b>Total</b>	<b>471</b>	<b>802</b>	<b>47</b>

The table below is an analysis of medical and dental staff group entry into the formal disciplinary process for the last three financial years. This indicates small numbers of total cases (12), with 6 or 50% being from a BAME staff group. BAME representation in the medical and dental workforce is 60.8%, suggesting that BAME staff are not over represented in the Managing High Professional Standards Policy formal processes.



Year	No. of cases
2018-19	3
2019-20	6
2020-21	3
<b>Total</b>	<b>12</b>

The table below represents analysis of medical and dental recruitment for the period July 2020 – June 2021 excluding Deanery appointments and Bank. When applying the auto calculation from the WRES this tells us that white applicants are 2.65 times more likely to be appointed than a BAME applicant. It should be noted however that there is a very high percentage of applicants selecting to not provide their ethnicity information at application stage, of which more than half are appointed and this impacts on the validity of this metric.

Medical Recruitment Ethnicity	Applied	Shortlisted	Appointed	% appointed from Shortlisting	% of total appointed
White	865	128	41	32.00%	15.1%
BAME	7781	735	89	12.10%	32.7%
Not Stated	434	220	142	64.50%	52.2%
<b>Total</b>	<b>9080</b>	<b>1083</b>	<b>272</b>	<b>-</b>	<b>100%</b>

An analysis of Medical & Dental staff enrolment onto non-mandatory training, as recorded on the Trust ESR system indicates that white staff are slightly more likely to access this development than BAME staff:

Ethnicity	Headcount	Enrolment Headcount	Ratio
White	472	415	0.88
BAME	803	687	0.86
Not Stated	45	41	0.91