NHS Workforce Race Equality Standard (WRES)

Annual Report 2022

Harrogate and District NHS Foundation Trust

Contents

1. Introduction

Welcome to our Workforce Race Equality Scheme (WRES) Annual Report 2022.

The report aims to communicate our internal data and metrics for the last twelve months, the progress we have made to date and a proposed action plan to allow us to continue to develop our approaches, initiatives and activities during 2022 and beyond.

2. Our Commitments to Promoting Equality Opportunities for Employees Who are BME:

It is clear from our WRES data analysis that we need to continue to improve the experience for our colleagues who identify as BME.

We are committed to delivering our robust WRES action plan.

We all need to treat each other with kindness, civility and compassion and we know that improving the experience of all our colleagues will lead to better care for our patients.

Our BAME and Allies Staff Network is continuously developing and plays a vital role in supporting and guiding the organisation to drive forward WRES improvements in the future.

The WRES was developed and continues to be underpinned by the ethos of 'Nothing About Us Without Us'; focussing on the lived experience of our BME colleagues and the importance that any decisions that impact BME people must involve them in the decision-making process.

https://www.hdft.nhs.uk/about/trust/this-is-us/

3. Analysis of the Data

3.1   The Profile of our BAME Employees versus NHS Averages:

The recorded number of BAME employees in the Trust has increased by 1.9% versus last year but is still slightly lower the overall average for the NHS.

	NHS Average:	HDFT:	%points difference (+-)
Staff Who Identify as BAME	22.4%	10.6%	11.8

3.2   Increase in the Number of Employees who are BAME:

Year:	Percentage of Staff Who are BAME:
2021	10.5
2022	10.6

WRES

31st March 2022					
Indicator		White	BME	Not Declared	Total
Number of staff in Workforce	Headcount	3,825	484	260	4,569
	%	83.7%	10.6%	5.7%	
Relative Likelihood of staff entering	Number of shortlisted applicants	2,810	795	199	3,804
	Number appointed from shortlisting	931	204	151	1,286
	Relative Likelihood of appointed from shortlisting	33.1%	25.7%	75.9%	
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months		26.6%	32.2%		
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		27.2%	30.1%		
Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months		8.0%	18.9%		
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion		55.8%	42.1%		

*The WRES data collection for 31st March 2022 excludes bank only contracts as per the change to the guidance for the 2022 submission.

31st March 2021					
Indicator		White	BME	Not Declared	Total
Number of staff in Workforce	Headcount	3,782	475	283	4,540
	%	83.3%	10.5%	6.2%	
Relative Likelihood of staff entering	Number of shortlisted applicants	3,043	827	99	3,969
	Number appointed from shortlisting	838	160	78	1,076
	Relative Likelihood of appointed from shortlisting	27.5%	19.4%	78.8%	
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months		22.9%	35.7%		
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		25.3%	32.0%		
Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months		7.1%	20.6%		
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion		55.3%	44.3%		

A full breakdown of our WRES data for 2021 and 2022 is shown in Appendix 1

3.3 Our Workforce who identify as BAME

As at 31 March 2022 the total number of staff in the workforce who identified as BAME is 783. There is a small improvement in BAME staff numbers since the previous year. We recognise the importance of staff declaring their ethnicity to present a true and accurate picture of our employees. The Action Plan seeks to improve the percentage of colleagues who identify as BAME.

3.4 Recruitment and selection

The recruitment data shows that BAME candidates are slightly more likely to be shortlisted in 2022 than they were in 2021 by 6.3%. This small but significant increase helps to demonstrate the success of our strategies which the Trust are using, as highlighted in the action plan.

3.5 Bullying harassment, or abuse

The number of BAME employees experiencing harassment, bullying or abuse from patients, relatives or members of the public has reduced by 3.5%, from 35.7% to 32.2%. While the incidence remains quite high, we are committed to reducing these claims further. Further directed initiatives will be required to facilitate this over the coming year.

Our BAME employees who have reported discrimination at work from their manager has decreased by 1.7% from 20.6% to 18.9%. Equally, we have seen a reduction in the number of incidences of harassment, bulling or abuse at work with an improvement of 1.9% from 32% to 30.1%.

3.6 Career progression

Our BAME colleagues have reported that they believe the Trust provides equal opportunities for career progression or promotion when compared to their white peers with a difference of -2.2% from 44.3% to 42.1%. The BAME and Allies staff network and the newly appointed EDI Manager are working closely with teams and the group sponsor to improve this score. Several initiatives are about to be launched including a development leadership programme aimed at all BAME staff.

4. Summary of our Performance

The 2022 results have highlighted there is still improvement required by the organisation to see BAME employees being less likely to be disadvantaged. It remains that we continue to have just over 10% of staff who identify as BAME and a number of staff who choose not to disclose. We endeavour to engender our values in everything we do.

5. Expertise and Consultation:

External

In April 2022, the Trust began its' assessment against the latest the Equality, Diversity and Inclusion (EDI) against a framework known as the NHS *Equality Delivery System 22* (EDS22).

This review will conclude and be reported to the Board of Directors in November 2022.

Internal

The appointment of our interim EDI Lead (January 2022) has enabled capacity and capability to the development and launch of staff networks - including the *BAME and Allies Staff Network*, has been pivotal in prioritising the EDI agenda, improving staff engagement, driving the focus on and improving the experience and outcomes for our staff. A new permanent EDI Lead has now been recruited and is engaging with the staff network and sponsor.

5.1. Our Progress in 2021 - 2022:

We are proposing to retain the WRES action plan agreed for 2021/2022 and commit to implementing the same during 2022/23. We are able to report and demonstrate our progress by RAG rating the progress on the action plan during the last twelve months and this is summarised below.

	Progress/indicator RAG status
■ (red)	Work is significantly behind schedule and no progress has been made, and/or Progress has been made but the timescales has not been achieved.
■ (yellow)	Progress is being made, progress is good and the action is likely to be achieved within timescale. Or the action has been completed but evidence is required to demonstrate achievement.
■ (green)	The action has been completed and there is a record of evidence to support its completion.

Action	What difference will it make?	Who?	When?	RAG
Governance				
1. Include anti-racism performance/ progress on **directorate Boards and HIF Board agendas**.	Ensures that teams are regularly discussing their work on anti-racism. Helps to address the problem that some colleagues "don't quite get it."	Jonathan Coulter, Kat Johnson, Matt Shepherd, Natalie Lythe	July 2021	Green
2. **Protected time for BAME colleagues** who wish to participate in events, networks and meetings.	Being "on shift" is currently cited by some colleagues as a barrier to their involvement. Ensures that BAME colleagues who wish to participate in and/or influence work on anti-racism are supported by their line manager to do so.	Angela Wilkinson and Executive Committee	Completed and embedded within EDI corporate training, and Guidance on How to Set-up	Green
3. **Representation from BAME colleagues in key decision-making forums**, including where temporary incident command arrangements are in place.	Diverse groups make better decisions. Diverse organisations are more likely to deliver higher quality of care and achieve better patient/ service user outcomes.	Jackie Andrews, Claire Jones, Lynn Hughes	October 2021	Red
4. **Create an Equality, Diversity and Inclusion Guardian and a Steering Group** to guide the work.	To further raise the profile of the work at HDFT meets the national NHS requirement to have an EDI guardian and to provide consistent direction on the EDI agenda.	Shirley Silvester	July 2021	Yellow

5. Undertake a thorough assessment against EDS2 as required.	To comply with statutory requirements and to provide a neutral review across the 4 EDS domains.	Emma Nunez, Shirley Silvester	September 2021	
Leadership and Management				
6. **Recognise and/or reward anti-racist behaviour** by theming our approach to the Chairman and Chief Executive's Team of the Month and Making a Difference awards.	By highlighting the practice that we want to encourage, more colleagues are likely to behave that way.	Steve Russell, Angela Schofield	Starts July 2021, with a quarterly theme based on KITE behaviours	
7. **Deliver a reciprocal mentoring programme** involving 12 BAME colleagues as mentors and 12 members of Board and SMT as mentees.	To build greater understanding in a bottom up way of the daily lived experience of BAME colleagues to enable senior leaders to take positive action. To expose BAME colleagues to a wider breadth of knowledge, gained from partnership with their mentee.	Shirley Silvester	July 2021- July 2022	
8. Deliver a programme of training on **how to be an ally.**	To educate non-BAME colleagues in the challenges BAME colleagues face, and how to support colleagues experiencing direct and indirect discrimination.	Shirley Silvester	First programme runs: 14 July – December 2021	
9. Launch a programme to support line managers in developing their **generic coaching skills.**	To support high quality well-being conversations (using the RECOVER model) and to embed the behaviours we value in the KITE model.	Shirley Silvester	Starts 1st June then ongoing	
10. Ensure all **discretionary pay** is managed and distributed fairly e.g. clinical excellent awards, locum shifts and waiting list initiatives	To ensure that no colleague suffers financial detriment on the basis of their race.	Jackie Andrews, Sarah Sherliker	September 2021	
Recruitment				
11. Take **bolder short-term measures** to improve the fairness of recruitment processes.	To propose bolder action to tackle long-standing inequalities more quickly.	Angela Wilkinson, Matt Shepherd	July 2021 - July 2022	

Learning and Development				
12. To change the **corporate induction programme** to incorporate clear and strong messaging about our commitment to anti-racism and our KITE behaviours.	To clarify expectations of colleagues' behaviour from on-boarding onwards.	Completed	September 2021	■
13. **Refresh mandatory EDI training** to create a compelling and engaging programme, which includes the voice of BAME colleagues.	To improve the quality of training to make it more impactful so that it improves collective understanding of the wider EDI agenda, the lived experience of BAME colleagues, including micro-aggressions.	To be launched on 11 October 2022		■
14. Ensure equality of access to **learning and development** for BAME colleagues.	To support fairness in career development.	Shirley Silvester	TBC	■
Career Development				
15. **To deliver bespoke leadership development** for BAME colleagues.	To ensure better representation of BAME people in leadership roles.		Confirmed - The BME Leadership Development Programme to be delivered on 19th October 2022.	■
16. **Confirm aspirational targets** Set aspirational targets for the number of BAME colleagues in band 8a and above positions, and SAS grade doctors being promoted to a more senior level.	To improve decision-making across strategic and operational issues by bringing in diverse views and perspectives.	Steve Russell, Angela Wilkinson, Jackie Andrews, linking to People and Culture Committee	TBC	■
17. **Deliver development centres** for BAME colleagues.	To provide a supportive process for BAME colleagues to help them stand a fair chance of securing their next career step.	Shirley Silvester	TBC	■

Communications				
18. To clarify expectations about **patient and service user behaviours** towards BAME colleagues.	To show that we do not tolerate racist behaviours and to support cultural shift – this is everyone's issue – we all have a role to play in making HDFT a safe, welcoming, inclusive Trust to work in.	Shirley Silvester	TBC	
19. To create and communicate a compelling **case for change,** including the use of directorate/ team/ profession level data.	To "shout from the rooftops" the reasons that we need to act on anti-racism.	Shirley Silvester, Giles Latham	TBC	
20. To promote an **annual diversity calendar**, celebrating key events in different cultures, e.g. Ramadan, Eid.	To enable all colleagues to bring their whole selves to work by sharing and celebrating important events and therefore help to build cultural understanding among non-BAME colleagues.	Shirley Silvester	In working progress	
21: Enhance our understanding of BME employee experience in HDFT by analysing leaver rates and reasons for leaving by grade and ethnicity.	Understand how BME employee experience differs beyond the standard reporting required by the WRES.	Shirley Silvester	TBC	
22: Contact all BME leavers in the last two years and request the completion of a BME experience exit questionnaire.	Understand recent BME employee experiences (positive and negative) from people who have left HDFT in the last two years.	HR Operations	TBC	
23: Design and deliver a series of tackling bias in recruitment workshops for all HDFT. managers.	Tackle the risks of bias in our recruitment processes. Reduce the disparity between applicant success rates for BME and non-BME job applicants.	Shirley Silvester	TBC	
24: Design and implement a specific BME experience survey, which would be sent to all current BME HDFT staff (possibly hosted by an external organisation). This would extend beyond the	Detailed exploration of the perceptions of BME staff with the aim of identifying specific areas of future development in HDFT.	Shirley Silvester	March 2022	

standard questions included in the annual NHS survey and would give employees the opportunity to provide more detailed feedback relating to their experiences in HDFT. Voluntary discussion / buzz groups hosted by an external specialist provider would supplement the survey.			
25: Repeat the above exercise in 2022-2023 to measure / chart progress		On-going	

6 Our Journey So Far

6.1 The BAME staff support network has appointed a new co-chair (April 2022) and continues to lead a proactive network, which includes allies with a growing number of members. It provides HDFT with a fantastic opportunity to drive forward race equality, and to change the lived experiences of its BAME colleagues. The network has good involvement in meetings and campaigns (e.g. Black History Month, and our cultural calendar to raise awareness of diversity), and has made links and shared learning with the LGBT+, Disability and Long-Term Conditions, and the Menopause network at HDFT. All of our networks have been allocated an executive sponsor to support and amplify the voices of their members and to escalate issues and concerns via the People and Culture Committee. This is an executive committee with representation from each Chair of the staff support networks.

6.2 We continue to develop our recruitment processes fairer from the vacancy being identified, through the whole recruitment and onboarding process. These changes are necessary but not sufficient in themselves to address the inequalities currently evident, so work is progressing to identify bolder, targeted actions that will accelerate the improvements we need.

6.3 On 31st March 2021, 20 colleagues joined our first Becoming an Anti-Racist Organisation workshop. Fifty-two ideas for strengthening our approach were brought forward and 12 of these progressed on the day.

6.4 The Trust has developed a mentoring programme for executive directors to mentor their BAME employees which have successfully delivered the first cohort. The programme will now be reviewed before the following cohorts are trained.

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7 Risks

The risks to this programme are:

- Newly appointed EDI Lead, significant previous lack of resources
- Impact of EDS22 assessment could change priorities.
- Ability to make a compelling case for change that colleagues believe in

- Embedding ownership of the need to change culture amongst all our senior leaders
- Ambitious programme of work, involving sensitive content (white fragility) and the need for difficult conversations about race equality and behaviours, which we have a poor track record of tackling in the past
- Incomplete baseline picture for outcome measures – making it difficult to track progress
- Alignment between Board of Directors' high expectation and internal capacity to deliver simultaneous actions at pace.

7. Conclusion and Next steps

We acknowledge there is a lot more to do to continue making improvements and bring positive changes for our BAME staff, and to welcome more BAME individuals into **#teamHDFT**.

Our senior leaders and the BAME and Allies Staff Support Network will be sighted on the progress of our action plan. We will continue to communicate the WRES to all staff across the organisation so we can all be involved in celebrating our achievements.

The WRES will continue, with other work streams, to help ensure that there is momentum and continuous improvement in the workforce BAME equality agenda. It will help drive and meet help us to meet our goals in our People Plan.

Having a diverse workforce who feel engaged and supported within the workplace is critical; research shows that how we treat and value our minority staff is a good barometer of how well patients are likely to feel cared for.[7] Our staff experience impacts on patient care, patient safety as well as organisational efficiency.

We will continue to listen attentively to what our staff with lived experience have to say, we will capture the richness of their lived experiences, and ensure these inform how we deliver the actions in this plan and shift the culture so we can say - Harrogate and District NHS Foundation Trust is the best place to work.

8. Recommendation

The Board of Directors is asked to comment on and approve the contents of this paper.

Appendix 1: WRES Metrics Report

Detailed below is the organisation's WRES data which was submitted in August 2022 covering the period 1 April 2021 to 31 March 2022

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.

(Data source: ESR).

1a.   Non-clinical workforce

	White staff in 2021	White staff in 2022	White staff in 2022	BME staff in 2021	BME staff in 2022	BME staff in 2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	92.4%	91.5%	-0.9%	3.6%	3.7%	+0.1%	4.0%	4.8%	+0.8%	528	539
Cluster 2 (Band 5 - 7)	92.7%	92.5%	-0.2%	5.3%	5.8%	+0.5%	2.0%	1.7%	-0.3%	150	173
Cluster 3 (Bands 8a - 8b)	96.1%	92.6%	-3.5%	2.0%	3.7%	+1.7%	2.0%	3.7%	+1.7%	51	54
Cluster 4 (Bands 8c – 9 & VSM)	94.1%	94.1%	0.0%	5.9%	5.9%	0.0%	0.0%	0.0%	0.0%	17	17

Clinical workforce

	White staff in 2021	White staff in 2022	White staff in 2022	BME staff in 2021	BME staff in 2022	BME staff in 2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	81.0%	83.1%	+2.1%	9.6%	9.5%	-0.1%	9.4%	7.4%	-2.0%	1,020	970
Cluster 2 (Band 5 - 7)	85.1%	85.2%	+0.1%	8.4%	8.9%	+0.5%	6.4%	5.9%	-0.5%	2,132	2,207
Cluster 3 (Bands 8a - 8b)	95.3%	95.2%	-0.1%	3.1%	3.4%	+0.3%	1.6%	1.4%	-0.2%	128	145
Cluster 4 (Bands 8c – 9 & VSM)	85.7%	87.5%	+1.8%	14.3%	12.5%	-1.8%	0.0%	0.0%	0.0%	7	8
Cluster 5 (M&D staff, Consultants)	76.1%	76.5%	+0.4%	21.4%	20.9%	-0.5%	2.5%	2.6%	+0.1%	159	153
Cluster 6 (M&D staff, Career grades)	59.7%	48.1%	-11.6%	34.9%	45.0%	+10.1%	5.4%	7.0%	+1.6%	186	129
Cluster 7 (M&D staff, Trainee grades)	54.9%	55.2%	+0.3%	39.5%	37.9%	-1.6%	5.6%	6.9%	+1.3%	162	174

Metric 2 – Relative likelihood of BME staff compared to White staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.42	1.29	+0.13

Metric 3 – Relative likelihood of BME staff compared to White entering the formal disciplinary process, as measured by entry into the formal disciplinary investigation.

(Data source: Trust's HR data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of BME staff entering formal disciplinary process compared to White staff	0.94	0.72	-0.22

Metric 4 – Relative likelihood of staff accessing non-mandatory training and CPD.

(Data source: Trust's HR data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.92	0.81	-0.11

(Data source: NHS Staff Survey)

	White staff responses to 2020 NHS Staff Survey	BME staff responses to 2020 NHS Staff Survey	% points difference (+/-) between White staff and BME staff responses 2020	White staff responses to 2021 NHS Staff Survey	BME staff responses to 2021 NHS Staff Survey	% points difference (+/-) between White staff and BME staff responses 2021
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	22.9%	35.7%	+12.8%	26.6%	32.2%	+5.6%
Metric 6 - Staff experiencing harassment, bullying or abuse from staff in the last 12 months	25.3%	32.0%	+6.7%	27.2%	30.1%	+2.9%
Metric 7 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	55.3%	44.3%	-11.0%	55.8%	42.1%	-13.7%
Metric 8 - Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months	7.1%	20.6%	+13.5%	8.0%	18.9%	+10.9%

Metric 9 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce

(Data source: NHS ESR and/or trust's local data)

	White Board members in 2021	White Board members in 2022	White Board members in 2022	BME Board members in 2021	BME Board members in 2022	BME Board members in 2022	Board members with ethnicity status unknown in 2021	Board members with ethnicity status unknown in 2022	Board members with ethnicity status unknown in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:									
By voting membership of the Board	1.3%	3.8%	+2.5%	4.9%	1.9%	-3.0%	-6.2%	-5.7%	+0.5%
By executive membership of the Board	1.3%	3.8%	+2.5%	4.9%	1.9%	-3.0%	-6.2%	-5.7%	+0.5%