



# Workforce Race Equality Standard (WRES) Annual Report

22/23

*proud*  
to care

## Foreword

I was very excited to be given the opportunity of stepping into the role of Staff Network Chair in August 2022. Since then, I have been able to really support staff and grow the membership of the network. We had a re-launch this year and have a new network name ENRICH. This means Equality Network for Race, Inclusion and Cultural Heritage; it was important for us to move away from the term BAME and have a network name that was endorsed and voted for by our network members.


This year we really want to focus on celebrating our staff and have many plans in place throughout the year to achieve this.

Since 2015, all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of areas through the Workforce Race Equality Standard (WRES). The purpose of the WRES is to highlight the experience of black and minority ethnic (BME) people working in the NHS against a range of nine key national indicators in comparison to non-BME people.

Data for the WRES is compiled from a number of Trust data sources that include workforce, employee relations, learning and development, recruitment and from the NHS Staff Survey. We will continue to work on our WRES two year action plan to drive through these changes.

As Chair of the ENRICH Staff Network, I want to see real improvements for colleagues. We know that currently there are barriers faced by our people and differential experiences depending on your race and ethnicity. As a network we are committed to reducing the ethnicity gap and will continue to grow our ENRICH Staff network to ensure people get the support they need.

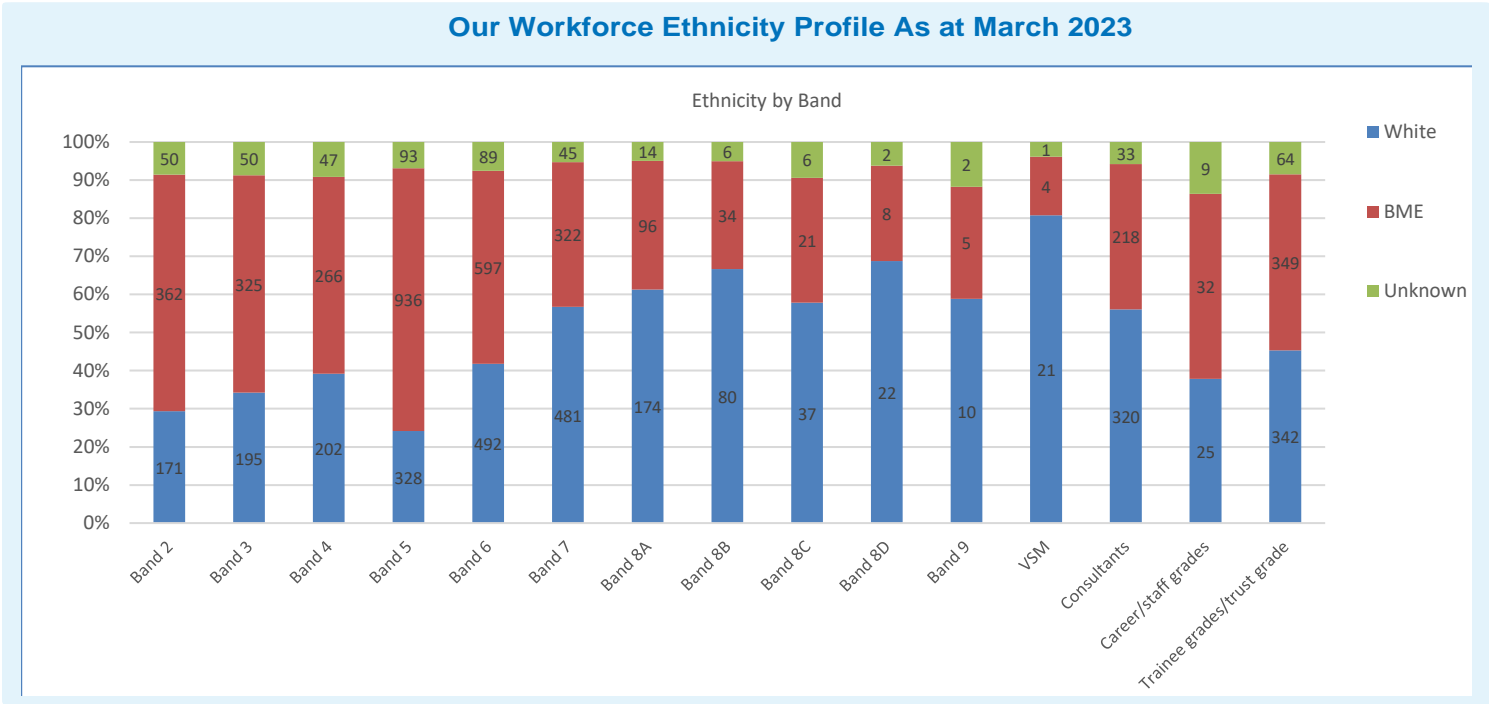
Our aim is ensure that people's voices are heard and actions are taken to reduce the differential experiences based on race and ethnicity. We want to drive real change and improve the lives of our people to reduce barriers and increase equity. As a network, we are committed to work together on our WRES action plan and objectives to achieve this.



**Sheriece Bracey**  
**Associate Director of Improvement & ENRICH Staff Network Chair**

## Background

The WRES came into effect on 1st April 2015. The standard aims to improve the representation and experience of Black and Minority Ethnic (BME) staff at all levels of the organisation – particularly senior management. In the context of the WRES, White staff comprises White British, White Irish and White Other (Ethnicity codes A, B, C) whereas BME staff comprise all other categories excluding ‘not stated’.



Our workforce has 51.2% BME, just below the London region percentage 51.1% and well above the national figure of 26.4%.

## WRES indicators – summary results

The table below provides an overview of results against key WRES indicators over a 5-year period.

WRES Indicator	Trust score 2023	Trust score 2022	Trust score 2021	Trust score 2020	Trust score 2019	Trust score 2018	Trust score 2017
2 – likelihood of appointment following shortlisting (non-BAME staff)	1.71 Times more likely	1.72 Times more likely	1.60 Times more likely	1.40 Times more likely	1.60 Times more likely	1.66 Times more likely	2.40 Times more likely
3 – likelihood of BME staff entering formal disciplinary process	1.55 Times more likely	1.77 Times more likely	1.91 Times more likely	2.41 Times more likely	2.65 Times more likely	2.49 Times more likely	2.84 Times more likely
4 – likelihood of access to non-mandatory training/CPD (non-BAME staff)	1.01 Times more likely	0.90 Times more likely	1.08 Times more likely	1.03 Times more likely	0.99 Times more likely	1.03 Times more likely	1.08 Times more likely
9 – BME Voting Board Representation (where ethnicity declared)	30.0%	30.0%	27.3%	5.9%	5.9%	7.7%	9.1%

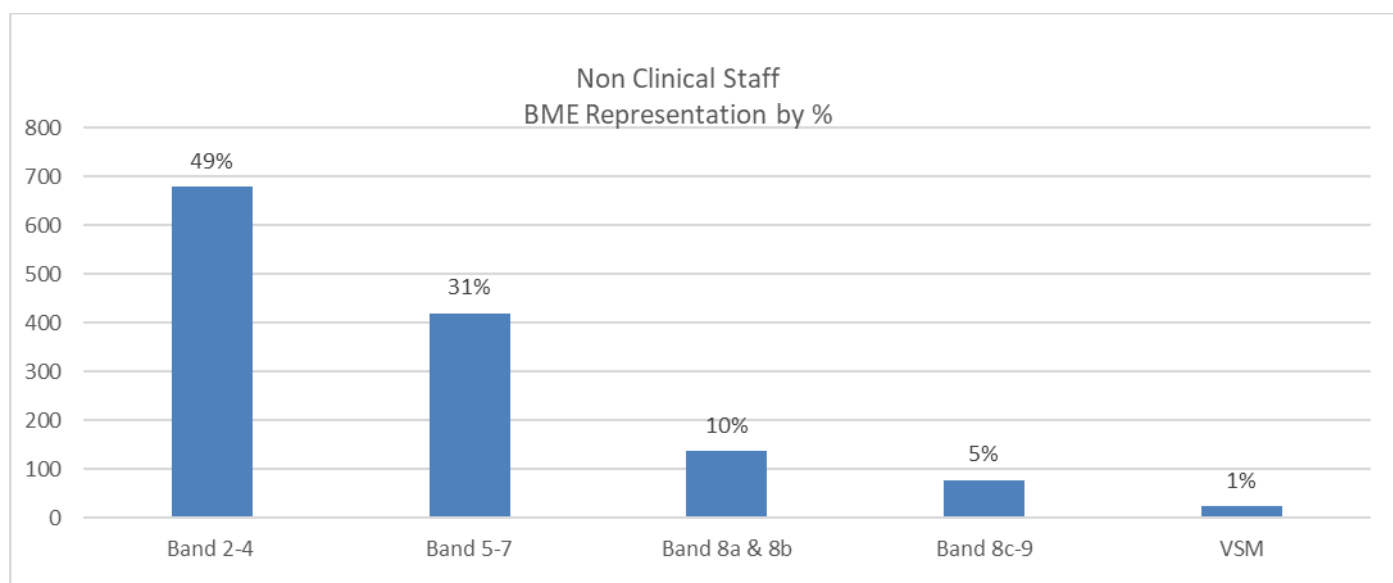
## Summary of workforce indicators for 2022/2023

**WRES indicator 1** - Percentage of BME staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and Very Senior Managers (VSM) (including Executive Board members) compared with the percentage of staff in the overall workforce.

Overall, non-clinical staff make up 19.2% of the total workforce (excl medical staff).

### Non-clinical staff BME representation as at March 2023

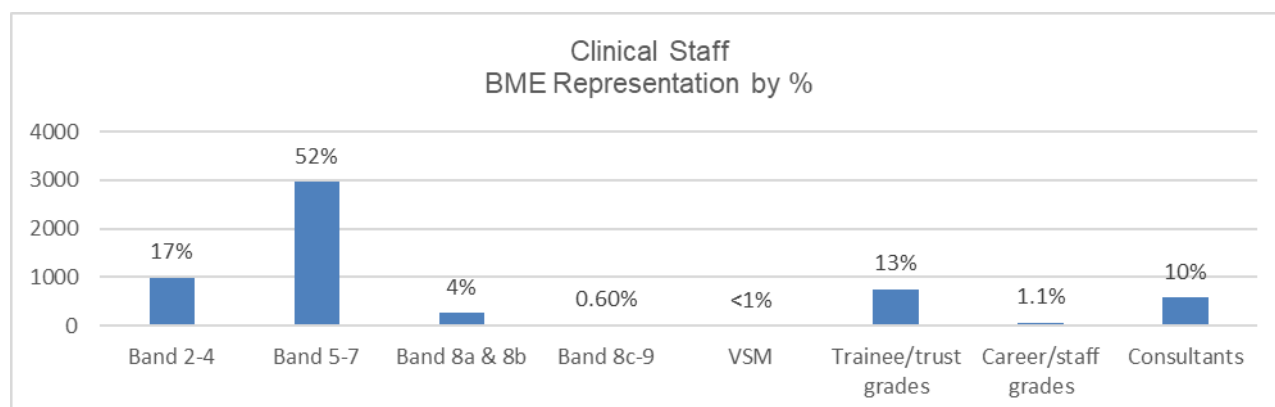
Non Clinical Workforce	Band 2-4	Band 5-7	Band 8a & 8b	Band 8c-9	VSM
1339	49% (679)	31% (420)	10% (138)	5% (78)	1% (24)



Overall, clinical staff make up 80.8% of the total workforce

### Clinical staff BME representation as at March 2023

Clinical Workforce	Band 2-4	Band 5-7	Band 8a & 8b	Band 8c-9	VSM	Trainee/trust grades	Career/staff grades	Consultants
5647	17% (989)	52% (2963)	4% (266)	0.6% (35)	<1% (2)	13% (755)	1.1% (66)	10% (571)



**WRES indicator 2** - Relative likelihood of BME staff being appointed from shortlisting compared to that of non-BAME across all posts.

Relative likelihood of non-BME staff being appointed following shortlisting
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1.71 Times more likely
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Compared to 1.72 times more likely in 2022, we have not seen a significant shift in this metric this year and this is a key area of focus for our EDI action plans.

**WRES indicator 3** - Relative likelihood of BME staff entering the formal disciplinary process, compared to that of non-BME staff entering the formal disciplinary process. This indicator measures entry into a formal disciplinary investigation, based on a two year rolling average of cases (1st April 2021 – 31st March 2023).

Year	Metric 3 WRES result
2023	1.55 times more likely

Compared to 1.77 times more likely the previous year, we have seen an improvement (-0.22) in this indicator, yet we recognise there is more to do.

**WRES indicator 4** - Relative likelihood staff accessing non-mandatory training and CPD (compared to non-BME)

Year	Metric 4 WRES result
2023	1.01 times more likely

We benchmark in the top 5% of the country in BME staff accessing non-mandatory and CPD training and better than the London region of 0.92.

### Staff Survey indicators - WRES

**WRES indicators 5 – 8** relating to 2022 staff survey findings compared to 2021.

WRES Metric	Non-BME staff score 2022	BME staff score 2022	Compared to 2021 BME score
<b>Metric 5</b> - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	40.9%	43.2%	37.1%
<b>Metric 6</b> - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	26.5%	28.5%	29.4%
<b>Metric 7</b> - Percentage believing that trust provides equal opportunities for career progression or promotion	57.2%	48.8%	46.0%
<b>Metric 8</b> - In the last 12 months, have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	8.1%	16.3%	16.8%

While the data data shows some improvement in areas around discrimination, harassment and bullying, overall, significant disparities remain.

## Board indicators – WRES

**WRES Indicator 9** – relating to Board representation, i.e. percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board.

	BME voting board membership
2023	30.0%
2022	30.0%
2021	27.3%
2020	5.9%
2019	5.9%
2018	7.7%
2017	9.1%
National Average 2023	-10.9%
Acute Average 2023	-14.9%
London Average 2023	-26.8%

## Overall summary

The results show some improvement in a number of areas, however, disparities remain and BME staff continue to have poorer experiences in recruitment, career progression and formal HR processes. Our high priority areas for improvement are around career progression and Board representation

(overall, voting members, and executive members), and these are not new.

## Conclusion

We are required to publish our WRES action plan, along with this data on our website by 31 October 2023. Our WRES action plan is part of our wider EDI action and specific actions we will be taking and monitoring over the next 12 months are illustrated in the plan below. We will continue to work the ENRICH network to address the challenges identified in this report, progressing some of the work around cultural awareness, diversity inclusion champions, reverse mentoring and talent mapping.

## EDI action plan including WRES 2023 – 2024

Objective	Actions	Success measure	Frequency
<p><b>Objective 1- Embed the Board's and senior managers' commitment to improving EDI</b></p> <p><b>Outcome:</b> Staff are clear of senior managers' commitment to provide a fair, inclusive and non-discriminatory work environment.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 1 and 6</b></p>	<ul style="list-style-type: none"> <li>Participate in Diversity in Health and Care Partners Programme for leaders, alongside ACC partners</li> <li>Launch Culturally Intelligent and Inclusive Leadership Development Programme for Divisional leadership</li> <li>Re instate reciprocal mentoring scheme for Executive and senior managers</li> <li>Embed EDI Advisor to Board role</li> <li>Divisional leadership teams undertake EDI self-assessment for Division's EDI maturity baseline</li> <li>Implement structured communication and engagement plan for Executives and Senior Managers to talk about EDI across the Trust</li> <li>All senior managers to have an inclusive leadership competence reviewed within their PDR</li> </ul>	<p>Annual chair / CEO appraisal on EDI objectives via Business assurance framework (BAF)</p> <p>Number of participant senior managers for inclusive leadership development training.</p> <p>Staff survey scores we are compassionate &amp; inclusive</p> <p>WRES 9 – increase in voting board representation</p>	<p>Annual</p> <p>Quarterly</p> <p>Annual</p> <p>Annual</p>
<p><b>Objective 2 - Develop influential Staff Networks (SN)</b></p> <p><b>Outcome:</b> SNs function effectively and visibly influence Trust decisions and policy, having direct impact on organisation culture.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 2, 3, 4 and 6</b></p>	<ul style="list-style-type: none"> <li>Introduce standardised role descriptors for SN administrative roles and Executive SN Sponsor role</li> <li>Introduce monthly meetings between Executive SN sponsor and SN Chair</li> <li>Introduce SN policy / framework to support effective function of SNs, including ToRs and governance</li> <li>Implement training and development programme for SN chairs and SN Exec Sponsors</li> <li>SN annual programme of work and specific actions to help address findings from: <ul style="list-style-type: none"> <li>Stonewall - LGBTQ+ SN</li> <li>WRES – ENRICH SN</li> <li>WDES and AccessAble – Disabled SN</li> <li>Gender Pay Gap – Women's SN</li> </ul> </li> <li>Re-design SN intranet pages</li> <li>Implement a structured regular communication process from SNs to all staff</li> </ul>	<p>Number of existing SNs</p> <p>Number of SN membership</p> <p>Staff survey score We are compassionate and inclusive</p> <p>Staff survey score We each have a voice that counts</p>	<p>Bi-monthly</p> <p>Bi-monthly</p> <p>Annual</p> <p>Annual</p>



<p><b>Objective 3 - Ensure fairness in disciplinary, grievance and performance management processes</b></p> <p><b>Outcome:</b> There is a sustained reduction in actual or perceived discrimination against disabled and Black, Asian, Minority Ethnic staff.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 2 and 6</b></p>	<ul style="list-style-type: none"> <li>• Deep dive into disciplinary cases over the last 2 years to understand themes, concentration and systemic issues</li> <li>• Deep dive into formal performance management cases over the last 2 years to understand themes, concentration and systemic issues</li> <li>• Introduce process for reviewing disciplinary action before it is taken</li> <li>• Introduce process for consulting EDI representatives at or before all formal disciplinary hearings.</li> <li>• Embed Restorative Just Culture</li> </ul>	<p>Relative likelihood of staff being referred to formal disciplinary</p> <p>Relative likelihood of staff being referred to formal capability</p> <p>Number of formal ER cases by ethnicity / disability</p>	<p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p>
<p><b>Objective 4 - Ensure fairness of recruitment process and progression opportunities</b></p> <p><b>Outcome:</b> Competency-based and non -discriminatory selection practices are used and there is increased awareness of bias that may affect decision-making.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 2, 3, 5 and 6</b></p>	<ul style="list-style-type: none"> <li>• Carry out a deep dive into ‘shortlisted vs appointed’ for Band 8As and above, disaggregated to Division level</li> <li>• Roll out refreshed Diversity Inclusion Champions recruitment campaign</li> <li>• Roll out new Diversity Inclusion Champions training</li> <li>• Introduce feedback and escalation process for Diversity Inclusion Champions following an interview panel</li> <li>• Introduce structured interview feedback process for candidates unsuccessful at interview. This should lead to an individual development/ progression plan</li> <li>• Launch NHS London Region de-bias in recruitment programme</li> </ul>	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>NSS Q on access to career progression, training and development opportunities</p> <p>Improvement in race and disability representation leading to parity</p> <p>Improvement in representation in senior levels</p> <p>Diversity in shortlisted candidates</p> <p>Number of Diversity Inclusion Champions recruited</p> <p>Number of Diversity Inclusion Champions on Band 8a and above interview panels</p>	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p>
<p><b>Objective 5 – Improve career progression for under-represented groups</b></p> <p><b>Outcomes:</b> There is parity across groups at all levels. Race, gender and disability pay gaps are eliminated.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 2, 3 and 5</b></p>	<ul style="list-style-type: none"> <li>• Deep dive into CPD allocations over last 12 months and processes for approval</li> <li>• Introduce screening process to identify appropriate vacant roles for ring-fenced interviews</li> <li>• Introduce internal leadership ladder (replicating NWL Pilot)</li> <li>• Structure for wide and systematic promotion of national programmes specifically aimed at encouraging the development of staff from underrepresented groups.</li> <li>• Maintain and widely promote a clear catalogue of sources of and access to informal career advice, coaching and mentoring.</li> </ul>	<p>Number of BAME staff applying for leadership courses.</p> <p>Number of BAME staff accepted onto leadership courses</p> <p>Number of BAME staff securing promotion following a leadership course or programme</p> <p>Number of BAME staff in acting up</p> <p>Number of BAME staff in secondments</p> <p>Likelihood of access to non-mandatory training/CPD (non-BAME staff)</p>	<p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p>

<p><b>Objective 6 - Eliminate harassment and bullying</b></p> <p><b>Outcome:</b> There is sustained reduction in actual or perceived discrimination cases and organisational learning and awareness of micro- aggressions</p> <p><b>Linked to NHS EDI Improvement plan high impact action 6</b></p>	<ul style="list-style-type: none"> <li>• Introduce active by-stander training</li> <li>• Introduce Equity Impact Assessment (EIA) requirement for all policies , starting with those undergoing review</li> <li>• Increase platforms for collective learning and sharing of multi-cultures and differences</li> <li>• Evaluate findings from Virtual Reality pilot and identify opportunities for full adoption</li> <li>• Revise current EDI mandatory training</li> </ul>	<p>Number of managers trained in completing EIAs</p> <p>Number of staff attending active by-stander training</p> <p>Staff survey scores on bullying, harassment</p> <p>Staff survey scores on discrimination from managers</p> <p>Staff survey scores for “Belonging in the NHS”</p>	<p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p> <p>Annual</p> <p>Annual</p>
<p><b>Objective 7 – Develop and embed an inclusive and compassionate culture</b></p> <p><b>Outcome:</b> We are inclusive</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 5 and 6</b></p>	<ul style="list-style-type: none"> <li>• All actions above, delivered successfully, will re-inforce an inclusive and compassionate culture.</li> </ul>	<p>Improvement in race, gender and disability pay gap</p> <p>Staff survey score We are compassionate and inclusive</p> <p>Staff survey score We are safe and healthy</p> <p>Pulse survey score to questions on recommending the Trust as a place to work and receive treatment</p>	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Quarterly</p>