

REPORT TO THE WORKFORCE EDUCATION SUBBOARD

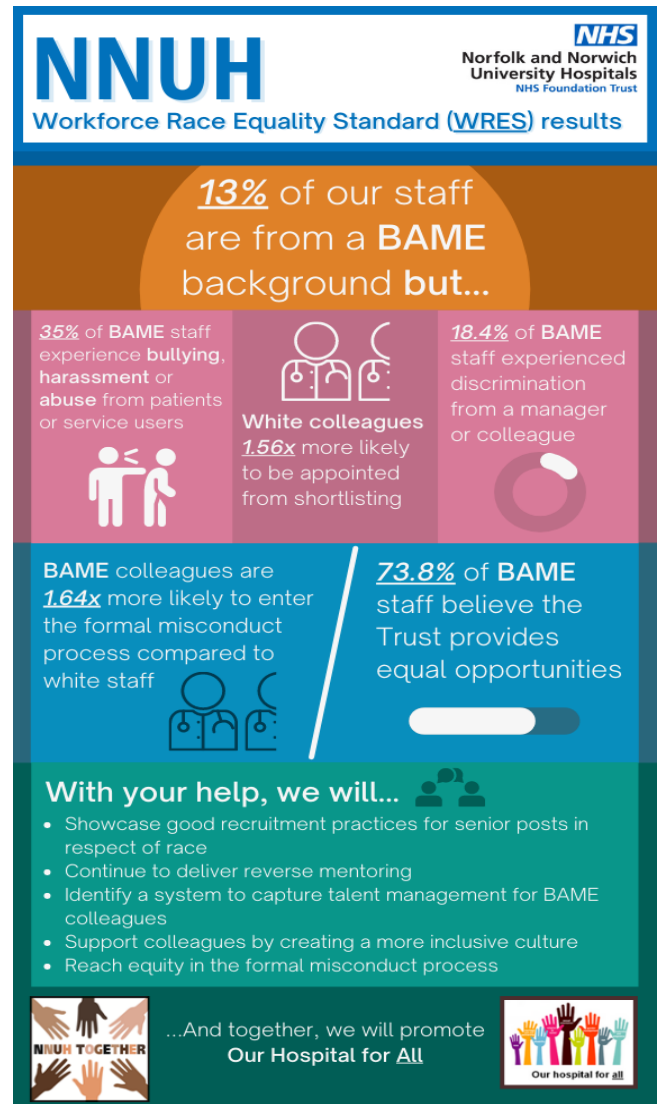
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| Date | 20 August 2021 |
| Title | Workforce Race Equality Standard |
| Author & Exec lead | Emma Clark, HR Officer and Amy Knights, Head of HR and Corporate Development |
| Purpose | The purpose of the report is to update the Workforce Education Sub-Board on the Workforce Equality Standards for Race and the proposals for interventions. For discussion and approval. |

1. Background/Context

- 1.1 As an NHS organisation we are obliged to publish the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) annually.
- 1.2 The WRES, introduced in 2015, seeks to prompt inquiry to better understand why it is that BAME staff receive poorer treatment than white staff in the workplace and to facilitate the closing of these gaps.
- 1.3 The WDES, introduced in 2019, seeks to prompt inquiry to better understand why it is that disabled staff receive poorer treatment than non-disabled staff in the workplace and to facilitate the closing of these gaps.
- 1.4 The WRES and WDES reports contain key indicators to better understand our workforce profile, recruitment statistics, and individual staff experiences. Both reports explain our progress and describe our actions to improve.
- 1.5 The WRES and WDES 2021 reports are required to be published on the Trust's website and to NHS Employers by 31 August 2020 following approval from the Hospital Management Board.
- 1.6 Similarly to last year, the disproportionate impacts of Covid-19 on BAME communities, the Black Lives Matter Movement and recent explicit racial abuse in football have increased awareness and the importance of tackling race inequality across the UK and within the NHS. As a result our WRES report is aligned to the NHS People Plan, Roger Kline's principles on Fair Recruitment and Career Progression and the East of England's Anti-Racist strategy which address racial inequalities and discrimination within the NHS
- 1.7 As mentioned above, actions which have been identified in response to our WRES 2021 findings consider and make reference to Roger Kline's principles on Fair Recruitment and Career Progression along with the East of England's Anti-Racism Strategy including:
- Accountability from our senior leaders
 - Removing bias from systems and processes
 - Taking action to address the lack of representation in higher banded roles
 - Making sure key decision making teams include people from a diverse background and their work is credited
 - Providing learning and development opportunities on race and allyship.

1. Key issues, risks and actions

- 1.1 The briefing paper attached includes the WRES findings, our progress and actions going forward. The key focus should be on:
- 1.1.1 **WRES Indicator 2** – white candidates are **1.56x** more likely to be appointed from shortlisting compared to BAME candidates.
- 1.1.2 **WRES Indicator 3** – BAME colleagues are **1.64x** more likely to enter the formal misconduct process compared to white staff.
- 1.1.3 **WRES Indicator 4** – White staff are **1.65x** more likely to access non-mandatory training and CPD compared to BAME staff.
- 1.1.4 **WRES staff survey indicators** – **28.3%** of BAME staff have experienced bullying or abuse from patients or service users in the last 12 months. Whilst this finding is an improvement compared to 2020 (30.7% of BAME staff experience bullying or abuse from patients or service users), we must continue to focus on improving.
- 1.2 Readers can also review the key headlines within our WRES infographic provided on the right.



2. Conclusions/Outcome/Next steps

- 2.1 The briefing paper attached, includes the interventions for improvement.
- 2.2 The interventions are provided within our WRES Action Plan and are also incorporated within our EDI workforce Focused Action Plan and supports the principle and overarching objective:



Recommendation:

The Board is recommended to:

- Consider and note the findings and actions to improve.
- To approve the WRES 2021 report for publication.

Workforce Race Equality Standard (WRES) Report 2021

1.0 Introduction

The greatest resource that the NHS has is its staff. It is the fifth largest employer in the world with almost one in five of its workforce being of black and minority ethnic (BME) origin. At the same time, research and evidence strongly suggest that BME staff in the NHS are treated less favourably, have poorer experience and progression opportunities. This in turn has significant implications for the efficient and effective running of the NHS, including adverse impacts on the quality of care received by all patients.

The NHS Workforce Race Equality Standard (WRES), introduced in 2015, seeks to prompt inquiry to better understand why it is that BAME staff receive poorer treatment than white staff in the workplace and to facilitate the closing of these gaps.

This is the 2021 annual WRES data report. Data has been directly compared to 2019 and 2020 data within Appendix 2 providing a clear picture on the indicators that the trust is performing well and those that require our focus in the year ahead.

The data highlights that the experiences and opportunities for BAME staff are not the same as for White staff, and more action and focus is needed to close the gap in experience between these two staff groups.

The focus of this report is to present the Trust's performance against the WRES indicators for the past 12 months and provide recommendations and an action plan by which to better our performance and ultimately improve the experience and opportunities for our BAME staff in the coming years.

The report will summarise the indicators and describe our progress. It will then follow with actions for improvement.

- Appendix 1 describes the metrics and the data source
- Appendix 2 summarises the WRES findings
- Appendix 3 details the WRES data further and compares this with 2019 results
- Appendix 4 provides the Trust's WRES 2021 Action Plan

2.0 Norfolk Census Data (2011)

To understand the data better, it is important to recognise Norfolk's population. Below is a table which identifies Norfolk's population by ethnicity and compares this to the East of England region and England (Norfolkinsight.org.uk).

| | Norfolk | | East of England | | England | |
|--|---------|-------|-----------------|-------|------------|-------|
| | Count | % | Count | % | Count | % |
| Asian/Asian British | 13,017 | 1.5% | 278,372 | 4.8% | 4,143,403 | 7.8% |
| Black/ African Caribbean/ Black British | 4,609 | 0.5% | 117,442 | 2% | 1,846,614 | 3.5% |
| Mixed/ Multiple ethnic groups | 10,027 | 1.2% | 112,116 | 1.9% | 1,192,879 | 2.3% |
| Other ethnic group | 2,217 | 0.3% | 28,841 | 0.5% | 548,418 | 1.0% |
| White | 828,018 | 96.5% | 5,310,194 | 90.8% | 45,281,142 | 85.4% |

3.0 Summary of findings/ WRES Progress 2020/21

Appendix 2 summarises the indicators from Mar 19 – Mar 21.

3.1 Recruitment

The WRES indicator two is:

Relative likelihood of staff being appointed from shortlisting across all posts.

This recruitment indicator assesses the relative likelihood of staff (White v BME) being appointed from shortlisting, for both external and internal recruitment processes.

Our 2021 findings suggest that white candidates are 1.56 times more likely to be appointed from shortlisting when compared to BME candidates. This is an increase compared to our 2020 and 2019 data which was 1.52x and 1.53x respectively. There is a clear disproportionality which is why we have taken the opportunity to expand 'indicator two' and expand the recruitment data beyond ethnicity and provide analysis against other protected characteristics, by:

- The number and percentage of applications by the protected characteristic grouping;
- The number and percentage of applications shortlisted by the protected characteristic;
- The number and percentage of applications appointed by the protected characteristic; and,
- The percentage of applications by protected characteristic:
 - Shortlisted
 - Shortlisted and appointed
 - Appointed

We also have the same data available by division, speciality and staff group – a wealth of data for drilling down into the detail.

This additional data has been shared with our Local Equality and Diversity Groups (LEDGe), our Trust's Equality and Diversity Group and BAME staff network for comments. It is agreed that all LEDGe's will use this data to identify areas within their division that require focus and to suggest interventions they will take forward to improve.

From a Trust wide perspective actions to address this are found within our WRES action plan (Appendix 4).

3.2 Misconduct

The WRES Indicator three is:

Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

The Trust sees an increase for the likelihood of BAME staff entering the formal misconduct process compared to White staff compared to the WRES 2020 report. In September 2018, we launched our new Misconduct Policy which replaced the Disciplinary Policy. This was a collective agreement with all our Trade Unions. The intention is that potential cases of misconduct are dealt with at an early stage, with a view to resolving problems as quickly and fairly as possible and that our employees can learn, improve and prevent recurrences. This approach is consistent with the Know Your Staff principles – our compassionate and just approach to people management.

The Misconduct Policy has recently been under further review based on the recent NHS Improvement Advisory Group recommendations.

The main changes include:

- Inclusion of Just and Learning principles
- Inclusion of a 'Review of Events' process to be undertaken prior to a decision to progress a formal investigation
- Suspension considerations have been strengthened in the revised policy, along with a requirement to carry out a suspension risk assessment, prior to any suspension decision.
- Where a suspension extends over 28 days it will be escalated to the triumvirate/ Head of Department and will also be reported to the Workforce & Education Board.
- Progress of formal Misconduct cases will be reported on a monthly basis to the Workforce & Education Board. This will highlight the number and length of suspensions, length of formal investigations and highlight where a case is be escalated to the Divisional Management Triumvirate/ Head of Department (for Corporate Departments) to consider if any further management intervention is required.
- Strengthened employee health and wellbeing considerations, to be made during misconduct processes.
- A lesson learned review will be completed by the Commissioning Manager and submitted to the Divisional Management Triumvirate/ Head of Department (for Corporate Departments) to consider any further management intervention required to address the lessons learnt.
- Further clarity on the responsibilities of key roles and levels of decision making.

Further actions to address this are found within our WRES action plan (Appendix 4).

3.3 Accessing Non-Mandatory Training

The WRES Indicator four is:

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

Our findings suggest that this indicator has remained disproportionate. The data shows that white staff are 1.65x more likely to access non-mandatory training and CPD compared to BAME staff. Whilst the pandemic may have had an impact on all our staff accessing non-mandatory training, this indicator highlights that our white colleagues were still able to access these courses more than our BAME staff.

Our reverse mentoring programme which launched in September 2020 was also included within this data collection. The programme provided an opportunity for our Black, Asian, Minority Ethnic staff along with other staff with protected characteristics to come forward to mentor an executive or senior leader in the Trust. A group of 12 staff of which 8 were of a Black, Asian or ethnic minority background mentored 12 executives or senior managers. The programme enabled staff to share their lived experiences, develop their mentoring/ coaching skills and build relationships with senior colleagues resulting to improvement actions our senior leaders will be held accountable to as well as opportunities for our reverse mentors to develop.

Future actions to address this indicator are found within our WRES action plan (Appendix 4).

3.5 Staff Survey Indicators

The WRES staff survey indicators show that 3 of the questions improved while 1 worsened.

Whilst the questions relating to experiences of bullying and harassment have seen some improvements, we are committed to continuing this work. See appendix 4 to review our actions in response to this.

The percentage of staff believing the organisation provides equal opportunities for career progression or promotion, has seen a decline from our BME staff (73.8% of BME staff agreed compared to 75.0% in 2020). This percentage may link to the WRES indicator 4 in terms of the disproportionate access to non-mandatory training and CPD.

Communicating with PRIDE and Speaking Up

We launched our revised dignity at work framework (Communicating with PRIDE) in 2018 which consists of resources that aim to empower staff to resolve issues themselves or with the help of others. The framework encourages an informal approach towards combatting inappropriate behaviours using the BUILD tool and/ or facilitated discussions. However, should a formal route be more appropriate, the framework directs staff to our Misconduct Policy. The Trust have delivered a large number of sessions to discuss the framework and educate staff of the impacts rudeness and inappropriate behaviour can have on individuals.

EDI Allies

The Trust has recently launched the EDI Allies initiative to enable staff to feel comfortable raising concerns with their peers should they feel more comfortable. The EDI allies' initiative aims to make a positive difference promoting a message of inclusion.

- EDI allies are members of staff who believe that everyone should be able to experience full equality in the workplace.
- EDI allies should be committed to the development of a more inclusive culture for staff to help tackle feelings of isolation and help to facilitate voices.

EDI allies will act as a point of contact for staff seeking advice, information or support. They do this through making time for colleagues who want to talk, they will attend training, events or activities relevant to Equality, Diversity and Inclusion and keep informed of support mechanisms available to staff, share their learning or signpost to relevant information.

The Trust launched the first cohort in June 2021 and aims to continue the delivery of the programme in order to appoint a number of staff on different wards/ departments. It is hoped that the roll out of this will help to improve the staff survey indicators in relation to experiences of bullying and harassment.

Staff Networks

We know that engaging with staff in a meaningful and sustained way is important in helping to make continuous improvements on the workforce race equality agenda. Amongst other benefits, this engagement provides the organisation with the opportunity to make sure that staff feel valued and respected for the outstanding contribution they often make, and that BAME staff in particular, are fully involved in the organisation's work.

The Trust continues to promote staff networks that have a key role in developing and overseeing the implementation of the action plans. The Trust has four staff networks; NNUH Together, LGBT+, Women's and Diverse Ability.

All four of our staff networks meet bi-monthly. Our NNUH Together staff network is chaired by a representative colleague, focusing on the WRES findings and actions and enabling the opportunity for lived experiences to be shared.

The NNUH Together staff network welcomes executives to join meetings which enhances the Trust Board commitment to inclusion. The NNUH Together staff network co-chairs are also invited to forums such as the Trust Equality and Diversity Group and the Joint Consultative Committee with senior leaders and trade union representatives to enable shared decision making when implementing procedures and policies affecting our staff.

Impact on Covid-19 and Open Conversations

At the outset of the pandemic, the Trust introduced an individualised risk assessment process for staff. This considers an individual's underlying health condition, the role they undertake and steps on mitigating risks, either through alternation to duties or their work location. As new evidence emerged we revised the risk assessment matrix to include factors such as weight, and demographic factors such as gender, age and ethnicity.

The Trust also secured approval for an e-tool that allows for simpler assessment and automatic advice and self-referral where an apparent risk requires an assessment by Workplace Health and Wellbeing. The revised matrix and e-tool were tested with representatives from our NNUH Together Staff Network and have influenced its development.

We continued to monitor the equality impact of the pandemic and our response to it. We delivered (and continue to) open conversations reaching out to our staff who had concerns. This has provided the opportunity for staff to raise questions regarding Covid-19 which included the impact on ethnicity, gender, age, sexual orientation, gender reassignment, disability and underlying health, religion and pregnancy.

The conversation followed within NNUH Together and Diverse Ability Staff Networks where experiences and concerns were shared and follow up questions were raised.

We continue to meet with our trade union colleagues on a weekly basis and this has helped us to address concerns and put in place appropriate responses.

Diversity Campaign

The Communications Team are supporting the Trust to promote a diversity campaign this autumn. The campaign will focus on acknowledging and celebrating our diverse workforce and promoting the importance of an inclusive culture.

Part of the campaign will include our annual celebrating diversity event featuring presentations of our staff sharing their personal stories, external speakers and information about our Staff Networks and services available. We first promoted this event in October 2019 which has since been a great success.

4.0 WRES Actions and Recommendations

The ultimate aim of the WRES is to increase awareness of the differences in experience for black and minority ethnic employees in the NHS. The WRES is a strategic tool geared at helping organisations understand the systemic issues inherent in the race equality agenda and to develop plans to help improve the experiences of BME staff. Despite its strategic nature, for the WRES to be successfully implemented, its spirit needs to be embraced by all



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employees and workers in the NHS. We therefore recommend collective leadership is required e.g. high levels of engagement between leaders at all levels.

The WRES 2021 Action Plan can be found within Appendix 4 of this report. Like other NHS organisations we have ensured we have consulted with our NNUH Together Staff Network in order to agree actions looking to continuously improve the WRES indicators.

We encourage all staff but specifically our leaders to review and embrace these actions/ interventions so that we can collectively achieve our overarching goal of making NNUH Our Hospital for All.

Appendix 1 – WRES Metrics Summary

| Indicator | Data Source |
|---|----------------------|
| <p>1 Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:</p> <ul style="list-style-type: none"> • Non-Clinical • Clinical • Medical and Dental Staff | ESR |
| <p>2 Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>Note: This refers to both external and internal posts</p> | TRAC |
| <p>3 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> | ER Case Log |
| <p>4 Relative likelihood of staff accessing non-mandatory training</p> | ESR |
| <p>5 Percentage of BME staff compared to White staff experiencing harassment bullying or abuse from patients, relatives or the public in the last 12 months</p> | NHS Staff Survey Q13 |
| <p>6 Percentage of BME staff compared to White staff experiencing harassment, bullying or abuse from staff in the last 12 months.</p> | NHS Staff Survey Q13 |
| <p>7 Percentage BME staff compared to White staff believing that the Trust provides equal opportunities for career progression or promotion</p> | NHS Staff Survey Q14 |
| <p>8 Percentage of BME staff compared to White staff who have personally experienced discrimination from a manager/ team leader or other colleague in the last 12 months</p> | NHS Staff Survey Q15 |
| <p>9 Percentage difference between the organisations Board membership and its overall workforce</p> | ESR |

Appendix 2 – Summary of findings

| Indicator | Description | Mar 19 | | Mar 20 | | Mar 21 | | Comments |
|-----------|--|--------|-------|--------|-------|--------|-------|---|
| | | BAME | White | BAME | White | BAME | White | |
| 1 | % of BME staff in each of the (AfC) Bands 1-9 or Medical and Dental Subgroups and VSM compared with the percentage of staff in the overall workforce | 11.4% | 83.5% | 12.0% | 80.9% | 13.2% | 80.3% | 2021: BME Headcount:1,227 2021: White Headcount: 7,490 2021: Unknown: 606 |
| 2 | Relative Likelihood of White staff being appointed from shortlisting compared to BAME | 1.53 | | 1.52 | | 1.56 | | |
| 3 | Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation | 0.84 | | 1.15 | | 1.64 | | |
| 4 | Relative likelihood of staff accessing non-mandatory training and CPD. | 1.63 | | 1.69 | | 1.65 | | |
| 5 | % of staff experiencing harassment, bullying or abuse from patients, relatives or the public. | 30.4% | 29.7% | 30.7% | 31.0% | 28.3% | 28.3% | |
| 6 | % of staff experiencing harassment, bullying or abuse from staff. | 39.0% | 29.5% | 35.1% | 26.4% | 33.0% | 29.6% | |
| 7 | % of staff believing that the Trust provides equal opportunities for career progression or promotion | 74.3% | 88.8% | 75.0% | 89.3% | 73.8% | 87.0% | |



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|---|---|--------|------|--------|------|--------|------|--|
| 8 | % of staff personally experienced discrimination at work from a manager, team leader or other colleague | 17.7% | 7.1% | 21.0% | 6.2% | 18.4% | 6.7% | |
| 9 | % difference in board membership v. overall workforce | -11.4% | | -12.0% | | -13.2% | | |

Appendix 3 – NNUH WRES Metrics 2021

Indicator 1. Percentage of BME staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce

| Non-Clinical Workforce | 2020 | | | 2021 | | |
|---|--------------|--------------|------------|--------------|--------------|------------|
| | White | BME | Unknown | White | BME | Unknown |
| Under Band 1 | 28 | 0 | 8 | 30 | 1 | 1 |
| Band 1 | 3 | 0 | 0 | 1 | 0 | 0 |
| Band 2 | 585 | 30 | 31 | 576 | 36 | 30 |
| Band 3 | 462 | 11 | 27 | 460 | 14 | 20 |
| Band 4 | 432 | 12 | 16 | 426 | 11 | 15 |
| Band 5 | 130 | 2 | 10 | 151 | 5 | 6 |
| Band 6 | 92 | 5 | 5 | 84 | 8 | 5 |
| Band 7 | 62 | 4 | 4 | 77 | 7 | 7 |
| Band 8a | 38 | 3 | 5 | 44 | 4 | 4 |
| Band 8b | 48 | 2 | 3 | 51 | 2 | 8 |
| Band 8c | 13 | 0 | 2 | 16 | 3 | 2 |
| Band 8d | 11 | 0 | 1 | 14 | 0 | 1 |
| Band 9 | 12 | 0 | 1 | 12 | 0 | 0 |
| VSM | 11 | 0 | 4 | 14 | 0 | 4 |
| Clinical Workforce (Non-Medical) | | | | | | |
| Under Band 1 | 15 | 0 | 1 | 21 | 0 | 0 |
| Band 1 | 3 | 0 | 0 | 3 | 0 | 0 |
| Band 2 | 941 | 76 | 77 | 1117 | 99 | 64 |
| Band 3 | 339 | 12 | 19 | 362 | 16 | 13 |
| Band 4 | 284 | 47 | 23 | 303 | 42 | 21 |
| Band 5 | 1199 | 312 | 193 | 1192 | 389 | 193 |
| Band 6 | 1066 | 92 | 49 | 1097 | 105 | 44 |
| Band 7 | 585 | 29 | 27 | 603 | 30 | 23 |
| Band 8a | 178 | 6 | 7 | 176 | 10 | 8 |
| Band 8b | 47 | 2 | 1 | 44 | 2 | 0 |
| Band 8c | 6 | 0 | 1 | 12 | 1 | 0 |
| Band 8d | 7 | 0 | 1 | 7 | 0 | 0 |
| Band 9 | 3 | 0 | 0 | 4 | 0 | 0 |
| VSM | 2 | 0 | 0 | 1 | 0 | 0 |
| Medical and Dental | | | | | | |
| Consultants | 294 | 155 | 53 | 305 | 163 | 57 |
| <i>of which senior medical manager</i> | 1 | 0 | 0 | 1 | 0 | 0 |
| Non Consultant Career Grade | 63 | 70 | 16 | 71 | 69 | 16 |
| Trainee Grades | 219 | 197 | 48 | 215 | 210 | 64 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals | 7,179 | 1,067 | 633 | 7,490 | 1,227 | 606 |

Indicator 2. Relative Likelihood of staff being appointed from shortlisting across all posts.

| | 2020 | | | 2021 | | |
|---|--------|--------|---------|--------|--------|---------|
| | White | BME | Unknown | White | BME | Unknown |
| Number of Shortlisted Applicants | 8,621 | 1,522 | 174 | 6,074 | 1,192 | 166 |
| Number Appointed from Shortlisting | 1,952 | 227 | 19 | 1,604 | 202 | 38 |
| Relative likelihood of appointment from shortlisting | 22.64% | 14.91% | 10.92% | 26.41% | 16.95% | 22.89% |
| Relative likelihood of White staff being appointed from shortlisting compared to BME | 1.52 | | | 1.56 | | |

Indicator 3. Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

| | 2020 | | | 2021 | | |
|--|-------|-------|---------|-------|-------|---------|
| | White | BME | Unknown | White | BME | Unknown |
| Number of staff in workforce | 7,178 | 1,067 | 633 | 7,489 | 1,227 | 606 |
| Number of staff entering the formal disciplinary process | 35 | 6 | 5 | 26 | 7 | 8 |
| Likelihood of staff entering the formal disciplinary process | 0.49% | 0.56% | 0.79% | 0.35% | 0.57% | 1.32% |
| Relative likelihood of BME staff entering the formal disciplinary process compared to White staff | 1.15 | | | 1.64 | | |

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

| | 2020 | | | 2021 | | |
|---|--------|--------|---------|-------|-------|---------|
| | BME | White | Unknown | BME | White | Unknown |
| Number of staff accessing non-mandatory training and CPD | 121 | 1,379 | 59 | 40 | 402 | 25 |
| Likelihood of staff accessing non-mandatory training and CPD | 11.34% | 19.21% | 9.32% | 3.26% | 5.37% | 4.13% |



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|--|------|------|
| Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff | 1.69 | 1.65 |
|--|------|------|

Indicator 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

| 2020 | | 2021 | |
|-------|-------|-------|-------|
| White | BME | White | BME |
| 31.0% | 30.7% | 28.3% | 28.3% |

Indicator 6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

| 2020 | | 2021 | |
|-------|-------|-------|-------|
| White | BME | White | BME |
| 26.4% | 35.1% | 29.6% | 33.0% |

Indicator 7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

| 2020 | | 2021 | |
|-------|-------|-------|-------|
| White | BME | White | BME |
| 89.3% | 75.0% | 87.0% | 73.8% |

Indicator 8. Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months.

| 2020 | | 2021 | |
|-------|-------|-------|-------|
| White | BME | White | BME |
| 6.2% | 21.0% | 6.7% | 18.4% |

Indicator 9. Percentage difference between the organisation's Board voting membership and its overall workforce.

| | 2020 | | | 2021 | | |
|---|-------|--------|---------|-------|--------|---------|
| | White | BME | Unknown | White | BME | Unknown |
| Total Board Members | 14 | 0 | 3 | 14 | 0 | 4 |
| <i>of which Voting Board Members</i> | 13 | 0 | 2 | 13 | 0 | 3 |
| <i>of which Non-Voting Board Members</i> | 1 | 0 | 1 | 1 | 0 | 1 |
| <i>of which Exec Board Members</i> | 7 | 0 | 1 | 5 | 0 | 1 |
| <i>of which Non-Exec Board Members</i> | 7 | 0 | 2 | 9 | 0 | 3 |
| Total Board Members % by Ethnicity | 82.4% | 0% | 17.6% | 77.8% | 0% | 22.2% |
| Overall Workforce % by Ethnicity | 80.9% | 12.0% | 7.1% | 80.3% | 13.2% | 6.5% |
| Difference (Total Board - Overall Workforce) | 1.5% | -12.0% | 10.5% | 2.6% | -13.2% | 15.7% |

Appendix 4 – WRES Action Plan 2021

| Action | Interventions to Achieve | Responsibility (and support) | Related Indicator |
|--|---|---|--|
| To increase the experience and awareness of good recruitment practices for posts particularly in respect of race. | <ul style="list-style-type: none"> • Implement balanced interview panels for Band 8a and above roles • Review recruitment packs, job descriptions and interview questions to ensure inclusion standards are captured. • Interview panels to produce a written statement evidencing why any BAME candidates were not appointed for any AfC Band 7 and above posts • Promote and encourage applications for the NeXT programme • Development projects to be identified and BAME staff sign posted preferentially to these opportunities • Ensure secondment opportunities are transparent | Equality and Diversity leaders and Recruitment (NNUH Together staff network, LEDGe's and Senior Managers) | WRES Indicator 2 Model Employer Goals |
| Empower staff to share their lived experiences to enable people to reflect and determine what they and the organisation can do to improve and make further progress. | <ul style="list-style-type: none"> • Deliver a further reverse mentoring cohort. • Continue with the reverse mentoring Alumni group • Explore EDI training packages and workshops for senior, middle managers and ward matrons to participate | Equality and Diversity leaders (NNUH Together staff network and senior managers) | WRES Indicator 4, 6 and 8 NHS People Plan 2020/21 |
| To identify a system to capture talent management for BAME colleagues. | <ul style="list-style-type: none"> • Implement an in-house development programme aimed at BAME Band 5-7 staff. • Work with STP colleagues to implement a development programme aimed at BAME Band 8a (and above) | Learning and Development Team, LEDGe's (NNUH Together staff network and Senior managers) | WRES Indicator 4 and 7 |

| | | | |
|--|---|--|---------------------------|
| | <p>staff.</p> <ul style="list-style-type: none"> • Senior Nurses and Middle managers to be aware of attainment/developmental gap between BAME/White colleagues and how they can support career development of BAME Staff • Formal actions from all divisions to outline in their workforce plans how they can support BAME staff to develop and progress to higher positions in the next year | | |
| Support our colleagues by creating cultures of civility, respect and safety. To ensure people feel safe when speaking up and when reporting incidences of discrimination from staff and patients/ service users. | <ul style="list-style-type: none"> • Introduce zero tolerance posters • Produce an escalation process in response to experiences of discrimination or inappropriate behaviour from patients/ service users • Review our Communicating with PRIDE tools to ensure it provides the appropriate support • Continue the roll out of the EDI Allies programme | Freedom to Speak Up Guardians, LEDGe's Equality and Diversity leaders (NNUH Together staff network and managers) | WRES Indicator 5, 6 and 8 |
| To improve the relative likelihood of BAME staff entering the formal misconduct process compared to white staff. | <ul style="list-style-type: none"> • Quarterly monitoring of the relative proportion of BAME and White staff being in formal procedures • Formal assessment needed for any misconduct allegations/procedures instigated against a BAME staff member. | Human Resources, LEDGe's | WRES Indicator 3 |