



Frimley Health
NHS Foundation Trust

Workforce Race Equality Standard (WRES) Report 2022

Why is the Workforce Race Equality Standard needed?

To address a lack of progress in race equality for Black & Minority staff (BAME) in the NHS (as cited in “Snowy White Peaks of the NHS Report”), in April 2015 NHS England introduced the NHS Workforce Race Equality Standard (WRES).

What do NHS Trusts need to do?

NHS Trusts must publish annually:

- Data against 4 nationally set workforce indicators and 4 NHS Staff Survey scores relating to White & BAME staff
- Comparison of banding, disciplinary, recruitment and training data with the previous year’s submission
- Action plans to address low representation of BAME representation at Senior Management levels in the NHS

What is different about the Workforce Race Equality Standard?

NHS Trusts can now calculate a metric to indicate how White staff and BAME staff fare when accessing training, entering disciplinary processes and recruitment (see WRES indicators 2 – 4 (in the table below)).

The metric which is calculated is then compared against the baseline figure which is “1”. Depending on BAME representation in the workforce this baseline broadly means:

- **Exactly 1** suggests “parity” between White and BAME staff and reflects ethnic diversity in the workforce
- **Less than 1** suggests BAME staff are faring well
- **Between 1 - 2** suggests BAME staff are faring less well than White Staff in the workforce
- **Above 2** suggests BAME staff are faring significantly worse than White Staff in the workforce

Indicator		Data for reporting year 2022	Data for previous year 2021	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
1	Percentage of BME staff in Bands 1-9	Band 1: 65% Band 2: 46% Band 3: 33% Band 4: 25% Band 5: 60% Band 6: 40% Band 7: 26% Band 8a: 22% Band 8b: 14.4% Band 8c: 15.5% Band 8d: 5.3% Band 9: 25%	Band 1: 65% Band 2: 42% Band 3: 29% Band 4: 28% Band 5: 55% Band 6: 38% Band 7: 25% Band 8a: 22% Band 8b: 18% Band 8c: 15% Band 8d: 0% Band 9 & VSM: 3.6%	<p>The proportion of BAME staff at Band 8a is unchanged while at Bands 8c & 8d it has increased. In contrast 8b has decreased by over 4%. The variation in trend is difficult to interpret just from these figures, however it has been established that turnover at Band 8d and VSM is less likely than the entry points to senior management.</p> <p>The ethnic diversity of the Trust's workforce overall (Clinical and Non – Clinical) is:</p> <ul style="list-style-type: none"> • 54.8% (58.1% in 2021) White (White British, Irish, Other, European) • 41.8% (39.3% in 2020) Black, Asian, Minority Ethnic (BAME) (Mixed Race, South East Asian, Black, Chinese, Filipino, Other) • Asian British Indian has seen the largest rise of 0.9%, followed by Asian other at 0.6% 	
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	White applicants 1.17 times more likely to be shortlisted than BAME staff	White applicants 1.38 times more likely to be shortlisted than BAME applicants	42% BAME applicants were appointed show after 79.6% of BAME applicants had been shortlisted. Total number of applications has increased rapidly by 18,000 compared with 2020/21 and BAME outcomes have improved with another rise in BAME density overall.	
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to White staff entering the same process	BME Staff 1.28 times more likely to enter formal processes	BME Staff 1.05 times more likely to enter formal processes	There has been a slight worsening of this metric compared with the previous year which is due to a greater rise in the number of BAME staff than White staff involved in formal processes.	
4	Relative likelihood of BME staff accessing non-mandatory training and Continuing Professional Development (CPD) compared to White staff	White staff are 0.88 times more likely to access CPD training	White staff are 1.3 times more likely to access CPD training	The data for 2022 shows positive progress as there has been a marked improvement for BAME staff compared with the previous year.	

Indicator		NHS SS Data for reporting year 2021	NHS SS Data for previous year 2020	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
5	KF 14a. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White Staff: 27% BAME Staff: 31%	White Staff: 27% BAME Staff: 34%	Link to Employment E&D Objective 2022 – 2023 The BAME Staff Forum is playing a key role in taking forward action linked to this staff survey item. Black History Month has been marked and celebrated jointly with Freedom to Speak Up Month. For example a webinar was held exploring barriers to speaking up and whether diversity and organisational culture are factors in preventing people from speaking up.	
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White Staff: 21% BAME Staff: 24%	White Staff: 22% BAME Staff: 26%	Activity to tackle incivility in the workplace is being developed through greater collaboration between the Freedom to Speak Up, E&D, Well being and Local Security Management Specialists and reporting of B&H.	
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White Staff: 60% BAME Staff: 50%		E&D objective as above. Comparison with previous year's figure is not possible. A new leadership programme has been developed for BAME staff in Bands 5&6 called Leader in Me programme. This is to prepare staff for future opportunities at Band 6.	
8	Experiencing discrimination at work from any of the following? b) Manager/team leader or other colleagues	White Staff: 5% BAME Staff: 15%	White Staff: 6% BAME Staff: 15%	Reverse Mentoring is now at cohort 3 and participation has been extended to staff from all 9 protected characteristics. Reverse Mentoring is an expectation on Service Leader and Chief of Service development programmes. Awareness of micro aggressions has been identified as a priority intervention and this is being explored through this process.	
9	Percentage difference between (i) the organisation's Board voting membership and its overall workforce and (ii) the organisation's Board Executive membership and its overall workforce	i) – 29.7% ii) – 25.3%	(i) - 26.9% (ii) - 24.9%	There has been little change in this indicator.	