

## Workforce Race Equality Standard 2023/24

### Our commitment to advancing Race Equality at work

#### Background

All NHS providers are required to complete an annual Race Equality Standard Report (WRES). This document conveys our commitment to Race Equality at work and outlines how Frimley Health Foundation Trust is meeting its Public Sector Equality Duty. The key findings and metrics for this report submission are outlined below and are in comparison to the previous reporting period in 2022-23.

Race equality is a vital strand of our EDI agenda at FHFT. Everyone who is looking to work, wanting to work and starting work with us should expect to be treated fairly and valued irrespective of disability, race, gender, gender identity, sexual orientation, marital status, religion or belief, pregnancy and maternity status.

#### Workforce Race Equality Standard (WRES)

There are 9 Indicators: 4 are linked to questions in the NHS Staff Survey and 5 cover Black, Asian, Minority, Ethnic (BAME) Employee Relations and diversity in the workforce.

#### Highlights

- Ethnicity disclosure is 96.5%.

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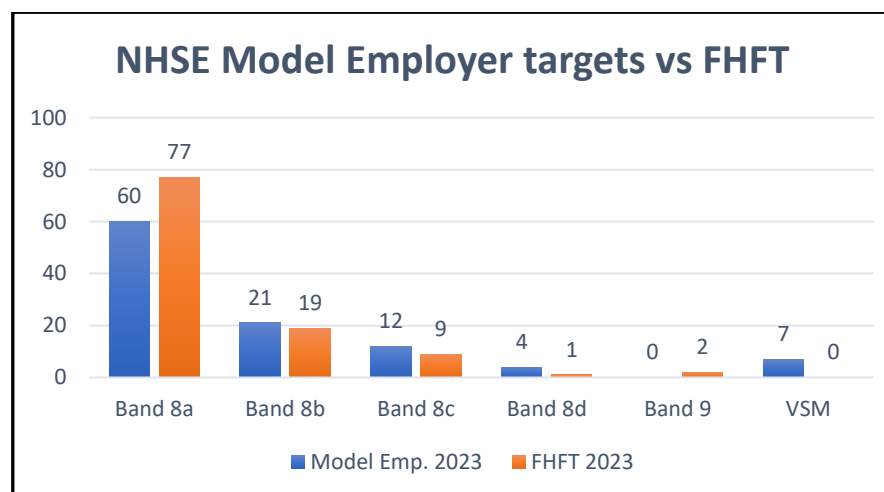
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- Black Asian Minority Ethnic density at 46%, (+ 4.2% since 2021/2). The largest increases by ethnicity have been for Asian British Indian and Asian other.
- The Trust is well ahead of its KPI for BAME staff at Band 8a. The Trust is just short of meeting its KPI for Bands 8b Band 8c – two staff and three staff respectively
- The Trust is just short of meeting its KPI for Bands 8b Band 8c – two staff and three staff respectively.

### Indicator 1: Representation

The Trust is showing varied progress against set targets from NHSI which track BAME representation at Bands 8a – 8d. At Band 8a the Trust has 77 BAME staff and is ahead of the NHSI KPI, at Bands 8b and 8c, it is just short of parity, for Band 8d it is below the target while ahead of the KPI for Band 9.



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#### Indicator 2: Recruitment

The WRES Metric for the Trust is 0.91, which translates into BAME applicants are just as likely to be appointed from shortlisting as White applicants. The Trust's metric falls around mid-range of 0.75 – 1.25 and the ambition will be to improve this metric over the next year.

#### 3.3 Indicator 3: Disciplinary

The WRES Metric for the Trust is 0.56 which translates into BAME staff are achieving equality in relation to disciplinary processes. The Trust has bettered its KPI of keeping within the range 0.75 – 1.25 and this is a significant improvement on the previous years' metric.

#### Indicator 4: Access to CPD training

The WRES metric for the Trust is 1.44, which translates into BAME being less likely to access non-mandatory training than white staff. The Trust has not met its KPI of keeping within the range 0.75 – 1.25. The priority will be to source and gather more robust data relating to professional development and training.

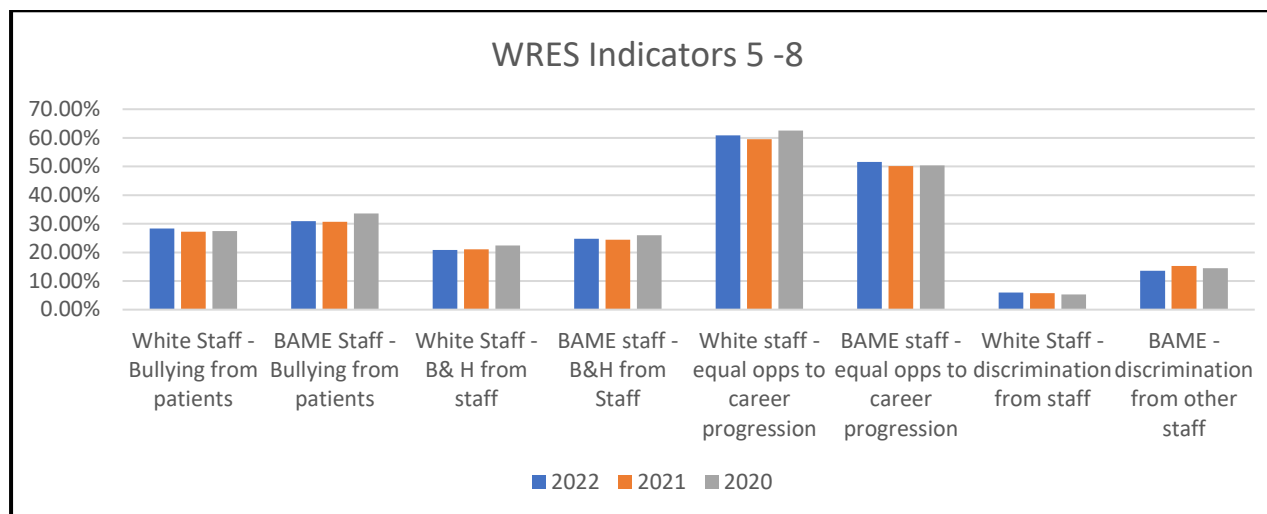
#### 3.5: Indicators 5 – 8:

The National Staff Survey provides a comparison between BAME and White staff on 4 items. For BAME staff the Trust scores which are rated as good against the NHS average are reporting physical violence, harassment or bullying from staff, reporting harassment. For BAME staff the Trust fares worse than the NHS average on experiencing discrimination from patients & service users and experiencing discrimination from staff.

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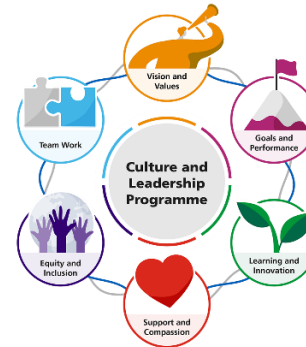
### 3.6 Indicator 9: Ethnic Diversity at Board level vs. Ethnic diversity in the Workforce

This indicator measures the percentage difference between (i) the organisations’ Board voting membership and its overall workforce and (ii) the organisations’ Board executive membership and its overall workforce. Currently the difference between the percentage of Board members disclosing as BAME versus the BAME density in the workforce is minus 27.1%.

#### Our Ambition

We have an ambition for every employee at Frimley Health to thrive through experiencing a culture of inclusion and belonging. In our commitment to this, we are proud to be an Exemplar site for the NHS People Promise and have also started the Culture and Leadership Programme as part of our ambition to become one of the top 10 Trusts in the country. (add link) Critical to this will be the simultaneous implementation of the NHS EDI High Impact Actions (please see Appendix 1)

Fostering a culture of inclusion at FHFT



- **The Culture & Leadership Programme**

FHFT has recently embarked upon the Culture and Leadership Programme, with a view to enhancing staff engagement. NHS England partnered with the King's Fund and the Centre for Creative Leadership to develop practical support and resources to help health and care organisations to improve their culture. The programme covers vision and values, goals and performance, learning and innovation, support and compassion, equity and inclusion and teamwork.

### **The Race Equality and Diversity Network**

Originally set up in 2020 as The BAME forum, this staff group has recently retitled itself as The Race Equality and Diversity Network. Key achievements made by the network include:

- Seeking guidance on the Covid 19 Risk Assessment
- Supporting leadership development through the LEEP programme, sponsored by one of our senior clinicians
- Helping to scale the Reverse Mentoring scheme

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### **The Leader in Me Programme**

Launched in 2022, our Leader in Me Programme was developed as a positive action measure, in response to our National Staff Survey results. Targeted at clinical and non- clinical Bands 5 and 6, it seeks to ignite confidence within BAME colleagues, encouraging the start of a leadership journey with us.

### **Reverse Mentoring**

Reverse mentoring at enables senior managers, mentees, to stand in the shoes of mentors, more junior members of staff who have one or more protected characteristic. The conversations are led by the mentor and are built around their lived experience of equality, diversity and inclusion .It is a relationship based upon confidentiality and mutual trust to ensure it delivers to the needs of both parties. Evidence suggests that Reverse Mentoring can support the delivery of improved patient care as well as producing higher levels of staff wellbeing/motivation. It also aligns with the King's Fund recommendations of 'Board to Ward 'Leadership.

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**WRES ACTION PLAN**

**Promoting Ethnic diversity at Senior Levels**

#	Priority	Actions	KPI for 23/24	20/21	21/22	22/23
<b>BAME representation and professional development</b>						
1.	Reducing the difference in BAME and White staff at pay bandings B5 & B6	Leader In Me to take through 15 members of BAME staff in each cohort Establish an ethnic breakdown of staff completing in house Leadership offerings and attendance on other in-house development offerings e.g. Clinical Leaders Programme	Reduce disparity in density between BAME and White from Band 5 – Band 6 to 20%	Difference between B5 & B6 17%	Difference between B5 & B6 20%	Difference between B5 & B6 23%
2.	Establish levels of access to CPD training for BAME and White staff	Gather data which reveals the uptake of CPD training by ethnicity, spend and department	Achieve parity between BAME and White Staff: WRES Metric of 1.0	WRES Metric: 1.3	WRES Metric: 0.88	WRES Metric: 1.44
3.	Evidence diversity of uptake on internal leadership offerings for clinical and non – clinical staff by pay banding: Seacole, Bevan, Garrett, ASLP, Clinical Leadership Programme etc	Disaggregate uptake of internal leadership offerings by ethnicity, staff group and evaluate outcomes of staff completing these programmes  Connect with Clinical Education to establish uptake of leadership offerings	Baseline target is 46% of BAME staff are on internal programmes	Not set due to pandemic	Not set due to pandemic	Data being cleansed and gathered

#	Priority	Actions	KPI for 23/24	20/21	21/22	22/23
		by ethnicity and measures in place to evaluate outcomes for staff				
4.	Under representation of BAME staff at senior levels	<p>Identify areas where under representation more acutely exists</p> <p>Develop targeted approaches to support more inclusive recruitment in the above areas</p> <p>Objectives linked to promoting inclusion set for Directors/VSMs</p> <p>All recruiting managers to attend equality and diversity training</p> <p>Continue with the ongoing review of making recruitment processes more inclusive</p>	<p>Better the Model Workforce targets for BAME staff at 8a – VSM</p> <p>B8a: 64 B8b: 22 B8c: 14 B8d: 4 B9: 0 VSM: 8</p>	<p>B8a: 52 B8b: 19 B8c: 9 B8d: 4 B9: 0 VSM: 4</p>	<p>B8a: 56 B8b: 20 B8c: 11 B8d: 4 B9: 0 VSM: 6</p>	<p>B8a: 60 B8b: 21 B8c: 12 B8d: 4 B9: 0 VSM: 7</p>
5.	Outcomes from Appraisals for clinical and non – clinical staff at Band 5+	Establish the proportion of BAME staff at Band 5+ that have had an appraisal in the last 12 months	70% of BAME staff to have been appraised	Not set due to pandemic	Not set due to the pandemic	65%



#	Priority	Actions	KPI for 23/24	20/21	21/22	22/23
<b>NHS Staff Survey Indicators</b>						
6.	% of staff experiencing harassment or abuse from patients	<ul style="list-style-type: none"> <li>Run two listening events for staff on psychological safety</li> <li>Run webinars during Speak Up Month connecting up with Black History themes and messaging</li> <li>Liaise with LSMS on reporting on datex about verbal aggression</li> <li>Identify how messaging from Notable events can support the communication of a zero tolerance approach to B&amp;H</li> </ul>	<ul style="list-style-type: none"> <li>Currently the scores by ethnicity are: White 28%, BAME 31%</li> <li>Corporate KPI is to better the NHS average</li> <li>Org Level 1 scores to better the organisational average</li> </ul>	White 27% BAME 31%	White 28% BAME 31%	TBC
7.	% experiencing harassment or abuse from staff	<ul style="list-style-type: none"> <li>Run two listening events for staff on psychological safety</li> <li>Run information events on the Resolution policy for staff with support from the staff networks</li> </ul>	<ul style="list-style-type: none"> <li>Currently the scores by ethnicity are White 21%, BAME 25%</li> <li>Corporate KPI is to better the NHS average</li> <li>Org Level 1 scores to better the</li> </ul>	White 21% BAME 24%	White 21% BAME 25%	TBC

#	Priority	Actions	KPI for 23/24	20/21	21/22	22/23
			organisational average			
8.	% equal opps in career progression	<ul style="list-style-type: none"> <li>Gain a clearer understanding of the definition of equal opps to career progression to BAME staff</li> <li>Review data from Exit interviews and develop corrective actions</li> <li>Explore opportunities within coffee conversations and new starters</li> </ul>	<ul style="list-style-type: none"> <li>Currently the scores are white Staff 61% and BAME Staff: 52%</li> <li>Corporate KPI is to better the NHS average &amp; reduce the difference between White staff and BAME staff to 2023: KPI = 8% 2024: KPI = 5%</li> </ul>	White 60% BAME 50%	White 61% BAME: 52%	TBC
9.	Discrimination from manager, team leader and colleagues	<ul style="list-style-type: none"> <li>Run two listening events for staff on psychological safety and discrimination to gain a stronger insight into experiences of discrimination</li> <li>Establish organisation trends relating to reporting of Discrimination.</li> </ul>	<ul style="list-style-type: none"> <li>Current scores are White Staff: 6%, BAME Staff: 14%</li> <li>Corporate KPI is to better the NHS average and reduce the gap</li> </ul>	BAME 15% White 6%	BAME 14% White 6%	TBC



**Frimley Health**

NHS Foundation Trust

#	Priority	Actions	KPI for 23/24	20/21	21/22	22/23
			between BAME and White Staff to 2023: KPI 8% 2024: KPI 5%			

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## Appendix 1

No	High Impact Action	Success Metric
1.	Measurable objectives on EDI for Chairs, Chief Executives & Board Members	<ul style="list-style-type: none"> <li>• Equality, Diversity and Inclusion (EDI) objectives are set for Board members</li> <li>• Board/Committee papers (including minutes) identify equality and health inequality impacts &amp; risks and how they will be mitigated &amp; managed</li> <li>• Board members strengthen commitment to equality talking about notable events linked to EDI</li> <li>• Chief Officers take EDI objectives beyond their organisations</li> <li>• Board members seek to understand experiences of patients accessing services and staff experiences working in the Trust</li> </ul>
2.	Overhaul recruitment processes and embed talent management processes	<ul style="list-style-type: none"> <li>• <b>Relative likelihood of BAME</b> and Disabled staff being appointed from shortlisting (<b>WRES &amp; WDES</b>)</li> <li>• Improve the NHS SS score relating to career progression, training and development opportunities (WRES)</li> <li>• Year on year improvement in representation from protected characteristics, notably Disability and Sexual Orientation</li> <li>• Diversifying band 8b and above in relation to Ethnicity and disability</li> </ul>
3.	Eliminate total pay gaps for with respect to race, disability, gender	<ul style="list-style-type: none"> <li>• Year on year reduction the pay gaps</li> <li>• Identify where the largest disparity exists between staff primarily by gender</li> </ul>

No	High Impact Action	Success Metric
4.	Address health inequalities in the workforce	<ul style="list-style-type: none"> <li>• Organisation acts on staff physical and mental health and wellbeing</li> <li>• Health and Wellbeing is embedded into all aspects of Trust People Policies</li> </ul>
5.	Comprehensive induction and onboarding programme for international recruited staff.	<ul style="list-style-type: none"> <li>• Strengthen existing onboarding processes for Internationally Educated Staff to cultivate a sense of belonging</li> <li>• Onboarding processes for Internationally Educated Staff ensure that cultural and diverse needs of staff are acted upon</li> </ul>
6.	Eliminate conditions and environment in which bullying, harassment and physical harassment occur	<ul style="list-style-type: none"> <li>• Improvement in staff survey results on bullying and harassment from line managers/teams</li> <li>• Improvement in staff survey results on discrimination from line managers/teams</li> </ul>