Workforce Race Equality Standard Report 2022

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Executive Summary

This report marks out the outcomes for University Hospitals Birmingham NHS Foundation Trust's Workforce Race Equality Standard for 2022. It demonstrates a changing position from the Trust on diversity, inclusion, with new insights on equity, disparity and anti-racist practice and work for BME Staff. This year, in a continued approach for change and action the report will deliver a plan that will provide divisional data and targets, to provide accountability for inclusion actions and leadership across the organisation.

This report is based on data from the WRES and Staff Survey. As we continue to implement -the WRES action plan, we believe we can facilitate continuous improvement on the workforce race equality agenda, and in doing so, improve the experience of our colleagues as well as the care of our patients and service users.

We know from this work, and by looking at our workforce race equality data that we can also make further improvements to the experience of our BME colleagues. For example we are particularly keen to see a difference in the make-up of our leadership community and indeed Board membership where currently we do not reflect the diversity of the communities we serve. The start of this work is apparent and can be seen in bands 8b to VSM.

Our action plan will give us flexibility and agility to adapt our approach if required to meet our longer-term strategic Inclusion and Equality Objectives.

Time for Change: Action Not Words

Key Improvements

This report welcomes the continued record growth and improvement in representation across clinical roles. BME doctors are well represented across all categories of consultants, Non-Consultant Career Grade (NCCG) and trainees, reporting more than 56% of Trust totals, significantly higher than the BME workforce Trust total of 32.4%. Work is needed to amplify the positive contribution our BME doctors make to the Trust and what they can offer as role models and advocates to their colleagues.

This is mirrored nationally with the Medical Workforce Race Equality Standard (MWRES)[1], the first report of its kind looking into race equality among England's doctors. It found that the number of doctors from black and ethnic minority backgrounds working for the NHS is the highest on record.

New data published as part of the inaugural Medical Workforce Race Equality Standard (MWRES) commissioned by the then NHS Chief Executive, Simon Stevens shows that last year more than 53,000 doctors working in the NHS were from a black and minority ethnic (BME) background, up by more than 9,000, a rise of around one-fifth, since 2017.

Over the last year, we have continued to reduce the amount of BME staff entering the disciplinary process. This reduction has improved however, further work is still needed to improve this further. This equates overall to 32 fewer disciplinaries of BME staff. These reflect the cases recorded in the Electronic Staff Record (ESR).

We have continued to see more BME staff accessing non-mandatory training and CPD than their white colleagues, we will look to better understand why this may be the case and what this may reflect.

Key Findings

Trust's BME representation across the workforce is 32.4% (it represents Birmingham and Solihull workforce). Birmingham's population is 42% BME and Solihull's population is 10.9% BME (2011 census). This shows little movement for the Trust and the publication of the 2021 census is likely to show an increase in the BME population (according to the Birmingham City Council Community Cohesion report, 2018). More BME people applied for jobs at UHB than white applicants. In the last 12 months 66% were BME applicants. This is good news in terms of UHB attracting BME candidates. The translation from applicant to recruited has improved with 57% for BME applicants being successful compared to White applicants of 40%. The redesign of recruitment and retention processes has had a direct impact in the improved equity in recruitment.

There is a great opportunity to work with other organisations across the system to learn from their success. UHB will also be working with organisations from other sectors to support progress.

[1] Medical Workforce Race Equality Standard (MWRES)

Summary

32.4%

As of 31 March 2022, **32.4% (6339)** of staff working at UHB NHS Trust is from a black and minority ethnic (BME) background. This is a reduction of **1%** from the previous year.

Percentage of workforce that identify as BME

X 0.80

White applicants were 0.8 **times** more likely to be appointed from shortlisting compared to BME applicants; this 1.31 in 2021, which shows marked improvement on the previous year.

Indicator 2

x1.14

BME staff were **1.14 times** more likely to enter the formal disciplinary process compared to white staff. This is an improvement on 2020 **(1.18)** however a decrease from 2018 when it was **1.06.**

Indicator 3

X 0.86

BME staff continue to access non-mandatory training and continuous personal development, more often that White staff, slightly less this year (0.86 times more likely) or 34.581% of BME staff compared to 58.04% of white staff.

Indicator 4

22.7%

22.7% of BME staff, and **23.4%** of white staff, reported experiencing harassment, bullying or abuse from patients, relatives or the public. This is a reduction for BME staff and static for White. In the previous year this was 24.3% and 23.3% respectively.

Indicator 5

25.7%

% of staff experiencing harassment, bullying or abuse from staff in the last 12 months has seen a slight decrease, the lowest in the last four years . In 2020 this was 27.2%

Indicator 6

40.1%

Percentage believing that trust provides equal opportunities for career progression or promotion.

40.1% for BME staff and 54.6% for white staff.

Indicator 7

16.6%

16.6% of BME staff, compared to 6.9% of white staff, reported experiencing discrimination at work from their Manager, team leader or other colleagues, which is an increase 0.2 from last year.

Indicator 8

Risks of Non-Compliance

The risks of non-compliance with WRES requirements are:

- Breach of the NHS standard contract
- Poor scores in the CQC well-led domain
- Poor staff engagement in BME groups

Definitions

The definition of ethnicity for this report is provided in the WRES Technical guidance as outlined below:

Definitions of ethnicity: people covered by the WRES

The definitions of "black and minority ethnic" and "white" used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and are as used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity.

"White" staff includes white British, Irish, Eastern European and any "other white."

This is to say that the term BME for this report refers to staff that are from a black or ethnic minority background which is not white.

Definition of non-mandatory training for WRES

The WRES Technical Guidance defines Non-mandatory training as:
'*Any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (e.g. fire safety training) or mandated by the organisation (e.g. clinical records system training). Non-mandatory and CPD recording practice may differ between organisations.*

Accessing non-mandatory training and CPD – in this context refers to courses and developmental opportunities for which places were offered and accepted

Note

For Metrics 2, 3 & 4 the closer to 1 the score the more even the experience of BME and white staff. Scores above 1 indicate an 'advantage' to white staff so conversely, scores below 1 indicate an advantage to BME staff.

1. Workforce Race Equality Standard 2022 Report - Data

Indicator 1. Percentage of BME staff in each of the Agenda for Change (AfC) bands 1-9 clinical (non-medical) and non-clinical and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce.

Nonclinical		2021			2022		
		White	BME	N/Known	White	BME	N/Known
Under 1		0	0	0	0	0	0
Band 1		413	189	15	275	128	14
Band 2		1076	450	43	1260	530	62
Band 3		726	287	35	742	301	33
Band 4		819	247	33	828	260	31
Band 5		349	112	11	339	116	14
Band 6		229	72	14	234	92	14
Band 7		239	80	5	260	87	7
Band 8a		100	31	2	111	36	5
Band 8b		80	15	4	87	21	2
Band 8c		32	6	1	37	7	1
Band 8d		29	3	1	29	5	1
Band 9		3	0	0	3	0	0
VSM		47	7	3	58	8	3

Clinical		2021			2022		
		White	BME	N/Known	White	BME	N/Known
Under 1		0	0	0	0	0	0
Band 1		5	1	1	3	0	5
Band 2		1835	1070	154	1788	1154	171
Band 3		569	250	25	516	285	35
Band 4		326	177	39	317	151	16
Band 5		1879	1650	147	1631	1742	160
Band 6		2080	881	67	2011	945	80
Band 7		1340	308	53	1362	348	56
Band 8a		373	82	13	384	95	10
Band 8b		93	15	5	97	20	6
Band 8c		35	4	0	39	5	0
Band 8d		23	2	0	22	2	0
Band 9		3	0	0	3	0	0
VSM		4	1	0	5	1	0

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

	Applications %	**Shortlisted %**	**Recruited %**
White	30.08	43.01	40.13
BME	66.92	54.06	57.08
N/Known	3.00	2.93	2.79
Total	100.00	100.00	100.00

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

Employee Relations Cases	Number	Percentage
White	77	61.60%
BME	45	36.00%
N/Known	3	2.40%
Total	125	100.00%

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

Accessing Training	Number	Percentage
White	3619	58.04%
BME	2156	34.58%
N/Known	460	7.38%
Total	6235	100.00%

	2021		**2020**		**2019**		**2018**	
	BME	**WHITE**	**BME**	**WHITE**	**BME**	**WHITE**	**BME**	**WHITE**
Ind 5 . % of staff experiencing harassment , bullying or abuse from patients, relatives or the public in the last 12 months	22.7%	23.4%	24.3%	23.3%	26.7%	25.4%	24.7%	25.4%
Ind 6. % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	25.7%	22.9%	27.2%	24.0%	27.5%	24.5%	28.0%	25.1%

Ind 7. % of staff believing that the organisation provides equal opportunities for career progression or promotion*	40.1%	54.6%	42.9%	57.3%	43.2%	56.3%	43.1%	57.7%
Ind. 8 % of staff experienced discrimination at work from manager / team leader or other colleagues in the last 12 months	16.6%	6.9%	16.4%	6.6%	13.8%	6.3%	14.6%	7.4%

- *Data sets for 2020 (2018-2020) and 2021 (2018-2021) provided by NHSE for the National Staff Survey, show large differences that need further investigation.

Indicator 9. Figures for organisations' Board memberships 2022.

White	Not Stated	BME
22	0	3

2) WRES Context and Explanation

a) Overall, 32.4% of the Trust's staff identify as BME, slightly lower than last years' overall figure of 33.5%.

b) Generally, representation across the Trust remains consistent with the broadest spread of BME staff in the middle bands. The greatest positive difference was at middle bands, however, with only a small number of BME staff within these higher bands, this is statistically insignificant and is also positioned a distance away from the NHS Model Employers targets. The Model Employers targets mentioned in the People Plan 2020 identifies the drastic deficiencies in band 6 and above.

c) The difference between the Trust's BME population and that of the Birmingham and Solihull's combined shows we have further work to do, particular as the population is taken from the 2011 Census and it is predicted that the BME population has grown. Further consideration needs to be given to the interplay and impact of race and class, equality and inequality and the disparity towards disadvantaged groups across the city. The use of census data allows for the catalyst to drive the increase towards a more diverse workforce that in turn reflects the population UHB serves.

d) This year's indicator demonstrates that BME staff are 1.14 times more likely to enter a formal disciplinary process than white staff (see Indicator 3). This is a slight improvement from the likelihood reported last year, where BME staff were 1.18 times more likely to enter the process.

e) BME staff continue to access non-mandatory training and continuous personal development, more often than White staff, increasing this year (0.70 times more likely) or 29.92% of all BME staff compared to 21.01% of white staff. This has fluctuated over last the three years of reporting but consistently been higher in comparison to White staff.

f) BME staff registered a decrease in the levels of bullying and harassment from patients, relatives, or the public. Improvements have been made for BME and white staff experiencing harassment from patients and the public.

g) There has been a decrease in bullying and harassment reported by BME staff from patients, relatives or the public (22.7%, with White staff reported no change).

h) The data shows that 40.1% of BME staff believe that the Trust provides equal opportunities for career progression. This is much lower than the perception of white staff, where 54.6% believe this to be the case. For BME staff, there was a very slight decrease on last year.

i) This widening gap between boards and BME workforces is echoed across NHS organisations. The NHS People Plan 2020 reported that 'every NHS trust, foundation trust and CCG must publish progress against the Model Employer goals to ensure that every level of the workforce is representative of the overall BME workforce. From September 2020, NHS England and NHS Improvement will refresh the evidence base for action to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.'

j) There continues to be a significant reduction in the number of disciplinary cases in the last 24 months, HR has focused on resolving a number of cases informally which has helped reduce the total number of staff entering the formal disciplinary process by 68 staff. However, 45 BME staff still entered the process within the last 12 months. BME staff represent 32.4% of our workforce yet represent 36% of our disciplinary proceedings. The reverse effect is seen for our white colleagues, where they represent 61.0% of our disciplinary proceedings, but 64% of our workforce. The reduction of BME staff entry disciplinary process can be partly attributed to the use of NHS 'Just Culture Guide' approach. A detail review of themes and processes will be undertaken to gather determinations on any presence of disadvantage or bias in the system.

k) Further work should identify what the disciplinaries are related to, for both BME and White staff to highlight patterns or differences across ethnicities. UHB will further analyse the need to understand the purpose of the disciplinary at each stage of the process e.g. was the original reason addressed or were there additional explanations why a disciplinary has been escalated.

l) It also picks up on the national theme of action on improving perception of promotion, where we see 29% (Nationally) and 31% (UHB) of staff do not believe there is equality in promotion opportunities. Indicators 5, 6, and 8 show us the experiences of racist and discriminatory behaviour, bullying and harassment data, where the report indicates a static position of reporting over the last three years.

m) Currently the Trust reports on the distribution of BME Staff across the Trust on an annual basis. Whilst this helps to provide an idea of what is happening within the Trust, the long period between reporting means that there is a delay in acting where there are issues, which may allow some problems to become further embedded into the Trust. It is suggested that reporting on recruitment and distribution of BME staff is done quarterly and work has started on an inclusion dashboard. UHB will devise an EDI dashboard to work with Divisions and Corporate areas, who will have regular access to their workforce data.

n) This change is encouraging for it continues a trend, in the year 2016 / 17 the percentage of BME staff being recruited was 35.22% so progress in narrowing the White / BME recruitment rate is progressing very well at lower band levels. However, we need to consider the context of 2020 and the impact of the pandemic. We had 3,000 less shortlisted applicants and 1400

less appointed applicants over the same period, this year we see number increasing significantly for BME applicants.

o) The development work of HR recruitment processes will continue the alignment these areas, with the development of independent panel members, trained experts who either identify with an underrepresented staff group or protected characteristic, or they will have demonstrated their committed. Also being scoped is an accountable decision record. This is going to capture the reasons for appointing one candidate over another. And it should also provide written outcomes for candidates Band 6-8a who aren't successful. The decision record will be returned to recruitment in the same way as offer forms are returned. Also, a part of this doubling up affect to change culture and practice a data dashboard will be established, which will give departments a greater degree of visibility on how their workforce profile compares to the whole Trust.

p) Anecdotal evidence, previous reports and research suggest implicit bias is a major factor in the discrepancies at higher bands and continue to slow for senior appointment. Inclusion, unconscious bias, recruitment and selection training, and improved panel representation have been implemented across the Trust to mitigate these implicit behaviours over this period. These initiatives will continue to be monitored via the CEOs Fairness Taskforce.

q) Recruitment and selection training has been mandatory for recruiting managers for many years, as stated above, with 'unconscious' bias added as an element in the last four to five years since the inception of the WRES. In addition to this, the introduction of independent panel members in the last two years is starting to make some impact.

r) Whilst issues of favouritism and more nuances of discrimination are difficult to evidence, let alone tackle, there is further work improve fairness, and transparency the Trust should consider alongside recruitment panel experts and dashboard.

s) Reduction is seen in bullying and harassment from staff reported by BME staff (25.7%). White staff reported marginally lower levels of bullying at 22.9%. Further interrogation of the data is needed to substantiate these disparities as at a macro level, this would represent just 6.2% of the total BME workforce and qualifies the need for a more detailed BME staff survey and engagement piece.

t) The level of BME staff that experience discrimination at work from their colleagues has increased 0.2%. This has worsened and is still significantly higher than the levels reported by white staff at 6.9%, which has also worsened by 0.35%.

2) Analysis summary

a. Analysis of the WRES indicators has brought up a number of findings which can be summarised as follows:

b. Distribution of BME staff across the Trust is uneven both horizontally and vertically. The lack of BME representation in senior levels of the Trust is distinctively apparent from Band 8a, apart from clinical roles were we percentages over the trust average of 32.4%.

c. The evidence of systemic barriers across the recruitment, promotion and development processes continue to prevail, born out in inconsistent processes, hierarchical tendency, and hidden cultures at play.

d. There is a lack of trust and access for BME staff when it comes to career development and promotion opportunities. The possible argument of meritocracy doesn't bear truth through the numbers of staff accessing non-mandatory training, which should progress to more senior roles.

e. Senior external and career development opportunities are not equally communicated, access or monitored for BME staff. There are significant levels of BME staff experiencing discrimination when it comes to accessing senior development programmes and a higher perception of under-reporting.

f. Further detailed analysis of the Trust's data and potential solutions are needed and can be supplied at the next Board.

g. This action plan details the key actions steps for the next 12 months that work towards improvements on Race Equality. The plan will potentially highlight further steps that can be taken. As such, it should be recognised that the action plan is a live document that will be updated as new information comes to light or in line with best practice.

h. This action plan will look to bring in learning and good practice evidence, that we know has worked well in other parts of the NHS and sectors.

Recommendation

The Trust Board is asked to note and accept this report and the accompanying action plan.

The Trust Board is asked to publish this report and accompanying action plan in the public domain via the Trust's external website.

Byron Batten, Head of Inclusion-Improvement (WRES), Communications and Engagement

October 2022

Appendix

WRES Action Plan 2022/23

This action plan is to improve the workplace experience of BME colleagues at UHB based on our WRES data with measurable performance set against specific metrics.

ACTION	Indicator	Action	Lead	By When	Milestone/targets	Progress
1	1-8	Working with colleagues support the development of Inclusion dashboard Developing a reporting process for the WRES indicators for the divisions to support and to meet set targets Implement high level Cultural Advocates, situation at SMT level to facility and advocate the inclusion and equity objectives of the organisations.	CSPO DSP DD IHWED Heads of Inclusion/ Divisional lead on WRES, MDs	Qtr 3/23	Implement high level phase 1	Yet to start
2	5-8	Working with Network chairs, support grass routes development of staff engagement and objective setting. Work with BAME Network Chairs and external BAME networks in the Bsol region and national arena to ensure the smooth running and collaborative working of the staff Networks, add value and share	Head of Inclusion / BAME Network chairs and Network	Qtr 4/22	Plan Network consultation/ Development meeting Develop Year plan of action. Develop staff engagement plan Run 'Listening Events'	Yet to start

		learning.				
3	1, 2, 7 & 8	Develop Inclusive communications Working with Network chairs and departments create a programme of education and learning materials to support inclusive communications and language	Head of Inclusion-Improvement Fairness Taskforce Inclusion Team Education Department	Q1/23	Draft copy of inclusive communication guide Develop programme of supporting materials Support roll out of system wide development programme in UHB Development of Master classes on Inclusive Language	Yet to start

4	1, 2, 7 & 8	Allyship Working across UHB to create a programme of education and development materials to support inclusive relationships Develop supportive materials/programmes to embed an inclusive communicative culture	Heads of Inclusion/ Fairness Taskforce BME chairs Inclusion Team	Q1 /23	Develop briefing paper for UHB on aims, objectives and requirements Review of available resources Develop repository of resources and material accessible across the Trust Review of current Allyship resources and interventions used in UHB	Yet to start
5	7	**Indicator 7 (Q14). Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion** Create a range of career resource to promote to staff and recruitment managers such as masterclasses on cultural competence/humility. Review diversity demographic of those on talent programmes e.g. aspiring matrons Work with recruitment teams to ensure robust and standardised interview, promotional and stretch assignment process, including, fair recruitment	Head of Inclusion Education department Chief People Officer	Qtr 1/23	2023 submission will be reduced by 5%. Reducing our disparity ratio Worked with Talent Management Team, BME network to develop resources, and specific coaching opportunities. Talent management policy is developed with a de-biased approach. Reviewed all talent programme applications, e.g. Elizabeth Garrett-Anderson Create audit process of applications that support	Yet to start

		experts. Also consider Trust Values and Equality questions.			equity. Ensure we have an independent panel member consistently across the trust	
6	8	**Indicator 8 (Q15b). Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months** Work with FTSU team, Staff side, Fairness Taskforce (RCA) in understanding themes and numbers to target specific areas. Offer skills development to support BME staff. Develop managers masterclasses on cultural competence/humility on how to support staff and cultivate culturally safe environment Develop Public Sector Equality Duty (PSED), and Equality Act Development programme for Managers	Head of Inclusion /Inclusion Team BAME Network chairs and Network Education Dept FTSU Guardian Fairness Taskforce Staff Engagement/ Leadership Team	Qtr 4/22	2023 submission - we will narrow this gap by 3%. Reducing our disparity ratio	Yet to start

		Develop or commission Inclusive/strength coaching session for BME staff to support development and impact of weathering				