

**People and Culture Committee meeting
25th September 2024**

Title:	Workforce Race Equality Standard 2024
Responsible Director:	Director of People and Culture: Angela Wilkinson
Author:	Equality, Diversity, and Inclusion Manager: Richard Dunston Brady Nichola Langdale, Head of Education, Learning and Development

Purpose of the report and summary of key issues:	<p>The Workforce Race Equality Standard 2024 (WRES) focuses on specific metrics regarding minority ethnic employees and their work experiences. Key areas of analysis are measured against data from the electronic staff record (ESR) and the National Staff Survey 2023.</p> <p>The metric framework includes a breakdown of:</p> <ul style="list-style-type: none"> - BME staff within the agenda for change bandings, in four clusters: 1-4, 5-7, 8a-8b, and 8c-9 and VSM. - An assessment of the likelihood of colleagues being appointed from shortlisting, - Colleagues entering the capability or disciplinary process. - The number of minority ethnic employees who are facing bullying or harassment from patients, colleagues, and managers. - Comparisons between the membership of the Board and its contrast with the minority ethnic workforce. <p>Findings from the 2024 report show an improvement in some of the indicators such as:</p> <ul style="list-style-type: none"> • Increased number of BME disclosing their ethnicity • BME colleagues are more likely to access non-mandatory training. • BME colleagues' perception of the organisation being a place to offer equality in career progression and promotion has also increased from 2023.
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Trust Strategy and Strategic Ambitions	The Patient and Child First	
	Improving the health and wellbeing of our patients, children, and communities	
	Best Quality, Safest Care	
	Person Centred, Integrated Care, Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	x
An environment that promotes wellbeing		

	Digital transformation to integrate care and improve patient, child, and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks	N/A	
Report History:	N/A	
Recommendation:	The Board is requested to note the 2024 WRES metrics and the subsequent Action Plan ahead of publication. The data element of this report will be published on the HDFT website on 31 October 2024 following approval by the Board.	

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NHS Workforce Race Equality Standard (WRES)

Annual Report 2024

Harrogate and District NHS

Foundation NHS Trust

INTRODUCTION	5
OUR COMMITMENT TO PROMOTING EQUAL OPPORTUNITIES	6
METRIC 1 – WORKFORCE ETHNICITY	7
METRIC 2 – RECRUITMENT SHORTLISTING	8
METRIC 3 – DISCIPLINARY ACTION	9
METRIC 4 – ACCESS TO TRAINING	10
METRIC 5, 6, 7, AND 8 BULLYING AND HARASSMENT	11
METRIC 9 – BOARD REPRESENTATION	12
CONCLUSION AND RECOMMENDATIONS	14
APPENDIX 1 ACTION PLAN	16
APPENDIX 2: WORKFORCE RACE EQUALITY STANDARD 2024	17

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Introduction

Welcome to our Workforce Race Equality Standard (WRES) Annual Report 2024.

The report provides our internal data and metrics for the last twelve months, the progress we have made to date, and an Action Plan to allow us to continue to develop our approaches, initiatives, and activities during 2024 and beyond. This year, the NHSE project teams changed the reporting requirements and therefore there will not be a report for Medical WRES or Bank WRES.

To help contextualise the information in this report, data from the 2021 Census has been sourced from the Office of National Statistics. The demographics of people living in Harrogate and surrounding districts highlight that 1.8% of the population are Asian, 0.6% identify as being Black, Black British, Black Welsh, Caribbean or African and 1.6% are from mixed ethnic groups. Within the town population, Harrogate has 95.4% White communities.

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Our Commitment to Promoting Equal Opportunities

The Trust recognises how important it is to support and improve the experiences of our colleagues from minority ethnic groups. Since 2023, the Trust has run a second cohort of the Reciprocal Mentoring programme and relaunched the BME and Allies Staff Network with a more inclusive name, REACH, (Race, Equality and Cultural Heritage). The Trust has also provided our internationally recruited colleagues with equality, diversity, and inclusion training, as well as cultural competency training for all members of staff.

Whether you are a patient, a visitor, or a member of staff, our KITE values are what describe and define our organisational culture:

KINDNESS

We show **compassion**,
and are **understanding**
and **appreciative** of
other people

INTEGRITY

We display personal and
professional **integrity**,
are **honest** and bring a
positive attitude

TEAMWORK


We are **helpful** to each
other, **listen** intently and
communicate clearly

EQUALITY

We show **respect**,
we are **inclusive** and
we act **fairly**

As a Trust, we want to make Harrogate District Foundation NHS Trust (HDFT) a more inclusive place to work and to help achieve this, an Action Plan is included at the end of this report.

Throughout the report the following colour key applies:

Improvement on previous year 

Worse than previous year 

Metric 1 – Workforce Ethnicity

In this section, we shall be examining the data regarding employees who are paid using the Agenda for Change pay and Senior Manager pay bands, represented by bands 1-4, 5-7, 8a-8b and 8c-9 and VSM (Very Senior Manager), compared with the percentage of staff in the overall workforce.

The profile of our BME employees versus NHS Averages:

The total percentage number of BME employees in the Trust (excluding Board members) has increased by 3.6% compared to the previous year but is still lower than the overall average for the NHS.

	NHS Average	HDFT: 2024	HDFT: 2023	HDFT: 2022	HDFT: 2021
Staff Who identify as BME	24.2%*	15.4%	11.8%	10.6%	10.5%
Total number of BME staff	-	782	569	484	475

- [NHS England » NHS Workforce Race Equality Standard \(WRES\)2022 data analysis report for NHS trusts](#)

Total percentage number of BME employees within each band:

Non-Clinical Staff	HDFT: 2024
Bands 1-4	7.3%
Bands 5-7	12.2%
Bands 8a-8b	2.9%
Bands 8c -9 and VSM	5.6%

Clinical Staff	HDFT: 2024
Bands 1-4	15.8%
Bands 5-7	14.7%
Bands 8a-8b	3.0%
Bands 8c-9 and VSM	9.1%

The bands which have the largest number of BME staff are clinical bands 2, 5 and 6.

Metric 2 – Recruitment shortlisting

Likelihood of staff being appointed from shortlisting across all posts.

31st March 2024					
Indicator		White	BME	Not Declared	Total
Number of staff in the Workforce	Headcount	4027	782	260	5069
	%	79.4%	15.4%	5.1%	
Relative likelihood of staff being appointed from shortlisting across all posts	Number of shortlisted applicants	2890	2360	433	5683
	Number appointed from shortlisting	715	239	287	1241
	Likelihood of appointed from shortlisting	24.7%	10.1%	66.3%	

31st March 2023					
Indicator		White	BME	Not Declared	Total
Number of staff in the Workforce	Headcount	3,961	569	284	4,814
	%	82.3%	11.8%	5.9%	100%
Relative likelihood of staff being appointed from shortlisting across all posts	Number of shortlisted applicants	3,815	1,504	276	5,595
	Number appointed from shortlisting	733	132	115	980
	Likelihood of appointed from shortlisting	19.2%	8.8%	41.7%	17.5%

Although in 2024 there were less white and BME applicants shortlisted, more BME applicants were appointed in 2024 than 2023. There has been a 1.1% increase in the likelihood of appointment from shortlisting for BME candidates, however when compared to White staff, BME applicants are 2.44 times less likely to be appointed from shortlisting than white staff.

There has been an increase of 213 BME staff members in the workforce since the 2023 report. HDFT sponsor staff if they meet role and salary requirements as defined by United Kingdom Visas and Immigration (UKVI), in regard to Skilled Worker visas and Health and Care visas. Most healthcare professions are covered by the sponsorship system including some non-clinical roles. Other visas can provide staff with the Right to Work in the UK, for example dependant visas and student visas.

Work was undertaken to determine whether factors such as visa status may have influenced the relative likelihood of shortlisting to appointment however, the electronic recruitment system does not provide sufficient data granularity to further analyse this discrepancy.

Metric 3 – Disciplinary action

The relative likelihood of BME staff entering the formal disciplinary process compared White staff.

A relative likelihood below 1.00 indicates that BME staff are less likely than White staff to enter the formal disciplinary process.

2024	White	BME	Unknown
Likelihood of staff entering the formal disciplinary process	0.52%	0.26%	0.38%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		0.49	
2023	White	BME	Unknown
Likelihood of staff entering the formal disciplinary process	0.23%	0.00%	0.35%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		0.00	

In 2024, BME staff were less likely than white staff to enter the formal disciplinary process than White staff. A comparison with 2023 is not possible since no BME staff entered the disciplinary process during that reporting period.

Metric 4 – Access to training

Relative likelihood of staff accessing non-mandatory training and CPD

A relative likelihood below 1.00 indicates that BME staff are more likely than White staff to access non-mandatory training and CPD.

	2024			2023		
	White	BME	Unknown	White	BME	Unknown
Number of staff accessing non-mandatory training and CPD	2053	561	163	1,298	294	129
Likelihood of staff accessing non-mandatory training and CPD	50.9%	71.7%	62.7%	32.8%	51.7%	45.4%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.	0.71			0.63		

BME colleagues remain more likely to attend non-mandatory CPD than White colleagues. BME staff are actively encouraged to attend the BME Leadership Development Programme and Reciprocal Mentoring. The Trust also offers and promotes other non-targeted, non-mandatory CPD.

Metric 5, 6, 7, and 8 Bullying and Harassment

Bullying and harassment by patients, staff and managers and percentage of staff believing that their Trust provides equal opportunities for career progression or promotion. Figures extracted from the National Staff Survey 2023/24.

Metric		2023		2022	
		White	BME	White	BME
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	19.9%	26.5%	23.8%	29.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	19.5%	24.8%	21.0%	32.9%
8	Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.	6.1%	16.0%	5.9%	22.6%
7	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (No).	38.1%	46.1%	42.8%	59.8%

Both White and BME staff have experienced a reduction in harassment, bullying or abuse across metrics 5, 6, and 8 as indicated by the following decreases:

- A 3.4% reduction from patients, relatives, and the public
- An 8.1% reduction from staff
- A 7% reduction from managers, team leaders, or other colleagues

The gap between BME and White staff experiences has narrowed for metrics 6, 7 and 8. However, for metric 5, which measures bullying, harassment, or abuse from patients, relatives, or the public, the gap has slightly widened by 0.4%.

13.7% more BME staff believe that the trust provides equal opportunities for career progression or promotion compared to 2023.

Metric 9 – Board Representation

The number of BME directors and non-executive directors compared to the overall workforce.

	2024	White Board Members	BME Board Members	Unknown Ethnicity Board Members		2023	White Board Members	BME Board Members	Unknown Ethnicity Board Members
Total Board Members		81.3%	18.6%	0.00%			77.8%	22.2%	0.0%
: Executive Board Members		100%	0.0%	0.0%			87.5%	12.5%	0.0%
: Non-Executive Board Members		66.7%	33.3%	0.0%			70.0%	30.0%	0.0%
	2024	White Board Members	BME Board Members	Unknown Ethnicity Board Members		2023	White Board Members	BME Board Members	Unknown Ethnicity Board Members
Number of staff in overall workforce		4027	782	260			3,961	569	284
Voting Board Member % by Ethnicity		92.7%	7.1%	0.0%			77.8%	22.2%	0.0%
Non-Voting Board Members % by Ethnicity		0.0%	100%	0.0%			-	-	-

Executive Board Members % by Ethnicity		100%	0.0%	0.0%			87.5%	12.5%	0.0%
Non-Executive Board Members % by Ethnicity		66.7%	33.3%	0.0%			70.0%	30.0%	0.0%
Overall workforce % by Ethnicity		79.4%	15.4%	5.1%			82.3%	11.8%	5.9%
Difference (Total Board - Overall Workforce)		2%	3%	-5%			-4.5%	10.4%	-5.9%

There is a decrease in minority ethnic executive board members during this reporting period.

There is an increase in BME non-executive board members and a decrease in White non-executive board members compared to last year.

There is an increase in ethnicity disclosures from 11.8% (2023) of our workforce to 15.4% (2024). The Trust is proactive in encouraging colleagues to disclose their protected characteristics on the Employee Self-Service portal (ESR).

Has your Trust taken action to facilitate the voices of BME colleagues in your organisation to be heard (provide an example or action plan).

This year, the Trust has implemented several initiatives to further support our BME colleagues, including the launch of Cohort 2 of the Reciprocal Mentoring program. This cohort saw participation from both the Chief Executive and the Director of Finance, building on the success of Cohort 1, where four members of the Trust's Executive Board, along with other senior management, served as Established Leaders. Feedback shows Aspiring Leaders have found this programme to offer them a safe space to speak about their lived experiences and the barriers they have faced in their development.

The Trust also commissioned a BME Leadership and Development Programme in which more than half of the first cohort of The Leadership and Development Programme gained higher banded roles or started vocational training as part of their career development; this programme was positive action taken as a result of the National Staff Survey 2022.

Conclusion and Recommendations

Findings from the 2024 report show an improvement in several of the indicators, such as:

- The proportion of BME staff has increased by 3.6% compared to the previous year, though it remains below the national average.
- BME staff continue to have higher participation in non-mandatory training and CPD compared to their White counterparts.
- There has been a 13.7% improvement in BME staffs perception of equal opportunities for career progression or promotion.
- Whilst there has been an improvement in the percentage of BME staff being appointed from shortlisting, white applicants are 2.44 times more likely to be appointed.
- There has been a reduction in the experience of bullying, harassment or abuse across all 3 metrics. Notably, a 3.4% decrease in incidents involving patients, relatives or the public, an 8.1% decrease in incidents involving staff and a 7% decrease in incidents involving managers, team leaders or other staff.
- There has been a decrease in the representation of minority ethnic individuals among executive board members, though there has been an increase in BME representation among non-executive board members. The overall disclosure of ethnicity among board members has improved.

The report also contains an Action Plan to focus on areas which have not improved, or where there are differences between perceptions or experiences of BME colleagues, this identifies that:

- The relative likelihood of BME applicants being appointed from shortlisting when compared to White applicants has worsened.

- Although there have been improvements in the experience of bullying, harassment and abuse, there remains a discrepancy between the experience of BME staff when compared to White staff.

The Board is requested to and note the 2024 WRES metrics and the Action Plan that will attempt to address areas that need improving for BME colleagues.

The data element of this report will be published on the HDFT website on 31 October 2024 following approval by the Board.

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Appendix 1 Action Plan

Action Plan

Workforce Race Equality Standard 2024

Metric	HDFT	National Average	Context	Actions	Timescale
Metric 2 Likelihood of being shortlisted	2.4	Figs not available	The likelihood of a BME candidate being employed is not balanced against White applicants possibly due to changes made in immigration law	<ul style="list-style-type: none"> • Continue to deliver unconscious bias and cultural competency training to staff. • Targeted adverts to encourage applications from other minority ethnic groups. • Improve access to information related to: <ul style="list-style-type: none"> ○ Clinical Skills ○ Leadership and Management ○ Job posts ○ Personal Development 	<p>Ongoing</p> <p>January 2025</p> <p>February 2025</p>
Metric 5, 6 and 8				<ul style="list-style-type: none"> • Continue to deliver the Reciprocal Mentoring and BME Leadership Development. • Continue to embed equality impact assessment template to ensure there is no unintended consequences for people with protected characteristics. 	<p>Ongoing</p> <p>Ongoing</p>

Appendix 2: Workforce Race Equality Standard 2024

Points to note:

- **Metric 2** - A figure above 1.00 indicates that BME staff are less likely than White staff to be appointed from shortlisting.
- **Metric 3** - It is 0.00 for 2023 as no BME colleagues entered the formal disciplinary process in 2022/23.
- **Metric 4** - A figure below 1.00 indicates that BME staff are more likely than White staff to access non-mandatory training and CPD.

			March 2023	March 2024		Comment
1	Percentage of BAME staff	Overall	11.8%	15.4%	↑	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		2.19	2.44	↑	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.00	0.49	↑	
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.63	0.71	↑	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	BME	29.4%	26.5%	↓	
		White	28.1%	19.9%	↓	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	32.9%	24.8%	↓	
		White	23.4%	19.5%	↓	
7	Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion	BME	40.2%	53.9%	↑	
		White	57.2%	61.9%	↑	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	22.6%	15.6%	↓	

		White	5.9%	6.1%	↑	
9	BME board membership	BME	22.2%	18.7%	↓	
		White	77.8%	81.3%	↑	
	Difference (total Board – Overall Workforce)		10.4%	3%	↓	

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