

Executive Summary

The Workforce Race Equality Standard (WRES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of people from Black, Asian, Minority Ethnic heritages. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of race equality.

The action plan works in tandem with the ED&I strategy 2022-2025, consequently, we review the ED&I Strategy operational plan to ensure future work streams and associated actions are responsive to our findings determined within this report.

The national data will be uploaded by 31 August 2022 and publication of our dedicated WRES action plan is required by 30 October 2022 following appropriate consultation with our staff networks.

This report summarises the Trust position, and progress against the 10 indicators of the NHS Workforce Race Equality Standard:

In non-clinical, there has been an increase for Black, Asian Minority Ethnic (BAME) representation at all bands except for 8b and above. There is very little to no BAME representation at Band 8A or above. There is only four members of staff at these grades out of 106 roles.

Clinically, there has been a large increase in BAME representation at Bands 2 and 5, and a decrease in BAME representation at Band 4. The decrease at Bands 8b and 8c is due to a minor increase in roles at these grades, whilst the number of BAME staff has remained static.

There has been a marginal decrease in BAME Consultant grade representation. Whilst it appears there has been a decrease in the number of BAME representation at non-consultant career grades, the absolute number of roles is relatively static. Therefore, this may be explained by a close increase in the number of unknown / null responses. Finally, there has been an 8.4% increase in BAME representation at trainee grades.

Analysis of recruitment data shows that there has been a small decrease in the relative likelihood that White staff are appointed from shortlisting compared to BAME staff.

There has been a reduction in the relative likelihood that BAME staff will be entered into formal disciplinary process compared to that of White staff. White staff are now more likely to enter the formal disciplinary process than BAME staff. Ideally, this figure should be 1 as this would be parity irrespective of Ethnicity.

There has been a small increase in the relative likelihood of BAME staff accessing non-mandatory training and continuous professional development (CPD), compared to White staff.

Comparative analysis shows that there has been a small fall in the proportion of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public and other

staff members in the last 12 months.

In the National Staff Survey (NSS) there have been improvements in the proportion of BAME staff reporting experiencing harassment, bullying or abuse from other staff. For both of these measures, there is near parity with their white colleagues, within 1% difference.

There have been improvements in the proportion of BAME staff reporting experiencing discrimination from their manager, team leader or colleagues. However, there remains a 10% disparity on this measure versus white colleagues, although this is down from 11.7% difference in the previous year.

There is an improvement in equality for career progression. However, we note a small deterioration in BAME colleagues experiencing discrimination in the workplace.

The BAME representation on the Board has remained static from the previous year. The disparity between the Board and the workforce has been exacerbated by the increase in BAME representation in the overall workforce, in relative terms.

Stockport NHS Foundation Trust Workforce Race Equality Standard (WRES) Report 2022



Introduction

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BAME representation at the Board level of the organisation.

This document reports on Trust's activity between 1 April 2021 and 31 March 2022. In accordance with the three workforce themes: workforce diversity (indicators 1 – 4), staff experience (indicators 5 – 8) and leadership diversity (indicator 9).

In addition to reporting the metrics required of the WRES, this report also sets out actions that will be undertaken to address the inequalities identified.

It is recognised that whilst the Trust has seen a slight improvement in the Staff Survey metrics in relation to Harassment & Bullying there is still significant work to do particularly in relation to leadership development and progression of Black Asian Minority Ethnic staff within the organisation, recruitment and the likelihood of BAME staff members being shortlisted and the disparity figures in relation to disciplinary procedures.

The WRES Indicators



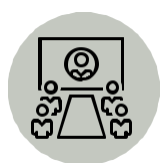
Workforce indicators

Indicator	Descriptor
1	Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff
4	Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).



National NHS Staff Survey indicators

Indicator	Descriptor
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 21. Percentage believing that the trust (or organisation) provides equal opportunities for career progression or promotion
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues



Board representation indicator

Indicator	Descriptor
9	Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated: <ul style="list-style-type: none"> By voting membership of the Board By executive membership of the Board

Reporting against the WRES Indicators

Indicator 1

Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce

Note: organisations should undertake this calculation separately for non-clinical and for clinical staff

Non-Clinical workforce

As of March 2021, within the non-clinical workforce, 88.7% of staff were White, and 9.5% of staff were from Black and Minority Ethnic backgrounds. In March 2022, the proportion of White staff decreased to 87.4% and the proportion of BAME staff has increased to 10.9%.

31 st March 2021		31 st March 2022	
White	1388	White	1392
BAME	149	BAME	174
Unknown	28	Unknown	26
Total	1565	Total	1592

Clinical workforce

As of March 2021, within the clinical workforce, 76.2% of staff were White, and 20.5% of staff were from Black & Minority Ethnic backgrounds. In March 2022, the proportion of White staff has decreased to 73.3% and the proportion of BAME staff has increased to 23.3%.

31 st March 2021		31 st March 2022	
White	3100	White	3104
BAME	834	BAME	987
Unknown	134	Unknown	145
Total	4068	Total	4236

Figure 1 shows the proportion of White and BAME staff in each of the agenda for change pay bands within the non-clinical workforce.

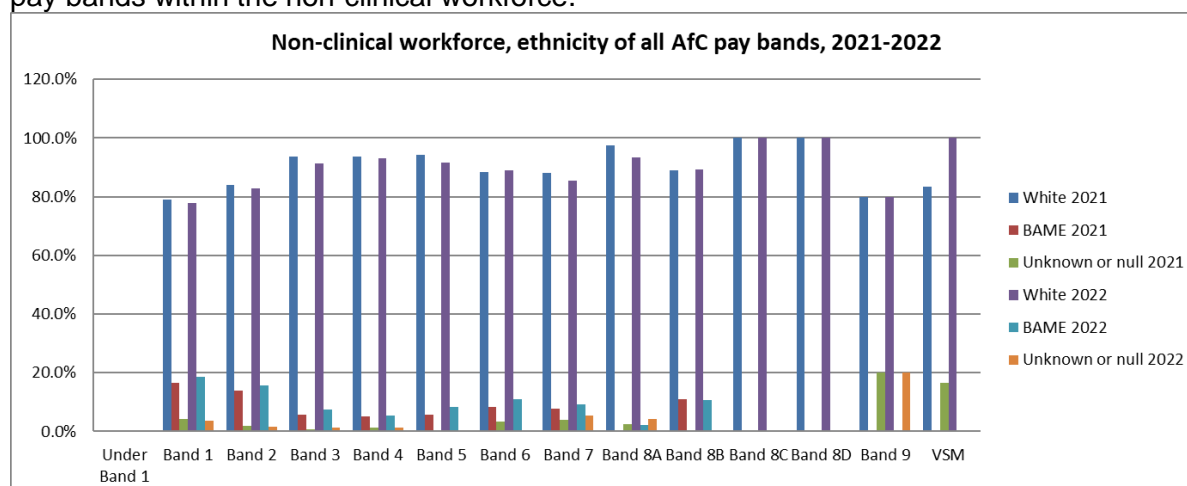


Table 1 shows where the movement has occurred within each band:

	% movement per band		
	White 2022	BAME 2022	Unknown or null 2022
Under Band 1	0.0%	0.0%	0.0%
Band 1	-1.4%	1.9%	-0.5%
Band 2	-1.2%	1.6%	-0.3%
Band 3	-2.3%	1.7%	0.6%
Band 4	-0.5%	0.5%	0.0%
Band 5	-2.5%	2.5%	0.0%
Band 6	0.4%	2.9%	-3.3%
Band 7	-2.8%	1.2%	1.5%
Band 8A	-4.1%	2.2%	1.9%
Band 8B	0.4%	-0.4%	0.0%
Band 8C	0.0%	0.0%	0.0%
Band 8D	0.0%	0.0%	0.0%
Band 9	0.0%	0.0%	0.0%
VSM	16.7%	0.0%	-16.7%

In summary, the data shows:

- There has been an increase for BAME representation at all bands except for 8b and above
- There is very little to no BAME representation at Band 8A or above. There is only four members of staff at these grades out of 106 roles.

Figure 2 below shows the proportion of White and BAME staff in each of the agenda for change pay bands within the clinical workforce.

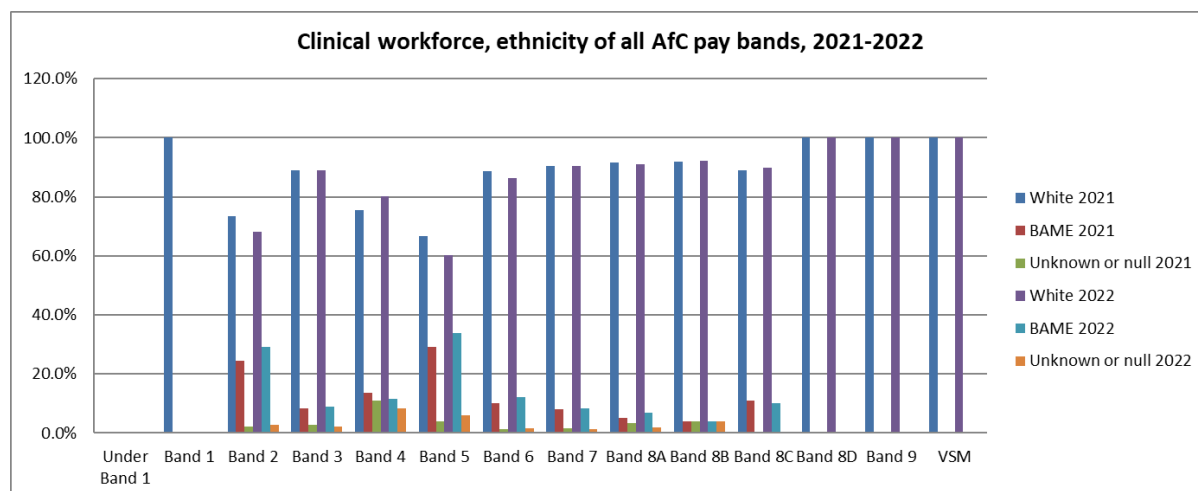


Table 2 below shows where the movement has occurred within each band:

	% movement per band		
	White 2022	BAME 2022	Unknown or null 2022
Under Band 1	0.0%	0.0%	0.0%
Band 1	-100.0%	0.0%	0.0%
Band 2	-5.3%	4.7%	0.6%
Band 3	0.1%	0.5%	-0.6%
Band 4	4.7%	-2.2%	-2.5%
Band 5	-6.4%	4.5%	1.9%
Band 6	-2.3%	2.3%	0.1%
Band 7	-0.1%	0.3%	-0.1%
Band 8A	-0.3%	1.7%	-1.4%
Band 8B	0.3%	-0.2%	-0.2%
Band 8C	1.1%	-1.1%	0.0%
Band 8D	0.0%	0.0%	0.0%
Band 9	0.0%	0.0%	0.0%
VSM	0.0%	0.0%	0.0%

In summary, the data shows:

- There has been a large increase in BAME representation at Bands 2 and 5.
- There has been a decrease in BAME representation at Band 4
- The decrease at Bands 8b and 8c is due to a minor increase in roles at these grades, whilst the number of BAME staff has remained static.
- In 2021, absolute figures for BAME at 8a and above were two roles out of 195 roles in total. In 2022, absolute figures for BAME at 8a and above were 13 roles out of 203 roles in total.

Figure 3 below shows the proportion of White and BAME staff in each of the career band within the Medical and Dental workforce.

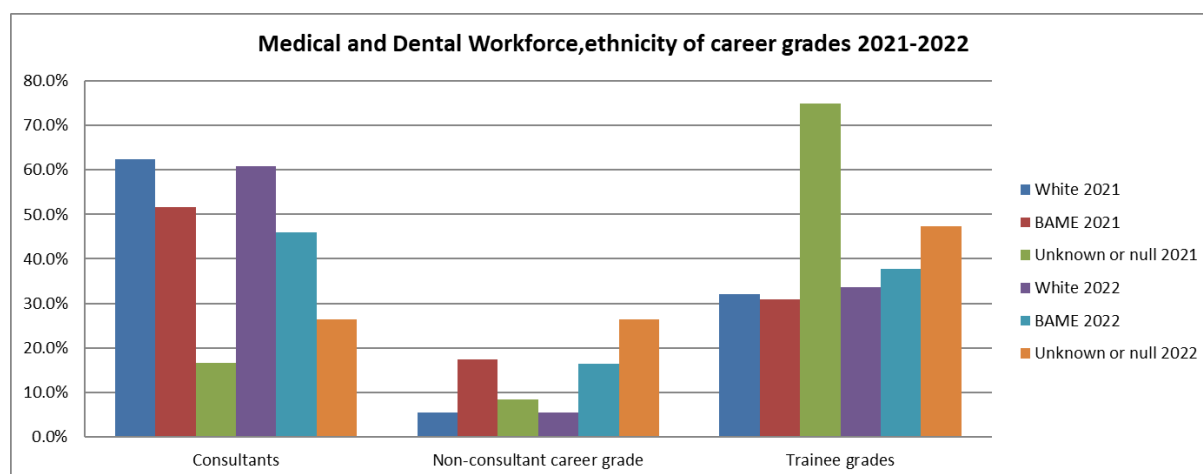


Table 3 below shows where the movement has occurred within each consultant grade:

	% movement per band		
	White 2022	BAME 2022	Unknown or null 2022
Consultants	1.0%	-1.4%	0.3%
Non-consultant career	-0.9%	-4.1%	5.0%
Trainee grades	-0.9%	8.4%	-7.5%
Other	0.0%	0.0%	0.0%

In summary, the data shows:

- There has been a marginal decrease in BAME Consultant grade representation
- Whilst it appears there has been a decrease in the number of BAME representation at non-consultant career grades, the absolute number of roles is relatively static. Therefore, this may be explained by a close increase in the number of unknown / null responses.
- There has been an 8.4% increase in BAME representation at trainee grades.

Indicator 2

	Relative likelihood in 2021	Relative likelihood in 2022	Difference +/-
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff.	2.43	2.10	-0.33

Analysis of recruitment data shows that there has been a small decrease in the relative likelihood that White staff are appointed from shortlisting compared to BAME staff. These figures do not include our internationally recruited workforce as their applications are not processed using the standard Trust recruitment systems and processes (TRAC Applications).

We recognise some Trusts may calculate their figures differently but as an organisation we have standardised the data collection methodology with Tameside to ensure that we are providing robust data that we can learn from and respond to in a transparent, meaningful and sustainable way.

Indicator 3

	Relative likelihood in 2021	Relative likelihood in 2022	Difference +/-
Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff.	1.14	0.77	-0.37

There has been a reduction in the relative likelihood that BAME staff will be entered into formal disciplinary process compared to that of White staff. White staff are now more likely to enter the formal disciplinary process than BAME staff. Ideally, this figure should be 1 as this would be parity irrespective of Ethnicity.

Indicator 4

	Relative likelihood in 2021	Relative likelihood in 2022	Difference +/-
Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).	0.91	0.81	+0.10

Explanatory note: a relative likelihood figure of less than 1 means that BAME staff are more likely to have accessed training relative to their white colleagues. Therefore, a smaller number represents a relative increase in staff accessing training, rather than a relative decrease.

There has been a small increase in the relative likelihood of BAME staff accessing non-mandatory training and continuous professional development (CPD), compared to White staff.

Indicators 5-8

The figure below summarises the staff survey data that is used to inform the WRES submission.

Metric	2021	2022
% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	25.8	23.6
% of BAME staff reported experiencing harassment, bullying or abuse from staff in last 12 months	27.6	22.5
% of BAME staff said they had experienced discrimination at work from either their manager, team leader or other colleagues	18.1	15.4
% of BAME staff believed that the organisation provides equal opportunities for career progression or promotion	47.6	50.2

Comparative analysis shows that there has been a small fall in the proportion of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public and other staff members in the last 12 months.

In the National Staff Survey (NSS) there have been improvements in the proportion of BAME staff reporting experiencing harassment, bullying or abuse from other staff. For both of these measures, there is near parity with their white colleagues, within 1% difference.

There have been improvements in the proportion of BAME staff reporting experiencing discrimination from their manager, team leader or colleagues. However, there remains a 10% disparity on this measure versus white colleagues, although this is down from 11.7% difference in the previous year.

There is an improvement in equality for career progression. However, we note a small deterioration in BAME colleagues experiencing discrimination in the workplace.

Indicator 9

Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated:

	White	BAME	Unknown
Board Membership of which;			
Exec Board Members	8	0	0
Non-Exec Board Members	7	2	0
Number of staff in overall workforce	4496	1161	171
Overall Workforce % by ethnicity	77.1%	19.9%	2.9%
Total Board members by ethnicity (%)	88.2%	11.8%	0%
Difference Board membership to overall workforce	11.1%	-8.2%	-2.9%

The BAME representation on the Board has remained static from the previous year. The disparity between the Board and the workforce has been exacerbated by the increase in BAME representation in the overall workforce.

Action Planning

The Equality, Diversity and Inclusion Strategy 2022-2025 looks to address the issues identified by the data in this report. The following table extracts some of the key actions contained within the strategy that addresses the issues identified. It will be necessary to accelerate priorities set in the EDI Strategy operational plan to ensure satisfactory progress can be made within year and consequently, evidenced improvements can be reported next year.

What we will do:	How we will know we have had impact:
We will routinely share our vacancies to ensure our advertising efforts for new vacancies reach people with protected characteristics such as Job Plus, GM EDI Network, RNIB, Black History Recruitment, Pink News and Voice	We will see an increase in the number of people shortlisted / appointed from people with protected characteristics
We will undertake mandatory implicit and association bias awareness training as part of the recruitment training for all managers with responsibility for current and future recruitment and selection	We will see an increase in job offers made to people with protected characteristics from shortlisting and a reduction in the shortlisting to success

	relative likelihood ratio for BAME tracked within WRES
We will work with managers to reduce barriers into employment by reviewing and drawing up role descriptions which are more accessible and user friendly and therefore targeted to a wider audience. To facilitate applications from our local population/community	We will see an increase in job applications from people with protected characteristics
We will work closely with our leadership teams to reinforce flexible working opportunities to remove barriers of access to employment for people with protected characteristics	We will see an increase in flexible working across our workforce
We will work with our recruiting managers to identify existing talent and proactively develop staff for internal promotion and progression opportunities for with protected characteristics when appropriate new vacancies arise towards equality of opportunity and support development and succession planning Action: Create BAME talent pool	We will see a reduction in the BAME progression disparity ratio and we will progress more staff from protected characteristics in house.
Introduce diverse interview panels for selection processes for all Bands 8A and above. To offer different perspectives in recruitment processes.	We will see an increase in the success rates of people with protected characteristics applying for jobs successfully at senior levels
We will relaunch the Staff Networks, Equality Champions, and Allies network. The Board Members shall be nominated as Sponsors and one member aligned to each group.	Increased membership to improve staff experience
We will embed EDI capability and competence for inclusive leadership and management practice into all current and future leadership and management development programmes for all managerial staff and team leaders	Lower reporting of instances of Bullying, Harassment, Abuse and Discrimination
We will deliver our Anti Racism Framework (ARF) and associated action plan. This will be an accelerated action plan to prioritise the areas of improvement as defined in the current WRES data insights. The ARF will feed into the existing EDI strategy and will act as the dedicated workstream link between the strategy, staff network and other divisional integrated workplans that are already operational to avoid duplication and ensure a targeted approach.	Lower reporting of instances of Bullying, Harassment, Abuse and Discrimination We will see greater applications, recruitment and retainment from people with protected characteristics.
Using the Anti Racism Framework (ARF), we will incorporate the 'Hate Crime and Respect' campaign that is currently focussed on reducing abuse towards staff from patients and visitors, to extend this internally to drive a zero-tolerance culture. This shall be included in staff / team briefings and other literature available to all staff and linked to FTSU process	Greater incident reporting to FTSU and an overall reduction in staff reporting Bullying Harassment and Abuse in the NSS over the three-year period.
Using the Cure Model as our platform we will build into our existing leadership programme (clinical and non-clinical) equality Masterclasses to develop staff competence around EDI and Protected Characteristics	We will see improvements in staff experience evidenced in the NSS

Conclusions

The data from this year's WRES submission shows that there has been small progress made in the overall BAME representation, disciplinary action and training. However, there remains significant further work to do to improve our equality around race representation at senior levels and improvements in positive work-place experiences for people from Black, Asian, Minority and Ethnic backgrounds and different heritages.

The data insights have identified a marked, worsening position in the shortlisting of applicants from Black, Asian, Minority, Ethnic backgrounds in our recruitment processes, as compared to white applicants.

There remains a 10% disparity between BAME and white colleagues reporting experiencing harassment, bullying or abuse from team leaders, or line managers in the workplace.

This year we introduced the ED&I strategy 2022-2025 as our platform to change. As we drive our ED&I agenda forward throughout the Trust we remain responsive to adapt our work plan. Based on current information derived from this year's WRES we will reconfigure our operational programmes and local action plans to provide an accelerated programme to bring forward our ED&I Strategy objectives in recruitment and culture. The objectives within these programmes will be realigned for improvement in Year 1 of the strategy as outlined above in the WRES action plan.