

Workforce Race Equality Standard

Annual Report 2022/23



Executive Summary

Welcome to the Workforce Race Equality Standard (WRES) Annual Report 2022/23. The WRES report enables the Trust to publish data on the employment experiences of our Black, and Minority Ethnic (BME) staff compared to those of our white staff.

The WRES report shows the Trusts latest workforce race equality data, as of 31st March 2023. The report identifies where improvements have been made and where further work needs to be undertaken to reduce inequalities within the Trust.

There have been some positive findings in this report and there are also areas where we require further analysis to fully understand the results, we will focus on the staff survey results. South Tees Hospitals NHS Foundation Trust is committed to tackling racial discrimination and to working towards reducing inequalities to ensure fair and equal opportunities for progression and development. We will apply key actions to understand and address inequities that are highlighted in the data.

Our priorities will focus on tackling discrimination and bullying within the Trust – Indicators 6 and 8 demonstrate that BME colleagues are significantly impacted by bullying, discrimination and harassment from staff and line managers compared to white colleagues.

We will also focus on supporting our BME colleagues to access all CPD and progression opportunities to enable fair and equitable development for all in relation to metric 7.

Aims

The aims of this report is to:

- Compare the workplace and career experiences of the Trusts BME and white staff, using data drawn from WRES reporting in 2022/23.
- Present high-level findings and analysis of the WRES metrics data.
- Highlight trends in NHS staff survey data published, covering the periods of 2021 and 2022.
- Suggest actions that will improve the experiences of BME staff against each metric.
- Continue to raise awareness of race equality within the Trusts workforce and outline some of the challenges that BME staff collectively experience at work.

A summary of the results for South Tees Hospitals NHS Foundation Trust is detailed in the table below:

Workforce Data	2023	2023 %	2022 Headcount	2022 %
Total Workforce	10010		9542	
BME staff	1145	11.44	953	9.99%
White staff	8571	85.62	8252	86.48%
Not declared ethnicity status	294	2.94	337	3.53%

WRES Indicator 2022

		Overall VSM	2018	2019	2020	2021	2022
1	Percentage of BME Staff				9.56%	9.99%	11.44%
2	Relative likelihood of white applicants being across all posts compared to BME applicants appointed from shortlisting		1.32	1.81	2.60	1.60	1.52
3	Relative likelihood compared to white of BME staff entering the formal disciplinary process		0.28	1.31	1.80	1.27	0.80
4	Relative likelihood of white staff accessing non-mandatory training continuous professional development (CPD) compared to BME staff		1.10	1.03	1.09	0.98	1.08
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	31	29	24	27	29
		White	28	26	24	24	25
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	20	24	28	29	33
		White	33	24	23	21	22
7	Percentage of staff believing the Trust provides equal opportunities that for career progression or promotion	BME	47	45	39	48	43
		White	56	51	53	58	58
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	11	12	20	20	20
		White	3	6	5	6	6
9	BME Board Membership	BME	-0.5	-1.5	-1.1	-9.6	-10.0

Key Findings 2022

Representation Across the Trust

- There has been a slight increase in the number of BAME staff employed by the Trust - an increase of 1.45% to 11.44%. Overall BAME representation remains broadly representative of the BAME communities in the Northeast, but not across all grades.
- Differences in the experience in the workplace have been identified with bullying and harassment by colleagues and line managers being significantly higher for our BME workforce.
- BAME at Board level is underrepresented at 7.69%, as compared to the overall BAME workforce of 11.43%
- Racial disparity is showing as not significant for non-clinical staff but in the clinical group there is a 1.99 disparity for Bands 5 and under and also a 2.72 degree of disparity for Bands 8a and above.
- Findings show that it at Band 6 for clinical staff where BME underrepresentation begins which is representative of the national picture.
- Consultants are where BME underrepresentation commences for medical staff which is in alignment with the national overview.

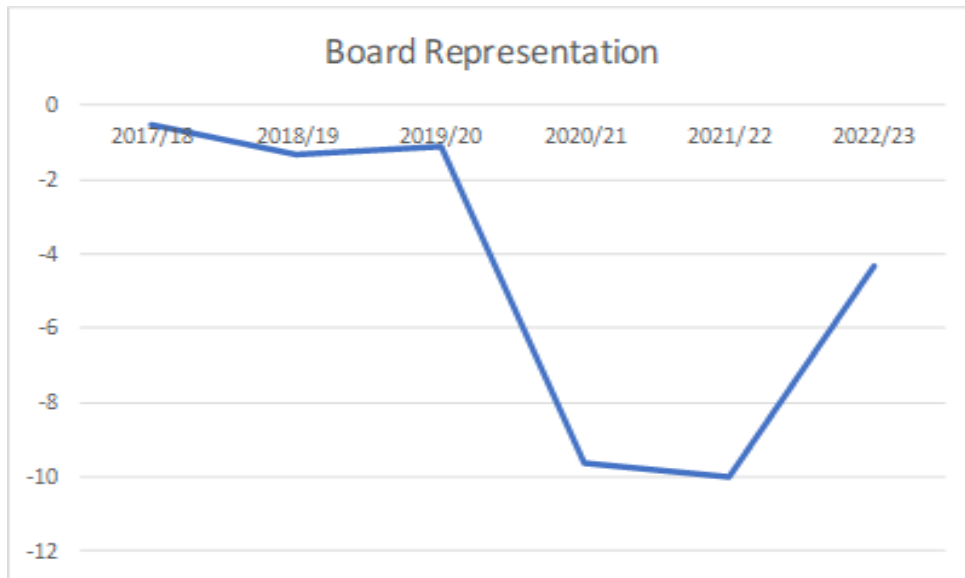
WRES - 2023						
Non-Clinical	Headcount			% of staff by ethnicity of the total workforce		
	White	BME	Not Stated	Total	White	BME
Band 1	2	0	0	2	100.00%	0.00%
Band 2	866	40	27	933	92.82%	4.29%
Band 3	336	15	5	356	94.38%	4.21%
Band 4	326	12	6	344	94.77%	3.49%
Band 5	167	10	4	181	92.27%	5.52%
Band 6	90	4	3	97	92.78%	4.12%
Band 7	82	3	1	86	95.35%	3.49%
Band 8a	47	2	1	50	94.00%	4.00%
Band 8b	38	1	2	41	92.68%	2.44%
Band 8c	11	1	0	12	91.67%	8.33%
Band 8d	10	0	0	10	100.00%	0.00%
Band 9	4	1	0	5	80.00%	20.00%
VSM	8	1	0	9	88.89%	11.11%
Total	1987	90	49	2126	93.46%	4.23%
Band 1	2	0	0	2	100.00%	0.00%
Band 2	1366	98	64	1528	89.40%	6.41%
Band 3	434	17	16	467	92.93%	3.64%
Band 4	319	45	21	385	82.86%	11.69%
Band 5	1621	343	48	2012	80.57%	17.05%
Band 6	1260	109	35	1404	89.74%	7.76%
Band 7	855	34	17	906	94.37%	3.75%
Band 8a	229	13	5	247	92.71%	5.26%
Band 8b	41	1	2	44	93.18%	2.27%
Band 8c	20	1	0	21	95.24%	4.76%
Band 8d	10	0	0	10	100.00%	0.00%
Band 9	2	0	0	2	100.00%	0.00%
VSM	1	0	0	1	100.00%	0.00%

WRES 2022					
Headcount			% of staff by ethnicity of the total workforce		
White	BME	Unknown	Total	White	BME
3	0	0	3	100.00%	0.00%
763	30	32	825	92.48%	3.64%
309	10	6	325	95.08%	3.08%
323	9	8	340	95.00%	2.65%
163	7	3	173	94.22%	4.05%
80	4	2	86	93.02%	4.65%
66	3	1	70	94.29%	4.29%
45	2	1	48	93.75%	4.17%
36	1	2	39	92.31%	2.56%
11	1	0	12	91.67%	8.33%
11	0	0	11	100.00%	0.00%
8	0	0	8	100.00%	0.00%
14	1	0	15	93.33%	6.67%
1832	68	55	1955	93.71%	3.48%
2	0	0	2	100.00%	0.00%
1357	89	68	1514	89.63%	5.88%
409	12	19	440	92.95%	2.73%
289	16	18	323	89.47%	4.95%
1643	285	56	1984	82.81%	14.36%
1219	98	40	1357	89.83%	7.22%
811	25	24	860	94.30%	2.91%
198	11	5	214	92.52%	5.14%
37	1	2	40	92.50%	2.50%
20	0	0	20	100.00%	0.00%
11	1	0	12	91.67%	8.33%
3	0	0	3	100.00%	0.00%
1	0	0	1	100.00%	0.00%

WRES 2021					
Headcount			% of staff by ethnicity of the total workforce		
White	BME	Unknown	Total	White	BME
3	0	0	3	100.00%	0.00%
790	34	45	869	90.91%	3.91%
298	6	8	312	95.51%	1.92%
302	4	10	316	95.57%	1.27%
153	7	4	164	93.29%	4.27%
73	3	2	78	93.59%	3.85%
62	3	1	66	93.94%	4.55%
49	1	3	53	92.45%	1.89%
23	0	1	24	95.83%	0.00%
14	1	0	15	93.33%	6.67%
12	0	0	12	100.00%	0.00%
7	0	0	7	100.00%	0.00%
17	0	0	17	FALSE	0.00%
1803	59	74	1936	93.13%	3.05%
4	0	0	4	100.00%	0.00%
1341	77	81	1499	89.46%	5.14%
414	16	25	455	90.99%	3.52%
346	40	24	410	84.39%	9.76%
1723	237	73	2033	84.75%	11.66%
1184	76	54	1314	90.11%	5.78%
744	25	25	794	93.70%	3.15%
175	8	6	189	92.59%	4.23%
36	0	2	38	94.74%	0.00%
19	1	0	20	95.00%	5.00%
10	0	0	10	100.00%	0.00%
0	0	0	0	0.00%	0.00%
4	1	0	5	80.00%	20.00%

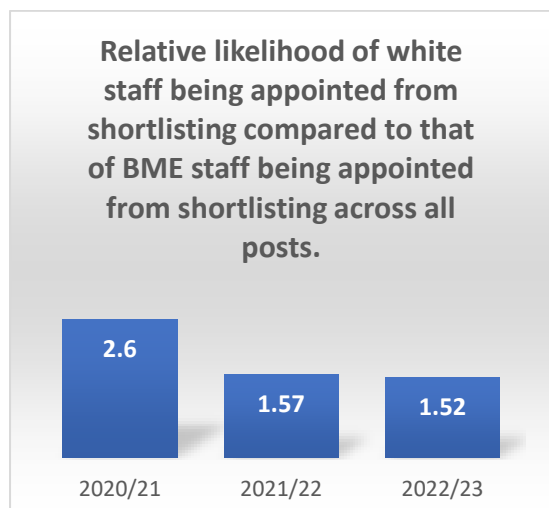
Total	6160	661	208	7029	87.64%	9.40%		6000	538	232	6770				6000	481	290	6771	88.61%	7.10%
Consultant	317	197	28	542	58.49%	36.35%		303	179	31	513	59.06%	34.89%		313	183	39	535	58.50%	34.21%
Career Grade	43	40	3	86	50.00%	46.51%		39	30	4	73	53.42%	41.10%		49	33	5	87	56.32%	37.93%
Trainee grade	64	157	6	227	28.19%	69.16%		78	138	15	231	33.77%	59.74%		157	169	23	349	44.99%	48.42%
Total	424	394	37	855	49.59%	46.08%		420	347	50	817	51.41%	42.47%		519	385	67	971	53.45%	39.65%
Total	8571	1145	294	10010	85.62%	11.44%		8252	953	337	9542	86.48%	9.99%		8322	925	431	9678	85.99%	9.56%

Metric 9 - Board Representation



BME was underrepresented on the Board by -4.3% which is one person in terms of headcount.

Metric 2– Equity of Experience

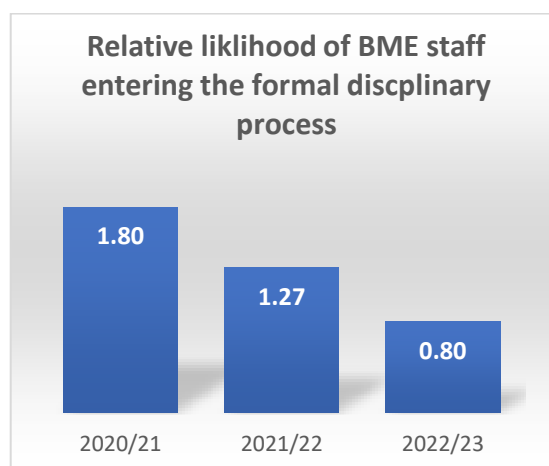


The likelihood ratio that white applicants were 1.52; more likely to be appointed than BME applicants. Specifically, 1326 out of 6159 white candidates were appointed from shortlisting (21.5% of white candidates) compared to 186 out of 1313 BME candidates (14.2% of BME candidates)

Whilst this is a slight reduction from the figure reported in 2021 and we are committed to reducing this further.

This will continue to be a priority area for improvement, with work ongoing to identify trends in relation to grades and occupational groupings.

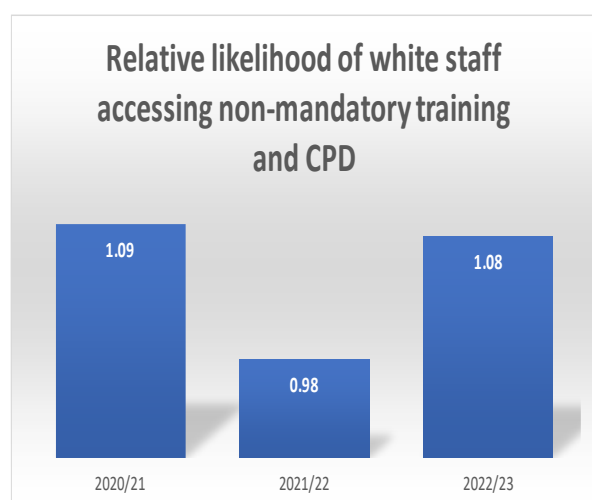
Metric 3 - Equality of Experience



There were 28 white staff (0.33%) and 5 BME (0.26%) staff who entered the formal disciplinary process showing a slight decrease in BME staff entering the formal process compared to white staff.

As the Trust embeds a restorative practice approach, it is hoped that fewer formal processes will be entered into across the whole organisation.

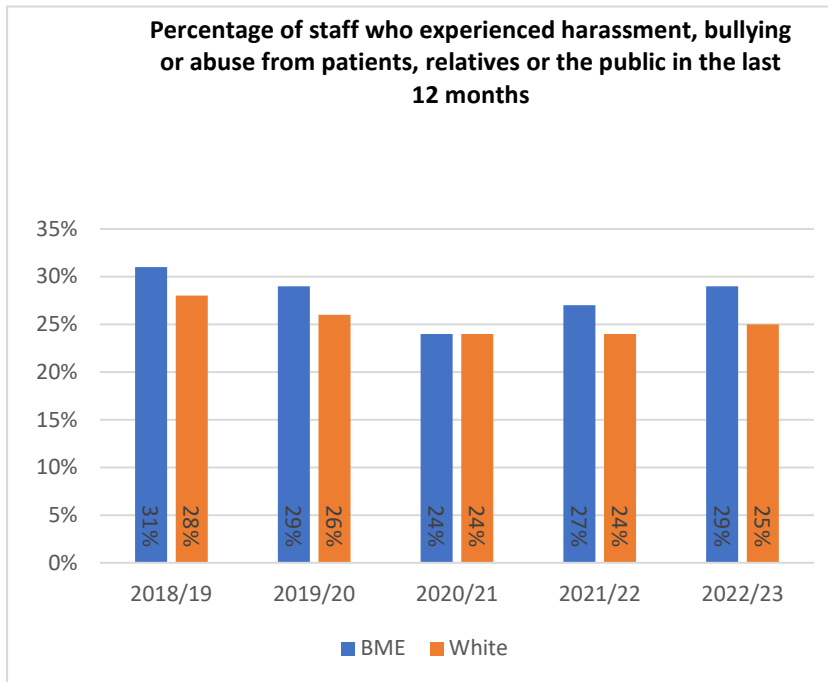
Metric 4



White staff are marginally more likely to access non-mandatory training and CPD than BME colleagues.

Specifically, 7456 out of 8571 white staff undertook non-mandatory training (87.0% of the white workforce) compared to 919 out of 1145 BME staff (80.3% of the BME workforce)

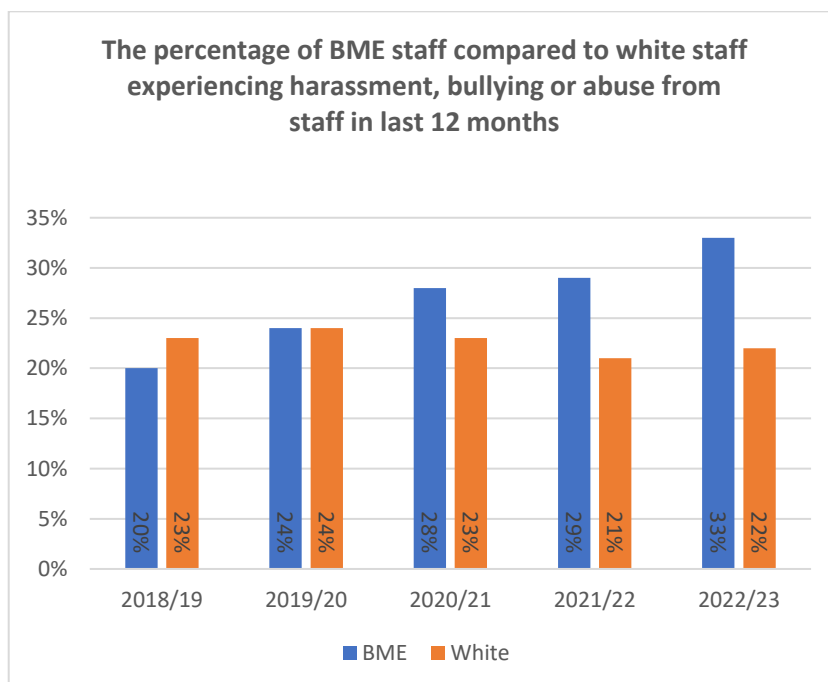
Metric 5



The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was similar for BME staff, 28.8%, and for White staff, 24.8%.

Staff are required to log all incidents through DATIX. The Keeping Staff safe group review, on a monthly basis, by themes and trends and escalate as appropriate for further action. We will further develop the staff safety group to reduce and eliminate incidents and improve staff safety from aggression and violence.

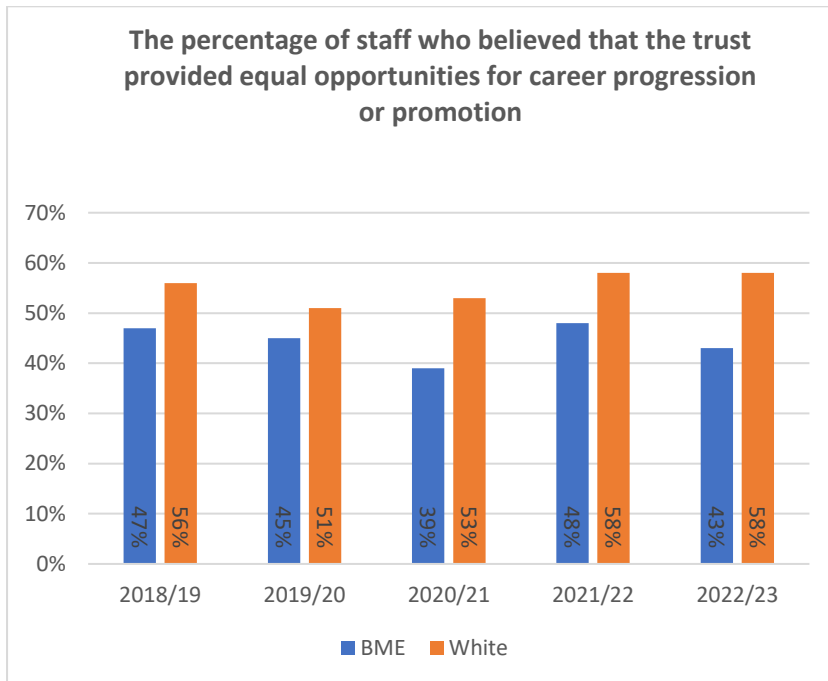
Metric 6



The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was significantly higher for BME staff at 32.9%, compared to white staff which was 22.2%.

The HR team are developing a management plan to support staff involved in an incident and also are working to reduce and eliminate incidents and improve staff safety from aggression and violence.

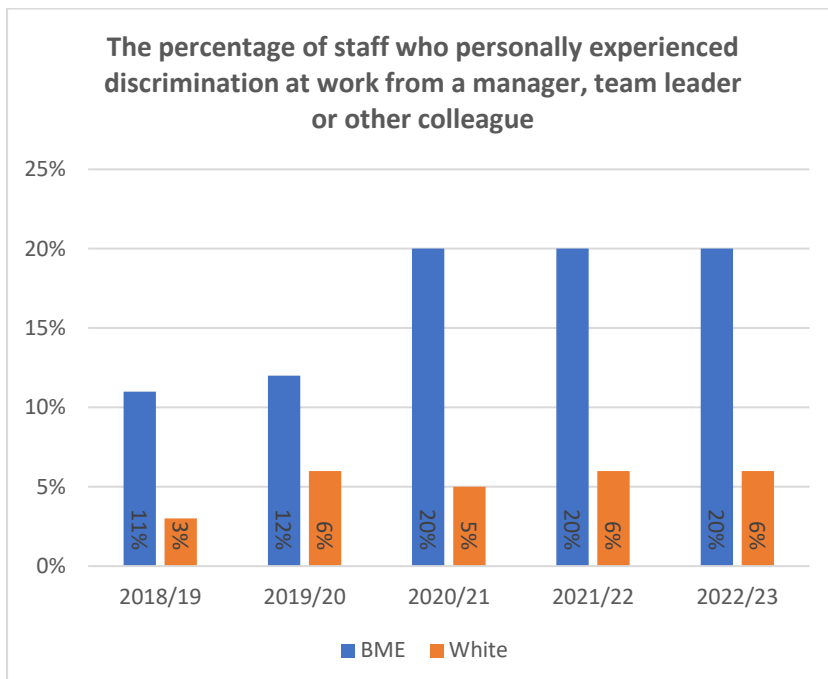
Metric 7



The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion was significantly lower for BME staff, 43.3%, than for White staff, 58.4%.

The concern is that 4.8% less BME staff saw opportunities for progression than last year. This is particularly highlighted in the nursing and midwifery group which shows a 17% decrease from 2021 to 2022 of staff who responded believed that there were opportunities for progression.

Metric 8



The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 20.4%, than for White staff, 5.8%.

There is also a slight increase from last year of 19.9% to 20.4% of BME colleagues who had experienced discrimination. Our nursing and wider healthcare BME colleagues are presenting with poor outcomes and whilst nursing colleagues have seen a decrease year on year, 23% responded that they have been discriminated against this year. The wider healthcare group regrettably show an increase from 16% last year to 26% in 2022.

South Tees Hospitals Action Plan and Key Priorities 2023/24

South Tees Hospitals NHS Foundation Trust is committed to fully meeting the requirements of the Workforce Race Equality Standard. Our action to improve the WRES indicators is aligned to our strategic goals specifically to make South Tees the best place to work. Our commitment and priorities are aligned to the NHS People Plan, the national NHS People Promise and the NHS Equality, Diversity and Inclusion plan.

Working with an external organisation, we invited all BAME colleagues to discovery interviews to hear about their experiences of and views on recruitment, belonging, support with lived experiences and engagement. The desire for a better workplace experience was conveyed from those that had attended alongside better more inclusive leadership. The recommendations from these interviews have been aligned with our actions detailed below.

We will continue to create protected time within the annual cycle of business for networks to work together and share good practice and to offer BME colleagues a safe space to share their lived experiences. The network aims to assist educating and developing awareness of discrimination and to support racial equality throughout the Trust.

The Trust will be continuing with their reciprocal mentoring programme and will endeavour to work closely with colleagues to become more inclusive and reduce discrimination. There were 23 original partnerships and as part of intention to continue to support our BAME colleagues we are reviewing the current partnerships to ascertain next steps to support this programme.

Ethnicity declaration has increased by 1.49% with 1145 colleagues declared as BME. The number of staff who did not declare their ethnicity has reduced by 0.6% with 294 staff wishing not to disclose. HR Business Partners will continue to improve self-declaration as part of the HRBP strategy.

All recruitment panels have a least one member of staff who has undertaken training in recruitment and selection and unconscious bias.

To better enhance access to career progression, training, and development opportunities we will review our values-based recruitment by embedding a structured interview template which aims to reduce bias and ensure that every candidate has an equal opportunity for development and progression.

All recruitment panels for roles 8a and above will include an establishment network representative.

We intend to implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan.

Our recruitment adverts for key roles will clearly set out the role and qualities/competencies in an 'easy to read' format (i.e. health care support worker, nurse and administrator).

We will analyse candidate feedback to identify areas of improvement within the recruitment process.

We will continue to review data by protected characteristic on bullying, harassment, discrimination, and violence and work proactively to eliminate these from the workplace.

Implementation of a restorative and just culture approach across the organisation is now taking place ensuring that a training package is available for managers and all People policies will be updated to reflect this restorative just culture approach. This restorative practice along with our Civility Training is intended to reduce bullying, harassment and discrimination across the organisation.

We will continue to provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence’.

As part of our induction, we will develop a resource pack for new starters to include local information, health and wellbeing walks, networking and friendship groups, psychological and work support, etc.

EDI Training was provided to our senior leadership team; network chairs and trainers and we will now deliver EDI awareness training as part of the Management Essentials programme.

We will create comprehensive onboarding programmes for international recruits, drawing on best practice ensuring international recruits receive clear communication, guidance and support around their conditions of employment prior to joining the organisation.

To support year-on-year improvement in race and disability representation, we will actively analyse our staff survey data by comparing the experiences of our BME and white colleagues. The themes of bullying and harassment and discrimination have been identified as high priority areas for improvement and focus. Our other area of focus will be personal development and progression and how we can support BME colleagues to access all opportunities.