

Workforce Race Equality Standards (WRES 2021)

Annual Report 2020/21

Introduction

The Workforce Race Equality Scheme (WRES) provides data to facilitate the Trust's ability to make informed decisions and take action to actively promote equality of opportunity, as well as to reduce discrimination which may exist, ultimately to improve the working lives and wellbeing of staff, patients and service users.

This report is based on 2020/21 data and is a comparison between 1st April 2020 and 31st March 2021. Accompanying this report is the full data set to be submitted nationally by the Trust. This report highlights the improvements that have been seen and the areas that may require further action.

Findings

Overall Workforce

The percentage of Black, Asian and Minority Ethnic (BAME) staff within the workforce has increased as a proportion of the total workforce from 16% in 2019/20 to 18.8% during this period.

Analysis of the data shows that the Trust has increased its entire workforce overall in both clinical and non-clinical roles by 1.2% in the last 12 months (a headcount increase of 13 people). There has been a significant increase in our BAME workforce in clinical roles (headcount of 14) and junior doctors (headcount of 12), which is 2.4% of the overall workforce. The increase in the BAME workforce in clinical roles at Bands 4 and 5 (a headcount of 9 people) can be attributed to a successful international recruitment campaign.

The Trust's medical & dental workforce increased by 3.5%, and in the same period there was a proportional increase in BAME staff by a headcount of 14 people. In contrast, the white medical workforce has decreased by a headcount of 1 person. Our BAME representation has therefore increased by 6.67% (from 35.46% in 2020 to 42.13% in 2021) of the overall medical & dental workforce. This can be attributed to a shift in the declaration of ethnicity by junior doctors which increased by 63.6% (8 people non-declared in 2020 compared to 1 person in 2021).

Senior Workforce Representation

In 2020 the Trust had a total of 69 individuals employed at Band 8a or above and in 2021 this decreased to 67 individuals; a total reduction of 3% from the previous year. However, the data shows a proportion of BAME individuals in senior roles has increased by 50% (a headcount of 3 people). In 2020 8.69% (a headcount of 6) of the Trust's senior workforce (not including medical & dental) were from a declared BAME background, this has increased to 13.43% (a headcount of 9) in 2021.



In 2020 28% of the Consultant workforce were from BAME backgrounds and although there was a headcount increase of 2 people, the proportion of BAME individuals remained constant at 28% as there was an increase in white colleagues by a headcount of 4 people in 2021.

Junior Workforce Representation

Our junior workforce (Agenda for Change staff in Bands 2-7) have seen the largest increases in BAME representation between 2020 and 2021, an increase from 12.54% in 2020 to 14.3% in 2021.

This increase has been seen in both clinical and non-clinical roles which have both increased over the last 12 months. In this time period our clinical representation increased from 16.2% in 2020 to 18.5% in 2021 (a headcount of 12 people), and our non-clinical representation increased from 7.3% in 2020 to 8.3% in 2021 (a headcount of 4 people).

Recruitment

There has been a significant increase in candidates being appointed from shortlisting if they were from a white background. The number of shortlisted applicants from a white background to being appointed had a 1.79 relative likelihood in 2021 (with 1 being an equal comparison) compared to a 1.47 relative likelihood in 2020.

The data shows that in 2020 a white applicant had a 29.5% chance of being appointed after shortlisting and this decreased to 28.02% in 2021. However the figures for BAME applicants shows a variance of 4.44% as in 2020 a BAME applicant had a 20.13% chance of being appointed after shortlisting compared to a 15.69% in 2021 (a headcount of 15 people).

The number of shortlisted applicants not declaring their ethnicity dropped by 39.26% from 2020 to 2021 which is a significant improvement.

Formal Disciplinary Processes

At QVH there is a minimal formal disciplinary caseload in comparison to most other Trusts, and there were no staff from a BAME background that entered a formal disciplinary process in 2021. The number of cases (2 in 2021) therefore does not have statistical relevance.

Access to Training and Development

The data shows that the number of BAME staff accessing non-mandatory training and CPD has fallen from 43.60% (a headcount of 75 people) in 2020 to 42.44% (a headcount of 87 people) in 2021. However, there was a headcount increase of 33 people between 2020 and 2021, therefore there were more BAME staff that accessed non-mandatory training and CPD in 2021.

The data captures all courses (not just those entered onto ESR), it therefore does account for training and CPD. A further consideration is due to the increase in BAME individuals



joining the Trust during this period, it could be assumed that the focus will have been on successful probation, statutory and mandatory compliance, and the first annual appraisal before entering non-mandatory and CPD opportunities.

In 2020/21 there were 84 educational funds awarded by the Trust's Educational Funding Panel of which 15 (18%) were for BAME applicants. This is on a par with the overall Trust representation of 18.8%.

Trust Board Representation

The numbers relating to Trust Board members show that 1 individual from a declared BAME background departed from Trust, and therefore there is no BAME representation on either the voting Board or non-voting Board.

Conclusions

Appointment to the BAME Network Leads was completed in August 2020 with two Leads appointed.

Although it is encouraging that the proportion of BAME representation across the workforce at QVH has increased from 16% in 2020 to 18.8% in 2021, it is important to recognise the size of the Trust with a total headcount of 1,091 people.

Analysis of the data shows that the increase in proportion has been seen at more junior levels and careful reflection is needed in regard to our BAME representation at senior levels, and in particular on the Trust Board where representation is null.

Gemma Farley Employee Relations and Wellbeing Manager

Progress against actions 2020

| Action | Progress |
|---|---|
| Appointment of a BAME Network Lead | Appointment to the BAME Network Leads was completed in August 2020 with two Leads appointed. |
| Trust Board Seminar to undertake to deliver long term commitment to our BAME workforce | Not discussed to date |
| Understand how we identify talent in Bands 2-7 and support progression and development into more senior roles | Rolled over to actions 2021 |
| Considerations | |
| Are opportunities in open competition | |
| Understand barriers to entry | |



| Are there targeted development needs needed? Do the Trust encourage opportunities? BAME Representation on Band 8a and above interview panels? | |
|---|--|
| Look at ways to address the discrepancy in shortlisting for roles for BAME candidates | Rolled over to actions 2021 |
| Considerations Are we doing enough to promote equality of opportunity Are applications sufficiently anonymised Unconscious bias training Increase recruitment and selection training | |
| Increase staff engagement to disclose their ethnic origin to the Trust Considerations • Communication to all staff who haven't disclosed • Increase knowledge of ESR Self Service • Understand what barriers prevent disclosure | This was achieved, most significantly there was a shift in the declaration of ethnicity by junior doctors which increased by 63.6% |
| Increase candidate engagement to disclose their ethnic origin to the Trust when applying for roles Considerations Understand what barriers prevent disclosure Mandate individuals to disclose at application stage – linked to understand barriers | |

Actions 2021

| Action | Timeframe |
|---|---------------|
| Understand how we identify talent in Bands 2-7 and support progression and development into more senior roles | December 2021 |
| Considerations Are opportunities in open competition Understand barriers to entry Are there targeted development needs needed? Do the Trust encourage opportunities? BAME Representation on 8a and above interview panels? | |



| Further increase staff engagement to disclose their ethnic origin to the Trust | March 2022 |
|--|---------------|
| Targeted communication to all staff who have not disclosed Understand what barriers prevent disclosure | |
| Encourage recruiting managers to appoint applicants from a BAME background | December 2021 |
| Understand what are the barriers to appointment Mandate recruiting managers to attend training Mandate recruiting managers to comment on why applicants have not been appointed | |
| Encourage BAME representation in the shortlisting of roles Band 8a+ and attendance at interview panels | December 2021 |
| Details of BAME network members trained to participate Communicate to recruiting managers of roles Band 8a+ are required to ensure a BAME representation is fully involved in the recruitment process | |
| Monthly review of rejected applicants from shortlisting and interview stage with a particular focus on of those from a BAME background | Ongoing |

Comments from the BAME network Chairs

The conclusion of the report is promising in that it shows an increase of BAME staff of 2.8% within the trust. However, upon closer interpretation this isn't clear cut and therefore more work is needed to improve this ratio especially at senior levels and as mentioned at board level where representation is zero.

The Trust must encourage the appointment of a diverse range of staff at all levels but especially at senior and board level where representation is hugely lacking. There must also be equal opportunities for training and development for BAME staff. We plan to work diligently over the next few months engaging with staff in order to understand how to identify and set up a BAME specific talent pool and recognise any barriers and/or developmental needs for all banding levels.

Encouragement of managers to appoint BAME staff will not suffice alone and although training is provided covering unconscious bias, it is important that the network leads are aware of what is covered so that we can provide personal feedback or even be involved in the training going forward. We are pleased that the Trust is encouraging diversity on interview panels and as we set that up in the coming months, we believe that will have a positive outcome not only in appointment of candidates but also in the understanding of the interviewers.



The BAME network leads will now set up regular meetings and look to increase the capacity of the network by setting up more roles internally and creating more support for the leads which is critical in order to achieve the Trust's targets set out in the action plan.

Aneela Arshad and Kokila Ramalingam