

Workforce Race Equality Standards (WRES 2020)

Annual Report 2019/2020

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 2019/2020 data and is a comparison between 1st April 2019 and 31st March 2020. Accompanying this report is the full data set to be submitted nationally by the Trust. This report highlights the improvements that have been made, but also the areas that maybe cause for concern and further action.

Findings

Overall Workforce

The percentage of BAME staff employed by the Trust has increased from 14.8% in 2018/19 to 16% during this period.

By analysing our headline workforce figures in more detail, the data shows that the Trust has increased its entire workforce overall in both Clinical and Non Clinical roles in the last 12 months. These increases have shown a proportional increase in our BAME workforce in clinical roles. In the period 19/20 our BAME clinical workforce has increased by 23% (a headcount increase of 19 people). There was a 10% increase in non-clinical roles over the same period however to provide some context this accounts for a headcount increase of 3 people.

The Trust's BAME medical workforce however has not increased in the same period, and has remained at a headcount of 62 people for both years. In contrast our white medical workforce has increased by a headcount of 10, eight of which are at Consultant level. This therefore reduces our BAME representation from 63.2% in 2019 to 57.4% in 2020*.

**A caveat to these figures is that there are 8 individuals (all trainee doctors) who have not declared their ethnic origin to the Trust during this period.*

Senior Workforce Representation

In 2019 the Trust had a total of 63 individuals employed at band 8A or above. In 2020 this increased to 69 individuals. However when analysing the data the proportion of BAME individuals in senior roles has decreased. In 2019 10.5% (a headcount of 6) of the Trust's senior workforce (not including medical) were from a declared BAME background, this contrasts to 9.5% (also a headcount of 6) in 2020.

At consultant level, although there is a much higher BAME proportion in these senior roles at the Trust, there has been a reduction in the BAME representation. In 2019 46.9% of our consultant workforce were from BAME backgrounds however this has reduced to 40.3% in 2020. The number of BAME individuals has remained constant at a head count of 23 however white colleagues have increase from a headcount of 49 in 2019 to 57 in 2020.

Junior Workforce Representation

Our junior workforce (Agenda for Change Bands 2-7) have seen the largest increases in BAME representation between 2019 and 2020, an increase from 10.3% in 2019 to 19.8% in 2020.

This increase has been seen in both clinical and non-clinical roles which have both dramatically increased over the last 12 months. In this time period our clinical representation increased from 15% in 2019 to 19.8% (a headcount increase of 20) in 2020 and our non-clinical representation rose from 7.6% in 2019 to 8.7% (a headcount increase of 4) in 2020.

There has been a reduction of BAME representation amongst our junior doctor workforce between 2019 and 2020. In 2019 49.3% of our junior doctor workforce was from a declared BAME background whereas in 2020 this reduced to 42.2%. However with these figures the same caveat as identified earlier in this report applies*. The recruitment Trainee Junior Doctors is undertaken by the Deanery and allocated to the Trust.

Recruitment

There has been an increase in the likelihood 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 1.47 comparative likelihood (with 1 being an equal comparison) compared to a 1.32 comparative likelihood the previous year.

The data demonstrates that in 2019 a white applicant had a 26.84% chance of being appointed after being shortlisted and this has increased to 29.5% in 2020. The figures for BAME applicants have remained broadly similar. The data demonstrates that in 2019 a BAME applicant had a 20.36% chance of being appointed after being shortlisted and this has decreased to 20.13% in 2020 (0.23% variance and given the small numbers this is not statistically relevant)

Currently shortlisting for posts is anonymised (personal identifiable information) however there is still the ability for the shortlister to make assumptions based on a candidates education background or work history. All shortlisters are asked to provide reasons for not shortlisting candidates, this is provided in free text rather than a list of options and is very dependent shortlisters providing this information. The data shows:

171 appointments made from 637 White shortlisted applicants in 2019 (26.8%)
172 appointments made from 583 White shortlisted applicants in 2020 (29.5%)
34 appointments made from 167 BME shortlisted applicants in 2019 (20.3%)
31 appointments made from 154 BME shortlisted applicants in 2019 (20.1%)
59 appointments made from 82 undeclared shortlisted applicants in 2019 (71.9%)
52 appointments made from 116 undeclared shortlisted applicants in 2020 (44.8%)

Formal Disciplinary Processes

At QVH there is a minimal disciplinary caseload in comparison to most other Trusts, however the data shows that there has been a slight increase in the likelihood of entering a formal disciplinary process if a member of staff has declared they are from a BAME background. The numbers of cases (5 for the year) are so low the statistical relevance is questionable. Of the 5 formal cases during 2019/2020 1 was for a BAME individual and 4 were non-BAME

Access to Training and Development

The data shows that the number of BAME staff accessing non-mandatory training and CPD has fallen from 72.85% in 2019 to 43.60% in 2020. This is concerning taking into account increases in the numbers of BAME staff being employed during this period.

It is important to highlight however that only data captured through ESR is taken into account for this measure, and therefore doesn't not account for training and CPD outside of these parameters. A further consideration is due to the increase in BAME individuals joining the organisation during this period, it could be assumed that the vast majority of these will be focussed on gaining statutory and mandatory compliance, successful probation and their first appraisal with the Trust before embarking on CPD and non-mandatory training opportunities.

Data has been analysed from the Trust's Educational Funding Panel for 2019/2020. Data received shows out of a total of 157 educational funding panel awards made 22 were for BAME applicants (14%) which is slightly below our 16% overall Trust representation.

Trust Board Representation

The numbers relating to Trust Board members remain unchanged between 2019 and 2020. Both the voting Board and non-voting Board's representation remains at 8.3% (a head count of one individual)

There are areas that have changed. Whilst these figures have remained stable, this is against a backdrop where the organisation has increased its proportion of BAME workforce. This therefore has a negative impact upon the Boards representation against the Trust workforce which now accounts for 16% BAME representation. This difference has increased from 6.5% in 2019 to 7.6% in 2020.

Conclusions

Although it is encouraging that the proportion of BAME representation across the whole workforce has increased from 14.8% to 16%, it is important to recognise the complexities within this.

Analysis of the data shows that the increase in proportion has come at more junior levels mainly as a result of our hard work and success with our overseas nursing recruitment. Careful reflection is needed in regard to our BAME representation at senior levels (8a and above and Medical Consultant) where the Trust has reduced its representation at these levels and are not representative of the workforce as a whole.

Lawrence Anderson
Deputy Director of Workforce

July 2020

Action	Timeframe
Appointment of a BAME Network Lead	September 2020
Trust Board Seminar to take be undertake to deliver long term commitment to our BAME workforce	September 2020
<p>Understand how we identify talent in Bands 2-7 and support progression and development into more senior roles</p> <p>Considerations</p> <ul style="list-style-type: none"> • 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? 	January 2021
<p>Look at ways to address the discrepancy in shortlisting for roles for BAME candidates</p> <p>Considerations</p> <ul style="list-style-type: none"> • Are we doing enough to promote equality of opportunity • Are Applications sufficiently anonymised • Unconscious Bias training • Increase Recruitment and Selection training 	January 2021
<p>Increase staff engagement to disclose their ethnic origin to the Trust</p> <p>Considerations</p> <ul style="list-style-type: none"> • Communication to all staff who haven't disclosed • Increase knowledge of ESR Self Service • Understand what barriers prevent disclosure 	January 2021
<p>Increase candidate engagement to disclose their ethnic origin to the Trust when applying for roles</p> <p>Considerations</p> <ul style="list-style-type: none"> • Understand what barriers prevent disclosure • Mandate individuals to disclose at application stage-Linked to understand barriers. 	January 2021

*Please note it is intended that these actions will be discussed both with Cavita Chapman, Head of Equality, Diversity and Inclusion at NHSI/E and the Trust's BAME network Lead (once Appointed) to ensure tangible and measurable actions are provided.

Further actions may also be identified following the Trust Board seminar session with Cavita Chapman and incorporated into this report at a later stage.