

Workforce Race Equality Data Report and Action Plan

2021/22



Workforce Race Equality Scheme (WRES) Metrics

Data metrics

Measure	2021/22	Comparator
Proportion of Workforce from a BAME background	26.7%	21.00%
Relative likelihood of white applicants being appointed from shortlisting compared with BAME applicants	1.42	1.61
Relative likelihood of BAME staff entering a disciplinary process	N/A	1.16
Relative likelihood of BAME staff accessing non-mandatory training	1.33	1.14

Survey metrics

Measure	2021/22 (DIHC)		Comparator	
	BAME	White	BAME	White
Percentage of staff experiencing harassment, bullying or abuse from:	18.2%	19.3%	24.3%	20.6%
i) Patients, relatives or the public	15.9%	13.2%	20.0%	15.9%
ii) Staff				
Percentage of staff who believe the Trust provides equal opportunities for progression/ promotion	45.5%	73.3%	50.3%	66.0%
Percentage of staff who have personally experienced discrimination at work from managers	11.4%	1.5%	12.7%	4.3%

This outlines the key data (alongside overall workforce profile) as the DIHC WRES submission.

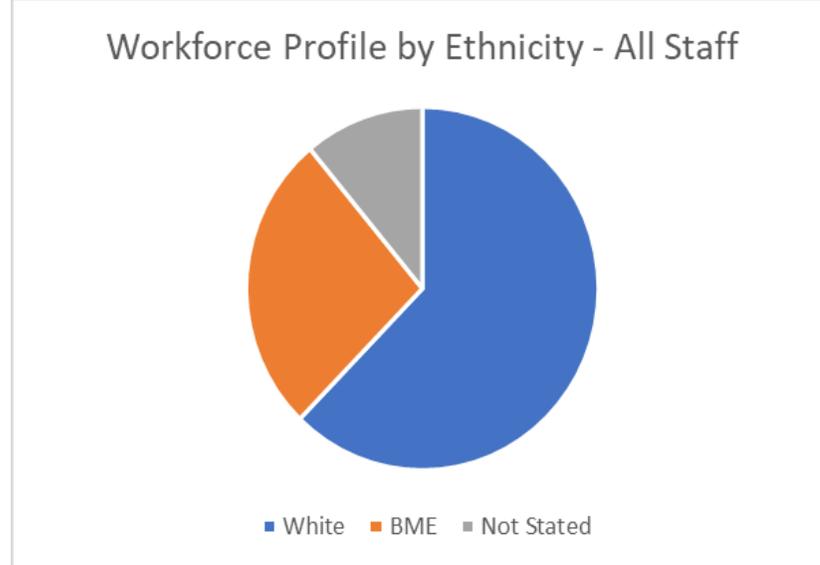
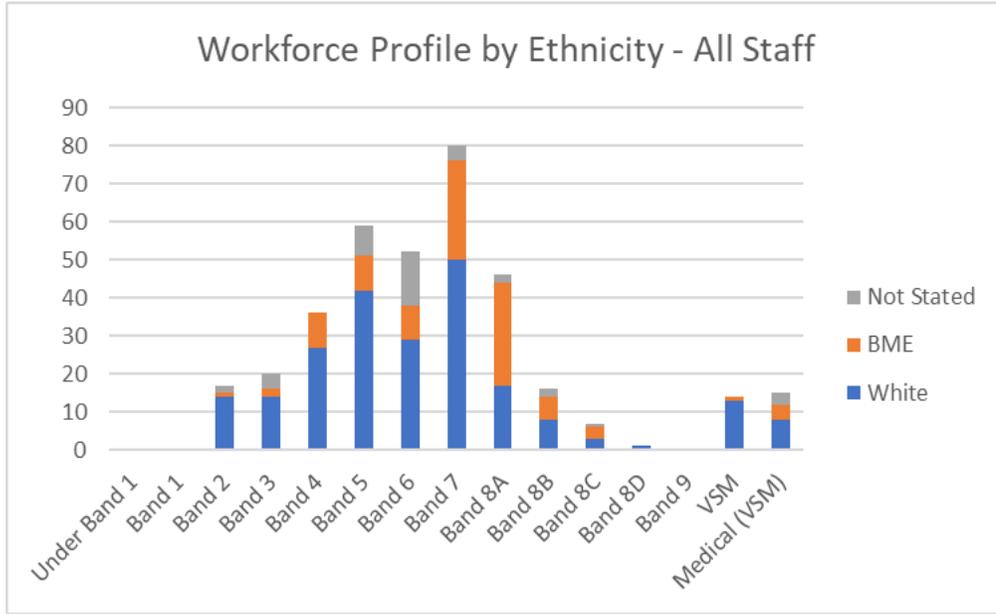
- There is strong representation in our overall staff profile at 26.7%.
- No staff have gone through a formal disciplinary process.
- The recruitment likelihood shows that candidates are 1.39 times more likely to get a job with DIHC if they are white.
- The training dates shows at white staff are 1.32 times more likely to access non-mandatory training

The detailed data and narrative follows later in this report.

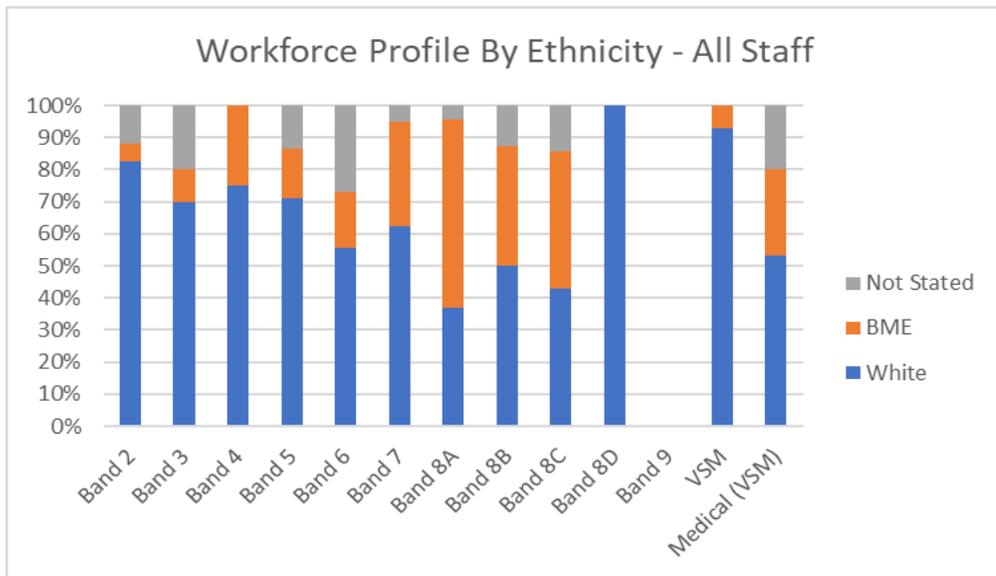
- In terms of survey outcomes, staff from a white background indicate they experience more bullying, harassment or abuse from patients or the public, than BAME colleagues, but conversely, BAME colleagues experience greater levels of this from staff.
- Levels of discrimination experienced by BAME staff are also significantly different to white staff.
- When it comes to career progression, BAME colleagues are clearly indicating they feel they have less opportunities than white staff, and this is clearly not acceptable.
- DIHC results are better than peers, except in the likelihood of accessing non-mandatory training and belief around equity of career progression. Regardless of comparisons, it is critical to reiterate intolerance of any levels of disparity, inequity or discrimination.

The EDI strategy and objectives have focused work on inclusive recruitment, just and learning culture, development for under-represented groups, introduction of the Resolution and Restoration Framework, and training on anti-racism and inclusivity for all.

Workforce Profile (All Staff) – Ethnicity



Band	Percentage of Black, Asian or Minority Ethnic Staff
2	6%
3	10%
4	25%
5	15%
6	17%
7	33%
8a	59%
8b	38%
8c	43%
9	0%
VSM	7%
Medical	27%



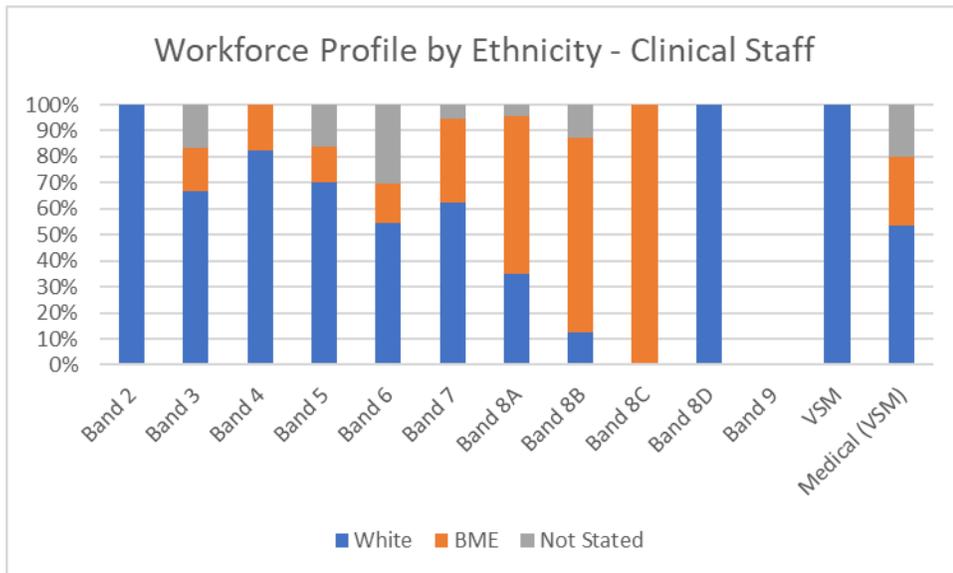
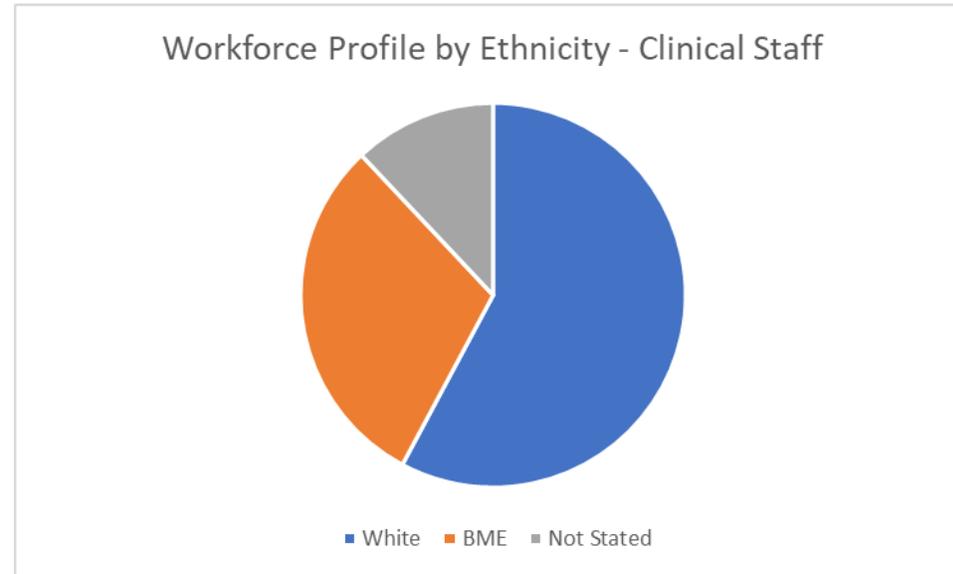
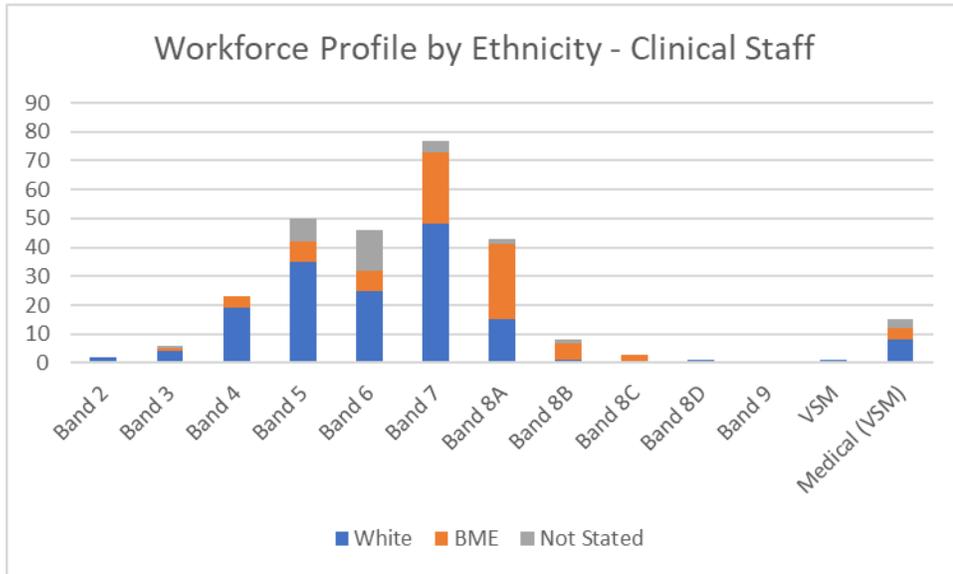
Summary

DIHC workforce is overall more representative than the Dudley population, seeing 26.7% of staff from a Black, Asian and Minority Ethnic background and Dudley population at 14%.

There is a difference in the proportions in the pay bands. There is good representation from Black, Asian and Ethnic Minority staff at bands 8C, 8B, 8A and band 7 which is positive. These bands however, are where employee numbers are much lower, with the exception of band 7.

In the bands where there are greater numbers of employees, the proportionality is lower, with the exception of band 7.

Workforce Profile (Clinical Staff) – Ethnicity

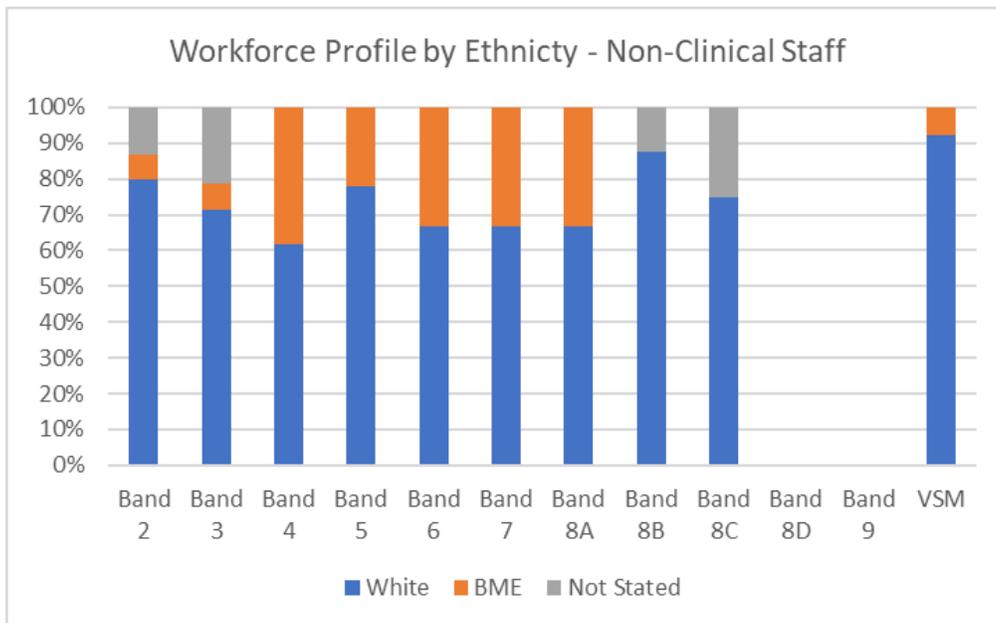
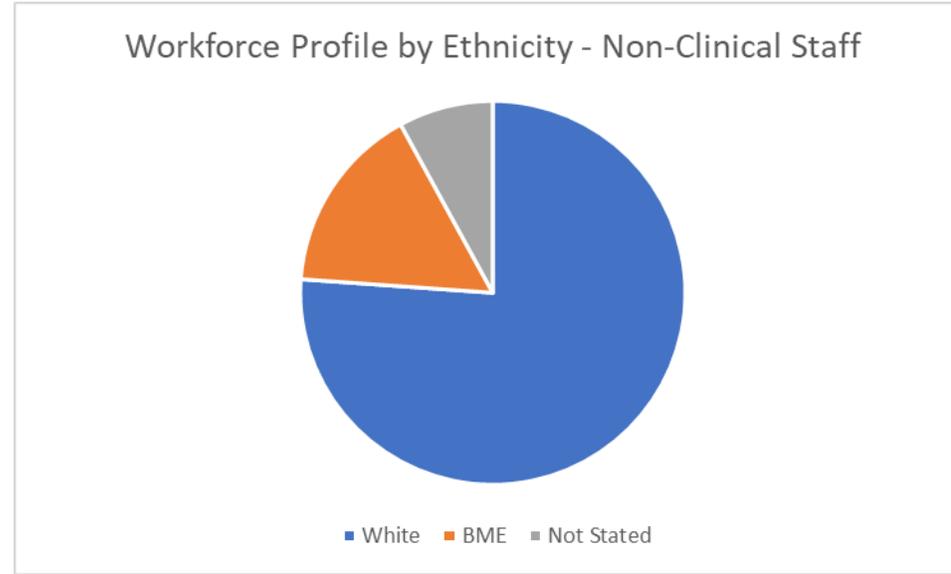
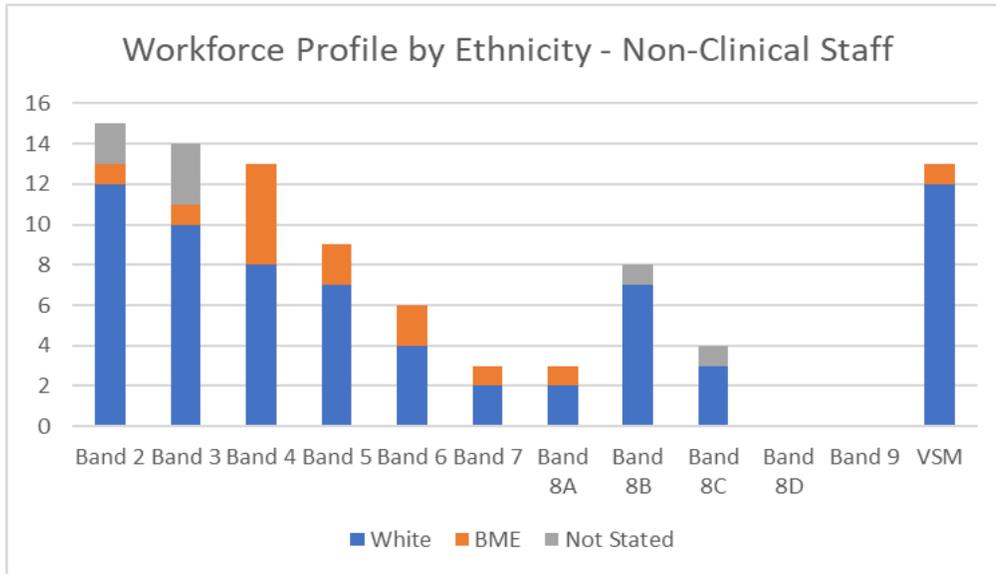


Summary

Representation from a clinical staff perspective is positive in the higher pay bands (7 and above but excluding VSM). The proportions of clinical staff in the lower pay bands follows a similar trend to the all staff profile.

Workforce numbers in the lower bands of clinical / patient facing staff in lower bands are smaller, such as support workers. A large bulk of the clinical staff in the higher bands are within pharmacy and AHP workforce.

Workforce Profile (Non-Clinical Staff) – Ethnicity



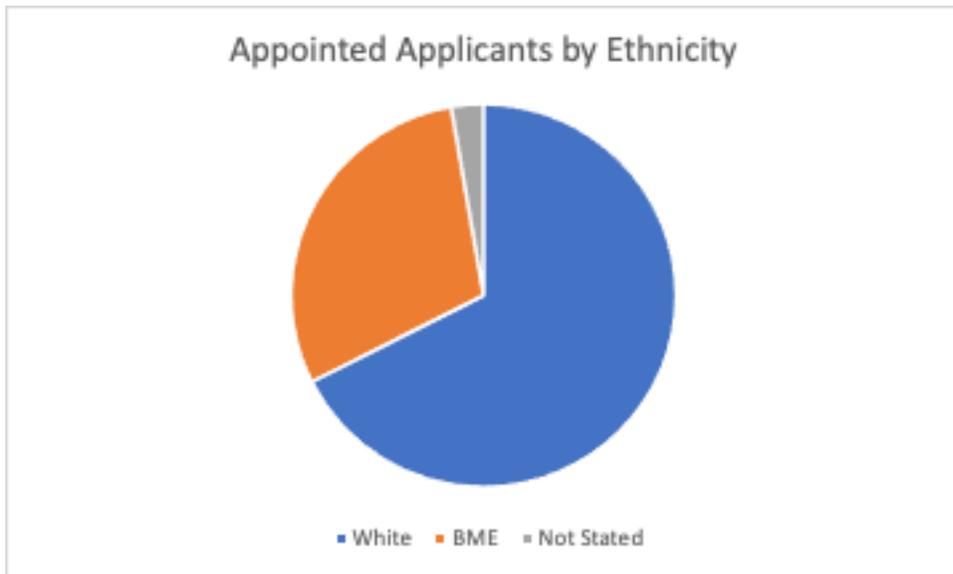
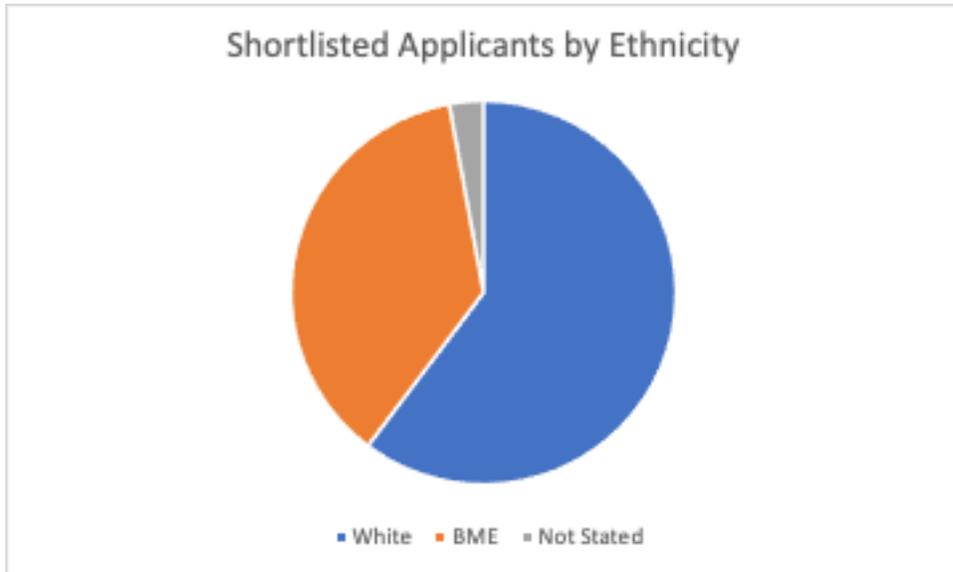
Summary

Representation from a non-clinical staff perspective shows mostly an opposite trend to the all staff and clinical staff profiles, but with still a good representation level in band 7.

There is a significant representation gap at senior levels from a managerial / leadership perspective and also in some lower pay bands.

The strategic objectives outline the expectation to focus work on improving the known gaps.

Workforce Supply Data – Ethnicity



	White	BME	Not Stated
Number of Shortlisted Applicants	273	167	13
Number Appointed From Shortlisting	100	44	4
Relative Likelihood of Appointment From Shortlisting	0.37	0.26	0.31
Relative Likelihood Of White Staff Being Appointed From Shortlisting Compared To BME Staff	1.42		

White applicants to DIHC are 1.42 times more likely to be appointed than applicants who are Black, Asian or Minority Ethnic.

DIHC should be aiming for this to become an even picture over time and this is a key focus of the EDI strategy and objectives.

There are several approaches being trialled to support this necessary change.

Last year's national WRES data showed that across the NHS this figure was 1.59 and therefore, whilst not satisfied with the outcome for DIHC, it does demonstrate a stronger position than the NHS generally and many of our local peers currently.

Total actual applications for posts in the period was 742 white and 552 BAME, of which 39% and 30% were shortlisted respectively. This again indicates that whilst we see a good level of applications from BAME individuals, there is disparity in the proportion shortlisted.

Race Disparity Data

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Appendix 1 - Banding Data

As at 30th June 2022 (End of Q1)						Target by April 2023	Target by April 2024
Banding	White	BAME	Unknown	Total	Total % BAME by band		
Band 2	15	5	5	25	20.00%	21%	23%
Band 3	14	2	4	20	10.00%	17%	19%
Band 4	29	6	1	36	16.67%	17%	19%
Band 5	49	17	10	76	22.37%	21%	23%
Band 6	27	10	17	54	18.52%	21%	23%
Band 7	62	29	2	93	31.18%	30%	32%
Band 8A	16	25	3	44	56.82%	30%	32%
Band 8B	9	6	2	17	35.29%	30%	32%
Band 8C	4	3	1	8	37.50%	30%	32%
Band 8D	1	0	0	1	0.00%	17%	19%
Band 9	0	0	0	0	0.00%	17%	19%
VSM / Medical	19	5	4	28	17.86%	17%	19%
Total No of Staff	245	108	49	402			

Total % BAME Representation in The Trust as at 30/06/2022	26.9%
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The national Workforce Race Equality Strategy asks for organisations to regularly review the race disparity across pay bands.

The Midlands Race Equality Strategy set out the aspiration to see a minimum of 19% representation at all pay band levels by 2025.

There are 6 High Impact Recruitment Actions aligned to this goal and DIHC has objectives that are working towards achieving these actions.

DIHC sees achievement (or above) of this in bands 2, 5, 7, 8a, 8b and 8c, and near target in Band 6 and VSM/medical.

The red indicates where we are below the 2023 DIHC target.

Equality Objectives and Plans

WRES Specific Identified Actions

DIHC have published a new EDI Strategy and have therefore identified the key actions within the strategy that will align the specific issues identified in the 2021/22 WRES data. Monitoring of the actions will occur through our governance structure. There are detailed delivery plans in place.

The referenced objectives are shown on the following slides:

WRES required actions	Objectives that align
Tackle disparity in bullying, harassment and abuse, and discrimination	4a and 4b
Address the recruitment gap	3a, 3b and 3c
Supported career progression plans for black, Asian and minority ethnic staff	3c

Equality Objectives and Plans

Aim 4a: We will develop our people to be instinctively inclusive.

Objectives

We will provide workshops on culture for all staff - with a recorded session included in the induction pack for new starters.

Ensure our board have specific EDI development activity at least annually and that they are all involved in a reciprocal mentor relationship.

We will provide Restorative Just Learning Culture workshops for all leaders as part of their core leadership development training.

We will make all available tools and resources available on our intranet.

We will use stories from employees on cases they believe have been handled in a just manner.

Aim 4b: We will develop supportive policies, systems and processes.

Objectives

We will embed our restoration and resolution framework and support tools that aid individuals to deal with conflicts and challenges in a constructive and compassionate way, that avoids harm and enhances learning.

We will ensure we have appropriate and supportive policies and processes for staff with disabilities and health conditions

We will seek to gain Level 3 Disability Confident.

We will embed the restorative just and learning culture approach throughout our processes, incident management, performance management and misconduct.

We will embed equality impact assessments within all developments.

We will review and revise policies and processes to ensure they are inclusive and embedding of our just culture.

Equality Objectives and Plans

Aim 3a: We will open the doors of DIHC to a wider demographic and encourage a wider pool of applicants.

Objectives ▼

We will provide easy to understand guidance for applicants, that will help them to submit applications that will aid them getting shortlisted and provide guidance on preparing for interviews, which is narrated in English and in other languages that are widely used amongst the community, and to help those that may be visually impaired and/or use English as their second language.

We will work to provide information on our opportunities for employment in different ways and in different communities, working with our networks, and not just be reliant on usual advertising processes - for example, we will aim to advertise available roles on screens in GP surgery waiting rooms.

We will ensure reasonable adjustments are identified before interview stage if needed by ensuring the recruitment process we have in place is adhered to by recruiting managers.

We will inform the Prince's Trust of Band 2 and Band 3 vacancies.

We will go further by attending job fairs in the community to provide information on our opportunities of employment.

Aim 3c: We will support career progression of under-represented groups.

Objectives ▼

We will develop a bespoke leadership programme specifically for under-represented groups who want to progress.

We will provide training programmes for leaders that emphasise the need to consider diversity in their career conversations with their team.

We will provide inclusive coaching and mentoring, tailored to individual needs that focuses on breaking down barriers, including a reciprocal mentoring programme.

Aim 3b: We will train and coach our managers in inclusive recruitment and selection.

Objectives

We will provide programmes for managers focusing on inclusive recruitment practice and unconscious bias - this will be mandatory training for recruitment leads.

We will perform random audits on posts in the recruitment process, identifying any concerns and flagging them to the recruiting managers.

We will ensure EDI and values based questions are used during interview stage by sitting on the interview panels.

We will work with managers recruiting to posts that may traditionally be less diverse (particularly higher bands), and offer 'by your side' support from advert through to offer, providing constructive but non-judgmental feedback on potential bias.

We will encourage recruiting manager to take part in job fairs.