FHFT Performance on the Workforce Race Equality Standard (WRES) – October 2024

The purpose of this document is to provide an overview of what is going well, where there are challenges and what we are already doing (or intend to do) to improve with respect to workforce race equality. The source data on Trust performance on WRES and senior level representation targets on Model Employer is shown overleaf.

What is the Trust proud of?
1. We celebrate that 48.4% of our staff are from Black, Asian and Minority Ethnic (BAME) backgrounds – this is a unique position in the South East, where on average representation is around 20%.
2. Every pay band including medical has seen an increase in BAME representation in the last year.
3. Good progress on Model Employer targets on increasing BAME representation at senior levels.
4. Parity for BAME staff when it comes to being appointed from shortlisting and on accessing non-mandatory and CPD training (as recorded on OLM).
5. BAME staff are treated the same as white staff with respect to entering disciplinary processes.
6. All National Staff Survey 2023 questions on the experience of BAME staff improved since 2022.
7. All but one of the WRES National Staff Survey 2023 questions on BAME staff experience score better than the acute trust average.
8. The gap between BAME and white staff on perception of career progression is shrinking year on year;
9. The Race Equality and Diversity (RED) Staff Network is supporting many of the Trust's actions in this area and providing a voice for our BAME staff.

What are the challenges?
1. Our Trust Board is not representative of our BAME staff population.
2. We have not met 2024 Model Employer targets on BAME representation at some senior pay bands.
3. Harassment and bullying from patients, relatives and the public is worse for BAME staff than it is for white staff and also worse than in the average acute trust.
4. Our BAME staff experience twice the level of discrimination from colleagues than our white staff do according to our National Staff Survey 2023.

What are we doing (or intending to do) about it?
1. We will continue to recruit in as inclusive a way as possible at senior levels.
2. We will share EDI dashboard data with every directorate so they can use it to consider what diversity is needed in their succession planning pipelines.
3. We have designed and are piloting inclusive recruitment methods with one directorate and plan to extend it to others.
4. We will continue with our quarterly "Leader in Me" programme aimed at Band 5 and 6 staff from BAME backgrounds to enhance confidence in career progression - and extending this to staff from all protected groups.
5. We will continue with - and extend - our mutual/reverse mentoring programmes so that leaders at all levels have opportunities to understand the lived experience of staff from diverse backgrounds.
6. We are exploring staff experience of discrimination in conjunction with Race Equality and Diversity Network – several workshops have already taken place and will inform future actions.
7. As part of work to reduce negative staff experiences as identified in National Staff Survey 2023 scores on "We are Safe and Healthy", we are focusing on reducing violence and aggression against our staff – incident data and engagement with staff has revealed a theme of racism and this will be tackled in campaign work and through training.
8. We are refreshing our values and will be highlighting the need for inclusive behaviours, civility and allyship – supported by training to help embed.

SMART objectives will be incorporated in the Trust's Single Equality Action Plan 2024 to 2027.

WRES 2024 Summary

The Trust's BAME density has grown over the past 5 years, from 36.39% in 2019 to 48.41% in 2024. There is an improving picture within all pay bands, with an increase in every pay banding including Agenda for Change, Medical and Other. The exceptions are Agenda for Change Band 1 (now closed) and Agenda for Change Band 9 which has fewer than 5 staff. Indicator 9 remains red because the benchmark is 48.41% (Trust BAME density in 2024).

Indicators 2 to 4 use the statistical 4/5th rule indicating whether practices have an adverse impact on an identified group compared with another. If the likelihood of an outcome for one group compared to another is less than 0.80 or higher than 1.25, then the process would be identified as having an adverse impact. It is noted that 2024 data indicates there is no adverse impact with respect to indicator 2, 3 and 4 for BAME applicants or staff.

WRES Indicator		2019	2020	2021	2022	2023	2024
Indicator 1: Ethnicity by pay banding						↑	↑
Indicator 2: Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants		2	1.3	1.38	1.17	0.9	0.8
Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.2	1	1.1	1.3	0.6	0.9
Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff		0	1	1.3	0.9	1.4	0.9
Indicator 9: Representation of BME people amongst Board members as at 31st March 2024							18.75%

Indicators 5 to 8 below show that the perceptions of BAME staff have improved in 2023, with indicators 6 to 8 being better than average compared with other acute and community trusts. Indicators 5, 6 and 8 still show a worse experience for BAME staff compared with white staff and remain red. Indicator 7 on career progression is amber because the gap has significantly reduced, but work is still required to close it.

WRES Indicator - National Staff Survey items	2019	2020	2021	2022	2023	Improved or deteriorated at FHFT	Compared to other acute and community trusts	Status
Indicator 5: % of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public	31.33%	33.63%	30.73%	30.90%	28.55%	Improved	Worse than average	(red)
Indicator 5: % of white staff experiencing harassment, bullying or abuse from patients, relatives or the public	29.12%	27.44%	27.16%	28.29%	25.48%	Improved	Worse than average	(red)
Indicator 6: % of BME staff experiencing harassment, bullying or abuse from other staff	23.72%	25.96%	24.39%	24.69%	21.65%	Improved	Better than average	(red)
Indicator 6: % of white staff experiencing harassment, bullying or abuse from other staff	20.97%	22.43%	21.12%	20.83%	19.26%	Improved	Better than average	(red)
Indicator 7: % of BME staff believing that their trust provides equal opportunities for career progression or promotion	51.09%	50.42%	50.05%	51.58%	55.74%	Improved	Better than average	(amber)
Indicator 7: % of white staff believing that their trust provides equal opportunities for career progression or promotion	61.91%	62.60%	59.51%	60.92%	60.34%	No significant change	Better than average	(amber)
Indicator 8: % of BME staff experiencing discrimination at work from other staff	12.96%	14.52%	15.23%	13.62%	12.65%	Improved	Better than average	(red)
Indicator 8: % of white staff experiencing discrimination at work from other staff	5.73%	5.33%	5.84%	5.98%	6.60%	Improved	Better than average	(red)

NHS Model Employer BAME Staff Targets and Performance (June 2024)

Band	Target (headcount)	Actual (headcount)	% Increase in ethnicity of Band in Last Year
8A	64	92	1.84%
8B	22	22	1.36%
8C	14	13	3.72%
8D	4	2	3.57%
9	0	2	0%
VSM	8	2	0%