

WORKFORCE RACE EQUALITY STANDARD 2023 - 2024

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WORKFORCE RACE EQUALITY STANDARD

1 INTRODUCTION

- 1.1 The Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.
- 1.2 The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- 1.3 This is important because studies show that a motivated, included, and valued workforce helps deliver high-quality patient care, increased patient satisfaction, and better patient safety.
- 1.4 This report provides information on NHS Somersets position on the five key performance measures of the WRES and provides some comparisons to the previous year, this is based on April 2023 to March 2024.

2 INDICATORS

- 2.1 **Indicator 1:**
Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and VSM (including executive Board members).

Pay band	2023		2024		BME % Difference
	White	BME	White	BME	
Band 3	100.0%	0.0%	100.0%	0.0%	0.0%
Band 4	87.2%	12.8%	97.1%	2.9%	-9.9%
Band 5	93.9%	6.1%	91.8%	8.2%	2.1%
Band 6	98.7%	1.3%	95.5%	4.5%	3.2%
Band 7	92.0%	8.0%	92.6%	7.4%	-0.6%
Band 8 - Range A	94.6%	2.7%	94.1%	5.9%	3.2%
Band 8 - Range B	100.0%	0.0%	97.1%	0.0%	0.0%
Band 8 - Range C	90.9%	9.1%	94.4%	5.6%	-3.5%
Band 8 - Range D	100.0%	0.0%	100.0%	0.0%	0.0%
Band 9	100.0%	0.0%	90.0%	10.0%	10.0%
Other	95.5%	4.5%	90.0%	5.0%	0.5%
Grand Total	94.7%	5.0%	94.1%	5.3%	0.3%

2.2 **Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.**

2.2.1 From April 2023 - March 2024

- 75 white applicants were shortlisted of which 39 were appointed . Therefore 52% of all white applicants shortlisted were appointed
- 7 BME applicants were shortlisted of which 3 were appointed Therefore 43% of all BME applicants shortlisted were appointed

2.2.2 Therefore a white applicant who has been shortlisted is 21% times more likely to be appointed at interview than a BME candidate who has been shortlisted. Relatively speaking you are more likely to be appointed if you are white but the difference may not be significant in terms as the number of BME applicants is relatively low. We are not getting the number of BME applicants applying for roles in comparison with white applicants.

2.3 **Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**

2.3.1 From April 2023- March 2024:

- The relative likelihood of a white employee entering the formal disciplinary process was 0% (there was no difference between BME staff and white staff in relation to likelihood to be entered into a formal disciplinary process in 2022/23)
- The relative likelihood of a BME employee entering the formal disciplinary process was 0% (there was no difference between BME staff and white staff in relation to likelihood to be entered into a formal disciplinary process in 2022/23)

2.3.2 This indicated there is no difference between white and BME staff entering into a formal disciplinary process than BME staff from April 2023- March 2024.

2.4 **Indicator 4: Relative likelihood of staff accessing non-mandatory and mandatory training and CPD.**

2.4.1 From April 2023- March 2024

- 320 / 363 of white employees accessed non-mandatory / mandatory training courses and CPD on ESR

- 15 / 18 of BME employees accessed non-mandatory / mandatory training courses and CPD on ESR.

2.5 Indicator 5: The percentage difference between the organisations' Board voting membership and its overall workforce.

2.5.1 There is currently one BME members of staff who is a member of the organisation's Board voting membership.

3 SUMMARY

3.1 **Indicator 1:** Is used to determine if BME staff are working in mostly junior roles, and to identify barriers to progression.

3.1.2 Whilst the staff numbers examined are low the data does not demonstrate a significant concern with progression for BME staff.

3.2 **Indicator 2:** Indicates that white applicants are more likely than BME staff to be appointed following shortlisting.

3.3 **Indicator 3:** Determines the likelihood of white and BME staff entering into the formal disciplinary process.

3.3.1 The data does not suggest that BME staff are more likely to enter a formal process than white staff.

3.4 **Indicator 4:** The data shows that 88% of white employees accessed non-mandatory / mandatory training courses and CPD on ESR, as compared to 83% BME employees.

3.4.1 It is important to note that training undertaken in other formats than ESR is not recorded by the organisation, and therefore, cannot be reported on.

3.5 **Indicator 5:** Examines BME representation on the board. NHS Somerset has one BME representative on the board.

4 NEXT STEPS

4.1 Implement the actions of the plan.

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