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Whittington Health
NHS Trust

Workforce Race Equality Standard

2022 data analysis report for Whittington Health
June 2022



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Foreword

Our people are Whittington Health's greatest asset. Ensuring they have the best possible experience and opportunities links to better patient experience and care.

The NHS has one of the most culturally diverse workforces in the country, made up of over 200 nationalities. [\(NHS Staff from Overseas: Statistics, Carol Baker, House of Commons Library September 2021\)](#) Whittington Health, based in North London, has a higher proportion of Black, Asian and Minority Ethnic staff living and working in the area compared to national trends (circa 15%). This is one reason that good performance on the Workforce Race Equality Standard (WRES) is crucial to the organisation's success.

Our workforce helps deliver both acute and community services that are responsive and meet the needs of the diverse populations served by the Trust; in terms of outcomes and expectations.

The COVID-19 pandemic highlighted areas of inequity that Black, Asian and Minority Ethnic staff faced; and, in some respects, magnified them. The WRES acted as a vehicle to tell the stories of staff about what was going right and what needed improvement. These circumstances were not isolated to the NHS, and the inequity helped fuel movements such as Black Lives Matter in the UK.

This WRES report is the Trust's seventh since the standard was introduced. The report shows improvement in several WRES indicators, particularly regarding recruitment, accessing training and a reduction in reported experience of poor behaviours. However, areas such as the number of Black, Asian and Minority Ethnic senior managers and representation in formal disciplinary processes need further investigation and improvement.

This report acts as a lever for delivering targeted changes to help improve the experiences of our staff.

Key findings

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>Band 8a

From Band 8a onwards, the representation of BME staff drops dramatically. While the opposite is true for white staff.

Generally white staff are underrepresented in bands 2-5, but have overrepresentation in the majority of bands from 7 onwards.

24.1%

Nearly a quarter of Trust staff that have not declared their ethnicity on Electronic Staff Records.

This impacts on the quality of data relating to indicators 1, 3, 4 and 9.

x4.5

White staff are **4.5 times** more likely to progress from lower bands to higher bands than BME staff.

x1.42

White applicants were **1.42 times** more likely to be appointed from shortlisting compared to BME applicants; this is an improvement since 2021.

x3.75

BME staff were **3.75 times** more likely to enter the formal disciplinary process compared to white staff.

There has been a big increase since 2021, when it was **1.57** more likely.

x1.01

BME staff have equal chance of attending non-mandatory training and CPD as their white colleagues.

-2%

Since 2020, there has been an annual **2 percentage point drop** of BME staff that have reported experiencing bullying, harassment and abuse from staff.

39.9%

39.9% BME staff feel that the trust offers equal opportunities for career progression and progression.

White staff are **1.36 times** more likely to feel that this is the case regarding equal opportunities.

x2

BME staff are nearly twice more likely to have reported experiencing discrimination from their manager, team leader or other colleagues than their white colleagues.

17.6%

Of the board have identify as BME. However, comparing to the overall workforce there is an underrepresentation of **-20.6%** BME board members



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Key findings (2)

Table 1: WRES indicators for Whittington Health NHS Trust : 2017–2022

WRES indicator			Year					
			2017	2018	2019	2020	2021	2022
1	Percentage of BME staff	Overall	45.0%	43.0%	41.6%	40.2%	40%	38.2%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		2.17	2.14	1.65	1.55	1.64	1.42
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		2.41	0.75	1.44	0.85	1.57	3.75
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		-	-	0.94	0.91	1.26	1.01
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	28.6%	29.1%	35.9%	32.5%	30.3%	28.6%
		White	30.3%	28.4%	30.5%	30.6%	28.9%	27.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	31.9%	32.5%	36.2%	31.9%	29.7%	27.7%
		White	24.6%	26.7%	31.4%	29.9%	24.2%	25.7%
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	BME	-	39.8%	35.8%	39.7%	39.7%	39.9%
		White	-	59.5%	56.2%	58.2%	56.4%	54.4%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	16.6%	17.1%	20.3%	16.1%	16.9%	15.2%
		White	6.6%	8.2%	9.5%	7.8%	8.2%	8.3%
9	BME board membership		13.3%	20.0%	20.0%	16.7%	16.5%	17.6%



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Introduction

A place you want to come to, a place that's fruitful and abundant with joy and laughter. It's a safe and warm place that values and appreciates everyone's difference.

All staff, managers and leaders enable, empower and encourage colleagues, regardless of background to be their best and to give of their best. It's a place where we celebrate together the wonderful nature of our diversity and work together to deliver on our ambition of high quality patient care for the people in our locality and beyond.

Vision Statement
Whittington Health NHS Trust

The NHS is the largest employer in the UK with a workforce that has nearly 1.4 million people in it; of which 20% are from a Black, Asian or Minority Ethnic background. Staff from an minority ethnic background can be found in a number of roles and settings; however, this does not always translate in career progression and representation at senior levels.

The Workforce Race Equality Standard (WRES) is an annual process that is mandated by the NHS standard contract to measure and evaluate race equity within organisations. The WRES helps NHS Trusts to examine the employment journey and experiences of staff from a minority ethnic background and compare to their white colleagues.

What has become apparent over the years since the WRES started is that the experience of Black, Asian and Minority Ethnic staff is poorer compared to their white colleagues; and that any improvements in the data tends to be more of an incremental nature.

Improvement on the WRES indicators has been slow nationally. As a result Whittington Health is working with it's partners in the North Central London Integrated Care System (NCL ICS) to co-design and deliver work across the system.

Whittington Health is working hard and investing in the Equality, Diversity and Inclusion agenda to ensure that our vision statement becomes the everyday experience for all of our staff.





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Methodology

The WRES requires NHS trusts to self-assess against nine indicators of workplace experience and opportunity.

Four indicators relate specifically to workforce data, four are based on data from the national NHS staff survey questions, and one considers Black, Asian and Minority Ethnic representation on boards.

Detailed definitions for each indicator can be found in the [WRES Technical Guidance \(2022\)](#). The technical guidance explains the categories “white” and “black and minority ethnic”, as used throughout this report and within the narrative for the WRES indicators. This report presents data for Whittington Health NHS Trust against all nine WRES indicators and, where possible, makes comparisons to the WRES data back to 2016.

Data sources

WRES data for 2021/22 was collected through a range of systems, including:

- Electronic Staff Records (ESR)
- Internal employee relations databases
- Internal employee training databases
- National Staff Survey Data – relevant data is taken from the 2021 results.
- TRAC (Recruitment System)

Data analyses

For indicators 2, 3 and 4, statistical analyses included the “four-fifths” rule.

The “four-fifths” (“4/5ths” or “80 percent”) rule is used to highlight whether practices potentially have an adverse impact on an identified group. E.g. when comparing the outcome of BME to white staff.

For example, if the relative 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 a statistical adverse impact.

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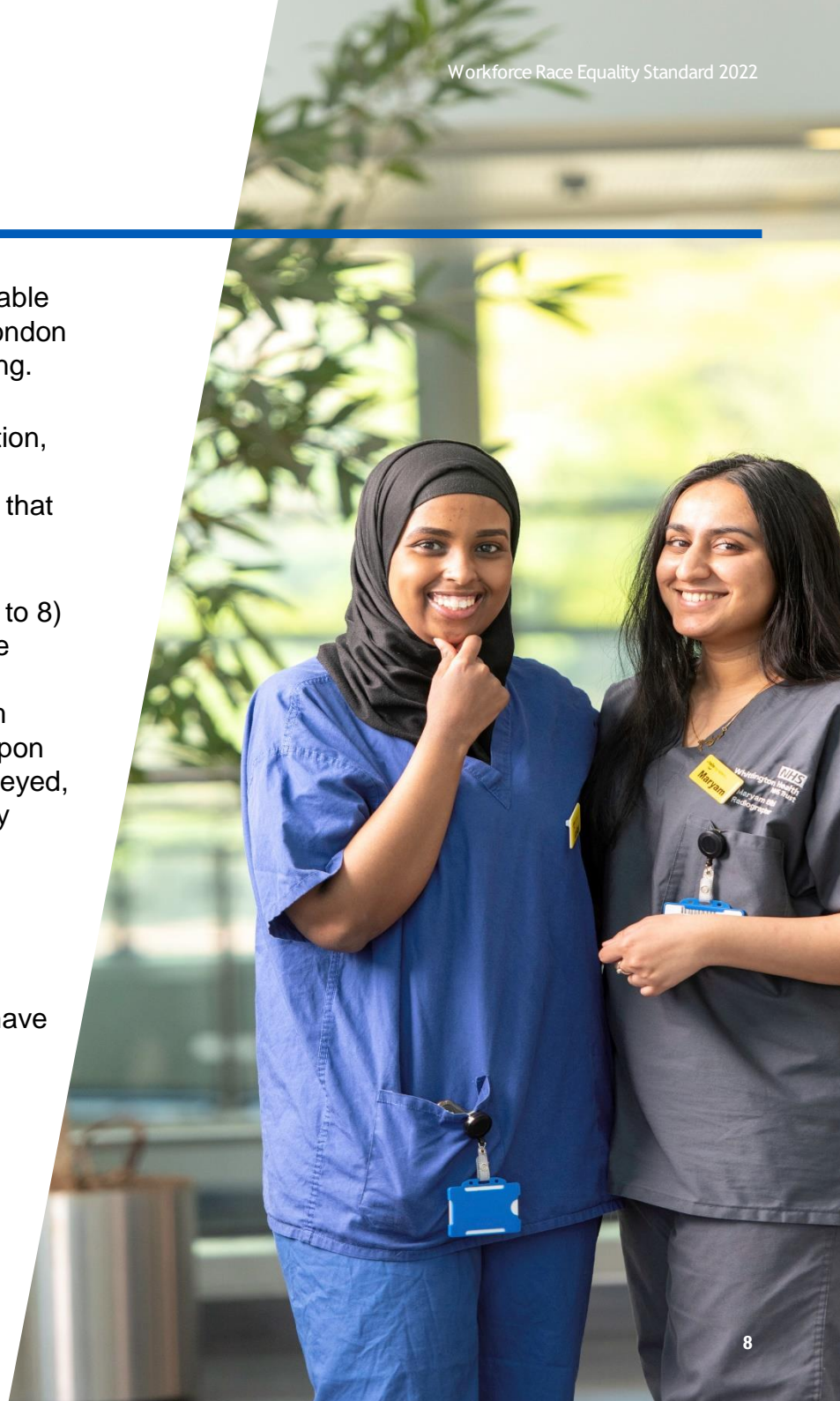
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Data caveats

- The report contains information for Whittington Health covering 2021/22; historical data has also been included for comparative purposes.
 - Indicator 2 – no data for 2022 for London and England at the time of writing.
 - Indicator 3 – no data for 2022 for London and England at the time of writing.
 - Indicator 4 – no data for 2022 for London and England at the time of writing.
- The calculation has been changed from using a two-year rolling average to using the year end figure. Both the numerator and denominator has changed for this calculations hence this is still comparable to historical figures.
- Indicator 6 – data was not available for NCL ICS, and all trusts in London and England at the time of writing.
 - Indicator 7 – Change in calculation, there is limited data to make a historical comparative overview that aligns to the change.
 - Four of the WRES indicators (5 to 8) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.
- The 2021 Staff Survey results have been used in this report.

Local Trust data does not collect all training activity centrally, and therefore, not all activity is reported. This is being investigated, to further improve future reporting.



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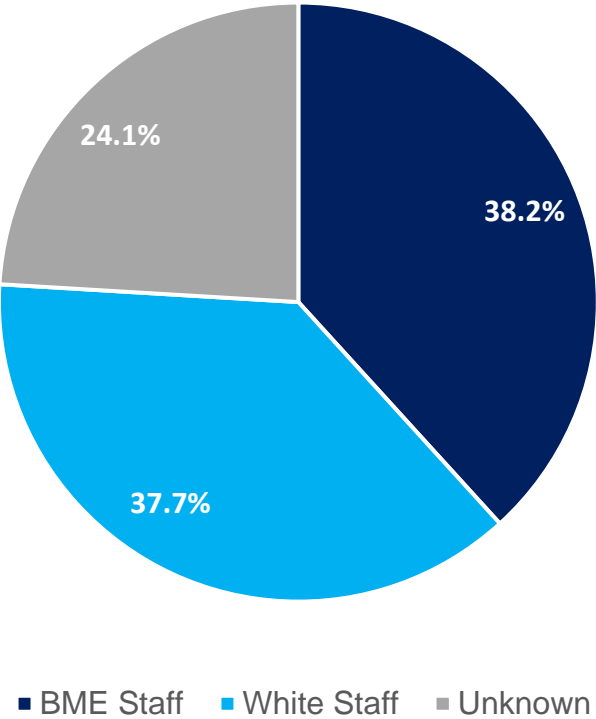
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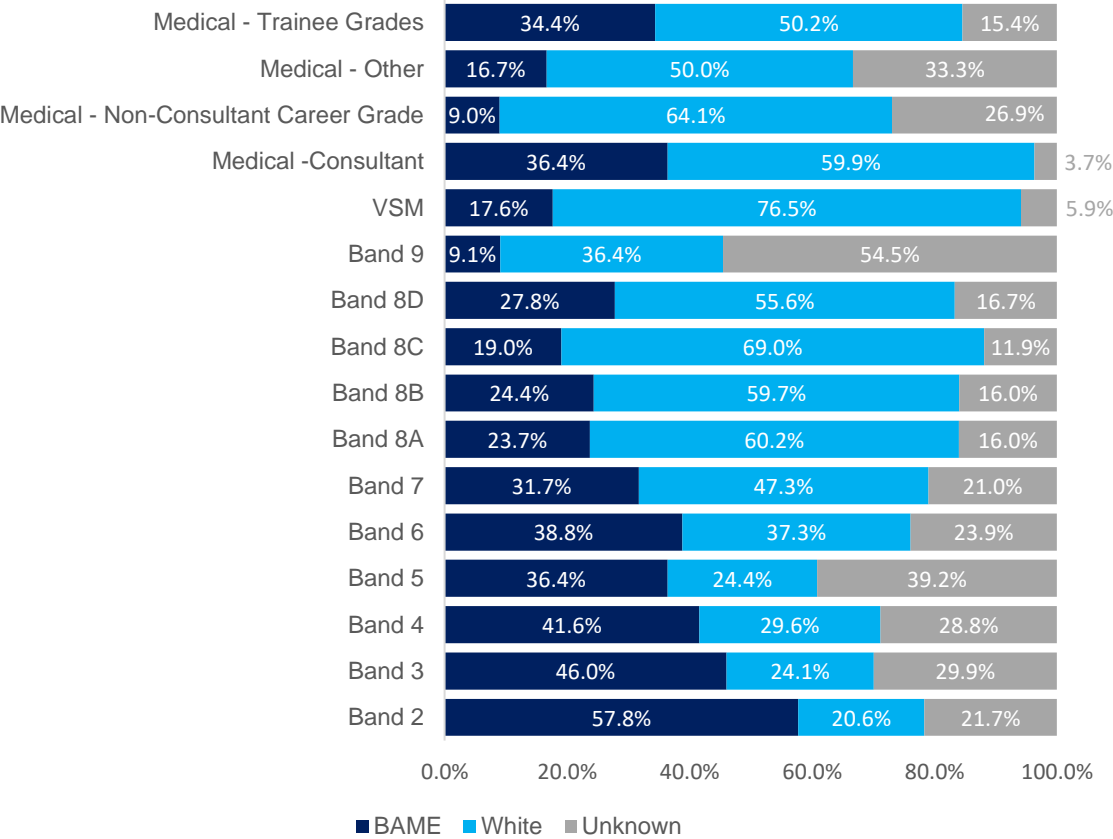
WRES indicator 1

Fig 1. Whittington Health breakdown of workforce by ethnicity 2022



- Overall we can see that nearly 25% of the workforce have not declared their ethnicity.
- The representation of BME staff decreased in more senior pay bands, but the opposite is true for white staff.
- In medical grades there is a lower than expected representation of BME staff in trainee and consultant grades.

Fig 2. Breakdown of overall workforce by pay band and grade





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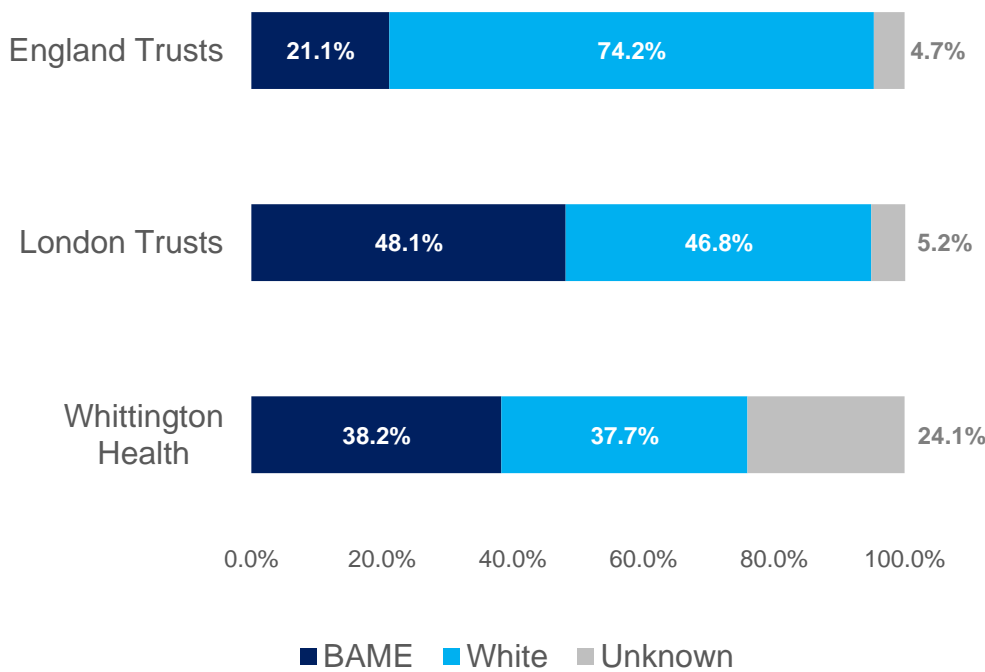
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WRES indicator 1 (2)

Staff in NHS trusts by ethnicity

Fig 3. Comparing Whittington Health demographical breakdown compared to all trusts in London and England



- The Trust has a greater representation of BME staff compared to the England average.
- The Trust has a lower representation of BME staff compared to the London Average.
- Nearly 25% of Trust staff have not disclosed their ethnicity which impacts the accuracy of reporting.



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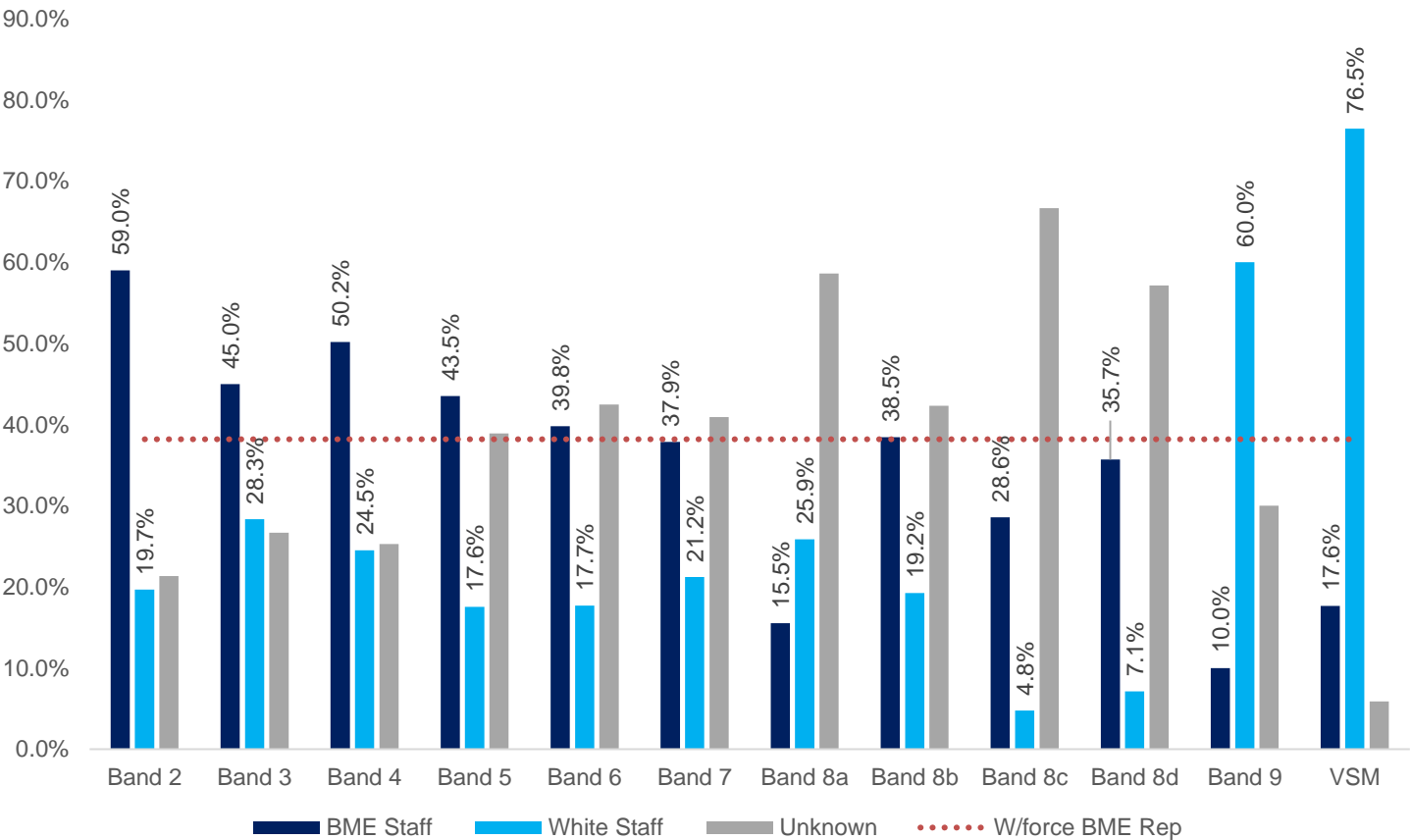
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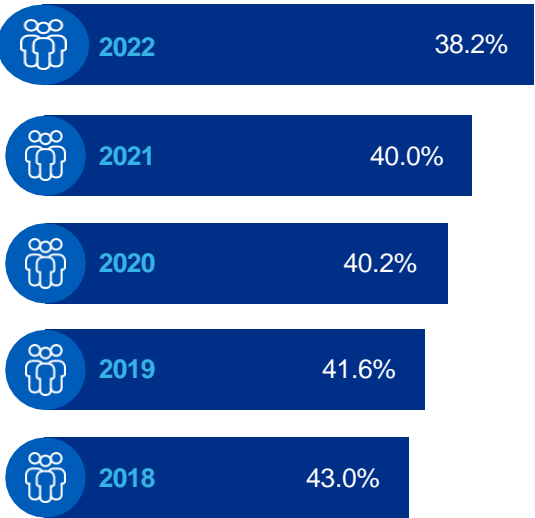


WRES indicator 1 (3)

Fig 4. Percentage of staff in non-clinical roles by ethnicity



Overall %BME workforce



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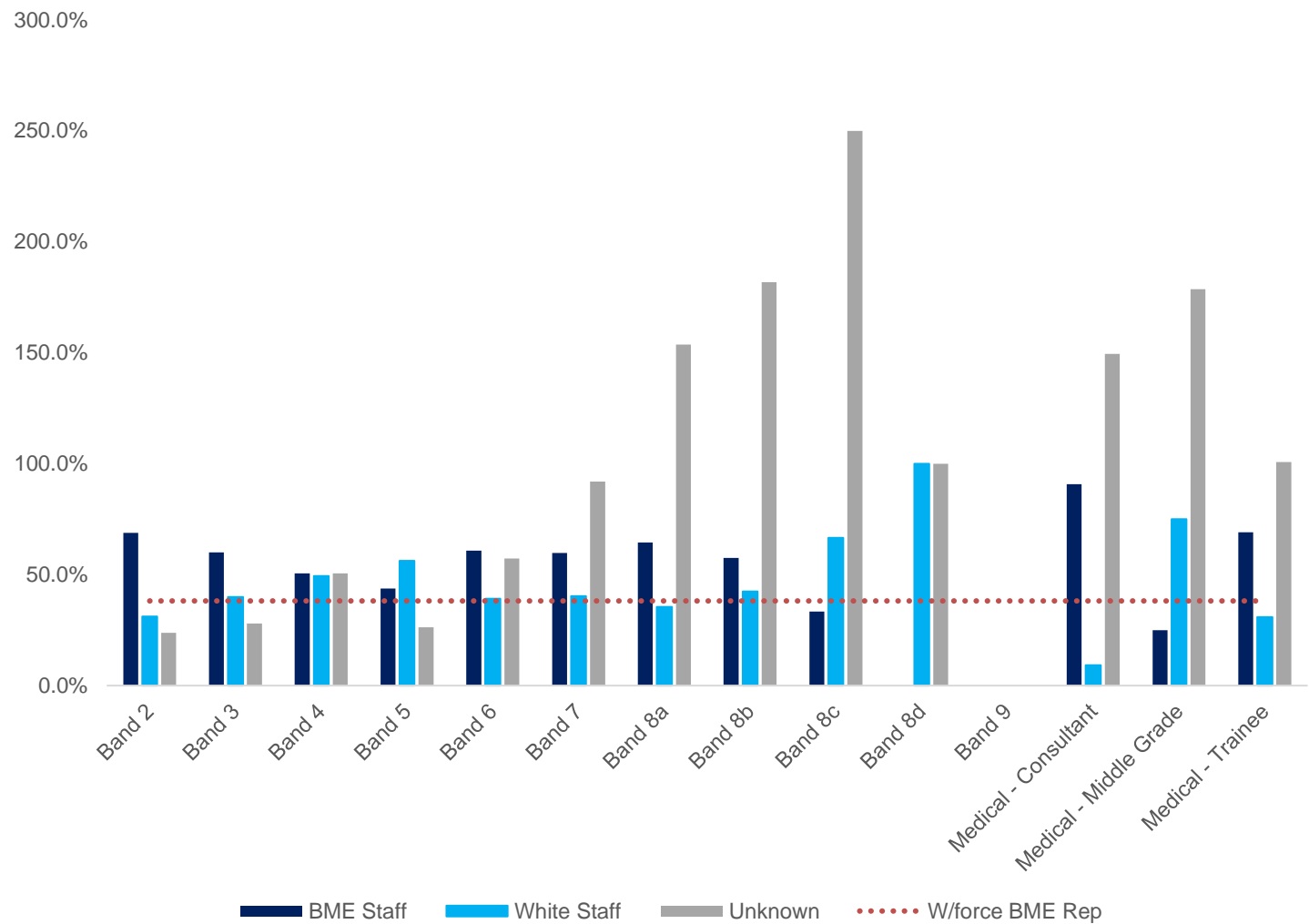
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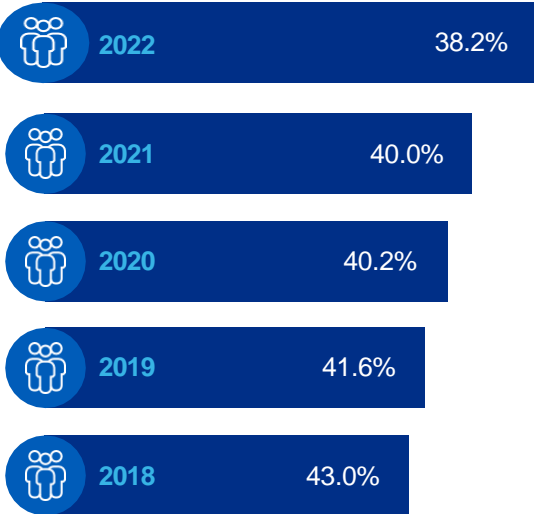
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WRES indicator 1 (4)

Fig 5. Percentage of staff in clinical roles by ethnicity



Overall %BME workforce



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WRES indicator 1 (5)

The disparity ratio is a reflection of staff progression in terms of representation through the pay bands. comparing BME with a ratio of 1 reflects parity of progression, and values higher than ‘1’ reflect inequality, with a disadvantage for BME staff.
Lower bands refers to band 5 and below, middle bands 6 and 7, higher bands 8a and above

The 2021/22 Trust data has been colour coded, green is odds ratio within the ‘four-fifths rule’ (i.e. between 0.8 - 1.25), amber is ratio 1.25 - 2.50 and red is greater than 2.51.

Table 2. Disparity ratio for non-clinical roles

	Lower to middle	Middle to higher	Lower to higher
Whittington Health 2021/22	2.02	2.28	4.60
Whittington Health 2020/21	2.24	2.50	5.60
London 2020/21	1.37	1.92	2.63
National 2020/21	0.91	1.39	1.27

Table 3. Disparity ratio for clinical roles (excluding medical and dental)

	Lower to middle	Middle to higher	Lower to higher
Whittington Health 2021/22	2.00	2.24	4.47
Whittington Health 2020/21	2.05	2.43	4.98
London 2020/21	2.03	2.10	4.25
National 2020/21	1.59	1.36	2.16

Key Findings

- For clinical and non-clinical roles, white staff are twice more likely to progress from lower to middle bands than BME staff.
- For clinical and non-clinical roles, white staff are 2¼ times more likely to progress from middle to higher bands than BME staff.
- For clinical and non-clinical roles, white staff are about 4½ times more likely to progress from lower to upper bands than BME staff.



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WRES indicator 1 (6)

Actions to take forward contained in:

- [Recruitment Action Plan](#)
- [Development Action Plan](#)
- [Retention Action Plan](#)
- [Engagement Action Plan](#)
- [Infrastructure/Sustainability Action Plan](#)
- [Training Action Plan](#)



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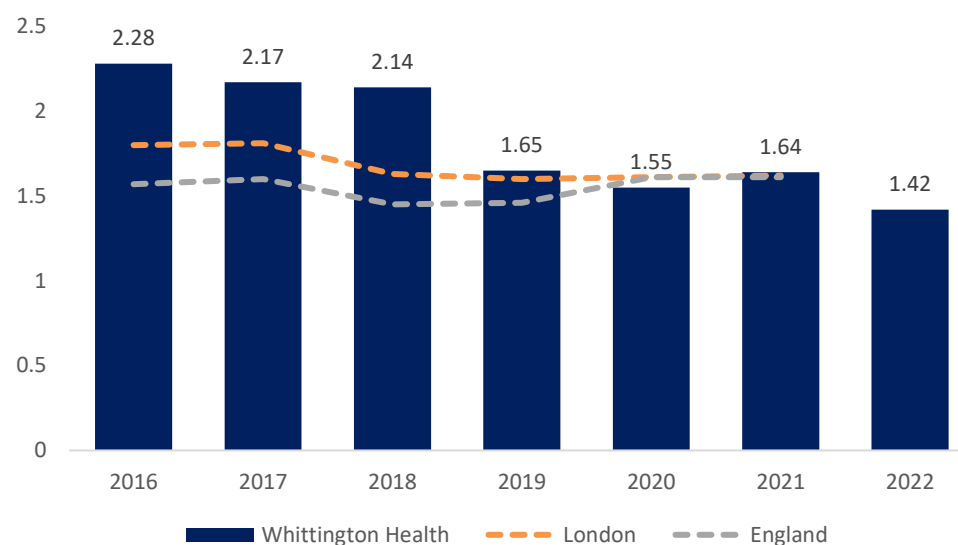
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WRES indicator 2

Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants

Fig 6: White applicants being appointed from shortlisting compared to BME applicants: 2016-2022



Key Findings

- Compared to 2021, there has been a substantial decrease in the likelihood of white applicants being appointed from shortlisting compared to BAME applicants.

- From 2019-2021, the Trust's relative likelihood is broadly in line with the London average. Prior to 2019, there was a higher proportion of inequity than the average for London.
- The overall trend for the Trust has been decreasing year-on-year.
- The rule of four fifths suggests that there is a statistical adverse impact in recruitment for BAME applicants in 2022.

NB national and regional data was not available for 2022 at the time of writing this report.

Actions to take forward contained in:

- [Recruitment Action Plan](#)
- [Retention Action Plan](#)
- [Infrastructure/Sustainability Action Plan](#)
- [Training Action Plan](#)



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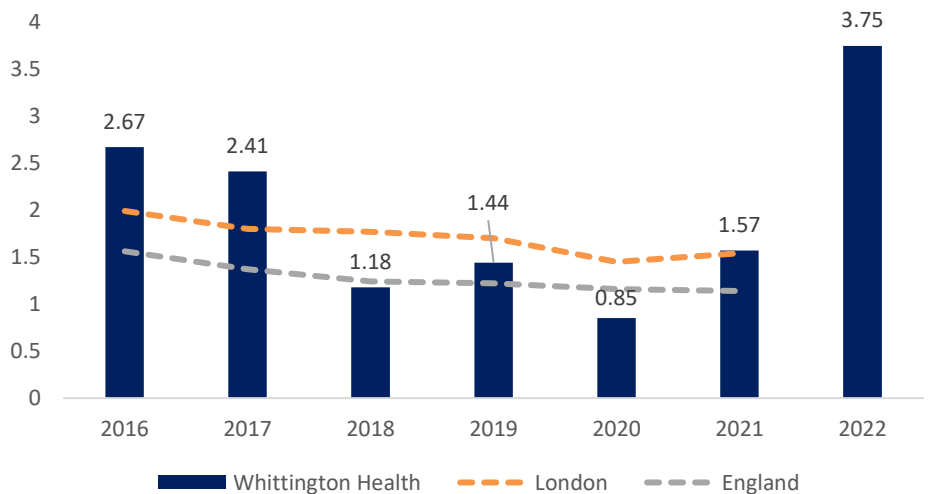
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WRES indicator 3

Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

Fig 7: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff: 2016-2022



- During 2018-2021, the Trust's score was either below or broadly in line with the London Average.

NB national and regional data was not available for 2022 at the time of writing this report.

Actions to take forward contained in:

- [Retention Action Plan](#)
- [Infrastructure/Sustainability Action Plan](#)
- [Training Action Plan](#)

Key Findings

- Compared to 2021, significant increase in the number of BAME staff that have undergone a formal disciplinary process.
- Using the rule of four fifths, the 2022 data suggests that there is an adverse statistical impact on BAME staff.

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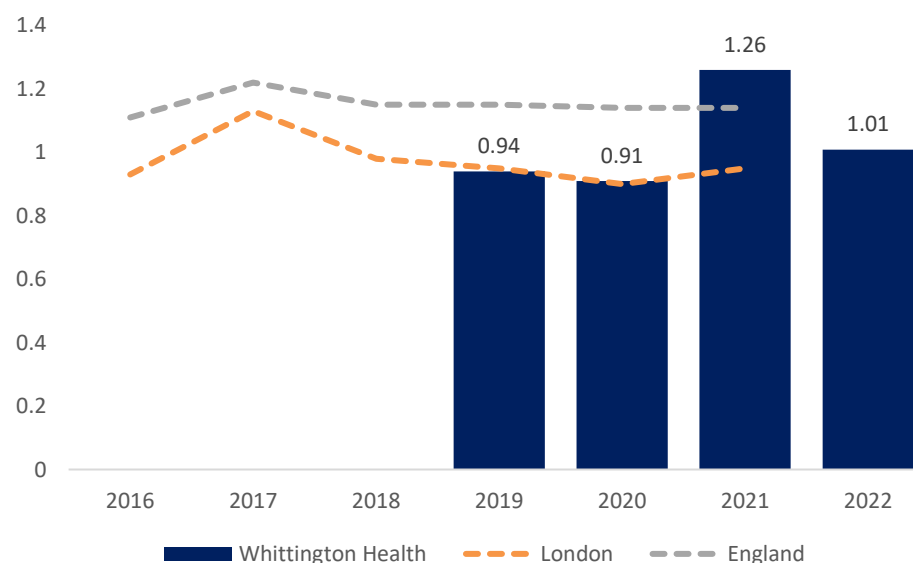
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WRES indicator 4

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff

Fig 8: Relative Likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff: 2016 – 2022



- From 2019-2020, the Trust's relative likelihood is broadly in line with the London average. In 2021 the Trust's score was much higher than the London average.
- The rule of four-fifths suggests that there is not a statistically adverse impact for BME staff in 2022.

NB national and regional data were not available for 2022 at the time of writing this report. Due to a historical reporting issue, it was not possible to provide information for this indicator prior to 2019.

Actions to take forward contained in:

- [Development Action Plan](#)
- [Engagement Action Plan](#)
- [Infrastructure/Sustainability Action Plan](#)
- [Training Action Plan](#)

Key Findings

- Compared to 2021, there has been a decrease in the likelihood of white staff accessing training compared to BAME staff. The data would suggest that there is almost equal chance of both groups accessing training.



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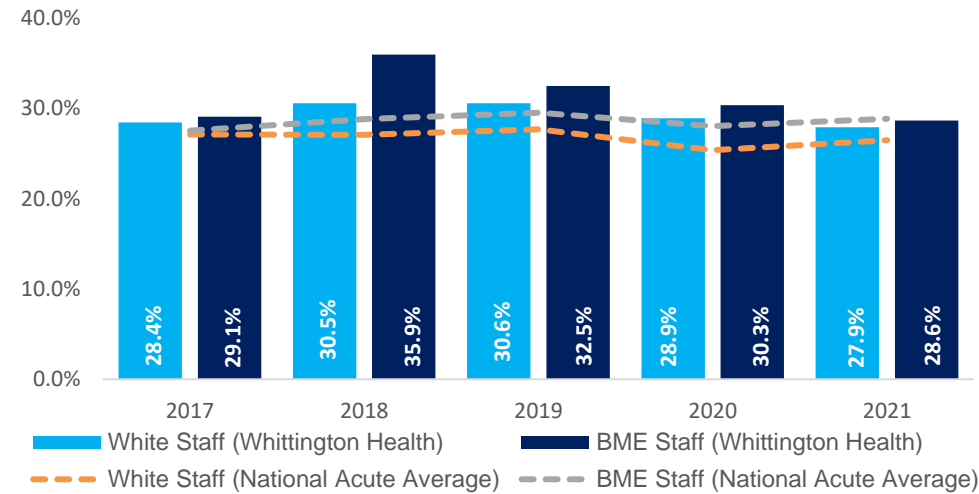
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WRES indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, or the public in the last 12 months

Fig 9: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months: 2017-2021 (Whittington Health vs national acute average)

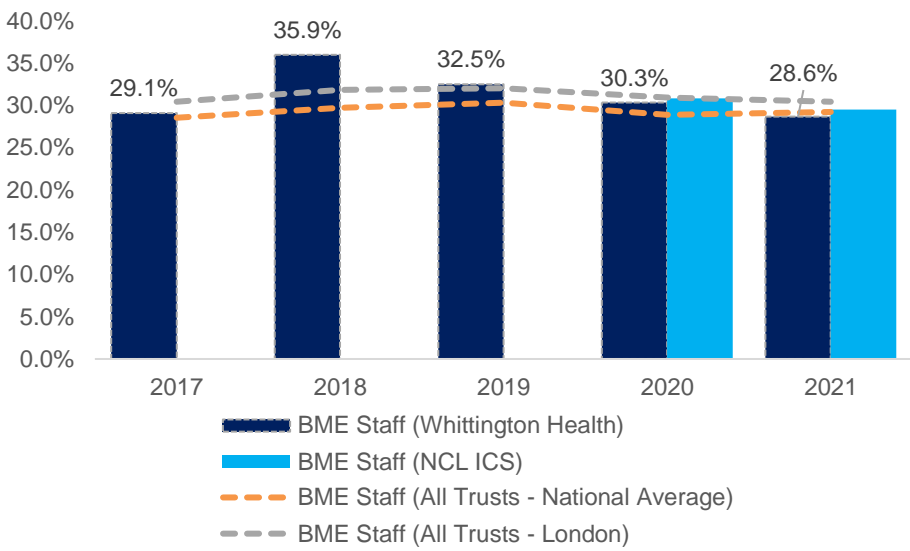


Key Findings

- Compared to 2020, there has been a decrease in the percentage of BME staff who have stated that they have experienced harassment, bullying and abuse from patients, services or the public.
- Since 2017, BME staff have consistently reported having experienced harassment, bullying and abuse from patients, services or the public than white staff.

- From 2017-2020, more Trust staff reported experiencing harassment, bullying or abuse than the national acute average. In 2021, slightly less Trust staff reported experiencing these behaviours compared to the national average.
- Since 2018, there is a decreasing trend of Trust staff experiencing harassment, bullying or abuse from patients, services users or the public.

Fig 10: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months: 2017-2021 (Whittington Health vs all trusts in NCL ICS/England/London)





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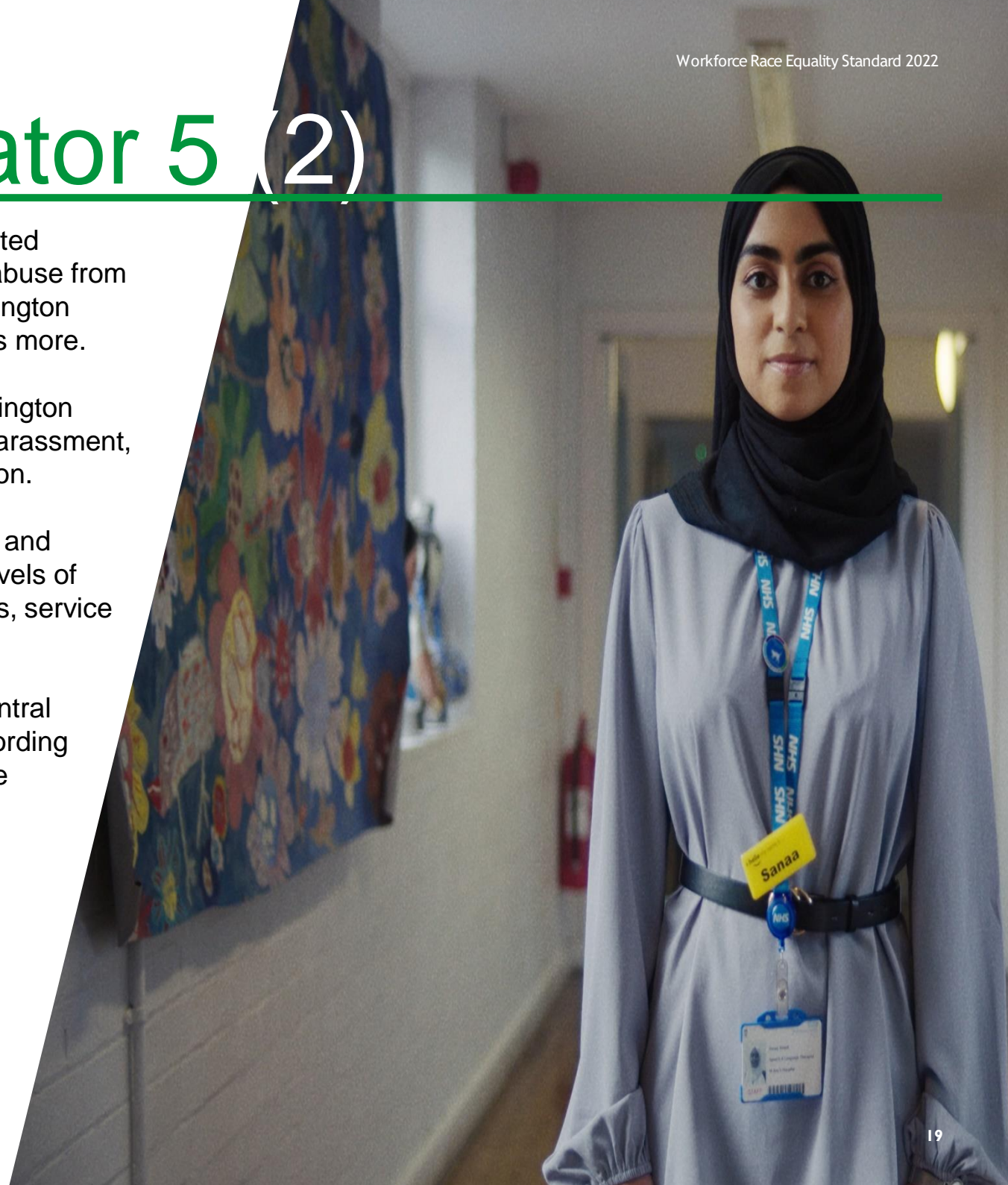
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WRES indicator 5 (2)

- Compared to all trusts in England, staff reported experiencing less harassment, bullying and abuse from patients, service user and the public at Whittington Health in 2021 and 2017, in 2018-2020 it was more.
- Other than in 2018 (which was higher), Whittington Health is broadly in line with the amount of harassment, bullying and abuse as with all Trusts in London.
- Comparing the data from all trusts in London and England, BME staff in London report great levels of harassment, bullying and abuse from patients, service users and the public.
- The Trust is broadly in line with the North Central London (NCL) ICS data, in both years of recording Whittington Health was slightly lower than the average across the integrated care system.





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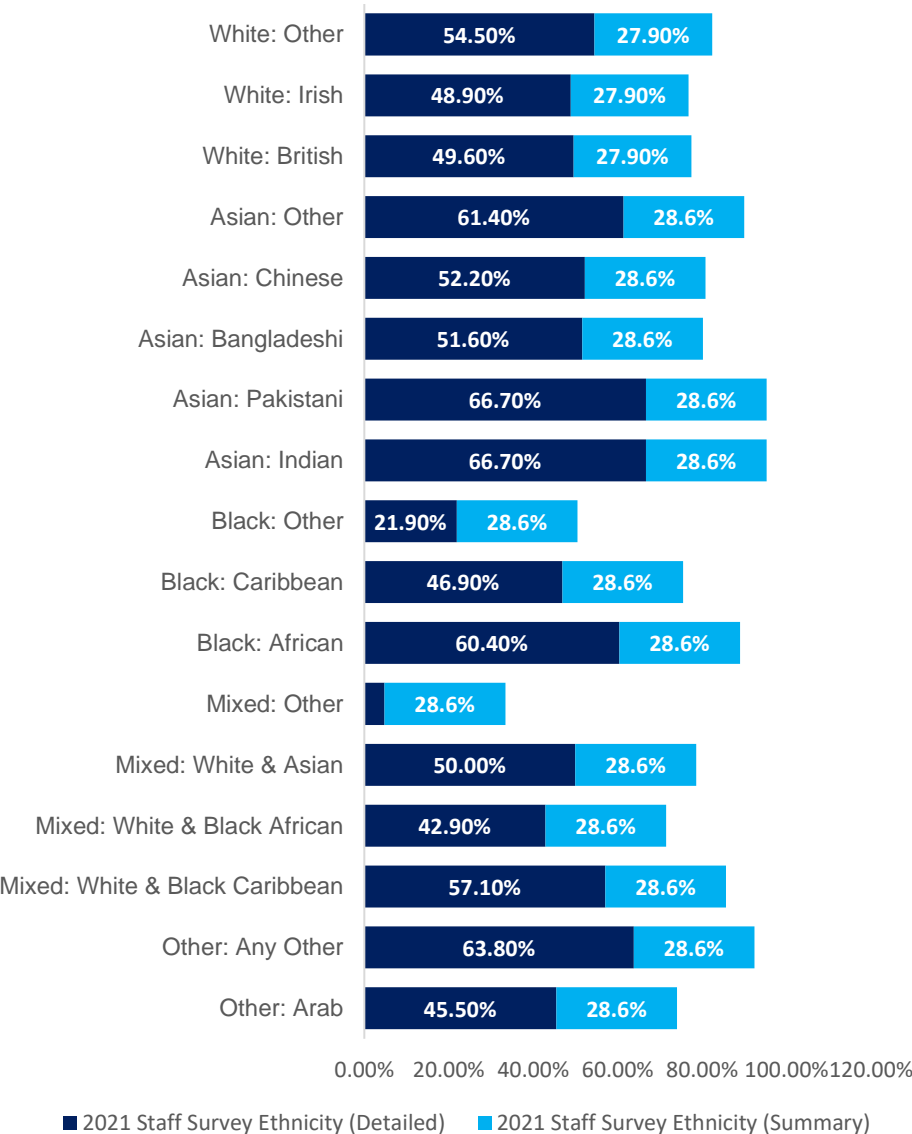
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WRES indicator 5 (3)

Fig 11: Detailed breakdown of indicator 5 by ethnicity vs. summary of ethnicity



The graph on this page looks experience of staff highlighted in fig. 11 , that has been further broken down by detailed ethnicity categories.

The dark blue part of the bar shows the experience of the detailed ethnicity categories, while the light part shows the summary e.g. white and BME staff.

For the majority of ethnicity categories, staff have reported more harassment, bullying and abuse compared to the summary i.e. white 27.9% and BME 28.6%.

Groups that have an experience much worse than the summary average include:

- **Mixed - White and Black Caribbean**
- **Asian – Indian**
- **Asian – Pakistani**
- **Asian – Any other**
- **Black – African**
- **Other – Any other**
- **White – Other**



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WRES indicator 5 (4)

Actions to take forward contained in:

- [Retention Action Plan](#)
- [Infrastructure/Sustainability Action Plan](#)
- [Training Action Plan](#)



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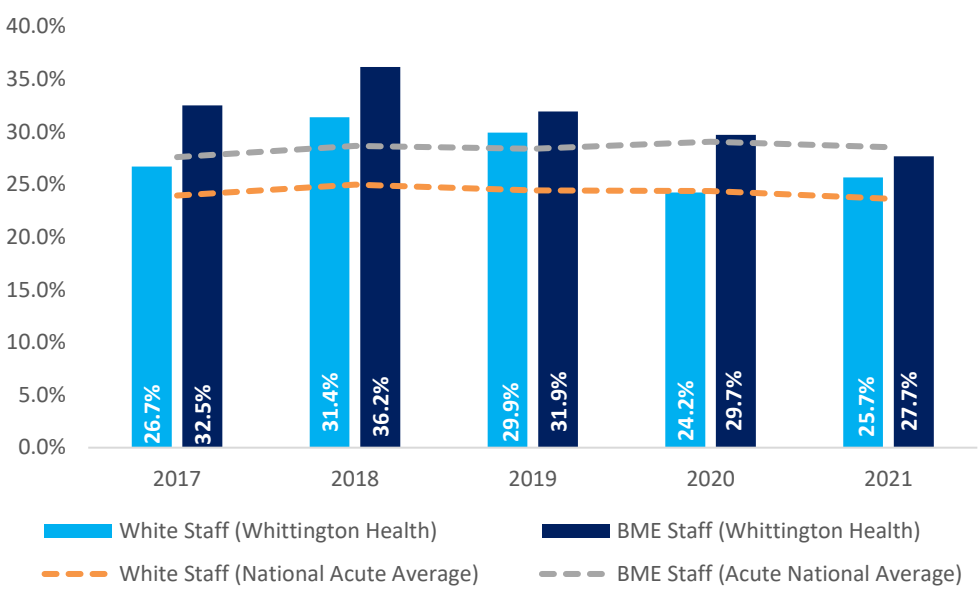
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WRES indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Fig 12: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2017 -2021

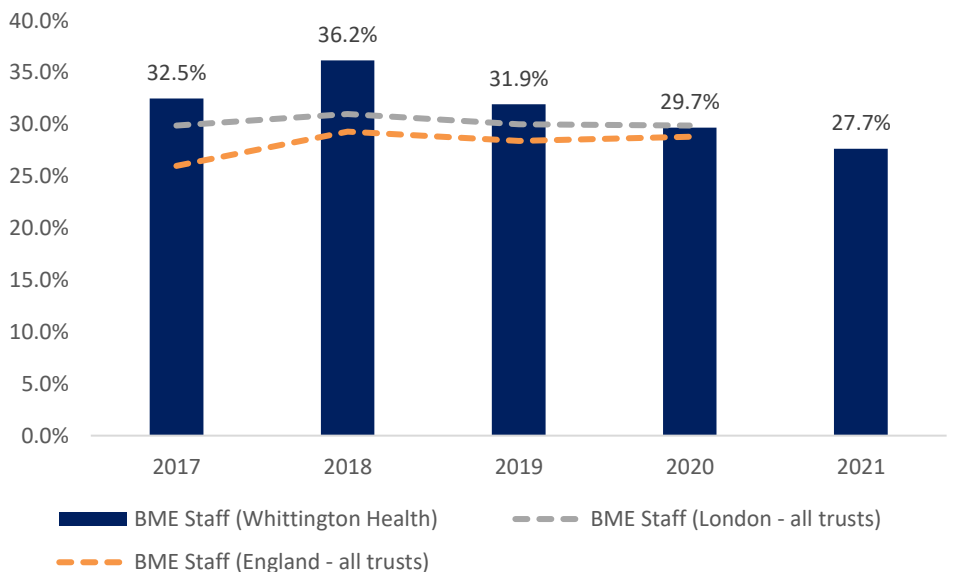


Key Findings

- Compared to 2020, there has been a 2% decrease in staff that have reported experiencing harassment, bullying and abuse from staff.
- Whittington Health's scores have been consistently higher than the national acute average for BME staff. However, in 2021 the Trust's score was nearly 1% lower than the national acute average.

- Since 2018, there is a decreasing trend of Trust staff experiencing harassment, bullying or abuse from staff.

Fig 13: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2017 -2021



- Whittington Health has consistently scored higher than the average for all trusts in England. This is also true during 2017-2019 for all trusts in London, but in 2020 Whittington Health was broadly in line.

NB data was not available for this indicator for NCL ICS, or 2021 data for all trusts in London and England. 22



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WRES indicator 6 (2)

Actions to take forward contained in:

- [Retention Action Plan](#)
- [Infrastructure/Sustainability Action Plan](#)
- [Training Action Plan](#)





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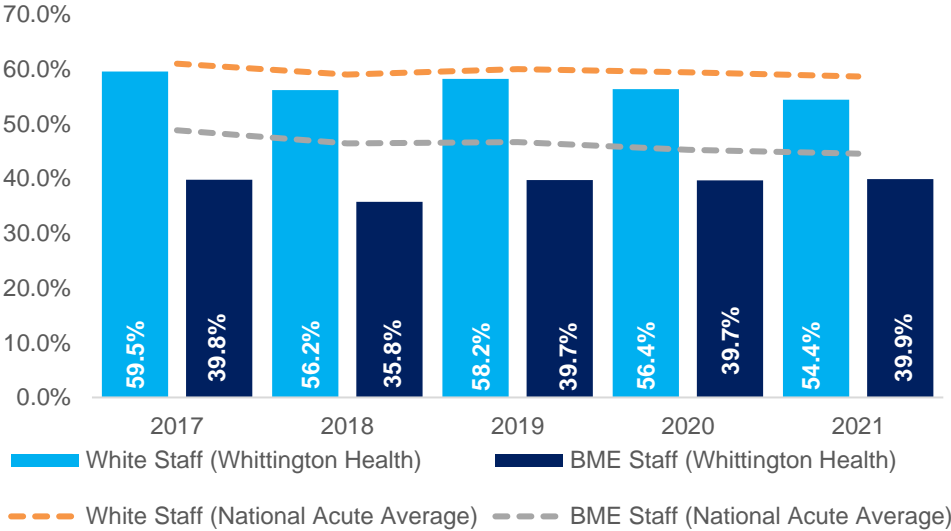
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WRES indicator 7

Percentage of staff believing that there are equal opportunities for career progression/promotion

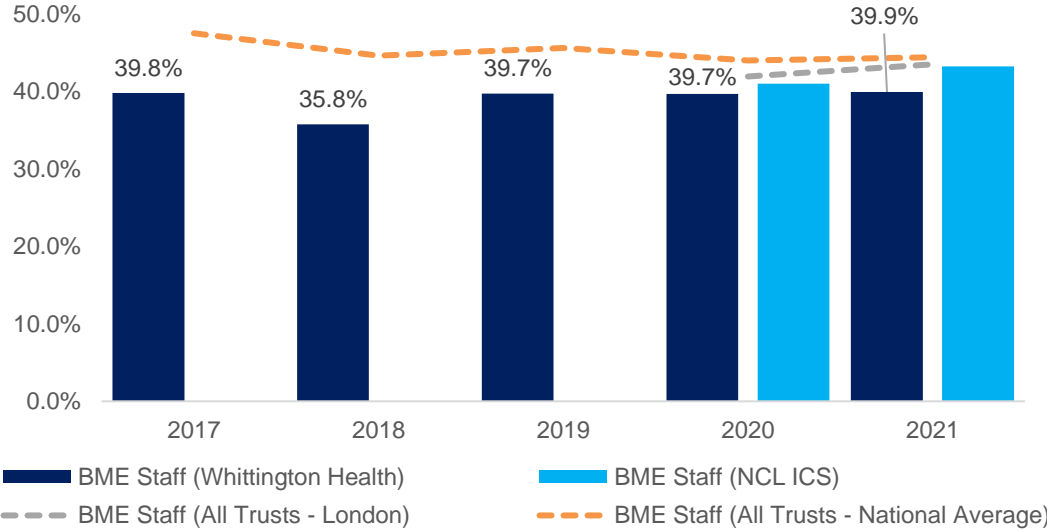
Fig 14: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion: 2017 – 2021



Key Findings

- Compared to 2020, about the same percentage of BME Trust staff belief that there are equal opportunities for career progression and promotion.
- Since 2017, Trust BME staff scores have been consistently lower than the national acute average. White staff in the Trust is broadly in line with the national acute average.

Fig 15: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion: 2017 – 2021



- Since 2019, the gap in experience of white and BME staff in the Trust has reduced from 18.5% to 14.5%.
- The experience of BME staff at the Trust has been consistently lower than the overall average for all trusts in the NCL ICS, London and England.

NB – due to a change in calculation of this indicator, there is limited data available for a comparative overview, and compared to previous reports will look much lower.



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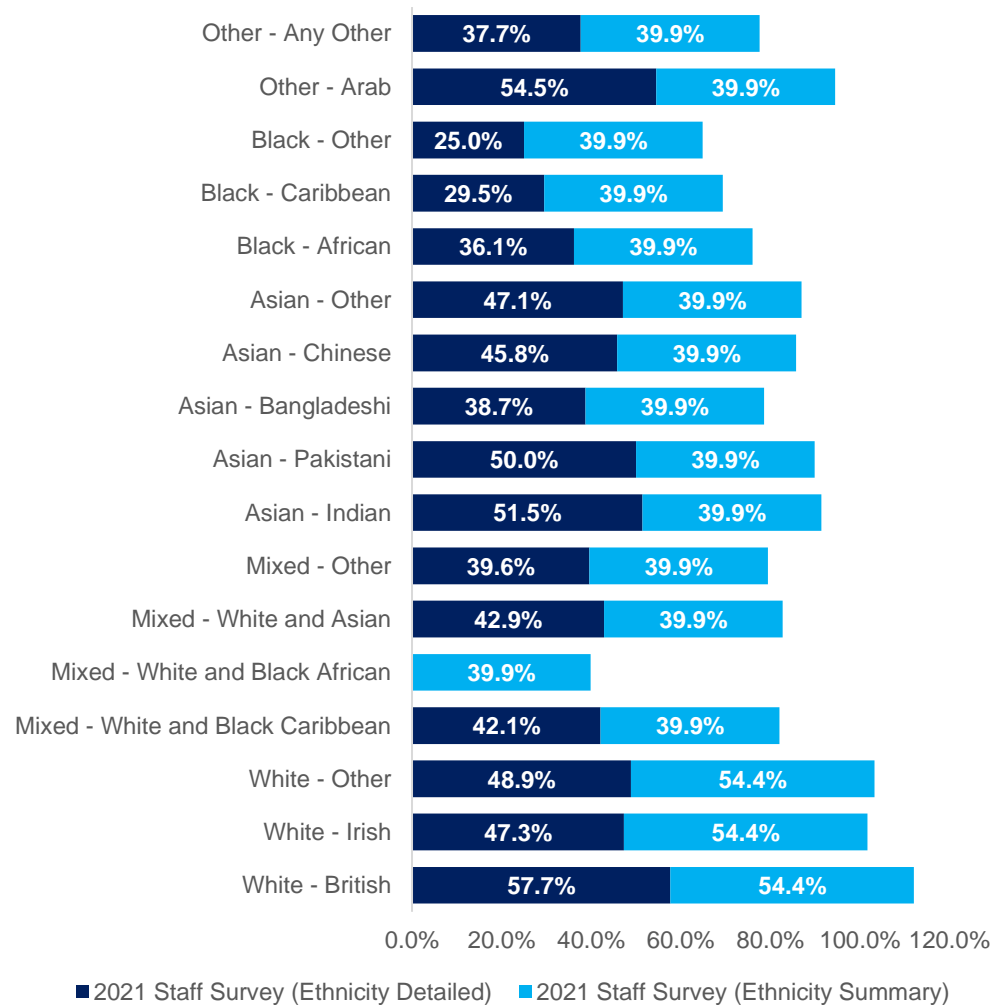
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WRES indicator 7 (2)

Fig 16: Detailed breakdown of indicator 7 by ethnicity vs. summary of ethnicity



The graph on this page looks experience of staff highlighted in fig.16 , that has been further broken down by detailed ethnicity categories.

The dark blue part of the bar shows the experience of the detailed ethnicity categories, while the light part shows the summary e.g. white and BME staff.

About half of ethnicity categories have reported believing the Trust offers more equal opportunities for career development/promotion compared to the summary i.e. white 54.4% and BME 39.9%.

Groups that have an experience much worse than the summary average include:

- **Black – Caribbean**
- **Black - Other**



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WRES indicator 7 (3)

Actions to take forward contained in:

- [Development Action Plan](#)
- [Engagement Action Plan](#)
- [Infrastructure/Sustainability Action Plan](#)
- [Training Action Plan](#)



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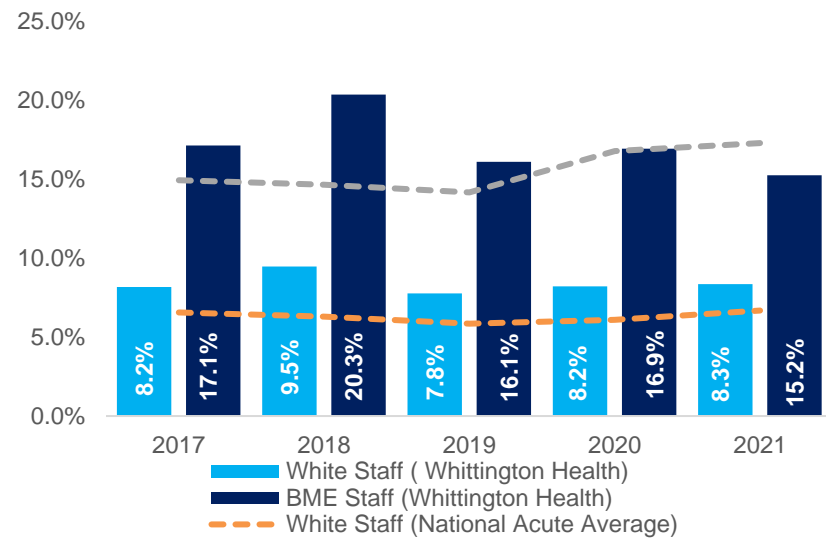
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WRES indicator 8

Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleague

Fig 17: Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleagues: 2017 – 2021

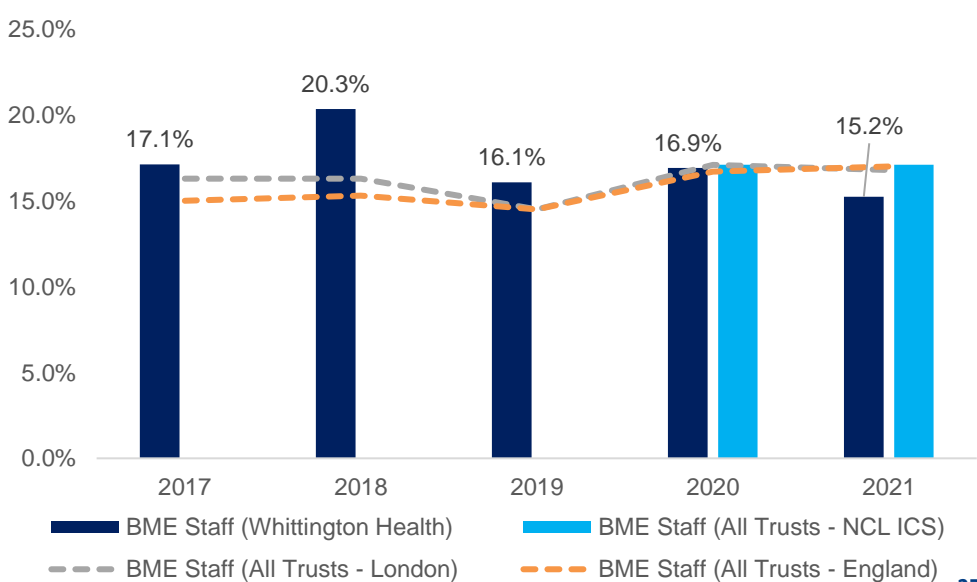


Key Findings

- In 2021 fewer Trust BME staff reported having experienced discrimination at work from another member of staff compared to the previous year.
- BME Trust staff are nearly twice as likely to report experiencing discrimination compared to white staff.
- White Trust staff consistently reported experiencing more discrimination when compared to the national acute average

- Until 2019, BME Trust staff consistently reported experiencing discrimination when compared to the national acute average. In 2020 both Trust BME and national data were in line and in 2021, fewer Trust BME staff reported experiencing discrimination. This same pattern can be seen when comparing BME Trust staff experience to BME staff in NCL ICS, London and in England.

Fig 18: Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleagues: 2017 – 2021





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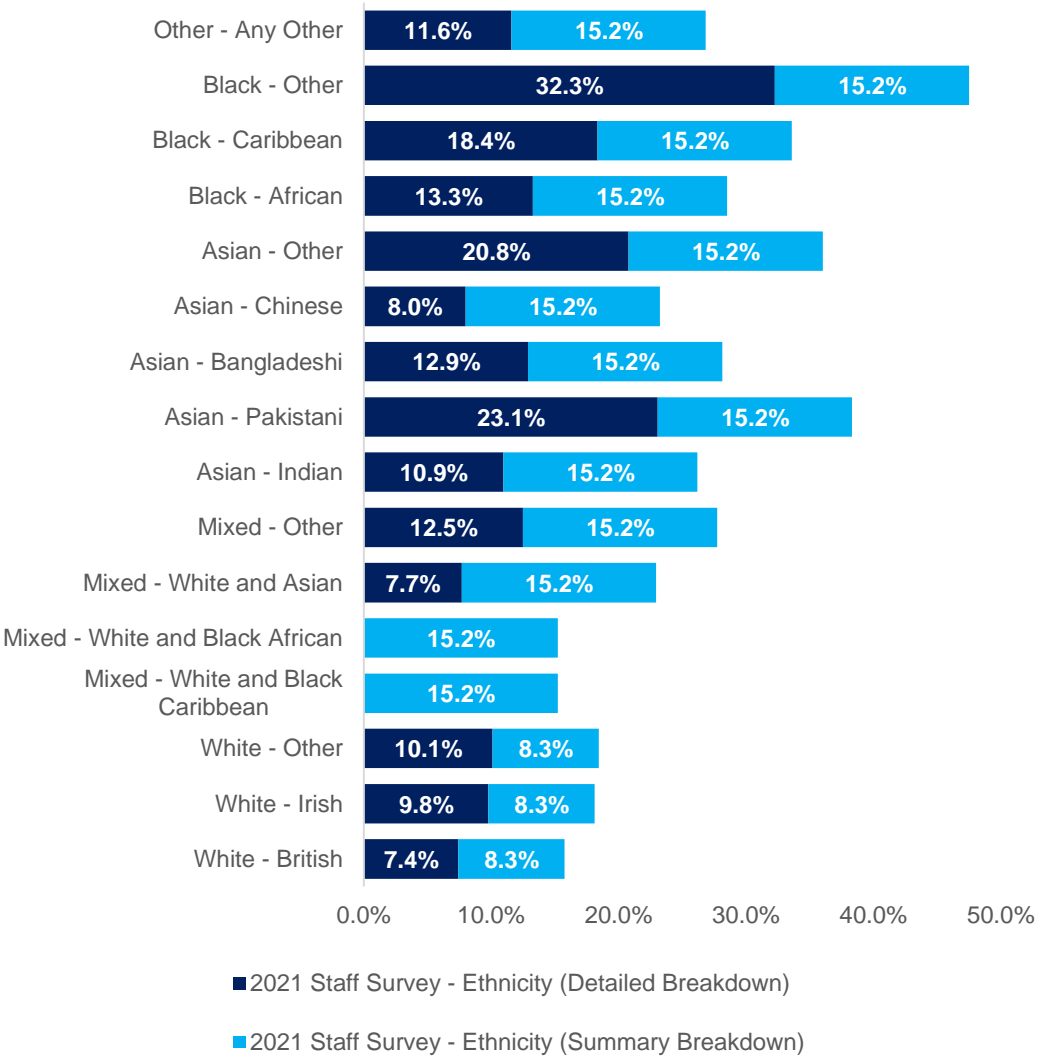
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WRES indicator 8 (2)

Fig 19: Ethnicity and gender in detail: 2021 NHS Staff Survey:



The graph on this page looks experience of staff highlighted in fig. 19, that has been further broken down by detailed ethnicity categories.

The dark blue part of the bar shows the experience of the detailed ethnicity categories, while the light part shows the summary e.g. white and BME staff.

The majority of ethnicity categories are either lower or broadly in line with the summary i.e. white 8.3% and BME 15.2%.

Groups that have an experience much worse than the summary average include:

- Asian – Pakistani
- Asian – Other
- Black – Other

WRES indicator 8 (3)

Actions to take forward contained in:

- [Development Action Plan](#)
- [Retention Action Plan](#)
- [Infrastructure/Sustainability Action Plan](#)
- [Training Action Plan](#)



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WRES Indicator 9

compare the difference for white and BME staff: Percentage difference between;
(i) the organisations’ Board voting membership and its overall workforce, and
(ii) the organisations’ Board executive membership and its overall workforce

Table 4 Demographical breakdown of the board by ethnicity

	Total Board	Voting Members	Non-Voting Members	Executive Directors	Non-Executive Directors
BME	17.6%	8.3%	40.0%	0.0%	14.3%
White	76.5%	83.3%	60.0%	100.0%	71.4%
Unknown	5.9%	8.3%	0.0%	0.0%	14.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5 Percentage difference between the board and the overall workforce

	Workforce Representation	Board overall	Voting members	Executives
BME	38.20%	-20.6%	-29.9%	-38.2%
White	37.70%	38.8%	45.6%	62.3%
Unknown	24.10%	18.2%	-15.8%	-24.1%

Key Findings

- 17.6% of the overall board are BME, comparing to the workforce there is an underrepresentation of 20.6%.
- 8.3% of the members of the board that are eligible to vote are BME; compared to the overall workforce, there is an underrepresentation of 29.9%.
- There are no BME executive directors on the board, this means that there is an underrepresentation of 38.2%.



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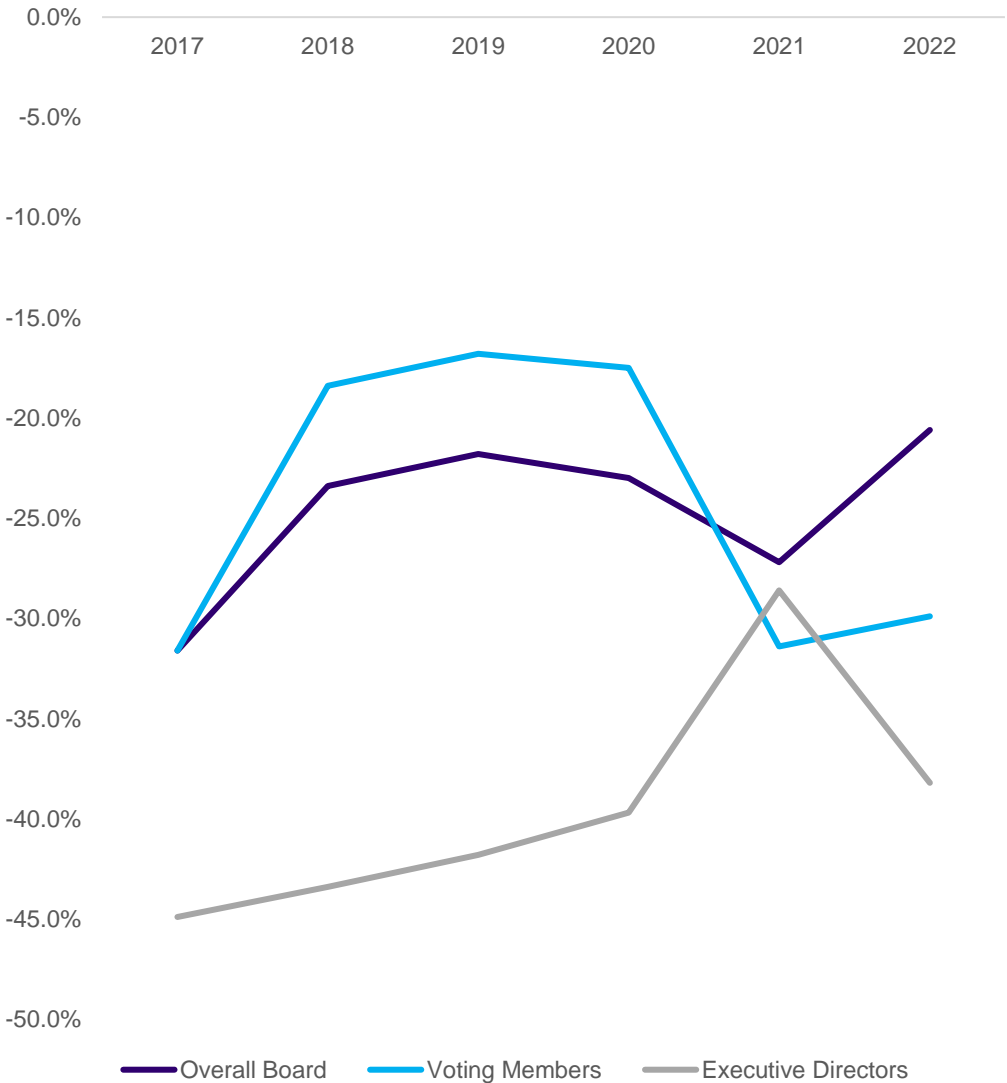
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WRES Indicator 9 (2)

Fig 20: Historical percentage difference of BME representation difference on the Trust's board compared to the workforce



- Since 2021 there has been an improvement in the representation of BME staff on the board (overall) and voting members.
- In 2022 there are no BME members of the board that are executive directors.

Actions to take forward contained in:

- [Development Action Plan](#)

Recruitment Action Plan

The following actions have been designed to deliver better equity within the Trust’s recruitment processes, which will also have a positive impact on the representation of minority ethnic staff in the workforce

	WRES Indicators	Action	Leads	Target Completion
1	1 and 2	Implement the refreshed NCL-wide recruitment and selection policy and training to ensure that EDI is embedded and becomes mandatory for recruiting managers	Inclusion Directors, HRBPs, Recruitment team	Q1 2022/23
2	1 and 2	Implement strengthened guidance and policy on diverse panels	Inclusion Directors	Q1 2022/23, Recruitment team
3	1 and 2	Quarterly monitoring of recruitment outcomes by ICSU/department against targets	Recruitment Team	Q4 202122 onwards
4	1 and 2	Quarterly ICSU/corporate departments WRES dashboard for performance reviews	Inclusion Directors, Workforce & OD	Q4 202122 onwards
5	1 and 2	Use positive action and targeted engagement to attract and recruit ethnic minority staff	Inclusion Directors	Q1 – Q4 2022/23
5	1 and 2	Engage with local schools and colleagues to promote Whittington Health as an employer of choice	Inclusion Directors	Q1 – Q4 2022/23
7	1 and 2	Work with ICSUs and corporate departments to improve the coverage of our workforce disability and race data	Inclusion Directors	Q1 – Q4 2022/23

Development Action Plan

The following actions have been designed to support minority ethnic staff in, and into, leadership roles

	WRES Indicators	Action	Leads	Target Completion
1	1, 4, 7, 8 and 9	Highlight proposals to help increase the diversity of the Trust Board	Inclusion Directors	Q4 2021/22
2	1, 4, 7 and 8	In partnership with ICSUs’ develop succession plans to help increase the diversity of senior teams to better reflect our diverse patient community	Inclusion Directors	Q2 2022/23
3	1, 4, 7 and 8	Review and promote career and interview skills training for staff	Inclusion Directors, Staff networks, OD	Q4 2021/22 (Completed)
4	1, 4, 7 and 8	Review and ensure all non-mandatory training learning and development opportunities are monitored and reported by protected characteristics to identify any potential inequalities	Chief Nurse’s education team, Medical Education team	Q1 2022/23

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Retention Action Plan

The following actions have been designed to improve workforce retention

	WRES Indicators	Action	Leads	Target Completion
1	1, 2, 3, 5, 6 & 8	Implement a mentoring scheme for WH staff with external mentors in NCL	Inclusion Directors	Q1 2022/23
2	1, 2, 3, 5, 6 & 8	Complete pilots in ICSUs and share learning for the implementation of a Trustwide talent management programme	EIM and ACS ICSUs, Inclusion Directors	Q4/Q1
3	1, 2, 3, 5, 6 & 8	Implement Whittington Cultural calendar to celebrate and highlight events	Inclusion Directors	November 21 (in place)
4	1, 2, 3, 5, 6 & 8	Promotion of ICARE values and the new Equity underpinning value	Communications	Q4 2021/22
5	1, 2, 3, 5, 6 & 8	Develop welcome package & induction for international medical graduates	Inclusion Directors	
6	1, 2, 3, 5, 6 & 8	Provide input and support for the overseas nurse induction programmes	Inclusion Directors	November 21 (completed)
7	1, 2, 3, 5, 6 & 8	Trust wide Engagement - making EDI (WRES and WDES) everybody's business	Inclusion Directors and EDI Manager	Ongoing
8	1, 2, 3, 5, 6 & 8	Utilise ICSU board meetings, departmental and Trust middle management forums to highlight and provide updates on Trust activities	Inclusion Directors, EDI Manager	Q1 2022/23
9	1, 2, 3, 5, 6 & 8	Implement EDI roadshows across Trust sites	Inclusion Directors, EDI Manager	Q4 2021/22 – Q1 2022/23
10	1, 2, 3, 5, 6 & 8	Build a network of 'WRES focussed inclusion champions/'allies' made up of clinical and non-clinical staff from all grade and professional group.	Inclusion Directors, EDI Manager	Q4 2021/22 – Q1 2022/23
11	1, 2, 3, 5, 6 & 8	Develop content for and revamp intranet and internet pages	Inclusion Directors, EDI Manager, Comms team	Q1 2022/23

Engagement Action Plan

The following actions have been designed to support minority ethnic staff in, and into, leadership roles

	WRES Indicators	Action	Leads	Target Completion
1	1, 4 and 7	Establish a Staff Inclusion Group to act as the engine room for inclusion work at Whittington Health and feedback from staff equality networks	Inclusion Directors	Q3 2021/22 (Completed)
2	1, 4 and 7	Develop a business case for protected time for staff equality network chairs and an annual budget for respective networks' activities.	EIM and ACS ICSUs, Inclusion Directors	Q3 2021/22 (Completed)
3	1, 4 and 7	Develop, consult on, and agree a revised Equality, diversity and inclusion policy	Inclusion Directors	Q4 2021/22
4	1, 4 and 7	Produce a Managers' Diversity Guide to help increase confidence and capability in managing diversity and diverse teams	Inclusion Directors, EDI Manager	Q1 2022/23
5	1, 4 and 7	Develop Diverse & Inclusion Panel Principles & Guidance including pre and post checklist for panel chair and members	Inclusion Directors	Q4 2021/22



Infrastructure and Sustainability Action Plan

The following actions have been designed to support delivering race equity

	WRES Indicators	Action	Leads	Target Completion
1	All	Develop a dashboard for ICSU/corporate departments to measure WRES progress	Inclusion Directors	Q4 2021/22 (Complete)
2	All	Annual review of outcomes of workforce policies/areas which have high relevance to the Equality Act's general and specific duties: <ul style="list-style-type: none">• Recruitment• Probationary policy• Acting Up and Secondment• Learning and development• Bullying and Harassment• Disciplinary policy• Flexible working policy and procedure• Retire and return guidance• Sickness absence• NHS Staff survey	EDI Manager, EDI Directors	Q1 – Q2 2022/23
3	All	Collate and submit final returns for Workforce Race Equality Standard and Workforce Disability Equality Standard	EDI Manager, EDI Directors	Q1 – Q2 2022/23
4	All	Publish updated equality objectives	EDI Manager, EDI Directors	Q2 2022/23

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Training Action Plan

The following actions have been designed to better support and educate our staff

	WRES Indicators	Action	Leads	Target Completion
1	All	Review and update the Building Inclusive Culture awareness for Trust leadership and preceptorship programme and ICSUs teams	EDI Directors / EDI Manager/ OD	Q3 – Q4 2021/22 (Complete)
2	All	Develop EDI/WRES Leadership Programme for Divisional managers, EDI leads & allies. This programme will provide robust baseline capacity building on legal compliance, equality analysis and practical application of embedding EDI in all Trust activities and functions, including equality of opportunity in career progression and development across all protected groups	EDI Directors / EDI Manager/OD	Q1- Q3 2022/23
3		In conjunction with OD colleagues, develop diverse and inclusive recruitment and selection training for recruiting managers and interview panel members on conscious and unconscious bias, favouritism, and prejudice and create accountability	EDI Directors / EDI Manager/OD	Q1- Q2 2022/23
4		In collaboration with OD and HR, aim to mandate recruitment and selection training for recruiting manager and interview panel chair. In due course, to extend this to all panel members	EDI Directors / EDI Manager/ Recruitment Team	Q2 2022/23