

# Workforce Race Equality Standard (WRES) Key Findings 2021/2022

St. George's Hospitals NHS Foundation Trust

Section	ltem	Slide
1	Executive Summary	3
2	Purpose and Background	4
3	Indicator Overview	5
	Indicator 1: 'Percentage staff by AfC pay band and ethnicity'	6
	Indicator 2: 'Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants'	9
	Indicator 3: 'Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff'	10
	Indicator 4: 'Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff'	11
4	Indicator 5: '% of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months'	12
	Indicator 6: '% of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months'	13
	Indicator 7: '% of staff believing that trust provides equal opportunities for career progression'	14
	Indicator 8: '% of BAME staff that personally experienced discrimination at work from a manager, team leader or colleagues'	16
	Indicator 9: 'Percentage of board members by ethnicity compared to BME workforce'	18
5	BAME Staff Network Report	20



### Workforce Race Equality Standard (WRES) Purpose and Background

#### Purpose

- This paper provides a summary of the 2022 Workforce Race Equality Standard (WRES) findings.
- This report will be published on the Trust website
- The Board is asked to receive this report for information and approve for publication.

#### **Background**

- In April 2015, NHS England introduced the WRES in response to consistent findings that BAME applicants and staff consistently fared worse in employment outcomes and satisfaction surveys. The WRES was designed to enable NHS organisations to demonstrate progress against a number of key indicators of workforce equality, including a specific indicator to address the low levels of BAME Board representation.
- Since April 2015, the WRES has been included in the full length NHS Standard Contract and requires all providers of NHS services to address the issue of workforce race inequality by implementing and using the WRES.
- There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from national NHS Staff Survey questions, and one indicator focuses upon BME board representation. The WRES highlights differences between the experience and treatment of White staff and BAME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.
- The WRES is produced in line with Technical Guidance issued by NHS England.
- Indicators 1-3 and 9 are produced via the Electronic Staff Record (ESR) from a snapshot of data taken on 31<sup>st</sup> March 2022. All other indicators are from the 2021 staff survey.

Overview of Workforce Numbers									
	2019	2020	2021	2022					
Total number of staff in organisation	8,884	8,873	9,154	9,608					
% of BAME Staff	44.60%	46.10%	47.70%	50.10%					
% of staff who self-reported ethnicity	97.20%	96.70%	96.10%	97.00%					



## Indicator Overview

	Indicator	London Av. 2021	STG 2020	STG 2021	STG 2022	Performance vs. previous year	Experience compared to White Staff
1	% of BAME staff in organisation	48.1%	46.4%	47.7%	50.1%	Improved	
2	Relative likelihood of White applicants being appointed from shortlisting compared BAME applicants	1.62	1.47	1.47	1.26	Improved	
3	Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff	1.54	2.54	1.82	1.65	Improved	
4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.95	1.05	1.03	0.98	Improved	
5	% of BAME staff experiencing harassment, bullying or abuse <i>from patients, relatives or the public</i> in the last 12 months.	31.1%	27.4%	27.3%	23.3%	Improved	
6	% of BAME staff experiencing harassment bullying or abuse from staff in the last 12 months	29.8%	30.8%	30.1%	25.9%	Improved	
7	% of BAME staff believing that organisation provides equal opportunities for career progression or promotion	65.4%	40.5%	41.1%	42.1%	Improved	
8	% of BAME staff personally experiencing discrimination at work from <i>manager/leader/ or other colleagues</i> .	17.1%	16.2%	18.0%	16.6%	Improved	
9	% difference between the organisations' board voting membership and its overall workforce	-26.2%	-28.2%	-33.1%	-31.4%	Improved	



Indicator 1 % of staff by AfC pay band and ethnicity



- Our Black, Asian and Minority Ethnic workforce has increased year on year since 2019.
- For this reporting year, we see an increase of +2.4% on our 2021 report, this is approximately an additional 481 'BAME' members of staff.
- Representation across the organisation is now 2% higher than the London average. Whilst we see a sustained pattern of increase, overall, across the workforce, our workforce data still highlights that Black, Asian and Minority Ethnic (BAME) staff are over-represented in lower bands and under-represented in higher bands
- This is not unique to St George's and mirrors what we see across London NHS trusts (see table A and B).



## Workforce Race Equality Standard (WRES) Indicator 1

% of staff by AfC pay band and ethnicity (Clinical Staff Only)

For Clinical staff (table C), we see an increase in the percentage of Black, Asian and Minority Ethnic staff across 7 of the 12 AFC bands. Compared to last year there are an additional 3 white staff members in this group, compared to 374 BAME staff members. This is largely due to an high increase at Band 5 and 6 (+193).

As with non-clinical staff there are now more BAME staff members at Band 6 than white staff members, which brings this band to 52% BAME.

The ratio of consultants have remained fairly consistent across the last three years, currently at 55.1% white to 37.9% BAME.

The lowest level of representation remains band 8a-c (28.5% BAME) and 8d-VSM. Of the 20 Band 8D and above posts only 15% are held by a BAME member of staff, compared to 85% being held by a white member of staff (table E). We see similar low levels of representation at band 8d, of 14 band 8d posts only 2 (14%) are held by a BAME member of staff. This is a ratio of 7:1.

Table D: No. of BAME Clinical Staff in each AFC Band at St George's:													
		2022		2019 vs 2020				20	20 vs	2021	2021 vs 2022		
Clinical	White	BME	Null		White	BME	Null	White	BME	Null	White	BME	Null
Band 2	228	567	30		12	-8	1	8	-32	0	27	35	0
Band 3	126	194	6		-11	13	2	3	-10	-1	16	-3	0
Band 4	90	155	7		0	-3	1	1	47	4	12	30	0
Band 5	472	875	28		-26	52	-6	-66	52	-1	-58	117	5
Band 6	675	751	34		-73	-15	2	-5	25	0	-19	76	10
Band 7	705	411	15		0	17	2	1	45	-4	3	19	-1
Band 8a	256	112	8		5	6	2	7	4	0	20	29	-1
Band 8b	54	18	1		4	0	0	-1	1	0	-7	0	0
Band 8c	36	12	0		4	2	0	3	-1	0	9	7	0
Band 8d	12	2	0		-1	1	0	-2	0	0	3	0	0
Band 9	4	1	0		-3	0	0	2	0	0	0	0	0
VSM	1	0	0		0	0	1	-5	-1	-1	0	0	0
Consultants	376	247	45		10	14	5	7	5	-6	10	7	1
Career Grade	12	20	3	I	0	-3	2	-2	1	-2	3	5	2
Trainee Grade	358	388	36		-27	14	18	-9	54	20	-18	50	-38
Other	2	2	4	I	0	0	0	0	0	0	2	2	4
										Fotal	3	374	-18

Table E: % of staff by ethnic group (clustered):									
Cluster	White	BAME	Unknown						
Band 1 - 5	32.9%	64.4%	2.5%						
Band 6 - 7	53.2%	44.8%	1.8%						
Band 8a-8c	69.6%	28.5%	1.8%						
Band 8D +	85%	15%	0%						
Medical	55.1%	37.9%	6.8%						

#### Table C: % of BAME Clinical Staff in each AFC Band at St George's:



### **Indicator 1**

% of staff by AfC pay band and ethnicity (Non-clinical staff only)

For Non- Clinical staff (table ), we see an increase in the percentage of Black, Asian and Minority Ethnic staff across 11 of the 13 AFC bands. This compares to increase in the number of white staff in 9 of the 13 AFC bands.

For the second year BAME representation at Band 6 is higher than the overall BAME workforce at 54%. For the first time representation at band 7 is now also in line with the Trust overall BAME workforce at 50%.

The number of white staff at VSM level has increased by 3 to 17 staff members, this compares to 2 BAME staff members. In % terms this means that only 10.5% of VSMs are from a BAME background, compared to 89% being white. This is the ratio of 8:1 white staff members to every 1 BAME staff member appointed at VSM level.

Of the 70 Band 8D and above posts only 17.1% are held by a BAME member of staff, compared to 81.4% being held by a white member of staff (table H). We see similar low levels of representation at band 9, of 13 band 9 posts only 1 (7%) is held by a BAME member of staff. This is a ratio of 12:1.

				2019 vs 2020			20	20 vs	2021	2021 vs 2022			
			2022	Unkown/	20		Unkown				Unkowr		
Non-Clinical	v	White	BME	Null	White			White			White		/Null
Band 1		0	1	0	0	0	0	0	0	0	0	0	0
Band 2		243	258	22	-20	-6	0	-13	3	1	-15	1	1
Band 3		140	189	14	-2	7	6	-6	1	17	3	21	-16
Band 4		240	250	22	-3	-4	4	1	9	11	-7	25	-7
Band 5		124	113	5	1	12	3	5	5	5	12	23	-7
Band 6		67	82	4	-10	9	1	-13	14	5	11	4	-4
Band 7		79	81	2	-9	15	0	8	5	0	-5	17	2
Band 8a		72	39	5	7	5	2	-2	7	8	11	4	-6
Band 8b		42	22	3	5	3	0	1	2	4	6	6	-3
Band 8c		24	15	1	2	5	0	5	2	0	4	3	1
Band 8d		28	9	1	5	2	2	-6	1	0	1	4	-1
Band 9		12	1	0	2	2	0	1	1	0	4	-2	0
VSM		17	2	0	-3	1	0	3	-2	0	3	1	0
										Totals	25	106	-40

Table H: % of staff by ethnic group (clustered):									
Cluster	White	BAME	Unknown						
Band 1 - 5	46.0%	50.0%	3.8%						
Band 6 - 7	46.3%	51.7%	1.9%						
Band 8a-8c	61.8%	34.0%	4.0%						
Band 8D +	81.4%	17.1%	1.4%						





### Indicator 2

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

The relative likelihood of white applicants being appointed (from shortlisting) has reduced from 1.47 in 2021 to 1.26 in 2022. This is due to a 4% increase in the likelihood of BAME applicants being appointed, from 23% in 2021 to 27% in 2022. The likelihood of white applicants being appointed has seen a slight increase of 0.02% to 34.5% (from 34.3% in 2021).

Whilst this is a positive shift, a relative likelihood of 1.26 still indicates that white applicants are more likely to be appointed compared to BAME applicants.

We saw a significant drop in the number of applicants that did not record an ethnicity from 1130 in 2021 to 370 in 2022. For this group, the likelihood of appointment has fallen to 36% from 75% in 2021.

#### Action taken and planned:

- Reviewed Recruitment Inclusion Specialist (RIS) experience and process to improve effectiveness of the initiative on all interview panels for AFC Band 7+ and consultant recruitment panels.
- Completed FAQ session for Recruitment and Selection Training for recruiting managers, exploring real-time issues
- Hosted RIS Train the Trainer session to boost trainer numbers and increase number of available RISs.
- Worked closely with the Organisational Development function to increase robustness of Leadership Development and Inclusive talent Management training and reflect a equality and inclusion thread.
- Supported single topic agenda meetings for BAME network members to reflect on experience of recruitment, promotion and progression and hear about resources and support for staff as well as reflect on gaps across the organisation.







### Indicator 3

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

- 2022's data shows a continued improvement in this indicator, with BAME staff 1.65 times more likely (relative to white staff) to enter a formal disciplinary process. This is down from 2.54 in 2020 and 1.82 in 2021.
- Whilst this is notable improvement, it is still higher than that of white staff. There is work still to be done to ensure responsible and fair decision within the disciplinary process at the organisation.
- The numbers of BAME staff entering the disciplinary process is down from 57 in 2021 to 26 in 2022.
- The number of white staff has reduced significantly from 32 in 2021 to 15 in 2022.
- The majority of disciplinary cases are against staff members in lower bands, with 41% of current cases being in a Band 2 and 19% being in a Band 5.
- The Case Review Panel which was introduced in 2021 has rejected 17 disciplinary cases for not meeting the threshold. Of these 17 cases, 11 were BAME staff members and 6 were white staff members.

#### Action taken and planned:

In 2020, SGUH introduced a centralised Employee Relations team to streamline processes and offer a centre of excellence in respect of employee relations casework at the Trust. In 2022, it was agreed that a review of the model (and that at ESTH) would be undertaken to consider the operating model and make a set of recommendations that will seek to offer assurance on accessibility, quality and governance of ER casework. The review was commissioned in February 2022 and in June 2022 the finalised report was shared with the Group Chief People Officer. The report and the recommendations will be reviewed and discussed with the senior management team, and an implementation plan subsequently agreed.









### Indicator 4

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

This year we see an increase in all staff groups accessing non-mandatory training and continuing professional development. This brings us closer to our performance in 2020 following a significant reduction in 2021, likely due to the increased pressures of the COVID-19 pandemic.

- For BAME staff, we see the greatest increase in the likelihood of accessing non-mandatory training and CPD from 25% 2020 to 30% in 2021.
- For White staff, the likelihood of accessing non-mandatory training and CPD is 29%, a 3% increase from 26% in 2021.
- Overall; across all ethnic groups, including 'unknown', we see an average of 4% increase in staff accessing non-mandatory training and CPD.

	2020				2021		2022			
	White	BAME	Unknown	White	BAME	Unknown	White	BAME	Unknown	
Number of staff in workforce	4538	4098	294	4464	4336	354	4495	4817	296	
Number of staff accessing non- mandatory training and CPD	1675	1444	84	1142	1076	60	1324	1444	62	
Likelihood of staff accessing non- mandatory training and CPD	37%	35%	29%	26%	25%	17%	29%	30%	21%	
Relative likelihood of white staff accessing compared to BAME staff	1.05			1.03			0.98			



### Indicator 5

% of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

- There is a 4 percentage point reduction in the number of BAME staff experiencing harassment, bullying or abuse (HBA) from patients, relatives or the public in this reporting period, from 27.3% in 2020 to 23.3% in 2021.
- For white staff we see a slight reduction from 31.1% to 29.8%, however, the gap between white and BAME staff has increased further with white staff reporting higher rates (+6.5 % points) of HBA from this user group.
- Compared to the benchmark group, both white and BAME staff at St George's reported lower rates of HBA for the second year.
- This goes against the national trend where rates of HBA from this user group, for both white and BAME staff, have increased for the second year.

100 90 Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months 80 70 60 50 40 30 20 10 0 2017 2018 2019 2020 2021 White: Your org 33.6% 34.4% 33.0% 31.1% 29.8% 28.4% 27.1% 27.4% 27.3% BME: Your org 23.3% White: Average 27.1% 27.1% 27.7% 25.4% 26.5% **BME:** Average 27.5% 28.8% 29.5% 28.0% 28.8% 2,362 2.486 2.621 2.524 2.484 White: Responses 1.554 1,902 1,904 2,034 1,702

% of BAME staff experiencing harassment, bullying or abuse from patients/relatives or the public

BME: Responses 1,554 Average calculated as the median for the benchmark group



### Indicator 6

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

- For the third year in a row we see a reduction in both BAME and white staff reporting experiencing harassment, bullying or abuse (HBA) from staff in this reporting period.
- For BAME staff at St George's this has reduced by 4.2% points from 30.1% in 2020 25.9% in 2021.
- For white staff this has reduced by 3.7% points.
- An average of 28.5% of BAME staff within our benchmark group (UK acute trusts) report experiencing HBA from other staff, this compares to 25.9% for BAME staff at St Georges.
- St George's staff, both BAME and white, report experiencing lower rates of HBA from other staff compared to the national average.



Average calculated as the median for the benchmark group



### Indicator 7

% of staff believing that trust provides equal opportunities for career progression or promotion

- 42.1% of 'BAME' staff felt the organisation provides equal opportunities for career progression or promotion. This follows a continued upwards trend since 2018.
- This compares to 51.7% of white staff, but in contrast, satisfaction here has reduced by 4.7% points from 56.4% in 2020.
- The perception of both groups to closer together is than in previous reporting years, with a variance on 9.5% compared to 15.3% in 2020.
- Nationally, BAME staff satisfaction in this indicator has reduced annually, this is in contrast to the increase in satisfaction reported by BAME staff at St George's.
- Whilst the gap is reducing, BAME staff at St George's still feel less confident compared to the BAME staff nationally.



Average calculated as the median for the benchmark group



### Indicator 7

% of staff believing that trust provides equal opportunities for career progression or promotion

- There are significant variances in how staff from different ethnic groups perceive fairness with regards to career progression and promotion particularly when looking at the different ethnic groups within the 'BAME' umbrella (see table F).
- The perception of black staff continues to be significantly poorer than that of the wider BAME category. Overall, only 30% of Black respondents believe the organisation acts fairly with regards to career progression, which is notably lower than the 42% for 'BAME Overall' and 52% for White respondents.
- These variances reinforce the importance of recognising the varied experiences of individual minority ethnic groups, and the importance of responding with appropriately tailored interventions to improve the experiences of staff from different ethnic backgrounds.



### **Indicator 8**

% of BAME staff that personally experienced discrimination at work from a manager, team leader or colleagues

- In 2021, 16.6% of BAME staff completing the staff survey indicated that they had experienced discrimination at work from a manager, team leader or colleague. This has reduced by 1.4% points since last year.
- For white staff, this has increased slightly from last year at 8.9%.
- BAME staff continue to report experiencing higher rates of discrimination, almost twice as likely based on the survey responses in 2021.
- Compared to the benchmark group, both BAME and white staff at St George's report lower rates of discrimination.



Average calculated as the median for the benchmark group



### **Indicator 8**

'% of BAME staff that personally experienced discrimination at work from a manager, team leader or colleagues

- In 2021, 64% of staff that reported experiencing discrimination indicated that it was based on ethnicity, this compares to 67% in 2020.
- This suggests there were at least 594 individual instances of racial discrimination in the 12 month period covered by the 2021 Staff Survey.
- As an organisation (for all ethnicities including white) we are closer to the 'worst' performing acute Trust than we are to the 'average' nationally (see below).







## Workforce Race Equality Standard (WRES) Indicator 9

% of board members by ethnicity compared to BAME workforce

As at 31 March 2022, the Trust Board of Directors comprises 16 members, 3 of whom identify as BAME (one non-executive director, one associate non-executive director, and one executive director).

Of this, the Board comprises 11 voting members, 7 of which are non-executive director and 4 are executive directors. Of the 11 voting members of the Board, 3 voting Board members identify as BAME. This means BAME staff are 31.4% under-represented at Board level, white staff are 34.5 over-represented.

Compared with the position at 31 March 2021, there has been a reduction of two Board member who identify as BAME. This was due to the departure of two acting Board members who shared the role of Chief People Officer.

The number of white and BAME non-executive directors has remained unchanged over the past year.

During 2021/22, the Trust formed a hospital group with its neighbouring Trust, Epsom and St Helier University Hospitals NHS Trust. As part of this, a new Executive team was appointed from the two existing executive teams to lead the group. As this was an internal restructure, posts were not externally advertised.

The Trust is appointing to one non-executive director and one associate non-executive director roles to take up position from mid-January 2023 and is working closely with the appointed search firm to ensure that a diverse field of candidates is identified. The Trust is committed to appointing to ensuring future appointments to all Board level roles (executive and non-executive) are appropriately targeted to ensure a diverse range of candidates.





18

Outstanding care every time

## Workforce Race Equality Standard (WRES) BAME Staff Network Report

Across 2021/21 our BAME staff network has grown to 250 members and continues to attract staff members that are keen to support and work with the network and trust to improve the experience of staff from Black, Asian and Minority Ethnic communities.

Following a recent election cycle the network appointed to all network roles. This includes a chair, co-vice chairs, co-communications and secretary roles. The leadership is reflective of the membership and is supported by the D&I team and their Executive sponsors – our Chief Exec Officer and our Chief Corporate Affairs Officer.

During the pandemic membership stabilised due to reduced capacity for meetings, however membership and activities of the group have increase across the last 12 months. The network meets virtually on a bi-monthly basis with face to face meetings soon to be re-introduced as limited IT access has impacted some members ability to participate regularly.

Network meetings have moved recently to a *single topic* agenda where individual topics are focused on and offer an opportunity to look into the detail. Topics include career progression and promotion, grievance and disciplinary procedures. Following the initial deep dive the network will revisit the topic later in the year to establish what progress has been made.

In addition to the network meetings, the BAME network leadership team meets bi monthly to plan meetings, activities and strategy for the year. The leadership team also meets regularly with the D&I Team and their Executive sponsors.

#### Specifically, the network works to;

- Facilitate discussions of issues and concerns raised by members
- · Update members on initiatives and developments in regards to BAME staff
- Recognise and celebrate key cultural and faith dates (as agreed by members).
- · Promote improved career and developments opportunities,
- Identify and highlight systemic issues and practices that hinder BAME staff, particularly around bullying, harassment, training and development, and promotion and progression.
- Provide a forum for members to hear about trust strategies, action plans, processes and policies that impact BAME staff and the wider workforce.



### BAME Staff Network Report

Activities and Areas of Focus

#### Culture, Equity and Inclusion (CEI) Board

Our BAME Network chair is a member of our Culture, Equality and Inclusion Board and attends monthly. This supports the network actively contributing to the discussions on values, culture, organisational developments and D&I activities and progress.

#### **WRES Indicators**

The network works to ensure a continued focus on inclusion and raises concerns around the slow progress and a lack of improvement in relation to the BAME representation at senior bands, particularly Band 8b-9 and VSM. Whilst there has been some progress in lower junior management levels (Bands 6 and 7), we have not seen improvements above.

This is in contrast with the number of BAME staff employed at Band 5 and below. In addition, the recent statistics indicates that BAME staff are now over 50% of the workforce yet represent a very small proportion of our organisation's leadership.

White staff are more likely to be shortlisted and employed in the recruitment process and the network continues to press for changes to this process to remove possible bias.

Our members continue to raise concerns around the disproportionate number of BAME staff entering the disciplinary process and the extended length of time investigations often take.

Concerns with poor management practices remains a theme.

20

#### **Culture Change Programme**

As well as contributing to the CEI Board, the network has participated in working groups as part of the organisations Culture Change Programme. This includes feeding into discussions, strategy, and draft framework. This is a particularly important programme and aligns closely with the networks aims to see an improved and inclusive culture at the organisation. The network are very active and provided ideas and suggestions into working groups that feed into draft frameworks.

#### **Awareness Events**

In collaboration with the D&I team, our trust catering team and St George's Charity, the network has celebrated the following events across the last year.

- Black History Month
- Diwali
- Eid and Ramadan
- Chinese New Year
- Easter
- · World Cultural Diversity and Dialogue Day

These events included panel-based discussions, questions and answers sessions, talks provided by key speakers such as David Olusoga (in partnership with ESTH), culture dance and awareness session, food stalls, give aways / goodie bags / iftar bags. In addition, feedback has been gathered on key issues and proposed priorities suggested by members and event attendees. Key representative from across the organisation have supported these events, most recently, our new Group Chief Nurse, and first Black chief nurse, Arlene Wells, spoke to the importance of empowering each other and representation in the NHS.



### **Workforce Race Equality Standard (WRES)** BAME Staff Network Report Activities and Areas of Focus

#### Presentation to Chairman and CEO

In June 2021 the BAME Network Chair presented to representatives of the board regarding their existing priorities and concerns within the Trust. In addition to areas mentioned in this network report, issues were raised regarding exit interviews and mapping why staff are leaving, particularly those from the BAME community. This would enable the trust to better understand and improve areas of poor practice, behaviour etc. and retain talented BAME staff that currently leave the organisation within 1 year of joining.

The network also raised the need to have SMART objects / actions as issues seem to be the same each year with marginal changes. As well as promoting collaborative working and learning from other NHS organisations. Finally, a discussion was had regarding improving representation within senior leadership roles, particularly band 8d, 9 and VSM.

#### **Promotion and Progression**

The network continues to see promotion and progression as their principal priority for the year. BAME members previously requested BAME representatives on recruitment boards and therefore welcome the introduction of Recruitment Inclusion Specialist (RIS) on recruitment panels. Members have signed up to the scheme, attended the training and now sit on recruitment panels and will continue to support, challenge, and seek to improve the recruitment process. There remains a disparity between the numbers of BAME staff applying and being appointed. The RIS scheme does help to improve this however there is still more that needs to be done. Our BAME chair was recently invited to attend the D&I 'RIS Train the Trainer session' and will be supporting the recruitment and training of future RIS panel members. Another area of focus will be the need to take a broader approach regarding advertising and talent spotting, to attract BAME talent.

21

#### **Bullying and Harassment**

As identified in the WRES report BAME staff are still receiving disproportionately poor treatment in the workplace. The network continues to strive to see this disparity addressed, including looking at staff management, favouritism, training, and empowering staff. D&I hosted several Active Bystander Training sessions which many BAME members have attended. The training provided useful tools and approaches to assist staff in to responding to inappropriate behaviour in the workplace.

The group aim to see an improvement in the progression and timeliness of grievances, whether informally or formally, so that effective solutions can bring real change as long procedures add to the tension in the workplace. We are striving for fairness in the disciplinary process so that the number of BAME staff that enter the process continues to reduce as this is disproportionate in relation to their white colleagues.

The BAME network continues to work with the Speak Up Guardian with one of our members recently becoming a named Speak Up Champion for BAME staff. The new Speak Up training module has been well received and welcomed by members.

#### Career development and training opportunities

Network members have shared that they struggle to attend training courses and opportunities for development. There is a greater need for courses around interview skills and preparedness for promotion. The D&I Team and Head of Learning and Development recently conducted a training needs analysis with each staff network. This has been a good opportunity for the BAME leadership to share this thoughts and requests in regard to development needs for the network and its members. Members responded to a recent EDI survey to ascertain needs. We are mindful however that many BAME staff are already highly qualified and highly trained and often over qualified for posts they apply for so understand that this is only part of the solution regarding progression and promotion.

