

# Workforce Race Equality Standard (WRES) - 2021 Report and Action Plan

Author(s):	VHG EDI Team
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## 1. Introduction

Over 2021 and beyond Vita Health Group continued to attempt to improve the experience of colleagues from racially minoritised communities. This work has focussed on areas identified in our 2020 WRES action plan.

Key successes included the review and roll out of new EDI informed recruitment policies and procedures, the implementation and promotion of our Zero Tolerance policy and updated procedures on Speaking Up. The business has also continued to invest in colleague networks, including a specific Race Equality Network and has rolled out a new mentoring programme with steps taken to ensure equitable access for colleagues of all backgrounds. The business has also invested in training for managers around Equality Diversity and Inclusion, including elements covering race and ethnicity.

Not all objectives from our 2020 plan have been achieved and the business recognises the need to redouble its efforts to ensure tangible improvements for colleagues of racially minoritised backgrounds.

The WRES continues to be a key tool for analysing ethnicity in the workforce, providing a snapshot of experiences and outcomes at a point in time.

Our 2021 results, although delayed in their release, provide us with a clear indication of ongoing disparities in access to career opportunities and treatment in the workplace.

## 2. Language

Descriptions and classifications can be helpful for monitoring and identification purposes, and this is the case when looking at inequalities or discrimination that may be faced by people based on their ethnicity.

Historically the terms Black, Asian and minority ethnic (BAME) or Black and minority ethnic (BME) have been used to define groups or people who collectively are not white. It is recognised that these terms cover a wide range of people who have a diverse range of needs and experiences, so it can be problematic to conflate into a solitary group. There has also been growing discomfort within the organisation, highlighted by our Race Equality Network, about the use of the terms.



On this basis where possible we are moving to using more appropriate terms such as racially minoritised; people who experience racism or terms that define specific groups, such as Black Caribbean or Southeast Asian. This decision was made in consultation with our Race Equality Network.

We recognise that language changes and there currently is not a consensus view on this, so we will continue to review regularly as a business and welcome feedback.

### 3. Method

The WRES requires NHS organisations and including independent service providers to self-assess against nine indicators (see appendix 1) of workplace experience and opportunity.

Four indicators relate specifically to workforce data, four are based on data from the national NHS colleague survey questions, and one considers racially minoritised colleague representation on boards. Vita Health Group collects this data via its annual colleague survey.

Feedback on the findings was gathered from the wider business, with all colleagues invited to participate in focus groups to comment and co-develop improvement actions. We note however that the level of engagement with such focus groups could be improved. Vita Health Group's Race Equality Network have also been formally consulted as part of the process.

### 4. Findings

The full dataset for 2021 is in appendix 2. However, key findings are outlined below.

- 15.8% of the VHG workforce is from racially minoritised communities. This is in line with the wider England and Wales population mix but is behind NHS Trusts who average greater levels of ethnic diversity (22.4%).
- VHGs proportionate ethnic diversity has increased by 50% since 2020. However, this may be more related to a higher number of colleagues feeling comfortable to share their ethnic background, rather than a true increase. This could be inferred from the reduction in “unknown” or “prefer not to say” categories.



- There is a significant under representation of racially minoritised colleagues in clinical and non-clinical senior and very senior management roles – this extends to board level representation.
- No disparity on the grounds of ethnicity was identified in the likelihood of entering formal disciplinary proceedings.
- Percentage of colleague experiencing bullying, harassment or abuse from patients, relatives, or the public in last 12 months reduced in comparison to 2020 across all groups. However, scores overall remain too high with 20.9% of racially minoritised colleagues and 19.3% of white colleagues experiencing these issues.
- Racially minoritised colleagues were twice as likely (5.5%) to experience discrimination from a manager/team leader and other colleagues than White colleagues (2.6%). This represents an increase for both groups vs. the last reporting period.
- There was a marginally lower likelihood of racially minoritised colleagues (0.2) accessing non-mandatory training vs. white counterparts (0.3).
- There has been an overall increase in racially minoritised colleagues' perception of equal opportunities, 53.9% to 67.8% however this still lags white colleagues who score 78% on this metric.

VHG is focussed on the areas where the data does not represent appropriate workforce diversity or experience and are committed to using this information to identify opportunities for improvement and address highlighted issues.

## 5. Limitations

### Data Issues

Overall, our data collection has improved in comparison to the prior year. However unfortunately, it has not been possible to report on likelihood of appointment due to data issues within our Applicant Tracking System. Work is underway to improve our data collection at the point of application to improve compliance in this area.

### Delayed Reporting

Our 2021 report has been delayed in its release, however VHG felt it was important to ensure transparency and not omit reporting this year or roll over into the next period. Due to timings and proximity to our 2022 reporting, it is likely that actions from our 2021 data will remain relevant and will continue to be worked through over 2022-23.



## 6. Conclusion

Vita Health Group recognise and acknowledge that the 2021 WRES results and subsequent findings present areas of marginal improvement.

However, we are still not delivering on our ambition to have representative workforce or guarantee equal opportunities and experience for our colleagues irrespective of their background.

Vita Health Group continues to be committed to making improvements and positive changes for our racially minoritised colleagues, which will also bring wider benefits to the organisation. This will require further investment and more targeted measurable action.

## 7. Actions taken to date

To date, Vita Health Group has taken important steps in respect to issues around race equality, including:

- Full review recruitment process with the rollout of full suite of EDI informed recruitment policies
- Ongoing support of the VHG Racial Equality Network
- Development of microaggressions (focussing on race/ethnicity) training
- Expansion of Equality, Diversity, and Inclusion team
- Engagement with national race equality awareness campaigns – Race Equality Week

## 8. Engagement and Communication Plan

We want to ensure that we use this data effectively and build on the progress taken to date, evaluating the information, and using this intelligence to inform the actions taken.

The following action plan and timetable will guide next steps.

Action	Who Responsible	When
Full review and analysis of WRES matrices and identification of potential actions	EDI Team	July 2022
Consultation, engagement, co-production and sign off solutions with Vita Race Equality Colleague Network	Race Equality Network Lead/Co-Ordinator	July 2022



Feedback to Executive Management Team and agree next steps	EDI Board Lead	July 2022
Publish agreed next steps/ actions on our website	EDI Lead	Aug 2022
3-month review on actions, and collection and review process to begin for 2022 data collection.	EDI Team	October/November 2022

## 9. Analysis – 2021/22

WRES Objective	What is the issue we need address?	What has been done/ what are we doing already?	What is already in the pipeline?	What else should we be doing/considering?
<b>Racially minoritised colleague representation at different levels of seniority in the organisation</b>	<p>There has been an increase at very senior management levels vs. prior years but a significant under representation in non-clinical roles senior and very senior management roles remains.</p> <p>Significant under representation in clinical senior and very senior management roles.</p> <p>Strong representation in support and mid-level clinical roles,</p>	<p>New EDI informed recruitment policies and procedures in place are now being monitored.</p> <p>Workforce representation reporting by Ethnicity.</p> <p>Companywide mentoring program in place with equitable access irrespective of background.</p> <p>Ongoing support of VHG Race Equality Network to gauge needs and support requirements for racially minoritised colleague members.</p> <p>Commitment to internally advertising roles for minimum period.</p>	<p>Consideration of more targeted mentoring/coaching scheme/interventions for racially minoritised colleagues.</p> <p>Clearly publish career progression pathways.</p> <p>Use of targeted recruitment platforms.</p>	<p>Implementing representation targets as per People Plan.</p> <p>Advertise roles on a more diverse range of platforms.</p> <p>Reverse Mentoring for hiring managers.</p> <p>Highlight colleague networks on website.</p> <p>Externally promote diversity that already exists in the business at senior level, inc. career journeys.</p> <p>Apprenticeship scheme that then feeds into higher positions within the organisation.</p> <p>Promotion of external mentoring schemes.</p>



	as well as apprentices.			
<b>The likelihood of colleagues being appointed from shortlisting if they are racially minoritised or White</b>	No data available in 2021 due to systems limitations	<p>As above</p> <p>Shortlisting review workshop training</p> <p>Updated shortlisting guidance – including positive action justification</p> <p>Vacancies restricted to internal applicants for 1 week to target known inequality racially minoritised colleague shortlisting, giving underrepresented colleagues a better chance of being visible/shortlisted/appointed if not competing with external applicants</p>	<p>Review of ATS data collection limitations.</p> <p>Plans to improve applicant EDI data collection.</p> <p>Unconscious bias training.</p>	<p>Audit existing interview panel diversity</p> <p>Interview prep support for underrepresented groups</p> <p>Advertising and promoting internal roles within team meetings/121s.</p>
<b>The likelihood of colleague entering the disciplinary process if they are racially minoritised or White</b>	Data did not identify any issues with increased likelihood for racially minoritised colleagues and reflected positively here. Need to	Raising awareness of policies that would mitigate the likelihood of disparity in the use of disciplinary process (e.g., Zero Tolerance Policy) - Further training for managers on EDI considerations (e.g., GOALS	Ongoing monitoring of data – 2022 colleague survey	<p>Monitor colleague attrition rates to understand if colleagues from ethnic minorities are leaving at higher rate and at lesser length of service.</p> <p>Use exit interviews to identify trends and reasons for racially minoritised colleague leaving</p> <p>Unconscious Bias training</p>



	consider how we continue this positive trend.	training, updated mandatory training)  Made support available to managers and colleagues from EDI team to help develop understanding re issues and provide support and direction to problem solve and move forward		
<b>The likelihood of colleague accessing non-mandatory training for racially minoritised colleague in comparison to White colleagues</b>	Marginally lower likelihood of racially minoritised colleagues (0.2) accessing non-mandatory training vs. white counterparts (0.3). Colleagues who prefer not to say were more likely to access training. (0.8)	Roll out of companywide mentoring scheme  Increased range of non-mandatory training available.	Ongoing monitoring of data – 2022 colleague survey  Identification of training and potential funding for the progression of racially minoritised colleagues  Promotion of external targeted opportunities (E.g., NHS Leadership Academy – Positive Action Programs, CSP Leadership Development Program)	Allocated monthly CPD time.  Reinforce People Plan goal of managers supporting teams to access learning.
<b>Percentage of colleague experiencing harassment, bullying or abuse from patients, relatives, or</b>	Colleagues from a racially minoritised backgrounds are marginally more likely than their white counterparts (20.9% vs. 19.3%) to experience	Zero Tolerance Policy and process  Zero Tolerance Equality training to supervisors and managers	Implementation of new 121 process to provide opportunities for colleague to speak up	Speak up guardians to build direct route with Race Equality Network.  Provide REN (and wider company), further guidance on management of cases where issue is with colleague or manager.





<p><b>the public in the last 12 months</b></p>	<p>harassment bullying or abuse that those from patients, or members of the public. This is a significant 13.7pp reduction on 2020 scores.</p>	<p>Promotion of Zero tolerance process on the intranet</p> <p>Micro aggression training</p> <p>Solidarity statement on the website</p> <p>Promotion and championing through CEO</p> <p>Email signature Zero Tolerance statement</p> <p>Raise awareness of freedom to speak up process</p> <p>Goals EDI training awareness for managers</p> <p>Freedom to Speak Up policy and procedures</p>		
<p><b>Percentage of colleague experiencing harassment, bullying or abuse from colleague in the last 12 months</b></p>	<p>Racially minoritised colleagues experiencing bullying, harassment or abuse from colleagues has increased by 2.17pp over the last year. Racially minoritised colleagues are more than twice as likely to experiencing</p>	<p>Freedom to speak up process established</p> <p>New Appraisal process launched including manager training with an increased focus on 121 support and enquiry around wellbeing</p> <p>Goals EDI training awareness for managers</p>	<p>Review of grievance process</p> <p>Roll out of microaggressions and race inequality training</p> <p>Promote freedom to speak up process</p>	<p>Further promote zero tolerance policy internally and externally.</p> <p>Review appraisal process to identify were information regarding harassment or bullying goes when it is brought to appraisals.</p>



	harassment, bullying, or abuse from colleague than White colleagues.			
<b>Percentage believing that Vita provides equal opportunities for career progression or promotion</b>	There has been an overall increase in racially minoritised colleague perception of equal opportunities, 53.9% to 67.8% however this still lags white colleagues who score 78% on this metric	<p>Review of Recruitment practices across the Business and launch of new process and procedures.</p> <p>Mentoring and coaching programme launched</p> <p>Vacancies limited to internal applicants initially to improve chances of racially minoritised colleagues being successful re promotion and career progression as not competing with external applicants</p>	<p>Ongoing monitoring of data – 2021 colleague survey</p> <p>Consideration of introduction of grading/ banding</p> <p>Improve communication of career pathways</p> <p>Pro</p>	Externally promote diversity that already exists in the business at senior level, inc. career journeys.
<b>In the last 12 months have you personally experienced discrimination at work from managers/ team leader or other colleagues</b>	2.62% of white colleagues experienced discrimination in comparison racially minoritised colleagues who were twice as likely 5.45% to experience discrimination. This represents and increase for both	<p>Zero Tolerance Policy and process</p> <p>Zero Tolerance Equality training to supervisors and managers</p> <p>Promotion of Zero tolerance process on the intranet</p> <p>Microaggressions training</p>	<p>Ongoing monitoring of data – 2021 colleague survey</p> <p>Development of microaggressions and race inequality training</p>	<p>Improve links between freedom to speak up guardians and network, directly highlighting how support can be accessed.</p> <p>Promote zero tolerance policy.</p>



	groups vs. the last reporting period.	<p>Solidarity statement on the website</p> <p>Promotion and championing through CEO</p> <p>Email signature Zero Tolerance statement</p> <p>Addressing issues of Zero Tolerance where relevant</p> <p>Freedom to speak up policy launched</p>		
<b>Percentage difference between the organisations' Board voting membership and its overall workforce</b>	15.8% of Vita's workforce as of 31st March 2021 were from racially minoritised backgrounds, this falls to 12.5% for board voting membership.	<p>New recruitment policy and procedures in place</p> <p>Companywide mentoring program</p>	Ongoing monitoring of data – 2022 colleague survey	<p>Representation targets.</p> <p>Advertise roles on a more diverse range of platforms.</p> <p>Reverse Mentoring for hiring managers.</p> <p>Highlight colleague networks on website</p> <p>Externally promote diversity that already exists in the business at senior level, inc. career journeys.</p> <p>Apprenticeship scheme that then feeds into higher positions within the organisation.</p> <p>Promotion of external mentoring schemes.</p>

## 10. APPENDICIES



## 1. WRES Indicators – reproduced from NHS Workforce Race Equality Standard (WRES), 2021

<b>Workforce indicators</b> For each of the four workforce indicators, <i>compare the data for white and BME staff</i>	
1	Percentage of staff in each of the AfC Bands 1-9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by: <ul style="list-style-type: none"> <li>• Non-clinical staff</li> <li>• Clinical staff, of which <ul style="list-style-type: none"> <li>– Non-medical staff</li> <li>– Medical and dental staff</li> </ul> </li> </ul> <i>Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.</i>
2	Relative likelihood of staff being appointed from shortlisting across all posts <i>Note: This refers to both external and internal posts</i>
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation <i>Note: This indicator will be based on data from a two-year rolling average of the current year and the previous year.</i>
4	Relative likelihood of staff accessing non-mandatory training and CPD
<b>National NHS Staff Survey indicators (or equivalent)</b> For each of the four staff survey indicators, <i>compare the outcomes of the responses for white and BME staff</i>	
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
<b>Board representation indicator</b> For this indicator, <i>compare the difference for white and BME staff</i>	
9	Percentage difference between the organisation's board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> <li>• By voting membership of the board</li> <li>• By executive membership of the board</li> </ul>

## 2. 2021 WRES Data

Indicator	Data item	Measure	31st March 2021
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				White	BME	Ethnicity Unknown
Number of colleagues in each of pay bands or medical subgroups and VSM (including executive Board members)		Non-Clinical Workforce				
	1	Support	Headcount	179	26	18
	2	Middle	Headcount	12	2	2
	3	Senior	Headcount	36	2	4
	4	VSM	Headcount	11	1	1
		Clinical Workforce				
	1	Support	Headcount	417	96	42
	2	Middle	Headcount	71	20	2
	3	Senior	Headcount	29	4	1
	4	VSM	Headcount	0	0	0
	1	Trainees	Headcount	69	19	12
			<b>TOTAL</b>		824	170
Relative likelihood of colleague being appointed from Shortlisting across all posts	1	Number of shortlisted applicants	Headcount			
	2	Number appointed from shortlisting	Headcount			
Relative likelihood of colleague entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	1	Number of colleagues entering formal disciplinary	Headcount	0.0	0.0	0.0
Relative likelihood of colleague accessing Non mandatory training	1	Number of colleagues accessing Non training and CPD	Headcount	0.3	0.2	0.8
Percentage of colleague experiencing Bullying, harassment or abuse from patients, relatives, or the public in last 12 months	1	% Percentage of colleague experiencing Bullying, harassment or abuse from patients,	Headcount	19.3%	20.9%	23.2%



		relatives, or the public in last 12 months				
Percentage of colleague experiencing Bullying, harassment, or abuse from colleague members in last 12 months	1	% Of colleague experiencing Bullying, harassment, or abuse from colleague members in last 12 months	Headcount	3.3%	7.3%	5.4%
Percentage believes that the trust provides equal opportunities for career progression or promotion	1	% Believes that the trust provides equal opportunities for career progression or promotion	Headcount	78.1%	67.9%	45.7%
In last 12 months have you personally experienced discrimination at work from manager/team leader and other colleagues	1	% Of colleague who personally experienced discrimination at work from manager/team leader and other colleagues	Headcount	2.6%	5.5%	12.5%
Percentage difference between the organisations' Board voting membership and its overall workforce.	1	Total Board Members: Voting Board Members	Headcount	7	1	0
	2	Total Board Members: Non-Voting Board Members	Headcount	7	1	0
	1	Total Board Members: Exec Board Members	Headcount	12	1	0
	2	Total Board Members: Non-Exec Board Members	Headcount	5	0	0



Number of colleagues in overall workforce		Headcount	824	170	82
1	Total Board Members - % by ethnicity	%	87.50%	12.50%	0.00%
2	Voting Board Members - % by ethnicity	%	87.50%	12.50%	0.00%
3	Non-Voting Members - % by ethnicity				
4	Exec Board Members - % by ethnicity	%	92.30%	7.70%	0.00%
5	Non-Exec Board Members - % by ethnicity	%	100.00%	0.00%	0.00%
6	Overall workforce - % by ethnicity	%	76.60%	15.80%	7.60%
7	Difference (Total Board - Overall workforce)	%	12.30%	-4.70%	-7.60%

