

Workforce Race Equality Standard			
Meeting	Trust Board	Date	3 <sup>rd</sup> September 2020
<b>Summary of Report</b>			
The paper contains a short summary of last year's National and this year's Trust results for this year's Workforce Race Equality Standards (WRES)			
<b>Headlines</b>			
<ul style="list-style-type: none"> <li>• Access to non-mandatory &amp; CPD training for BAME staff remains higher than for white staff.</li> <li>• BAME staff are less likely to enter a formal disciplinary process than white staff.</li> <li>• There has been an improvement in the number of BAME candidates who have been appointed following shortlisting.</li> <li>• BAME staff continue experiencing harassment, bullying or abuse from staff, and experiencing discrimination from staff and managers</li> <li>• There are no Board Members who are BAME</li> </ul>			
The WRES data in appendix B is required to be reported by the 31 <sup>st</sup> August 2020			
For Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
		Discussion & input	<input type="checkbox"/>
		Decision / approval	<input checked="" type="checkbox"/>
<b>Executive Lead</b>	Jude Gray, HR Director		
<b>Author</b>	Suzie Allison-Green, HR Business Partner		
Author contact details	<a href="mailto:s.allison-green@nhs.net">s.allison-green@nhs.net</a>		
<b>Risk Implications - Link to Assurance Framework or Trust Risk Register</b>			
Risk(s) Ref	Risk(s) Description	Risk(s) Score	
<b>Legal / Regulatory / Reputation Implications</b>	Equality Act 2010		
<b>Link to relevant CQC Domain</b>			
Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
		Caring	<input type="checkbox"/>
		Responsive	<input type="checkbox"/>
		Well Led	<input type="checkbox"/>
<b>Link to relevant Trust Commitment</b>			
<b>Consultations / other committee views</b>			
Executive Committee (August 2020)			
Performance, People and Place Committee (August 2020)			
Patient Quality Committee (August 2020)			
Equality and Human Rights Group (September 2020)			

### Recommendations / Decision Required

- (a) That this year's WRES results are noted
- (b) That the draft action plan is discussed and agreed

## 1. Description of the issue

The Workforce Race Equality Standard (WRES) annual report publishes data from providers of NHS-funded care, including the voluntary and private sector, to demonstrate how they are addressing equality issues.

NHS England is supporting the WRES programme to identify and share best practice building on what trusts are doing to improve in key areas. There are nine WRES indicators, including four relating to the workplace covering recruitment, promotion, career progression and staff development, as well as one which specifically measures the BAME representation at board level. The remaining four indicators are based on data from the NHS staff survey 2019, covering harassment, bullying or abuse from managers, colleagues, patients, relatives or the public.

Data in the WRES report is based on information captured from the NHS Staff Survey completed in the Autumn of 2019, and self-assessed performance against the national indicators. It includes regional breakdowns of performance, and ranks trusts where data suggests practice is above and below average. The report also sets out early lessons on what organisations that are starting to see continuous improvement in tackling discrimination, are doing to achieve this success.

The WRES report gives detailed baseline data regarding workforce race equality in specific organisations. The evidence points to BAME staff not having a voice as they are absent at leadership levels or bullied disproportionately to the rest of the workforce. This is not acceptable and providers of NHS services and system partners need to improve in a planned and sustained way.

Yvonne Coghill, Director, Workforce Race Equality Standard (WRES) at NHS England and NHS Improvement said: *“This report highlights the enormous amount of work that has been done to improve the experiences of black and ethnic minority staff in the NHS and it also shows clearly we need to do more to become a fully inclusive, equitable and fair employer.”*

The aim is for results to be published annually in order to support organisations, particularly those with lower scores, to continuously improve standards. Trusts can compare their performance with others in the same region or providing similar services.

## 2. National Picture

The national results demonstrate a positive change in a range of areas including an overall increase of BAME staff across the NHS compared with the previous year; an increase in BAME representation at very senior management (VSM) and executive board level; and an increase in BAME nurses, midwives and health visitors in band 6 and above. While these increases are welcome, there is still much work to be done and the scale of the opportunity should not be underestimated:

Black, Asian and Minority Ethnic (BAME) staff in the NHS, 2019 – scale of the opportunity;

<p>1.4 million people work in the NHS</p> <p>20% staff from BAME backgrounds</p> <p>28% GPs from BAME backgrounds</p> <p>40% of Hospital Doctors are from BAME backgrounds</p> <p>21% Nurses and Midwives (qualified and unqualified) rising to more than 50% in London</p>	<p>BUT</p>	<p>8 BAME CEOs (from ~227 Trusts)</p> <p>10 Chairs</p> <p>10 Executive Directors of Nursing</p> <p>37 Medical Directors</p> <p>Less than 6% very senior managers from BAME backgrounds</p> <p>7% BAME board representation</p>
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The national report also showed an increase in discrimination against BAME staff and a much lower percentage of BAME staff compared to white, believing their organisation provides equal opportunities for promotion of staff.

### **Key findings from the National 2019 Workplace Race Equality Standard report:**

- In 2019, 19.7% of staff working for NHS Trusts and Clinical Commissioning Groups (CCG's) in England were from a BAME background; this has been increasing over time.
- WRES indicators relating to staff perceptions of discrimination, bullying, harassment and abuse and on beliefs regarding equal opportunities in the workplace have not changed for both BAME and white staff.
- Across all NHS Trusts and CCGs, there were 16,112 more BAME staff in 2019 compared to 2018.
- The relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff was 1.15. This remained the same as last year.
- The total number of BAME staff at very senior manager (VSM) pay band has increased by 21, from 122 in 2018 to 143 in 2019 and is up by 30% since 2016.
- 8.4% of board members in NHS Trusts were from a BAME background; an improvement from 7.4% in 2018 and 7.0% in 2017.
- White applicants were 1.46 times more likely to be appointed from shortlisting compared to BAME applicants; a similar figure to that reported in 2018 and an improvement on the 1.60 times gap in 2017 and 2016.
- The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff has reduced year on year from 1.56 in 2016 to 1.22 in 2019

### **3. Trust Action Plan 2019/20**

Following the results of the WRES information in 2018, an action plan was developed using the information to inform what should be a priority for the Trust. The main areas of focus for improvement were;

- Reporting of ethnicity
- Likelihood of BAME staff being appointed from shortlisting – improved to 1.27 from 1.59
- Reduction of harassment, bullying or abuse from manager or colleagues – reduced from 9.3% to 8.8%
- Reduction of harassment, bullying and abuse from patients, relatives or the public (remained the same) and
- Equal opportunities for career progression and promotion – increased from 67.7% to 72.5%

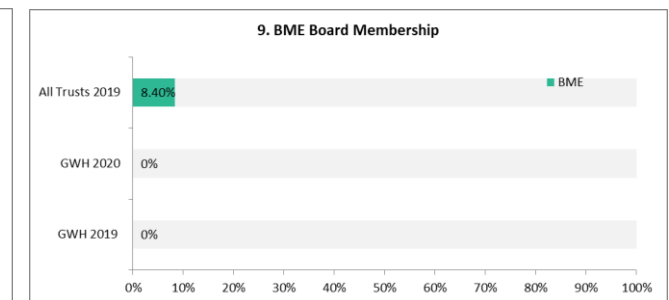
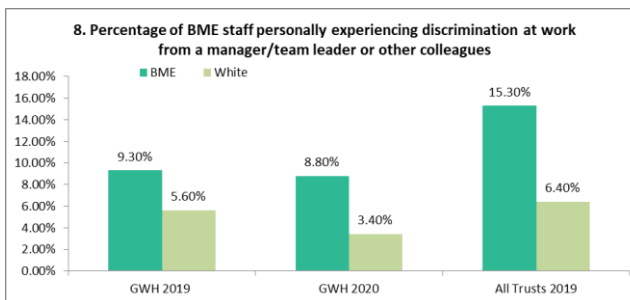
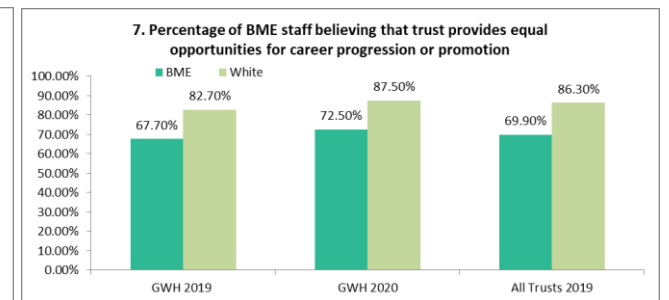
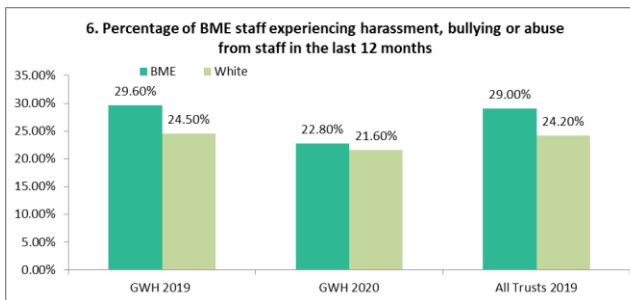
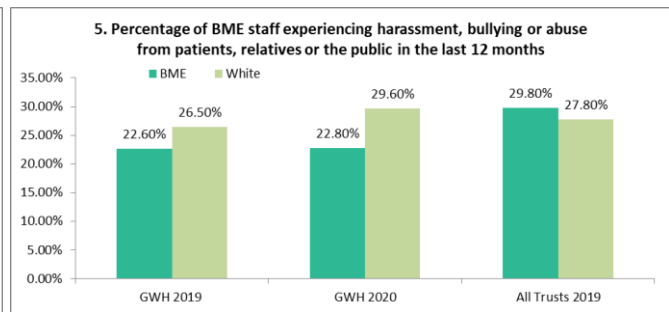
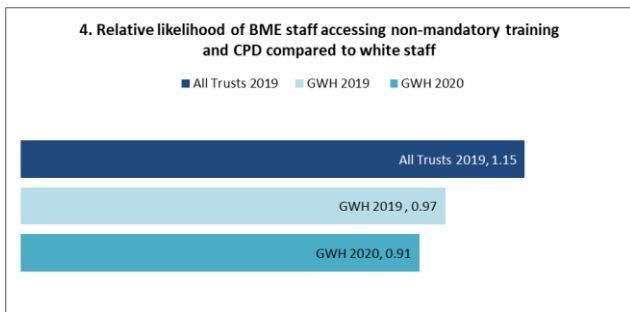
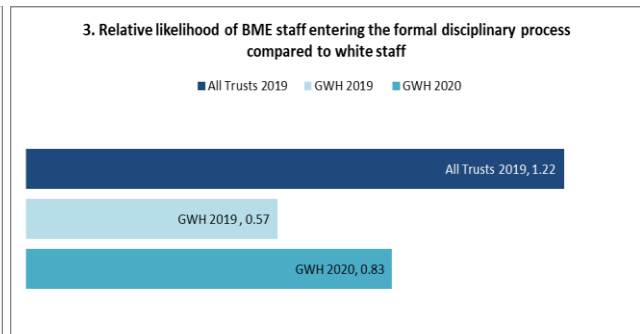
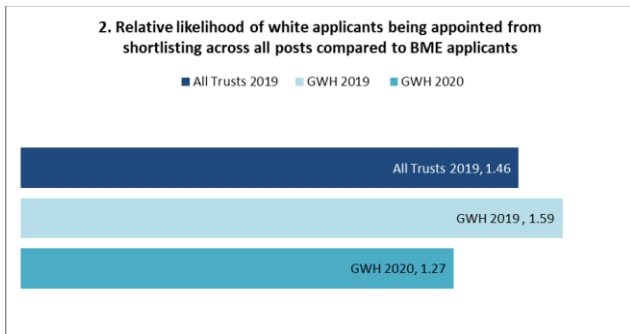
### **4. Trust Review 2019/20**

The Trust results this year shows that the Trust has, in general, made improvements. Scores are either shown as percentages or as an indicator (with a score of one being the overall aim.)

### **Key findings from the Trust 2019/20 Workplace Race Equality Standard report:**

- Overall there has been an increase from 11.7% to 14.5% of staff within the Trust workforce.
- WRES indicator 1 is the percentage of staff in each pay band compared with the percentage of staff in the overall workforce showing an increase in staff in bands 2 to 8A, Consultants and medical trainee grades.

**WRES indicators 2-9:**



## WRES Indicators Comparison between 2018/19 and 2019/20 Trust Results

The results from 2019-2020 show, in general, an improving picture and still more work to achieve parity. Below is a summary of the scores, shown as either a percentage or as an indicator (with a score of one being the overall aim).

Ref	WRES Indicator	Trust Results
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	Overall there has been an increase from 11.7% in 2019 to 14.5% in 2020 of staff within the Trust workforce.
2	Relative likelihood of staff being appointed from shortlisting across all posts	GWH 2020 1.27 GWH 2019 1.59
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	GWH 2020 0.83 GWH 2019 0.57
4	Relative likelihood of staff accessing non-mandatory training and CPD	GWH 2020 0.91 GWH 2019 0.97
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	GWH 2020 22.8% GWH 2019 22.6%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	GWH 2020 22.8% GWH 2019 29.6%
7	Percentage believing that trust provides equal opportunities for career progression or promotion	GWH 2020 72.5% GWH 2019 67.7%
8	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleague?	GWH 2020 8.8% GWH 2019 9.3%
9	Percentage difference between the organisations' Board voting membership and its overall workforce	GWH 2020 0% GWH 2019 0%

### KEY

Improvement on previous year
Similar to previous year
Deterioration on previous year

## 5. Action Plan 2020/21

The Trust has successfully bid for funds to employ for 12 months an Equality, Diversity and Inclusion (EDI) lead to support the progress of the broader EDI agenda for the Trust. This role will help to positively promote and embed EDI principles into everything we do and support staff with protected characteristic.

Following the results of the 2019/20 WRES Appendix B, there is a proposed 20/21 WRES action plan for the Equality, Diversity and Inclusion Committee, found at Appendix A, to progress and monitor.

Areas of focus to improve are:

- Reporting of ethnicity
- Likelihood of BAME staff being appointed from shortlisting
- Develop and publish progress against the Model Employer goals in line with NHS People Plan to ensure that at every level the workforce is representative of the overall workforce
- Reduction of harassment, bullying or abuse from manager or colleagues
- Reduction in discrimination at work by manager/team leader or colleague
- Reduction of harassment, bullying and abuse from patients, relatives or the public
- Equal opportunities for career progression and promotion

## Appendix A: WRES Action Plan 2020/21

Action	Indicators related to	Impact/Measure	Lead	Timescales
Recruitment of Equality, Diversity and Inclusion Lead	All	<ul style="list-style-type: none"> <li>Appointment of candidate</li> <li>Lead on the EDI agenda</li> <li>Promote and improve the experiences of staff from all protected characteristic groups measured by Staff Survey and WRES data</li> </ul>	Associate Director of HR	September 2020 (Candidate in post by November 2020)
Introduce a training programme for recruiting managers to ensure they are following best practice. ("License to Recruit" programme). This will include unconscious bias training	1,2 and 9	<ul style="list-style-type: none"> <li>Increased BAME representation in the workforce, including senior AfC pay bands/VSM and Board;</li> <li>Monitor make up of recruitment panels and ensure that that a least 1 member of the panel has completed the "License to Recruit" training</li> <li>Improved relative likelihood of BAME staff being appointed from shortlisting across all posts (WRES)</li> </ul>	Head of Recruitment and EDI lead	Training to be implemented from November 2020  All panels to include a trained license to recruit panel member from April 2021
Develop an implementation plan against Model Employer framework	All	<ul style="list-style-type: none"> <li>Increasing BAME representation across all roles</li> <li>Improve experience and opportunities for BAME colleagues measured by Staff Survey</li> <li>Support system wide response</li> </ul>	HRD	December 2020
Develop case studies highlighting BAME staff who have had positive experiences of career progression within the Trust	7	<ul style="list-style-type: none"> <li>Minimum of three case studies identified by the end of 2020. Plans for further case studies to be produced and circulated in the future. Promote success stories of staff</li> <li>Publicising success stories of BAME staff and who are in senior leadership positions</li> </ul>	Head of Communication and EDI Lead	January 2021
Work with the BAME Champions Group to increase and sustain membership to develop greater collaboration on WRES related activity	All	<ul style="list-style-type: none"> <li>Increased membership</li> <li>Involved in development and on-going monitoring of the action plan</li> <li>Supportive of the delivery of the action plan</li> <li>Lead on BAME events</li> </ul>	EDI lead	January 2021
Develop a programme and implementation plan for reverse mentoring	2 and 7	<ul style="list-style-type: none"> <li>Through the programme of reverse mentoring, improve awareness about experiences and barriers faced by BAME staff</li> <li>Build networks between staff and leaders</li> </ul>	OD Lead and EDI Lead	March 2021
Improve data collection of reported incidents to better identify trends, themes and locations of bullying, harassment and discrimination to develop localised action plans to address hotspot areas	3, 5, 6, 8	<ul style="list-style-type: none"> <li>Identify the data required and create a template for standardised collections</li> <li>Ensure local staff survey Divisional action plan address specific issues that arise</li> <li>Develop appropriate action plan to address key themes emerging at corporate and local level</li> </ul>	FTSU and Head of HR	January 2021

Appendix B 2020 WRES reporting data

Submission Template  
Workforce Race Equality Standards 2019/20 template

Answer Required  
Auto Populated  
N/A

INDICATOR	DATA ITEM	MEASURE	2019			2020				
			WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL		
1	Percentage of staff in each of the AIC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	<b>1a) Non Clinical workforce</b>			Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
		1 Under Band 1	Headcount	24	2	7	15	5	1	
		2 Band 1	Headcount	87	5	6	1	0	0	
		3 Band 2	Headcount	238	20	25	383	30	34	
		4 Band 3	Headcount	275	12	16	273	12	25	
		5 Band 4	Headcount	131	3	10	126	5	11	
		6 Band 5	Headcount	87	4	4	80	7	2	
		7 Band 6	Headcount	57	7	3	51	10	4	
		8 Band 7	Headcount	38	1	1	45	1	2	
		9 Band 8A	Headcount	42	1	3	47	3	1	
		10 Band 8B	Headcount	17	0	0	18	0	2	
		11 Band 8C	Headcount	11	0	0	16	0	0	
		12 Band 8D	Headcount	7	0	1	8	0	1	
		13 Band 9	Headcount	4	1	0	6	1	0	
		14 VSM	Headcount	4	0	1	4	0	1	
		<b>1b) Clinical workforce of which Non Medical</b>								
		15 Under Band 1	Headcount	15	0	2	12	0	1	
		16 Band 1	Headcount	2	0	0	2	0	0	
		17 Band 2	Headcount	389	82	53	434	111	54	
		18 Band 3	Headcount	204	21	25	240	31	24	
		19 Band 4	Headcount	134	20	17	150	41	25	
		20 Band 5	Headcount	434	162	162	501	240	147	
		21 Band 6	Headcount	612	90	58	613	101	66	
		22 Band 7	Headcount	302	13	19	313	17	27	
		23 Band 8A	Headcount	84	1	7	74	3	11	
		24 Band 8B	Headcount	17	1	0	18	1	0	
		25 Band 8C	Headcount	9	1	0	8	1	0	
		26 Band 8D	Headcount	2	0	0	2	0	0	
27 Band 9	Headcount	1	0	0	1	0	0			
28 VSM	Headcount	1	0	0	1	0	0			
<b>Of which Medical/Dental</b>										
29 Consultants	Headcount	135	48	33	147	46	35			
30 of which Senior medical manager	Headcount	27	5	4	28	8	4			
31 Non-consultant career grade	Headcount	46	24	7	53	29	17			
32 Trainee grades	Headcount	120	47	125	141	57	120			
33 Other	Headcount	4	0	1	5	1	1			
2	Relative likelihood of staff being appointed from shortlisting across all posts	34 Number of shortlisted applicants	Headcount	3800	1285	120	3850	1645	164	
		35 Number appointed from shortlisting	Headcount	525	112	21	495	166	19	
		36 Relative likelihood of appointment from shortlisting	Auto calculated	13.82%	8.72%	17.50%	12.86%	10.03%	11.53%	
		37 Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.59			1.27			
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	38 Number of staff in workforce	Auto calculated	3613	556	586	3846	753	612	
		39 Number of staff entering the formal disciplinary process	Headcount	227	20	29	111	18	18	
		40 Likelihood of staff entering the formal disciplinary process	Auto calculated	6.28%	3.60%	4.95%	2.89%	2.39%	2.94%	
		41 Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		0.57			0.83		
4	Relative likelihood of staff accessing non-mandatory training and CPD	42 Number of staff in workforce	Auto calculated	3613	556	586	3846	753	612	
		43 Number of staff accessing non-mandatory training and CPD	Headcount	1117	177	262	2609	562	415	
		44 Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	30.92%	31.83%	44.71%	67.84%	74.63%	67.81%	
		45 Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	0.97			0.91			
9	Percentage difference between the organisations' Board voting membership and its overall workforce  Note: Only voting members of the Board should be included when considering this indicator	46 Total Board members	Headcount	12	0	0	13	0	0	
		47 of which Voting Board members	Headcount	3	0	0	4	0	0	
		48 Non Voting Board members	Auto calculated	9	0	0	9	0	0	
		49 Total Board members	Auto calculated	12	0	0	13	0	0	
		50 of which Exec Board members	Headcount	5	0	0	5	0	0	
		51 Non Executive Board members	Auto calculated	7	0	0	8	0	0	
		52 Number of staff in overall workforce	Auto calculated	3613	556	586	3846	753	612	
		53 Total Board members - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
		54 Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
		55 Non Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
		56 Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
		57 Non Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
		58 Overall workforce - % by Ethnicity	Auto calculated	76.0%	11.7%	12.3%	73.8%	14.5%	11.7%	
59 Difference (Total Board - Overall workforce)	Auto calculated	24.0%	-11.7%	-12.3%	26.2%	-14.5%	-11.7%			