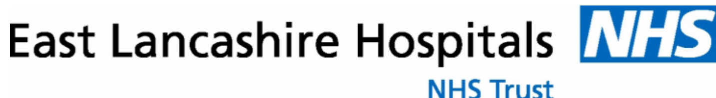

Exec Operational Committee

April 2019

Item	**xxx**
Purpose	**Information** Action Monitoring

Title	NHS Workforce Race Equality Standard (WRES) Report 2019
Author	Mr N Makda, Equality & Diversity Manager
Executive sponsor	Kevin Moynes, Director of Human Resources and Organisational Development

Summary:
The Workforce Race Equality Standard (WRES) report provides the committee with an overview of the data from April 2018 to March 2019 and progress against the nine indicators of the NHS Workforce Race Equality Standard (WRES).

Recommendations
As part of the NHS standard contract all Trusts are required to publish their annual WRES report, usually during July each year. The committee is asked to review and approve the WRES report prior to publication and support the associated action plan.

Report linkages

Related strategic aim and corporate objective (Delete as appropriate)	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework (Delete as appropriate)	Failure to achieve performance requirements of the (Monitor) NTDA compliance and risk assessment framework and regulatory standards. Failure to maintain staffing levels and staff competencies to deliver high quality services Failure to achieve the reputation of a provider of choice Failure to deliver high quality clinical services

Impact (delete yes or no as appropriate and give reasons if yes)

Legal	Yes	Financial	Yes
Equality	Yes	Confidentiality	No

Executive summary

1. All NHS Trusts are required to place more focus on the experiences of BAME staff at work. There are some specific measures which Trusts are required to report on regarding BAME staff experiences in the staff survey, access to training, disciplinaries and access to jobs.

2. As required, the Trust looked at this data to see if there are any differences between the experience and treatment of white staff and black minority ethnic staff (BAME).

3. The report includes the annual update on the Trust's current performance (1st April 2018 to 31st March 2019) in relation to WRES metrics. It shows encouraging progress in our overall BME workforce and includes areas where Black and Minority Ethnic (BME) people are either under-represented or report poorer staff experience where we need to concentrate on making improvements.

4. The paper also highlights the action we propose to take following consultation with BME staff through the Big Conversations, WRES working group and workshops.

Background

5. The aim of the WRES is to help NHS organisations to ensure that employees from Black, Asian and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

6. The WRES was first made available to the NHS in April 2015, and has been included in the NHS Standard Contract since 2015/16. This means NHS hospital and community Trusts must use the WRES, and report their findings to NHS England each year. NHS England then publishes a national report based on WRES information from across the country.

ELHTs Performance against the WRES Metrics between April 2018 and March 2019

7. This year's results we have managed to achieve progress in 4 out of 9 metrics with 1 declined and 4 remaining static.

8. Progress against last year's submission and related action plans are provided in Appendix 1 on page 4.

WRES Action Plan

9. An action plan has been developed and is detailed in appendix 3 on page 10

Recommendations

10. The committee is asked to review, approve and ratify the WRES report prior to publication and support the associated action plan.

Appendix 1- ELHTs Performance against the WRES Metrics between April 2018 and March 2019

	Indicator	As at to 31st March 2017	Data 31st March 2018	Data 31st March 2019	Tracking Progress	Narrative – the implications of the data and any additional background explanatory narrative
1	Percentage of BME staff, VSM (including executive Board members and senior medical staff) compared with the percentage of white staff in the overall workforce	-	-	Appendix 2	↑	~ The % of BME staff in the workforce has increased by 0.39% (51) in the current year. The total BME is at 17% still not reflective of the local population of 22%, 6% short.
2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts	3.08	2.63	1.72	↑	Significant improvement in this Indicator, white applicants are 1.72 times more likely to be appointed compared to BME
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*	1.78 times more likely	1.76 times more likely	1.42 Times more likely	↑	This indicator has improved as BME staff is 1.42 times more likely to enter a formal disciplinary process than White staff.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	1.19 times more likely	1.16 times more likely	1.14 Times more likely	↑	Slight Improvement compared to 2017.
		Staff Survey Indicators				

5.	KF25. Percentage of staff	2017	2017		2018	2018	**Narrative – the implications of the data and any**

	experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	BME		White	BME	**additional background explanatory narrative**
		26% →	22% →		24% ↓	22% →	This has remained fairly static from the previous year for both BME and White staff. White and BME staff are equally likely to experience harassment, bullying or abuse from patients, relatives and members of the public in the last 12 months
6.	KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	**2017 White**	**2017 BME**		2018 White	2018 BME	**Narrative – the implications of the data and any additional background explanatory narrative**
		20% ↑	24% ↓		22% ↓	26% ↓	BME staff remains more likely than white staff to experience harassment, bullying or abuse from other staff this increased by 2% on last year.
7	KF21. Percentage believing that the Trust provides equal opportunities for career progression or promotion	**2017 White**	**2017 BME**		2018 White	2018 BME	BME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression. The gap between white and BME staff on this indicator increased from 13 percentage points in 2016 to 20 percentage point in 2018.
		87% ↑	68% ↓		88% ↑	68% →	
8	Q17B. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	**2017 White**	**2017 BME**		2018 White	2018 BME	No Change although BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers.
		5% ↑	16% ↓		6% ↓	16% →	
9	Boards are expected to be broadly representative of the population they serve	White	BME		White	BME	↔ No Change
		94%	6%		94%	6%	

Appendix 2- Metric 1 Percentage of BME staff, VSM (including executive Board members and senior medical staff) compared with the percentage of white staff in the overall workforce

Key:	Increase	Decrease

Ethnicity Summary				
Ethnicity & Band	**Headcount**	**Headcount %**	**Difference**	**Difference %**
White	6989	82.06%	66	-0.31%
BME	1428	16.77%	51	0.39%
Not Stated/Undefined	100	1.17%	-5	-0.08%
Grand Total	**8517**	**100.00%**	**112**	

Ethnicity by Band				
Ethnicity & Band	**Headcount**	**Headcount %**	**Difference**	**Difference %**
White	**6989**	**82.06%**	**66**	**-0.31%**
Band 1	102	1.20%	-12	-0.16%
Band 2	1548	18.18%	38	0.21%
Band 3	1016	11.93%	12	-0.02%
Band 4	561	6.59%	5	-0.03%
Band 5	1350	15.85%	-18	-0.43%
Band 6	1254	14.72%	29	0.15%
Band 7	560	6.58%	11	0.05%
Band 8A	207	2.43%	2	-0.01%
Band 8B	57	0.67%	-1	-0.02%
Band 8C	25	0.29%	0	-0.01%
Band 8D	14	0.16%	-2	-0.03%
Band 9	9	0.11%	2	0.03%
Non AfC	286	3.36%	0	-0.04%
BME	**1428**	**16.77%**	**51**	**0.38%**

Band 1	24	0.28%	-4	-0.05%
Band 2	302	3.55%	17	0.16%
Band 3	108	1.27%	-2	-0.04%
Band 4	58	0.68%	3	0.03%
Band 5	324	3.80%	6	0.02%
Band 6	181	2.13%	10	0.10%
Band 7	54	0.63%	4	0.04%
Band 8A	19	0.22%	1	0.01%
Band 8B	2	0.02%	-1	-0.02%
Band 8C	2	0.02%	0	0.00%
Band 8D	1	0.01%	0	0.00%
Non AfC	353	4.14%	17	0.14%
Not Stated/Undefined	**100**	**1.17%**	**-5**	**-0.08%**
Grand Total	**8517**	**100.00%**	**112**	

Ethnicity by Division

Ethnicity & Division	Headcount	Headcount %	Difference	Difference %
White	**6989**	**82.06%**	**66**	**-0.31%**
435 Balance Sheet L3	2	0.02%	-3	-0.04%
435 Corporate Services L3	601	7.06%	23	0.18%
435 Diagnostics & Clinical Support	1442	16.93%	6	-0.16%
435 Estates & Facilities	667	7.83%	12	0.04%
435 Family Care	936	10.99%	-12	-0.29%
435 Integrated Care Group	1938	22.75%	27	0.01%
435 Research & Development	31	0.36%	1	0.00%
435 Surgical and Anaesthetics Services	1372	16.11%	12	-0.07%
BME	**1428**	**16.77%**	**51**	**0.38%**

435 Balance Sheet L3	7	0.08%	2	0.02%
435 Corporate Services L3	102	1.20%	-11	-0.14%
435 Diagnostics & Clinical Support	334	3.92%	12	0.09%
435 Estates & Facilities	119	1.40%	10	0.10%
435 Family Care	142	1.67%	9	0.09%
435 Integrated Care Group	401	4.71%	19	0.17%
435 Research & Development	4	0.05%	0	0.00%
435 Surgical and Anaesthetics Services	319	3.75%	10	0.07%
Not Stated/Undefined	**100**	**1.17%**	**-5**	**-0.08%**
Grand Total	**8517**	**100.00%**	**8428**	**98.94%**

Ethnicity by Staff Group

Ethnicity & Staff Group	Headcount	Headcount %	Difference	Difference %
White	**6989**	**82.06%**	**66**	**-0.31%**
Add Prof Scientific and Technic	182	2.14%	5	0.03%
Additional Clinical Services	1341	15.74%	22	0.05%
Administrative and Clerical	1642	19.28%	29	0.09%
Allied Health Professionals	549	6.45%	-2	-0.11%
Estates and Ancillary	640	7.51%	9	0.01%
Healthcare Scientists	86	1.01%	-3	-0.05%
Medical and Dental	250	2.94%	-1	-0.05%
Nursing and Midwifery Registered	2288	26.86%	6	-0.29%
Students	11	0.13%	1	0.01%
BME	**1428**	**16.77%**	**51**	**0.38%**
Add Prof Scientific and Technic	75	0.88%	1	0.00%
Additional Clinical Services	200	2.35%	4	0.02%
Administrative and Clerical	218	2.56%	-2	-0.06%

Allied Health Professionals	96	1.13%	6	0.06%
Estates and Ancillary	117	1.37%	10	0.10%
Healthcare Scientists	60	0.70%	1	0.00%
Medical and Dental	345	4.05%	16	0.14%
Nursing and Midwifery Registered	316	3.71%	15	0.13%
Students	1	0.01%	0	0.00%
Not Stated/Undefined	**100**	**1.17%**	**-5**	**-0.08%**
Grand Total	**8517**	**100.00%**	**8517**	**100.00%**

Appendix 3- Workforce Race Equality Standards (WRES) Action Plan 2019/20

	Criteria	Tracking Progress against previous year	Target/ What success would look like	Where are we now?	Action Plan	By whom?	By when?
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.**	↑	Increase the numbers of staff from BME groups across all AfC Bands 1-9 and VSM to 22%	The % of BME staff in the workforce has increased by 0.33% (60) in the current year, although most of the increase is in lower level roles. The total BME is at 15.69% still not reflective of the local population of 22%, 6% short. For non-clinical staff, BME staff were clearly over-represented at Band 6 and not represented at all among very senior management. For clinical staff, BME staff were clearly over-represented at Band 5 and not represented at all above Band 8C. Among medical staff, there was a clear over-representation of BME staff	• Internal promotion and positive action to support BME staff in achieving and sustaining promotion. • Advertising all our vacancies on an external website dedicated to attract BME staff. • Look at development process – facilitate individuals to apply for permanent post or acting up • Developing external relationships with BME organisations, local community groups, schools and networks to promote employment opportunities at all levels including apprenticeships • Talent management is absolutely critical here. ELHT cannot establish diversity if there are very few staff from diverse backgrounds already at senior management levels. There is a need to fill current vacancies and future leadership pipelines with the correct numbers of people from diverse backgrounds • ‘acting-up’ (secondment) opportunities	All Line managers Resourcing Manager All Line managers Workbased Learning Team All Line Managers All Line Managers	Ongoing Ongoing & when vacancies arise Aug 19 Ongoing Dec 19 Nov 19

Safe | Personal | Effective

				at the non-consultant grades	is a key enabler for career progression. Access to such opportunities should be especially encouraged amongst BME staff, and should focus on positions and grades that are under-represented within the Trust		
2	**Relative likelihood of staff being appointed from shortlisting across all posts.**	↑	The likelihood of BME and white staff being appointed from shortlisting is, on average, over time, the same.	The data suggests that the gap between white and BAME staff groups is closing and although white applicants are still relatively more likely to be appointed (2.63 times) this is an improvement when compared with last year when white staff were 3.08 times more likely to start work with the Trust.	• Interrogate recruitment data to evaluate external success in recruitment vs internal applicants • Hold the relevant individuals department or profession to account for their decisions in recruitment/career progression outcomes whilst considering what continuous improvement methods might assist in improving changing patterns of appointment and promotion. • Independent member to the interview panel for bands 6 and above (from another service, or a BME member of staff) to encourage accountability. Their role is not dissimilar to the role of a patient representative on some interviews. Research suggests that the positive impact of diversity on group performance (including on an interview panel) has less to do with what these additional panel members say, but rather that their presence affects expectations of others • Promote the use of Positive Action in recruitment/promotion i.e. encouraging particular groups to apply, apply the	Resourcing Manager Director of HR/OD All Recruiting managers	April 19 Mar 20 From Jan 20

					Rooney Rule guaranteed interview scheme for BME groups, tie-breaker rule. • Unconscious Bias training mandatory for all recruiting managers • Asking shortlisting panels to be cautious when using “previous experience” as a criteria – in other words to recognise that BME staff will tend to have gained more qualifications to compensate for the likelihood of having had less opportunity to gain experience at a higher level e.g. through acting up • Explore TRAC to see if our BME staff are actually applying for our band 7+ posts and check outcomes (not being shortlisted or appointed or they are just not applying); monitor all applicants, internal and external to see how things look statistically (with a focus on encouraging our own staff)	Equality & Diversity Lead Recruiting Managers Equality & Diversity Lead/ Resourcing Manager	Ongoing Feb 20 Sep 20
3	**Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**	↑	Decrease the WRES score for indicator Three to 0.30 or below	Very slight improvement as BME staff is 1.76 times more likely to enter a formal disciplinary process than White staff compared to 1.78 times last year .	• Set up a panel to address the ‘employment relation’ issue (e.g. grievances, allegations of B/H, misuse of social media, competency issues etc.) – whether that be, an informal discussion with the staff concerned, formal reprimand, mediation, retraining, reflection, through to suspension and more formal action, if deemed necessary	Director of HR/OD Associate Director of HR	Mar 20

					• Development of "resolution champions" to support staff who are having issues or problems at work. • Adopt good practice from the Mersey Care initiative "learning and just culture" • To review the checks and balances contained within the disciplinary policy and the feasibility of an added management filter before the formal disciplinary process is triggered • Undertake a detailed audit / root cause analysis of formal disciplinary cases in the last 12 months, to establish whether any trends or patterns are identifiable & address these issues appropriately • HR Best practice training for all managers • Publicise across the Trust HR Portal	Staff Guardian Head of Engagement & wellbeing Head of HR HR Project Manager / Asst HR Business Partner	Aug 20 Ongoing Ongoing Ongoing
4	**Relative likelihood of staff accessing non-mandatory training and CPD.**		Decrease the WRES score for indicator Four to 0.50 or below	Relative likelihood of white staff being funded for training 1.16 times greater compared to the previous year 1.19 times greater.	• Clear definition of non-mandatory training and CPD • All line managers to identify BME development opportunities at Appraisal • BME staff access to mentoring (including reverse mentoring), shadowing, coaching and encouragement to join NHS Leadership Academy and other courses (Note ELHT should avoid a reliance on sending staff away on courses as the	Equality & Diversity Lead All Line managers	Mar 20 From Nov 2019

					sole or primary means of encouraging more BME staff development. Such courses can be invaluable but there is growing evidence that the key to staff development is whether such courses are complemented by opportunities for “stretch assignments” such as acting up, secondment, involvement in project teams or developing pilots). • Conduct appraisal audits and holding individuals accountable for their decisions • Engage with staff to ascertain whether there are examples and evidence of training requests not being supported	Equality & Diversity Lead/ Integrated Diabetes Service Manager	Mar 20
5	**KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.**		The aspirational target for all staff would be 0% however a realistic target would be: BME percentage is equal to or less than White percentage	Fairly static between the two years but is still higher than the Trust would expect. Although BME staff still report high levels of harassment, bullying or abuse from patients the percentage was higher for White Staff in figures in the last 12 months.	• Publicise Zero Tolerance posters in hot spot areas • Support for staff that have experiencing harassment, bullying or abuse from patients, relatives	Communications manager All Line Managers	Ongoing ongoing
6	**KF 26. Percentage of staff experiencing harassment,**		BME percentage is equal to or less than White	Small variance between White & BME Staff. BME staff remains more likely than white staff to	• Leaders at every level in the Trust must take responsibility for creating a culture in which difficult topics can be talked about openly, honestly, and without fear of repercussion	All managers	Mar 20

	bullying or abuse from staff in last 12 months		percentage	experience harassment, bullying or abuse from other staff this increased by 4% on last year.	• Publicise widely the informal resolution mechanism available including Mediation, Resolution Champions, Staff Guardian, etc. • Train all managers in the application of the Resolution policy. • Raise awareness of Freedom to Speak up staff guardian • Facilitated conversations training for managers to enable early informal resolution of issues and champion roles for raising of concerns including bullying, harassment and discrimination. • HR Best practice training (which includes Bullying & Harassment)for all managers • Publicise across the Trust HR Portal	Head of Occupational Health / Staff Guardian HR Project Manager Assistant HR Business Partner	Mar 19 Mar 20 Ongoing Ongoing Ongoing
7	**KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.**		BME percentage is equal to or more than White percentage	BME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression. The gap between white and BME staff on this indicator increased from 13 percentage points in 2016 to 19 percentage point in 2017	• Making improvements to the appraisal process following an audit of Trust wide practice; focusing managers on leading conversations and identifying meaningful career progression or promotion for all staff • Capture BME staff stories of working in ELHT (positive or negative) and highlight best practice or barriers to career progression or promotion	Education Business Manager Equality & Diversity Lead Integrated Diabetes Service Manager	Mar 20 March 19

					• Publicise BME Role Models so that people can take inspiration from them. • Implement the WRES communication Plan including articles in Team Brief, Staff Newsletter, CEO Blog, E-bulletin, Message of the Day, Staff App, intranet OLI • Develop a BME staff network group to address WRES issues.	Communications Manager ED Consultant	Feb 20 First meeting Nov 2019
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**	↓	BME percentage is equal to or less than White percentage	BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers, the percentage of BME staff reporting that in the last 12 months they have personally experienced discrimination at work from staff increased by 2%	• Reinforce the trust's values and behaviours expected of all staff • Facilitated conversations training for managers to enable early informal resolution of issues and champion roles for raising of concerns including discrimination. • Raise awareness of Freedom to Speak up staff guardian • Cultural awareness training for managers • HR Best practice training (which includes Bullying & Harassment)for all managers • Publicise across the Trust HR Portal • Reverse mentoring	Communications Manager Head of Occupational Health Staff Guardian Equality & Diversity Lead HR Project Manager Assistant HR Business Partner Equality & Diversity Lead	Mar 20 Ongoing Ongoing Start Nov 2019

9	**Percentage difference between the organisations' Board voting membership and its overall workforce.**	↔	Increase Board BME voting members to 20%	At 31 March 2018, the Board voting membership included 1 Non-Executive Director from a BME Background 6.0%, compared to 94% White Board members.	• Development of Shadow Board Programme to increase diversity of the Board • The Trust Board to communicate a clear business case explaining why more diverse appointments (including in senior positions) are important • Accountability and holding decision-makers to account for their actions. Knowing that as a recruiting manager, shortlisting or interview panel member, you will have to justify your decision-making is likely to lead to more thorough thought processes • Senior managers to be reverse mentored by BME colleagues	Equality & Diversity Lead Chairman, Chief Executive All Exec Directors Organisational Development Consultant	Sep 2019 Mar 20 Start Nov 2019