NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD: PUBLIC
12 SEPTEMBER 2018

Title	Workforce Race Equality Standard (WRES)
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Purpose of the report

The purpose of this report is to brief the Trust Board on the recent Workforce Race Equality Standards (WRES) submission, and to highlight the changes since the 2017 submission, the progress to date and the next steps.

This report also presents an action plan to address the gaps in the nine WRES indicators.

Summary of key issues

In 2014, NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed that a Workforce Race Equality Standard (WRES) should be developed. The WRES was introduced to the NHS in April 2015.

The WRES Standards require NHS organisations to demonstrate progress against a number of indicators of workforce race equality, including a specific indicator to address the low levels of BME Board representation.

All NHS providers subject to the NHS Standard Contract 2015/2016, except 'small providers' and primary care, were expected to implement WRES from April 2015.

The Trust published its first baseline report in July 2015. The Trust Board agreed an action plan in October 2015. In July 2016, Trusts were required to submit their refreshed data (i.e. as of 31 March 2016), as well as their updated action plans.

Strategic priorities this paper supports

Improved experience of care	☒	Professor Roger Kline's research *"The Snowy White Peaks" A Survey of Discrimination in Governance and Leadership and the Potential Impact on Patent care in London and England*, has highlighted a direct correlation between how BME staff are treated and the quality of patient care.
Improved population health outcomes	☒	As above.
Improved staff experience	☒	Effectively engaging and building on the talents of all staff will lead to improved staff satisfaction. A number of the WRES indicators are directly linked to the National NHS Staff Survey outcomes.
Improved value	☒	Diversity of thought at all levels leads to better business decisions supporting financial viability

Committees / meetings where this item has been considered

Date	Committee / Meeting
	This report was last presented in September 2016 to the Trust Board.

Implications

Equality Analysis	This report aims to close the gaps in the experience and opportunities between white and BME staff within NHS trusts.
Risk and Assurance	Excellent equality, diversity and human rights practice demonstrates economic, legal, moral and reputational sense.
Service User / Carer / Staff	The needs of service users, carers and staff sits at the heart of equality, diversity and human rights work.
Financial	Excellent equality, diversity and human rights practice demonstrates economic, legal, moral and reputational sense.
Quality	A number of the WRES indicators are directly linked to the National NHS Staff Survey outcomes and there is a casual link between staff satisfaction and the quality of patient care.

Supporting documents and research material

The Snowy White Peaks" A Survey of Discrimination in Governance and Leadership and the Potential Impact on Patent care in London and England

Glossary

BME	Black and Minority Ethnic
WRES	Workforce Race Equality Standard

1.0 Background / Introduction

1.1 The purpose of this report is to present an updated action plan for each of the Workforce Race Equality standard indicators.

2.0 Executive Summary

2.1 The WRES requires organisations employing the 1.4 million NHS staff to demonstrate progress against nine indicators (Appendix A) of workforce race equality. The indicators focus upon differences between the experience and treatment of white and BME staff in the NHS, including progression to appointment from shortlisting, entry into formal disciplinary processes, experience of bullying and harassment, and representation at Board level.

2.2 In 2015, the WRES was included in the NHS Standard Contract for NHS providers, and since July 2015, provider organisations have been submitting their respective data against the nine WRES indicators, with action plans to continuously improve on these measures.

2.3 The WRES Standards require NHS organisations to demonstrate progress against a number of indicators of workforce race equality, including a specific indicator to address the low levels of BME Board representation.

2.4 The Trust published its first baseline report in July 2015. The Trust Board agreed an action plan in October 2015. In July 2016, Trusts were required to submit their refreshed data (i.e. as of 31 March 2016), as well as their updated action plans. We have just submitted 2018 data as at March 2018.

3.0 Workforce Race Equality Standard (WRES)

3.1 The WRES seeks to tackle the consistently less favourable treatment of the BME workforce in respect of their treatment and experience working in the NHS.

3.2 It draws on new research on race equality in the NHS workforce which shows that BME staff are less likely to be appointed once shortlisted, less likely to be selected for training and development programs, more likely to experience harassment, bullying and abuse, and more likely to be disciplined and dismissed.

3.3 A culture of staff engagement and inclusion is proven to lead to improved team working, better decision making, and therefore improving the service user experience.

3.4 The Standard aims to improve workforce race equality across this Trust, by tackling discrimination, in particular on the basis of ethnic background. This will improve the experiences of BME staff that form a large part of the NHS workforce. Ultimately, engaged and motivated staff will lead towards improvements in the quality of care and satisfaction for all patients.

3.5 The nine indicators that make up the WRES are intended to provide information which organisations should then explore to identify the root causes, and put action plans in place to address them.

3.6 The Trust's Equality and Diversity Strategy has been reviewed and the revised Equality and Diversity Policy is also in review.

3.7 Also, research carried out by Professor Roger Kline, from Middlesex University, citing the work of Professor Michael West and Dr Jeremy Dawson that there is increasingly robust evidence that a diverse workforce in which all staff members' contributions are valued is linked to good patient care. (West et al 2012, Dawson et al 2009).

3.8 Professor Michael West has identified key elements that are critical for creating a culture of inclusion. These are:

- vision and values;
- clarity of objectives;
- performance feedback;
- people management;
- quality improvement;
- learning and innovation;
- team working and collective leadership.

3.9 The Trust's strategy is therefore a holistic and comprehensive one, focused on building individual and organisational capability and removing institutional barriers to equality, through both cultural and practical interventions. The strategy is focused on meeting quality outcomes for the organisation as a whole, and particularly for service users and carers, rather than solely focusing on representative targets.

3.10 The purpose of this report is to present an updated action plan for each of the Workforce Race Equality standard indicators. It also highlights this year's data submissions and illustrates where there has been movement.

3.11 Whilst there are Trust HR policies and procedures in place, there needs to also be a cultural shift, in order to reduce the number of formal processes. However, the policies on their own are not sufficient to solve the problems of inequality and discrimination.

4.0 Equality and Diversity Strategy

4.1 The Trust's Equality and Diversity strategy has been reviewed and we are in the process of devising metrics to measures its success.

5.0 2018 WRES Submission

5.1 The ELFT 2018 submission can be found overleaf and for ease there is a supplementary A3 version. These figures are based on 31 March 2018. Overall, we have improved. However, in indicator 1 there are some bands where we have deteriorated.

6.0 Recommendation

6.1 The purpose of this paper is to update the Trust Board in terms of the 2018 WRES submission, the progress to date and the next steps. There are no recommendations.

7.0 Action Being Requested

7.1 The Board/Committee is asked to **RECEIVE** and **DISCUSS** the contents of the report.

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Appendix A: Progress report against this year's submission

Indicator No.	Indicator	RAG Status	Progress
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		• Reporting on job evaluations is now being undertaken, so that the changes can be monitored. • All band 2 Support Workers in Luton and Bedfordshire have been uplifted from Band 2 to Band 3. • A significant number of Band 5, 6 and 7 development programmes have been run, as well as other development programmes like the 'Springboard Development Programme' for women. • Apprentices are being supported by the Careers and Redeployment Advisor role to try and secure permanent employment. • In-depth analysis undertaken across all protected groupings is part of the Gender Pay Gap Reporting.
2	Relative likelihood of staff being appointed from shortlisting across all posts		• Working on more targeted adverts to attract under-represented sections of the community. • Implemented a Functional Skills Facilitator post from 1st September 2018 to support the following groups with maths and English. - Candidates; - Staff; - Bank Workers; - Apprentices; - Service Users via Recovery Colleges. • On-going pilot of the Careers and Redeployment post to maximise individuals' chances of securing a position. Running interview skills and CV workshops in-house. • Implemented a Staff Transfer scheme for nurses – to enable staff to move around the Trust without the need for a formal recruitment process.

Indicator No.	Indicator	RAG Status	Progress
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	Green	• Rolling out 'fair treatment' panels to triage disciplinary cases. • Rolling out service users reviewing cases where staff involved have mental health issues. • Procured an electronic ER Case Tracker system to improve reporting and monitoring and to create KPI data from September 2018. This will also help with managing consistency across the localities and the timeliness of cases. • Trialling involving service users in the JSC Policy sub-committees, to have service user input into HR policies and procedures. • We have invested in training 12 accredited mediators.
4	Relative likelihood of staff accessing non-mandatory training and CPD	Red	• Since making the WRES submission, it has come to light that there is a significant number of development programmes managed locally, but this data was not centrally stored, and as such, was not reflected in submission figures. The aim is to centralise this information going forward. • The L&D function has been expanded by 10 WTE in order to centralise some L&D activity, so we can improve the L&D offering, as well as to monitor the take up and effectiveness of this training.
5	KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Green	• Trust wide discussions, in terms of Bullying & Harassment, and more broadly looking at Respect at Work, to address cultural and behavioural issues. • Expanding the Trust's OD provision. An Associate Director of Organisational Development post has been created and is currently being recruited to. • The OD function also now comes under the remit of the Chief Executive Officer. • 20 teams are currently going through the QI Enjoying Work project. • A new Trust strategy and Workforce strategy have been implemented, with the overarching aim to improve staff experience.

Indicator No.	Indicator	RAG Status	Progress
6	KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		• As per indicator 5. • The Trust Appraisal Process amended to include the expected behaviours.
7	KF21. Percentage believing that trust provides equal opportunities for career progression or promotion		• After protracted negotiations with Staffside, in relation to a Secondment and Acting up Policy – this is about to be ratified at the JSC in October. This will help to bring about transparency in terms of acting up and secondment arrangements. • It is intended that all secondments are put through the candidate management system, TRAC, going forward. The Recruitment & Selection Policy has been updated to reflect this.
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		• As per indicators 5 and 6.
9	Percentage difference between the organisations' Board voting membership and its overall workforce		• Since the last submission, we have appointed another voting member of BME origin. In addition we have also appointed a non-voting BME member.

Appendix B:

SubmissionTemplate Workforce Race Equality Standards 2017/18 template

	INDICATOR	DATA ITEM		MEASURE	31st MARCH 2018 WHITE	BME	ETHNICITY UNKNOWN/NULL	2017-2018	RAG Status	Direction of Travel
			1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Difference		
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	1	Under Band 1	Headcount	6	31	0	5.21%	5.21%	↑
		2	Band 1	Headcount	0	0	0	0.00%	1.32%	↑
		3	Band 2	Headcount	2	5	0	-17.46%		
		4	Band 3	Headcount	64	98	2	-0.59%		
		5	Band 4	Headcount	134	194	12	4.84%		
		6	Band 5	Headcount	81	90	5	-0.48%		
		7	Band 6	Headcount	57	64	3	3.52%		
		8	Band 7	Headcount	49	30	0	-4.21%		
		9	Band 8A	Headcount	51	29	1	3.33%	1.63%	↑
		10	Band 8B	Headcount	31	5	0	-1.50%		
		11	Band 8C	Headcount	19	6	0	1.78%		
		12	Band 8D	Headcount	16	0	0	-6.67%		
		13	Band 9	Headcount	6	2	0	6.82%		
		14	VSM	Headcount	5	4	0	-12.70%	-12.70%	↓
			1b) Clinical workforce of which Non Medical							
		15	Under Band 1	Headcount	4	12	1	70.59%	70.59%	↑
		16	Band 1	Headcount	0	0	0	0.00%	1.78%	↑
		17	Band 2	Headcount	0	3	0	40.57%		
		18	Band 3	Headcount	191	469	13	0.88%		
		19	Band 4	Headcount	130	156	2	2.24%		
		20	Band 5	Headcount	197	393	14	2.78%		
		21	Band 6	Headcount	343	472	8	1.03%		
		22	Band 7	Headcount	384	254	10	-0.69%		
		23	Band 8A	Headcount	230	91	9	1.93%	1.09%	↑
		24	Band 8B	Headcount	67	17	1	-0.69%		
		25	Band 8C	Headcount	35	9	0	-0.82%		
		26	Band 8D	Headcount	9	2	1	-1.52%		
		27	Band 9	Headcount	4	1	0	-13.33%		
		28	VSM	Headcount	0	0	0	0.00%	0.00%	↔
			Of which Medical & Dental							
		29	Consultants	Headcount	132	75	3	1.44%	1.44%	↑
		30	*of which Senior medical manager*	Headcount	0	0	0	0.00%	0.00%	↔
		31	Non-consultant career grade	Headcount	19	38	4	6.56%	6.56%	↑
		32	Trainee grades	Headcount	57	56	6	0.10%	0.10%	↑
		33	Other	Headcount	27	27	0	13.46%	13.46%	↑
2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants	Headcount	2174	3123	39			↔
		35	Number appointed from shortlisting	Headcount	414	455	0			
		36	Relative likelihood of shortlisting/appointed	Auto calculated	0.1904323827	0.1456932437	0.0000000000			
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.31					
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of	38	Number of staff in workforce	Auto calculated	2350	2633	95			↑
		39	Number of staff entering the formal disciplinary process	Headcount	18	56	0			
		40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.0076595745	0.0212685150	0.0000000000			
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		2.78				
4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce (White)	Auto calculated	2350	2633	95			↓
		43	Number of staff accessing non-mandatory training and CPD (White):	Headcount	859	870	30			
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	0.3655319149	0.3304215724	0.3157894737			
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	1.11					
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	46	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage						↑
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	47	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage						↑
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	48	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage						↑
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	49	% staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage						↔
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	50	Total Board members	Headcount	10	8	0			↑
		51	*of which: Voting Board members*	Headcount	8	7	0			
		52	*: Non Voting Board members*	Auto calculated	2	1	0			
		53	Total Board members	Auto calculated	10	8	0			
		54	*of which: Exec Board members*	Headcount	5	5	0			
		55	*: Non Executive Board members*	Auto calculated	5	3	0			
		56	Number of staff in overall workforce	Auto calculated	2350	2633	95			
		57	Total Board members - % by Ethnicity	Auto calculated	55.6%	44.4%	0.0%			
		58	Voting Board Member - % by Ethnicity	Auto calculated	53.3%	46.7%	0.0%			
		59	Non Voting Board Member - % by Ethnicity	Auto calculated	66.7%	33.3%	0.0%			
		60	Executive Board Member - % by Ethnicity	Auto calculated	50.0%	50.0%	0.0%			
		61	Non Executive Board Member - % by Ethnicity	Auto calculated	62.5%	37.5%	0.0%			
		62	Overall workforce - % by Ethnicity	Auto calculated	46.3%	51.9%	1.9%			
		63	Difference (Total Board -Overall workforce)	Auto calculated	9.3%	-7.4%	-1.9%			

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