

Report to:	Public Board of Directors	Agenda item:	
Date of Meeting:			

Title of Report:	WRES Submission
Status:	For information
Board Sponsor:	Claire Radley, Director for People
Author:	Gayle Williams, Equality and Diversity Officer
Appendices	Appendix 1: WRES Indicators

1. Executive Summary of the Report
This paper outlines the Trust's performance against the Workforce Race Equality Standard (WRES) and, where shortcomings have been identified; a number of actions will be undertaken over the next 12 months from 1 st August

2. Recommendations (Note, Approve, Discuss)
Board of Directors is asked to note the action plan outlined within Appendix 2 and be assured that the Diversity and Inclusion Steering Committee will monitor its implementation on a quarterly basis as part of a standing agenda item on the committees meeting.

3. Legal / Regulatory Implications
The Trust has a statutory obligation under the Equality Act 2010 to publish information to demonstrate compliance with the public sector equality duty at least annually and is further required to publish the results of the annual WRES data collection and subsequent action plan.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
Workforce risks associated with this report are monitored through the Equality & Diversity Committee.

5. Resources Implications (Financial / staffing)
None.

6. Equality and Diversity
This report supports equal opportunities for all staff.

7. References to previous reports
Workforce Race Equality Standard & Draft Action Plan 2018/19 presented 25 July 2019

8. Freedom of Information
Public

1. Introduction

- 1.1 This paper outlines the Trust's performance against the Workforce Race Equality Standard (WRES) and, where shortcoming has been identified, identifies a number of actions to be undertaken over the next 12 months.

2. Background

- 2.1 Service Condition 13.6 of the 2019/20 NHS Standard Contract states:
The Provider must implement EDS2. The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard. In accordance with the timescale and guidance to be published by NHS England, the Provider must:
- implement the National Workforce Race Equality Standard; and
 - report to the Co-ordinating Commissioner on its progress.
- 2.2 The Care Quality Commission also considers the Workforce Race Equality Standard in their assessments of how "well-led" NHS providers are.

3. Workforce Race Equality Standard (WRES)

- 3.1 The WRES comprises nine standards against which the Trust is required to assess its performance:
- Four standards cover the comparison of White and Black, Asian and minority ethnic (BAME) staff metrics held within the Electronic Staff Record (ESR)
 - Four standards cover the comparison of white and BAME staff responses within the annual NHS staff survey results for 2018
 - One standard covers an assessment of whether our Board ethnicity is representative of the local population it serves.
- 3.2 The details of the Trust's performance highlighted in Section 4 forms the basis for the formal submission to NHS England due by August 2019. The WRES standards are contained within **Appendix 1**.

3.3 Definition of BAME and white staff

The term Black, Asian and minority ethnic (BAME) is used in this report and for the purposes of WRES to refer to people from the following ethnic groups: Asian British, Asian Bangladeshi, Asian Pakistani, Asian Indian, Asian Other, Black British, African, Caribbean, Black Other; Chinese or Any Other Ethnic Group; Mixed White and Asian, Mixed White and Black, Any Other Group.

The term white refers to White, White Irish and Other. Our European white staff are for instance classified under these terms.

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4. Performance against the Workforce Race Equality Standard (WRES)

- 4.1 Percentage of BAME staff in Bands 8-9, VSM (including executive Board members) compared with the percentage of BAME staff in the overall workforce:

Descriptor	2018/2019	2017/2018
Number of BAME staff in Bands 8-9 and Very Senior Managers*	8	4
Total number of staff in Bands 8-9 and Very Senior Managers	225	209
Percentage of BAME staff in Bands 8-9 and Very Senior Managers	3.5%	1.91%
Number of BAME staff in overall workforce	595	539
Total number of staff in overall workforce	5316	5202
Percentage of BAME staff in overall workforce	11.2%	10.4%

*Note: this indicator is based on directly employed workforce data within ESR at 1st April 2018, (excludes bank staff).

The percentage of BAME staff in Bands 8-9 and very senior management posts is 3.5%. This is an improvement on last year; however there remains a significant gap between the proportion of BAME staff within the Trust (11.2%) and those obtaining senior levels.

Further analysis shows that BAME staff are concentrated in bands 1-2 and 5, with reflects the large numbers of nursing and hotel services teams having the greatest diversity in terms of staff ethnicity.

Banding	BAME as a % of band
Band 1	12.4%
Band 2	13.3%
Band 3	5.5%
Band 4	9.8%
Band 5	17.7%
Band 6	7.2%
Band 7	6.0%
Band 8, 9 and VSM	3.5%

*Note this excludes bank staff and those with not known

Medical Workforce

	2018/2019	2017/2018
Total number of Staff who are medical consultants	257	255
Number of BAME staff who are Consultants	34	32
Percentage of BAME staff who are consultants	13.2%	12.5%
Of which number who are senior medical managers, (Medical Director or report directly into Medical Director/Deputy)	0	0
Percentage of BAME staff in overall medical workforce	15.9%	13.5%

The figures highlight that BAME staff are well represented at consultant level; however none are present in senior medical manager positions.

- 4.2 Relative likelihood of BAME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts*:

Descriptor	White 2018	BAME 2018	White 2019	BAME 2019
Number of shortlisted applicants	4781	1015	3759	828
Numbers appointed from shortlisting	487	74	455	58
Likelihood (shortlisting / appointed)	0.10	0.07	0.12	0.07

*Note: this indicator is based on data held in NHS Jobs between 1st April 2018 and 31st March 2019

Statistically there has been little change or progress in equalising the likelihood of being appointed from shortlisting irrespective of ethnic origin. The relative likelihood of White staff being appointed from shortlisting compared to BAME Staff is 1.7 times greater. This is an increase on the 2017/2018 position, where it was reported that shortlisted applicants from white backgrounds were 1.4 times more likely to be appointed.

- 4.3 Relative likelihood of BAME 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*:

Descriptor	White 2018	BAME 2018	White 2019	BAME 2019
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Number of staff in workforce	4648	539	4696	595
Number of staff entering the formal disciplinary process	48	8	65	16
% of staff entering the formal disciplinary process	1.03%	1.4%	1.3%	1.94%
Likelihood (entering disciplinary process)	0.010	0.014	0.013	0.026

*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year for identified White and BAME staff, excluding the 4 unknown.

The relative likelihood of BAME staff entering the formal disciplinary process compared to White staff is 1.9 times greater. This is a worsening position from last year's figure (1.4 times). There has been a marked increase in overall cases, including one case involving 13 individuals, (white and BAME) which has contributed in part to this increase.

In analysing the overall number of cases, (white and BAME staff) over the period, 34% resulted in informal action or no case to answer; indicating further training for investigating managers may be needed to ensure robust preliminary investigation is undertaken before allegations are formally put to staff.

4.4 Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff:

Descriptor	2017/2018		2018/2019	
	White	BME	White	BME
Base number*	4648	539	5316	595
No. of completions of non-mandatory training & CPD**	1794	243	1773	226
% of staff completing non-Mandatory training & CPD	87.8%	11.9%	88.3%	11.3%
Likelihood	0.38	0.8	0.33	0.9

*Note: this indicator is based on data within ESR and identified White and BAME staff, excluding the unknowns.

BAME staff are more likely, (around 10% more likely) than white staff to access non mandatory training, with the figures not changing significantly from the previous two years.

The board should note that information in support of this indicator is currently not collected on ESR. There will be other non-mandatory training being accessed recorded locally, (or not recorded at all) which is not included in the figures above. Furthermore, if a member of staff has attended more than one training course they will be counted each time they attend.

4.5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

Key Finding 25	Yes 2017	Base Number	Yes 2018	Base Number
White	28%	2023	26%	2041
BAME	27%	187	28%	189

*Data obtained from 2018 NHS Staff Survey Results and base numbers are based on total staff survey respondents, excluding unknowns.

The RUH scores for key finding 25 are marginally better than the organisational average for acute Trusts for both White and BAME staff, the averages being 28.2% and 29.8% respectively.

4.6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months:

Key Finding 26	Yes 2017	Base Number	Yes 2018	Base Number
White	24%	2023	24%	2043
BAME	31%	187	31%	192

*Data obtained from 2018 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The position for both White and BAME staff has remained statistically static, with BAME staff reporting greater harassment, bullying or abuse than white staff. This is higher than the acute average of 28% for BAME staff.

4.7 Percentage believing that Trust provides equal opportunities for career progression or promotion:

Key Finding 21	Yes 2017	Base Number	Yes 2018	Base Number
White	91%	2023	88%	1352
BAME	65%	187	56%	109

*Data obtained from 2018 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The White data set is in average results for acute trusts at 88% but the BAME data set is significantly below the average of 72% for acute trusts. This continues the worsening trend over the last three years, both for the Trust and nationally.

4.8 In the last 12 months have you personally experienced discrimination at work from any of the following?

b) Manager/team leader or other colleagues:

Question 17b	Yes 2017	Base Number*	Yes 2018	Base Number
White	8%	2023	6%	2041
BAME	19%	187	20%	184

*Data obtained from 2018 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The BAME staff response to this question, at 20% is significantly higher than white colleagues at 6%. The overall response to this question by the Trust was 9%.

4.9 Boards are expected to be broadly representative of the population they serve:

Descriptor	Board**	B&NES*	Wiltshire*	Somerset*
White	100.0%	94.6%	96.6%	98.0%
BAME	0.0%	5.4%	3.4%	2.0%

* Data obtained from the 2011 Population Census for each area.

**Board is defined as voting members irrespective of whether they are Executive or Non - Executive Directors.

5. Conclusion

5.1 Examination of the data currently available in support of the Trust's position against the WRES indicates further work is required in establishing a better understanding what appears to be detrimental treatment of BAME staff across a number of areas.

5.2 In order to ensure that meaningful and sustained change is made, the data will be shared with the Trust's BAME staff network group and widely across the Trust to help shape and form an action plan over the coming 12 months.

Appendix 1

The NHS Workforce Race Equality Standard Indicators (April 2016)

	<p>Workforce indicators For each of these four workforce indicators, <u>compare the data for White and BME staff</u></p>
1.	<p>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</p> <p>Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff</p>
2.	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p>
3.	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note: This indicator will be based on data from a two year rolling average of the current year and the previous year</p>
4.	<p>Relative likelihood of staff accessing non-mandatory training and CPD</p>
	<p>National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff</u></p>
5.	<p>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>
6.	<p>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p>
7.	<p>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion</p>
8.	<p>Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues</p>
	<p>Board representation indicator For this indicator, <u>compare the difference for White and BME staff</u></p>
9.	<p>Percentage difference between the organisations' Board voting membership and its overall workforce</p> <p>Note: Only voting members of the Board should be included when considering this indicator</p>