

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	
<b>Date of Meeting:</b>			

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

<b>1. Executive Summary of the Report</b>
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 <sup>st</sup> August with input from the Fusion Network.

<b>2. Recommendations (Note, Approve, Discuss)</b>
Board of Directors is asked to note & approve the report and following recommendations/actions: <ul style="list-style-type: none"> <li>• There are two metrics the Trust has not seen significant improvements against; Metrics 2 and 3; appointments from shortlisting and likelihood of entering into the disciplinary process. It is recommended that the Diversity and Inclusion action plan includes actions to address these.</li> <li>• The data will be shared with the Trust's BAME staff network group (called the Fusion Network) and widely across the Trust to help shape and form the action plan.</li> <li>• The WRES metric data to be submitted to NHS England no later than 31<sup>st</sup> August, Board report and action plan to be published no later than 30<sup>th</sup> September on the RUH Website in line with the regulatory obligation to publish.</li> <li>• Diversity and Inclusion Steering Committee will monitor the implementation of the action plan on a quarterly basis as part of a standing agenda item on the committees meeting</li> <li>• Regular reporting to People Committee</li> </ul>

<b>3. Legal / Regulatory Implications</b>
Statutory obligation under the Equality Act 2010 to publish information to demonstrate compliance with the public sector equality duty (PSED) at least annually and is further required to publish the results of the annual WRES data collection and subsequent action plan.

<b>4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
Workforce risks associated with this report are monitored through the Diversity and Inclusion Steering Committee.

<b>5. Resources Implications (Financial / staffing)</b>
None.

<b>6.</b>	<b>Equality and Diversity</b>
This report supports equal opportunities for all staff.	

<b>7.</b>	<b>References to previous reports</b>
<ul style="list-style-type: none"> <li>• Workforce Race Equality Standard &amp; Draft Action Plan 2019/20 presented 25 July 2019</li> <li>• Becoming a Model Employer: Increasing black and minority ethnic representation at senior levels across RUH NHS Foundation Trust, Implementing the NHS (WRES) leadership strategy by NHSI &amp; NHSE.</li> </ul>	

<b>8.</b>	<b>Freedom of Information</b>
Public	

## 1. Introduction

- 1.1 This paper outlines the Trust's performance against the Workforce Race Equality Standard (WRES) and, where shortcomings have 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 its 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 the 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 31<sup>st</sup> August 2020. The WRES standards are contained within **Appendix 1**.

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### 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 who identify as non-white, be they British or any other nationality. The term White refers to White, White Irish and White Other including the Trust's European white staff.

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

- 4.1 Metric 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:

Table 1

Descriptor	2018/2019	2019/2020
Number of BAME staff in Bands 8-9 and Very Senior Managers*	8	9
Total number of staff in Bands 8-9 and Very Senior Managers	225	307
<b>Percentage of BAME staff in Bands 8-9 and Very Senior Managers</b>	<b>3.5%</b>	<b>2.93%</b>
Number of BAME staff in overall workforce	595	708
Total number of staff in overall workforce	5316	5588
<b>Percentage of BAME staff in overall workforce</b>	<b>11.2%</b>	<b>12.67%</b>

\*Note: this indicator is based on directly employed workforce data within ESR at 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020, (excluding bank staff).

The percentage of BAME staff in Bands 8-9 and very senior management posts is 2.93%. This is lower than last year, though the number of people in post has increased.

Progress is being made at increasing numbers of BAME staff at senior levels, (for the first time since WRES reporting began the Trust has BAME staff in 8d and 9 positions). However, this improvement is not keeping pace with the numbers of BAME staff joining the Trust and there remains a significant gap between numbers of staff from a BAME background, (12.67%) being equally represented across all bands, (see Table 2).

Table 2

<b>Banding</b>	<b>BAME as a % of band</b>
Band 1	25%
Band 2	12.8%
Band 3	10.7%
Band 4	12.9%
Band 5	23.8%
Band 6	8.5%
Band 7	5.0%
Band 8, 9 and VSM	2.93%

\*Note this excludes bank staff

There has been an increase in band 5 staff from a BAME background, (from 17% to nearly 24%) reflecting the continued targeted recruitment of international nurses. There has also been an increase in BAME staff obtaining band 6 positions, increasing 1.5% on last year's figure.

The results of the WRES are compared against the Model Employer report produced by NHSE and NHSI for the RUH, which outlines a 10-year aspirational target to achieve equality across the senior Agenda for Change bands. The Trust is behind in its target to have equal representation at band 8a, but is ahead in its trajectory for band 8b-d and 9. The modelling is based on 10 year forecasting but assumes the base number of staff remains the same. Given the number of staff is increasing, (both for white and non-white staff), the Trust is considering what measures to put in place to not only maintain its current momentum, but in how to accelerate progress against the aspirational targets.

### Medical Workforce Table 3

	<b>2018/2019</b>	<b>2018/2019</b>
Total number of Staff who are medical consultants	270	257
<b>Number of BAME staff who are Consultants</b>	<b>36</b>	<b>34</b>
<b>Percentage of BAME staff who are consultants</b>	<b>13.3%</b>	<b>13.2%</b>
Of which number who are senior medical managers, (Medical Director or report directly into Medical Director/Deputy)	0	0
<b>Percentage of BAME staff in overall medical workforce</b>	<b>15.48%</b>	<b>15.9%</b>

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

4.2 Metric 2: Relative likelihood of BAME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts\*:

**Table 4**

<b>Descriptor</b>	<b>White 2019</b>	<b>BAME 2019</b>	<b>White 2020</b>	<b>BAME 2020</b>
Number of shortlisted applicants	3759	828	4129	966
Numbers appointed from shortlisting	455	58	1100	133
<b>Likelihood (shortlisting / appointed)</b>	<b>12.1%</b>	<b>7%</b>	<b>26.64%</b>	<b>13.77%</b>

\*Note: this indicator is based on data held in NHS Jobs between 1<sup>st</sup> April 2018 and 31<sup>st</sup> 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 1.9 times greater. This is an increase on the 2018/2019 position, where it was reported that shortlisted applicants from white backgrounds were 1.7 times more likely to be appointed.

4.3 Metric 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\*:

**Table 5**

<b>Descriptor</b>	<b>White 2019</b>	<b>BAME 2019</b>	<b>White 2020</b>	<b>BAME 2020</b>
Number of staff in workforce	4696	595	4836	708
Number of staff entering the formal disciplinary process	65	16	54	13
% of staff entering the formal disciplinary process	1.3%	1.94%	1.12%	1.84%
<b>Likelihood (entering disciplinary process)</b>		<b>1.94</b>		<b>1.64</b>

\*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 1.6 times greater. This is an improving figure from last year, however whilst the figures for this metric fluctuates every year, the likelihood of staff with BAME heritage entering into the formal disciplinary process continues to remain at, or close to 1.5 times greater than white staff.

4.4 Metric 4: Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff:

**Table 6**

Descriptor	2018/2019		2019/2020	
	White	BAME	White	BAME
Base number*	4696	595	4836	708
No. of completions of non-mandatory training & CPD**	1773	226	2005	361
% of staff completing non-Mandatory training & CPD	37.76%	37.98%	41.46%	50.99%
<b>Likelihood of white staff accessing non mandatory training compared to BAME staff</b>	<b>0.9</b>		<b>0.8</b>	

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

The probability of BAME staff accessing non-mandatory training is slightly higher than their White colleagues with the figures not changing significantly from the previous two years.

It should be noted that information in support of this indicator is currently not collected on the electronic staff record, (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 Metric 5: Percentage of staff experiencing harassment, bullying or abuse *from patients, relatives or the public* in last 12 months:

**Table 7**

Key Finding 25	Yes 2018	Base Number	Yes 2019	Base Number
White	26%	2041	25.7%	1881
BAME	28%	189	29.1%	175

\*Data obtained from 2019 NHS Staff Survey Results and base numbers are based on total staff survey respondents, excluding unknowns.

The RUH scores are marginally better than the organisational average for acute Trusts for both White and BAME staff, the averages being 28.2% and 29.9% respectively. Of concern is the particularly low engagement of BAME staff completing the survey each year.

- 4.5.1 Metric 6: Percentage of staff experiencing harassment, bullying or abuse *from staff* in last 12 months:

**Table 8**

Key Finding 26	Yes 2018	Base Number	Yes 2019	Base Number
White	24%	2043	24.8%	1882
BAME	31%	192	28.6%	175

\*Data obtained from 2019 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The position for both White and BAME staff has not changed significantly, though a marginal, (not statistically significant) improvement is seen within the BAME staff figures. BAME staff are still reporting greater harassment, bullying or abuse than White staff. This is on par with the acute Trust average of 28.8% for BAME staff.

4.5.2 Metric 7: Percentage believing that Trust provides equal opportunities for career progression or promotion:

**Table 9**

Key Finding 21	Yes 2018	Base Number	Yes 2019	Base Number
White	88%	1352	88.1%	1233
BAME	56%	109	67.7%	115

\*Data obtained from 2019 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The White data set is slightly above average results for acute trusts at 88% but the BAME figure, whilst positive to see an increase and reversal of the downward trend the Trust has previously reported, still falls short of the average for acute trusts (74.4%).

4.5.3 Metric 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:

**Table 10**

Question 17b	Yes 2018	Base Number	Yes 2019	Base Number
White	6%	2041	6.3%	1869
BAME	20%	184	14%	171

\*Data obtained from 2019 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The BAME staff response to this question, at 14% is significantly higher than white colleagues at 6%, although is an improvement on last year's figure.

4.9 Metric 9: Boards are expected to be broadly representative of the population they serve:

**Table 11**

Descriptor	Board**	B&NES*	Wiltshire*	Somerset*
White	<b>93.3%</b>	94.6%	96.6%	98.0%
BAME	<b>6.7%</b>	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.

The Board is representative of the population and catchment area the hospital serves, but remains unrepresentative of the staff within it, (with 12.67% of staff identifying as BAME versus 6.7% of the Board).

## 5. Conclusion & Recommendations

- 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 There are two key areas of opportunity where the Trust must make improvements against the WRES metrics, Metrics 2 and 3; appointments from shortlisting and likelihood of entering into the disciplinary process. It is recommended that any action plan includes actions to address these.
- 5.3 Additionally in order to ensure that meaningful and sustained change is made, the data will be shared with the Trust's Fusion staff network group and widely across the Trust to help shape and form an action plan.
- 5.4 The WRES metric data to be submitted to NHS England no later than 31<sup>st</sup> August, Board report and action plan to be published no later than 30<sup>th</sup> September on the RUH Website in line with the regulatory obligation.
- 5.5 The Diversity and Inclusion Steering Committee will monitor the implementation of the action plan on a quarterly basis as part of a standing agenda item on the committees meeting. Updates will be taken through the People Committee.



## Appendix 1

### The NHS Workforce Race Equality Standard Indicators (April 2016)

	<p><b>Workforce indicators</b> 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><b>National NHS Staff Survey indicators (or equivalent)</b> 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><b>Board representation indicator</b> 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>