Workforce Race Equality Standard (WRES)

Report 2020

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Contents

Workforce Race Equality Standard 2019

1 Introduction

1.1 The Workforce Race Equality Standard (WRES) has been in place for five years, the main aims are:

- To improve workplace experiences and employment opportunities for Black Asian & Minority Ethnic (BAME) people in the NHS
- The WRES also applies to BAME people who want to work in the NHS. This can be achieved by taking positive action to help address race equalities in the application process.

1.2 The Equality Diversity Council [EDC NHS] placed a priority on the development of the WRES to tackle race equalities.

1.3 The EDC NHS prioritised the development of the WRES to tackle race equalities - the WRES was identified as the best means to achieve this by helping the NHS to improve by:

- BAME representation at Senior Management and Board level.
- To provide better working environments for the BAME workforce.

1.4 The WRES is a tool to identify gaps between BAME & White staff experiences in the workplace this is measured through a set of Metrics. Closing the gaps will achieve:

- Tangible progress in tackling discrimination
- Promoting a positive culture.
- Valuing all staff for their contribution to the NHS

1.5 This will provide an environment in the NHS whereby all staff are valued and supported across its entire diverse workforce. The result will be high quality patient care and improved health outcomes for all.

1.6 The WRES supports EDS2 goals in relation to a representative workforce and is already embedded in the Trust;

- Better Health outcomes
- Improved patient access and experience.
- Representative and supported workforce
- To provide better working environments for the BAME workforce.

1.7 "A key message is that real and sustained changes will only be made by determined senior leadership and commitment. This requires a shift beyond over reliance on Diversity Managers and HR Directors to drive change. This should be viewed as a strategic opportunity to demonstrate commitment to diversity and to leverage improvements in patient care."
Technical Guidance for the NHS Workforce Race Equality Standard (WRES) July 2018

2 NHS Standard Contract

2.1 The Workforce Race Equality Standard applies to all types of providers of non-primary healthcare services operating under the full-length version of the NHS Standard Contract, and so is applicable to NHS providers, independent sector providers, and voluntary sector providers.

2.2 Since April 2015, the WRES has been included in the full-length NHS Standard Contract, which is mandated for use by NHS commissioners when commissioning non-primary health services. The Contract requires all providers of NHS services (other than primary care) to address the issue of workforce race inequality by implementing and using the WRES. Service Condition 13.6 of the NHS Standard Contract 2020/21 states the following in relation to the WRES:

> 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.

2.3 Service Condition 13.7 states that

> The Provider must work towards the achievement of its bespoke targets for black and ethnic minority representation amongst Staff at Agenda for Change Band 8a and above, as described in the NHS Model Employer Strategy

2.4 Schedule 6A of the NHS Standard Contract requires that providers report annually on their compliance with the WRES. These provisions do not apply to the shorter-form version of the NHS Standard Contract, which is typically used for commissioning lower value services with smaller providers.

3 Changes to NHS England data submission

3.1 Due to COVID-19 this year NHS England have not required the submission of data for indictors 5, 6, 7 and 8. They are included in this report.

4 Business Benefits to the Trust

4.1 Simon Stevens said that,

> *"We want an NHS of the people, by the people, for the people. That's because care is far more likely to meet the needs of patients we are here to serve when NHS Leadership is drawn from diverse communities."*

4.2 There are numerous benefits for the Trust through the implementation of the WRES – which all make good business sense:

- Recruitment – this would open up access to a young BAME labour market.
- Would add value to the Trust as a "diverse employer", raising awareness of different cultures, traditions and religious beliefs. Which in turn would provide greater understanding when delivering patient care, particularly in relation to dignity and respect.
- This would enhance and empower mutual respect from all staff and from our communities.
- The WRES will demonstrate our commitment as a Trust to deliver a diverse workforce, representative of the communities we serve.
- It would demonstrate to our own BAME staff the Trust commitment to ensure staff are treated equitably and appropriately free from discriminatory practices.
- The WRES will provide a transparency of what the Trust is delivering and evidence to prove progress.

5 Legal Duties

The Trust needs to fulfil legal duties regarding Protected Characteristics as detailed in the Equality Act 2010 in particular relating to the General Equality Duty as follows:

5.1   Eliminate unlawful discrimination, harassment and victimisation

The Trust has in place policies and process to eliminate discrimination and harassment of all staff and continues to take legal responsibility for all Protected Characteristics.

5.2   Advance equality of opportunity between different groups.

To mitigate risk the Trust may want to consider developing a baseline assessment of current resources and initiatives for all staff support across Protected Characteristics.

5.3   Foster good relations between different groups

- Reduce any negative impact by positive market communication. It is critical to make sure staff teams are engaged and understand the rationale and see the value of the work.
- Clarity about what positive action is, it's not about giving BAME staff an unfair advantage but addressing inequalities.

6   Workforce indicator 1

6.1   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 disaggregated by:

• Non-Clinical staff

• Clinical staff - of which

- Non-Medical staff

- Medical and Dental staff

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.
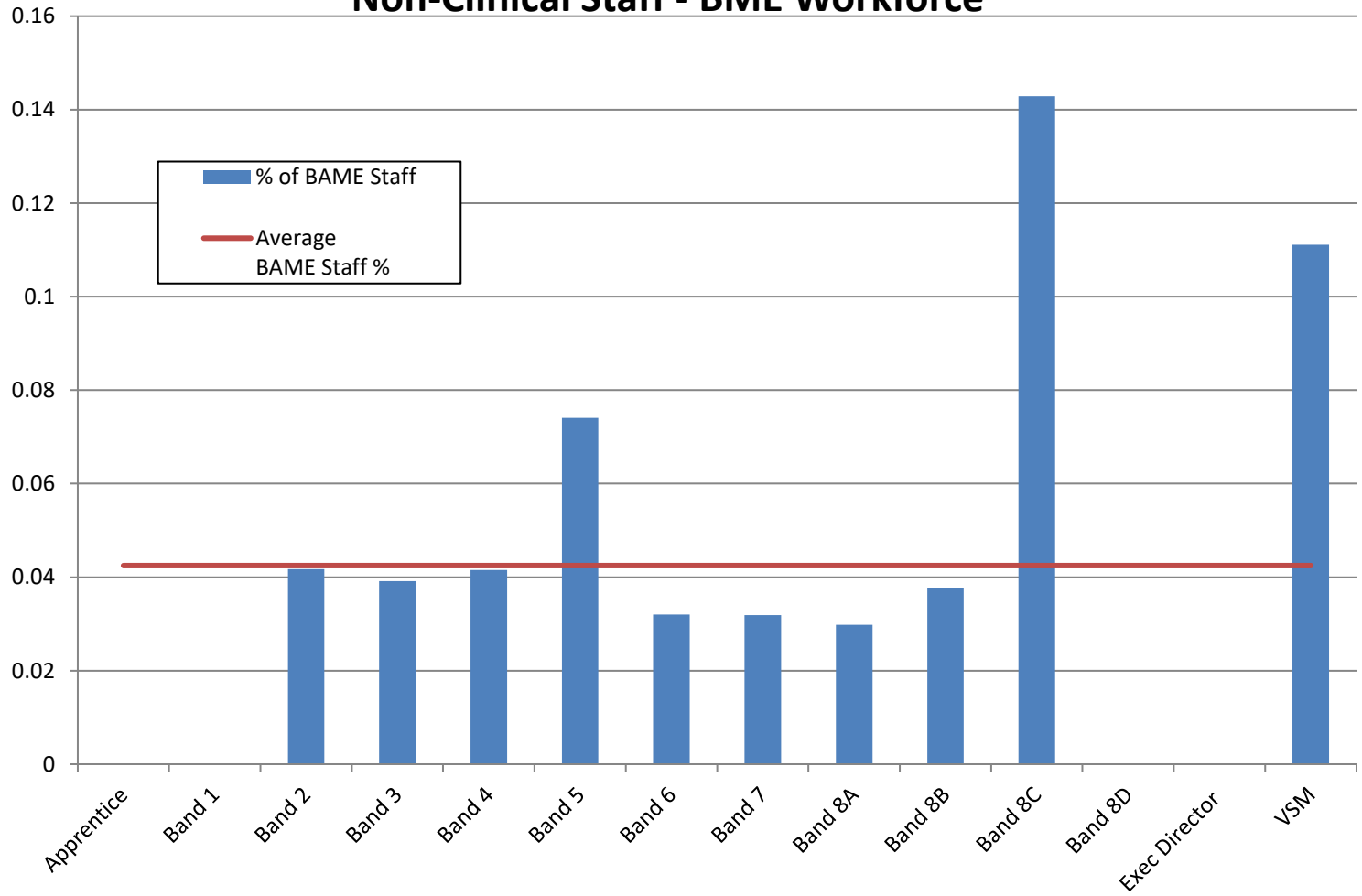
Non-Clinical staff

Non clinical	BAME	Not Stated	White	Grand Total	% of BAME Staff	Average BAME Staff %	% Difference	% Not Stated	% of White Staff
Apprentice		1	6	7	0	4.25%	-4.25%	14.29%	85.71%
Band 1			1	1	0	4.25%	-4.25%	0.00%	100.00%
Band 2	26	64	533	623	0.041734	4.25%	-0.08%	10.27%	85.55%
Band 3	19	46	420	485	0.039175	4.25%	-0.33%	9.48%	86.60%
Band 4	13	30	270	313	0.041534	4.25%	-0.10%	9.58%	86.26%
Band 5	12	21	129	162	0.074074	4.25%	3.16%	12.96%	79.63%
Band 6	4	24	97	125	0.032	4.25%	-1.05%	19.20%	77.60%
Band 7	3	14	77	94	0.031915	4.25%	-1.06%	14.89%	81.91%
Band 8A	2	8	57	67	0.029851	4.25%	-1.26%	11.94%	85.07%
Band 8B	2	5	46	53	0.037736	4.25%	-0.48%	9.43%	86.79%
Band 8C	1	1	5	7	0.142857	4.25%	10.04%	14.29%	71.43%
Band 8D		3	14	17	0	4.25%	-4.25%	17.65%	82.35%
Exec Director		1	4	5	0	4.25%	-4.25%	20.00%	80.00%
VSM	2	3	13	18	0.111111	4.25%	6.86%	16.67%	72.22%
Grand Total	84	221	1672	1977	0.042489	4.25%		11.18%	84.57%

This table shows the distribution of BAME staff in Non-Clinical Bands

[blue box]　　Indicates the level by which the percentage of BAME staff in the band is less than the percentage of staff across the Workforce.

[yellow box]　　Indicates the level by which the percentage of BAME staff in the band is more than the percentage of staff across the Workforce.

Non-Clinical Staff - BME Workforce

Legend:
- % of BAME Staff
- Average BAME Staff %

Y-axis: 0, 0.02, 0.04, 0.06, 0.08, 0.1, 0.12, 0.14, 0.16

X-axis: Apprentice, Band 1, Band 2, Band 3, Band 4, Band 5, Band 6, Band 7, Band 8A, Band 8B, Band 8C, Band 8D, Exec Director, VSM

Clinical staff

Clinical	BAME	Not Stated	White	Grand Total	% of BAME Staff	Average BAME Staff %	% Difference	% Not Stated	% of White Staff
Apprentice	1		7	8	12.50%	21.33%	-8.83%	0.00%	87.50%
Band 2	239	187	884	1310	18.24%	21.33%	-3.08%	14.27%	67.48%
Band 3	31	38	264	333	9.31%	21.33%	-12.02%	11.41%	79.28%
Band 4	73	37	230	340	21.47%	21.33%	0.14%	10.88%	67.65%
Band 5	329	199	820	1348	24.41%	21.33%	3.08%	14.76%	60.83%
Band 6	204	149	813	1166	17.50%	21.33%	-3.83%	12.78%	69.73%
Band 7	76	80	640	796	9.55%	21.33%	-11.78%	10.05%	80.40%
Band 8A	14	12	114	140	10.00%	21.33%	-11.33%	8.57%	81.43%
Band 8B		12	52	64	0.00%	21.33%	-21.33%	18.75%	81.25%
Band 8C		3	15	18	0.00%	21.33%	-21.33%	16.67%	83.33%
Band 8D		2	3	5	0.00%	21.33%	-21.33%	40.00%	60.00%
Band 9			2	2	0.00%	21.33%	-21.33%	0.00%	100.00%
Consultant	182	71	201	454	40.09%	21.33%	18.76%	15.64%	44.27%
Non-Consultant	98	32	46	176	55.68%	21.33%	34.35%	18.18%	26.14%
Trainee Grade	166	209	89	464	35.78%	21.33%	14.45%	45.04%	19.18%
Exec Director			1	1	0.00%	21.33%	-21.33%	0.00%	100.00%
Grand Total	1413	1031	4181	6625	21.33%	21.33%		15.56%	63.11%

This table shows the distribution of BAME staff in Clinical Bands

     Indicates the level by which the percentage of BAME staff in the band is less than the percentage of staff across the Workforce.

     Indicates the level by which the percentage of BAME staff in the band is more than the percentage of staff across the Workforce.
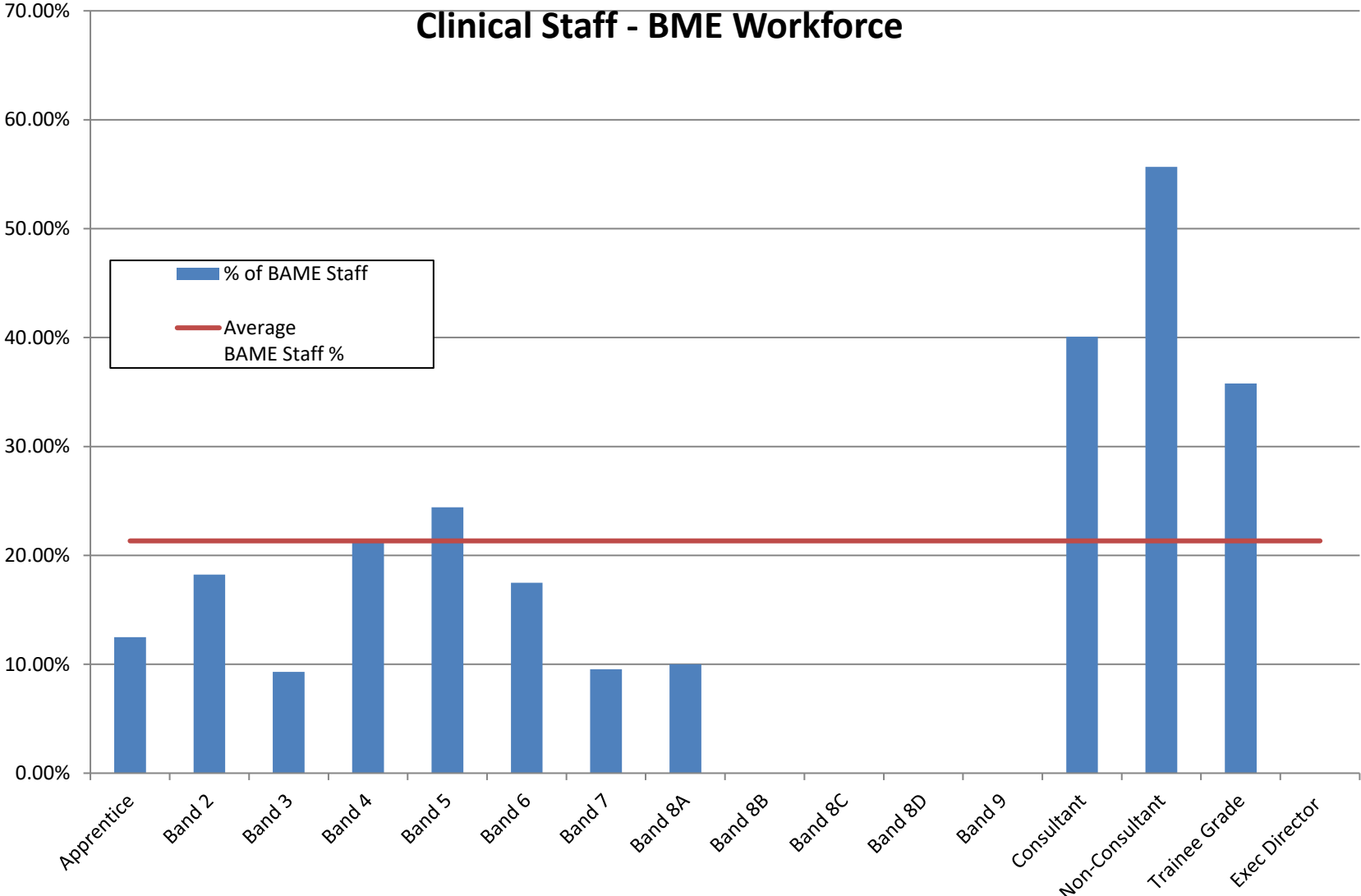
All Trust Staff

Trust	BAME	Not Stated	White	Grand Total	% of BAME Staff	Average BAME Staff %	% Difference	% Not Stated	% of White Staff
Apprentice	1	1	13	15	6.67%	17.40%	-10.74%	6.67%	86.67%
Band 1			1	1	0.00%	17.40%	-17.40%	0.00%	100.00%
Band 2	265	251	1417	1933	13.71%	17.40%	-3.69%	12.98%	73.31%
Band 3	50	84	684	818	6.11%	17.40%	-11.29%	10.27%	83.62%
Band 4	86	67	500	653	13.17%	17.40%	-4.23%	10.26%	76.57%
Band 5	341	220	949	1510	22.58%	17.40%	5.18%	14.57%	62.85%
Band 6	208	173	910	1291	16.11%	17.40%	-1.29%	13.40%	70.49%
Band 7	79	94	717	890	8.88%	17.40%	-8.53%	10.56%	80.56%
Band 8A	16	20	171	207	7.73%	17.40%	-9.67%	9.66%	82.61%
Band 8B	2	17	98	117	1.71%	17.40%	-15.69%	14.53%	83.76%
Band 8C	1	4	20	25	4.00%	17.40%	-13.40%	16.00%	80.00%
Band 8D		5	17	22	0.00%	17.40%	-17.40%	22.73%	77.27%
Band 9			2	2	0.00%	17.40%	-17.40%	0.00%	100.00%
Exec Director		1	5	6	0.00%	17.40%	-17.40%	16.67%	83.33%
Consultant	182	71	201	454	40.09%	17.40%	22.69%	15.64%	44.27%
Non-Consultant	98	32	46	176	55.68%	17.40%	38.28%	18.18%	26.14%
Trainee Grade	166	209	89	464	35.78%	17.40%	18.37%	45.04%	19.18%
VSM	2	3	13	18	11.11%	17.40%	-6.29%	16.67%	72.22%
Grand Total	1497	1252	5853	8602	17.40%	17.40%	0.00%	14.55%	68.04%

This table shows the distribution of BAME staff in all Bands

[blue box]   Indicates the level by which the percentage of BAME staff in the band is less than the percentage of staff across the Workforce.

[yellow box]   Indicates the level by which the percentage of BAME staff in the band is more than the percentage of staff across the Workforce.

TrustStaff - BME Workforce

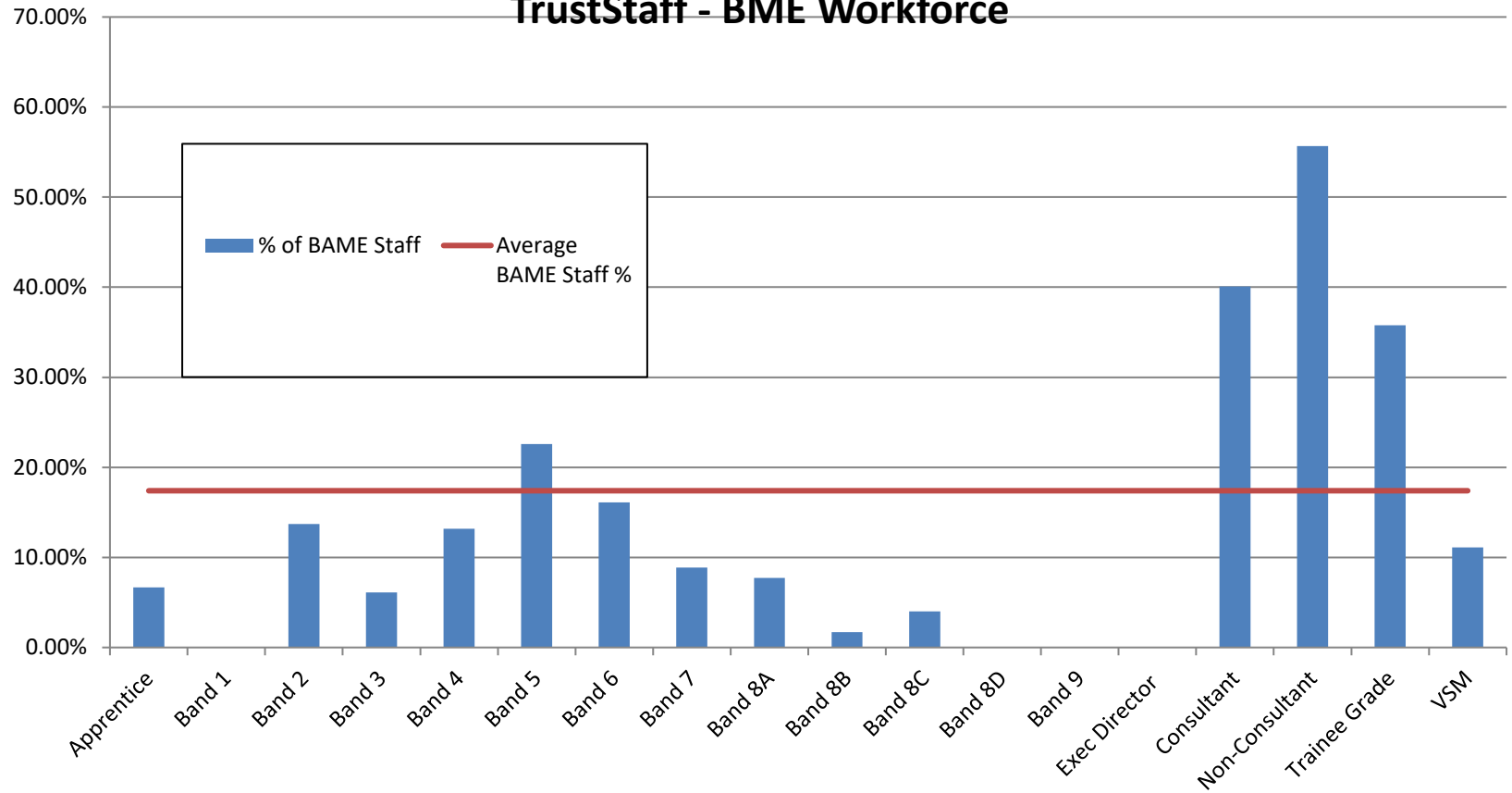Legend: % of BAME Staff — Average BAME Staff %

Categories: Apprentice, Band 1, Band 2, Band 3, Band 4, Band 5, Band 6, Band 7, Band 8A, Band 8B, Band 8C, Band 8D, Band 9, Exec Director, Consultant, Non-Consultant, Trainee Grade, VSM

7 Workforce Indicator 2

7.1 Relative likelihood of staff being appointed from shortlisting across all posts

7.2 The relative likelihood of being appointed from shortlisting for all staff was at its highest in 2015/16 when it indicated that White Applicants were 1.5 times more likely to be appointed than BAME Applicants. The relative likelihood of appointment has decreased since 2016, White Applicants now being only 1.13 times more likely than BAME Applicants to be appointed.
A figure below "1" would indicate that white candidates are less likely than BME candidates to be appointed from shortlisting.

Year	Likelihood White	Likelihood BAME	Relative Likelihood
2015	0.24	0.16	1.51
2016	0.36	0.24	1.51
2017	0.21	0.18	1.17
2018	0.22	0.18	1.21
2019	0.20	0.15	1.31
2020	0.26	0.23	1.13

8 Workforce Indicator 3

8.1 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
Note: This indicator is be based on data from a two-year rolling average of the current year and the previous year.

8.2 The system for recording disciplinary investigations changed after 2017 and this change is the cause of the higher numbers reported after that date.

8.3 Whilst the actual numbers increased after 2017 the relative likelihood remains consistently low.

8.4 A figure below "1" indicates that BAME staff members are less likely than white staff to enter the formal disciplinary process.

Year	Ethnicity	Entering disciplinary system	Total No. of Staff	Likelihood	Relative Likelihood
2016	White	56	5864	0.0095	0.56
	BAME	6	1125	0.0053	
	Not declared	10	958	0.0104	
2017	White	58	5678	0.0102	0.35
	BAME	4	1120	0.0036	
	Not declared	7	1032	0.0068	
2018	White	121	5515	0.0219	0.41
	BAME	10.5	1164	0.0090	
	Not declared	22	1179	0.0187	
2019	White	156	5573	0.0280	0.36
	BAME	12	1206	0.0100	
	Not declared	17.5	1266	0.0138	
2020	White	66	5853	0.0113	0.50
	BAME	8.5	1497	0.0057	
	Not declared	24	1252	0.0192	

Relative likelihood of entering disciplinary system
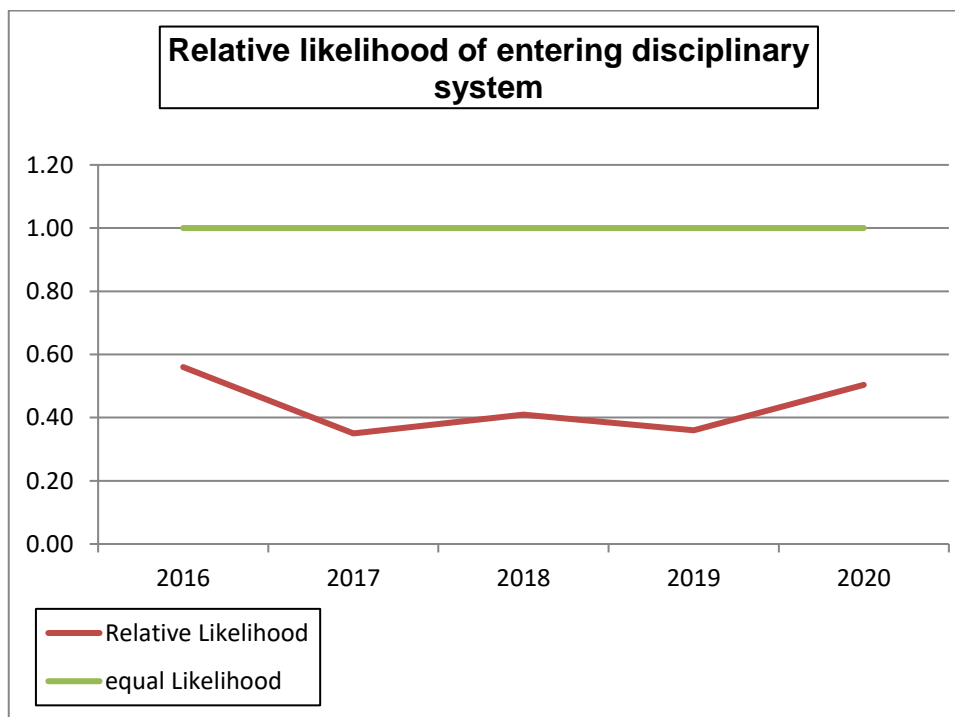
9 Workforce Indicator 4

9.1 Relative likelihood of staff accessing non-mandatory training and CPD

9.2 A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.

9.3 In 2019 and 2020 the relative likelihood was exactly one (1.00) indicating that BAME and White staff were equally likely to access the training.

Year	Ethnicity	Staff accessing non-mandatory training	Staff not accessing non-mandatory training	Grand Total	Likelihood	Relative likelihood
2015	BAME	362	715	1077	0.34	1.16
	Not Stated	225	439	664	0.34	
	White	2254	3551	5805	0.39	
2016	BAME	304	821	1125	0.27	1.25
	Not Stated	340	598	938	0.36	
	White	1981	3883	5864	0.34	
2017	BAME	475	645	1120	0.42	1.21
	Not Stated	527	505	1032	0.51	
	White	2911	2767	5678	0.51	
2018	BAME	525	639	1164	0.45	0.97
	Not Stated	506	673	1179	0.43	
	White	2402	3112	5514	0.44	
2019	BAME	393	756	1149	0.34	1
	Not Stated	327	939	1266	0.26	
	White	1959	3671	5630	0.35	
2020	BAME	625	872	1497	0.42	1
	Not Stated	421	831	1252	0.34	
	White	2446	3407	5853	0.42	

**Relative likelihood of accessing non-mandatory training**
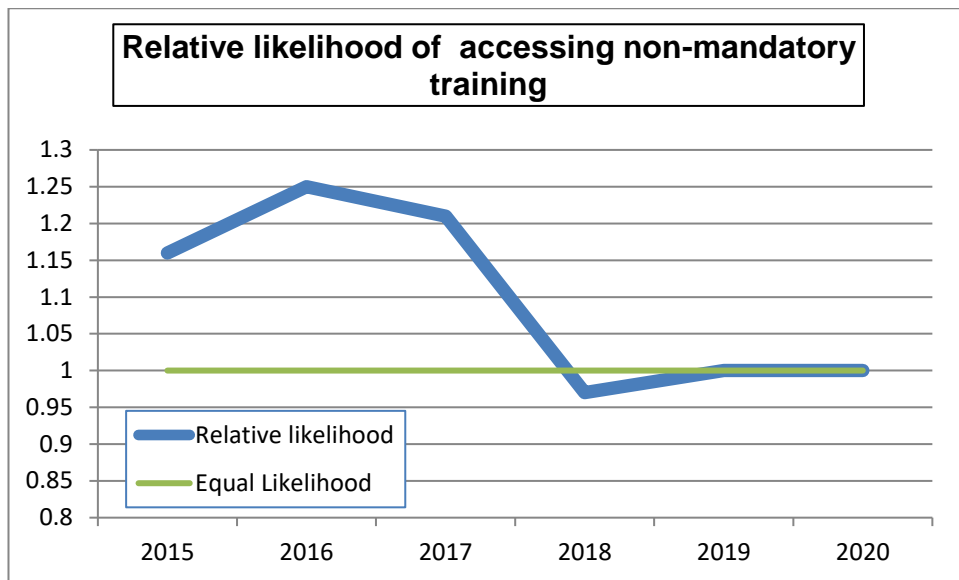
10 Workforce Indicator 5

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

10.2 Historically BAME staff have always reported lower levels of harassment, bullying or abuse from patients, relatives or the public although the level has increased consistently. However, in 2020 the for the first time BAME staff reported higher levels of harassment, bullying or abuse from patients than white staff.

10.3 The chart below compares EKHFT figures with all 85 Acute Trusts. It is clear that EKHUFT BAME staff consistently report higher levels of harassment, bullying or abuse from patients than our benchmark group.

	2015	2016	2017	2018	2019	2020
White	33.54	32.19	32.68	33.73	33.6	33.4
BAME	31.21	31.77	30.89	33.33	33.2	35.3

Staff Survey % of staff experiencing Bullying or harassment from the Public
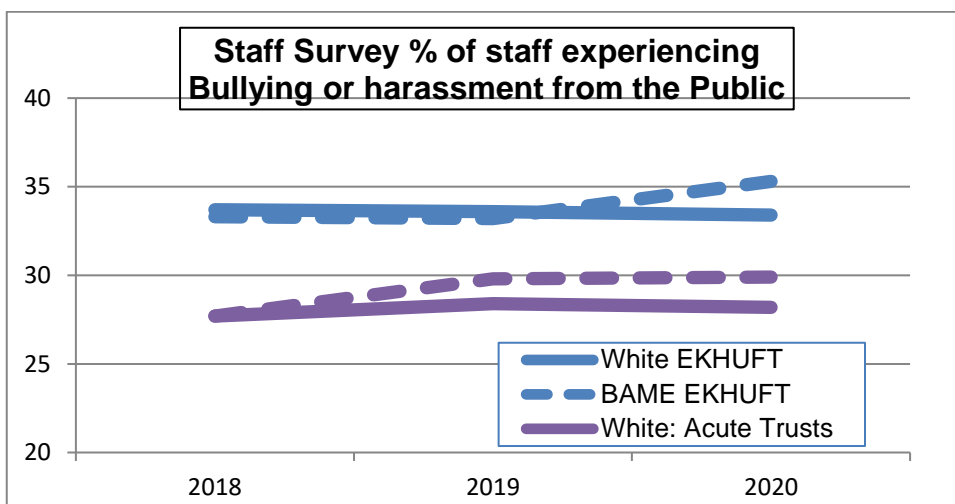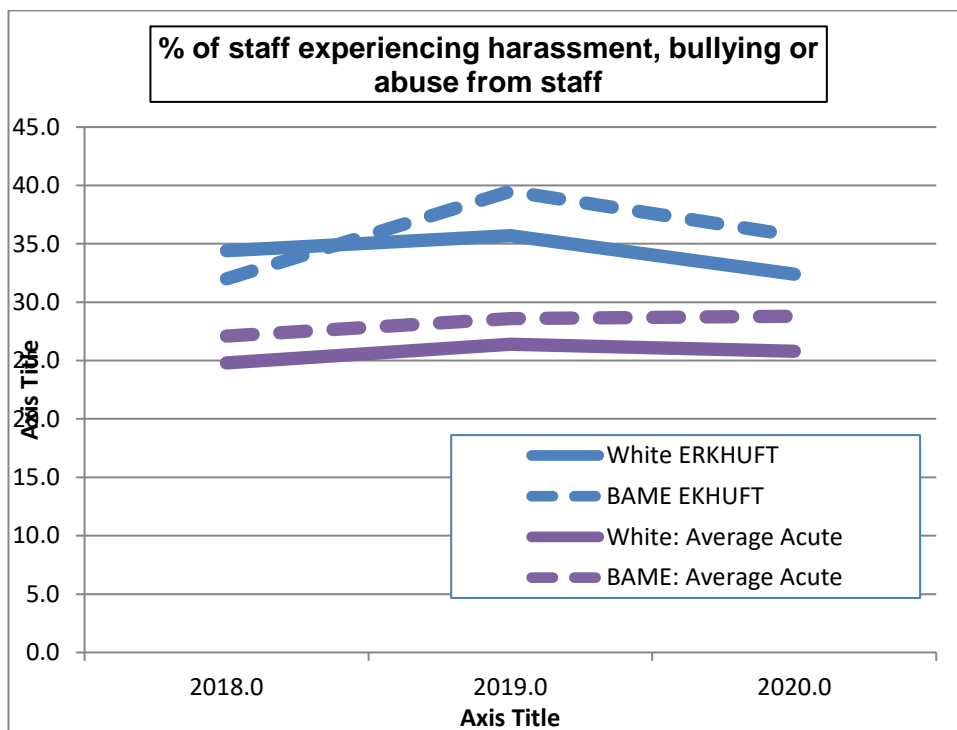
11 Workforce Indicator 6

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

11.2 From 2015 until 2018 the percentage of BAME staff reporting harassment, bullying or abuse from staff was lower than white staff. The last two years have shown a swing so that currently BAME staff report higher levels of harassment, bullying or abuse from staff than white staff.

11.3 The chart below indicates that EKHUFT staff consistently report higher levels of harassment, bullying or abuse from staff than our benchmark group. (Benchmark group- All acute trusts)

	2015	**2016**	**2017**	**2018**	**2019**	**2020**
White	41.82	42.22	35.94	34.42	35.70	32.40
BAME	38.35	39.43	34.59	31.96	39.50	35.70

| Ethnicity	2018.0	2019.0	2020.0
White ERKHUFT	34.4	35.7	32.4
BAME EKHUFT	32.0	39.5	35.7
White: Average Acute	24.8	26.4	25.8
BAME: Average Acute	27.1	28.6	28.8

12 Workforce Indicator 7

12.1 Percentage of staff believing that the trust provides equal opportunities for career progression or promotion.

12.2 BAME staff have consistently reported much lower levels of confidence that the trust provides equal opportunities for career progression or promotion.

12.3 All EKHUFT staff have consistently reported much lower levels of believing that the trust provides equal opportunities for career progression or promotion than the average score for our Benchmark Group (All acute trusts).

	2015	2016	2017	2018	2019	2020
White	77.4	82.5	83.7	83.4	81.2	85.6
BAME	67.6	67.4	74.7	74.2	70.7	74.4

Ethnicity	2018	2019	2020
White EKHUFT	83.4	81.2	85.6
BAME EKHUFT	74.1	70.7	74.4
White: Average Acute	86.8	86.5	86.7
BAME: Average Acute	75.1	72.3	74.4
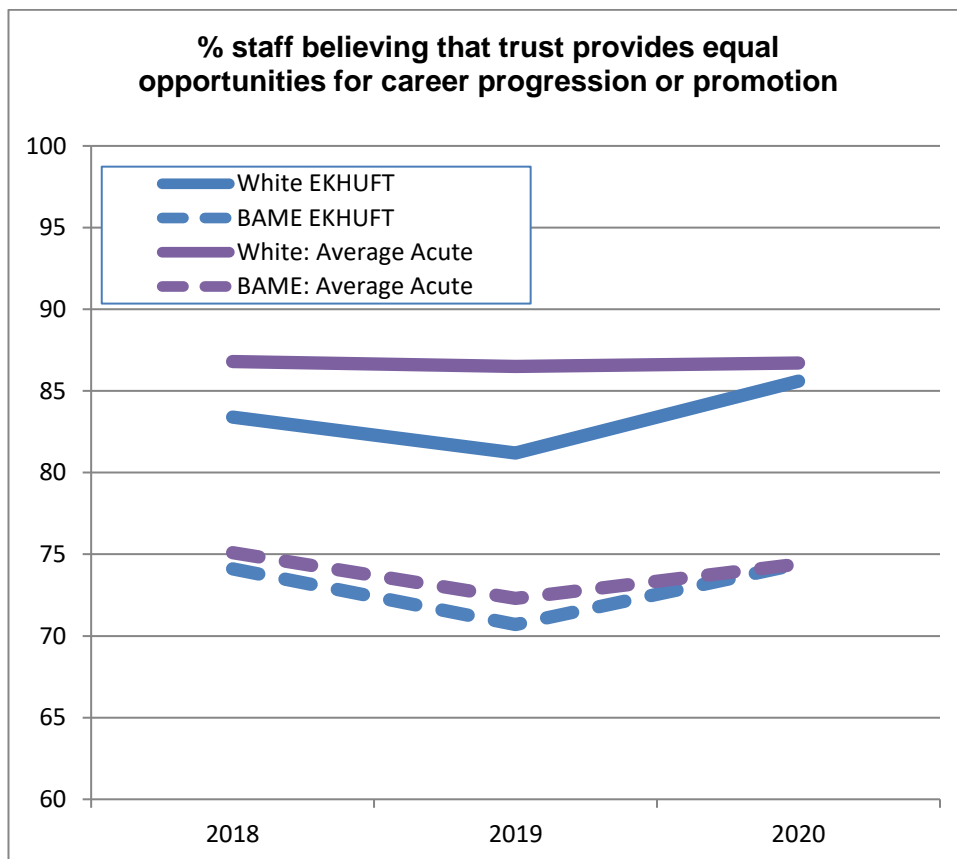
13 Workforce Indicator 8

13.1 Percentage of staff personally experienced discrimination at work from Manager/team leader or other colleague

13.2 BAME staff have always reported much higher levels of discrimination at work from Manager/team leader or other colleague.

13.3 All EKHUFT staff report much higher levels of discrimination at work from Manager/team leader or other colleague than their peers in our benchmark group.

	2015	2016	2017	2018	2019	2020
White	10.5	9.0	8.1	8.6	8.7	7.5
BAME	19.6	20.6	16.6	17.3	19.8	17.2

Discrimination at work from Manager/team leader or other colleague
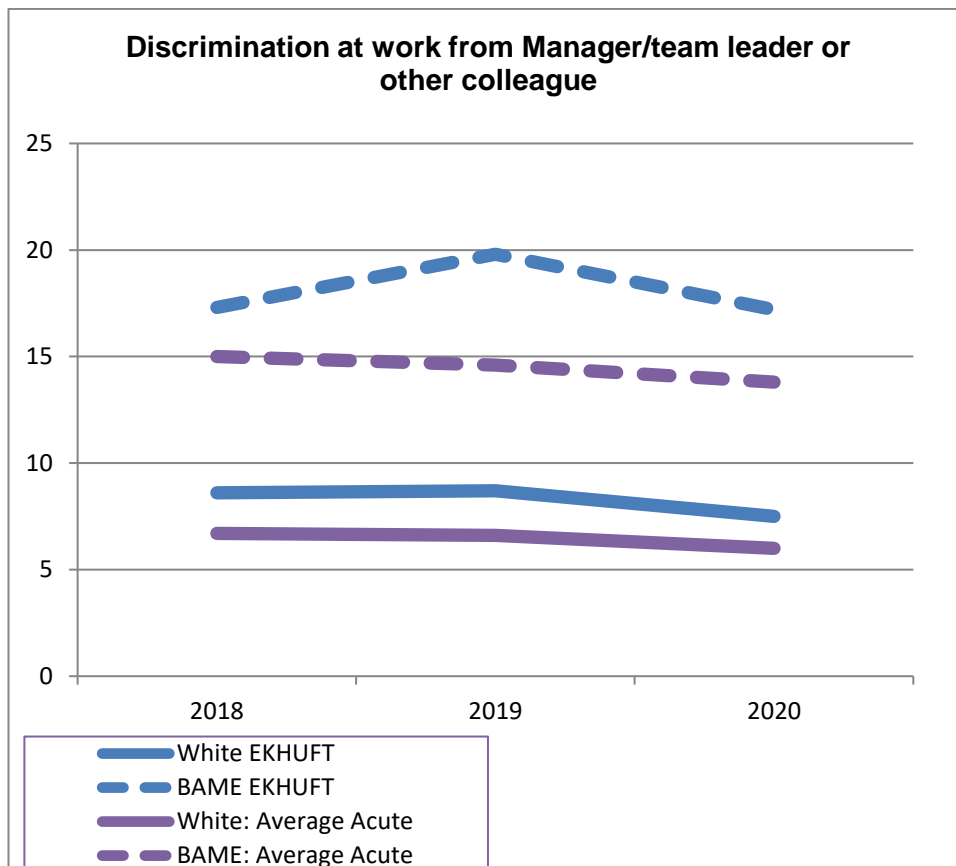
14 Workforce Indicator 9

14.1 Percentage difference between the organisations' Board membership and its overall workforce disaggregated: By voting and executive membership of the Board.

14.2 The difference between the organisations' Board membership and its overall workforce consistently reduced during until this year when the percentage of BAME board members was significantly less.

	Exec Director	Non-Executive Director & Chair	Grand Total
BME	0	1	1
Not Stated	2	2	4
White	5	5	10
Grand Total	7	8	15

			2015	2016	2017	2018	2019	2020
9A	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: By voting membership of the Board	White	8.44%	-7.31%	6.04%	8.44%	-2.61%	-1.4%
		Not Stated	-7.86%	14.83%	-13.18%	-7.86%	4.26%	12.1%
		BAME	-0.59%	-7.53%	7.14%	-0.59%	-1.66%	-10.7%
9B	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: By executive membership of the Board	White	13.20%	11.74%	13.18%	13.20%	2.16%	3.4%
		Not Stated	-15.00%	-11.83%	-13.18%	-15.00%	-1.45%	14.0%
		BAME	1.80%	0.09%	0.00%	1.80%	-0.70%	-17.4%

+ve number indicates higher percentage on Board than in Workforce

-ve number indicates lower percentage on Board than in Workforce

15 Action Plan

15.1 The Head of EDI has developed the following action Plan to address the major issues identified in the WRES report.

15.2 Progress on these actions will be monitored by the EDI Steering Group and the Strategic Workforce Committee.

Workstreams	Workforce Race Equality Standard (WRES)				
Accountable	Director of Human				
Specific Actions	Enable BAME Nurse, Midwife and AHP Progression into Senior Leadership Positions	Publicity Campaign to increase self reporting of protected characteristics.	Work with KPMG to develop strategy to tackle harassment, bullying abuse or discrimination	New campaign highlighting trusts policy to protect Staff from experiencing harassment, bullying or abuse (BHA) from Patients/service users, their relatives or other members of the public	Continue Conscious Inclusion training for Managers
Responsible	Head of EDI	Head of EDI	Head of EDI	Head of EDI	Head of EDI
Start date	21 October 2020	30 September 2020	01 August 2020	30 September 2020	07 August 2020
Progress Review Date	31 January 2021	30 November 2020	30 September 2020	01 January 2021	09 November 2020
Progress	Not Started	Not Started	Underway, on track	Not Started	Underway, on track
Completion date	30 September 2021	31 March 2021	tbc	31 March 2021	Ongoing
Key Deliverables & Outcomes	Increase the proportion of BAME nurses and midwives from 12% to 15%	Reduce the level of undeclared Ethnicity from 15% to 10%	Metrics to be determined	Reduce reported levels of BHA from 35% to 30%	Reduction in Staff Survey levels of reported discrimination from 17% to 15%
RAG					
Risks to delivery	Lack of senior management involvement	Appropriate media available		Staff perception of HBA. Address with information campaign	Staff availability and workload

Not Started	
Underway, on track	
Slight variation to plan (predicted 1 month delayed)	
Major variation to plan (predicted more than 2 months delayed)	
Completed	

16 Next Steps

16.1 EKHUFT is expected to publish data for each of the indicators and use this information to develop a local action plan to improve the experience of BAME staff. Year-to-year comparisons will demonstrate progress and challenges.

16.2 NHS England has sent the Head of EDI a pre-populated WRES spreadsheet based on data from the NHS Staff Survey and ESR for the period 1 April 2019 – 31 March 2020 (similar to the Workforce Disability Equality Standard (WDES) process).

16.3 The checked and completed spreadsheet was submitted via the Strategic Data Collection Service (SDCS) before 31 August 2020.

16.4 By 31 October 2020, EKHUFT must publish the Board ratified WRES Metrics and action plan on our website.

16.5 The raw data submitted to NHS England via SDCS will enable high-level comparative analysis across all NHS Trusts and Foundation Trusts.

17 Conclusion

17.1 BAME staff fare-well in just two of the WRES Indicators. 3. The relative likelihood of staff entering the formal disciplinary process and 4. The relative likelihood of staff accessing non-mandatory training and CPD.

17.2 BAME staff appear to be disadvantaged in all other areas.

17.3 There is now an urgent need to bring about change at EKHUFT particularly as these figures have not changed for the better since 2015.

17.4 It is anticipated that the action plan for 2020/21 will address these issues.