

# Workforce Race Equality Standard (WRES) Report 2019

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## 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 2018/19 NHS Standard Contract includes the WRES, which requires all NHS providers of NHS services to start to address the issue. It states at Service condition 13:

*“The provider must implement the national Workforce Race Equality Standard and submit an annual report to the co-ordinating commissioner on its progress implementing the standard.”*

2.2 The CQC will also consider the WRES in their assessments of how “Well Led” NHS providers are from April 2016

### **3 Business Benefits to the Trust**

3.1 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.”*

3.2 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.

### **4 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:

4.1 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.

4.2 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.

4.3 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.

## 5 Metrics

The method of measuring progress and action plans is through nine WRES metrics, which cover the following areas:

- 5.1 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
- 5.2 Relative likelihood of staff being appointed from shortlisting across all posts.
- 5.3 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
- 5.4 Relative likelihood of staff accessing non-mandatory training and CPD.
- 5.5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
- 5.6 Percentage believing that trust provides equal opportunities for career progression or promotion.
- 5.7 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
- 5.8 In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other colleagues
- 5.9 Percentage difference between the organisations' Board membership and its overall workforce disaggregated:
  - By voting membership of the Board
  - By executive membership of the Board

## 6 WRES Indicator results in detail


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:


- 6.1 In general BAME Staff are overrepresented in Band 5 and Medical Grades and underrepresented in Bands 8A – 9 and VSM
- 6.2 The Workforce Race Equality Standard (WRES) programme of work is focussed upon closing the gaps in white and BME staff experiences and opportunities across the NHS and health and social care settings. Data showed that BAME nurses and midwives were, in general, poorly represented in the higher Agenda for Change (AfC) pay bands. This has unfortunately been the case for many years.

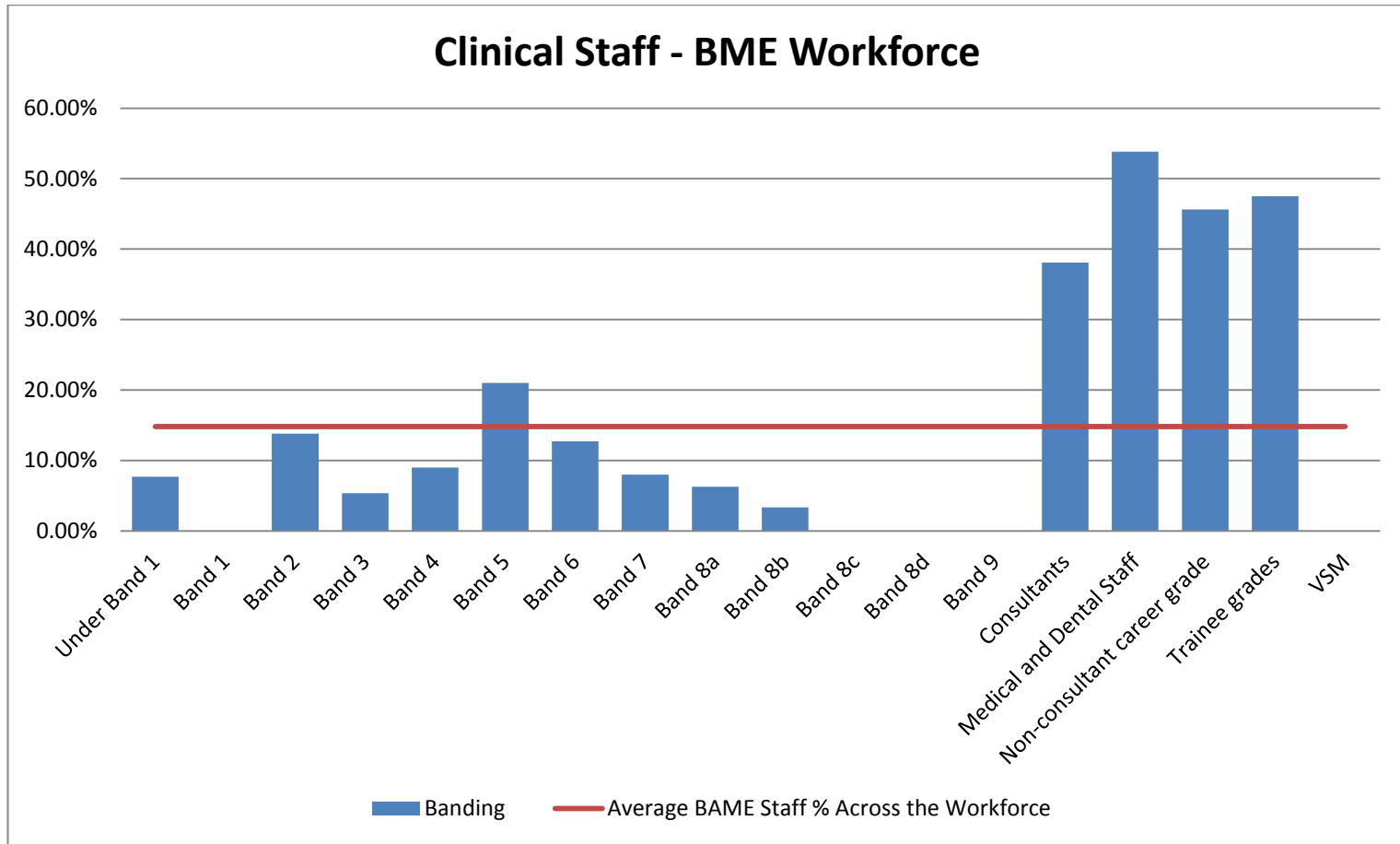
**Clinical staff**

Clinical	White Staff	BAME Staff	Not Stated	Total	% of BAME Staff	Average BAME Staff % Across the Workforce	% Difference	% of White Staff	% Not Stated	Band %
<b>Under Band 1</b>	12	1	1	14	7.14%	14.99%	-7.73%	85.71%	7.14%	0.23%
<b>Band 1</b>	0	0	0	0	0.00%	14.99%	-14.87%	0.00%	0.00%	0.00%
<b>Band 2</b>	836	189	174	1199	15.76%	14.99%	0.89%	69.72%	14.51%	19.32%
<b>Band 3</b>	268	21	39	328	6.40%	14.99%	-8.47%	81.71%	11.89%	5.29%
<b>Band 4</b>	207	21	24	252	8.33%	14.99%	-6.54%	82.14%	9.52%	4.06%
<b>Band 5</b>	813	299	217	1329	22.50%	14.99%	7.63%	61.17%	16.33%	21.41%
<b>Band 6</b>	806	167	157	1130	14.78%	14.99%	-0.09%	71.33%	13.89%	18.21%
<b>Band 7</b>	597	62	69	728	8.52%	14.99%	-6.35%	82.01%	9.48%	11.73%
<b>Band 8a</b>	114	9	10	133	6.77%	14.99%	-8.10%	85.71%	7.52%	2.14%
<b>Band 8b</b>	46	1	10	57	1.75%	14.99%	-13.12%	80.70%	17.54%	0.92%
<b>Band 8c</b>	13	0	3	16	0.00%	14.99%	-14.87%	81.25%	18.75%	0.26%
<b>Band 8d</b>	3	0	1	4	0.00%	14.99%	-14.87%	75.00%	25.00%	0.06%
<b>Band 9</b>	2	0	0	2	0.00%	14.99%	-14.87%	100.00%	0.00%	0.03%
<b>Consultants</b>	201	167	62	430	38.84%	14.99%	23.97%	46.74%	14.42%	6.93%
<b>Medical and Dental Staff</b>	8	10	6	24	41.67%	14.99%	26.80%	33.33%	25.00%	0.39%
<b>Non-consultant career grade</b>	42	81	51	174	46.55%	14.99%	31.68%	24.14%	29.31%	2.80%
<b>Trainee grades</b>	61	105	207	373	28.15%	14.99%	13.28%	16.35%	55.50%	6.01%
<b>VSM</b>	9	0	4	13	0.00%	14.99%	-14.87%	69.23%	30.77%	0.21%
<b>Total</b>	4038	1133	1035	6206						100.00%

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.







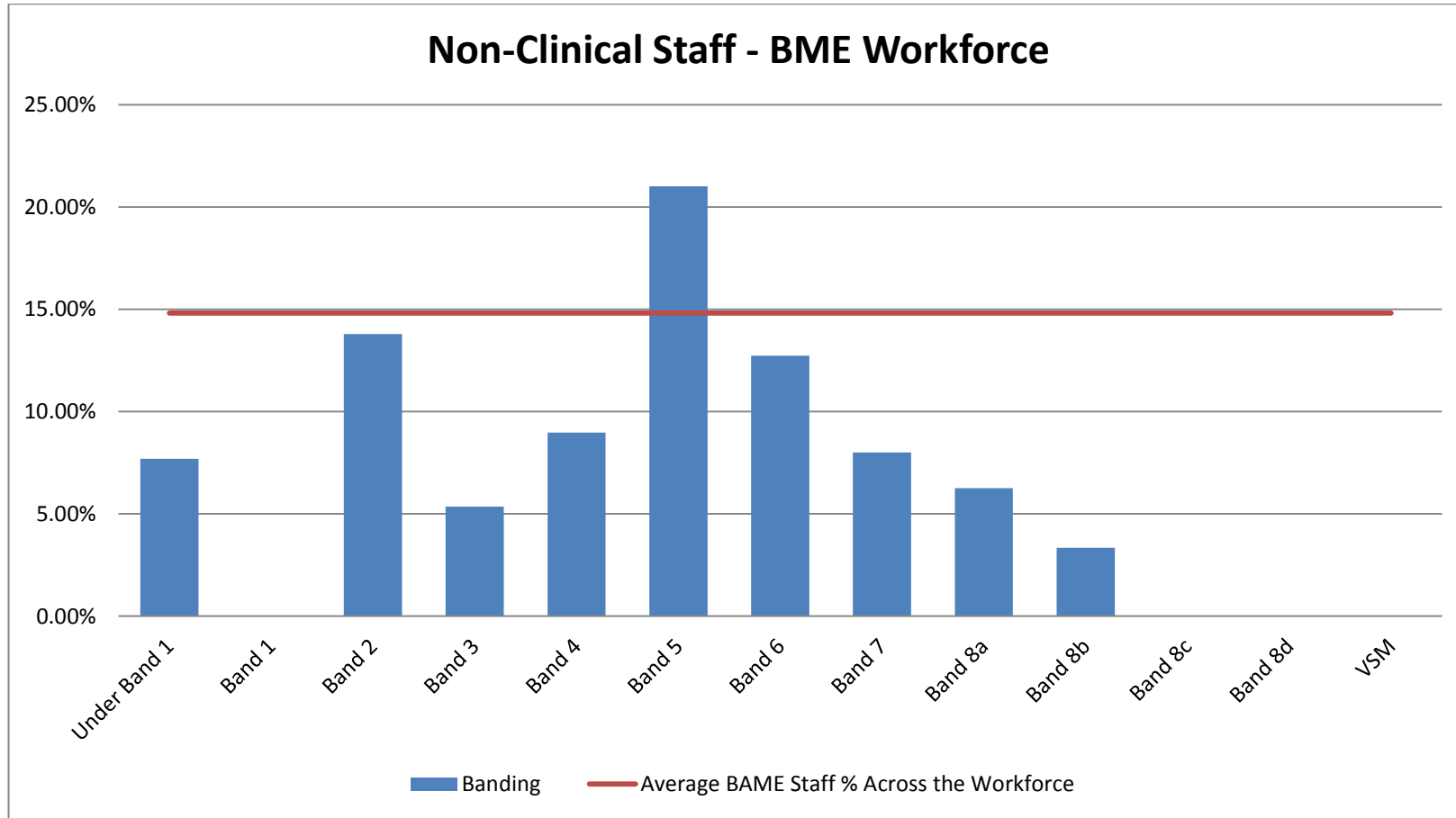
**Non-Clinical staff - of which**

Non-Clinical	White Staff	BAME Staff	Not Stated	Total	% of BAME Staff	Average BAME Staff % Across the Workforce	% Difference	% of White Staff	% Not Stated	Band %
<b>Under Band 1</b>	13	1	1	15	7.14%	14.99%	-7.85%	86.67%	6.67%	0.82%
<b>Band 1</b>	1	0	0	1	0.00%	14.99%	-14.99%	100.00%	0.00%	0.05%
<b>Band 2</b>	518	22	60	600	15.76%	14.99%	0.77%	86.33%	10.00%	32.63%
<b>Band 3</b>	355	16	55	426	6.40%	14.99%	-8.59%	83.33%	12.91%	23.16%
<b>Band 4</b>	237	13	35	285	8.33%	14.99%	-6.66%	83.16%	12.28%	15.50%
<b>Band 5</b>	124	10	21	155	22.50%	14.99%	7.51%	80.00%	13.55%	8.43%
<b>Band 6</b>	99	2	24	125	14.78%	14.99%	-0.21%	79.20%	19.20%	6.80%
<b>Band 7</b>	64	2	13	79	8.52%	14.99%	-6.47%	81.01%	16.46%	4.30%
<b>Band 8a</b>	42	2	9	53	6.77%	14.99%	-8.22%	79.25%	16.98%	2.88%
<b>Band 8b</b>	42	2	6	50	1.75%	14.99%	-13.24%	84.00%	12.00%	2.72%
<b>Band 8c</b>	11	1	1	13	0.00%	14.99%	-14.99%	84.62%	7.69%	0.71%
<b>Band 8d</b>	14	0	1	15	0.00%	14.99%	-14.99%	93.33%	6.67%	0.82%
<b>VSM</b>	15	2	5	22	0.00%	14.99%	-14.99%	68.18%	22.73%	1.20%
<b>Total</b>	1535	73	231	1839						100.00%

This table shows the distribution of BAME staff in Non-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.




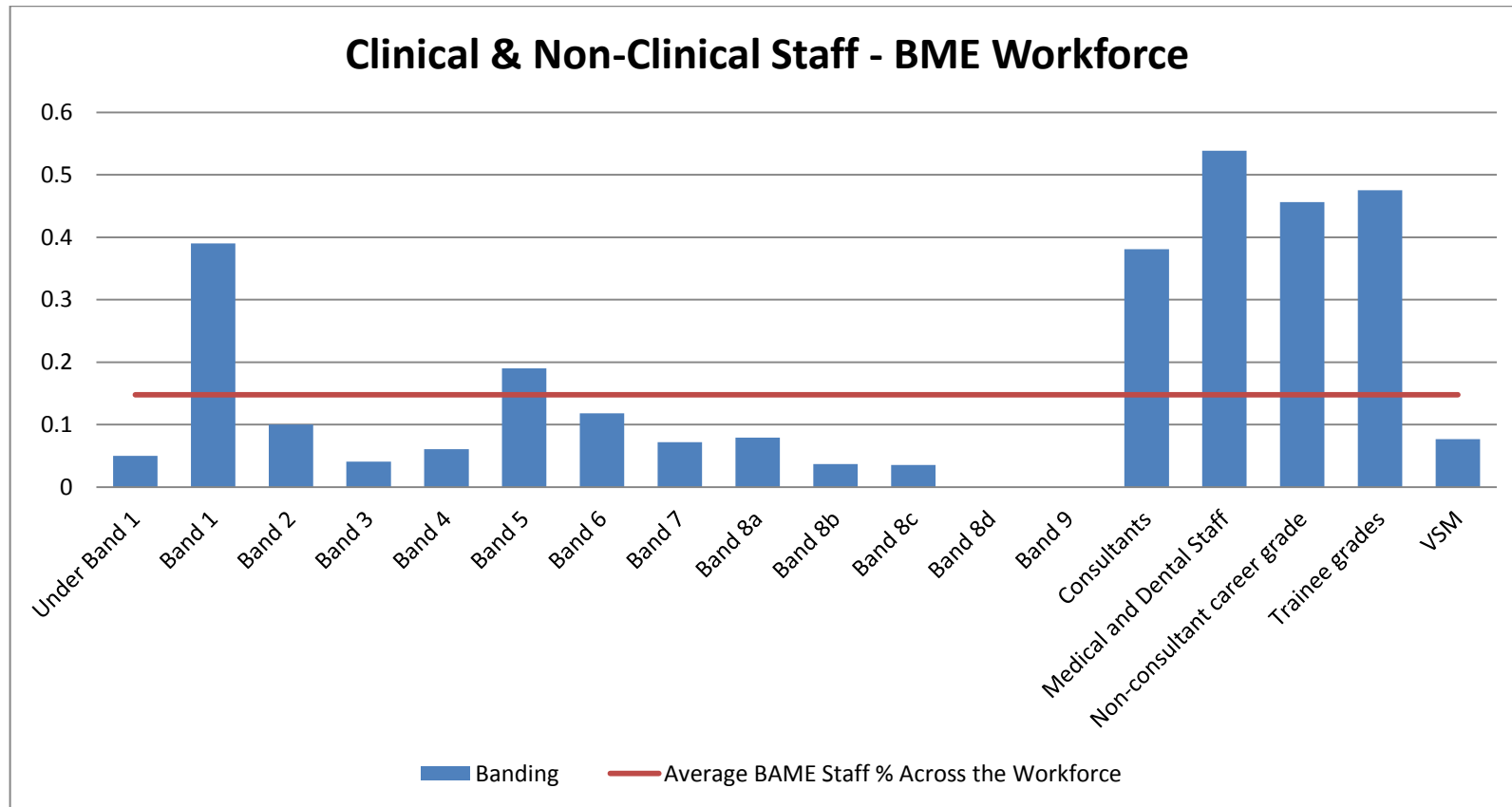
All Trust Staff

All Trust Staff	White Staff	BAME Staff	Not Stated	Total	% of BAME Staff	Average BAME Staff % Across the Workforce	% Difference	% of White Staff	% Not Stated	Band %
Under Band 1	25	2	2	29	6.90%	14.99%	-8.09%	86.21%	6.90%	0.36%
Band 1	1	0	0	1	0.00%	14.99%	-14.99%	100.00%	0.00%	0.01%
Band 2	1354	211	234	1799	11.73%	14.99%	-3.26%	75.26%	13.01%	22.36%
Band 3	623	37	94	754	4.91%	14.99%	-10.08%	82.63%	12.47%	9.37%
Band 4	444	34	59	537	6.33%	14.99%	-8.66%	82.68%	10.99%	6.67%
Band 5	937	309	238	1484	20.82%	14.99%	5.83%	63.14%	16.04%	18.45%
Band 6	905	169	181	1255	13.47%	14.99%	-1.52%	72.11%	14.42%	15.60%
Band 7	661	64	82	807	7.93%	14.99%	-7.06%	81.91%	10.16%	10.03%
Band 8a	156	11	19	186	5.91%	14.99%	-9.08%	83.87%	10.22%	2.31%
Band 8b	88	3	16	107	2.80%	14.99%	-12.19%	82.24%	14.95%	1.33%
Band 8c	24	1	4	29	3.45%	14.99%	-11.54%	82.76%	13.79%	0.36%
Band 8d	17	0	2	19	0.00%	14.99%	-14.99%	89.47%	10.53%	0.24%
Band 9	2	0	0	2	0.00%	14.99%	-14.99%	100.00%	0.00%	0.02%
Consultants	201	167	62	430	38.84%	14.99%	23.85%	46.74%	14.42%	5.34%
Medical and Dental Staff	8	10	6	24	41.67%	14.99%	26.68%	33.33%	25.00%	0.30%
Non-consultant career grade	42	81	51	174	46.55%	14.99%	31.56%	24.14%	29.31%	2.16%
Trainee grades	61	105	207	373	28.15%	14.99%	13.16%	16.35%	55.50%	4.64%
VSM	24	2	9	35	5.71%	14.99%	-9.28%	68.57%	25.71%	0.44%
<b>Total</b>	<b>5573</b>	<b>1206</b>	<b>1266</b>	<b>8045</b>						<b>100.00%</b>

This table shows the distribution of BAME staff in all Bands

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

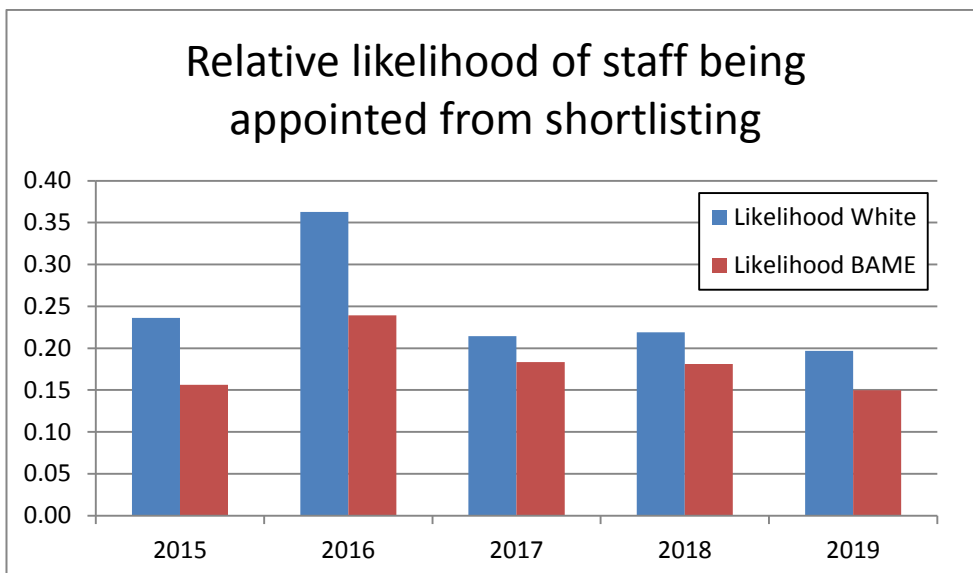
 Indicates the level by which the percentage of BAME staff in the band is more than the percentage of staff across the Workforce.



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

6.3.1 The likelihood of being appointed from shortlisting for all staff was at its highest in 2016 when the relative likelihood indicated that White Applicants were 1.5 times more likely to be appointed than BAME Applicants. Whilst the likelihood of appointment for all applicants has decreased since 2016, the relative likelihood has increased over the last two years with White Applicants now being 1.3 times more likely than BAME Applicants to be appointed.

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



6.4 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

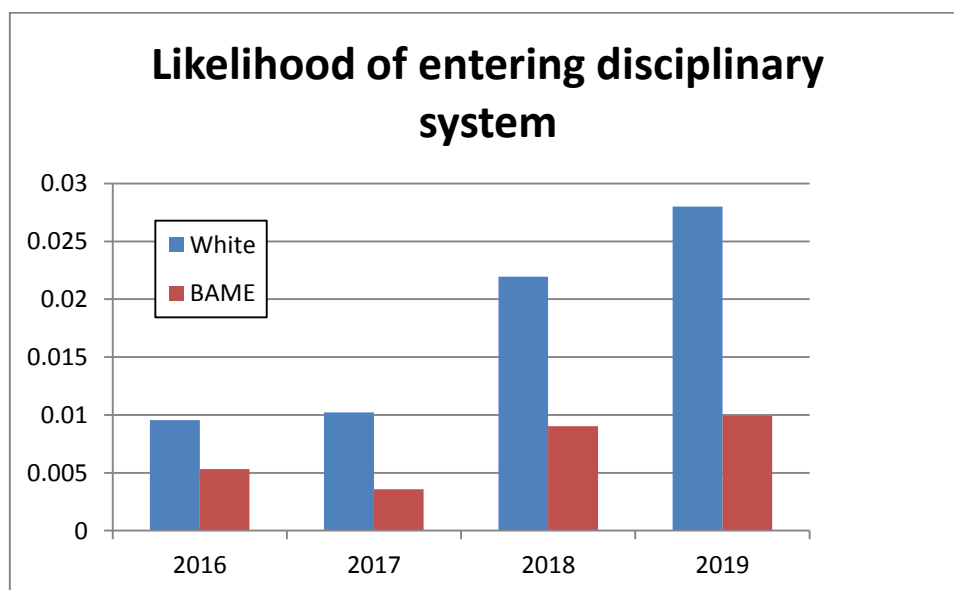
Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.

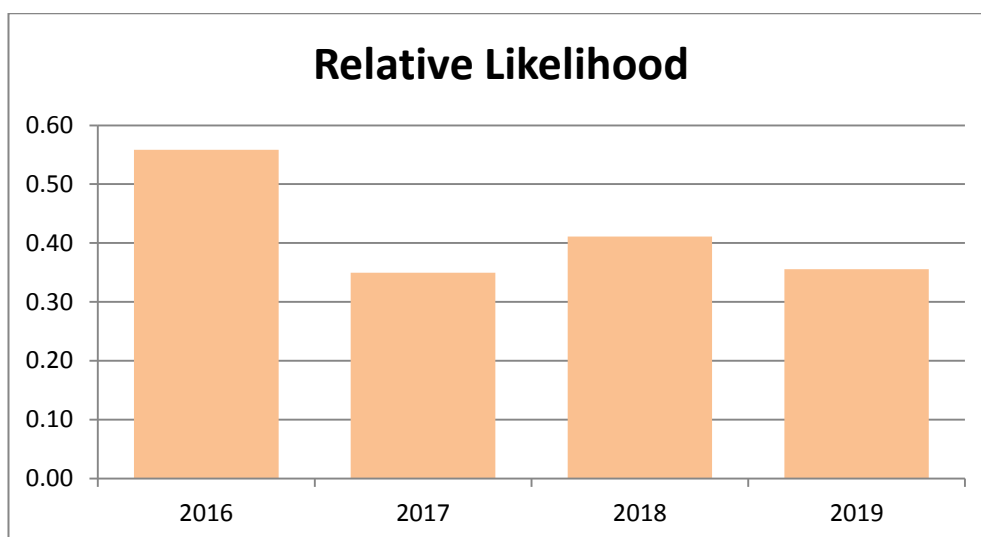
6.4.1 The system for recording disciplinary investigations changed after 2017 and this change is the cause of the higher numbers reported after that date.

6.4.2 Whilst the actual numbers increased after 2017 the relative likelihood remains consistent.

6.4.3 A relative likelihood lower than 1.00 indicates that white staff are more likely to enter the system than BAME staff.

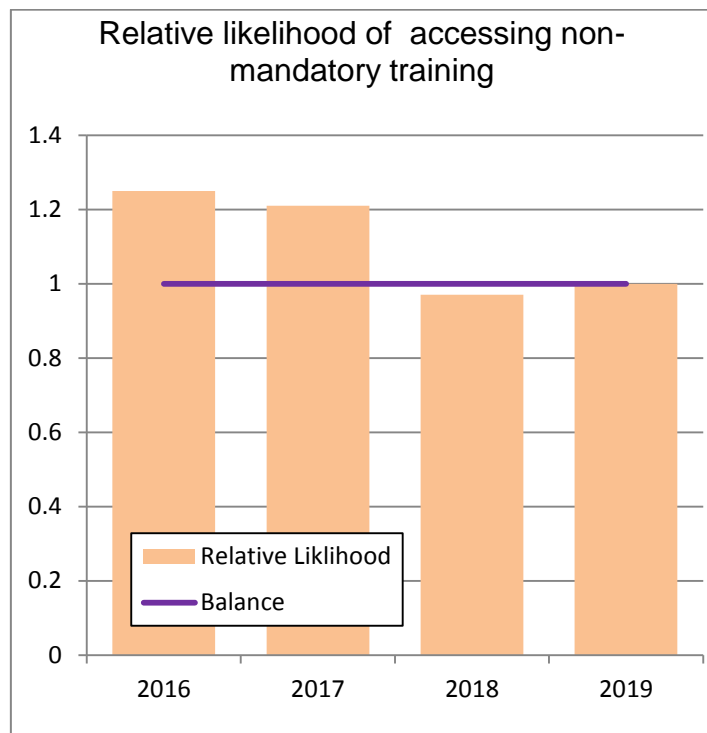
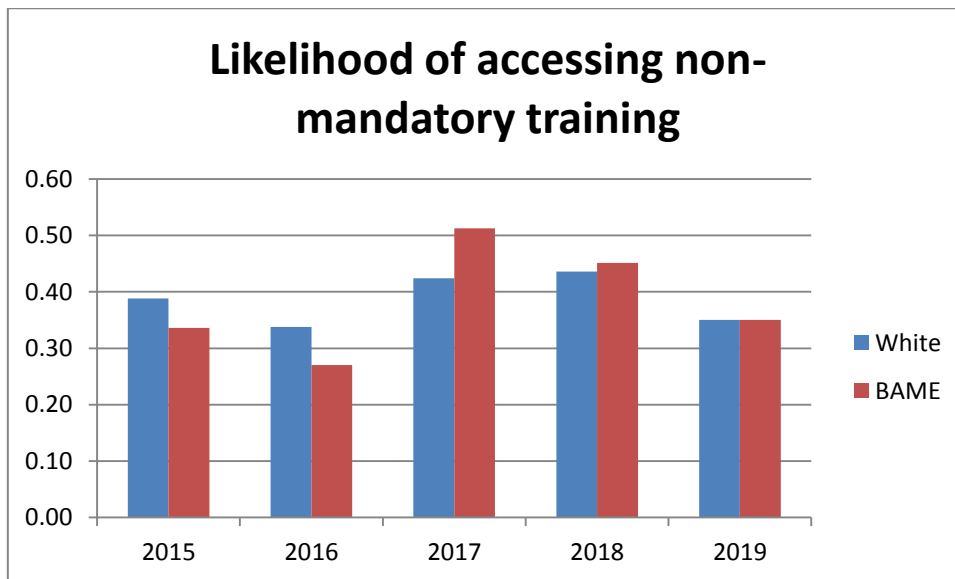
Year	Ethnicity	Entering disciplinary system	Total No. of Staff	Likelihood	Relative Likelihood
2016	White	56	5864	0.0095	0.56
	BAME	6	1125	0.0053	
	Not declared	10	958	0.0104	
2017	White	58	5678	0.0102	0.35
	BAME	4	1120	0.0036	
	Not declared	7	1032	0.0068	
2018	White	121	5515	0.0219	0.41
	BAME	10.5	1164	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	





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

2015	Staff accessing non mandatory training	Staff not accessing non mandatory training	Grand Total	Likelihood	Relative likelihood
<b>BAME</b>	362	715	1077	0.34	1.16
<b>Not Stated</b>	225	439	664	0.34	
<b>White</b>	2254	3551	5805	0.39	
<b>Grand Total</b>	2841	4705	7546		
<b>2016</b>					
<b>BME</b>	304	821	1125	0.27	1.25
<b>Not Stated</b>	340	598	938	0.36	
<b>White</b>	1981	3883	5864	0.34	
<b>Grand Total</b>	2625	5302	7927		
<b>2017</b>					
<b>BAME</b>	475	645	1120	0.42	1.21
<b>Not Stated</b>	527	505	1032	0.51	
<b>White</b>	2911	2767	5678	0.51	
<b>Grand Total</b>	3913	3917	7830		
<b>2018</b>					
<b>BME</b>	525	639	1164	0.45	0.97
<b>Not Stated</b>	506	673	1179	0.43	
<b>White</b>	2402	3112	5514	0.44	
<b>Grand Total</b>	3433	4424	7857		
<b>2019</b>					
<b>BAME</b>	393	756	1149	0.35	1.00
<b>Not Stated</b>	327	939	1266	0.26	
<b>White</b>	1959	3671	5630	0.35	
<b>Grand Total</b>	2679	5366	8045		

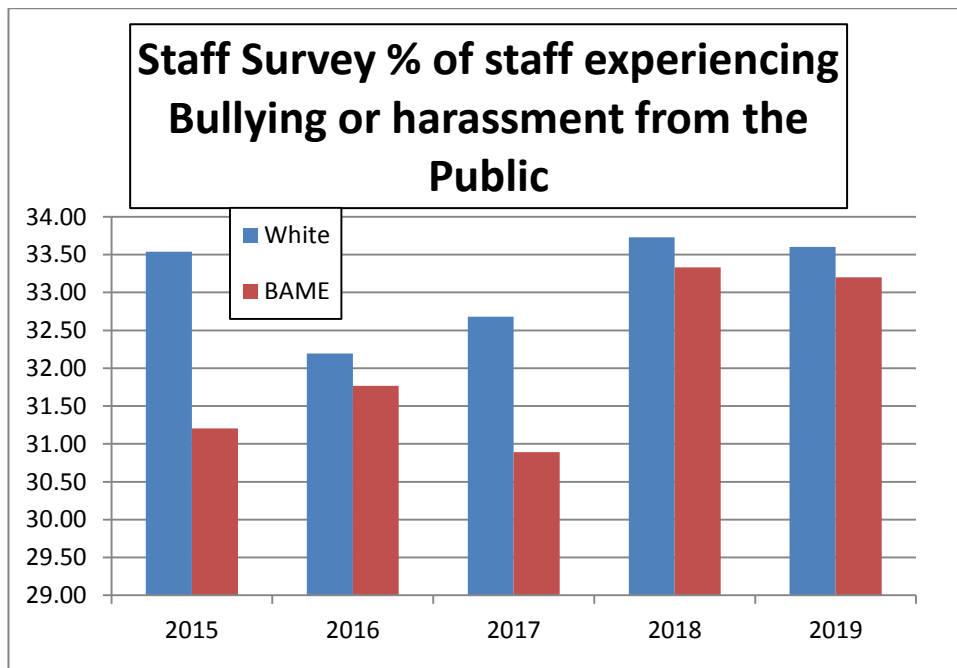


6.5.1 A relative likelihood above one indicates that White staff are more likely to access non-mandatory training than BAME staff. A relative likelihood below one indicates that BAME staff are more likely to access non-mandatory training. In 2019 the relative likelihood was exactly one(1.00) indicating that BAME and White staff were equally likely to access the training.

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

	2015	2016	2017	2018	2019
<b>White</b>	33.54	32.19	32.68	33.73	33.60
<b>BAME</b>	31.21	31.77	30.89	33.33	33.20

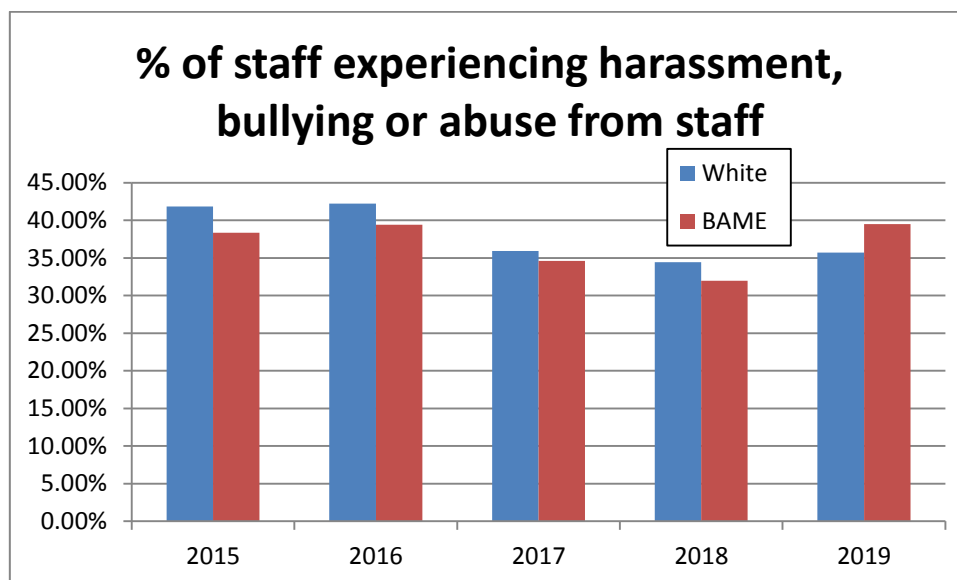




6.6.1 Historically BAME staff have always reported lower levels of harassment, bullying or abuse from patients, relatives or the public. However, recently the gap between the levels reported by white and BAME staff has reduced.

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

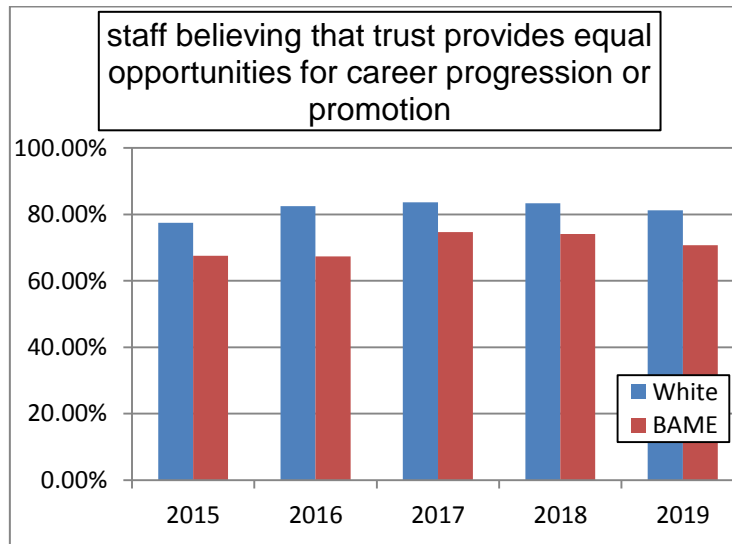
	2015	2016	2017	2018	2019
White	41.82%	42.22%	35.94%	34.42%	35.70%
BAME	38.35%	39.43%	34.59%	31.96%	39.50%



6.7.1 This is the first year where the reported levels of bullying, harassment and abuse by staff are higher from BAME staff than White staff.

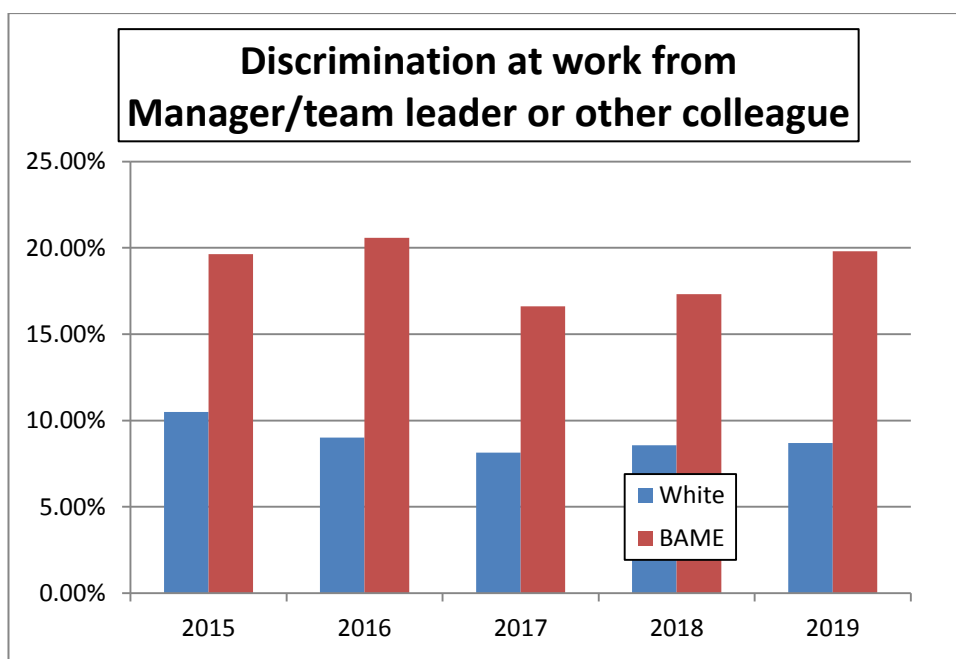
6.8 Percentage of staff believing that trust provides equal opportunities for career progression or promotion.

	2015	2016	2017	2018	2019
<b>White</b>	77.44%	82.48%	83.69%	83.36%	81.20%
<b>BAME</b>	67.60%	67.38%	74.67%	74.15%	70.70%



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

	2015	2016	2017	2018	2019
<b>White</b>	10.49%	9.01%	8.13%	8.56%	8.70%
<b>BAME</b>	19.64%	20.58%	16.62%	17.31%	19.80%



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

			2015	2016	2017	2018	2019
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%
		Not Stated	-7.86%	14.83%	-13.18%	-7.86%	4.26%
		BAME	-0.59%	-7.53%	7.14%	-0.59%	-1.66%
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%
		Not Stated	-15.00%	-11.83%	-13.18%	-15.00%	-1.45%
		BAME	1.80%	0.09%	0.00%	1.80%	-0.70%

+ve number indicates higher percentage on Board than in Workforce

-ve number indicates lower percentage on Board than in Workforce

The difference between the organisations' Board membership and its overall workforce has consistently reduced during the last five years.

## 7 Summary

- 7.1 Those BAME staff who completed the staff survey reported the highest levels of bullying and harassment in the last five years. For the first time in five years, the reported level of bullying and harassment by staff is higher for BAME staff than white staff.
- 7.2 The proportion of white staff who reported discrimination by staff during the previous year was 8.70%. The proportion of BAME staff who reported discrimination by staff during the same period was 2.27 times higher at 19.80%.
- 7.3 The percentage of white staff believing that trust provides equal opportunities for career progression or promotion was 81.20% whilst, the percentage of BAME staff believing that trust provides equal opportunities for career progression or promotion was more than 10% lower at 70.70%.

## 8 Recommended Actions

8.1 The Trust will launch an Enabling BAME Nurse and Midwife Progression into Senior Leadership Positions project.

8.1.1 Nursing and Midwifery staff form the largest professional grouping within the NHS. At least one in every five nurses and midwives come from a Black and Minority Ethnic (BME) background. Yet, very often, the opportunities and experiences that BAME nurses and midwives receive do not always correspond to the values which we all wish to aspire to in our Trust.

8.1.2 The Enabling BME Nurse and Midwife Progression into Senior Leadership Positions working group will utilize the following Action Plan for Improvement.

Priority Area	Objective	Suggested actions	Target date
<b>Target One:</b> Ensuring trust boards review their WRES data and know how well they are performing	Ensure board commitment to programme of improvement	Undertake review of your WRES data.	Complete
		Identify key areas of poor performance.	Complete
		Review best practice.	01 Sept 2019
		Prioritise areas of focus.	01 Sept 2019
<b>Priority Two:</b> Create an improvement strategy and set aspirational targets that are owned by the trust and monitored by the board	Ensure staff are aware of plans and board monitoring progress	Obtain trust board sign off.	12 Sept 2019
		Share WRES data with organisation.	30 Sept 2019
		Share areas of focus with organisation.	30 Sept 2019
		Set up working group to develop improvement strategy	01 Sept 2019
		Consult widely with trust	01 Oct 2019
Agree timelines with trust board	01 Nov 2019		
<b>Priority Two:</b> Create an improvement strategy and set aspirational targets that are owned by the trust and monitored by the board	Set aspirational targets for improvement. The targets must be meaningful	Agree monitoring process with the trust board	01 Nov 2019
		Set aspirational targets for improvement that are derived from strategy	01 Nov 2019
		Agree with trust board	Nov 2019
		Agree monitoring and reporting processes	Nov 2019

<p><b>Priority Three:</b> Establish development programmes that include: stretch projects; coaching sessions; and action learning sets</p>	<p>Set a series of activities that are meaningful to BAME staff and support established education programmes</p>	<p>Review our staff and talent spot Develop programme of: stretch projects; shadowing opportunities; coaching sessions and action learning sets for identified talent pool Consider programme of reverse mentoring Consider programme of on boarding for new staff</p>	<p>To be determined at early working group meetings.</p>
<p><b>Priority Four:</b> Ensure middle manager engagement</p>	<p>Drive change through middle and senior managers</p>	<p>Build this improvement programme into the objectives of middle managers Monitor performance against agreed strategy and aspirational targets</p>	<p>To be determined at early working group meetings</p>
<p><b>Priority Five:</b> Review recruitment processes to ensure full equal opportunities are being adhered to</p>	<p>Ensure all processes are fair and equitable. Reduce unconscious bias</p>	<p>Review shortlisting process Review list of those who were not shortlisted to ensure robust systems are in place Involve BME staff in interview processes Consider positive action Evaluate non-attendance at interview  Consider unconscious bias training. Ongoing evaluation of training.</p>	<p>To be determined at early working group meetings      In place In place</p>
<p><b>Priority Six:</b> Set up a BAME inclusion group that has a direct line to the board</p>	<p>Ensure BME voice is heard at trust board</p>	<p>Ensure that our strategy includes the setting up of BAME inclusion group Agree terms of reference Agree reporting processes this must include direct access to the trust board Appoint a chair of the group  Agree executive director lead</p>	<p>In place     To be determined</p>

Taken from “Enabling BME Nurse and Midwife Progression into Senior Leadership Positions” December 2017

8.2 The Trust’s Equality, Diversity and Inclusion (EDI) Team will work with Human Resources Business Partners, Respect Champions, Care Group representatives and the BAME staff Network to explore and address bullying and harassment and discrimination they will support this action plan to bring about change.

<b>Activity</b>	<b>Responsible</b>	<b>Accountable</b>	<b>Target date</b>
Set Up working group	BCS & HRBP Respect Programme	HR Director	31 Aug 2019
Set research parameters	Working group	HR Director	30 Sept 2019
Develop Recommendations	Working group	HR Director	30 Nov 2019
Implement appropriate strategies		HR Director	31 Jan 2020
Monitor and report on progress and developments	BCS & HRBP Respect Programme	HR Director	31 Mar 2020