

## Meeting of the Board of Directors in Public Wednesday, 03 July 2019

<b>Title of Report</b>	<b>Workforce Race Equality Standard</b>	<b>Agenda Item</b>	<b>X</b>
<b>Lead Director</b>	Leon Hinton, Executive Director of HR and OD		
<b>Report Author</b>	Alister McClure, Head of Equality and Inclusion		
<b>Executive Summary</b>	<p>This report provides the annual Workforce Race Equality Standard summary (WRES) for 2019. This is an obligation under the NHS Standard Contract, and also provides the Trust with information to help achieve greater racial equality, as required by the Equality Act 2010. Under the NHS Standard Contract (schedule 6a) the Executive Group and Board are required to consider and approve the WRES report prior to publication by 31 July 2019</p> <p>The performance is largely stable, compared to 2018, but still improved overall compared to 2016. A draft action plan to address concerns and improve performance is set out at section 5, which will be worked up in further detail by the Trust's Inclusion Steering Group before September 2019</p> <p>.</p>		
<b>Link to strategic Objectives 2019/20</b>  <i>(Please choose ALL that applies - this could be more than one)</i>	<b>Innovation:</b> We will embrace innovation and digital technology to support the best of care		<input type="checkbox"/>
	<b>Finance:</b> We will deliver financial sustainability and create value in all we do		<input type="checkbox"/>
	<b>People:</b> We will enable our people to give their best and achieve their best		<input checked="" type="checkbox"/>
	<b>Integrated Health Care:</b> We will work collaboratively with our system partners to establish an Integrated Care Partnership		<input type="checkbox"/>
	<b>High Quality Care:</b> We will consistently provide high quality care		<input type="checkbox"/>
<b>Committees or Groups at which the paper has been submitted</b>	Human Resources and Organisational Development Senior Team, 13 June 2019 Executive Group, 19 June 2019		
<b>Resource Implications</b>	None identified at this stage. Any actions should be achieved within existing resources		
<b>Legal Implications/Regulatory</b>	The Equality Act 2010 requires all employers to demonstrate equality of opportunity for staff, as measured against nine Protected Characteristics, including Race. The Public Sector Equality Duty, contained within the Equality		

<b>Requirements</b>	Act 2010, requires all public sector organisations to publish equality performance data on an annual basis; and the NHS Standard Contract requires all provider organisations to publish information on race equality in the form of the WRES summary						
<b>Quality Impact Assessment</b>	Not applicable						
<b>Recommendation/ Actions required</b>	To approve the publication of the Trust's Workforce Race Equality Standard Report.						
	<table border="1"> <tr> <td data-bbox="495 592 755 646"> <b>Approval</b>  <input checked="" type="checkbox"/> </td> <td data-bbox="755 592 1015 646"> <b>Assurance</b>  <input type="checkbox"/> </td> <td data-bbox="1015 592 1274 646"> <b>Discussion</b>  <input type="checkbox"/> </td> <td data-bbox="1274 592 1539 646"> <b>Noting</b>  <input type="checkbox"/> </td> </tr> </table>	<b>Approval</b> <input checked="" type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Discussion</b> <input type="checkbox"/>	<b>Noting</b> <input type="checkbox"/>		
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<b>Appendices</b>	The WRES Reporting Schedule (currently delayed by NHS Digital, but due w/c 17 June 2019)						

## 1 Executive Overview

- 1.1 The main purpose of the WRES is:
- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
  - to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
  - to improve BME representation at the Board level of the organisation.
- 1.2 The WRES assessment has been prepared following revised technical guidance published by NHS England in March 2017. There are 9 performance indicators. Not included as an indicator, but essential to the quality of reporting, is the percentage of staff who have self-declared their ethnic origin. The Trust's performance on self-declaration is excellent, at 98%.
- [For indicators 2, 3 and 4, a score of 1.00 equals equity. A score of greater than 1.00 shows an advantage to White staff; a score of less than 1.00 shows an advantage to BME staff.]
- 1.3 The performance has stabilised compared to 2018, and still an overall improvement compared to 2016. Further work is required to build performance back the levels reported in 2017; actions to do this are indicated in section 5 of the report.
- 1.4 Performance on indicator 3 (relative likelihood of staff being in formal procedures) shows that White staff continue to be more likely than BME staff to be in formal procedures. The national picture is the reverse, with BME staff being more likely to be in formal procedures. The number of staff in formal procedures, however, is falling.
- 1.5 Performance on indicator 4 (access to non-mandatory training and continued professional development) shows continued improvement, whilst indicators 5-7 (measured through the 2017 Staff Survey) have only stabilised compared to the previous year, and indicator 8 has also improved, with a smaller proportion of staff survey responses identifying discrimination at work).
- 1.6 An action plan to address concerns and improve performance is set out at section 5.

## 2 Background

- 2.1 The Five Year Forward View sets out a direction of travel for the NHS which depends on ensuring the NHS is innovative, engages and respects staff, and draws on the immense talent in our workforce. The evidence of the link between the treatment of staff and patient care is particularly well evidenced for Black and Minority Ethnic (BME) staff in the NHS, so this is an issue for patient care, not just for staff. The Equality and Diversity Council - representing the major national organisations in the NHS, proposed the Workforce Race Equality Standard, which supports and requires organisations to make these changes.
- 2.2 The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS

organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis. Medway NHS Foundation Trust produced its first WRES report in 2016, which formed the baseline against future years' assessments can be compared.

2.3 The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BME representation at the Board level of the organisation.

2.4 It is now a mandatory requirement in NHS standard contracts (Schedule 6a) to report on the WRES, including sign-off at Board level, before 31 July each year. The Trust must, therefore, publish its WRES following the Trust Board meeting on 5 July 2019.

2.5 The WRES Summary assessment is attached with this paper [NB – we are still waiting for NHS England to publish the template – due w/c 17 June], and the key findings are set out below. The summary shows a generally stable performance compared to 2018, but still an overall improvement compared to 2016, and continued progress on indicator 3 (relative likelihood of white and BME staff being in formal procedures) and indicator 4 (access to non-mandatory training).

### 3 Key Findings

3.1 The WRES assessment has been prepared following revised technical guidance published by NHS England in March 2017. There are 9 performance indicators. Not included as an indicator, but essential to the quality of reporting, is the percentage of staff who have self-declared their ethnic origin. The Trust's performance on self-declaration is excellent, at 98% (up 1.5 percentage points on 2018, where the self-declaration rate was 96.5%.)

[For indicators 2, 3 and 4, a score of 1.00 equals equity. A score of greater than 1.00 shows an advantage to White staff; a score of less than 1.00 shows an advantage to BME staff.]

### 3.2 Indicator 1 – Workforce profile

Staff in each of the Agenda for Change (AfC) Bands 1-9 and VSM (including executive Board members) compared with staff in the overall workforce.

This information was required to be broken down not only by band, but also separating clinical, medical and dental and non-clinical staff. The data shows that there is an over-representation of White staff at Band 2 (non-clinical), although it is likely to be due to staff at lower pay bands and non-clinical roles being recruited more from the local community than higher bands and clinical roles. The Trust's workforce is considerably more diverse than the local population, and the representation of staff for Black and Minority Ethnic (BME) backgrounds at all levels, except very senior management, has increased from previous years.

There is significantly higher representation of people from BME backgrounds in medical and dental roles, which is reflective of the profile of their professions.

Table 1a: Ethnicity (Agenda for Change *Non-Clinical* Bands 2 to 9 and Very Senior Management, Headcount)

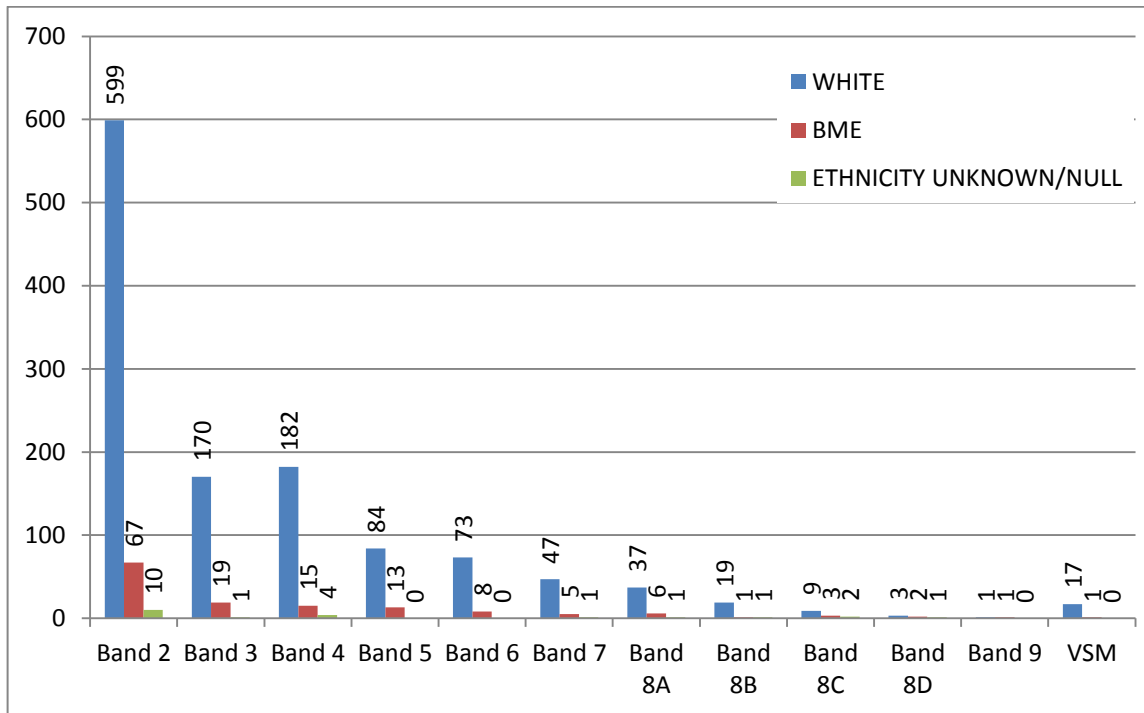


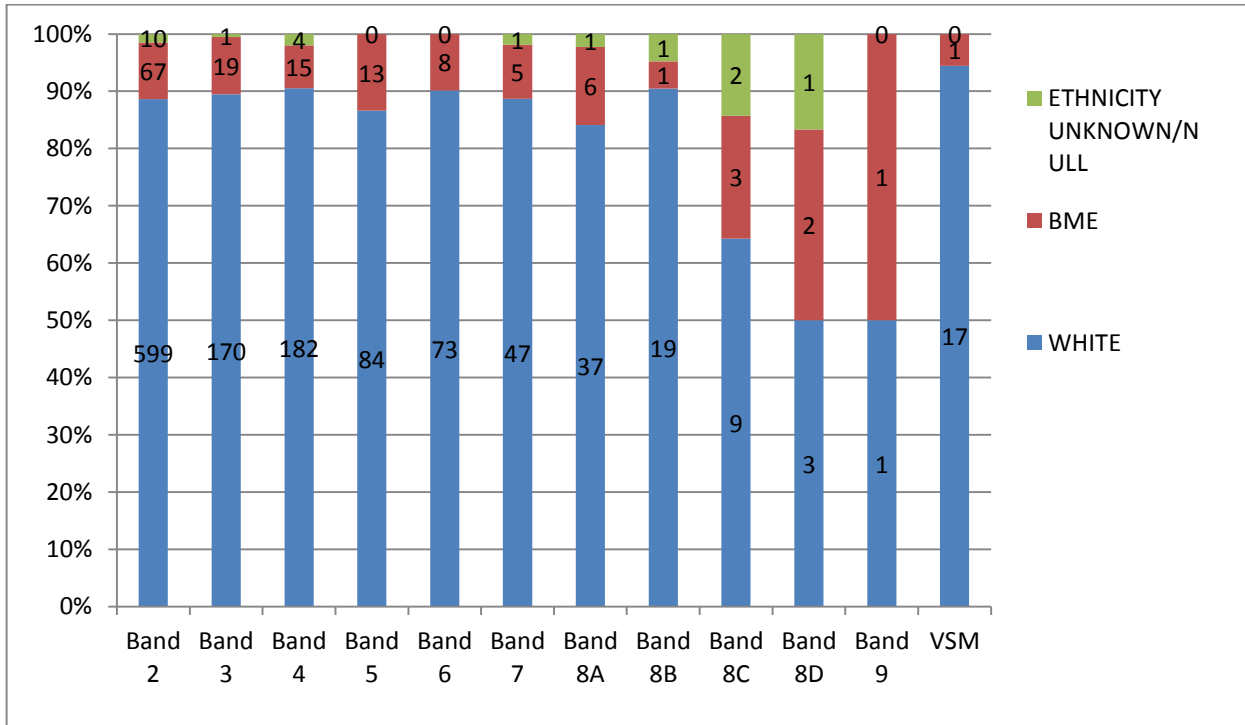
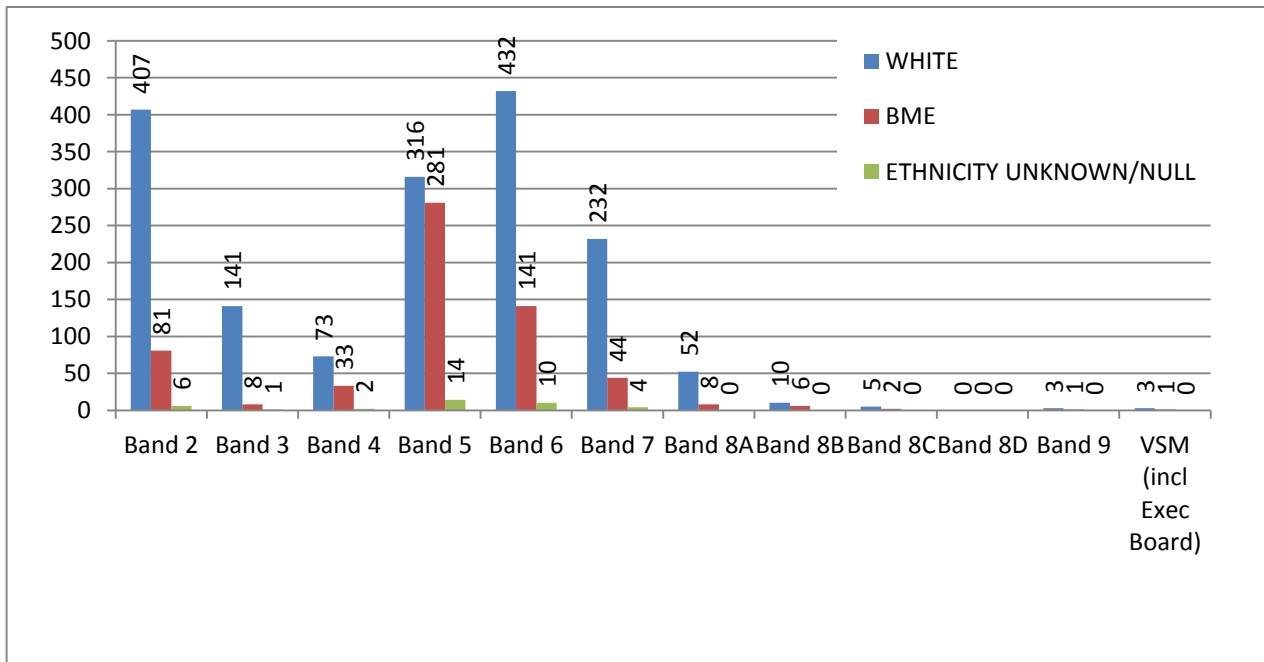
Table 1b: Ethnicity (Agenda for Change *Non-Clinical* Bands 2 to 9 and Very Senior Management, by proportion)

 Table 2a: Ethnicity (Agenda for Change *Clinical* Bands 2 to 9 and Very Senior Management, Headcount)


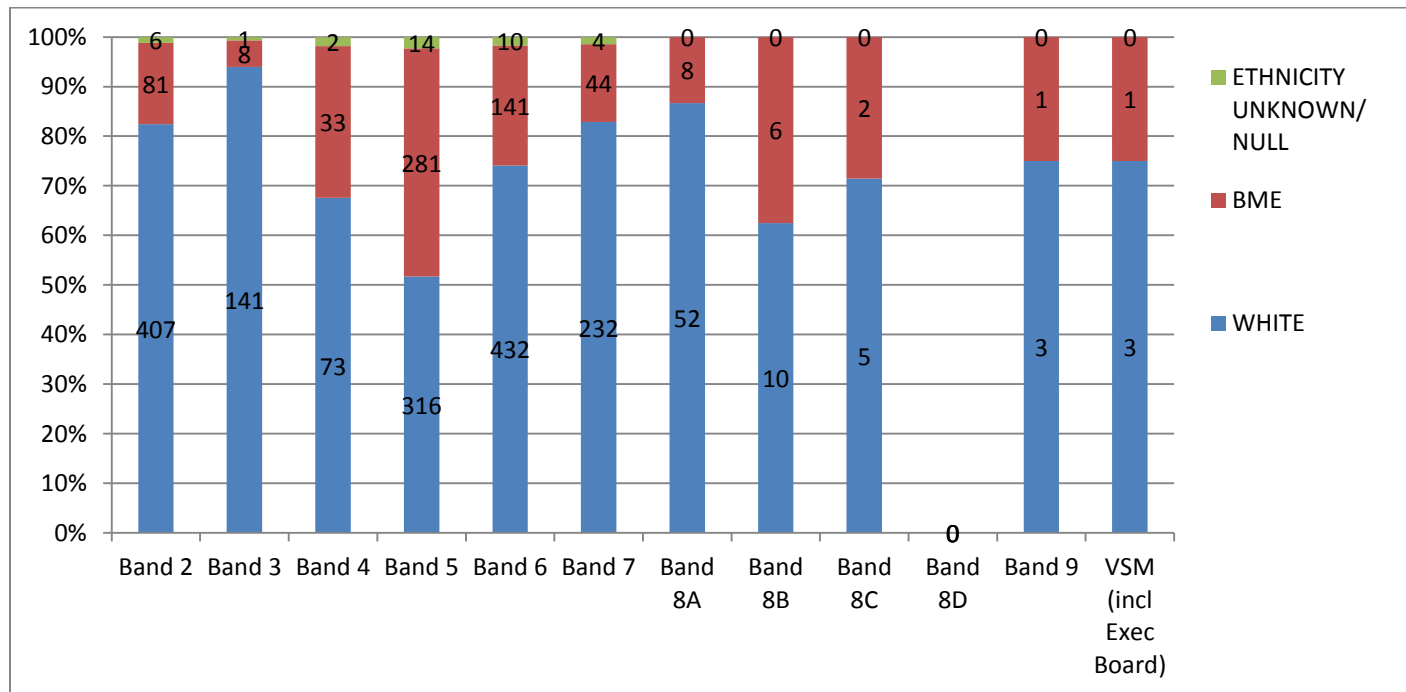
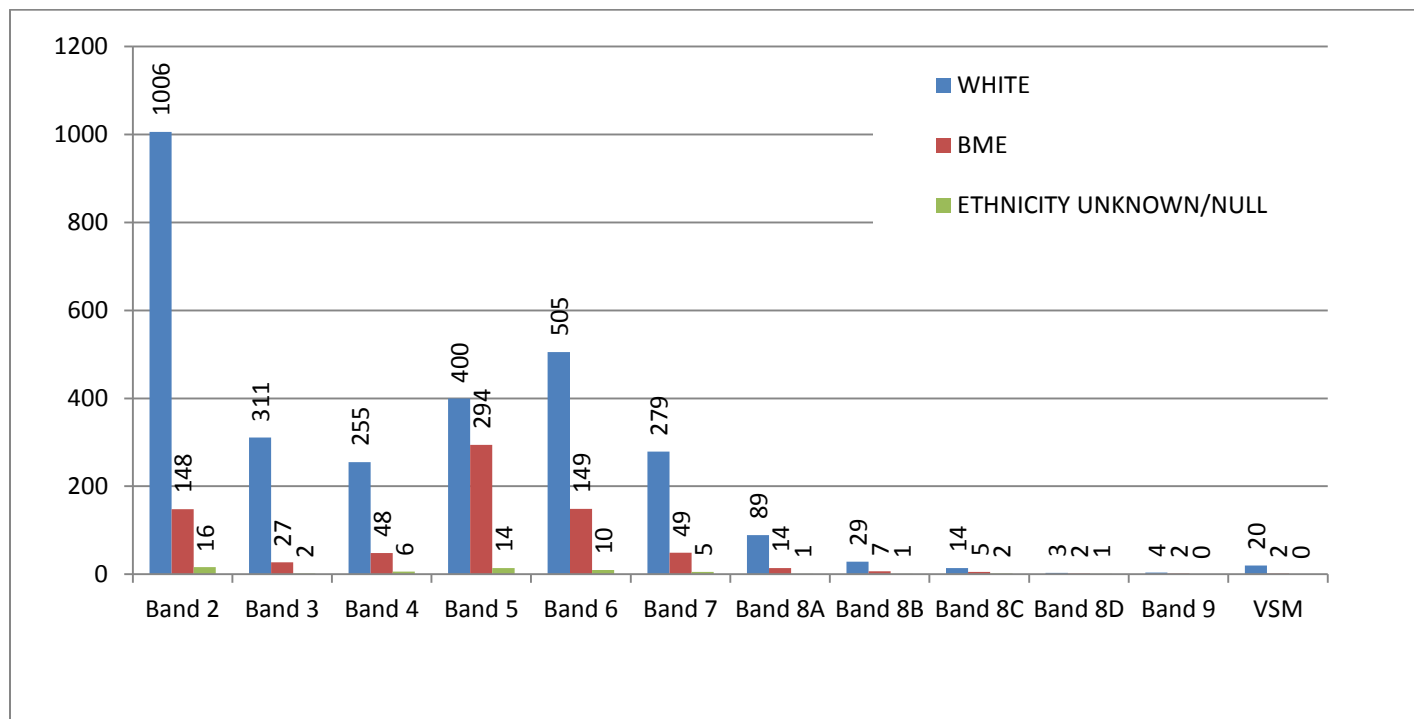
Table 2b: Ethnicity (Agenda for Change *Clinical* Bands 2 to 9 and Very Senior Management, by proportion)

 Table 3a: Ethnicity (Agenda for Change *All* Bands 2 to 9 and Very Senior Management, Headcount)


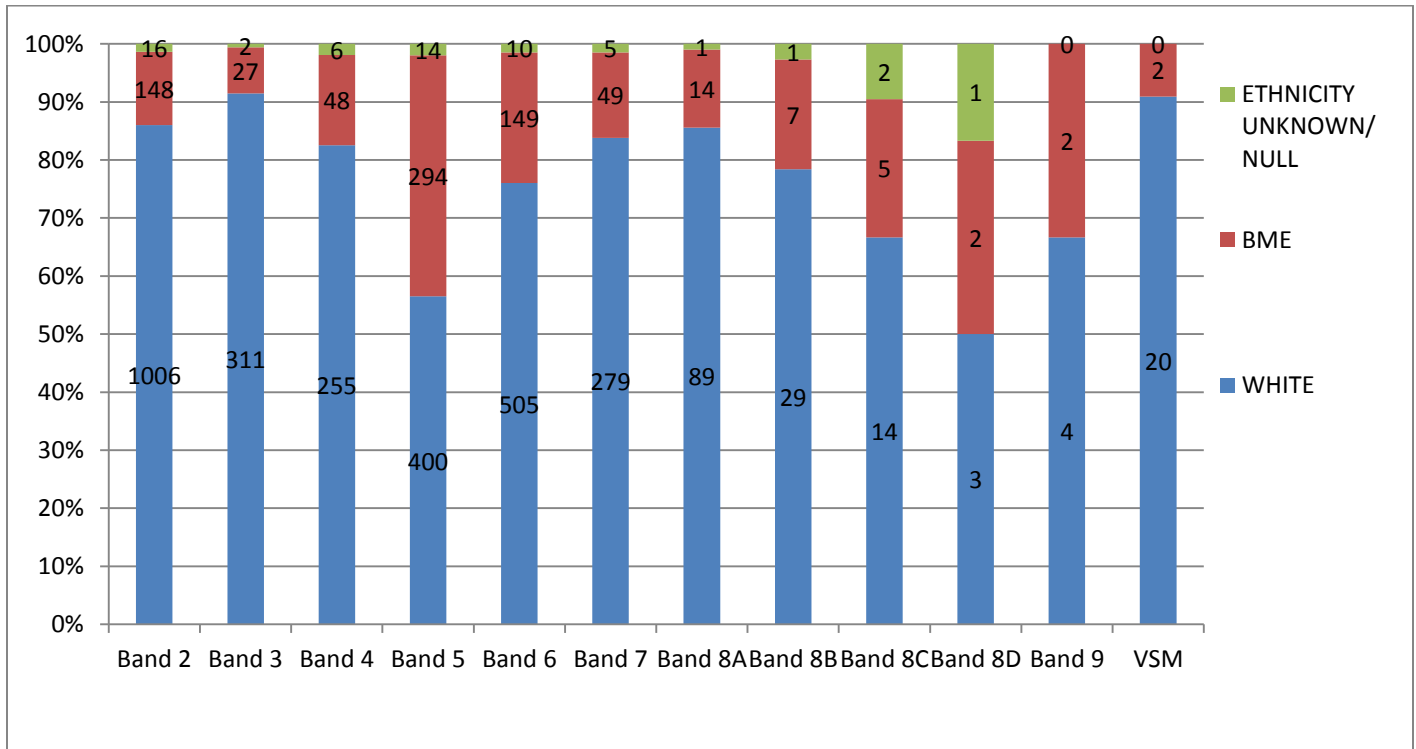
Table 3b: Ethnicity (Agenda for Change *All* Bands 2 to 9 and Very Senior Management, by proportion)


Table 4a: Ethnicity (Medical and Dental grades, Headcount)

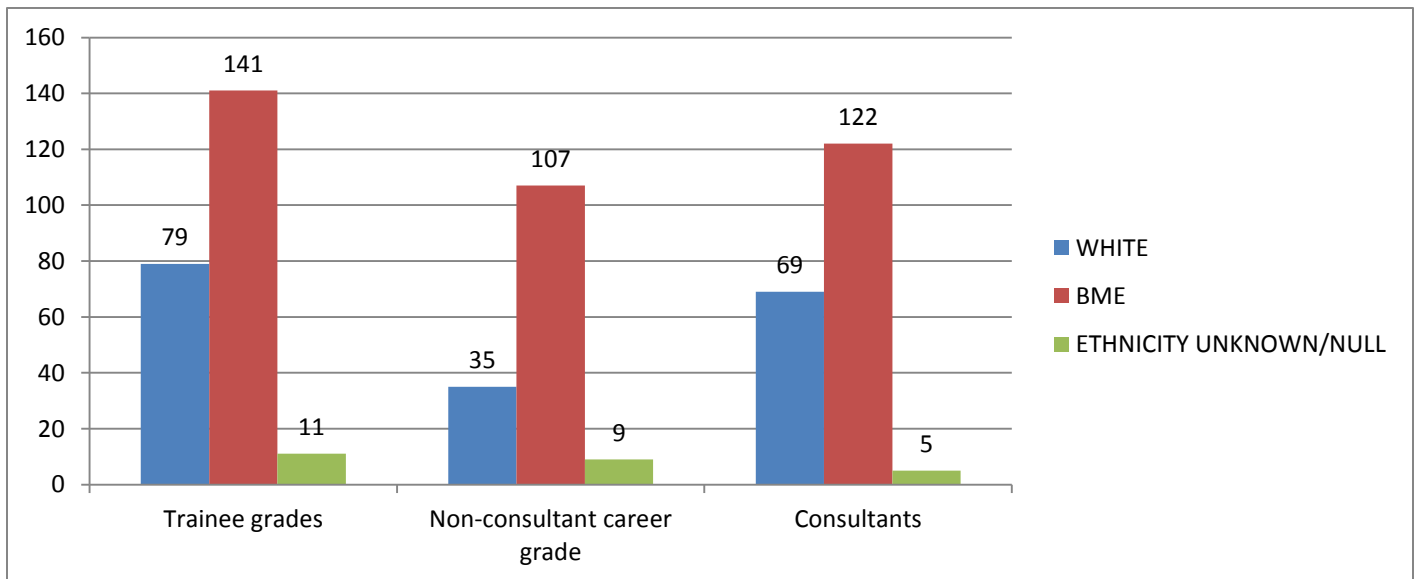
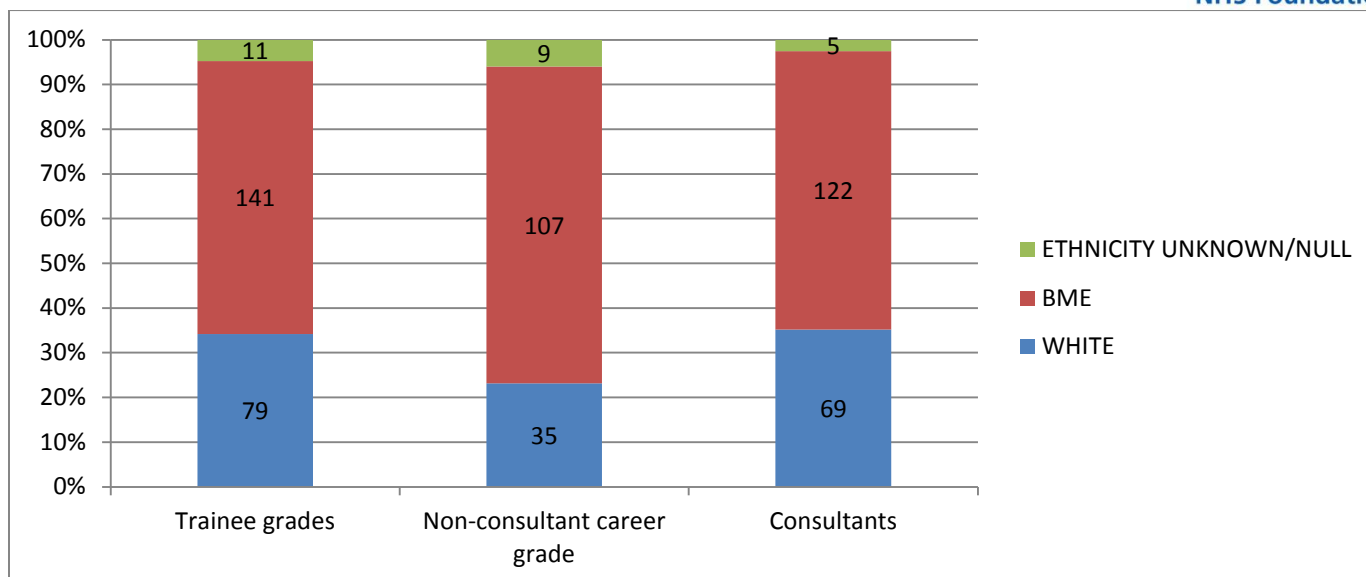


Table 4b: Ethnicity (Medical and Dental grades, by proportion)





**3.3 Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts.**

In 2015/16, White people shortlisted for interview were 2.58 times more likely than BME people to be appointed. By 2018 this gap narrowed to 1.33 times, and currently stands at 1.30 times. Whilst this is still an improvement on last year and a significant improvement on the situation in 2015/16, the reality is that White candidates still have a greater likelihood of being appointed than candidates from BME backgrounds. [In 2018/19 the Trust appointed 26% of White candidates shortlisted, and 20% of BME candidates shortlisted.] Nevertheless, the Trust still aims for equality of opportunity in the appointments process, and has redesigned recruitment training to include training on unconscious bias and affinity bias.

**3.4 Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**

A statistically small number of individuals (1.98% of the whole workforce) have entered formal disciplinary procedures in the past year. White staff continue to be more likely to enter formal procedures than those from BME backgrounds. The proportion of BME staff in formal procedures is falling, whilst the proportion of White staff in formal procedures is increasing. However, the small number of staff in these procedures means that that changes from year are statistically insignificant.

Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation			
WRES year	White employees	BME employees	Relative likelihood (ratio) (1.00 = equality)
2019	2.23%	1.25%	0.56
2018	3.58%	1.61%	0.45
2017	1.22%	0.86%	0.71

### 3.5 **Indicator 4** - Relative likelihood of staff accessing non-mandatory training and CPD.

From this year onwards, NHS England's WRES team have asked all NHS organisations to explain their definition of non-mandatory training. As with previous years, this Trust defines access to non-mandatory training as being all training available via MyESR (the training platform that is part of the NHS Electronic Staff Record) with the exception of Statutory and Mandatory training courses under the Core Training Standards Framework. Continued Professional Development (CPD) is defined as courses provided by Universities and other external providers. In house professional development specific to individual clinical disciplines and medical education are not included.

The data for this indicator shows that the performance on this indicator remains stable with a relative likelihood of uptake remaining at 0.85, and with staff from BME backgrounds still marginally more likely to access non-mandatory training, compared to their White colleagues. However, the uptake of non-mandatory training by White and BME employees has improved significantly.

Likelihood of staff accessing non-mandatory training and CPD			
	White employees	BME employees	Relative likelihood (ratio) (1.00 = equality)
2019	70.04%	82.45%	0.85
2018	58.31%	68.68%	0.85

### 3.6 **Indicators 5-8** – National NHS Staff Survey indicators

The Trust is clear that harassment, bullying and abuse is not acceptable as it impacts on wellbeing, productivity, turnover and patient care. Whilst actions have been taken to address this, the indicators 5, 6 and 8 show deterioration from the previous year, and the Trust is performing at or below national average.

The indicators from the Staff Survey are:

- Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- Indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
- Indicator 7 – Percentage believing that the trust provides equal opportunities for career progression or promotion
- Indicator 8 – In the last 12 months have you personally experienced discrimination at work from ... manager/team leader or other colleagues?

For indicator 7 (Percentage believing that trust provides equal opportunities for career progression or promotion), the percentage of staff giving a positive answer has fallen, particularly amongst BME staff.

WRES Indicator	2017		2018		Direction of Travel
	White	BME	White	BME	
5	27.1%	29.1%	30.5%	28.0%	Stable
6	28.1%	31.8%	32.4%	31.8%	Stable
7	79.8%	67.3%	76.4%	69.1%	Stable
8	8.3%	16.2%	7.6%	14.6%	Improvement

There is now greater awareness in the Trust of equality and diversity (evidenced by increased compliance with mandatory training on equality and human rights and attendance at non-mandatory equality training), which may be contributing to greater awareness of potentially discriminatory practice. However, indication 8 (the only one of these indicators that relates to 'discriminatory practice') continues to improve, and to perform significantly better than the other 3 indicators.

**3.7 Indicator 9 - Percentage difference between the organisations' Board voting membership and its overall workforce**

A marginal shift in this indicator is due only to a change in the size of the workforce. Given the low number of people involved, it is not appropriate to identify target dates for change, but the Trust will continue to identify action to encourage a wide range of suitable candidates at senior levels.

**3.8 Summary**

Performance against most of the WRES indicators has stabilised compared to 2018. Performance against indicators 3 and 4 shows year on year improvement, as does the Trust's performance on the proportion of staff who declare their ethnicity (now at 98%).

**3.9 The most concerning indicators are those relating to the three of staff survey indicators (WRES Indicators 5 to 7). Performance on those indicators is poorer than those reported in the WRES in 2017 but have, on average, stabilised compared to those reported in 2018. The perceptions of White staff have worsened, but there are improvements in the perceptions of BME staff in all three of these indicators Indicator 8 (the proportion of staff reporting discrimination from managers or colleagues), has improved for both White and BME staff.**

## 4 Next Steps

**4.1** The next steps fall into two categories: actions for the Trust to implement to improve on the WRES indicators in future years; and ensuring the publication of the WRES summary by 31 July 2019. This must be on the NHS England WRES portal and the Trust's website.

**4.2** Actions to improve performance must be published on the Trust website in September 2019. A summary of proposed actions is set out below (section 5), and will be worked up more fully by the Trust's Inclusion Steering Group. These actions will be incorporated in the Trust's EDS2 (equality

delivery system) action plan, which is published annually as a part of the Trust's management information on equality, diversity and inclusion.

## 5 Action Plan

	Direction of Travel compared to:			Action	Timeframe	Responsibility
	2018	2017	2016			
1 – Workforce Diversity	↔	↔	↔	Continue to promote ESR self-service	Current and ongoing	Workforce Intelligence
2 - Recruitment	↑	↓	↑	Continue to roll out the Recruitment Training for appointing managers, developed in 2018/19	Current and ongoing	Organisational Development and Head of Equality and Inclusion
3 – Formal Procedures	↑	↔	↑	Equality analysis of reasons for White staff being more likely to be in formal procedures	September 2019	Employee Relations
4 – Training	↑	↑	↑	Encourage all managers to use the Appraisal system to promote non-mandatory training and CPD.	September 2019 and ongoing	Organisational Development and all managers
5-8 – Staff Survey	↔	↓	↔	Programme of staff engagement activity, including promotion of wellbeing opportunities and staff networks	Current and ongoing to October 2019	HR Business Development Manager, Head of Equality and Inclusion and Organisational Development
9 – Board Membership	↔	↑	↑	Review of methods and media for future recruitment of Non-Executive Directors and Senior managers.	September 2019	HR&OD Senior Team

## 6 Recommendation

- 6.1 It is recommended that the Workforce Race Equality Summary be approved for submission to the NHS England WRES Portal and the Trust's website