NHS Epsom and St Helier University Hospitals NHS Trust

NHS Workforce Race Equality Standard (WRES) Report and Action Plan 2018-19

1. Introduction

This is the 2018 NHS Workforce Race Equality Standard (WRES) report for our Trust. The report provides details of our WRES action plan for 2018/19.

Since the Trust published its last WRES report, we have committed to re-energizing our approach to our public sector equality duty (PSED) and have developed a robust action plan to address some of the key areas identified in the plan (see appendix 1).

Following on from the appointment of our first Equality, Diversity and Inclusion Manager in September 2017, we have re-launched our BME staff network and turned our previous Equality, Diversity and Inclusion group into a full formal sub-committee of the Board with revised terms of reference and membership, and appointed Arlene Wellman, our Chief Nurse, as the executive lead for Equality, Diversity and Inclusion.

This report, our first since we have made these changes, helps mark a step change towards making demonstrable progress in supporting this agenda. We recognise there is more to do, and we are committed to working with colleagues to have the necessary impact in future years.

2. Background

The aim of the WRES is to help NHS organisations to ensure that employees from Black, Asian and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The WRES was first made available to the NHS in April 2015, and has been included in the NHS Standard Contract since 2015/16. This means NHS hospital and community Trusts must use the WRES, and report their findings to NHS England each year. NHS England then publishes a national report based on WRES information from across the country. The most recent report was published in April 2017 and is available on this link: https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-december-2017/

3. The Trust is required to:

- Give assurance to NHS England and our commissioners regarding implementation of the WRES standards
- To provide assurance on behalf of BME Staff for Trust compliance on the Workforce Race Equality Standards (WRES)
- As an employer the Trust must have 'due regard' to the WRES. This means

using the WRES to help improve workplace experiences and representation at all levels for our BME staff.

In practice this means that the Trust should:

- Collect data on their workforce by ethnicity, as well as, by protected characteristics on their ethnicity by ethnicity as well as other characteristics under the Equality Act 2010
- Carry out data analysis
- From July 2015 onwards produce and publish an annual report using the WRES
- From July 2015 onwards produce and publish an annual report using the WRES reporting template together with a WRES action Plan.

4. Update on WRES Action Plan 2017

The Trust has successfully implemented the actions against the WRES indicators for the year 2017 with the exception of indicator 4. This indicator is about mandatory and CPD training and plans are in place to ensure that this is implemented effectively.

5. The Trust position against WRES indicators in 2018.

The current position against the 9 WRES indicators is based on a snapshot of the Trust workforce on 31 March 2018, and the 2017 NHS Staff Survey results. This information as required has been submitted to NHS England using the WRES reporting template on 10th August 2018.

WRES Indicator 1: *Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and Very Senior Management (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by non-clinical staff and clinical staff.*

(Compare the data for White and BME staff)

Agenda for Change Pay Band	White Staff in *Band* Clinical Staff (%)	BME Staff in *Band* Clinical (%)	White staff in *Band* Non Clinical (%)	BME staff in *Band* Non Clinical	Undisclosed Not stated %
Band 1	3(0.2)	3 (0.3)	25(2.8)	13(6.6)	11(13.8)
Band 2	292(17.6)	285(24.4)	13(14.9)	25(12.6)	10(12.5)

Band 3	136(8.2)	45(3.9)	215(23.9)	42(21.2)	12(15.0)
Band 4	88(5.3)	37(3.2)	228(25.4|)	32(16.2)	15(18.8)
Band 5	293(17.6)	306(26.2)	97(10.8)	32(16.2)	12(15.0)
Band 6	389(23.4)	305(26.1)	59(6.6)	11(5.6)	5(6.3)
Band 7	333(20.0)	147(12.6)	33(3.7)	11(5.6)	3(3.8)
Band 8a	88(5.3)	34(2.9)	40(4.4)	20(10.1)	3(3.8)
Band 8b	16(1.0)	2(0.2)	27(3.0)	5(2.5)	7(8.8)
Band 8c	17(1.0)	1(0.1)	14(1.6)	4(2.0)	1(1.3)
Band 8d	6(0.4)	1(0.1)	9(1.0)	2(1.0)	1(1.3)
Band 9	1(0.1)	0(0.0)	8(0.9)	0(0.0)	0(0.0)
Spot salary/ VSM	1(0.1)	1(0.1)	10(1.1)	1(0.5)	0(0.0)

WRES guidance asks that this calculation is taken separately for non-clinical and clinical staff:

- Proportion of BME employees are over represented in Bands 2 but decrease in Bands 8a and above.
- There is a proportion of 'Undisclosed' and 'Not stated' records which makes comparisons slightly less unreliable.

WRES Indicator 2: *Relative likelihood of staff being appointed from short listing across all posts.*

(Compare the data for White and BME staff)

	2016		2017		**2018**	
	White	BME	White	BME	**White**	**BME**
Number short listed applicants					**3119**	**3977**
Number appointed applicants					**432**	**236**
Ratio shortlisting to appointment	0.11	0.10	0.25	0.19	**0.14**	**0.06**
The relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.09 times greater		1.36 times greater		**2.33 times greater**	

Indicator 2 shows that:

- BME jobs applicants are less likely to be successful in being offered posts over white applicants.

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

(Compare the data for White and BME staff)

	2016		2017		**2018**	
	White	BME	White	BME	**White**	**BME**
The relative likelihood of BME staff entering formal disciplinary compared to white staff is		1.71		1.73		**1.25**

This indicator shows that BME staff are 1.25 more likely to enter formal disciplinary investigation which has improved from last year's data.

Indicator 4: *Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD).*

This data has not been reported in last years report. Plans are in place to ensure that this is reported in the year 2018/19.

WRES Indicator 5: *Key Finding 25 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.*

(Based on NHS Staff Survey results)

	WRES 2016		WRES 2017		**WRES 2018**	
Percentage of staff experiencing harassment, bullying or abuse from patients	White	BME	White	BME	**White**	**BME**
	27%	27%	29%	29%	**29%**	**26%**

Indicator 5 suggests that slightly less BME employees experience harassment, bullying or abuse from patients compared with white staff.

WRES Indicator 6: *Key Finding 26 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.*

(Based on NHS Staff Survey results)

Percentage	WRES 2016		WRES 2017		**WRES 2018**	
Percentage of staff experiencing harassment, bullying or abuse from staff	White	BME	White	BME	**White**	**BME**
	25%	29%	25%	27%	**27%**	**23%**

WRES Indicator 6 shows that when compared to white staff the proportion of BME staff experiencing harassment, bullying or abuse has slightly fallen by 2% over the year but seen 4% reduction against its own percentage last year.

WRES Indicator 7: *Key Finding 21 - Percentage believing that Trust provides equal opportunities for career progression or promotion.*

(Based on NHS Staff Survey results)

Percentage of staff believing the Trust provides Equal opportunities For progression	WRES 2016		WRES 2017		**WRES 2018**	
	White	BME	White	BME	**White**	**BME**
	87%	71%	86%	68%	**85%**	**66%**

The proportion of BME employees who believe that the Trust provides equal opportunities for career progression or promotion is much lower than for white staff.

WRES Indicator 8: *Q17b In the last 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues?*
(Based on NHS Staff Survey results)

Percentage of staff experiencing discrimination from manager/ colleague	WRES 2016		WRES 2017		**WRES 2018**	
	White	BME	White	BME	**White**	**BME**
	6%	11%	6%	12%	**7%**	**16%**

The proportion of the Trust employees experiencing discrimination from a manager or colleague is significantly higher when compared to white staff and this is consistently getting worse.

WRES Indicator 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*
(Compare the difference for White and BME staff)

This indicator is based on the goal that each organisation should work towards having an overall workforce, and Board membership, that is representative of the local population served.

	WRES 2018						
Percentage difference between Board voting and executive memberships and overall workforce	Board voting membership		Board executive membership		Overall workforce		
	White	BME	White	BME	White	BME	Undis-closed
	87.5%	13.3%	89.9%	11.1%	58.5%	34.6%	6.9%

The Trust will continue to be mindful when new opportunities arise at Board level that they appoint to reflect the local population served and our staff representation.

6. **Recommendation**

The Committee are asked to:

a) note the WRES report and the action plan 2018-19.

Draft Workforce Race Equality Standards – Action Plan 2018-2019

WRES Indicator	Action	Success Criteria	Responsible Officer	Time scales
Indicator 1: Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce)	1) Offer Recruitment and Selection Surgeries targeting BME Staff 2) Hold HR Surgeries to provide advice and information on coaching and mentoring opportunities. 3) Develop talent pool for key BME posts for Maternity and potential roll out across the Trust. 4) Offer staff support around applications and interview skills 5) Provide Equality, Diversity and Inclusion training as part of recruitment and selection training and to embed within all management training programmes 6) Recruit BME staff to sit on interview panels for Band 8a and above vacancies 7) Tailor advertising material for under representative groups	Increase in the number of BME staff in more senior positions	Equality, Diversity and Inclusion Manager Head of Recruitment	March 2019
Indicator 2: Relative likelihood of staff being appointed from shortlisting across all post.	1. Investigate training of managers in recruitment practices 2. Evaluate the effectiveness of the training for wider range of roles 3. Band 6a and above to include BME staff as well as female representative to sit on interview panels (linked to WRES 1). Rapid evaluation to take place to determine whether to roll out to other Bands or to deploy other strategies to address this.	Increase in BME staff being appointed across all posts.	Head of Recruitment	March 2019
Indicator 3: Relative likelihood of BME staff entering the formal	1) Implement National Patient Safety Agency Model incident decision tree and a responding to a list of structured questions before a decision is taken to formally investigate cases and monitor its implementation.	Reduction in the likelihood of BME staff entering the	Head of Operational HR	1) September 2018

disciplinary process.	2) Investigations Team to review cases from 2017-18 whether all cases warranted a formal investigation. In 2018-19, the Trust will look further in to the cases to see if informal stages were triggered before formal stage and if this was appropriate.	formal disciplinary process	Investigation Manager	2) December 2018
Indicator 4: Relative likelihood of accessing non-mandatory training and CPD.	1) Review implementation of internal training providers to give assurance that all their training is inputted into the Oracle Learning Management (OLM) function of Electronic Staff Record (ESR) in order to report training activity by protected Characteristics 2) Review recording of personal training into ESR to be reviewed as part of self service project. 3) Staff survey results Dec 2018	Analysis of the data to be carried out for 2018-19 Analysis from ESR Q3 2018-19	Associate Director of Learning and OD	March 2019
Indicator 5:	Data doesn't suggest any implications of the findings: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months			
Indicator 6: .	Data doesn't suggest any implications of the findings: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months			
Indicator 7: Percentage of staff that trust provides equal opportunities for career progression and promotion	1) Organise listening events with staff to find out why staff feel there isn't equal access.to career progression and promotion 2) Advertise more clearly the opportunities available through the BME staff network for development programmes (Bands 5-7). 3) Provide coaching in interview techniques, and offering staff practice interviews for BME staff.	Understanding of the issues as BME staff see them and create plans to address these Our staff are on this	Equality, Diversity and Inclusion Lead Associate Director of Learning and OD	1) March 2019 2) Ongoing 3) December 2018

		courses.		
			Head of Recruitment	
Indicator 8: In the last 12 months have you personally experienced discrimination at work from a Manager/team leader or other colleague?	1) A major programme of staff engagement has commenced "your voice your values" 2) EDI training will be reviewed as part of "Shaping our future" maternity and children's work programme and potential roll out across the Trust.	Reduction in the number of staff experiencing discrimination at work	Head of Communications and Patient Experience People Business Managers Equality, Diversity and Inclusion Manager	1) October 2018 2) March 2019