Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Public Board of Directors	Agenda item:	16
Date of Meeting:	25 July 2018		

Title of Report:	WRES Submission and Draft Action Plan
Status:	For information
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Appendices	Appendix 1: WRES Indicators Appendix 2: WRES Action Plan

1.	Executive Summary of the Report

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 9 months from 1st July 2018 to 31st March 2019.

2.	Recommendations (Note, Approve, Discuss)

Board of Directors is asked to note the action plan outlined within Appendix 2 and be assured that the Diversity and Inclusion Steering Committee will monitor its implementation on a quarterly basis as part of a standing agenda item on the committees meeting.

3.	Legal / Regulatory Implications

The Trust has a statutory obligation under the Equality Act 2010 to publish information to demonstrate compliance with the public sector equality duty at least annually and is further required to publish the results of the annual WRES data collection and subsequent action plan.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

Workforce risks associated with this report are monitored through the Equality & Diversity Committee.

5.	Resources Implications (Financial / staffing)

None.

6.	Equality and Diversity

This report supports equal opportunities for all staff.

7.	References to previous reports

Workforce Race Equality Standard & Draft Action Plan 2017/18 presented 21 June 2017.

8.	Freedom of Information

Public

1. Introduction

1.1 This paper outlines the Trust's performance against the Workforce Race Equality Standard (WRES) and, where shortcoming has been identified, identifies a number of actions to be undertaken over the next 9 months from 1st July 2018 to 31st March 2019.

2. Background

2.1 Service Condition 13 of the 2018/19 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 Disability Equality Standard; and
- report to the Co-ordinating Commissioner on its progress.

2.2 The Care Quality Commission will also consider the Workforce Race Equality Standard in their assessments of how "well-led" NHS providers are from April 2016.

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 2017
- One standard covers an assessment of whether our 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 August 2018. The WRES standards are contained within **Appendix 1**.

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 from the following ethnic groups: Asian British, Asian Bangladeshi, Asian Pakistani, Asian Indian, Asian Other, Black British, African, Caribbean, Black Other; Chinese or Any Other Ethnic Group; Mixed White and Asian, Mixed White and Black, Any Other Group.

The term white refers to White, White Irish and Other. Our European white staff are for instance classified under these terms.

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

4.1 Percentage of BAME staff in Bands 8-9, VSM (including executive Board members) compared with the percentage of BAME staff in the overall workforce:

Descriptor	**2017/2018**
Number of BAME staff in Bands 8-9 and Very Senior Managers*	4
Total number of staff in Bands 8-9 and Very Senior Managers	209
Percentage of BAME staff in Bands 8-9 and Very Senior Managers	**1.91%**
Number of BAME staff in overall workforce	539
Total number of staff in overall workforce	5202
Percentage of BAME staff in overall workforce	**10.4%**

*Note: this indicator is based on directly employed workforce data within ESR at 1st April 2017, (excludes bank staff).

A direct comparison to last year's figures for this indicator cannot be made. In previous year's all medical staff, (including training grades) were included in the bands 8-9 and VSM cohort. This year the data has been separated, with a specific requirement to include the number of BAME staff at Consultant level and at Senior Medical Manager level. Senior Medical Manager is defined as the Medical Director/Deputy and any Medical member of staff who reports into the Medical Director/Deputy.

The percentage of BAME staff in Bands 8-9 and very senior management posts is 1.91%. This is significantly lower than the overall numbers of BAME staff within the Trust (10.4%).

Medical Workforce

Total number of Staff who are medical consultants	255
Number of BAME staff who are Consultants	**32**
Percentage of BAME staff who are consultants	**12.5%**
Of which number who are senior medical managers, (Medical Director or report directly into Medical Director/Deputy)	0
Percentage of BAME staff in overall medical workforce	**13.5%**

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

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

Descriptor	**White 2017**	**BAME 2017**	**White 2018**	**BAME 2018**
Number of shortlisted applicants	4019	909	4781	1015
Numbers appointed from shortlisting	1091	131	487	74
Likelihood (shortlisting / appointed)	**0.27**	**0.14**	**0.10**	**0.07**

*Note: this indicator is based on data held in NHS Jobs between 1st April 2017 and 31st March 2018

The relative likelihood of White staff being appointed from shortlisting compared to BAME Staff is 1.4 times greater. This is an improvement on the 2016/2017 position, where it was reported that shortlisted applicants from white backgrounds were 1.88 times more likely to be appointed. This is slightly better than the regional average of 1.5 times more likely.

4.3 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*:

Descriptor	**White 2017**	**BAME 2017**	**White 2018**	**BAME 2018**
Number of staff in workforce	4606	524	4648	539
Number of staff entering the formal disciplinary process	45	15	48	8
% of staff entering the formal disciplinary process	0.97%	2.86%	1.03%	1.4%
Likelihood (entering disciplinary process)	**0.01**	**0.03**	**0.010**	**0.014**

*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 1 unknown.

The relative likelihood of BAME staff entering the formal disciplinary process compared to White staff is 1.4 times greater. This is a marked improvement on last year's figure where BAME staff were almost three times more likely to enter into a formal disciplinary process. It is better than the regional average of 1.6 times greater.

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

	2016/2017		2017/2018	
Descriptor	**White**	**BME**	**White**	**BME**
Base number*	4606	524	4648	539
No. of completions of non-mandatory training & CPD**	1578	205	1794	243
% of staff completing non-Mandatory training & CPD	88.5%	11.49%	87.8%	11.9%
Likelihood	**0.3**	**0.4**	**0.38**	**0.4**

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

BAME staff are more likely, (around 10% more likely) than white staff to access non mandatory training, with the figures not changing significantly from last year.

The board should note that information in support of this indicator is currently not collected on 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 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

Key Finding 25	**Yes 2016**	**Base Number**	**Yes 2017**	**Base Number**
White	28%	4606	28%	2023
BAME	27%	524	28%	187

*Data obtained from 2017 NHS Staff Survey Results and base numbers are based on total staff survey respondents, excluding unknowns.

Both data sets for White and BAME staff are in the average performance category for acute trusts, the average score being 28%.

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

Key Finding 26	**Yes 2016**	**Base Number**	**Yes 2017**	**Base Number**
White	23%	1995	24%	2023
BAME	27%	202	31%	187

*Data obtained from 2017 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The position for both White and BAME staff has deteriorated, with BAME staff reporting greater harassment, bullying or abuse than white staff.

4.7 Percentage believing that Trust provides equal opportunities for career progression or promotion:

Key Finding 21	Yes 2016	Base Number	Yes 2017	Base Number
White	91%	1995	91%	2023
BAME	68%	202	65%	187

*Data obtained from 2017 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The White data set is in the top 20% of results for acute trusts at 91%, but BAME data set is below average at 65%, with the average score being 75%. This is a worsening position from last year's results.

4.8 In the last 12 months have you personally experienced discrimination at work from any of the following?

b) Manager/team leader or other colleagues:

Question 17b	Yes 2016	Base Number*	Yes 2017	Base Number
White	6%	1995	8%	2023
BAME	17%	202	19%	187

*Data obtained from 2017 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The BAME staff response to this question, at 19% is significantly higher than white colleagues at 8%. The overall response to this question by the trust was 9%.

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

Descriptor	Board**	B&NES*	Wiltshire*	Somerset*
White	**100.0%**	94.6%	96.6%	98.0%
BAME	**0.0%**	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.

5. Conclusion

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 potentially detrimental treatment of BAME staff across a number of areas.

6. Recommendations

6.1 Board of Directors is asked to note the action plan outlined within Appendix 2 and be assured that the Diversity and Inclusion Steering Committee will monitor its implementation over the next nine months, with a full review in April 2019.

Appendix 1

The NHS Workforce Race Equality Standard Indicators (April 2016)

	Workforce indicators For each of these four workforce indicators, compare the data for White and BME staff
1.	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 Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff
2.	Relative likelihood of staff being appointed from shortlisting across all posts
3.	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
4.	Relative likelihood of staff accessing non-mandatory training and CPD
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	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
	Board representation indicator For this indicator, compare the difference for White and BME staff
9.	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator

Appendix 2

DRAFT Workplace Race Equality Standard (WRES) Action Plan 2018-19

WRES Indicator	Action	Timescale	Lead	RAG
2,5,6	Initiate engagement activities with BAME Staff, including holding focus groups/drop in sessions for BAME staff and creating a staff network for BAME staff.	Throughout 2018-19	Equality and Diversity Officer	B
All	Review the draft action plan through-out the year in line with feedback from the engagement with BAME groups and networks	Throughout 2018-19	Equality and Diversity Officer	B
All	Undertake meaningful and sustained engagement with staff, staff networks, staff-side organisations and other stakeholders with regard to progress on this agenda.		Director of People	B
1, 7,9	Develop mentoring opportunities for BAME staff who are considering career progression within the Trust and scope opportunities for reverse mentoring to progress BAME agenda			B
2, 7	Review selection data to maintain an improving position for the employment of BAME candidates	Q2 and Q4	Resourcing Manager & Equality and Diversity Officer	B
3,8	Review First Line Management Training and Leading for Quality/Leading an Engaged team to ensure managers are receiving appropriate training on Equality and Diversity issues	September 2018	Equality and Diversity Lead	B
All	Provide briefings on the WRES (and PSED/ EDS2) and action plan progress to the: a) Diversity and Inclusion Steering Committee b) Strategic Workforce Committee c) Non- Clinical Governance Committee	 Quarterly Bi annual Bi annual	Director of People	B

Status tracking		
Complete	**Green**	**G**
On plan	**Blue**	**B**
Risks slippage	**Amber**	**A**
Barriers – not achieved	**Red**	**R**