

REPORT TO THE HOSPITAL MANAGEMENT COMMITTEE

TITLE	Workforce Race Equality Standard (WRES) Summary Report 2020
AUTHOR	Simon Howard, Equality, Diversity, Inclusion and Armed Forces Manager
EXECUTIVE SPONSOR	Louise Tibbert, Director of Workforce and OD
DATE OF MEETING	25 th August 2020
PRESENTED FOR	Approval

PURPOSE OF THE REPORT

To provide a summary of the experience and opportunity for staff from non-white races compared to those from white races.
Contribution to achievement of strategic objectives, identified risks and mitigating actions.

EXECUTIVE SUMMARY

This report summarises the Trust's position in regard to the Workforce Race Equality Standard (WRES) in the 2020 financial year and provides a conclusion for the information.

COMMITTEES/SUBGROUP WHERE THIS ITEM HAS BEEN CONSIDERED

Hospital Management Committee – 05/08/2020



RECOMMENDATIONS

1. Publish report

STRATEGIC GOALS THIS REPORT SUPPORTS *(Check all that apply)*

Delivering outstanding care and experience	<input type="checkbox"/>
Recruiting developing and retaining our workforce	<input checked="" type="checkbox"/>
Improving and developing our services and infrastructure	<input type="checkbox"/>
Working together with local health and social care providers	<input type="checkbox"/>
Delivering financial sustainability	<input type="checkbox"/>

STRATEGIC RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	Equality and Human Rights Commission Care Quality Commission
NHS Constitution Delivery	The NHS provides a comprehensive service, available to all The NHS is accountable to the public, communities and patients that it serves
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

Equality and Diversity Implications *(Check all that apply)*

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional comments</i>								

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1. Workforce Race Equality Standard (WRES)

Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

In 2014 the NHS Equality and Diversity Council announced it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This is important because studies show that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

In April 2015, after engaging and consulting with key stakeholders including NHS organisations across England, the WRES was mandated through the NHS standard contract, starting in 2015/16.

The WRES measures key metrics over a period of time to show changes in representation across an organisation.

This document allows the Trust to identify which pay points under or over represent each group in comparison with an average for that staff group.

2 Online Report

2.1 Overview

Organisation North West Anglia NHS Foundation Trust

Date of Report (Month/Year) August 2020

Name of Board lead for the Workforce Race Equality Standard

Louise Tibbert, Director of Workforce and Organisational Development

Name and contact details of lead manager compiling this report

Simon Howard, Equality, Diversity and Inclusion Lead. - simon.howard2@nhs.net

Peterborough City Hospital, Bretton Gate, Peterborough, PE3 9GZ

Names of commissioners this report has been sent to

NHS Cambridgeshire and Peterborough CCG

Name and contact details of co-ordinating commissioner this report has been sent to

Soomitra Kawal - soomitra.kawal@nhs.net

Unique URL link on which this report and associated Action Plan will be found

<https://www.nwangliaft.nhs.uk/advice-support/edi/>

2.2 Background Information

Any issues of completeness of data:

None

Any matters relating to reliability of comparisons with previous years:

None

Unique URL link on which this Report and associated Action Plan will be found

www.nwangliaft.nhs.uk/advice-support/edi/

2.3 Self-Reporting (at 31st March 2020)

Total number of staff employed within this organisation at the date of the report:	6788
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Proportion of BME staff employed within this organisation at the date of the report:	23.08%
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The proportion of total staff who have self-reported their ethnicity:	96.39%
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Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?

- Data validation exercise completed in October 2019 and March 2020
- Data collection included within MPAs
- Continued data collection at recruitment

Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity:

- Data validation exercise will be completed annually in March of each year.
- Covid-19 personal risk assessment includes demographic questions: link back to ESR system
- Continued request for demographic information at recruitment and induction of new starters
- Continued requests to complete data to existing staff.
- Continued data collection through internal recruitment processes

2.4 Workforce Data

What period does the organisation’s workforce data refer to?

April 2018 to March 2019

2.5 Workforce Race Equality Indicators

Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	See Appendices	See Appendices	See summary narrative for each appendix.	Introduction of mandatory representation at interview
2 Relative likelihood of staff being appointed from shortlisting across all posts.	3.32% (BME) compared to 4.41% (White)	28.87% (BME) compared to 30.56% (White)	New resourcing tools have come online for a full year of reporting providing a more accurate reflection of appointment rates. This shows a significant disparity in appointment ratios but limits the opportunity for annual comparisons.	Representative panels to be priority action
3 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	7 cases - 0.45% BME compared to 27 cases 0.54% White	8 cases 0.58% BME compared to 35 cases 0.72% White	Whilst the number of cases of BME staff has reduced by one, the overall reduction in cases means the gap between White and BME has narrowed, nevertheless it remains less likely a BME staff member with fall into disciplinary process than a White staff member.	Disciplinary processes are under review to include improved representation from protected groups and to focus on prevention rather than sanction. Introduction of cultural ambassadors to begin post Covid-19 to ensure representation within processes. A new system to record HR processes is in effect from 1 st April 2020 which may make recording more accurate.

4	Relative likelihood of staff accessing non-mandatory training and CPD.	82.13% (BME) compared to 65.53% (White)		64.39% (BME) compared to 53.19% (White)		As with previous years, BME groups are significantly more likely to undertake non-mandatory training	A new method of recording has been implemented. This shows increased figures for non-mandatory training overall, but a large gap remains nevertheless.
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	27.60%	White	29.37%	The Trust has seen an increase in the rate of reporting of bullying and harassment from members of the public and a widening of the experience gap between White and BME staff.	Further work to reduce the overall rate of bullying and harassment by patients, relative or the public. A new Dignity at Work policy is now in place but will take time to permeate the organization. Good to Outstanding program has been relaunched with initial focus on wellbeing and communications mindful or fair representation.
		BME	30.50%	BME	28.99%		
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	28.90%	White	20.54%	There has been a significant increase in staff reporting bullying and harassment from other staff in both White and BME groups in 2020. This now narrowly demonstrates proportionately more white staff reporting this issue than BME staff.	New resolution-based approach to HR processes under development. Expansion of the new Good to outstanding Program. Development of new People Plan to focus on inclusive leadership.
		BME	28.20%	BME	23.62%		
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White	86.30%	White	86.91%	The belief that the trust provides equal opportunities of BME staff has improved reasonably but still lags behind that of white staff.	BME staff network has been created with over 100 members. This feeds to an overhauled EDI steering group consisting of Division EDI Leads overseeing their own area and a specific area of work. Staff attending leadership programs will be offered follow up development opportunities.
		BME	72.60%	BME	69.55%		

8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White	6.50%	White	5.49%	There has been a reasonable reduction in the proportion of BME staff reporting an experience of bullying and harassment from their managers and an increase in the rate of white staff reporting, nevertheless the gap between the two remains significant.	Some very positive outcomes were reported as part of the reverse mentoring program, post covid-19 the Trust will introduce this as normal business for senior managers. Bias training has been delivered to divisional leaders and expanded to become a stand-alone training package supporting staff at all levels
		BME	15.40%	BME	17.21%		
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	White	19.00%	White	16.95%	There has been a reduction in the representation of BME board members in 2019/20 as the Board has remained consistent while the Trust has greater representation throughout.	Director of Workforce and Organisational Development has leadership role as executive champion CEO and Non-Executive Director have been recruited as Equality, Diversity and Inclusion Sponsors from July 2019. NED holds role of Non-BAME ally at Board level as part of BAME staff network Diversity Action Plan includes: <ul style="list-style-type: none"> • Embed EDI and V&Bs in Recruitment and selection training for Trust Board • Further attract greater diversity within the NEDs so that it is more representative of staff and community • Develop understanding of EDI with Governors, Board members and public members • Develop Associate NED program to support development of more diverse representation.
		BME	-15.39%	BME	-13.71%		
		Not Known	-3.16%	Not Known	-3.25%		

2.6 Other Information

2.6.1 Are there any other factors or data which should be taken into consideration in assessing progress?

The Trust has:

- Established a BAME staff network
- Appointed a Non-BAME Ally at Board level
- Provided managers places on the Stepping Up Program and introduced an STP wide post-program mentoring scheme
- Introduced a reverse mentoring program

Some work intended for initiation or completion in 2020 has been postponed due to the Covid-19 pandemic.

2.6.2 Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

<https://www.nwangliaft.nhs.uk/advice-support/edi/> - Equality and Diversity Further Reading Drop Down Tab

3. Conclusion

The work conducted by the Trust in 2018/19 set a wide range of structure for further development in 2019/20. The main aspiration for this period was the establishment of a robust BAME staff network formed around co-production principles.

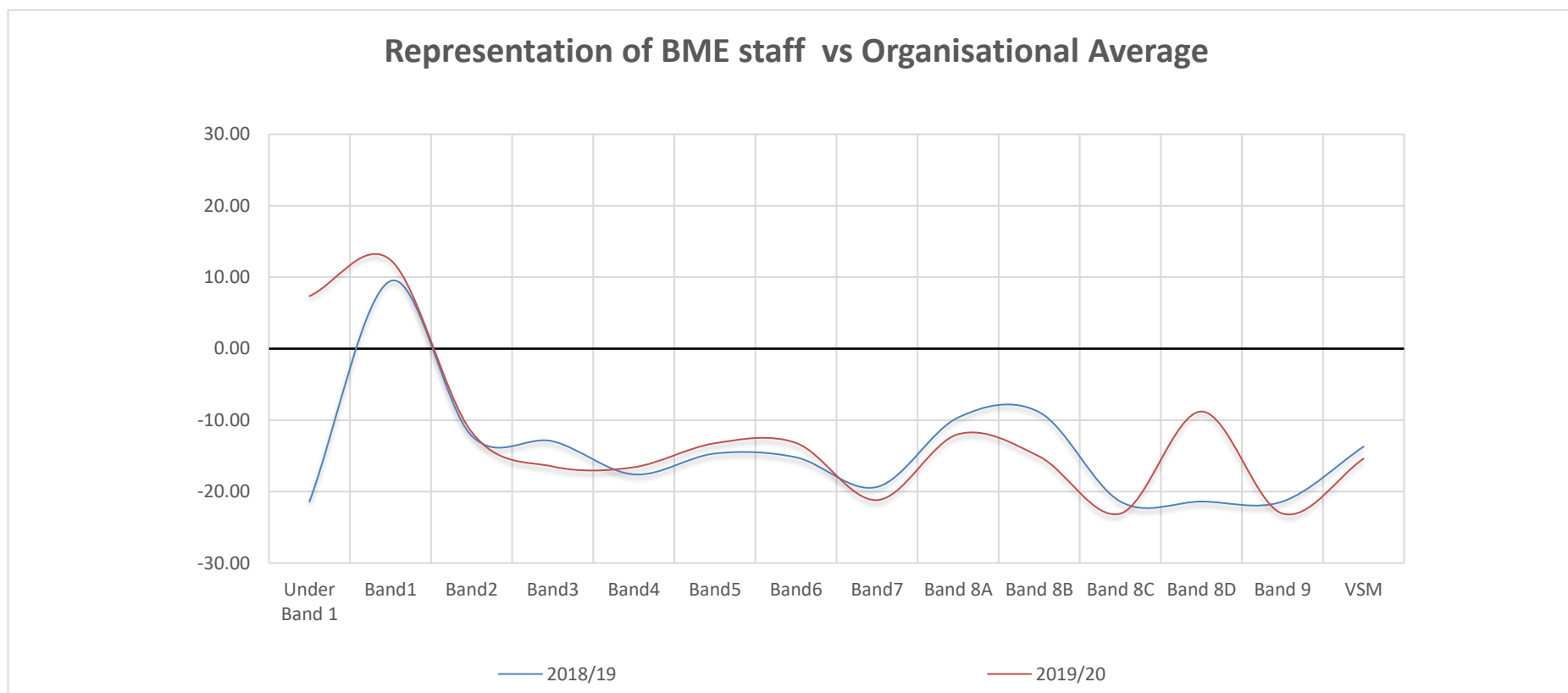
Attendance has been very strong in these networks and the opportunities for new groups to open up about their experience has led to a significant increase in the number of cases being presented to the EDI Team – whilst we hope these situations do not exist, it is positive that staff in a variety of role find themselves able to speak up.

Much of the work intended as progress from 2019/20 into 2020/21 is now likely to be reviewed as the Covid-19 pandemic has fundamentally changed the priorities of the WRES workstream within the Trust.

Appendix 1 – Non-Clinical Staff

Non-Clinical WRES Representation

The graphs continue to show significant under representation of BME groups at almost all levels of non-clinical staff. Exceptionally there appears to be greater representation under band 1, likely showing more BME staff are undertaking training such as apprenticeships. There has been a reduction in representation at bands 3, 7, 8a, 8b, 8c and comparatively at band 9 and VSM where no changes have occurred in personnel, there is an increase at bands 2, 4, 5, 6 and 8d.



Non-Clinical WRES Data

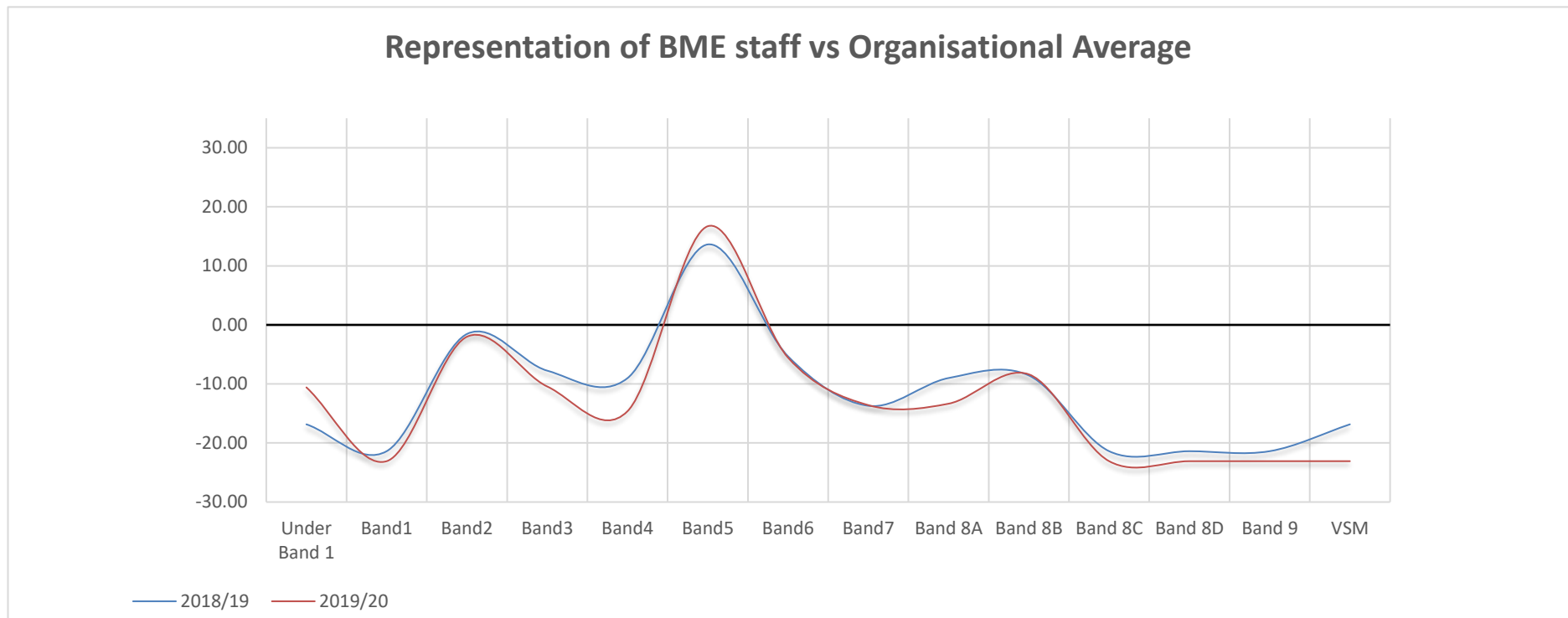
	White 2018/19		BME 2018/19		Unknown 2018/19		White 2019/20		BME 2019/20		Unknown 2019/20	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent
<Band 1	7	100.00	0	0.00	0	0.00	11	47.83	7	30.43	5	21.74
Band 1	50	61.73	25	30.86	6	7.41	17	54.84	11	35.48	3	9.68
Band 2	513	88.91	53	9.19	11	1.91	561	86.57	74	11.42	13	2.01
Band 3	321	90.17	30	8.43	5	1.40	335	92.03	24	6.59	5	1.37
Band 4	251	95.44	10	3.80	2	0.76	241	91.98	17	6.49	4	1.53
Band 5	109	91.60	8	6.72	2	1.68	117	88.64	13	9.85	2	1.52
Band 6	89	91.75	6	6.19	2	2.06	80	87.91	9	9.89	2	2.20
Band 7	47	95.92	1	2.04	1	2.04	51	96.23	1	1.89	1	1.89
Band 8A	30	88.24	4	11.76	0	0.00	32	88.89	4	11.11	0	0.00
Band 8B	21	87.50	3	12.50	0	0.00	23	92.00	2	8.00	0	0.00
Band 8C	10	83.33	0	0.00	2	16.67	10	90.91	0	0.00	1	9.09
Band 8D	3	100.00	0	0.00	0	0.00	6	85.71	1	14.29	0	0.00
Band 9	6	100.00	0	0.00	0	0.00	6	100.00	0	0.00	0	0.00
VSM	12	92.31	1	7.69	0	0.00	12	92.31	1	7.69	0	0.00

Appendix 2 - Clinical Staff – Not Including Medical and Dental

Clinical (Not Including Medical and Dental) WRES Representation

The graphs below show representation of BME staff compared with White staff at all pay banding points for clinical (not including medical and dental) staff.

The graphs show a widening of the under-representation of BME staff in all management positions from band 7 upwards except band 8b (there are no clinical staff at band 9). This can be attributed in most to the increased representation of BME staff across the organisation, and a continued increase in the over-representation of BME staff at band 5. Band 2 provides the closest to average representation but continues to show a slight disadvantage to BME staff.



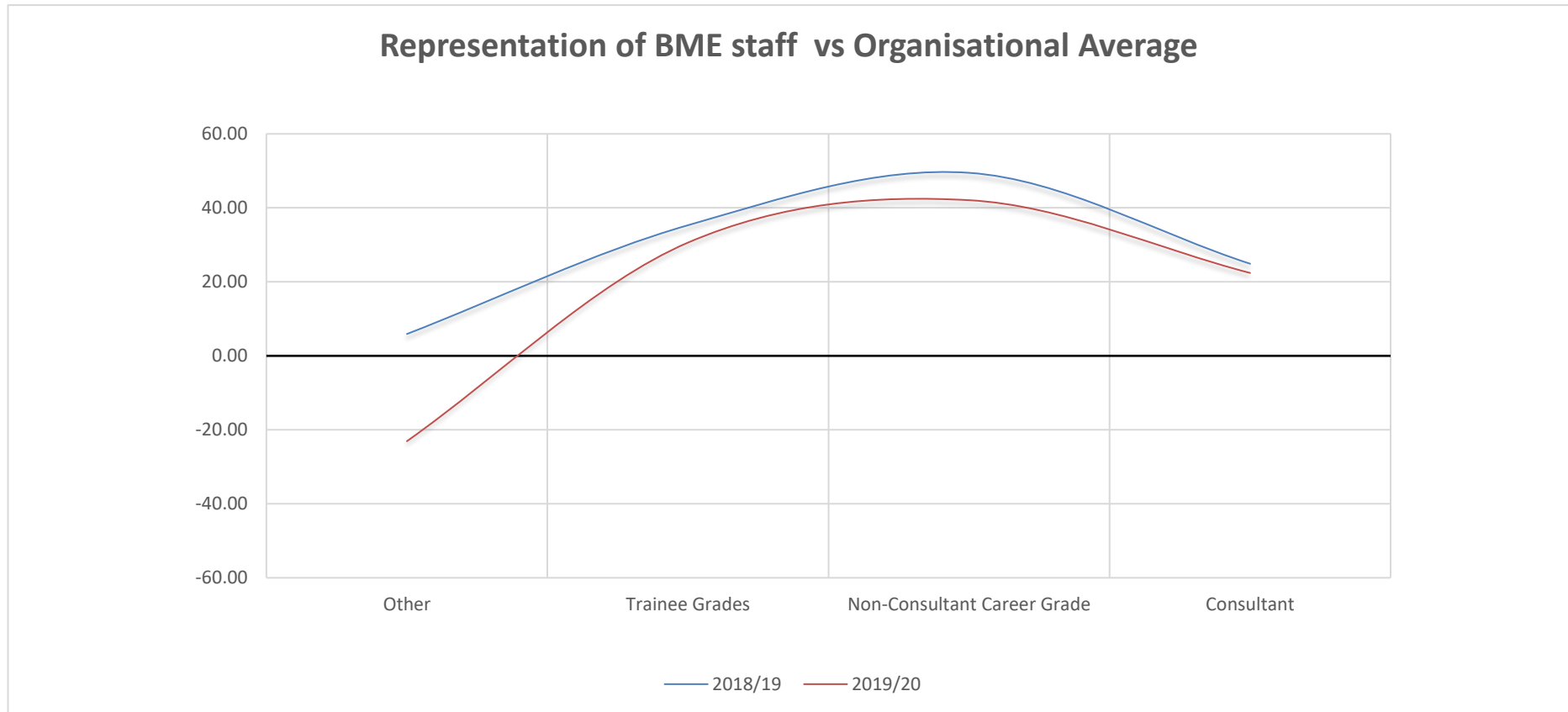
Clinical (Not Including Medical and Dental) WRES Data

	White 2018/19		BME 2018/19		Unknown 2018/19		White 2019/20		BME 2019/20		Unknown 2019/20	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent
<Band 1	21	95.45	1	4.55	0	0.00	7	87.50	1	12.50	0	0.00
Band 1	3	100.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Band 2	737	78.24	187	19.85	18	1.91	732	77.13	200	21.07	17	1.79
Band 3	131	85.06	21	13.64	2	1.30	142	85.54	21	12.65	3	1.81
Band 4	147	75.77	24	12.37	23	11.86	170	84.58	17	8.46	14	6.97
Band 5	713	60.17	415	35.02	57	4.81	708	52.95	532	39.79	97	7.26
Band 6	700	82.64	136	16.06	11	1.30	734	81.47	158	17.54	9	1.00
Band 7	491	89.93	42	7.69	13	2.38	506	88.93	54	9.49	9	1.58
Band 8A	98	86.73	14	12.39	1	0.88	102	90.27	11	9.73	0	0.00
Band 8B	33	84.62	5	12.82	1	2.56	28	82.35	5	14.71	1	2.94
Band 8C	13	100.00	0	0.00	0	0.00	12	92.31	0	0.00	1	7.69
Band 8D	4	100.00	0	0.00	0	0.00	3	100.00	0	0.00	0	0.00
Band 9	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
VSM	1	100.00	0	0.00	0	0.00	1	100.00	0	0.00	0	0.00

Appendix 3 - Medical and Dental

Medical and Dental WRES Representation

The over-representation of BME staff at all grades has reduced in 2019/20. In 2019/20 there are no staff categorised as “Other”. This cohort still represent a major characteristic of the Trust’s overall representation and is the only group to continually over-represent BME staff in all positions.



Medical and Dental WRES Data

	White 2018/19		BME 2018/19		Unknown 2018/19		White 2019/20		BME 2019/20		Unknown 2019/20	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent
Consultant	184	53.96	150	43.99	7	2.05	178	51.90	156	45.48	9	2.62
Non-Consultant Career Grade	19	27.14	48	68.57	3	4.29	19	28.79	43	65.15	4	6.06
Trainee Grades	127	33.87	204	54.40	44	11.73	131	34.47	204	53.68	45	11.84
Other	3	75.00	1	25.00	0	0.00	0	0.00	0	0.00	0	0.00