

## Meeting of the Board of Directors in Public Thursday, 02 July 2020

Title of Report	Workforce Race Equality Standard	Agenda Item	X
Lead Director	Leon Hinton, Executive Director of Workforce and Organisational Development		
Report Author	Alister McClure, Head of Equality and Inclusion		
Executive Summary	<p>This report provides the annual Workforce Race Equality Standard summary (WRES) for 2020. 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 2020, but extended this year to 31 August 2020</p> <p>The performance is stable or improved compared to previous years. An action plan to address concerns and improve performance must be prepared and published by 31 October 2020.</p>		
<b>Link to strategic Objectives 2020/21</b>  <i>(Please mark X against the strategic goal(s) applicable to this paper - 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"/>
Committees or Groups at which the paper has been submitted	Executive Group 17 June 2020 Human Resources and Organisational Development Senior Team, 11 June 2020		
Resource Implications	None at this stage. The action must be produced within existing resources		
Legal Implications/Regulatory Requirements	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 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		
Quality Impact	Not applicable		

<b>Assessment</b>				
<b>Recommendation/ Actions required</b>	To approve the publication of the Trust's Workforce Race Equality Standard Data Report			
	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Noting <input type="checkbox"/>
<b>Appendices</b>	Appendix 1: charts and tables illustrating the performance Appendix 2: Background information The WRES Reporting Schedule (currently delayed by NHS Digital, is due imminently. If it is available, it will form Appendix 3)			

## 1 EXECUTIVE SUMMARY

- 1.1 The main purpose of the Workforce Race Equality Standard (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 97.3%.

[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 Performance against most of the WRES indicators has stabilised or improved compared to previous years, with performance against indicators 2, 3 and 4 shows year on year improvement.

<b>Indicator</b>	Direction of Travel compared to:		
	2019	2018	2017
1 – Workforce Diversity	↔	↔	↔
2 - Recruitment	↑	↑	↓
3 – Formal Procedures	↑	↑	↔
4 – Training	↑	↑	↑

- 1.4 Normally Trusts are required to report on four Staff Survey indicators. However, reporting on those indicators has been excluded from the WRES this year. An analysis of these will be included in part of

the development of this year's WRES Action Plan, which will be reported to the Executive Group and Trust Board later in the year.

- 1.5 It is a mandatory requirement in NHS standard contracts (Schedule 6a) to report on the WRES, including sign-off at Board level. Normally this is before 31 July each year, but in 2020 Trusts are required to publish their WRES data by 31 August, and their WRES Action Plans by 31 October.

## 2 KEY FINDINGS

- 2.1 The WRES assessment has been prepared following revised technical guidance published by NHS England in March 2017. There are normally 9 performance indicators, but in 2020 Trusts are only to publish 4 performance indicators.. [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.]

### 2.2 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 points in progression between grades where the proportion of BME staff in the workforce is lower than expected. For example, there is a dip in representation between Bands 5 and 6 in the non-clinical workforce, and progressively from Bands 5 through to 8a in the non-medical clinical workforce. Amongst consultants, 61% are from a BME background, yet only 1 out of 11 (9%) of senior medical managers are BME. 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 generally increased over time.

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

Tables illustrating the workforce profile can be found in Appendix 1.

### 2.3 Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts. **Performance in 2020: 1.1**

In 2015/16, White people shortlisted for interview were 2.58 times more likely than BME people to be appointed. By 2019 this gap narrowed to 1.30 times, and currently stands at 1.10 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 marginally greater likelihood of being appointed than candidates from BME backgrounds. Nevertheless, the Trust still aims for absolute equality of opportunity in the appointments process. As Indicator 1 illustrated, there is under representation of BME at a number of pay bands, despite good performance on Indicator 2. This may be to do with an underrepresentation in applications from BME candidates, but further investigation into this is required.

### 2.4 Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. **Performance in 2020: 0.59**

A statistically small number of individuals (1.59% 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. A table illustrating the performance over time is in Appendix 1.

**2.5 Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD. Performance in 2020: 0.98**

From 2019 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 0.98, 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 year on year. A table illustrating performance over time is in Appendix 1.

### 3 Next Steps

- 3.1 The next steps fall into two categories: firstly, ensuring the publication of the WRES data summary on the NHS England WRES portal and the Trust's website by 31 August 2020; and secondly, developing an action plan for the Trust to implement to improve on the WRES indicators in future years, to be published on the Trust website by 31 October 2020
- 3.2 Further analysis of the WRES data and an action plan will be worked up by the Trust's Inclusion Steering Group, and considered by the Board of Directors in September 2020. 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.

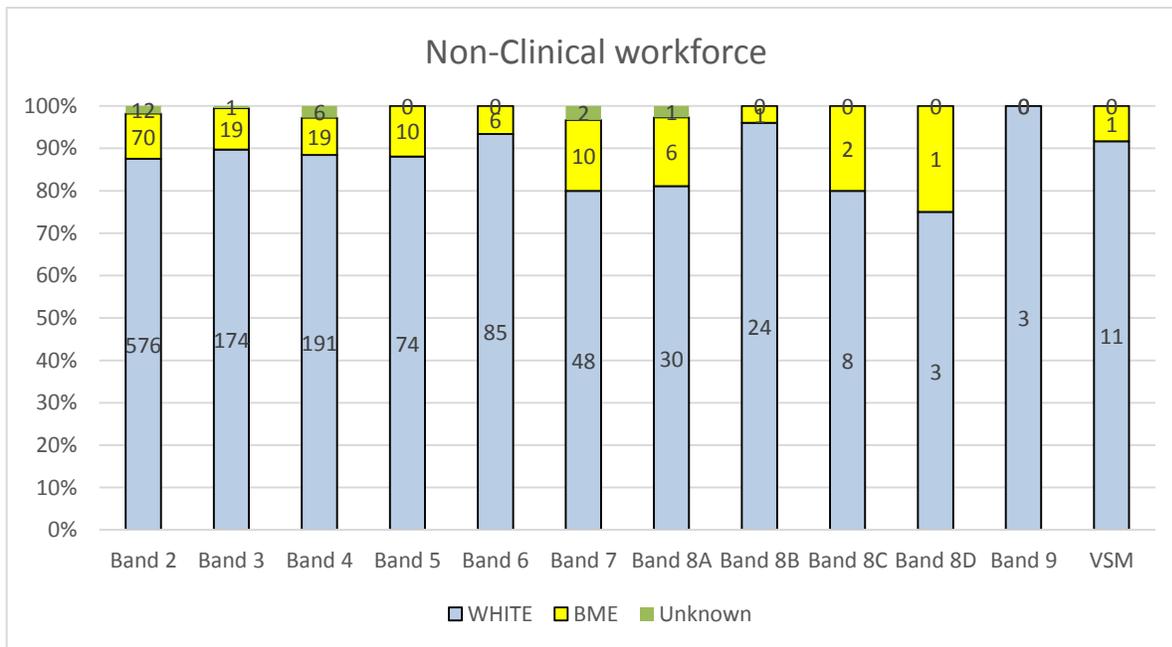
### 4 Recommendation

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

**Appendix 1 – PERFORMANCE CHARTS AND TABLES**

**Indicator 1 – WORKFORCE PROFILE**

*Chart 1: Ethnicity - Agenda for Change Non-Clinical Bands 2 to 9 and Very Senior Management, by proportion, showing headcount*



*Chart 2: Ethnicity - Agenda for Change Clinical Workforce, non-medical, Bands 2 to 9 and Very Senior Management, by proportion, showing headcount*

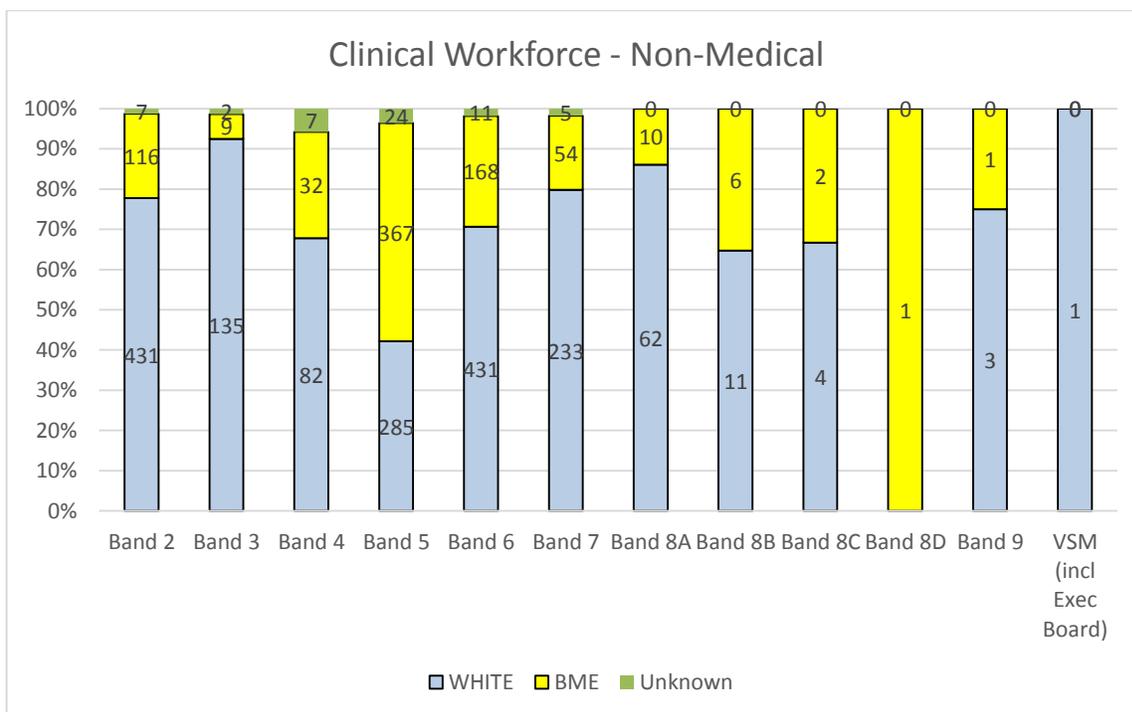
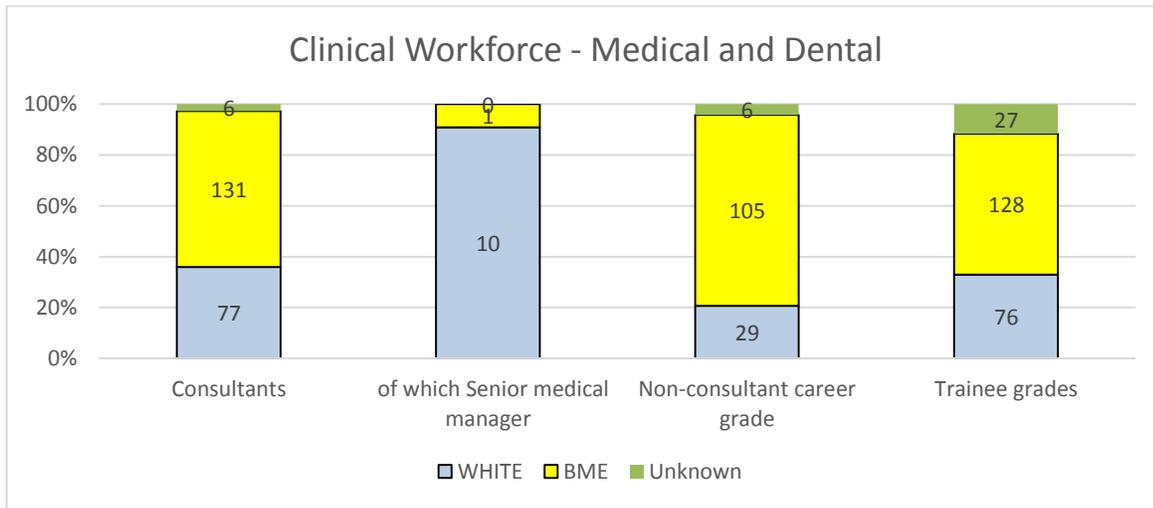


Chart 3: Ethnicity (Clinical Workforce, Medical and Dental by proportion, showing headcount



### Indicator 3 – FORMAL PROCEDURES

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)
2020	1.53%	0.90%	0.59
2019	2.23%	1.25%	0.56
2018	3.58%	1.61%	0.45

### Indicator 4 – NON-MANDATORY TRAINING

Likelihood of staff accessing non-mandatory training and CPD			
	White employees	BME employees	Relative likelihood (ratio) (1.00 = equality)
2020	96%	98%	0.98
2019	70.04%	82.45%	0.85
2018	58.31%	68.68%	0.85

## Appendix 2 - BACKGROUND INFORMATION

- 1 Originally launched in the Five Year Forward View a direction of travel was set out 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 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.
- 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.
- 4 It is now a mandatory requirement in NHS standard contracts (Schedule 6a) to report on the WRES, including sign-off at Board level. Normally this is before 31 July each year, but in 2020 Trusts are required to publish their WRES data by 31 August, and their WRES Action Plans by 31 October.