

Report to the Board of Directors

Board Date: Thursday, 05 July 2018

Item No: X

Title of Report	Workforce Race Equality Standard (WRES) Report 2018
Prepared By:	Alister McClure, Head of Equality and Inclusion
Lead Director	James Devine, Executive Director of HR & OD
Committees or Groups who have considered this report	Executive Group HR&OD Senior Team
Executive Summary	<p>This report provides the annual Workforce Race Equality Standard summary (WRES) for 2018. 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.</p> <p>The performance is mixed, with both improvements and deterioration compared to 2017, but still improving overall compared to 2016. Indicator 2 (likelihood of BME candidates being appointed from shortlist, compared to White candidates), for example, shows a deterioration compared to 2017, but is still an improvement since 2016. It is also worth noting that for Indicator 2, Medway performs better than average compared to other Acute Trusts and was one of only 26 Trusts performing better than the national position for England in 2017.</p> <p>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.</p> <p>Performance on Indicator 4 (access to non-mandatory training and continued professional development) shows continued improvement, whilst indicators 5-8 (measured through the 2017 Staff Survey) have deteriorated compared to the previous year (2016 Staff Survey). The deterioration in performance on indicators 5-8 is broadly similar to those of other Acute Trusts.</p> <p>The indicators from the Staff Survey are:</p> <ul style="list-style-type: none"> • 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

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	<ul style="list-style-type: none"> • 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 form ... manager/team leader or other colleagues? <p>An action plan to address concerns and improve performance is set out at section 5.</p> <p>Under the NHS Standard Contract (schedule 6a) the Executive Group and Board are required to consider and approve the WRES report prior to publication in July 2018. (NHS England have extended the publication deadline to 8 August 2018, owing to NHS Digital's late publication of the reporting framework).</p>								
Resource Implications	None identified at this stage. Any actions should be achieved within existing resources.								
Risk and Assurance	Actions within the plan are designed to improve the Trust's performance on race equality, and maintain its reputation.								
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.								
Improvement Plan Implication	Aligns to Better, Best, Brilliant improvement programmes 8 – Building a sustainable workforce and 9 – Culture and engagement. Managing workforce equality is an essential element of making the Trust an employer of choice, and an enabler for organisational delivery.								
Quality Impact Assessment	Not applicable								
Recommendation	To approve the publication of the Trust's Workforce Race Equality Standard Report (appended to this report).								
Purpose & Actions required by the Board :	<table border="0"> <tr> <td>Approval</td> <td>Assurance</td> <td>Discussion</td> <td>Noting</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Approval	Assurance	Discussion	Noting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1 EXECUTIVE SUMMARY

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 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.]

1.3 The performance is mixed, with both improvements and deterioration compared to 2017, but still improving overall compared to 2016. Indicator 2 (likelihood of BME candidates being appointed from shortlist, compared to White candidates), for example, shows a deterioration compared to 2017, but still an improvement since 2016. It is also worth noting that for that indicator, Medway performs better than average compared to other acute Trusts and was one of only 26 Trusts performing better than the national position for England (2017).

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.

1.5 Performance on indicator 4 (access to non-mandatory training and continued professional development) shows continued improvement, whilst indicators 5-8 (measured through the 2017 Staff Survey) have deteriorated compared to the previous year. The deterioration in performance on indicators 5-8 is broadly similar to those of other acute trusts.

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

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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 2018.

2.5 The WRES Summary assessment is attached with this paper, and the key findings are set out below. The summary shows a mixture of positive and negative changes compared to 2017, but still an overall improvement compared to 2016. However, the assessment in 2018 also has more statistical accuracy than previous years, so effectively forms a new and improved baseline assessment.

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 96.5%.

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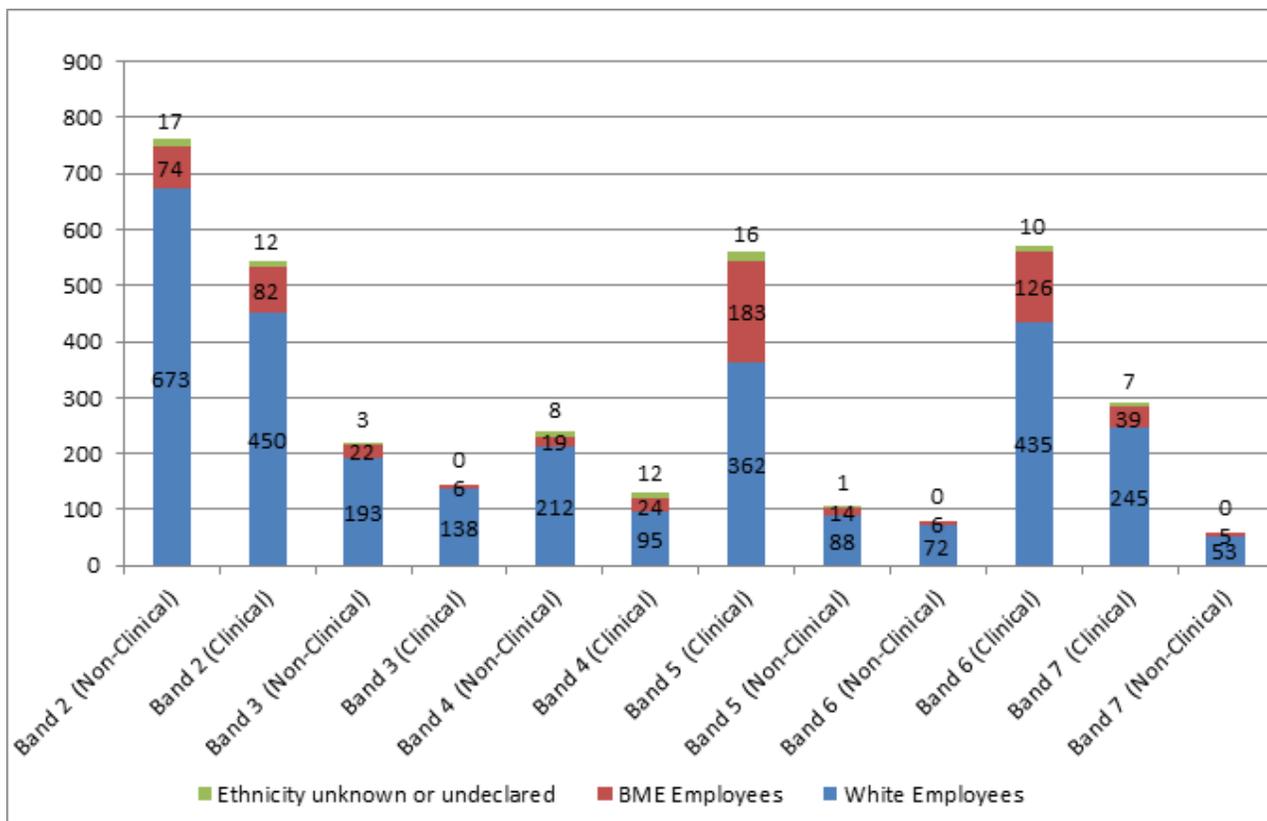
3.2 Indicator 1 – Workforce profile

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 being recruited more from the local community than higher bands. The Trust’s workforce is considerably more diverse than the local population. Additionally, the data shows that people from BME backgrounds are under-represented in all non-clinical roles from AfC Band 8b upwards, and in clinical roles from AfC Band 8c upwards (with the exception of Band 9).

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 1: Ethnicity (AfC Bands 2 to 7)



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Table 2: Ethnicity (AfC Bands 8a to VSM)

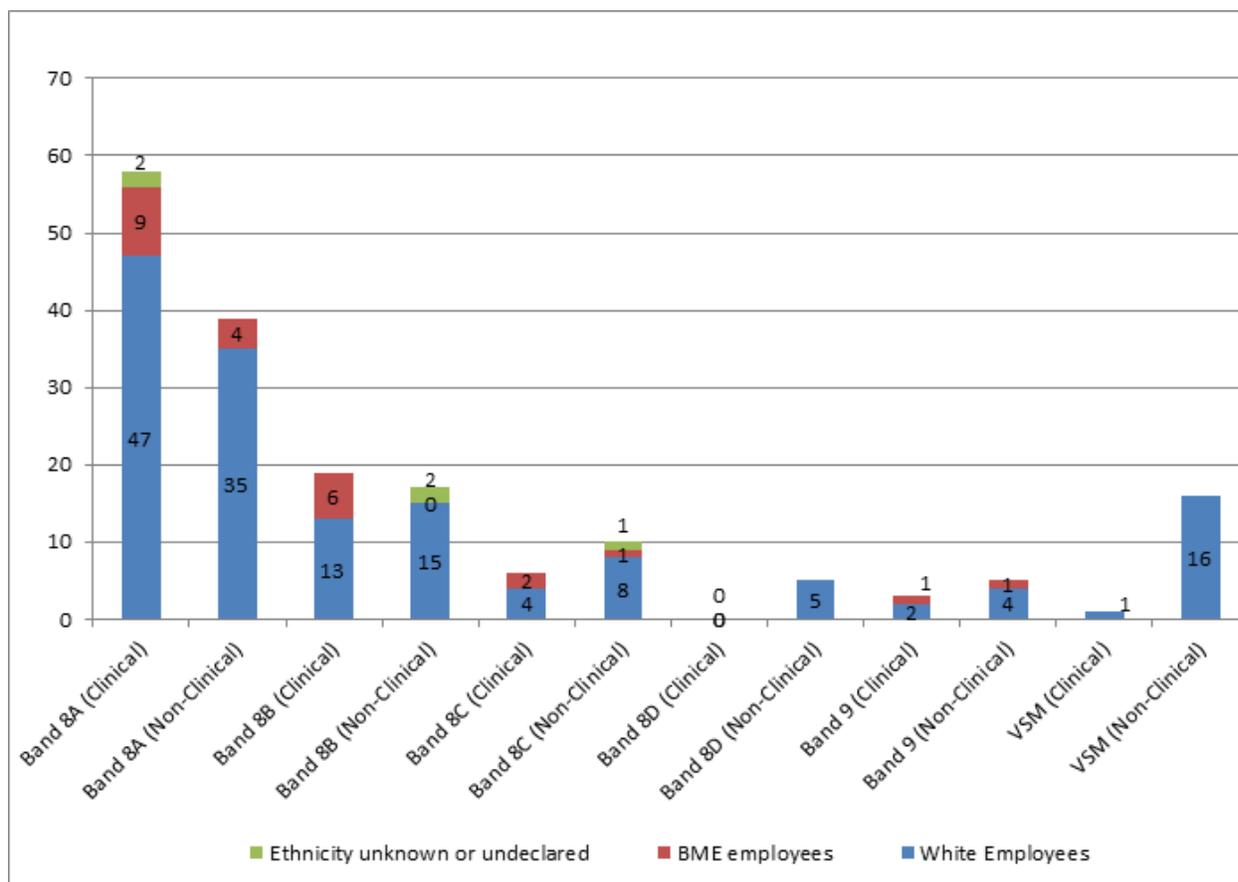
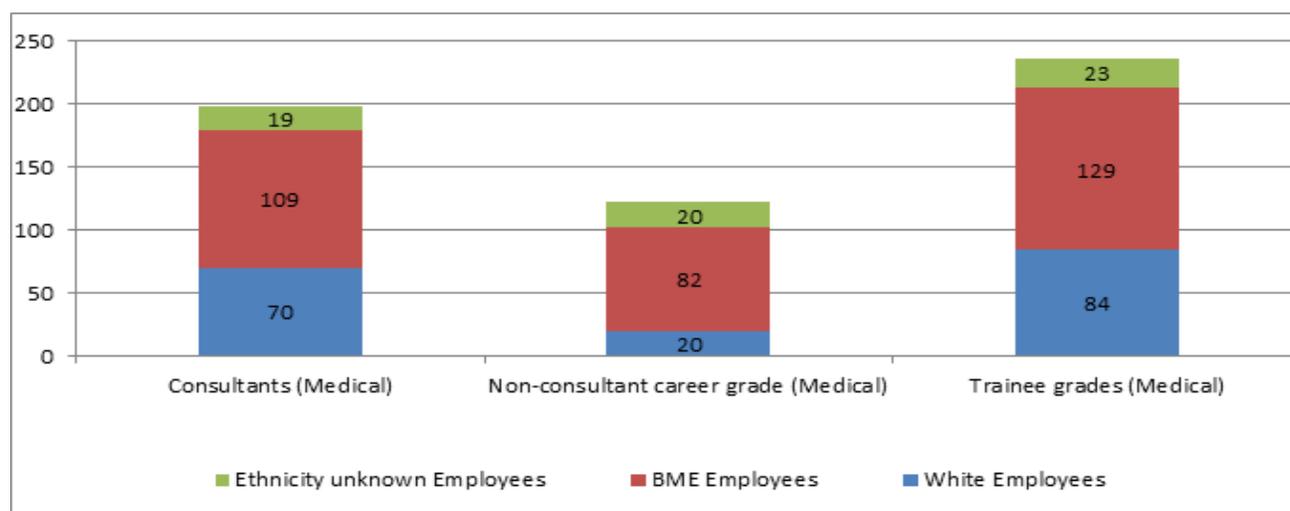


Table 3: Ethnicity (Medical and Dental)



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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. In 2016/17 this gap narrowed to 1.20 times, but rose slightly in 2017/18 to 1.33 times. National benchmarking for 2018 is not yet available, but, for comparison the national benchmark for this indicator in 2017 was 1.6, and the benchmark for acute trusts was 1.58; so this Trust is performing better than average on this indicator. Whilst this is still an 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. The increase in the gap between White and BME candidates from last year's report to this year's will need further investigation, including benchmarking with similar Trusts, and an internal assessment of unconscious bias of appointing panels. These will be conducted by September 2018. However, two new factors appear to be affecting the data. Firstly, owing to a technical error the Trust's data for 2016/17 inadvertently excluded the ethnicity of candidates for some medical and dental appointments. For 2017/18 the Trust can be confident that medical and dental recruitment has been recorded correctly. Secondly, there appears to be some evidence that it has been more difficult in 2017/18, compared to previous years, to appoint to nursing and medical posts through international recruitment. Therefore, candidates who could have been successful at interview could not be appointed owing to migration status.

Nevertheless, the Trust still aims for equality of opportunity in the appointments process, and will continue to include training on unconscious bias and affinity bias. From summer 2018, this is to be incorporated in a programme of recruitment training, which appointing managers will be required to complete.

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 (2.97% 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. More work is needed to understand why this is, and an equality impact assessment of employee relations will be conducted in 2018/19.

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)
2018	3.58%	1.61%	0.45
2017	1.22%	0.86%	0.71

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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 MOLLIE (the training management platform) with the exception of the 11 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 there has been a performance improvement in the take-up of non-mandatory training and CPD in both 2016/17 and 2017/18. Staff from BME backgrounds are still marginally more likely to access non-mandatory, although White staff and BME staff are almost equally likely to access CPD. The indicator combines both scores, and the net effect is that staff from BME backgrounds are more likely to access training.

Likelihood of staff accessing non-mandatory training and CPD			
	White employees	BME employees	Relative likelihood (ratio) (1.00 = equality)
Overall	58.31%	68.68%	0.85
Non-Mandatory Training	51.03%	69.62%	0.73
CPD	4.92%	4.97%	0.99

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

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- 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.

Percentage believing that trust provides equal opportunities for career progression or promotion		
WRES year (staff survey year)	White employees	BME employees
2018 (2017)	79.76%	67.32%
2017 (2016)	87.10%	76.29%

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.

Further investigation is needed, and is progressing, into the reasons why performance on these indicators has fallen. However, initial analysis indicates that the pattern is not consistent across the Trust.

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. The Board had no voting or executive members from a BME background, although this will change in 2018/19 following a recent appointment. 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 the WRES indicators 1, 2 and 9 in 2018 is broadly similar to 2017, and it is a significant improvement since 2016. Performance against indicator 3 shows year on year improvement, as does the Trust's performance on the proportion of staff who declare their ethnicity (now at 96.5%). For Indicator 4, performance appears to be worse in 2018, but it needs to be recognised that records on staff entering formal procedures are now significantly more accurate and consistent than previous years.

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- 3.9 The most concerning indicators are those relating to the staff survey (Indicators 5 to 8), which have been the subject of a previous report. Performance on those indicators is poorer in 2017 staff survey than the previous year, but broadly similar to the year before (2015). Additionally, a more detailed analysis of the staff survey indicates that performance against these indicators varies across the Trust.

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 8 August 2018.
- 4.2 Actions to improve performance must be published on the Trust website. A summary of proposed actions is set out below (section 4). 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.
- 4.3 Publication of the WRES

The WRES summary will be published in July 2018, subject to approval by the Trust Board. This must be on the NHS England WRES portal and the Trust's website.

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5 ACTION PLAN

Indicator	Direction of Travel compared to:		Action	Timeframe	Responsibility
	2017	2016			
1 – Workforce Diversity	↔	↔	Continue to promote ESR self-service	Current and ongoing	Workforce Intelligence
2 - Recruitment	↓	↑	New Recruitment Training for appointing managers	September 2018 onwards	Resourcing Services and Organisational & Professional Development
3 – Formal Procedures	↔	↑	Equality analysis of reasons for White staff being more likely to be in formal procedures	September 2018	Employee Relations
4 – Training	↑	↑	Introduction of new IT platform to access training	August 2018	Organisational and Professional Development
			Equality Impact Assessment of Access to Non-mandatory training	July 2018	
5-8 – Staff Survey	↓	↔	Programme of staff engagement activity	Current and ongoing to October 2018	Staff survey task group
9 – Board Membership	↑	↑	Review of methods and media for future recruitment of Non-Executive Directors and Senior managers.	September 2018	HR&OD Senior Team

6 RECOMMENDATIONS

- 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.

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Appendix

WORKFORCE RACE EQUALITY STANDARD, DATA SUBMISSION, 2018