

FINANCE AND PERFORMANCE COMMITTEE – September 2019
Workforce Race Equality Standard (WRES)
Report and Action Plan August 2019

Purpose of report and executive summary (250 words max):		
<p>This report shows that although the workforce has a higher proportion of BAME staff than the local population this is not evenly distributed across staff groups or grades.</p> <p>Other metrics analysed show that BAME staff are proportionally less likely than White staff to be shortlisted for posts, take up training or be recruited to the Board. It also shows that they are more likely to be subject to formal disciplinary processes.</p> <p>An action plan including undertaking further analysis is required to ensure these findings are accurate and addressed for future employees is included in the paper for approval.</p> <p>The data and action plan have been uploaded to the national website on 30.8.19.</p>		
Action required: For approval		
Previously considered by: n/a		
Director: Chief People Officer	Presented by: Deputy Director of Workforce & OD	Author: Head of HR and EDI Advisor

Trust priorities to which the issue relates:	Tick applicable boxes
Quality: To deliver high quality, compassionate services, consistently across all our sites	<input checked="" type="checkbox"/>
People: To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce	<input checked="" type="checkbox"/>
Pathways: To develop pathways across care boundaries, where this delivers best patient care	<input checked="" type="checkbox"/>
Ease of Use: To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff	<input type="checkbox"/>
Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term	<input type="checkbox"/>

Does the issue relate to a risk recorded on the Board Assurance Framework? (If yes, please specify which risk)
Any other risk issues (quality, safety, financial, HR, legal, equality):
Effective management and leadership of staff will ensure retention of workforce enabling effective transformation and improvement.

NHS Workforce Race Equality Standard (WRES)

Report and Action Plan 2018-2019

1. Introduction

The purpose of this report is to present our Workforce Race Equality Standard (WRES) data and analysis to the Board for approval and submission.

It provides assurance to NHS England and our commissioners and to the Trust's Black and Minority Ethnic (BAME) staff, as well as the wider workforce, on the effective implementation of the NHS Workforce Race Equality Standard.

It further highlights high level analysis of the WRES data and actions that address issues, gaps and general improvements aligned to NHS Workforce Equality Standards and broader models of good practice.

2. Background

The introduction of the Equality Act 2010 merged and re-enforced previously separate legislation for equality, diversity and inclusion. In response, NHS England, with its partners, has prioritised its commitment to tackling discrimination and creating an NHS where the talents of all staff are valued and developed. Respect, equality and diversity are central to changing culture and are at the heart of the workforce implementation plan (NHS Long Term Plan).

Since 2015 all NHS organisations have been required as part of the NHS Standard Contract to demonstrate how they are addressing gaps in race equality across a range of staffing areas through the Workforce Race Equality Standard (WRES).

This followed from the publication of "The Snowy White Peaks", a research report by Roger Kline of Middlesex University that looked into barriers and discrimination affecting BAME job applicants and employees across the NHS.

The WRES standard applies nationally agreed action to ensure NHS employees from black and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

NHS organisations are expected to collect and analyse data and report annually by producing a WRES action plan that will deliver progress against the nine WRES metrics.

3. Local population demographics by ethnic group

	White British %	White (Other)	% of Any Asian or British	% of Any Black/African/Caribbean/Black British	% of Any Mixed or multiple ethnic group
East Hertfordshire	90.25	4.04	1.95	0.71	1.61
North Hertfordshire	84.88	3.49	5.37	1.96	2.66
Stevenage	83.12	3.27	5.77	3.38	2.70
Watford	61.88	7.69	17.91	5.79	3.44
Welwyn Hatfield	76.50	5.89	7.87	4.51	2.53
Hertfordshire	80.82	5.11	6.50	2.81	2.46
East of England	85.28	4.45	4.76	2.01	1.92

(Source: <https://www.hertfordshire.gov.uk/microsites/herts-insight/topics/population.aspx>)

Hertfordshire's minority ethnic population is growing with almost 20% of the county's population belonging to an ethnic group other than White British. Watford has the highest minority ethnic population, followed by Hertfordshire and Welwyn Hatfield. East Herts has the smallest minority ethnic populations.

4. WRES Metrics & Findings

The full WRES data sheet is available at appendix 1 for information. The following sections highlight the findings for each of the metrics in turn.

Metric 1. Percentage of staff in each of the Agenda for Change AfC (including executive Board members) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce

In 2018 our BAME workforce was 29% of our overall workforce, this has increased slightly to 31% of our workforce in 2019.

	31.3.18				31.3.19			
	white	BAME	unknown	BAME %	white	BAME	unknown	BAME %
Non-clinical								
Under Band 1	0	1	0	100%	1	0	1	0%
Band 1	86	56	3	39%	84	52	3	37%
Band 2	264	34	12	11%	276	38	13	12%
Band 3	316	64	12	16%	360	61	11	14%
Band 4	339	54	9	13%	328	57	8	15%
Band 5	100	17	5	14%	89	24	5	20%
Band 6	83	16	4	16%	83	21	1	20%
Band 7	49	9	4	15%	53	11	6	16%
Band 8a	39	11	0	22%	46	9	0	16%
Band 8b	21	5	3	17%	21	6	2	21%
Band 8c	10	3	0	23%	16	4	1	19%
Band 8d	15	0	0	0%	13	3	2	17%
Band 9	7	1	1	11%	4	1	1	17%
VSM	21	0	2	0%	23	0	1	0%

The table above shows the distribution of staff in non-clinical posts. This shows that there has been a marked improvement in appointing BAME staff to all levels of non-

clinical posts with increased percentage of BAME staff in most posts at Band 4 and above. It is also worth noting that the percentage of BAME staff within the non-clinical workforce is in line with the local population. Further analysis will be undertaken to ensure this is equality distributed with all ethnic groups and not focused on one specific demographic. BAME representation is still lower in non-clinical posts compared to the percentage of BAME staff in the overall workforce.

Clinical	31.3.18				31.3.19			
	white	BAME	unknown	BAME %	white	BAME	unknown	BAME %
Under Band 1	0	0	0	0%	1	0	0	0%
Band 1	1	0	0	0%	1	0	0	0%
Band 2	408	123	24	22%	375	153	30	27%
Band 3	198	108	13	34%	189	91	12	31%
Band 4	79	27	0	25%	73	33	0	31%
Band 5	471	409	112	41%	415	472	112	47%
Band 6	502	258	23	33%	510	257	27	32%
Band 7	368	103	17	21%	362	114	19	23%
Band 8a	99	18	4	15%	95	19	4	16%
Band 8b	24	6	1	19%	23	7	1	23%
Band 8c	13	9	2	38%	10	8	2	40%
Band 8d	4	0	0	0%	4	0	0	0%
Band 9	1	0	0	0%	2	0	0	0%
VSM	2	0	0	0%	0	0	0	0%

The table above shows the distribution of staff in clinical posts. A significant proportion of staff within Bands 2 – 5 are from a BAME background with the most in Band 5 at 47% of the clinical band 5 workforce. However, this significantly reduces from Band 6 onwards and there are no BAME staff in clinical Bands 8d and upward. While this is much higher than the local demographics for all bands and is indicative of the international recruitment required to ensure sufficient nursing staff within the UK, work needs to continue to improve the accessibility of higher banded posts for our BAME workforce. BAME representation in clinical roles is higher than the overall workforce percentage up to Band 6 however is lower thereafter with the exception of Band 8c.

medical	31.3.18				31.3.19			
	white	BAME	unknown	BAME %	white	BAME	unknown	BAME %
Consultants	150	149	20	47%	146	151	20	48%
Non-consultant	47	84	14	58%	39	94	21	61%
trainee grade	152	130	57	38%	138	156	69	43%

For medical grades there is near parity between White and BAME staff with 48% of staff within the medical workforce of a BAME background. This compares to 45% last year which a marked increase of BAME staff in the non-consultant career grade posts. BAME representation in our medical workforce remains higher than the percentage of the overall workforce.

Metric 2. Relative likelihood of staff being appointed from shortlisting across all posts.

	Nationally			ENHT
	2016	2017	2018	2018
likelihood of white shortlisted applicant being appointed	1.57	1.6	1.45	1.28

The table above shows that White applicants in the Trust are 1.28 more likely to be appointed from shortlisting than BAME applicants. While this is an increase of 2% from last year this is still significantly better than the national average. Further analysis will be undertaken to establish whether this is post specific or a general trend across the Trust.

Metric 3. Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

	Nationally			ENHT
	2016	2017	2018	2018
likelihood of entering disciplinary process	1.56	1.37	1.24	1.15

Although markedly higher than last year (0.71) the likelihood of BAME staff entering formal disciplinary processes is still better than the national average of 1.24 at 1.15.

Actions to date to mitigate the use of formal processes where unnecessary have included the introduction of a triage form which assesses the remedial actions taken prior to formal action being instigated. This ensures that coaching, mentoring and training including system wide remedial action is taken prior to individual culpability being attributed.

The new People Strategy will also focus on a person centred, restorative rather than punitive approach which will assist in further reducing the numbers of formal disciplinarians for all staff.

Metric 4. Relative likelihood of White staff accessing non-mandatory training and CPD.

	Nationally			ENHT
	2016	2017	2018	2018
likelihood of accessing training	1.11	1.22	1.15	1.41

BAME and White staff are all able to access non-mandatory training and CPD on an equal and fair basis. All courses are available for all staff irrespective of their background, identity or ability. Although open to all, the likelihood of White staff accessing training has increased compared to last year (1.10) and is therefore worse than the national average.

Data within this metric may not however provide a fully accurate picture as some education data is not collected centrally. Clarity on data collection for this purpose is included in our Education and Learning review.

A pro-active push to profile opportunities and nurture more interest from BAME staff to take up internal as well as external training and development opportunities is required and will be undertaken in conjunction with the BAME network to meet staff needs.

This will include line managers being made aware of what they should do to support these national NHS priorities. For example, targeted courses from the Leadership Academy such as “Stepping Up” and various talent management programmes focused on identifying and attracting sign up from BAME staff.

Metric 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

BAME staff are experiencing higher levels of harassment, bullying or abuse from patients, relatives or the public in the last 12 months at 35% compared to 29% of White staff. This shows an increase from the previous year where both White as well as BAME staff experienced the same level (28%) of harassment, bullying or abuse.

Metric 6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Harassment, bullying or abuse from staff shows a slight decrease for BAME staff (32%) and a slight increase for White staff (30%) compared to previous years data (28% White staff and 35% BAME staff).

Metric 7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

There has been a slight increase from previous years data showing BAME staff confidence is growing in this area. 80% of BAME staff report they are satisfied with opportunities this year an increase from 78% last year. While White staff report higher levels of confidence of 82% in 2018 this has actually reduced from 86% in 2017. Work with teams and staff networks is ongoing to establish the reasons for this across both staff groups with the hope of addressing concerns.

Metric 8. Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months.

There is an increase in the percentage of BAME staff experiencing discrimination at work from their manager, team leader or other colleagues from 12% in 2017 to 15% in 2018. For White staff, there was a slight increase from 6% in 2017 to 7% in 2018.

In relation to Metrics 5 to 8 the Trust is currently developing a new People Strategy which prioritises the development of an inclusive workforce where everyone can bring their whole-self to work. Staff networks, established this year, continue to enable staff to have a voice and enable discussion around these findings. Their voice is essential for the Board to understand and prioritise any interventions that can support all staff at work. The strategy also includes the development of a just and learning culture which ensures that all staff are offered restorative interventions rather than punitive sanctions following errors where appropriate. The just culture framework being developed will include working groups and ambassadors to address myths about firm management and bullying harassment and enable managers to have adult to adult conversations with staff about performance. This development aims to address bullying and harassment and improve equality of opportunity.

Metric 9. Percentage difference between the organisation's Board voting membership and its overall workforce.

The ethnic composition of the Trust Board has remained the same for the past three years with no visible minority or BAME representation. There were 12 Board members in 2017 and 14 Board members in 2018, all being White. This compares with a workforce profile where 63% of staff are White and 31% being BAME, 6% being unknown. Every effort will therefore be made to actively encourage a diverse pool of applicants for future vacancies. Support will be sought from the BAME network to identify ways in which to appeal and reach the wider BAME community for prospective applicants.

5. Key priorities and actions

The identified actions to address the issues highlighted in this report are included in the WRES action plan available at appendix 2.

6. Recommendations

The Trust Board is asked to note and approve the contents of this report and WRES action plan for submission.

Appendix 1

WRES data collection (excel spreadsheet)



WRES2 final version
August 2019.xlsm

