

FINANCE AND PERFORMANCE COMMITTEE – September 2020
Workforce Race Equality Standard (WRES)
Report and Action Plan August 2020

Purpose of report and executive summary (250 words max):

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.

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.

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.

The data and action plan have been uploaded to the national website on 31.8.20.

Action required: For approval

Previously considered by:
n/a

Director:
Chief People Officer

Presented by:
Deputy Director of Workforce &
OD

Author:
Head of HRBP and EDI Manager

Trust priorities to which the issue relates:	1
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 inclusive leadership of staff will ensure retention of workforce enabling effective transformation and improvement.

Proud to deliver high-quality, compassionate care to our community

NHS Workforce Race Equality Standard (WRES)

Report and Action Plan 2019-2020

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. Timeframes for completion of the data spreadsheets and supporting narrative are determined nationally.

WRES – Key Dates for 2020	
WRES Data Collection Period	6 th July to 31 st August 2020
WRES Spreadsheet (returned via SDCS) and WRES Online Reporting Form deadline	31 st August 2020
Publication of Board Approved Trust WRES Action Plans	31 st October 2020

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

	Asian/Asian British %	Black/African/Caribbean/Black British %	Mixed/multiple ethnic groups %	Other ethnic group %	White %
East Hertfordshire	1.9	0.7	1.6	0.3	95.5
North Hertfordshire	5.4	2.0	2.7	0.5	89.5
Stevenage	5.8	3.4	2.7	0.5	87.7
Watford	17.9	5.8	3.4	0.9	71.9
Welwyn Hatfield	7.9	4.5	2.5	1.0	84.1
Hertfordshire	6.5	2.8	2.5	0.6	87.6

(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 Welwyn Hatfield, Hertfordshire and Stevenage simultaneously. 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 2019 our BAME workforce was 31% of our overall workforce; this has increased slightly to 32% of our workforce in 2020.

	31 MAR 2019				31 MAR 2020				
	White	BAME	Unknown	BAME %	White	BAME	Unknown	BAME %	% Diff.
Non- Clinical									
Under Band 1	0	0	0	0	0	0	0	0	0
Band 1	84	52	3	37%	16	7	1	29%	-8%
Band 2	276	38	13	12%	356	92	19	20%	8%
Band 3	360	61	11	14%	364	66	11	15%	1%
Band 4	328	57	8	15%	371	60	13	14%	1%
Band 5	89	24	5	20%	100	31	5	23%	3%
Band 6	83	21	1	20%	77	15	2	16%	4%
Band 7	53	11	6	16%	57	15	6	19%	3%
Band 8A	46	9	0	16%	48	9	0	16%	0%
Band 8B	21	6	2	21%	21	5	2	18%	3%
Band 8C	16	4	1	19%	20	6	0	23%	4%
Band 8D	13	3	2	17%	18	3	1	14%	3%
Band 9	4	1	1	17%	6	1	1	13%	4%
VSM	23	0	1	0%	21	0	0	0%	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, 5 and 7. Whilst you can see there has been an improvement in overall representation, it is notable that the improvement is in the lower bands and from 8A and above there has only been 1 improvement at band 8C whilst for bands 8B, 8D and 9 the situation has worsen. For bands 8A the trust position is similar to year 2019 and we do not have any representation of BAME at VSM despite having 21 staff in post.

Clinical	31 MAR 2019				31 MAR 2020				
	White	BAME	Unknown	BAME %	White	BAME	Unknown	BAME %	% Diff.
Band 1	1	0	0	0%	1	0	0	0	0%
Band 2	375	153	30	27%	368	150	26	28%	1%
Band 3	189	91	12	31%	192	87	13	30%	1%
Band 4	73	33	0	31%	88	33	4	26%	5%
Band 5	415	472	112	47%	378	508	88	52%	5%
Band 6	510	257	27	32%	510	270	38	33%	1%
Band 7	362	114	19	23%	373	133	18	25%	2%
Band 8A	95	19	4	16%	106	27	5	20%	5%
Band 8B	23	7	1	23%	27	9	0	25%	5%
Band 8C	10	8	2	40%	11	6	3	30%	10%
Band 8D	4	0	0	0%	4	1	0	20%	20%
Band 9	2	0	0	0%	2	0	0	0%	0%
VSM	1	0	0	0%	1	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 52% of the clinical band 5 workforce. However, this significantly reduces from Band 8A onwards. 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 MAR 2019				31 MAR 2020				
	White	BAME	Unknown	BAME %	White	BAME	Unknown	BAME %	% Diff.
Consultants	146	151	20	48%	155	162	23	48%	0%
Non-Consultants	39	94	21	61%	37	111	33	61%	0%
Trainee Grade	138	156	69	43%	118	170	62	49%	6%

For medical grades there is near parity between White and BAME staffs with 48% of staff within the medical workforce of a BAME background. There has been no change in comparison to 48% of last year data. There is a marked increase (6%) of BAME staff in the Trainee 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	
	2017	2018	2019	2019	2020
Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME	1.60	1.45	1.46	1.28	1.57

The table above shows that White applicants in the Trust are 1.57 more likely to be appointed from shortlisting than BAME applicants. This is an increase of 23% from our last year data and is worse in comparison to last year national average (1.46). The work is underway to improve this situation, for example the introduction of Inclusion ambassadors (IA) to be involved in early stages of recruitment for all senior positions at Band 8A and above. The new appraisal system (career conversation) will aim to identify BAME staff who have talents and skills that they can be supported through their career development. More work needs to be done to ensure that at every decision making table, BAME staff are being presented and with a voice that has a vote in decision making process.

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

	Nationally			ENHT	
	2017	2018	2019	2019	2020
Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	1.37	1.24	1.22	1.64	1.44

The likelihood of BAME staff entering form disciplinary processes is still higher than the national average of 1.24 at 1.64 and 1.44 respectively.

Actions to date to mitigate the use of formal processes where unnecessary will included the introduction of a Inclusion ambassadors (IA) who will utilise pre-disciplinary checklist to assesses the remedial actions taken prior to formal action being instigated as well as the overall culture of that particular area. Discussions are also underway on how to best address behaviour issues and have meaningful conversations on issues such as bullying, harassment and discrimination. The new People Strategy is focusing on a person centred, restorative rather than punitive approach which will assist in further reducing the numbers of formal disciplinarians for all staff. We are encouraging the board to understand that this is a very serious issue and the behaviour and culture that we have not made enough progress with addressing has led to this disparity

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

	Nationally			ENHT	
	2017	2018	2019	2019	2020

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff	1.22	1.15	1.15	1.41	1.35
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BAME and White staffs 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. Our Trust figures are improving, although the likelihood of White staff accessing training is still higher (1.41 & 1.35 respectively) compared to the national average of 1.15.

Our Trust is updating appraisal paperwork and replace with Grow together, a new appraisal system based on the design delivered by the national leadership academy as part of the Talent toolkit. This pro-active push will hopefully profile opportunities and nurture more interest from BAME staff to take up internal as well as external training and development opportunities 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.

Harassment, bullying or abuse from patients, relatives or the public shows a remarkable decrease for BAME staff (30%) and a slight increase for White staff (30%) compared to previous years data (29% White staff and 35% BAME staff).

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 (31%) similarly decrease for White staff (28%) compared to previous years data (30% White staff and 32% BAME staff).

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

Data from 2019 survey shows that 77% of BAME staff report they are satisfied with opportunities, a decrease from 80% on year 2018. White staff report higher levels of confidence at 85% - year 2019, an increase from 82% reported year 2018. Work with teams and our established five staff networks are ongoing 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 2017 to 2019 (12%, 15% & 16% respectively). For White staff, last year showed a decrease of 1%, (2017 to 2019, 6%, 7% & 6% respectively).

In relation to Metrics 5 to 8 the Trust has developed a new People Strategy which prioritises the development of an inclusive workforce where everyone can bring their whole-self to work. Staff networks, established last year, continue to enable staff to have a voice and enable discussion around these findings. Their voice is essential for the organisation 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. Furthermore, staff awareness of Freedom to Speak Up guardian (FTU) and use this platform to raise their concerns. 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 14 Board members in 2018, similarly to 14 Board members in 2019, all being White. This compares with a workforce profile where 62% of staff are White and 32% 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 outlined on **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 v5.0.xlsm

Appendix 2

ACTIONS TO ADDRESS ISSUES FROM WRES DATA

NHS Trust

AIM	Desired Outcomes	Priorities (1-3 months)	Priorities (3, 6 – up to 12 months)
BAME NETWORK WITH A VOICE	<ul style="list-style-type: none"> staff have access to appropriate support and feel safe to express their lived experience of race and racisms Staff feel empowered to contribute in raising concerns and making suggestions for change 	<ul style="list-style-type: none"> Work with senior team managers to Allocate protected time for designated individual to attend and contribute in BAME network meetings. The Power of Staff stories Review membership and improve BAME representation at key decision making groups 	<ul style="list-style-type: none"> Celebrating diversity - Network events with key note speakers Well attended and fully functional network with appropriate representation from all staff group
ORGANISATIONAL EDUCATION PROGRAMME	<ul style="list-style-type: none"> Programme aiming to educate our senior Leaders – start with the Board Ensure all mid managers have completed revised Equality, Diversity & Inclusion ambassadors training and other relevant training (unconscious bias, micro-aggressions) 	<ul style="list-style-type: none"> Seek external advice and draw on other organisations to inform inclusion strategy and how to tackle racism Reference group 	<ul style="list-style-type: none"> Reverse mentoring Introduction of WRES data expertise – WRES Expert programme
CULTURE CHANGE	<ul style="list-style-type: none"> Role of IA on recruitment as well as their involvement as culture champions Organisation becoming culturally intelligent 	<ul style="list-style-type: none"> Cultural intelligence expert to coach senior team. All Leaders - awareness and understanding of anti-racism and cultural intelligence 	<ul style="list-style-type: none"> Confidently raise and address issues of race equality and inclusion initiatives Analyse data on current grievances and disciplinarians
STAFF DEVELOPMENT AND CAREER PROGRESSION	<ul style="list-style-type: none"> Ensure fair advertising and recruitment process for staff - Strengthen the role of IA within interview processes Meaningful Career conversation during appraisals 	<ul style="list-style-type: none"> WRES data broken down to profession group Access to Training and developmental opportunities in particular for nursing and admin & clerical groups 	<ul style="list-style-type: none"> Career developmental and training path for BAME staff co-designed with BAME Network & EDI Lead