



Workforce Race Equality Standard (WRES) 2018

Agenda Item No		Meeting	Quality Committee	Meeting Date	6 th March 2019
Title	Workforce Race Equality Standard (WRES) Report (2018)				
Sponsoring Executive Director	Julie Pennycook. Director of Workforce and Organisational Development				
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Sub Committees previously considered by inc date	HR and OD Committee 17 th December 2018				
Purpose					
The purpose of this report is to provide a current state position of Workforce Race Equality Standard performance at Isle of Wight NHS Trust.				Information	
				Assurance	
				Agree	✓
Link to Trust Goals					
Excellent Patient Care					✓
Work with others to keep improving our services					✓
A positive experience for patients, service users and staff					✓
Skilled and capable staff					✓
Cost effective, sustainable services					
Executive Summary					
<p>The Workforce Race Equality Standard (WRES) requires NHS organisations to self-assess against nine indicators of staff experience and opportunities in the workplace. Four of the WRES indicators relate specifically to workforce data; four are based on data from the National NHS Staff Survey questions; and one considers BME representation on Board.</p> <p>Key findings of the workforce race equality standard at IOW NHS Trust shows:</p> <ul style="list-style-type: none"> • 95% of staff have reported their Race. • BME staff are under-represented at senior levels of the organisation (in clinical roles above Band 6 and non-clinical roles above Band 7). • There has been an increase in BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. • There has been a positive increase in BME staff believing that trust provides equal opportunities for career progression or promotion. <p>A full Equality and Diversity baseline assessment is being completed across Isle of Wight NHS Trust to enable the organisation to respond positively and demonstrate due regard to the legal, regulatory and commissioner requirements of equality and diversity. The results of this assessment will be used to formulate an action plan to be launched April 2019.</p>					
Key Recommendation					
<p>This paper outlines the trust's WRES performance and high impact actions that have been designed and undertaken, key successes and plans for the future.</p> <p>The Committee is asked to agree the actions to improve WRES performance at Isle of Wight NHS Trust.</p>					

1. Introduction

- 1.1 The next steps on the NHS Five Year Forward View is a national commitment to deliver high quality, safe, patient focussed care that is dependent on professional commitment, strong system leadership and a caring and compassionate workplace culture. The trust embraces this commitment and will champion equality, diversity and inclusion to truly empower people and put them at the centre of everything we do, so that they feel safe to raise concerns, make changes happen and recommend Isle of Wight NHS Trust as a place to work and to have care and treatment.
- 1.2 The Trust has launched a new equality and diversity strategy that aims to (i) enable staff to connect with our vision and values; (ii) respond positively to our quality, safety, operational and financial obligations; and (iii) recruit, retain and develop skilled and committed people.
- 1.3 Launched in 2014, the WRES is mandated by NHS England and aims to improve organisational performance including:
- Patient experience, outcomes and safety
 - Organisational innovation and efficiency
 - Public Sector Equality Duty
- 1.4 Gathering and analysing data across the nine WRES indicators is important but improving our equality performance requires boards and leaders understanding the value of a diverse and engaged workforce.

2. NHS Workforce Race Equality Standard (WRES)

- 2.1 Isle of Wight NHS Trust is fully committed to inclusive workplaces that are free from discrimination – where all staff are able to thrive and flourish based on their diverse talent. This is evidenced through our organisational values - enacted through our behaviours at all levels, robust recruitment processes; support for team working and wellbeing in the workplace; and active awareness of equality and inclusion requirements embedded within our workplace practices.
- 2.2 Leadership of the Workforce Race Equality Standard is achieved through Board level sponsorship and support of this work and is acknowledged as crucial in driving the changes forward. Successful equality, diversity and inclusion work, including work to implement the Standard, requires specialist advice and support; it is also recognised that leadership must come from Board level.

3. Our obligations:

- (i) The Board to understand the principles of the Workforce Race Equality Standard and ensure high level reporting of findings is embedded across Senior Committees;
- (ii) A Board level Sponsor to take the lead role in championing the equality and diversity at all levels, and ensuring our organisation is embedding any learning into our practices for measurable year on year improvements;
- (iii) Board meetings to record an annual update of WRES actions and progress;
- (iv) Data will be gathered across our organisation for the 9 metrics for the WRES will be published by August 2019 and annually;
- (v) We will analyse annual data findings and consider any significant gaps and how we can bring in improvements where practical;

- (vi) We will work collaboratively with our Human Resources, Equality and Diversity, Organisational Development and Business Intelligence colleagues to learn from the data findings to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BAME Board representation (Black Asian minority ethnic).
- (vii) A summary of findings and progress will be reported within our Annual Equality and Diversity Report for display on our website no later than 31 January 2019 and annually thereafter.

4. Methodology

4.1 The WRES Indicators

4.1.1 The Workforce Race Equality Standard (WRES) requires NHS organisations to self-assess against nine indicators of staff experience and opportunities in the workplace. Four of the WRES indicators relate specifically to workforce data; four are based on data from the National NHS Staff Survey questions; and one considers BME representation on Board. This includes:

4.2. Workforce indicators

4.2.1. For each of the workforce indicators below, the data compares responses and experiences of White and BME staff

- 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 Note: Organisations should undertake this calculation separately for nonclinical and for clinical staff;
- Relative likelihood of staff being appointed from shortlisting across all posts;
- Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation;
- Relative likelihood of staff accessing non-mandatory training and CPD National NHS Staff Survey indicators (or equivalent)

4.2.3. For each of the four staff survey indicators below, compare the outcomes of the responses for White and BME staff.

- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months;
- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months;
- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion;
- Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues Board representation indicator For this indicator, compare the difference for White and BME staff;

The ninth indicator compares the percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator.

4.3 Governance and Reporting

4.3.1 The Equality and Diversity Strategy was approved by the Trust Board in May 2018, highlighting the introduction of the Equality Standard. All clinical and non-clinical divisions will be required to demonstrate how they are making a positive difference to both patients and staff in line with the EDS2 (Equality Standard). Progress reports will be provided to the Trust Board through our annual report and through the Performance Reviews.

4.3.2 The Trust submits WRES data annually to the WRES Implementation Team at NHS England. With regard to WRES indicators 5-8, which are based on staff survey responses, data from the 2017 NHS Staff Survey findings was submitted. NHS England then publishes a national report based on WRES information from across the country.

4.3.3 To strengthen our response to equality and diversity, the Trust launched a new Equality Impact Group (EIG) in January 2019 and this committee will manage the implementation and evaluation of the Equality and Diversity plan, including WRES.

4.3.4 The EIG will ensure that Isle of Wight NHS Trust is giving 'due regard' to:

“using the indicators contained in the Workforce Race Equality Standard to help improve workplace experiences, and representation at all levels within our workforce, for Black Asian and Minority Ethnic (BAME) staff; and assurance, through the provision of evidence of implementing the NHS Workforce Race Equality Standard”.

5. Findings

5.1 WRES Indicator 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.

5.1.1 The data for WRES Indicator 1 highlights that:

- BME staff are under-represented at senior levels of the organisation (in clinical roles above Band 6 and non-clinical roles above Band 7).
- The Workforce Diversity Scorecard for IOW NHS Trust has been published and provides a detailed analysis of staff involvement in recruitment and selection; employee relations and employment banding across each protected characteristic.

Equality Objective: Increase overall visibility of Equality, Diversity and Inclusion at Trust Board and with Senior Leaders

This will include:

- Greater awareness to Trust Board and Senior Leaders around equality issues (using patient /staff stories to highlight issues)
- Engaging/involving Senior Leaders with celebrations and events throughout the year to further improve visibility of inclusion.
- Promote success stories of staff.
- Publicising success stories of BME staff and who are in senior leadership positions. This will be an ongoing initiative in order to keep the agenda as a high priority.

Table 1. High Impact Actions for delivery by March 2019

High Impact Actions 2019/20
1. Delivery of 3 trust-wide Diversity Seminars launching with 'The impact unconscious bias on clinical and corporate decision making' January-March 2019;
2. Undertake further detailed data analysis to identify any specific directorates, departments, job roles and pay bands where BME staff are poorly represented at senior level. Work with senior managers in those areas to develop action plans to identify the underlying reasons and potential solutions;
3. Conduct an full equality analysis of the recruitment and selection policy;
4. Undertake a WRES engagement programme to understand the experiences of BME staff at Isle of Wight NHS Trust. This multi-methods approach will utilise survey's and semi-structured interviews to identify experience across the employee journey. This includes experience of on-boarding;

5.2 WRES Indicator 2:

Relative likelihood of staff being appointed from short listing across all posts

5.2.1 The data for this indicator highlights that:

- Across all staff groups, this indicator look at the relative likelihood of BME staff being appointed from shortlisting compared to White British Staff is 0.54. This is an increase from 2016 at 0.13.
- The national NHS trust average for WRES Indicator 2 in 2017 was: 1.60, meaning that White applicants were 1.60 times relatively more likely to appointed from shortlisting compare with BME applicants.

Equality Objective: To reduce the disparity of appointment from shortlisting between white and BME staff.

This will include:

- Improve awareness, understanding and roll out of unconscious bias training to all staff involved in the recruitment and selection process.
- Improve shadowing and secondments opportunity to support internal career progression to senior posts.
- Map what support is available to unsuccessful candidates in making successful appointments.

Table 2. High Impact Actions for delivery by March 2019

High Impact Actions 2019/20
1. To review interview training provided for hiring managers to raise awareness of equality and diversity issues;
2. Ensure improvements in recruitment and selection processes are communicated to staff to ensure that they are aware of the Trust's aims to make selection a fairer process;
3. Review the responses to the staff survey question relating to whether the Trust acts fairly in relation to career progression and promotion in more detail on an annual basis to establish what changes take place over time. Ensure this forms part of discussions with divisions as part of analysis work.

5.3 WRES Indicator 3:

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

5.3.1 The data for this indicator highlights:

- Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 0.68.
- The national NHS trust average for WRES Indicator 3 in 2017 was: 1.37

Equality Objective: Develop the understanding of managers and employees in managing the formal disciplinary process

This will include:

- To identify the mechanisms and causes of the disproportionality so that the trust can address the root causes;
- To implement and evaluate models of better practice, improve understanding of the mechanisms and causes of this disproportionality so that it can be reduced or eliminated over time.
- A review will be undertaken at the end of the second year to assess the impact the objective has had.

Table 3. High Impact Actions for delivery by March 2019

High Impact Actions 2019/20
1. Engage with BME staff to gain greater understanding of staff experience and seek feedback on how we can apply the disciplinary policy more consistently and fairly. This would include seeking feedback on:
a. How well they feel the organisation deals with disciplinary matters generally.
b. The main reasons they feel staff from BME backgrounds are disciplined.
c. Aspects of the disciplinary processes they felt might place BME staff at a disadvantage.
d. Suggested ways to improve the situation for BME staff.
e. Ways to help improve the situation for managers.

5.4 WRES Indicator 4:

Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD)

5.4.1 The data for this indicator highlights:

- Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 0.94.
- Further exploration is required in regard to access to non-mandatory training and CPD as WRES Indicator 1 confirms BME staff are under-represented at senior levels of the organisation. Access to CPD is an important enabler to career development and progression.

High Impact Actions 2019/20

1. Identify experience of staff in regard to access to non-mandatory training and CPD within the BME engagement project (link to indicators 1 and 3).

5.5 WRES Indicator 5:

Based on NHS Staff Survey results (KP 25) the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

- There has been an increase in BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months from 26% in 2016 to 31% in 2017.

5.6 WRES Indicator 6:

Based on NHS Staff Survey Results (KP 26) the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

- There has been an increase in BME staff experiencing harassment, bullying or abuse from staff in last 12 months from 33% in 2016 to 38% in 2017.
- There is a difference of 2% between BME (38%) and White British staff (36%).

5.7 WRES Indicator 7:

Based on NHS Staff Survey results (KP 21) the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

- There has been a positive increase in BME staff believing that trust provides equal opportunities for career progression or promotion from 66% in 2016 to 79% in 2017.
- There is a difference of 5% between BME staff (79%) and White British staff (84%).

5.8 WRES Indicator 8:

Based on NHS Staff Survey results (Q17b) in the last 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues?

- BME (16%) and White British (8%) staff experiencing discrimination at work from your manager/team leader or other colleagues.
- The national average for BME is 14% and White British staff (6%)

5.9 High Impact Actions for WRES Indicators 5-9

Equality Objective: To embed a 'Well-Led' architecture for equality and diversity at Isle of Wight NHS Trust

This will include:

- Launch of the Equality Impact Group (EIG) in January 2019 to strengthen governance and reporting of equality and diversity;

- Launch of Staff Networks (January 2019-June 2019) that have a key role in developing and overseeing the implementation of action plans to improve the experiences of staff from all protected characteristic groups. In particular BME, Disabled and LGBT+ staff networks.
- Launch an Equality Standard that will enable the trust to demonstrate completion of the EDS2 by April 2019 and for this to be implemented by clinical and corporate divisions by March 2020.
- Embed a data driven approach to equality and diversity and ensure regular reporting to key forums/committees across the Trust.

6. Next Steps and Conclusions

6.1 The Trust has launched a new Equality Standard to transform the delivery of equality and diversity with an aims for IOW NHS Trust to be recognised not only locally but as a national centre of excellence for Inclusion.

6.2 A multi-methods approach has been designed to improve WRES performance with a strong programme of staff engagement with protected groups to build Trust and Insight across all protected groups.

6.3 Our performance will be measured through the Workforce Diversity Scorecard and monitored via the Equality Impact Group that launches in January 2019.