



Workforce Race Equality Standard (WRES) 2019

Agenda Item No	Meeting	HR and OD Committee	Meeting Date	4 th September 2019
Title	Workforce Race Equality Standard (WRES) Report (2019)			
Sponsoring Executive Director	Julie Pennycook. Director of Workforce and Organisational Development			
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Sub Committees previously considered by inc date	None			
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				
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 BAME representation on Board.

Key findings of the workforce race equality standard at IOW NHS Trust shows:

- 8.7% of our workforce have a BAME background, notably BAME staff are underrepresented at senior levels of the organisation as well as in clinical roles above band 6 and band 5 non-clinical roles. However, BAME representation has increased in non-clinical roles in bands 2,3 and 4.
- There has been an 0.5% increase BAME staff have entered into formal disciplinary processes, this is 0.5% lower than the national average.
- Job applicants with a BAME background across all staff groups, show the likelihood of BAME staff being appointed from shortlisting compared to White British Staff have a greater probability of being appointed by a ratio of 0.54 than white applicants.
- Our staff survey results indicated that there has been an increase in the number of staff, BAME and White reporting experiences of harassment, bullying or abuse from by members of the public and staff in the previous 12 months.

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.

Key Recommendation

This paper outlines the Trust's Workplace Race Equality Standard (WRES) performance and high impact actions that have been designed and undertaken.

The HR and OD Committee is asked to agree the actions to improve WRES performance within the Trust.

1. Introduction

- 1.1 The next steps on the NHS Long Term Plan 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.

1. NHS Workforce Race Equality Standard (WRES)

- 1.1 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.

1.2 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.

2. 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 2020 and annually thereafter.

3. Methodology

3.1 The WRES Indicators

3.1.1 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 BAME representation on Board.

4.2. Workforce indicators

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

- Percentage of staff in each of the Agenda For Change 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 BAME 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 BAME 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 2018 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 CQC conducted a focus group with BAME staff during their inspection in June 2019.

4.3.5 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”.

4.3.6. The Operational Lead for Equality and Diversity is a key role in delivering the WRES action plan. This role was vacant from October 2018 to February 2019; therefore some of the High Impact Actions set out for delivery in the WRES Action Plan have not been progressed. These will have been carried forward for achievement by March 2020.

4.3.7. Staff survey results, comparing the responses from BAME staff with White British staff was provided to Clinical Divisions so they could take this into account in developing their Staff Survey Action Plans.

4.3.8. It should be noted that due to the relatively few number of BAME employees any small increases in the data affect the statistics considerably. For example, in a team of four one individual employee case can significantly affect the percentage i.e. just 1 extra case looks like a 25% increase in BAME may not indicate a significant problem.

4.3.9. During the past 12 months data quality of employee relations cases has improved by recording all cases in the Electronic Staff Record.

However, in preparing this report, it identified that the Freedom to Speak up Guardian and Anti-bullying Advisors do not hold equality monitoring data.

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:

- BAME staff are under-represented at senior levels of the organisation (in clinical roles above Band 6 and non-clinical roles above Band 5).
- BAME Clinical roles in band 7's has decreased by 25% compared with 2017/18 data and a decrease in band 5's of 22 % across the same period.

- There has been a 43% increase in the number of BAME clinical band 6's.
- BAME representation has increased in non-clinical staff groups in bands 2, 3 and 4.

The Workforce Diversity Scorecard for the Trust, published in June 2019 provides further 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 e.g. Filipino independence day, black history month events
- Promote success stories of staff.

Table 1 High Impact Actions for delivery by March 2020.

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' by March 2020.
2. Undertake further detailed data analysis to identify any specific directorates, departments, job roles and pay bands where BAME 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 BAME staff at Isle of Wight NHS Trust.

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 looks at the relative likelihood of BAME 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 more likely to be appointed from shortlisting compare with BAME applicants.
- This ratio has decreased to 1.36 showing a comparative improvement ratio of employing more BAME staff compared with White British staff.
- Approximately less than 1 out of 4 white applicants who apply for a job are successful compared with 1 in 5 BAME people who apply for a job are successful

Equality Objective: To reduce the disparity of appointment from shortlisting between white and BAME 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 secondment 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 2020

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 BAME staff entering the formal disciplinary process compared to White British staff in 2018 was 0.68.
- This has increased to 0.87 in 2019 – a half percent increase 0.5% in BAME staff entering the formal disciplinary process but this is still lower than White British staff.
- The national NHS trust average for WRES Indicator 3 in 2018 was: 1.24.

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 2020

High Impact Actions 2019/20
1. Engage with BAME 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 BAME backgrounds are disciplined.
c. Aspects of the disciplinary processes they felt might place BAME staff at a disadvantage.
d. Suggested ways to improve the situation for BAME 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 BAME staff is 0.94.

Table 4 High Impact Actions for delivery by March 2020

High Impact Actions 2019/20
1. Identify experience of staff in regard to access to non-mandatory training and CPD within the BAME engagement project (link to indicators 1 and 3).
2. Further exploration is required in regard to access to non-mandatory training and CIPD as WRES Indicator 1 confirms BAME staff are under-represented at senior levels of the organisation. Access to CPD is an important enabler to career development and progression.

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 the number of staff experiencing harassment, bullying and abuse from patients, relatives or the public in the past 12 months.
- An increase of 1% to 32% of BAME staff and an increase of 2% of White British staff now also 32%.

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 a 2% increase in BAME staff experiencing harassment, bullying or abuse from staff in last 12 months.
- There was a difference of 2% between BAME staff (38%) and White British staff (36%). This has increased to 4% BAME staff (40%) 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.

- The number of BAME staff who positively reported equal opportunities and career progression has gone down by 27%. White British staff results also showed a decrease by 5%.
- There has been a decrease from 79% to 52% of BAME staff believing the trust provides equal opportunities for career progression or promotion.

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?

- The percentage of BAME staff (16%) and White British staff (8%) experiencing discrimination at work from their manager/team leader or other colleagues has increased.
- The number of BAME staff experiencing discrimination from their line manager or other colleagues increased from 16% to 23%; a 7% increase.
- The number of White British staff experiencing discrimination from the their line manager or other colleagues has also increased by 1% (from 8%) to 9%.
- The national average for 2017 BAME staff was 15% and White British staff 6.6%.

5.9 WRES indicator 9:

Percentage difference between the organisations board voting membership and the overall workforce

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:

- Reporting equality and diversity will be maintained through the Equality Impact Group (EIG) to the HR and OD Committee.
- 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 BAME, Disabled and LGBT+ staff networks.
- Embed a data driven approach to equality and diversity and ensure regular reporting to key forums/committees across the Trust.
- Establish equality monitoring systems for staff seen by the Freedom to Speak Up Guardian and the Anti-Bullying Advisors. This will then enable the Trust to triangulate staff survey results relating to harassment, bullying and abuse.

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 aim

for Isle of Wight NHS Trust to be recognised not only locally but as a national centre of excellence for Inclusion.

6.2 Address known data quality matters; in particular the non-mandatory training and CPD records, and the Freedom to Speak up Guardian equality monitoring.

6.3 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.

6.4 Our performance at Divisional level will be monitored via the Equality Impact Group.

6.5 The performance of the WRES will be measured through the Workforce Diversity Scorecard and monitored via the Equality Impact Group