Workforce Race Equality Standard (WRES)
Annual Submission 2020

1. Introduction and Background

The purpose of this paper is to provide an update on progress against the Workforce Race Equality Standard (WRES) indicators and propose future actions which form part of the Trust's Equality Objectives and overarching Diversity & Inclusion work plan for 2020-21 and beyond.

The WRES was first mandated in July 2015 to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This standard works alongside the Equality Delivery System (EDS2) to help review performance, set equality objectives and deliver on the Public Sector Equality Duty.

To put the WRES into context, the NHS People plan states; 'to embed the important interventions that improve the experience of our people, we will develop a new offer with our people setting out explicitly the support they can expect from the NHS as a modern employer'. This will be framed around the broad themes of creating a healthy, inclusive and compassionate culture, enabling great development and fulfilling careers, and ensuring everyone feels they have voice, control and influence. The interim plan then expands on 'Creating a healthy, inclusive and compassionate culture' by setting out 'action to improve equality will need to run through all elements of the work on this new offer. This will include further action to embed the Workforce Race Equality Standard…..'.

2. WRES Metrics

NHS England provides all Trusts with a standard submission template through the NHS Digital's Strategic Data Collection Service (SDCS). The submission of data must be made by 31 August 2020, with the narrative report published externally by 31 October 2020. The following data provides the findings, summary of progress against each WRES indicator and details the proposed actions to progress this work throughout 2020 and beyond.

3.   Indicator Findings

WRES Indicator 1	2019	2020
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	Table provided below *	Table provided below *
Narrative	There has been minimal change to this indicator in the last year. Different occupational groups have different proportions of BME staff - for example there is a higher proportion of BME staff working in clinical roles, compared to non-clinical roles. The declaration of demographic profiles is a concern. Nationally it is recognised that although reporting remains low in ESR, staff are more likely to share this data as part of the NHS Staff Survey because it is anonymised. However during the Covid-19 pandemic and the recognition that BME groups were higher risk, we identified all staff who had not declared their ethnicity in ESR and approached them directly encouraging them to update their record. In March 2019, the Trust worked alongside other local Trusts, and the local Ambulance Service on a BME recruitment campaign, highlighting the many and varied careers within the NHS. The event was extremely well attended, and was repeated in July 2020. Attraction of potential employees and meeting our strategic goal, to be an employer of choice in the region, is an area where we believe a number of actions can be taken.	
Action	- Continue to work on attraction campaigns which are diverse and appealing to the BME community, including working regionally with NHS colleagues and as part of the streamlining programme. - Link with community to groups and local schools, colleges and universities to increase the profile of the NHS and the Trust as an employer of choice. - Hold virtual open days for potential candidates, hosted by the recruitment team alongside members of the staff network. Consider the use of 'positive action' in future recruitment campaigns, either for specific roles, professions or grades. - The BME network group will review recruitment bitesize, advising in respect of unintended cultural bias and unconscious bias . - Quarterly workforce data on the numbers of applications, shortlisted, and appointed broken down by ethnicity, banding and profession to be produced as standard metrics. - Continue to work with the BME staff network group to understand how we can engage staff to self-report and improve demographic profiles by improving communication and explanations around the collation of data. - Work closely with the Communications Team to ensure that social media campaigns reflect a diverse workforce which will attract interest from the BME community. - Implement a 'reverse mentoring' programme within the organisation. - Improve the number of BME employees who are qualified coaches and are active as part of our coaching network. - Set up a mechanism of support and further development for staff once they have completed their Leadership programme.		

Non clinical						
Payscale	White		B.M.E.		Ethnicity unknown	
	2019	2020	2019	2020	2019	2020
>Band 1	0%	0.15%	0%	0	0%	0%
Band 1	0%	0%	0%	0	0%	0%
Band 2	5.38%	4.56%	0.10%	0.12%	0.16%	0.18%
Band 3	5.07%	4.8%	0.13%	0.21%	0.08%	0.12%
Band 4	3.93%	3.87%	0.08%	0.09%	0%	0.03%
Band 5	2.30%	1.54%	0.03%	0.03%	0%	0%
Band 6	1.27%	0.76%	0.08%	0.03%	0%	0%
Band 7	1.22%	0.76%	0%	0%	0.03%	0%
Band 8A	0.57%	0.36%	0%	0%	0%	0%
Band 8B	0.44%	0.42%	0%	0%	0%	0%
Band 8C	0.10%	0.03%	0%	0%	0%	0%
Band 8D	0.08%	0.09%	0%	0%	0%	0%
Band 9	0.03%	0.03%	0%	0%	0%	0%
VSM	0.13%	0.12%	0%	0%	0.03%	0%

Clinical						
Payscale	White		B.M.E		Ethnicity unknown	
	2019	2020	2019	2020	2019	2020
> Band 1	0%	0%	0%	0%	0%	0%
Band 1	0.08%	0.09%	0%	0%	0%	0%
Band 2	14.0%	16.46%	0.34%	0.54%	0.16%	0.27%
Band 3	4.11%	3.36%	0.10%	0.09%	0.08%	0.06%
Band 4	2.84%	3.36%	0.03%	0.06%	0%	0.09%
Band 5	19.12%	19.18%	1.45%	1.75%	0%	0.15%
Band 6	14.94%	14.53%	0.52%	0.06%	0%	0.06%
Band 7	8.81%	8.18%	0.10%	0.15%	0.03%	0.15%
Band 8A	1.90%	2.05%	0%	0.03%	0%	0.06%
Band 8B	0.44%	0.60%	0%	0%	0%	0%
Band 8C	0.05%	0.09%	0%	0%	0%	0%
Band 8D	0.13%	0.09%	0%	0%	0%	0%
Band 9	0.03%	0.06%	0%	0%	0%	0%
VSM	0.03%	0.03%	0%	0%	0.03%	0%

N.B. Medical and dental staff are not included in the WRES, but it is useful to note the following figures as a percentage of the total workforce:

White		B.M.E		Ethnicity unknown	
2019	2020	2019	2020	2019	2020
5.96%	6.16%	2.74%	2.69%	0.65%	0.69%

WRES Indicator 2	2017-18	2018-19	2019 - 20
Relative likelihood of white staff being appointed from shortlisting compared to BME staff	1.41	1.94	3.08

Narrative	There has been an increase in the likelihood of white staff being appointed from shortlisting compared to the previous reporting year. However we need to understand the validity of this metric and revisit the number of campaigns where there were both BME and white applicants to ensure it is accurate. The current data from NHS Jobs does not help us understand where we lose applicants in their recruitment journey. For example, there may be a large reduction at first stage of recruitment through shortlisting because the applicants do not have the relevant skills for the post. The demographic data fields in NHS jobs are not mandatory and often not completed therefore, we have no accurate data to compare ratio of those shortlisted to those hired by ethnicity. This years' results highlighted a significant opportunity to better understand the data surrounding our recruitment and selection activity.
Action	• Continue to promote the Bitesize Recruitment and Selection training to all staff who are involved in the recruitment process. This training includes sections on diversity and inclusion, unconscious bias and fair recruitment practices and will be reviewed by the network group. • Implement standardised documentation as part of value based recruitment to ensure fair, unbiased and consistent processes are followed. • Alongside the implementation of values based recruitment, ensure that panels are diverse and equality and inclusion is measured during the selection process. • Include members of the BME network as recruitment and interview panel members for particular roles, grade and/or professions, providing them with the correct training. • Review the data in relation to internal recruitment; number of applicants from BME groups versus those appointed. • Improve the appetite for BME staff to apply for promotion by addressing cultural/management issues through listening to stories and the lived experiences of our staff. • Implement a development programme in respect of culturally competent managers. • Ensure the BME network has a more active role in induction, including reviewing, refreshing and updating the current equality and diversity training that is available. • Implement a quality checking process in respect of recruitment outcome documentation to identify whether it is appropriate and/or identifies issue for further training and education. • Introduce representative panellists for secondments and acting up positions.

WRES Indicator 3	2017-18	2018-19	2019 - 20
Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.	1.73	0.97	0.00

Narrative	The Trust had no disciplinary cases involving BME members of staff in the reporting period for 2019-2020. In 2019 four members of staff were trained as 'Cultural Ambassadors' by the Royal College of Nursing (although the training was not only for nursing staff, but available to all staff groups) in order for them to be an additional support mechanism when a BME staff member is subject to an employee relations process. Cultural Ambassadors will identify and challenge any issues of being treated less favourably, discrimination and unconscious or conscious cultural bias which are observed during the formal processes, and ensure that they are taken into consideration in the decision making process. We will incorporate the Cultural Ambassador role into our disciplinary and grievance processes. Our ICORE values are embedded within key workforce policies such as Probation, Performance and Appraisal. This enables us to ensure that all employees are managed consistently and objectively in line with our values and behaviours, ultimately removing the ability to discriminate intentionally or otherwise when decisions are made by managers in respect of individuals progressing into formal action.
Action	• Continue to report data from the employee relations tracker to business units and to the HR committee for assurance. • Continue to promote Bullying and Harassment resources and the Mediation service throughout the organisation at all levels. • Ensure that the Cultural Ambassadors are utilised during disciplinary processes including BME members of staff. • Extend and adapt the Cultural Ambassador role and offer it to all network members. • Continue to work with our union partners to conduct a sensitive review of some of the cases involving BME staff to understand if the action was appropriate and any identified underlying issues. • Implement a development programme in relation to cultural competence for managers. • Listen to and act on the lived experiences of staff in relation to their experiences within the Trust.

WRES Indicator 4	2017-18	2018-19	2019 - 20
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	1.03	0.97	1.18
Narrative	There has been a slight decrease in the relative likelihood of BME staff accessing non-mandatory training. This is despite the fact that a full range of bitesize training continues to evolve as demands change, as well as a full catalogue of training. In addition, the apprenticeship levy has opened up opportunities to develop innovative training programmes and this continues to be explored. Requests for training are approved based on the needs of the service and individual staff development plan. This is intended to ensure that training is equitable. A review of the data around the ethnicity of applications and subsequent approval is needed. The Talent Management Strategy is in the final stages of development, and alongside training data analysis, will be 'tested' with the staff network groups to ensure that it is transparent and inclusive, and offers opportunities for all staff, regardless of demographic background.		
Action	• Continue to record and track external funding, particularly for medical staff to ensure there is equity in allocation. • Consider expanding the role of cultural ambassadors to include involvement in appraisal to support individuals and managers around cultural awareness and competence. • Include inclusion in appraisal discussion as a measured indicator of performance. • Consider whether, in line with national and educational guidance, more can be done to recognise international qualifications differently. • Engage with external development programmes i.e. CWD, NELA stepping up Programme for band 5-7, Ready Now, coaching and mentoring scheme to support improvements in career progression for BME staff. • In conjunction with external development programmes, design and implement an internal career development programme for BME staff (personal effectiveness, career planning and job interview skills). • Ensure all BME staff are aware of and encouraged to take up coaching opportunities. • Ensure our cohort of trained coaches is representative of our workforce. • To ensure BME representation at the decision making and approval process for CPD training to ensure fairness and equity.		

| WRES Indicator 5	2017-18	2018-19	2019 - 20
Percentage difference between the Trust Board's voting membership and its overall workforce	-5% 100% White	-5.6% 100% White	-6.4 100% White
Narrative	There have been no Board appointments from BME communities within the last twelve months. Actions (i.e., broader advertising mediums) to encourage job applicants from diverse backgrounds have not resulted in the appointment of a BME representative, and skillset remains a key priority. However only 3.7% of the local population is from a BME background, and there are a relatively small number of posts being recruited in any given year.
Action	• Trust Board should consider whether any positive action can be considered in order to improve ethnic diversity, when the further Board position arises. • Recruitment monitoring will enable us to track the numbers of applicants applying for posts and the conversion rate to hire. This will help inform if the adverts are attracting a wide range of applications from different communities. • Widen recruitment strategies and promote any vacancies through more diverse routes. • Sponsor and participate in 'Aspiring NED' programme to enable the creation of a more diverse candidate supply pipeline of people under represented at Board level. • Participate in the North East cohort of Gatenby Sanderson 'Insight' Programme for Aspiring NHS NED's. • Offer newly appointed NEDs 'Buddy' support from an experienced NED.

4. Conclusion

The WRES was developed to help NHS organisations make a positive impact for staff from BME backgrounds working in the NHS. The WRES aims to inform year on year improvements in removing those barriers that impact most on the career opportunities and workplace experiences of BME staff. The actions identified must drive changes in attitudes, increase employment and career opportunities, and implement long-lasting change for BME staff.

The data and feedback that has been gathered as part of this process will enable the Trust to gain a greater understanding of the experiences of our BME staff. We will continue to develop systems and processes, and implement our action plans to enable us to work in partnership with staff side and the BME Staff Network to measure our progress towards improving the experiences of our BME employees.

Finally, the actions will be incorporated into the Trust's integrated work plans for equality, diversity and inclusions. These will be further enhanced by any review of the Trust's People Strategy, as a result of the publication in August of the NHS People Plan.

Yvonne Ormston MBE
Chef Executive
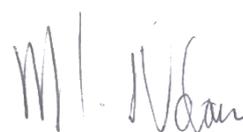
Marceline Ndam
Chair BAME Staff Network