

Workforce Race Equality Standard (WRES) Annual Submission 2019



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 2019-20 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.

2. WRES Metrics

NHS England provides all Trusts with a pre-populated dataset through the NHS Digital's Strategic Data Collection Service (SDCS). The data is extracted from the Electronic Staff Record (ESR) and our published report must correlate with that dataset. The submission of data must be made by 31 August 2019, with the narrative report published externally by 27 September 2019. The following data provides the findings, summary of progress against each WRES indicator and details the proposed actions to progress this work throughout 2019/20 and beyond.

3. Indicator Findings

WRES Indicator 1		2018	2019
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	<p>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. This is likely to be affected to some extent by immigration rules regarding certificate of sponsorships and shortage occupations. Freedom of labour movement may also be affected by the country's ongoing plans to exit from Europe.</p> <p>A full data cleanse of our Electronic Staff record (ESR) took place in 2018 in preparation for Manager Self Service and demographic data was refreshed as part of this work.</p> <p>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.</p> <p>In March 2019, the Trust worked alongside other local Trusts, and the local Ambulance Service on a BAME recruitment campaign, highlighting the many and varied careers within the NHS. The event was extremely well attended, and we expect to see the positive impact of that over the next 12 months.</p>		
Action	<ul style="list-style-type: none"> • 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. • The Talent Management Strategy is in the final stages of development, and alongside training data analysis, will be 'tested' with the staff diversity forum 'Your Voice' to ensure that it is transparent and inclusive, and offers opportunities for all staff, regardless of demographic background. • Continue to work with the staff diversity forum ('Your Voice') to understand how we can engage staff to self-report and improve demographic profiles. • Continue to improve communication and explanations around the collation of anonymous 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. • Engage with external development programmes i.e. NELA aimed specifically at BME Employees. 		

Non clinical						
Payscale	White		B.M.E.		Ethnicity unknown	
	2018	2019	2018	2019	2018	2019
>Band 1	0.24%	0%	0%	0%	0.03%	0%
Band 1	0%	0%	0%	0%	0%	0%
Band 2	5.35%	5.38%	0.18%	0.10%	0.08%	0.16%
Band 3	4.78%	5.07%	0.05%	0.13%	0.03%	0.08%
Band 4	4.0%	3.93%	0.10%	0.08%	0%	0%
Band 5	2.0%	2.30%	0.03%	0.03%	0%	0%
Band 6	1.38%	1.27%	0.05%	0.08%	0.03%	0%
Band 7	1.15%	1.22%	0%	0%	0%	0.03%
Band 8A	0.42%	0.57%	0%	0%	0%	0%
Band 8B	0.50%	0.44%	0%	0%	0%	0%
Band 8C	0.08%	0.10%	0%	0%	0%	0%
Band 8D	0.10%	0.08%	0%	0%	0%	0%
Band 9	0.03%	0.03%	0%	0%	0%	0%
VSM	0.16%	0.13%	0%	0%	0%	0.03%
Clinical						
Payscale	White		B.M.E.		Ethnicity unknown	
	2018	2019	2018	2019	2018	2019
> Band 1	0%	0%	0%	0%	0%	0%
Band 1	0.05%	0.08%	0%	0%	0%	0%
Band 2	14.15%	14.0%	0.57%	0.34%	0.13%	0.16%
Band 3	3.99%	4.11%	0.03%	0.10%	0.08%	0.08%
Band 4	2.89%	2.84%	0.05%	0.03%	0.03%	0%

Band 5	20.03%	19.12%	1.31%	1.45%	0.24%	0%
Band 6	14.6%	14.94%	0.52%	0.52%	0.08%	0%
Band 7	9.11%	8.81%	0.10%	0.10%	0.08%	0.03%
Band 8A	1.7%	1.90%	0%	0%	0%	0%
Band 8B	0.5%	0.44%	0%	0%	0.03%	0%
Band 8C	0.05%	0.05%	0%	0%	0%	0%
Band 8D	0.13%	0.13%	0%	0%	0%	0%
Band 9	0%	0.03%	0%	0%	0%	0%
VSM	0.05%	0.03%	0%	0%	0%	0.03%

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	
2018	2019	2018	2019	2018	2019
6.19%	5.96%	2.25%	2.74%	0.39%	0.65%

WRES Indicator 2		2016-17	2017-18	2018 - 19
Relative likelihood of white staff being appointed from shortlisting compared to BME staff		2.15	1.41	1.94
Narrative	<p>After a sharp decrease in 2017-18 in the relative likelihood of white applicants being appointed in comparison to BME applicants, the trend has reversed in 2018-19 and there has been a slight increase in this figure, suggesting that a white applicant is 1.9 times more likely to be appointed as BME staff from shortlisting.</p> <p>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.</p>			

Action	<ul style="list-style-type: none"> • 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. • Expand the unconscious bias element of the bitesize training. • Specific recruitment attraction campaigns which focus on BME communities, such as the event which happened earlier in 2019. • Work closely with the Communications Team to ensure that social media campaigns continue to reflect a diverse workforce which will attract interest from the BME community. • Implement standardised documentation as part of value based recruitment to ensure fair, unbiased and consistent processes are followed. (Values based recruitment is planned to be rolled out Trust-wide this year).
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WRES Indicator 3		2016-17	2017-18	2018 - 19
Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.		1.9	1.73	0.97
Narrative	<p>It is encouraging there has been a decrease in the likelihood of BME staff entering the formal disciplinary process compared to white staff, especially after a reduction in this figure last year.</p> <p>All employee relations data is reported through to the HR Committee and as the data evolves trends and learning will be identified and acted upon. The Trust is keen to ensure that consideration is given to whether a formal process is always the best method of action when robust management, support, training or mediation may have resolved issues earlier.</p> <p>A number of staff have recently been 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.</p> <p>Investigation training was delivered to a large group of staff during 2018/19, to ensure that investigations are dealt with in a timely manner, by impartial investigators and issues resolved quickly.</p>			

	<p>The mediation service has been in place for 18 months, and a result of that there appears to be a reduction in the number of formal processes overall, with an increase in the number of informal resolutions achieved via mediation. A second cohort of mediators have now been trained, and it is anticipated that as the service becomes more well-known and understood, that activity will continue to increase. The service is advertised as part of the Staff Advice and Liaison service (SALS) and we have recently expanded the service to offer team mediation. In 2018/19 we supported three individual cases. Our mediators are also currently supporting two cases in NEAS.</p> <p>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.</p>
<p>Action</p>	<ul style="list-style-type: none"> • 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 newly trained Cultural Ambassadors are utilised during disciplinary processes including BME members of staff. • 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.

NB: The data from the NHS Staff Survey (used for the following indicators) is a retrospective view of the previous 12 months. Therefore the results for this report were collated between Sept – Dec 2018.

WRES Indicator 4		2016-17	2017-18	2018 - 19
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff		1.07	1.03	0.97
Narrative	<p>There has been a further improvement in the data from 2017-18 to 2018–19.</p> <p>The data available confirms that there is a good balance of staff attending non-mandatory training. This data is as we would expect, given the investment in clinical and non-clinical training that we provide as an NHS Trust.</p> <p>The data would indicate that programmes are accessible to all employees on an equal basis.</p>			
Action	<ul style="list-style-type: none"> • A full range of bitesize training continues to evolve as demands change, as well as a full catalogue of training. • The apprenticeship levy has opened up opportunities to develop innovative training programmes and this continues to be explored for the coming 12 month period. Access to these programmes will be fair and equitable, and will be reported using the usual channels. • Continue to record and track external funding, particularly for medical staff to ensure there is equity in allocation. • Requests for training are approved based on the needs of the service and individual staff development plan. This ensures that training is equitable. 			

WRES Indicator 5		2016-17	2017-18	2018 - 19
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months		White 22% BME 25%	White 21% BME 20%	White 23% BME 27%
Narrative	<p>After a positive decrease in the data in 2017 – 18, this year’s data has reversed this with an increase in relation to all staff.</p> <p>‘Your Voice’ has helped to continue to raise the profile of our equality and diversity agenda, including language, stories, myth busters etc. In May 2019, the Trust and ‘Your Voice’ worked in partnership to launch the ‘Rainbow Pledge’ scheme. Although this has been launched in other Trusts, specifically supporting the LGBTQ+ community, we widened the remit to include all protected characteristics. The launch of this scheme was very public, supported by very visible communications,</p>			

	<p>including social media, to ensure that the general public understand that discrimination against all protected characteristics, including the BME community, will not be tolerated. Feedback from the campaign was excellent and XX employees signed the Pledge.</p> <p>Furthermore, several 'Hate Crime' champions have been trained throughout the Trust, sending a strong message that hate crimes will not be tolerated, and legal action will be taken against those people who perpetrate these crimes.</p> <p>It is anticipated that the results of these positive actions will be demonstrated in the 2019 staff survey results.</p>
Action	<ul style="list-style-type: none"> • A review of formal complaints received from employees and the staff survey results will be undertaken (in conjunction with our staff side colleagues and our staff diversity forum, 'Your Voice') to understand why this figure has increased and to identify initiatives which can be introduced to address any findings. • The internal work which has been undertaken in relation to Bullying & Harassment, will be replicated from a patient facing perspective. • A review of the Bullying and Harassment Advisor role, including the numbers and availability of those already in place to understand if the service is effective for all staff groups, including BME. • Your Voice will develop a bite size training session around cultural awareness as part of our suite of manager bite size training sessions. • Feedback from rainbow badge holders will be collated and appropriate actions identified to address issues raised. • The 'Your Voice' group will continue to run awareness campaigns in respect of the diversity and inclusion agenda.

WRES Indicator 6	2016-17	2017-18	2018 - 19
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 21% BME 27%	White 19% BME 28%	White 16% BME 30%
Narrative	<p>There has been a further widening between the percentage of white and BME staff experiencing harassment, bullying and abuse from other staff, as well as an increase in the BME total itself.</p> <p>Work needs to be undertaken to understand why this is the case, if our internal reporting systems are supporting this data, and if we can identify particular</p>		

	<p>“hotspots” to examine more closely.</p> <p>An internal mediation service continues to develop and increase in visibility. The service is regularly promoted throughout the Trust by various channels. A second cohort of mediators has now been trained, to supplement and replace the first group of trained mediators.</p> <p>A new regional streamlining work stream specifically looking at the diversity and inclusion agenda has recently been agreed, and will focus on sharing best practice throughout the North East.</p> <p>A Board level sponsor for each Equality Objective ensues there is challenge at Board level and support to implement programmes of work which tackle inequality within the workforce. Our Executive sponsors continue to meet quarterly to monitor progress on agreed actions.</p>
Action	<ul style="list-style-type: none"> • The staff forum "Your Voice" is now entering its third year. The forum continues to raise their profile, and will build on high profile successes such as the launch of the Rainbow Badge project. • Identify any “hot spots” by delving more deeply into local data. Including investigating differences in locally reported issues versus the figures reported via the staff survey. • The Trust will continue to work with union partners and the Your Voice staff forum to take action in regard to harassment and bullying and to raise awareness of the mechanisms available for all employees to speak up about their experiences and any issues in their areas.

WRES Indicator 7	2016-17	2017-18	2018 - 19
Percentage believing that the Trust provides equal opportunities for career progression or promotion	White 91% BME 74%	White 93% BME 82%	White 92% BME 82%
Narrative	<p>There has been little change since last year’s reporting, with the BME figure remaining static.</p> <p>Earlier in this report, indicator 4 suggests that there is fair and equitable access to learning opportunities within the Trust although this does not appear to be translating into career progression or promotion for BME staff.</p> <p>The Trust has promoted the leadership programme for BME staff through the North East Leadership Academy via the Ready Now and Stepping Up programmes.</p> <p>The Trust has one coach who has completed the NHS Leadership Academy Coaching</p>		

	<p>for Inclusion programme and another coach who is attending the course in December. This is a national programme for coaches to coach participants who are on the Ready Now or Stepping Up programmes in order to support BME members of staff wishing to progress to more senior roles within the NHS.</p> <p>The actions and information in previous indicators in respect of the introduction of values based recruitment and a focus on values and behaviours in key policies such as appraisal and performance management will further improve the creation of objective approaches which exclude bias in relation to race/ethnicity. For example Organisational Development are currently proposing Talent Boards for the Trust that feed into broader regional work through the North East Leadership Academy. One of the recommendations is for staff members from under-represented groups to be able to self-nominate to progress to Talent Boards.</p>
<p>Action</p>	<ul style="list-style-type: none"> • Continue to work with Workforce Development colleagues to ensure that all training opportunities are inclusive. • Continue to link regionally and nationally into any programmes designed to support and develop BME staff. • Continue to celebrate good news stories (i.e., career pathways of BME staff) in conjunction with the Trust’s new appraisal and talent management system. • Work with “Your Voice” to ensure that the Talent Management Strategy is inclusive and supportive of BME staff. • Work with other organisations regionally on recruitment and retention campaigns specifically aimed at the BME community. • Learn from regional best practice as part of the regional streamlining diversity and inclusion work stream.

WRES Indicator 8	2016-17	2017-18	2018 - 19
In the last 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues	White 5% BME 11%	White 5% BME 21%	White 5% BME 10%
Narrative	<p>There has been a reversal in this indicator for BME staff after a sharp increase last year, with the gap between white and BME staff reducing significantly.</p> <p>However, the gap remains and work needs to be undertaken to understand why this is the case, if our internal reporting systems are supporting this data, and if we can identify particular “hotspots” to examine more closely.</p> <p>A staff advice and liaison service (SALS) was launched during 2018/19 enabling staff to easily report where they have concerns and to give us oversight from a Trust wide perspective of any areas of concern. This includes promotion of our Freedom to Speak Up Guardian and other support routes.</p>		
Action	<ul style="list-style-type: none"> • Continued implementation and promotion of the Bullying and Harassment resources including Bullying and Harassment Advisors, and the mediation service. • A review of the Bullying and Harassment Advisor role, including the numbers and availability of those already in place to understand if the service is effective for all staff groups, including BME. • Greater visibility of the ‘Your Voice’ forum, its purpose and its members. • Closer examination of the data available to identify and issues and/or trends. • Utilisation of our Rainbow badge holders as people who are available immediately and informally to support any employee or patients who feel they are experiencing discrimination or unfair treatment. • Reinforcement of the Trusts zero tolerance approach to managers through bitesize training sessions. 		

WRES Indicator 9		2016-17	2017-18	2018 - 19
Percentage difference between the Trust Board's voting membership and its overall workforce		-5%	-5%	-5.6%
		100% White	100% White	100% White
Narrative	<p>There have been no Board appointments from BME communities within the last twelve months.</p> <p>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.</p>			
Action	<ul style="list-style-type: none"> 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. 			

4. Conclusion

It is encouraging to see that in some areas (such as access to training and the likelihood of entering formal procedures) there has been a significant positive shift in the data, resulting from a focussed approach to making improvements. In particular in respect of indicator 8 as this was identified as a concern in last years' report. More accurate reporting has certainly supported this work, and we continue to improve and evolve the reporting channels that can provide this useful data.

However this years' report has highlighted areas which still require further exploration to understand the data and this will be undertaken with our BME staff and Your Voice (staff diversity forum). In particular indicator 2 would suggest that we need to take more action in respect of our recruitment processes and attraction campaigns and indicator 5 would suggest that we need to work with our public and patient groups.

The national reporting template for the WRES now includes a requirement for a WRES action plan, ratified by the Trust Board. The actions identified above in response to the WRES indicators have been incorporated into the Trust's integrated work plan for Diversity and Inclusion, one strand of the Trust's People Strategy which is monitored through the HR Committee. The actions will fit within the structure of the three identified equality

objectives which have Executive Director Sponsors to monitor progress, champion the activity and give assurance at Board level.

5. Recommendation

The Committee is asked to discuss and note the content of this report and agree for submission/publication by 27 September 2019.

DRAFT