Meeting Title	Board		
Meeting Date	13th September 2017	Agenda No	
Report Title	Workforce Race Equality Standard Submission and Action Plan - 2017		
Lead Executive Director	Danny Hariram Group Director of People Strategies & OD / BTUH Director of Workforce and Organisational Development		
Report Author	Seyram Klu Head of Workforce Strategy and Planning		
Action Required	Decision ☐ Discussion ☐ Monitoring ☑☐ *(please tick)*		
Strategic Objective(s)	Objective 2 and 5		
Executive Summary	The report provides an update on the Workforce Race Equality Standard (WRES) data submission to NHS England on 1 August 2017. It provides the data, narrative and an action plan to address the issues arising from the data.		
Background / Context	Our commitment to ensuring Equality and Diversity within our workforce is important to the Trust in helping us to deliver safe, caring and excellent services in line with our Trust values. Implementing the Workforce Race Equality Standard is part of our commitment to meeting the Equality Delivery Standards, which is now a required component of the standard NHS contract. The WRES focuses on meeting requirements around ethnicity and particularly hinges around 9 Race Equality Indicators. These indicators are reported to NHSE on a yearly basis via a uniform reporting template with data taken at 31 March or for the full 12 month period to 31 March where appropriate. It is expected that Trusts will use the data to improve their position within the year in time for reporting and monitoring the following year.		
Key Issue 1 *(replace with a brief summary of the issue)*	To meet statutory regulations we are required to monitor equality data, failure to do this will be in breach of the standard NHS contract rules		
Key Issue 2 *(insert more lines if required)*	N/A		
Timescale for Benefits to be Realised	*N/A*		
Assessment of Implications			

Financial	N/A
Risk	Failure to meet CQC standards – Standard 18 Staffing
Equality and Diversity	All Staff
Freedom of Information	Yes – the Trust can be asked to provide details on this subject matter
Other Implications Identified (including patient safety and quality, legal and regulatory compliance)	*The WRES data forms part of the annual provider information return and can in addition be requested prior to a visit by the CQC*
Recommendation	The Committee are asked to note the contents of the paper for information.
Appendices	N/A

1.0 INTRODUCTION

1.1 The Workforce Race Equality Standard (WRES) provides a framework for NHS Trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that employees from black and ethnic minority (BME) backgrounds receive fair treatment in the workplace and have equal access to career opportunities.

1.2 The requirement to have signed up to the Workforce Race Equality Standard (WRES) has been included in the NHS standard contract since 2016. It focuses on meeting requirements around ethnicity and hinges on 9 Race Equality Indicators as part of the Equality Delivery System. These indicators are a combination of workforce data and results from the National Staff Survey.

1.3 Trusts are required to publish their data at yearly intervals to show progress from the previous year. It is therefore mandatory that BTUH is signed up to the WRES and can track progress or otherwise against the previous year's positon.

2.0 2017 Summary Data

2.1 The update below provides our position at 31 March 2017 as reported to NHS England on 1 August 2017. The data was taken at 31 March 2017 and compared to the equivalent data of the previous year. Indicators 5 to 8 are staff survey indicators and therefore relate to the staff survey held the previous year for which results were received in that year (for example, the 2016 survey results were published in 2017).

2.3 Table 1: WRES Summary Data

	Indicator	2017	2016	Action Required
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.	Clinical BME – **33.10%** White – **62.32%** Non Clinical BME – **9.57%** White: **88.03%**	Clinical BME - **32.62%** White - **61.24%** Non Clinical BME - **7.76%** White: **89.08%**.	✓
2	Relative likelihood of White staff being appointed from shortlisting across all posts.	Relative likelihood of White staff being appointed from shortlisting compared to BME staff is **1.15**	Relative likelihood of White staff being appointed from shortlisting compared to BME staff is **1.08**	✓
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is **1.35**	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is **1.56**	✓

	No	Indicator			
3.0	4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is **0.91**	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is **0.96.**	✓
	5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 27.69% BME 32.88%	White 28.56% BME 35.59%	✓
	6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 22.83% BME 27.79%	White 24.86% BME 25.27%	✓
	7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 86.49% BME 75.44%	White 86.99% BME 80.10%	✓
	8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White 4.71% BME 15.03%	White 7.29% BME 13.6%	✓
	9	Percentage difference between the organisations' Board voting membership and its overall workforce.	Voting Board member % BME : 6.7%	Voting Board member % BME : 7.1%	✓

Data Narrative

The data shows that:

- There has been a general increase in BME staff across the organisation within the past year. The percentage of BME staff in clinical areas increased by 0.5% from 2016 to 2017 while in non-clinical areas the increase was by 1.8%.

- The relative likelihood of White staff being appointed from shortlisting in comparison to BME staff has increased over the past year from 1.08 to 1.15. This means that less BME staff are going through from shortlisting to getting appointed into posts as compared to the same time last year.

- The likelihood of BME staff entering into formal disciplinary processes has decreased from 1.56 in 2016 to 1.35 in 2017.

- The likelihood of White staff compared to BME staff accessing CPD and non -mandatory training decreased from 0.96 in 2016 to 0.91 in 2017

- Generally less staff were reported to have experienced bullying and harassment from patients this year as compared to last year with a 2.7% drop in the percentage of BME staff experiencing harassment and bullying.   (NHS staff survey results).

- More BME staff this year as compared to last year were reported to be experiencing harassment and bullying from staff.   On the other hand, less White staff experienced harassment and bullying from staff compared to last year. (NHS staff survey results).

- Significantly less BME staff believe that the Trust has equal opportunities for career progression compared to White staff. The percentage of staff fell by 4.6% from last year though for white staff the figures remained comparatively similar year of year. (NHS staff survey results).

- BME staff have reported increased levels of discrimination from managers/ team leader and colleagues compared to White staff. The disparity with last year's figures is an increase of about 1.4%. On the contrary white staff have seen a   decrease of 2.6% in the same category for last year.
(NHS staff survey results).

- The percentage of BME board voting members to the overall workforce decreased slightly due to staff vacancies.

4.0   ACTION PLAN

4.1   The data indicates an improvement in areas such as the likelihood of BME staff entering into disciplinary processes and bullying and harassment being experienced from patient by BME staff.

Although there have been some improvement generally, the position with BME data appears to have deteriorated slightly in the past year as evidenced in the figures in table 1 above.

To address these the 2016 action plan will be refreshed in 2017/ 18 and will be worked through alongside the wider staff survey action plans where some of these issues are already being picked up.   This will ensure that actions are embedded into normal practice and would help improve the positon in 2018.

2: WRES ACTION PLAN 2016 – 2017/18

	Workforce Race Equality Standard (WRES) Action Plan			
Indicator	**Area (WRES standard template)**	**Action**	**Timeline**	**Owner**
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.	The Trust will continue to ensure that all staff are given equal developmental opportunities in line with the Equal Opportunities Policy. There are various training opportunities for lower bands and data will be collated to identify what can be done with BME groups in particular within these areas. The other areas to consider will be BME groups from band 6 and above (both non clinical and clinical except the medical workforce).	Ongoing	People and OD Team (POD) / HR
2	Relative likelihood of staff being appointed from shortlisting across all posts	The Trust's Operational Recruitment and Selection Procedure is already aligned to remove unconscious bias in the selection process; personal details including ethnicity are always removed from applications and not viewed until after shortlisting. To re-enforce this we will continue to promote and monitor Equality and Diversity training especially for hiring managers to will run a training programme to ensure there is no bias during recruitment especially at appointment stage.	Ongoing	Recruitment Team / HRBPs
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	Internal investigations will continue in the divisions to look at the nature of cases and linking this to ethnicity of the staff involved to see whether there are any trends to be aware of. This will form the basis of any interventions.	31st March 2018	HR BPs

4	Relative likelihood of staff accessing non-mandatory training and CPD.	The Trust continues to make sure training uptake is underpinned by our equal opportunities policy. In 2017/18 we will monitor training uptake by ethnic groups for the development of wider CPD training offerings.	Monthly	People and OD Team
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	Targeted training to managers e.g. (Line management courses are being promoted to equip managers in identifying bullying and how to efficiently address it.). The Trust will also actively promotes Occupational Health and Counselling to staff.	Ongoing	People and OD Team / HR BPs
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	As part of our staff survey action plans the Trust is investigating the extent of bullying reported in divisions and its causes to identify trends. This will inform our interventions. The Trust also actively promotes mediation as one a way of resolving conflict and improving working situations and ensuring Occupational Health and Counselling facilities are readily available to staff.	Ongoing	HR BPs
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	We will continue to ensure that all staff have well-structured appraisals and development plans that feed into career progression especially in areas where BME career progression is low. We will monitor the appraisal documents and training information to determine whether there has been an improvement in the percentage of staff reporting on KF21	Quarterly and annually for the staff survey	People and OD Team / HR BPs
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues	We will continue to promote the Equal Opportunities Policy and related training to managers. We will monitor the employee relations cases and the staff survey responses	Ongoing/quarterly/annually	People and OD Team / HR BPs
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	We will continue to support BME staff in development opportunities into senior posts.	Ongoing	People and OD Team

5.   MONITORING

5.1   The Equality and Diversity Steering Group will be charged with monitoring the implementation of the WRES action plan within the Trust and ensuring that progress is being made in the required areas.

5.2   The action plan will be submitted to NHS England following approval by the Trust Board and published on the Trust's public site according to NHS England requirements. NHSE will monitor progress annually though submission of data.

6.   Next Steps

6.1   A group lead for Equality and Diversity has been appointed, based at Southend who will work across the three Trusts to progress the Equality and Diversity agenda.

6.2   The first opportunity to work collaboratively will be on our joined up approach to black history month in October 2017

7.   CONCLUSION

Though the Trust demonstrates compliance with the law, there is still proactive action that can be taken around gathering data, monitoring trends and implementing actions where interventions are required in line with our staffing needs.   The WRES action plan will take us a step further in taking proactive action in promoting our Equality and Diversity agenda.