

Meeting title	Trust Board – part I meeting	Date: 25 July 2018
Report title	Workforce Race Equality Standard submission 2017/18	Agenda item: 20
Lead director	Alison Heeralall, Director of Workforce	
Report authors	Jane Smith, HR Business Partner & Ian Hughes, Workforce Information Manager	
Executive summary	<p>The paper provides a summary of the 2017/18 Workforce Race Equality Standard (WRES) draft submission for the Trust.</p> <p>A separate report on the Public Sector Equality Duty will provide more detail around protected characteristics of HRCH staff and patients and will be reported to the Executive Committee in August 2018.</p> <p>Whilst some improvements have been made to the WRES statistics since last year, the trust still needs to maintain focus on improvements, particularly on equal access to career opportunities in terms of training and reducing discrimination.</p> <p>Pan-London groups are also collaborating to share initiatives to improve similar findings collectively. Work via the recent focus groups is being collated for executives to discuss and inform next steps on this.</p>	
<u>Purpose:</u>	Review and approval	
Recommendation(s)	<p>The Board is are asked to:</p> <ul style="list-style-type: none"> • Review and approve the report, along with Appendix 1 which contains the planned WRES required for submission by 1 August 2018 • Note that there will be a further review of trust Equality and Diversity plan in Autumn taking into account this WRES report, the 2017/18 PSED report and the Equality Delivery System (EDS) assessment. 	
BAF/TRR	People P1	
Report history	Executive Committee, 10 July 2018	
Appendices	Draft WRES submission template	

WRES Report 2017-18

1. Introduction

In April 2015, NHS England introduced the NHS Workforce Race Equality Standard (WRES) in response to consistent findings over 20 years that black and minority ethnic (BME) applicants and staff consistently fared worse in employment outcomes and satisfaction surveys. The WRES was designed to enable NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

Since April 2015, the WRES has been included in the full length NHS Standard Contract, which is mandated for use by NHS commissioners when commissioning non-primary health services. The contract requires all providers of NHS services (other than primary care) to address the issue of workforce race inequality by implementing and using the WRES. Service Condition 13.6 of the NHS Standard Contract 2017/18 and 2018/19 states the following in relation to the WRES:

The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.

This report is published to support the 2018 Hounslow & Richmond Community Healthcare NHS Trust's Workforce Race Equality Submission a copy of which can be seen in Appendix 1. A separate report on the Public Sector Equality Duty will provide more detail around the protected characteristics of HRCH staff and patients and will be reported to the Executive Committee in August 2018.

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from national NHS Staff Survey questions, and one indicator focuses upon BME board representation. The WRES highlights any differences between the experience and treatment of white staff and BME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

The WRES is produced in line with Technical Guidance issued by NHS England as part of the standard contract.

2. Workforce Composition

2.1 Ethnicity

Total Workforce

Ethnicity	2018 %	2017 %	Hounslow and Richmond population – aged 16 to 64*
White	57.6%	58.8%	64.2%
BME	37.5%	32.4%	35.5%
Not Stated	4.9%	8.8%	0.32%

*population statistics of Hounslow and Richmond (annual population survey – NOMIS) for the population defined as working age adults.

Table 1

Table 1 shows that overall workforce is more diverse than the previous WRES report mainly with an increase in BME and decrease in the number of unknown ethnicities. The trust switched to online payslips in 2017/18 and used the opportunity to publicise and empower staff to update their own personal data via Electronic Staff Record (ESR) self-service which may have contributed to the reduction in the numbers 'not stated'.

While not assessed as part of the WRES reporting, the ethnicity of the workforce should be reflective of the local population. A comparison with the population of Hounslow and Richmond for the age range 16-64 demonstrates that the trust workforce is reflective of its population (37.5% BME (trust) versus 35.5% BME (population)). However, it should be noted that there are significant differences in the ethnic mix of the two main boroughs served and this will be addressed as part of the PSED.

Table 2 (see overleaf) extracted from 2017 and 2018 WRES reports looks at BME as a percentage of staff by grade. This is broken down into non-clinical and clinical workforce by pay band. Comparing 2017 to 2018 WRES, in the non-clinical workforce, there has been a reduction in BME staff as a % of total in grade across most bands 2 to 7 in particular, compared to an increase in some of the more senior non clinical roles in the Trust notably 8b, 8c and VSM. It should be noted that the number of staff in band 2s and the higher bands will be relatively small.

There is no particularly pattern in BME staff as a % of total in grade in the Trust clinical workforce with varying % increases or decreases across bands.

	31st MARCH 2017 BME as a % of staff in grade	31st MARCH 2018 BME as a % of staff in grade	Change
1a) Non Clinical workforce			
Under Band 1	0.0%	0.0%	0.0%
Band 1	0.0%	0.0%	0.0%
Band 2	16.7%	12.5%	-4.2%
Band 3	46.2%	43.4%	-2.8%
Band 4	47.6%	49.1%	1.5%
Band 5	33.3%	25.0%	-8.3%
Band 6	43.8%	41.2%	-2.6%
Band 7	53.8%	37.0%	-16.8%
Band 8A	43.8%	42.9%	-0.9%
Band 8B	16.7%	33.3%	16.7%
Band 8C	0.0%	14.3%	14.3%
Band 8D	0.0%	0.0%	0.0%
Band 9	0.0%	0.0%	0.0%
VSM	28.6%	25.0%	-3.6%
1b) Clinical workforce			
of which Non Medical			
Under Band 1	0.0%	0.0%	0.0%
Band 1	0.0%	0.0%	0.0%
Band 2	56.0%	52.9%	-3.1%
Band 3	44.1%	44.6%	0.5%
Band 4	29.6%	34.5%	4.9%
Band 5	44.4%	40.4%	-3.9%
Band 6	35.8%	37.2%	1.4%
Band 7	31.2%	28.9%	-2.3%
Band 8A	16.2%	17.1%	0.9%
Band 8B	25.0%	20.0%	-5.0%
Band 8C	0.0%	0.0%	0.0%
Band 8D	0.0%	0.0%	0.0%
Band 9	0.0%	0.0%	0.0%
VSM	0.0%	0.0%	0.0%
<i>Of which Medical & Dental</i>			
Consultants	70.0%	75.0%	5.0%
of which Senior medical manager	100.0%	0.0%	-100.0%
Non-consultant career grade	66.7%	75.0%	8.3%
Trainee grades	0.0%	0.0%	0.0%
Other	0.0%	100.0%	100.0%

Table 2

* 1a) includes VSMs and some senior bands that are non-clinical but maybe clinically qualified. It does not include NEDs:

EDS 2017 technical guidance states:

Very Senior Managers (VSM) include:

- Chief executives
- Executive directors, with the exception of those who are eligible to be on the consultant contract by virtue of their qualification and the requirements of the post
- Other senior managers with board level responsibility who report directly to the chief executive.

2.2 Recruitment

The WRES report also looks at the likelihood of staff being appointed following shortlisting in the 2017/18 year by ethnic group.

In the 2017 WRES report white applicants had a 26.7% likelihood of being appointed from shortlisting whereas BME had a 17.3% likelihood making it 1.55 times more likely that a white candidate will be appointed compare to BME.

In the 2018 WRES report white applicants had a 24.7% likelihood of being appointed from shortlisting whereas BME had a 15.8% likelihood making it 1.56 relatively likely that a white candidate will be appointed compare to BME.

Essentially, there has been little change in the position, but the difference remains a matter for concern and action.

In response to the 2017 figures, the Trust procured specific unconscious bias training for 200 managers, and has trained 119 managers between November 2017 and March 2018. In addition the Trust also includes elements of Unconscious Bias within the Equality and Diversity training provided. In addition, the trust reviewed and updated its recruitment policy which was ratified by Executives in February 2018 to ensure all appointments are merit based. In doing so, it is hoped that this will help contribute to an improved position next year.

3.0 Disciplinary cases

This indicator is based on data from a two year average based on the current year and the previous year.

The WRES looks at the average number of disciplinary cases over a rolling two years. Overall 0.4% of staff were subject to formal disciplinary investigation, of which 0.15% were white staff compared to 0.7% of BME staff. In the 2017 report all the disciplinary cases were for BME staff accounting for 1% of BME staff.

While the Trust undertakes a range of employee relations work, the Trust only had five formal disciplinary cases of which two are pending in 2017/18; plus three formal disciplinary cases in 2016/17 therefore caution should be taken in drawing conclusions due to the small numbers. The cases are broken down below:

- 3.1 Of the cases recorded, two sanctions resulted in dismissal, three received warnings, one resigned prior to the conclusion of the investigation. A further two are pending investigation outcomes.
- 3.2 Two of the cases reported in this period resulted in a further appeal process. The appeal process determined that the sanction imposed was appropriate for the level of misconduct.
- 3.3 Reasons for warnings and dismissal have been analysed and were all valid reasons for a misconduct warning such as: alcohol use at work, failure to notify trust of criminal conviction, patient safety and health and safety breaches, inappropriate behaviour and unauthorised absence.

As our internal analysis shows that the disciplinary actions were for appropriate misconduct reasons. Further work is being done collectively pan London to review initiatives and monitoring to try and improve this. If formal disciplinaries held are all appropriate, one hypotheses is that non-BME are less likely to reach a formal process and trusts are considering options such as an independent director reviewing all potential cases and suspensions pre formal process instigation.

4.0 Training

In 2017/18, 79.7% of white staff (compared to total white staff) and 77.2% of BME staff, accessed non-mandatory training giving a ratio of 1.03 White to BME. It should be noted that there is a significant number of staff who did not specify their ethnicity that accessed training. This attributed to 4.4% of all staff who accessed a training course.

This is a further improvement from previous years (1.37 in the 2017 report), however it should be noted that the analysis in this report has been based on a bigger dataset than the previous year's report.

5.0 Staff Survey Report

As part of WRES submission the Trust is required to report on specific elements of the 2017 staff survey report. Table 3 details the 4 staff survey questions:

	2017 (2016 survey)		2018 (2017 Survey)	
	WHITE	BME	WHITE	BME
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	24.05%	23.91%	22.95%	21.15%
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	17.29%	24.57%	16.39%	23.01%
KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	89.58%	77.93%	90.21%	70.80%
Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	3.98%	9.44%	3.48%	11.50%

Table 3

The Trust saw a reduction in the percentage of staff experiencing harassment and bullying from patients, relatives or the public, and from staff from both white and BME respondents.

In contrast, the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion increased for white staff and decreased for BME staff.

The Trust has analysed its ESR promotion and acting up by ethnicity to see if there is any correlation and this shows that 52 white staff were promoted or acted up which equated to 7.9% of the headcount. In contrast, 43 BME staff were promoted or acted up which represented 10.1% of the BME headcount making a likelihood of white to BME promotion/acting up of 0.78. This shows that career and promotion opportunity is positive for BME staff however perception isn't and our initial analysis indicates that more focus should be provided to staff in administrative/ support roles, and we need to publicise the promotion/acting up facts

In addition, the last staff survey reported a reduction of white staff experiencing discrimination at work from their manager/team leader or other colleagues (from 3.98% in 2016 to 3.48% in 2017 survey) but an increase for BME staff (from 9.44% in 2016 to 11.5% in 2017). This remains a significant concern.

The trust has been holding focus groups across all sites and teams during June and July 2018 to hear from staff directly to inform solutions to improve this. These have been well attended and initial results show that experiences vary and therefore a range of options rather than a one size fits all approach may help.

In addition the trust tried a new approach and held a Celebrating Diversity Event on 13th June 2018 which received 100% positive feedback from attendees and a second event is being planned in Autumn 2018. The event served to aid breaking down of any potential perceived barriers through a celebration of our diversity. It also gave the opportunity to share vulnerabilities (across protected characteristics) with a clear unified message emerging to bring 'your authentic self' to work.

6.0 Board

The board report shows there has been some improvement of BME representation in voting and non-voting board executive and non-executive members. The 2017 WRES showed that the Trust had the second most diverse Board in London. Board recruitment panels are set up to be diverse in their make-up and include an external NHSi representation. The CEO and executives all attend corporate induction and hold settling in meetings after staff have been six weeks in post. Feedback from new starters is extremely positive about this and something that is recognised as unique and valued by our new starters, which aids inclusivity and approachability.

	2017		2018	
	WHITE	BME	WHITE	BME
Total Board members - % by Ethnicity	71.4%	28.6%	66.7%	33.3%
Voting Board Member - % by Ethnicity	80.0%	20.0%	75.0%	25.0%
Non-Voting Board Member - % by Ethnicity	50.0%	50.0%	33.3%	66.7%
Executive Board Member - % by Ethnicity	87.5%	12.5%	66.7%	33.3%
Non Executive Board Member - % by Ethnicity	50.0%	50.0%	66.7%	33.3%

Table 4

NB Total Board and voting/non-voting members includes Executives, NEDs and Board Advisor roles

7.0 Conclusions and Recommendations

Whilst some improvements have been made to the WRES statistics since last year, the trust needs to maintain focus on improving equal access to career opportunities in terms of training and CPD and reducing discrimination. Work via the recent focus groups will inform next steps on this.

The Trust also recently participated in a national roundtable WRES event and is working pan-London to determine if there are any collective actions or shared learning because it has been recognised that London Trusts share similar concerns despite individual trust actions.

The Board is asked to:

- Review and approve the report, along with Appendix 1 which contains the planned WRES required for submission by 1st August 2018
- Note that there will be a further review of trust Equality and Diversity plan in Autumn taking into account this WRES report, the 2017/18 PSED report and the Equality Delivery System (EDS) assessment.

DATA ITEM	MEASURE	31st MARCH 2017						31st MARCH 2018					
		WHITE		BME		ETHNICITY UNKNOWN/NULL		WHITE		BME		ETHNICITY UNKNOWN/NULL	
		Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures

1a) Non Clinical workforce													
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4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce (White)	Auto calculated							650		426		56			
		43	Number of staff accessing non-mandatory training and CPD (White):	Headcount							523		330		40			
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated		0.1390922401		0.1012345679		0.0000000000		0.8046153846		0.7746478873		0.7142857143		
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated		1.37					1.04							
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	46	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage		24.05%		23.91%			22.95%		21.15%					
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	47	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage		17.29%		24.57%			16.39%		23.01%					
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	48	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage		89.58%		77.93%			90.21%		70.80%					
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	49	% staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage		3.98%		9.44%			3.48%		11.50%					
9	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	50	Total Board members	Headcount		10		4		0		10		5		0		
		51	of which: Voting Board members	Headcount		8		2		0		9		3		0		
		52	: Non Voting Board members	Auto calculated		2		2		0		1		2		0		
		53	Total Board members	Auto calculated		10		4		0		10		5		0		
		54	of which: Exec Board members	Headcount		7		1		0		6		3		0		
		55	: Non Executive Board members	Auto calculated		3		3		0		4		2		0		
		56	Number of staff in overall workforce	Auto calculated		629		440		69		650		426		56		
		57	Total Board members - % by Ethnicity	Auto calculated		71.4%		28.6%		0.0%		66.7%		33.3%		0.0%		
		58	Voting Board Member - % by Ethnicity	Auto calculated		80.0%		20.0%		0.0%		75.0%		25.0%		0.0%		
		59	Non Voting Board Member - % by Ethnicity	Auto calculated		50.0%		50.0%		0.0%		33.3%		66.7%		0.0%		
		60	Executive Board Member - % by Ethnicity	Auto calculated		87.5%		12.5%		0.0%		66.7%		33.3%		0.0%		
		61	Non Executive Board Member - % by Ethnicity	Auto calculated		50.0%		50.0%		0.0%		66.7%		33.3%		0.0%		
		62	Overall workforce - % by Ethnicity	Auto calculated		0.00%		55.3%		0.00%		38.7%		0.00%		57.4%		37.6%
63	Difference (Total Board -Overall workforce)	Auto calculated		16.2%		-10.1%		-6.1%		9.2%		-4.3%		-4.9%				