Attachment ( )

Hertfordshire Community NHS
NHS Trust

Trust Board

Title:	**Annual NHS Workforce Race Equality Standard Report**
Meeting Date:	**27 September 2018**
Executive Lead:	**Raj Bhamber, Director of Human Resources and Organisational Development (Interim)**
Author(s):	**Monika Kalyan, Equality & Diversity Manager**
For:	**APPROVAL**
Risk Rating:	**Amber/Green**

1.0 Purpose & Recommendations

The purpose of this paper is to provide oversight of the Trust's fourth NHS Workforce Race Equality Standard (WRES) Report submission to NHS England.

To note the Report and recommend that:

- The report is published on the Trust's website by 28 September 2018 alongside an action plan to continue to meet the workforce race equality standards.

2.0 Key Points for the attention of the Board

Background

2.1 The NHS Equality and Diversity Council (EDC) introduced WRES as a framework for NHS Trust's to focus on race. This was in response to the 2014 study by Roger Kline titled 'The snowy white peaks of the NHS'. This study highlighted the link between good patient care and an NHS workforce that representative of the local population it serves.

2.2 The WRES came into effect on 1st April 2015. The standard is designed to improve the representation and experience of Black and Minority Ethnic (BME) staff at all levels of the organisation – particularly senior management. In the context of the WRES, White staff comprises White British, White Irish and White Other (Ethnic codes A,B,C) whereas BME staff comprise all other categories excluding 'not stated'.

2.3 Overall there are nine indicators that make up the NHS WRES. These are detailed in *section 2.6* and comprise workforce indicators (1 – 4), Staff Survey indicators (5 – 8) and an indicator focused on board representation.

2.4 The 2018 WRES dashboard for HCT is drawn from the ethnic coding on ESR.

2.5 The Trust has chosen to progress actions on the WRES as part of the wider Workforce & OD strategy. Creating the required culture is a key tenant of our workforce & OD strategy and one in which the work around the WRES fits well.

WRES Indicators

2.6 There are a total of nine indicators that make up the WRES which relate to the Workforce, Staff Survey and Board Representation These are detailed below:

Workforce indicators

For each of the workforce indicators, there is a comparison of data for White and BME staff as follows:

1. Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.
2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.

National NHS Staff Survey indicators

For each of the Staff Survey indicators, there is a comparison of the outcomes and the responses for White and BME staff as follows:

5. KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6. KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7. KF21. Percentage believing that trust provides equal opportunities for career progression or promotion

8. Q2. 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

9. For this indicator, there is a comparison of the difference for White and BME staff in comparison with the population they serve

The Current Picture

2.7 The reporting period covers the period between 1 April 2017 to 31 March 2018. Within the context of the WRES, White staff comprises White British, White Irish and White Other whereas BME staff comprise all other categories excluding 'not stated'.

2.8 This year's WRES data demonstrates improvement in five of the nine WRES indicators and includes the following:

- 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
- Relative likelihood of staff being appointed from shortlisting across all posts
- % staff experiencing harassment, bullying or abuse from staff in the last 12 months
- In the last 12 months have you personally experienced discrimination at work from manager, team leader, or other colleague
- Percentage difference between the organisations' Board voting membership and its overall workforce

The data show deterioration against three indicators:

- Relative likelihood of staff entering the formal disciplinary process
- Relative likelihood of staff accessing non mandatory training/CPD
- KF25. % staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Performance against Indicator 7 is broadly similar to the previous year's data, ie KF 21. % Staff believing that the organisation provides equal opportunities for career progression or promotion

2.9 The detailed WRES performance against each of the indicators is shown below in Table 1. This year's performance data shows some improvement in comparison with the previous year's WRES report. It also highlights areas for further focus, key changes and trends as well as corresponding plans.

Table 1

WRES Indicator	2018 data for reporting year	2017 data for previous year	Implication of data	Direction of change	Planned action
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	BME workforce stands at 11.5% (56 staff) of non- clinical workforce (compared to 10.4%, 55 staff, in 2017), with no representation at Pay Bands 9 and VSM. Clinical workforce stands at 16.5% (355 staff) with 40% of staff (4 staff) in Pay Bands 8d, 9 and Consultants from BME backgrounds. (compared to 14.6%, 335 staff, and 50%, 9 staff, in 2017) *Full data set out in Appendix 1*	In 2017 BME staff made up 10.4% of the non-clinical workforce (55 staff) and 14.6% (335 staff) of clinical workforce respectively.	There is a slight improvement in the representation of BME staff in both clinical and non-clinical workforce.		• Proactively encouraging participation in national BME leadership development programmes • Identify and encourage BME staff for any internal management and development training. • Include BME KPI in the Trust's workforce plan to work towards increasing the representation of BME staff in senior grades over the next 5 years.
INDICATOR 2 Relative likelihood of staff being appointed from shortlisting across all posts	Likelihood of White staff being appointed from shortlisting compared to BME staff is 1.79 times greater (354 White applicants appointed out of possible 1591 White applicants versus 80 BME applicants out of a possible 644 BME applicants appointed)	In 2017 likelihood was 1.94 times greater (428 White applicants appointed out of possible 1821 White applicants versus 81 BME applicants out of a possible 670 BME applicants appointed)	There has been a year on year improvement in the likelihood of BME staff being appointed from shortlisting. The figure for 2016 was 2.38		• At least 1 panel member must have completed Trust R&S training with Unconscious Bias • Continue to monitor compliance with R&S training for senior managers
INDICATOR 3 Relative likelihood of staff entering the formal disciplinary process	The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was 7.25 times greater (3 of our 2229 White staff entered the formal disciplinary process. 4 of our 410 BME staff entered the formal disciplinary process).	In 2017, the relative likelihood of BME staff entering the formal disciplinary process compared to White staff was 2.37 times greater.	There has been a marked increase in the relative likelihood of BME staff entering the formal disciplinary process. Although when looking at actual percentages 0.13% White v 0.98% BME the gap appears to be less pronounced White and BME staff.		• Complete a Disciplinary Audit • Deliver Unconscious Bias session for managers on managing staff from a diversity of backgrounds • Explore use of BME/Diversity presence on panels where there is a cultural / equality element

WRES Indicator	2018 data for reporting year	2017 data for previous year	Implication of data	Direction of change	Planned action
					• Undertake options appraisal for mediator support with WHHT
INDICATOR 4 Relative likelihood of staff accessing non-mandatory training and CPD	The relative likelihood of White staff accessing non mandatory training/CPD compared to BME is 1.04 times greater (1889 White staff accessing training out of possible 2229 White staff, 334 BME staff out of a possible 410 BME staff)	The relative likelihood of White staff accessing non mandatory training/CPD compared to BME was 0.93 times greater in 2017. (1382 White staff accessing training out of possible 2438 White staff, 237 BME staff out of a possible 390 BME staff)	There has been slight decrease in the likelihood of BME staff accessing non-mandatory training compared to last year. The figure for 2016 was 1.03 similar to this year's data		• Review monitoring of career progression for leadership programmes to include identification of ethnic group • Identify and show case positive role models for BME staff
INDICATOR 5 KF25. % staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White: 23.0% BME: 25.8% (1327 White staff responded to the staff survey and 164 BME staff responded to the staff survey)	White: 23.3% BME: 21.8% (1314 White staff responded to the staff survey and 148 BME staff responded to the staff survey)	There is an increase in the percentage of BME staff reporting harassment/bullying or abuse. The figure for White staff is almost the same as last year.		• Review the Violence, Aggression and Anti-Social Behaviour Policy and Conflict Resolution and Challenging Behaviour Policy to ensure racially motivated behaviour is adequately covered.
INDICATOR 6 KF26. % staff experiencing harassment, bullying or abuse from staff in the last 12 months	White: 14.7% BME: 16.7 (1327 White staff responded to the staff survey and 164 BME staff responded to the staff survey)	: White: 16.5% BME: 19.2% (1314 White staff responded to the staff survey and 148 BME staff responded to the staff survey)	Overall there has been an improvement in the percentage of staff experiencing harassment/bullying from other staff, with a biggest improvement seen in the BME group of staff. This is consistent with 2016 data.		• Use EDS2 focus group to explore nature of B&H experienced by our staff. • Review Appraisal and Performance Review Behaviour Standards to ensure that ED is adequately reflected in the statements
INDICATOR 7 KF 21. % Staff believing that the organisation provides equal opportunities for career progression or promotion	White: 91.6% BME: 78.4% (1327 White staff responded to the staff survey and 164 BME staff responded to the staff survey)	White: 90.4% BME: 79.8% (1314 White staff responded to the staff survey and 148 BME staff responded to the staff survey)	There has been a slight drop in the percentage of BME staff stating that the Trust provides equal opportunities for career progression. In contrast a slightly higher number of White staff support this statement.		• Reiterate acting-up arrangements to managers • Link to vacancies to be included in Trust Newsletter for transparency • Set up BME staff network as a way of

WRES Indicator	2018 data for reporting year	2017 data for previous year	Implication of data	Direction of change	Planned action
					communicating with staff, sharing stories and providing opportunities for shared learning • Include 'Inclusion' as a hot topic in managers' Action Learning Sets
INDICATOR 8 Q 17. In the last 12 months have you personally experienced discrimination at work from manager, team leader, or other colleague	White: 3.5% BME: 10.0% (1327 White staff responded to the staff survey and 164 BME staff responded to the staff survey)	White: 3.7% BME: 12.3% (1314 White staff responded to the staff survey and 148 BME staff responded to the staff survey)	Data is consistent with the previous two reports. A higher proportion of BME staff report discrimination from their manager than White staff. However we can see a narrowing of the gap in the experience between BME staff and White staff against this indicator.		• Use EDS2 focus group to look into staff experience of discrimination. • All Leadership and Management courses offered by the Trust to cover emotional intelligence to support leaders in appreciating their impact on staff. • Continue to deliver face to face ED training to staff as part of 3 yearly update
INDICATOR 9 Percentage difference between the organisations' Board voting membership and its overall workforce	Trust voting Board has 5.0% less BME staff that the overall workforce (10 voting board members of which 1 is BME ie: 10%, the number of staff in the workforce who have declared their ethnicity is 2639 of which 410 are BME ie: 15.5%)	The figure for 2017 was 13.8% (9 voting board members of which 1 is BME ie: 11%, the number of staff in the workforce who have declared their ethnicity is 2828 of which 390 are BME ie: 13.8%)	There is a marked improvement in the percentage difference between The organisations' Board voting membership and its overall workforce. In 2015/16 the Trust voting Board had 13.3% less BME staff that the overall workforce.		• Explore NHS Improvement's 'Next Director Scheme', which is a positive action programme to increase the availability of 'board ready' NED candidates from BME backgrounds. • Deliver session on Unconscious Bias and inclusive leadership to Board

2.10 The actions previously taken to address the WRES from July 2017 to August 2018 are summarised below:

- Promotion of national BME Leadership and Management Programmes
- Promotion of mentoring opportunities

- Recruitment & Selection (R&S) training covering Unconscious Bias
- ½ day R&S training session for senior managers
- Implementation and monitoring of compliance with policy for at least 1 interview panel member with R&S training
- All those staff with R&S training recorded on Trac
- Interview Tips for candidates uploaded to our website (internal and external)
- Reinstated face to face ED training for existing staff
- Work experience scheme for Gypsy and Traveller community with a view to rolling out for BME groups

2.11 Benchmarking with other Trusts

The table below shows that HCTs performance is **better than the Benchmark group median** for three of the four staff survey questions as follows:

Table 2

Indicator	Ethnicity	HCT score in 2018	Benchmark group median
INDICATOR 5 KF25. % staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White BME	23% 26%	23% 26%
INDICATOR 6 KF26. % staff experiencing harassment, bullying or abuse from staff in the last 12 months	White BME	15% **17%**	18% 22%
INDICATOR 7 KF 21. % Staff believing that the organisation provides equal opportunities for career progression or promotion	White BME	92% **78%**	90% 76%
INDICATOR 8 Q 17. In the last 12 months have you personally experienced discrimination at work from manager, team leader, or other colleague	White BME	3% **10%**	5% 12%

Next steps

2.12 The WRES report and action plan to address the findings of this year's WRES report will be published on our website by 28 September 2018.

2.13 The WRES findings and draft action plan will be considered at the SMT in September 2018 to allow for wider co-design, visibility and ownership.

3.0 Relevant Strategic Objective(s) / Strategies

3.1 This report links to the Strategic Objectives: We will develop the organisational capacity to deliver our vision and objectives

3.2 This report meets the requirements of the Public Sector Equality Duty Report 2017.

4.0 Risks and Mitigation Plans

Risk	Mitigation / Action(s)
The WRES is now mandated as part of the standard NHS Contract. As such the Trust will be scrutinised in terms of performance by commissioners. Non-compliance with the WRES would create risks for the organisation in terms of reputation, but also more importantly in terms of the wellbeing of the overall workforce.	Further data analysis and benchmarking against similar trusts will be completed. Delivery of actions contained in the WRES Action Plan will monitored by Workforce & OD Group with a minimum of six monthly reporting to SRC.

5.0 Quality / Service / Regulatory Impacts

5.1 Equality, diversity and inclusion is integral to all of our decisions. This is both in terms of proactively planning for ED improvements through the PSED and WRES and through protecting against unintended negative consequences, via Equality Impact Assessments (EIA).

6.0 Resource Implications

6.1 No additional direct costs as the action plan is integral to the normal business.

7.0 Actions / Next Steps / Timelines

7.1 The publication of the report and action plan on the website by 28 September 2018

7.2 Further data analysis and benchmarking against similar trusts

7.3 Explore feasibility and scope for BME staff network

8.0 References, Appendices & Supporting Information

https://www.england.nhs.uk/wp-content/uploads/2017/03/wres-technical guidance-2018.pdf

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Sign Off: To be completed as part of papers to Executive Team, Board Committees and Board

Committee Consideration

This Report has previously been considered by the following committees:	
Committee:	Date (Month / Year):
TEC	**22 August 2018**
SRC	**28 August 2018**
Issues arising from committee consideration	

Data Quality Statement

By way of assurance to the Board, and in order to inform discussion / decision, the accountable executive director confirms that to the best of their knowledge, and subject to any exceptions identified, data contained in this report is:

Data Quality Domain	**Description**	**Comments / Exceptions**	√ / x
Complete	Information is as comprehensive as possible to inform the board and no significant known facts or statistics which may influence a decision are omitted.		
Accurate	As far as can be reasonable ascertained or validated, information in the report is accurate.		
Relevant	Information contained in the report is relevant to the matters considered in the report.		
Up To Date	Information in the report is as up to date as reasonably possible in the context of the time at which the paper is written		
Valid	Information is presented in a format which complies with internal or national models or standards		
Clearly Defined	The meaning of any data in the report is clearly explained		

Executive Director Sign-Off

This paper has been approved by the accountable executive director who is satisfied that (i) the implications for risks, (ii) quality/service/regulatory impacts and (iii) resource implications, have been considered.		√ / x

Company Secretary Sign-Off *(Board papers only)*

This paper has been quality control checked and approved by the Company Secretary	√ / x

Appendix 1 Staff in each of the AfC Bands 1-9 and VSM

NON-CLINICAL (headcount of staff shown in brackets)	**BME Staff by Band** (as % of all Non-Clinical BME Staff)	**White Staff by Band** (as % of all Non-Clinical White Staff)
Under Band 1	0% (0)	0.46% (2)
Band 1	0% (0)	0% (0)
Band 2	17.9% (10)	18% (78)
Band 3	21.4% (12)	30.9% (134)
Band 4	17.9% (10)	16.9% (73)
Band 5	10.7% (6)	9.2% (40)
Band 6	7.1% (4)	6.9% (30)
Band 7	10.7% (6)	6% (26)
Band 8a	7.1% (4)	3.9% (17)
Band 8b	1.8% (1)	2.8% (12)
Band 8c	3.6% (2)	2.5% (11)
Band 8d	1.8% (1)	0.5% (2)
Band 9	0% (0)	0.9% (4)
VSM	0% (0)	0.9% (4)
Medical & Dental	-	-
TOTAL	**100% (56)**	**100% (433)**

CLINICAL (headcount of staff shown in brackets)	**BME Staff by Band** (as % of all Clinical BME Staff)	**White Staff by Band** (as % of all Clinical White Staff)
Under Band 1	0% (0)	0% (0)
Band 1	0% (0)	0% (0)
Band 2	9.9% (35)	4.9% (88)
Band 3	13.2% (47)	12.5% (224)
Band 4	5.1% (18)	7% (126)
Band 5	25.4% (90)	17.4% (312)
Band 6	29.3% (104)	32% (575)
Band 7	8.7% (31)	19.9% (357)
Band 8a	2% (7)	3.8% (68)
Band 8b	0.3% (1)	1.1% (20)
Band 8c	0.3% (1)	0.4% (7)
Band 8d	0% (0)	0.1% (1)
Band 9	0% (0)	0.1% (1)
VSM	-	-
Medical & Dental	5.9% (21)	0.95% (17)
TOTAL	**100% (355)**	**100% (1796)**