

Workforce Race Equality Standard (WRES) Report 2019



1. History of the Workforce Race Equality Standard

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BME representation at the Board level of the organisation.

Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

The WRES is being implemented as the best means of helping the NHS as a whole to improve its performance on workforce race equality. There is considerable evidence that the less favourable treatment of BME staff in the NHS, through poor treatment and opportunities, has a significant impact on staff well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.



2. WRES Reporting metrics

Workforce indicators

For each of these four workforce Indicators, compare the data for white and BME staff

1. Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:
 - Non-Clinical staff
 - Clinical staff - of which
 - Non-Medical staff
 - Medical and Dental staff

Note: Definitions are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.

2. Relative likelihood of staff being appointed from shortlisting across all posts

Note: This refers to both external and internal posts

3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator will be based on data from a two year rolling average of the current year and the previous year. For consistency, organisations should use the same methodology as the have always used.

4. Relative likelihood of staff accessing non-mandatory training and CPD

National NHS Staff Survey indicators (or equivalent)

For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff

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

8. In the last 12 months have you personally experienced discrimination at work from any of the following?
- Manager/team leader
 - other colleagues

Board representation indicator

For this indicator, compare the difference for white and BME staff

9. Percentage difference between the organisations' Board membership and its overall workforce disaggregated:
- By voting membership of the Board
 - By executive membership of the Board

Note: This is an amended version of the previous definition of Indicator 9

3. Definition of Ethnicity used by WRES

The definitions of “black and minority ethnic” and “white” used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and are as used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity.

Ethnic Categories 2001

- A – White –British
- B – White –Irish
- C – Any other white background
- D – Mixed white and black Caribbean
- E – Mixed white and black African
- F – Mixed white and Asian
- G – Any other mixed background
- H – Asian or Asian British –Indian
- J – Asian or Asian British –Pakistani
- K – Asian or Asian British – Bangladeshi
- L – Any other Asian background
- M – Black or black British –Caribbean
- N – Black or black British –African
- P – Any other black background
- R – Chinese
- S – Any other ethnic group
- Z – not stated

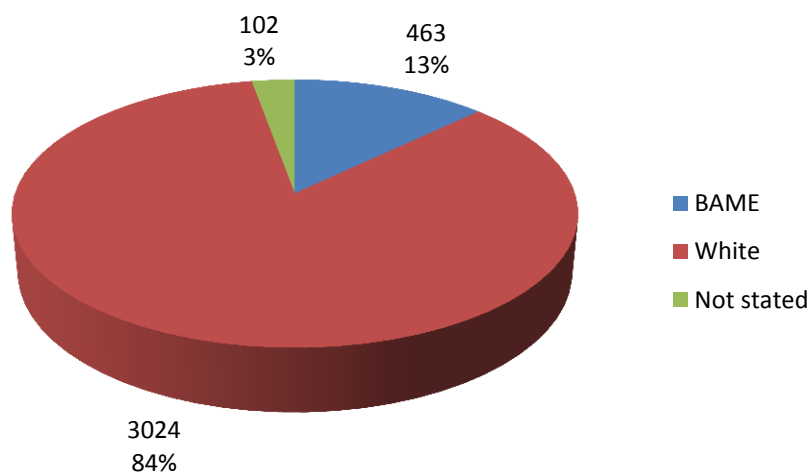
4. Our WRES report 2019

Our Workforce Race Equality Standard Report for 2019 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2019
- An analysis of the specific information supplied.
- A comparison with our 2018 data.
- An update on progress on our 2018 WRES Action Plan.
- Recommendation as to future action to support our people who identify with a disability within the workforce.

5. Specific Information 31st March 2019

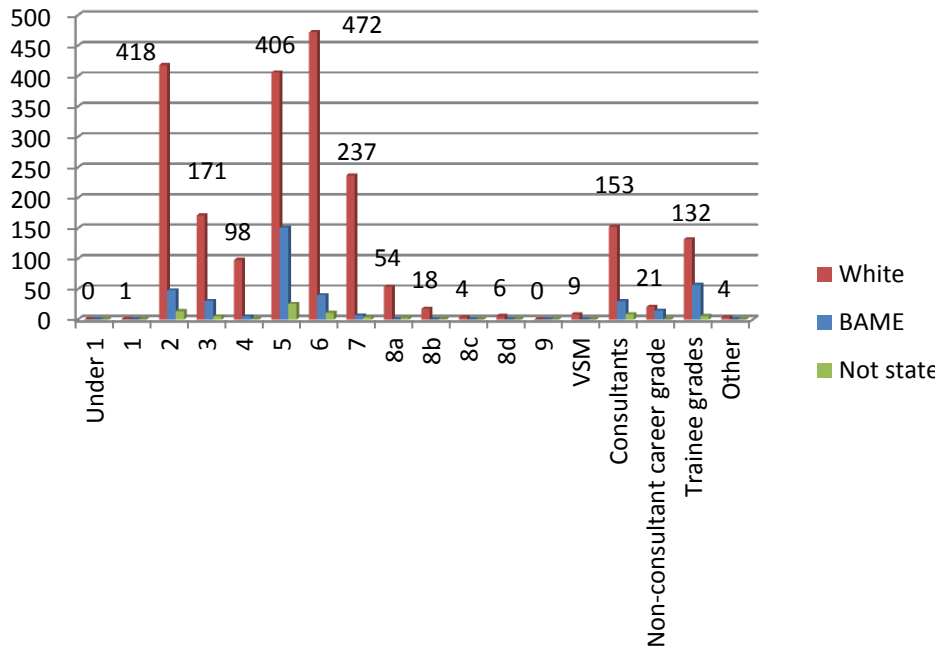
The Trust collected our data on the 31st March 2019 when our workforce consisted of 463 staff who identified as Black, Asian or Minority Ethnic; 3024 staff who identified as White and 102 staff who did not state their ethnicity.



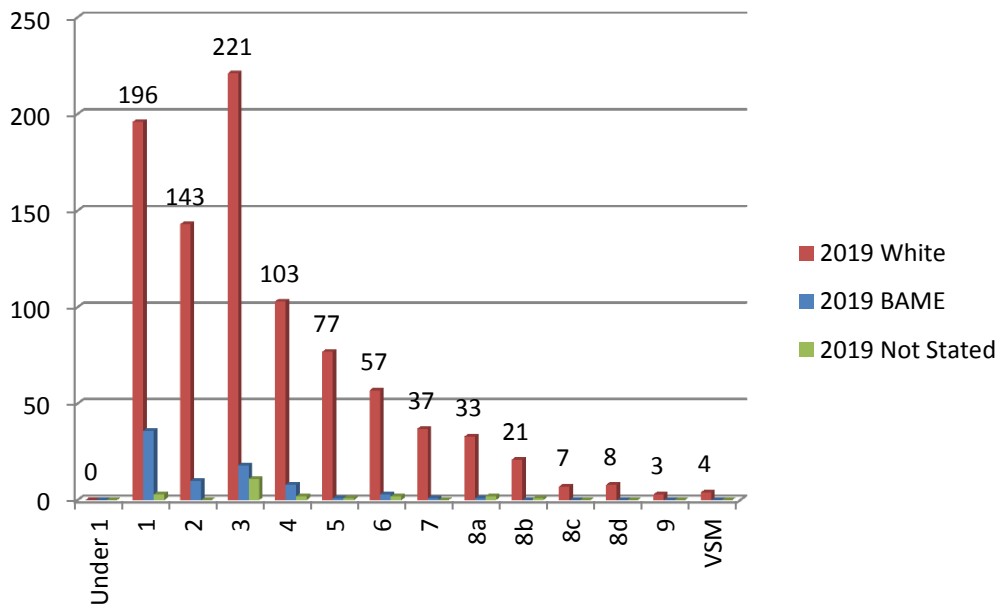
6. Metric 1: Numbers of staff in each pay band

The following graphs show the actual number of staff who identify as BAME, White or Not-Notated in each of the pay bands. This has been broken down to identify Clinical and non-Clinical roles.

Clinical:

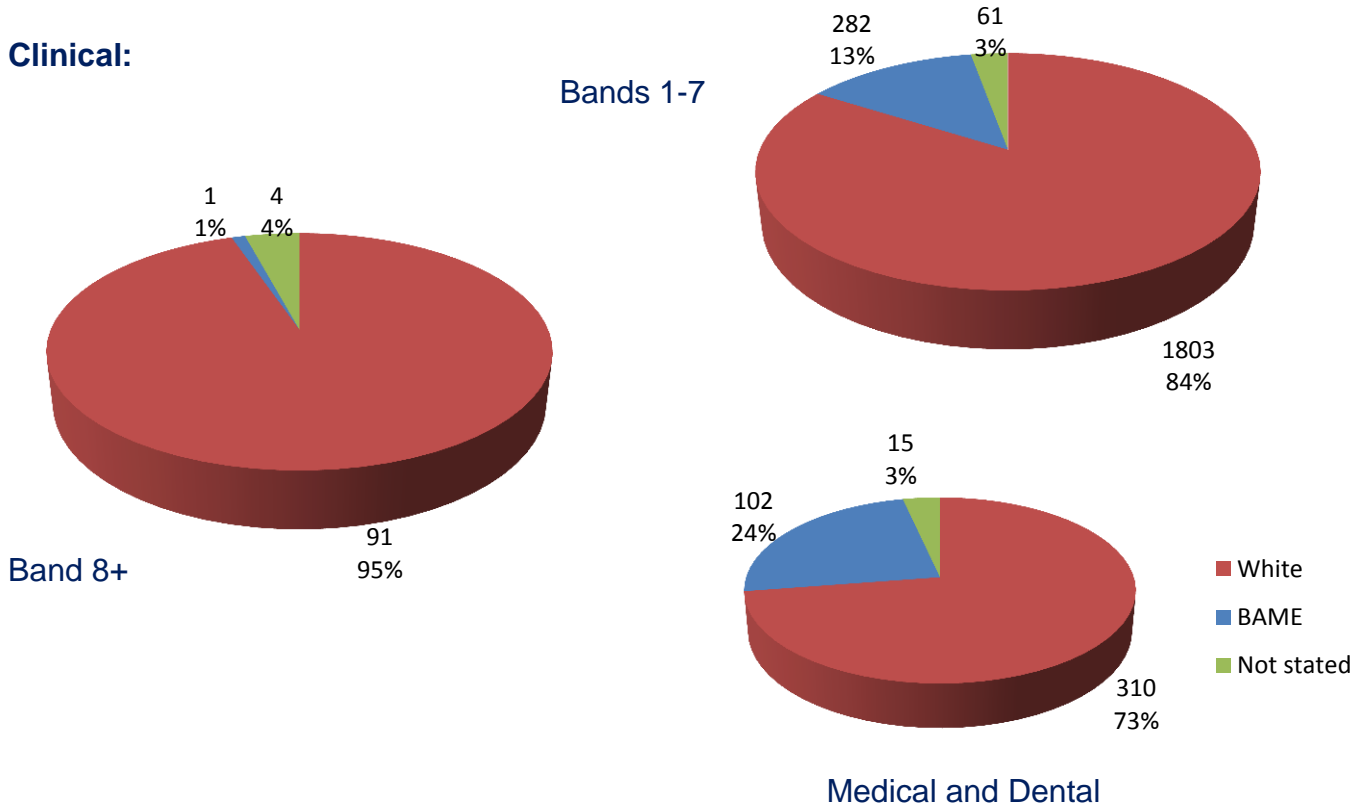


Non-clinical:

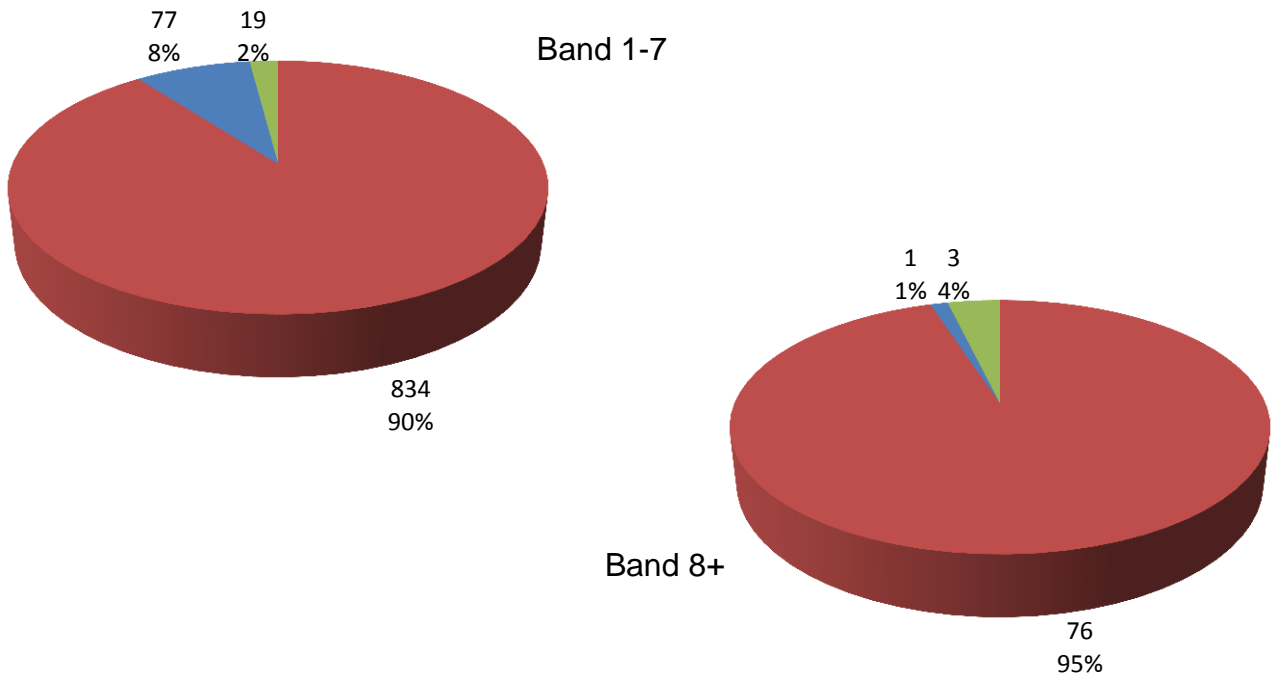


The following pie charts show the % of BAME staff compared with White staff in bands 1 to 7; 8+ and Medical and Dental grades. We have split this down to show clinical and non-clinical staff.

Clinical:



Non-Clinical:

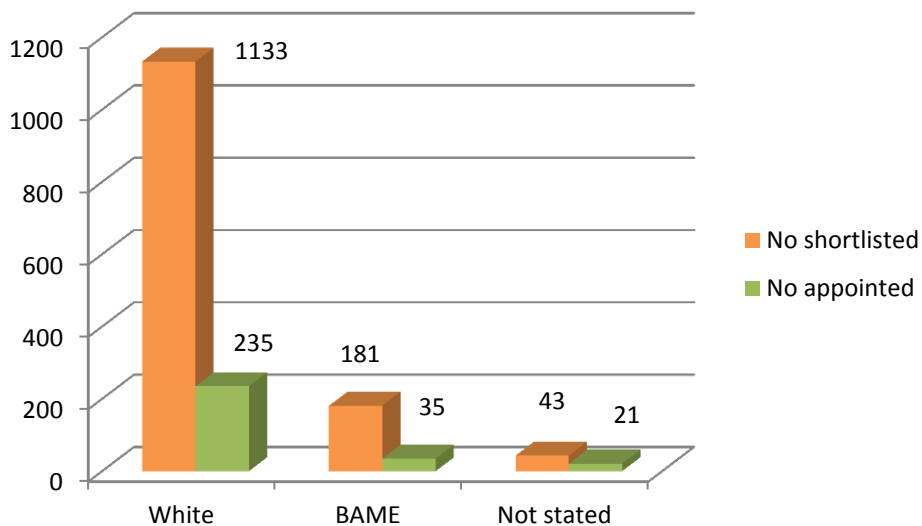


7. Metric 2: Appointed from shortlisting

Relative likelihood of staff being appointed from shortlisting across all posts
 Note: This refers to both external and internal posts.

During the financial year 2018/19 the Trust shortlisted a total of 1,357 people. Of these 287 were appointed to posts, this represents 21% of those who were shortlisted.

The following graph shows a breakdown of those shortlisted and appointed by their ethnicity.

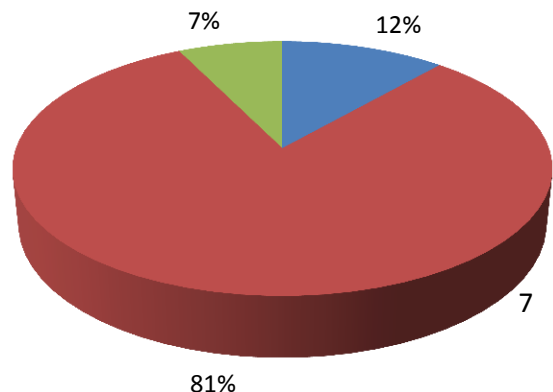


You will note that 20.5% of white staff shortlisted were appointed to posts, this compares to 18% of staff who identified as BAME. White staff are 1.13 times more likely to be appointed to posts.

81% of those appointed identified as white, 12% identified as BAME and 7% did not state ethnicity.



- BAME
- White
- Not stated

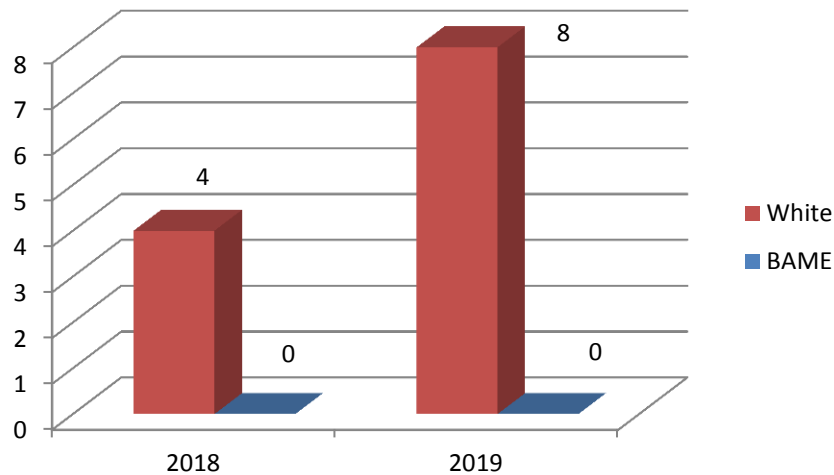


8. Metric 3: Likelihood of entering disciplinary process

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Note: This indicator will be based on data from a two year rolling average of the current year and the previous year. For consistency, organisations should use the same methodology as the have always used.

The figures of people entering the formal disciplinary process for our Trust are very low.



You will see from the above graph that none of our BAME staff entered the formal disciplinary process in the last two years.

9. Metric 4: Likelihood of accessing training

Relative likelihood of staff accessing non-mandatory training and CPD.

At the present time our Trust does not have a facility for collecting this information. Attendance at Mandatory training sessions is recorded on MLE, however we do not at the moment record attendance at non-mandatory training sessions. Therefore we have not reported this figure within this or previous WRES returns.

UNDER REVIEW

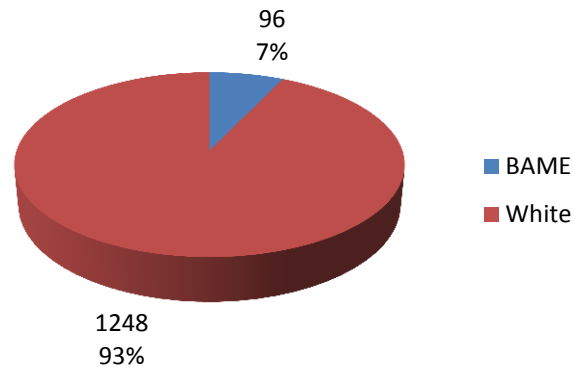
10. NHS Staff Survey responses

The following four metrics (5,6,7 and 8) responses have been taken from the NHS Staff Survey

1344 Salisbury NHS Foundation Trust people took part in the survey, this represents 36% of the total workforce. Of these 96 identified as BAME this is 7% of those who responded to the survey.

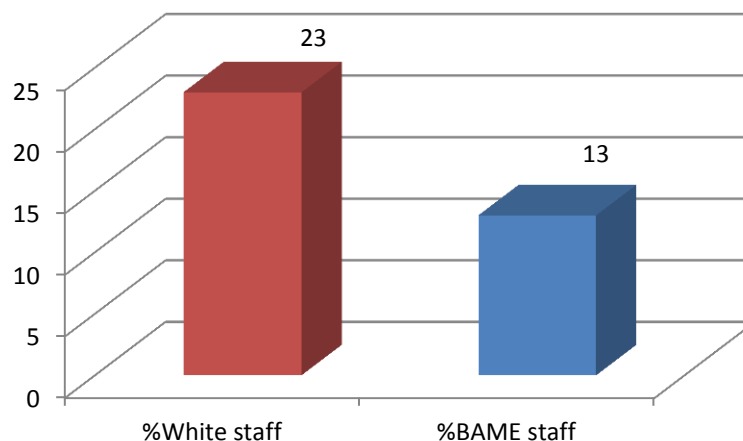
As mentioned earlier 463 of our people identified as BAME, this relates to 13% of our total workforce. 21% of BAME staff members completed the staff survey, this compares to 35% of the total workforce who identified as white who responded to the survey (1248 people).

Staff who completed NHS staff survey



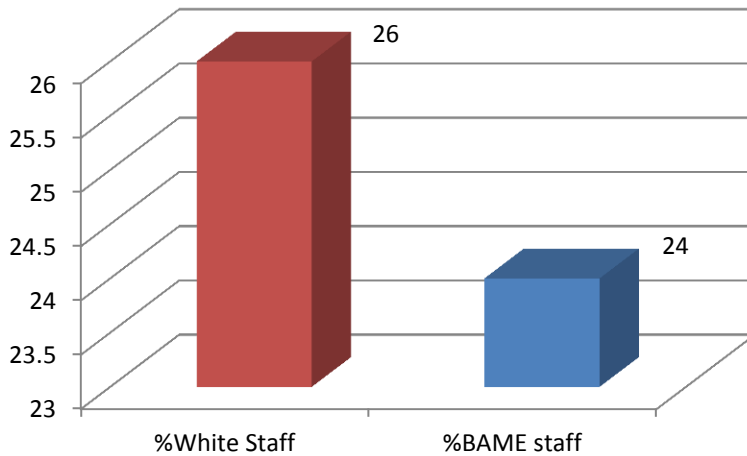
11. Metric 5: Experiencing Bullying and Harassment

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



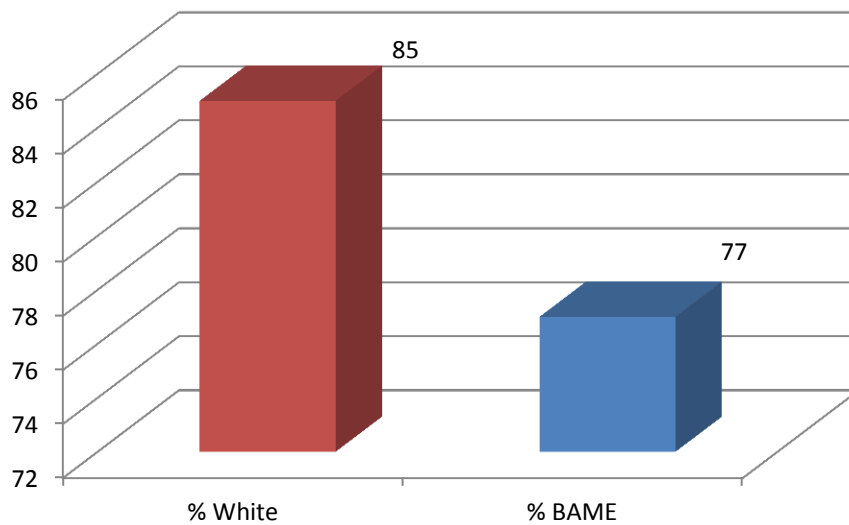
12. Metric 6: Experiencing Bullying and Harassment

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



13. Metric 7: Equal Opportunities

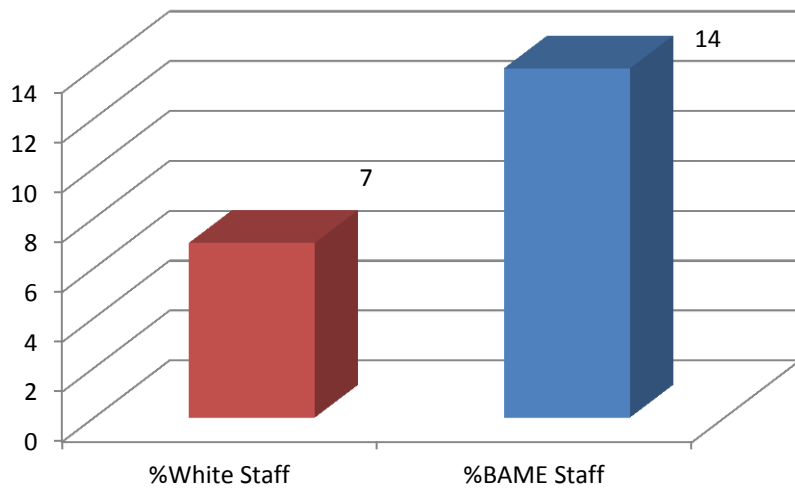
Percentage believing that trust provides equal opportunities for career progression or promotion.



14. Metric 8: Discrimination at work

In the last 12 months have you personally experienced discrimination at work from any of the following?

- Manager/team leader
- other colleagues



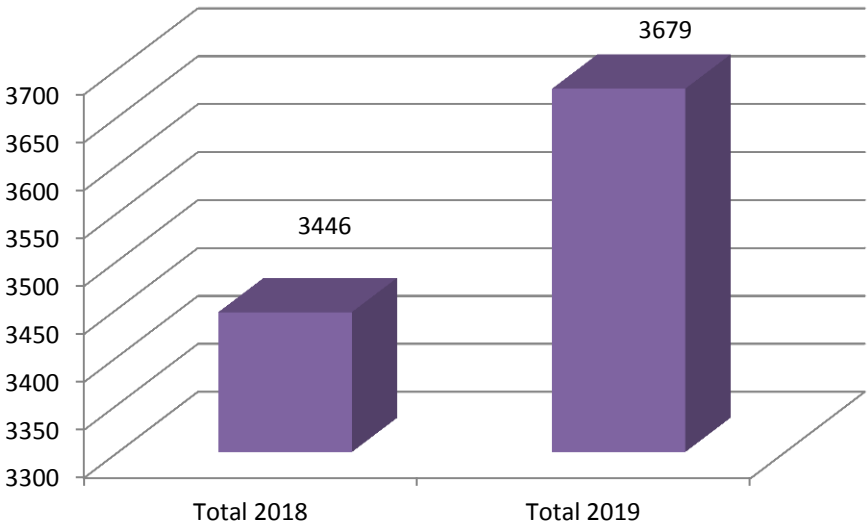
15. Metric 9: Board representation indicator.

Although 13% of the workforce identifies as BAME, none of our current Trust Board members are from a BAME background.



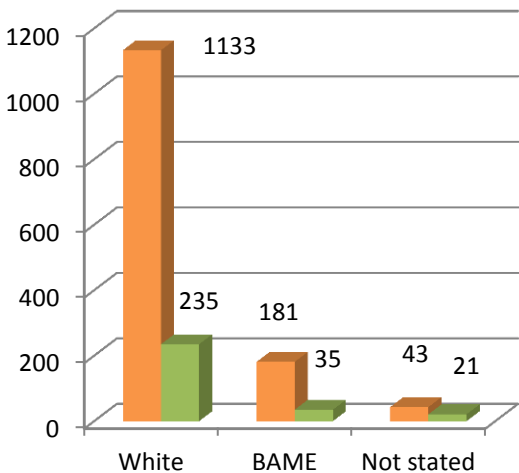
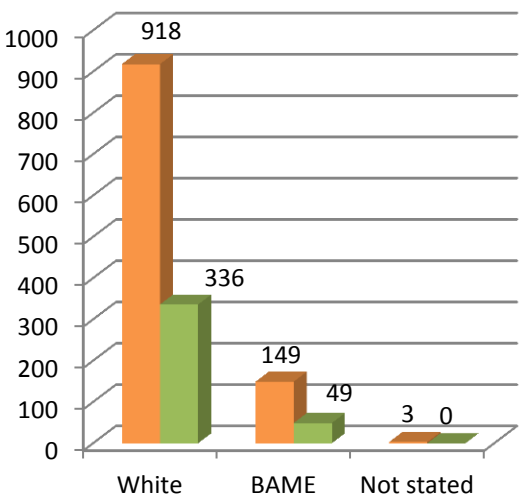
16. Comparison with 2018 WRES data

The number of staff employed by the Trust in 2019 had increased by 7% on the 2018 figure.



In 2018 11% of our workforce identified as BAME, this has risen by 2% in 2019 to account for 13% of the workforce.

The following graphs illustrate that in 2019 there was an increase in the number of people shortlisted and a reduction in the number of people appointed to posts. Orange indicates shortlisted candidates and green appointed.



When we look at the other WRES metrics there are no significant differences between the 2018 and 2019 figures.

17. Progress against 2018 WRES Action Plan

Action	Progress to date
Re-establish and develop the REACH (BAME) Staff Network.	<p>The BAME Forum was re-established in January 2019. Since that date the Forum has</p> <ul style="list-style-type: none"> • reviewed its Terms of Reference • adopted a new logo • created its own “What’s App” Group • Developed a number of events for Black History month – October 2019. <p>The forum now meets on a monthly basis and has begun to engage and support our recently recruited overseas nurses.</p>
Identify BAME Diversity Champions.	A number of BAME Diversity Champions have been identified and they are assisting the development of the BAME Forum.
Identify a Lead Champion to facilitate the network and represent it at the next and subsequent EDI Committee Meetings	A BAME champion has been nominated to represent the BAME Forum on the re-established EDI Committee.
Secure agreement from Trust Board and Managers of the time staff can contribute to staff network activity.	This action forms part of a wider review of the role of champions, allies and ambassadors across the Trust.
Discuss the WRES Action Plan with Staff Side Organisations to engage them in the WRES process.	<p>A copy of the WRES action Plan was circulated to members of the BAME Forum in January 2019. They have been assisting in completing the actions. The Forum will consider this report at a future meeting.</p> <p>The report will also be shared with staff side organisations once approved by the Board</p>

<p>Arrange a meeting of the Equality, Diversity and Inclusion steering group.</p>	<p>The steering group has been reformed as the Trust EDI Committee. It was re-launched with a workshop and committee meeting in July 2019. Arrangements are in hand to organise regular meetings of the Committee which is chaired by one of our Non-Executive Directors.</p>
<p>Work with NHS Leadership Academy to identify appropriate mentoring and coaching initiatives for BAME staff.</p>	<p>This is an ongoing action and has become business as usual. We have offered Trust BAME staff the opportunity to sign up to the Leadership Academy's Stepping Up programme. We are aware a number of staff members have shown an interest in this.</p>
<p>Ensure that all staff have a clear understanding of the bullying and harassment process and procedures. Also ensure staff receive support when they raise issues.</p>	<p>This is an ongoing action. It is linked to the development of the Freedom To Speak Up programme across the Trust. In January 2019 we appointed a full time FTSU Guardian and during the year the Head of Diversity and Inclusion has qualified as a Guardian.</p>
<p>Develop appropriate Equality, Diversity & Inclusion Training for our people linked to the TRUST values. Include reference to the WRES process and action plan.</p>	<p>All staff are required to complete a mandatory EDI on-line package when they join the Trust. We have also introduced a face-to-face session on day one of their induction. This introduces EDI and the Freedom to Speak Up programme to all new starters.</p> <p>We have also developed a face-to-face EDI/FTSU training session for all staff. These take place once a quarter and are open to all staff/volunteers across the Trust. In September 2019 all of the Trust Board completed this training session.</p>
<p>Develop a communications plan to publicise the WRES process and action plan. Ensuring that positive benefits are emphasised.</p>	<p>This is an ongoing action as we have started with the BAME Forum. This current WRES report will be made available to a wider audience.</p>

Explore the feasibility of having an “open seat” at the Trust Board for a representative from the REACH (BAME) staff Network.	No progress made to date.
Identify the equality data of the Trust Governors to identify evidence of diversity. Explore possibility of recruiting governors from particular ethnic community groups, not just on a geographical basis.	This is an ongoing action. We have run EDI awareness sessions for Governors in the past year and are identifying further opportunities to progress this action.
Consider and Develop a reverse mentoring programme for the Trust Board members and Senior management.	We are seeking volunteers from our BAME Forum to take part in a pilot reverse mentoring programme with members of the Trust Board. A methodology is being developed with the aim of running a programme within the coming months.

18. Conclusion

In the past year there has been a rise in the number of BAME staff employed within the Trust. The current figure of 13% of the workforce is significantly higher than the local demographics within the Salisbury area. The latest estimate for the Salisbury area is that 4.7% of the population identify as BAME.

The Trust recruitment of BAME and overseas staff has an influence on the demographics of the area. There is a responsibility on the Trust to work with local communities and partners to ensure our BAME staff are able to integrate and be supported within the local community.

Despite the increase in numbers of BAME employees our WRES data has not changed drastically over the past year compared to 2017/18.

The data shows that we still have fewer BAME staff in Band 8 posts and above, both clinical and non-clinical. The exception is within the Medical and Dental grades.

In Section 15 of this report (WRES Metric 9) we acknowledge that we have no BAME representation on the Trust Board. A number of actions were set within the 2018 WRES Action Plan to address this issue. These actions are still ongoing as can be seen in section 17 of this report.

Section 17 gives progress on the 2018 WRES Action plan. It can be seen that a number of the actions set have been completed, some have become business as usual and a number of others are ongoing. Only one action has yet to be progressed.

At Section 9 of this report you will see that we have identified a gap in providing reporting data for WRES Metric 4. This refers to the reporting of BAME staff accessing non-mandatory training. At the present time we do not have a mechanism for collecting this information and the subject is under review.

19. Recommendations

Salisbury NHS Foundation Trust should take the following action to support our BAME people to ensure they have an equal opportunity to progress within the workforce:

- Continue to progress the outstanding actions from the 2018 WRES Action Plan.
- Prepare an updated relevant WRES Action Plan for the coming year.
- Facilitate and develop the BAME Forum together with the other evolving staff networks.
- Encourage our BAME people to complete the NHS Staff Survey.
- Work with our local communities and partners in the voluntary, public and private sector to ensure people from BAME communities are supported within the wider community.
- Encourage our people to provide up-to-date, relevant and accurate equality data through our ESR self-reporting process. Ensuring they understand the benefits for doing so.
- Review and develop an appropriate mechanism to collect data regarding who takes up non-mandatory training within the Trust. This will allow the Trust to report on WRES Metric 4 on 31st March 2020.

14. Author and Sponsor

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Sponsor: Director of OD and People