

WRES update Board Report – June 2018

Title	Workforce Race Equality Standard Submission and Action Plan 2018/19
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Purpose	<p>Our commitment to ensuring Equality Diversity and Inclusion within our workforce is essential to the Trust to ensure we deliver safe, caring and excellent services in line with our Trust values.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Previously considered at	N/A
Executive Summary	<p>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.</p> <p>The WRES metrics and action plan have been reviewed and approved by both EDIC (Equality Diversity & Inclusion Committee) and QAC (Quality Assurance Committee).</p>
Date Reviewed by EDIC	4 th June 2018

Related Risk	Failing to meet CQC Health & Social Care regulations
Legal implications / regulatory requirements	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
Quality impact assessment	The WRES data forms part of the annual provider information return.
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.

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 Southend University Hospital NHS Foundation Trust is signed up to the WRES and can track progress or otherwise against the previous year's position.

2.0 2017 WRES Metrics

- 2.1 The attached action plan (Appendix 1) provides our position at 31 March 2018 and should be reported to NHS England on 1 August 2018. The data was taken at 31 March 2018 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 2017 survey results were published in 2018).

3.0 Data Narrative

The data for each WRES indicator shows that:

- 3.1 The percentage of BME staff in bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce improved during 2017. Further drill down by clinical and non-clinical and band will be undertaken to identify specific areas of concern, if any.

3.2 In 2017 the gap between the experiences of white staff to BME staff in terms of being recruited has reduced therefore this shows an improvement. However, work will continue to improve this for 2018.

3.3 The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is about the same year on year.

We will monitor this more closely and look at the reasons for cases being raised through monthly KPI and theme reporting as well as doing an audit of cases to ensure consistence in approach and outcome.

3.4 The relative likelihood of BME staff accessing non-mandatory training and CPD training compared to white staff has improved significantly in 2017.

Attendance at training by BME staff is 36.21% which is a higher percentage than their representation in the overall workforce (21.07%). BME staff attendance on non-mandatory training is 39.62% whilst BME attendance on mandatory training is 28.17%.

3.5 The percentage of staff experiencing bullying/harassment from patients/relatives/the public has improved for BME staff over the last 12 months by 3% from the 2016 staff survey.

3.6 The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months has improved by 4%. This indicates fewer BME staff are raising concerns. The Trust has implemented the Guardian Service and the POD Team are organising ongoing work to address Bullying and Harassment; listening events, training and a Chief Exec & HR blog to raise awareness.

3.7 The amount of BME staff that feel the Trust does provide equal opportunities for career progression or promotion has decreased very slightly by 1%. As part of the development of the BAME Diversity Network we will be working with the group to improve the Trusts understanding of staff perceptions around promotion and career progression.

3.8 In the last 12 months staff personally experiencing discrimination at work from Manager/team leader or other colleagues increased by 1%. The on-going work as above in 3.4 will mirror this along with the BME Network group who aim to have sessions relating to discrimination.

3.9 The percentage of BME board voting members to the overall workforce decreased. This is based on a BME member who left the Board (NED).

Movements to MSB Group have impacted on Board representation. SLT are aware of expectations regarding representation.

4.0 Action Plan

4.1 The data indicates an improvement in some areas for BME staff. However, there is still a need to further develop in some areas, and therefore the action plan has been refreshed in order to address each of the WRES metrics with a view to improve next year's results.

The action plan will be monitored by the EDIC, and it will be a standing agenda item to report on progress on the actions.

5.0 Monitoring

- 5.1 The EDIC 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.

6. 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 and Inclusion agenda.