The Workforce Race Equality Standard

1. Introduction

The Workforce Race Equality Standard (WRES) was introduced by NHS England to all NHS organisations from April 2015. WRES consists of nine metrics that can be used to help NHS organisation identify and address race inequality. East Sussex Healthcare NHS Trust (ESHT) has welcomed the new standard which provides an opportunity to demonstrate our commitment to advancing equality of opportunity for the diverse workforce it employs. The metrics will be used as a tool to help identify and close gaps between BME and White staff within the organisation. The new standard will assist the Trust in meeting its legal obligations as an equal opportunities employer. It will also assist in ensuring the Trust is fulfilling its legal duties to comply with the Public Sector Equality Duty.

Robert Francis’s 2010 report into the Mid Staffordshire hospital scandal along with Research Fellow Roger Kline’s 2014 The “snowy white peaks” of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England, has demonstrated there is a strong link between patient care and staff experience. Such research highlights the many areas which many NHS organisations need to address.

The Trust is committed to equality of opportunity, treatment and behaviour, employment, promotion and development. We will actively seek to eliminate unlawful discrimination and foster good relations between those who share a protected characteristic (age, race religion, gender, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and maternity and disability – including carers) and those who do not.

Along with the implementation of the Refreshed Equality Delivery System (EDS2), WRES will assist the Trust in ensuring our workforce can be confident that the Trust is giving due regard to using the indicators (below) contained in the WRES to help ensure any inequalities are identified and addressed.

2. Data Collection and Monitoring

In order to demonstrate progress against the nine WRES indicators, it is important that the Trust records data to support benchmarking and improvement. There will be a focus on improving processes for data collection.

2014-15 is ESHT first report of the WRES and baseline data will be used to develop an action plan for 2015-16. A joint EDS2 & WRES steering group will meet twice annually commencing in September/October 2015. The group will engage with others such as the BME network and will aim to devise a robust system to monitor the WRES metrics and actively seek to remove any barriers wherever possible. An action plan will be published following the steering group meeting.
3. Workforce Race Equality Standard Metrics

**Workforce metrics**

For each of these four workforce indicators, the Standard compares the metrics for white and BME staff.

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**

   At the time of reporting, ESHT employs 6566 members of staff.
   - 11.8% Identified as BME
   - 81.6% Identified as White British or White Other
   - 6.7% Unknown

   6.7% of the workforce were employed in positions 8 – 9 and VSM.
   - 17.1% of Bands 8 - 9 and VSM identified as BME compared to 11.8% BME in the overall workforce.
   - 78.4% in Bands 8 - 9 and VSM identified as White British or White Other.
   - 4.6% of staff in Bands 8 - 9 and VSM, ethnicity was unknown

2. **Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.**

   4584 applicants were shortlisted.
   - 3576 applicants identified as White British or White Other
   - 916 applicants identified as BME
   - 92 applicants ethnic origin was unknown

   730 applicants were appointed
   - 620 appointees identified as White British or White Other
   - 84 appointees identified as BME
   - 26 appointees ethnic origin was unknown

   The relative likelihood of white staff being appointed from shortlisting compared to BME staff is 1.88 times greater.

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**

   *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year*

   Staff identified as White British or White Other were 2.2 times more likely to enter the formal disciplinary process compared to staff identified as BME.

   These figures for reporting of staff entering into the disciplinary process over a 2 year period were extremely small. Only a relative likelihood figure is included due to the risk of breaching staff confidentiality. This is unlikely to change in 2015-16.

4. **Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff**
Available figures demonstrate BME staff were 1.13 times more likely to access non-mandatory training compared to white staff.

Note:
Collection of data on those accessing non-mandatory training is incomplete due to how this data is captured. Line managers often block book places on conferences and university workshops, the booking forms require a line manager’s name plus the number of attendees and not necessarily individual names. Therefore identifying members of staff who have attended these non-mandatory training events has proved challenging. Where staff have been identified this has been reported.

### National NHS Staff Survey findings

For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff

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<th>KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</th>
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<td></td>
<td>31% of ESHT staff said they had experienced harassment, bullying or abuse from patients, relatives or the public in last 12 month. This is an increase of 2% from the previous year. The national average for acute Trusts in 2014 was 29% and the best score was 20%.</td>
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<td>- 31% of White respondents reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.</td>
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<td>- 26% of BME respondents reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.</td>
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<th>KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</th>
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<td>27% of ESHT staff said they had experienced harassment, bullying or abuse from staff in last 12 months. This was an increase of 1% from the previous year. The national average for acute Trusts in 2014 was 23% and the best score was 17%.</td>
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<td>- 26% of White respondents reported experiencing harassment, bullying or abuse from staff in last 12 months.</td>
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<td>- 25% BME respondents reported experiencing harassment, bullying or abuse from staff in last 12 months.</td>
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<th>KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion</th>
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<td>83% of ESHT staff believed they were provided with equal opportunities for career progression or promotion. This is a decrease of 1% compared to the previous year. The national average for acute Trusts in 2014 was 87% with the best score of 96%</td>
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<td>- 85% White respondents believed they were provided with equal opportunities for career progression or promotion.</td>
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<td>- 70% BME respondents believed they were provided with equal opportunities for career progression or promotion.</td>
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<th>Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues</th>
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<td>8% of respondents felt they had experienced discrimination at work from their manager or team leader. The national average was 8%</td>
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<td>- 4% reported they had experienced discrimination at work from their manager or team leader on the grounds of Ethnic background. The national average was 4%.</td>
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Does the Board meet the requirement on Board membership in 9?

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<th>9.</th>
<th>Boards are expected to be broadly representative of the population they serve</th>
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<td>ESHT Board is broadly representative of the population it serves. Although no members identify as BME they do identify with other protected characteristics which also have a high prevalence in East Sussex. Advertisement of current Board vacancies include BME networks/forums and other wider advertising such as The Telegraph.</td>
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4. **Timetable for implementation**

**April 2015**
- Identify Board Level Lead
- Identify WRES Lead for reporting

**April – June 2015**
- Collection of baseline data for WRES
- Set up joint steering group for EDS2, WRES & Equality Objectives Progress Agree members. To meet to annually in September & May

**July 2015**
- Report containing baseline figures for WRES submitted to Board

**August 2015**
- Publish reports

**September 2015**
- Steering Group Meet
- Devise plan to address highlights / implications from WRES baseline data
- Identify / confirm Leads for EDS2 Outcomes (some link with WRES) and some WRES metrics
- Identify data monitoring and collection methods for EDS2 & WRES.
- Confirm data collection dates / deadlines (likely to be April / May).
- Agree engagement
- Implement engagement plans / activities for EDS2 & WRES

**April - May 2016**
- Steering Group meet
- Presentation by Leads on data, progress, implications
- Progress update on Equality Objectives

**June - July 2016**
- Draft reports sent out (EDS2, WRES, Equality Objectives update)

**August 2016**
- Publish Reports

This Report is available in alternative formats upon request. Alternative formats include (but not limited to) Large Print, Braille, Audio, Alternative Community Languages. Please contact the Equality, Diversity & Human Rights Team by emailing esh-tr.equality@nhs.net or Telephone 01424 755255.