

Workforce Race Equality Standard (WRES) 2019

Background

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from Black Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The move followed reports such as the 'Francis report and Snowy White Peaks' which highlighted disparities in the number of BAME people in senior leadership positions across the NHS. Research shows that unfair action / treatment of BAME staff adversely affects the care and treatment of all patients.

The Workforce Race Equality Standard (WRES) requires organisations to demonstrate progress against a number of indicators of workforce equality including a specific indicator to address the low levels of BAME Board representation.

The WRES is repeated on an annual basis and is a requirement of the NHS Standard Contract 2019/20 Service Conditions.

SC 13.6 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.

The regulators, the Care Quality Commission (CQC) and NHS England/NHS Improvement use this standard to help in their assessment as to whether NHS organisations are well-led.

The timeframes outlined nationally for circulation of the WRES templates for completion by Trusts were delayed arriving in the Trust on 17 June 2019. This has meant that the report, the data extraction, analysis and associated action plan have been completed within a short turnaround time. The action plan is still in development and will be available for consideration in August 2019. A Task and Finish Group has been established to co-produce an action plan that addresses each of the nine metrics.

Next Steps

- 1) The content of the standardised reporting template will be published on the Trusts Equality and Diversity web page and will be submitted to NHS England via the NHS Digital portal in advance of the 1 August 2019.
- 2) Further analysis and engagement via our BAME network and any other interested parties will take place to analyse the data, consider the findings and develop an action plan
- 3) Examples of further work to be explored or in development include
 - a. Setting up an "Equalities Forum" lead by the Chairman/Chief Executive involving representation from network leads to act as a guiding coalition for the Board of Directors
 - b. Supporting BAME colleagues to become interview ready
 - c. BAME colleagues on interview panels
 - d. Working with line managers to ensure time is given to BAME colleagues to attend network meetings

Workforce Race Equality Standard (WRES) 2018 reporting template

This is the online questionnaire that has to be submitted to NHS England and in the template format. This section outlines the questions and our responses.

1. Name of organisation

Rotherham Doncaster and South Humber NHS Foundation Trust

2. Date of report

Month: July
Year: 2019

3. Name and title of Board lead for the Workforce Race Equality Standard

Rosie Johnson, Executive Director of Workforce and Organisational Development

4. Name and contact details of lead manager compiling this report

Virginia Golding, Head of Equality, Diversity and Inclusion.
Workforce and Organisational Development,
Woodfield House,
Tickhill Road Site,
Tickhill Road,
Balby,
Doncaster, DN4 8QN.
01302 796187.

5. Names of commissioners this report will be sent to:-

Our Contracts department will distribute to:

- Rotherham CCG
- Doncaster CCG
- North Lincolnshire CCG

6. Name and contact details of coordinating commissioner this report has been sent to:

N/A

7. Unique URL link on which this report and associated action plan will be found

<http://www.rdash.nhs.uk/about-us/equality-and-diversity/workforce-race-equality-standard/>

8. This report has been signed off by and on behalf of the board on

Date: 26 July 2019

Name: Rosie Johnson – Director of Workforce and Organisational Development

Background narrative

9. Any issues of completeness of data

No

10. Any matters relating to reliability of comparisons with previous years

In 2018 there was no requirement to report on the number/percentage of staff who had not declared their ethnicity. Since then a data cleansing exercise has taken place therefore it has not been possible to report on the number of staff in 2017/2018 who did not declare their ethnicity.

Due to the late receipt of the recording spreadsheet from NHSE the Trust has been extremely challenged in gathering, analysing and consulting on the data.

11. Total number of staff employed within this organisation at the date of the report

3429

12. Proportion of BAME staff employed within this organisation at the date of the report?

3.7%

13. The proportion of total staff who have self-reported their ethnicity?

95%

14. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?

The Trust uses NHS jobs in recruiting the majority of the workforce which requires candidates to complete equal opportunity monitoring data which is compulsory on the NHS jobs system. Successful applicant's data is automatically pulled through to the Trusts Electronic Staff Record (ESR) system on appointment.

Existing staff utilise the self-service function on ESR to access their electronic payslips. There is a message on the self-service portal next to the payslip to remind staff about their equality and diversity data and encourage them to check it and make sure that it is accurate.

Emails were sent to all directors to be disseminated throughout all teams to emphasise the reason for self-reporting and also instructions on how to complete this using the ESR Portal. People have been encouraged to update their own data and also managers have been encouraged to improve reporting.

15. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?

The Care Group Equality Diversity and Inclusion (EDI) Leads will be asked to continue to encourage their staff to self-report. Through the work carried out within the Trust around issues affecting BAME staff it is hoped that the culture of the organisation will become more inclusive therefore staff will feel able to declare their ethnicity and will be aware of the benefits of doing so.

Workforce data

16. What period does the organisation's workforce data refer to?

1 April 2018 to 31 March 2019

Workforce Race Equality Indicators

For each of these workforce indicators, compare the data for White and BAME staff.

Metric 1

17. 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. Organisations should undertake this calculation separately for non-clinical and for clinical staff

Table 1 – Data for White and BAME staff by banding for Non Clinical Staff

Banding	Reporting Year 1 April 2017 – 31 March 2018			Reporting Year 1 April 2018 – 31 March 2019			Increase/decrease of BME from previous reporting year
	White	BME	% of BME	White	BME	% of BME	
Band 1	156	3	1.9%	159	4	2.5%	↑
Band 2	196	3	1.5%	217	4	1.8%	↑
Band 3	214	6	2.7%	213	6	2.8%	↔
Band 4	103	2	1.9%	105	2	1.9%	↔
Band 5	69	4	5.5%	60	2	3.3%	↓
Band 6	48	0	0.0%	49	1	2.0%	↑
Band 7	13	1	7.1%	22	1	4.5%	↔
Band 8a	26	1	3.7%	31	1	3.2%	↔
Band 8b	6	0	0.0%	10	0	0.0%	↔
Band 8c	9	0	0.0%	9	0	0.0%	↔
Band 8d	0	0	0.0%	0	0	0.0%	↔
Band 9	0	0	0.0%	0	0	0.0%	↔
VSM	4	1	25.0%	5	1	20.0%	↓

Table 2 - Data for White and BAME staff by banding for Clinical Staff

Banding	Reporting Year 1 April 2017 – 31 March 2018			Reporting Year 1 April 2018 – 31 March 2019			Increase/decrease of BME from previous reporting year
	White	BME	% of BME	White	BME	% of BME	
Band 1	1	0	0.0%	0	0	0.0%	↔
Band 2	484	10	2.0%	459	12	2.6%	↑
Band 3	232	8	3.3%	235	8	3.4%	↔
Band 4	102	7	6.4%	88	5	5.6%	↓
Band 5	480	28	5.5%	455	38	8.3%	↑
Band 6	629	18	2.8%	647	16	2.4%	↓
Band 7	257	12	4.5%	254	12	4.7%	↔
Band 8a	65	1	1.5%	51	2	3.9%	↑
Band 8b	20	1	4.8%	22	2	9.1%	↑
Band 8c	9	0	0.0%	6	0	0.0%	↔
Band 8d	2	0	0.0%	2	0	0.0%	↔
Band 9	0	0	0.0%	0	0	0.0%	↔
*Medical Staff	30	30	50.0%	23	25	52.0%	↑

The implications of the data and any additional background explanatory narrative

BAME non-clinical staff are clustered in Band 3 with one person who holds a post above a Band 7 and one VSM. There has been no change within this data compared to 2018.

Clinical staff are clustered in Band 5; there are no BAME staff above a Band 8b. The number of clinical staff in bands 8a and 8b has increased by a headcount of one but there are no BAME staff above this. The number of BME Consultants has declined by a headcount of 5 compared to 2018.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Links EDS2 3.1 states: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

Equality Objective 4 states: Raise awareness of the findings of Workforce Race Equality Standard (WRES) throughout the organisation

Specific actions that have commenced in terms of the Trust data concern focussed talent management discussions and also networking opportunities for BAME staff inside the organisation and also linking with other staff from different organisations. Alongside of this a number of staff have arranged for 'drop in conversations' for BAME staff and also staff and leaders who are interested in enhancing their understanding of issues related to WRES. The outcomes of these conversations will be conveyed through the EDI Networks.

Within our annual conference in 2018 we wanted to raise the profile and understanding of WRES for all staff. We therefore contacted Yvonne Coghill, Director – WRES Implementation in NHS England, to present to over 200 of our staff and students about the importance of valuing diverse communities and supporting inclusion issues within the communities we serve as well as our workforce. This was very well received and led to several staff expressing an interest in the establishment of a BAME Network which has been explored and commenced in 2019.

Metric 2

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

Data for reporting year:

In 2018/19, the Trust received 10,996 applications, of those 1400 (12.7%) were from BAME applicants. 3830 of the applications were shortlisted applicants, of which 387 (10%) were from BAME applicants. Of the total 394 new starters with the Trust 40 were BAME (10.1%) members of staff.

Data for previous year:

In 2017/18, the Trust received 9,071 applications, of those 1,344 (14.8%) were from BAME applicants. 3,021 of the applications were shortlisted, of which 301 (10%) were from BAME applicants. Of the total 385 new starters, 26 were BME (6.8%)

The implications of the data and any additional background explanatory narrative

The proportion of BAME applicants has remained similar to last year as has the number shortlisted however the proportion of successful candidates resulting in new starters from a BAME background has increased.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Further work is underway to develop unconscious bias awareness.

Metric 3

19. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.

Data for reporting year:

0 formal disciplinary processes are recorded for BAME staff members compared to 30 from White origin and 0 from not stated.

Data for previous year:

2 formal disciplinary processes are recorded for a BAME staff member compared to 43 from White origin and 3 from not stated. This means 1.47% of BAME staff compared to 1.30% of White staff have been subject to a formal disciplinary process.

The implications of the data and any additional background explanatory narrative

There have been no formal disciplinary processes for BAME staff members indicating an improvement from the previous year. This is further supported as there were also 0 formal disciplinary processes for any staff who not stated.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Links to: EDS2 4.3 - Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

The Trust will continue to monitor and review data in relation to formal employee relation processes.

Metric 4

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

Data for reporting year (2018/19):

White – 3044

BME – 141

Not Stated – 144

Data for previous year (2017/18):

White – 3094

BME – 124

Not Stated – 179

The implications of the data and any additional background explanatory narrative

Learning is a key and fundamental element in making sure that all our staff have the necessary skills and knowledge to deliver and support the provision of high quality care to achieve excellence in health care delivery as well as given the opportunity for on-going personal development.

All staff have the same opportunities to access mandatory training - core and essential to role and supported continuous professional development. Information is captured via a training needs analysis (TNA) using a systematic approach, on-going service review and individual staff PDR/ appraisals.

The purpose of the TNA is to identify performance requirements or needs within the organisation in order to channel resources into the areas of greatest need and continue to improve quality and provide quality services. This is based upon

- Identifying key developments, needs/priorities around learning and development and any gaps in provision that are currently not being met.
- Identifying any Continuous Professional Development (CPD) essential to role and making recommendations to address these issues.

To support this a variety of Specialist Skills and Post Registration (SSPRD) opportunities and a range of programmes are available for clinical and non-clinical support staff to attend to meet both personal development and service needs are available. On an annual basis all employees undertake a PDR which incorporates a personal development plan that includes any gaps in knowledge and training implications. The Trust has a robust process for staff to apply for training either internally or commissioned through regional universities and colleges

2019 has seen an increase in the number of BAME staff who have accessed non-mandatory training and CPD.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Links to EDS2 3.3 - Training and development opportunities are taken up and positively evaluated by all staff

All staff are offered equal opportunity to access training.

National NHS Staff Survey indicators (or equivalent).

For each of the four staff survey indicators, compare the outcomes of the responses for White and BAME staff

Metric 5

21. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Data for reporting year (2018):

The data below is based on a response rate of 45% across the Trust

White 25%
BAME 31%

Data for previous year (2017):

The data below is based on a response rate of 39% across the Trust

White 21.35%
BAME 28.85%

The implications of the data and any additional background explanatory narrative

The number of BAME and White staff that have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months has increased for both groups of staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Links to work identified within the implementation of the workforce strategy recommendations and:-

EDS2 3.4 - When at work, staff are free from abuse, harassment, bullying and violence from any source

EDS2 3.6 - Staff report positive experiences of their membership of the workforce

EDS2 4.3 - Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Equality Objective 4 - Raise awareness of the findings of Workforce Race Equality Standard (WRES) throughout the organisation

- Each Care Group are formulating an action plan with the results from the staff survey relevant to their individual area.
- Harassment officers have merged with the FTSU advocates thus increasing the spread of staff available to support colleagues who experience bullying or harassment of any kind.
- The Deputy FTSU Guardian attends induction / team meetings and staff networks to promote the support that is available.
- A leaflet is being developed addressing how to deal with abuse from patients, service users and the public

Metric 6

22. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Staff Survey Data for reporting year (2018):

The data below is based on a response rate of 45% across the Trust

White 17%
BAME 17%

Staff Survey Data for previous year (2017):

The data below is based on a response rate of 39% across the Trust

White 16.51%

BAME 11.54%

The implications of the data and any additional background explanatory narrative

In 2019 the total number of staff reporting harassment, bullying or abuse is the same for White and BAME staff but the increase is higher for BAME staff compared to 2018.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Links to work identified within the implementation of the workforce strategy recommendations.

EDS2 3.4 - When at work, staff are free from abuse, harassment, bullying and violence from any source

- Each Care Group are formulating an action plan with the results from the staff survey relevant to their individual area.
- Harassment officers have merged with the FTSU advocates
- The Deputy FTSU Guardian attends Induction / team meetings and staff networks to promote and recruit.

The Trust intends to further develop the 'Unconscious Bias's element of its Equality and Diversity training.

Metric 7

23. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Data for reporting year (2018):

The data below is based on a response rate of 45% across the Trust

White 91%

BAME 83%

Data for previous year (2017):

The data below is based on a response rate of 39% across the Trust

White 87.62%

BAME 87.50%

The implications of the data and any additional background explanatory narrative

The number of BAME staff that believe the Trust provides equal opportunities for career progression or promotion has declined in 2019 compared with 2018 but has increased for White staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Links to:-

EDS2 3.1 - Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

EDS2 3.3 - Training and development opportunities are taken up and positively evaluated by all staff

EDS2 3.5 - Flexible working options are available to all staff consistent with the

needs of the service and the way people lead their lives.

EDS2 3.6 - Staff report positive experiences of their membership of the workforce.

EDS2 4.1 - Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.

EDS2 4.3 - Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

The Trust is accredited to deliver the Mary Seacole programme onsite and this is open to all staff. A number of staff have been trained as EDI mentors to support staff belonging to a protected characteristic group.

The Trust will explore this element with members of the BAME network

Metric 8

24. KF17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Data for reporting year (2018):

The data below is based on a response rate of 45% across the Trust

White 5 %

BAME 10 %

Data for previous year (2017):

The data below is based on a response rate of 39% across the Trust

White 5.56%

BAME 5.88%

The implications of the data and any additional background explanatory narrative

The number of BAME staff that believe they have experienced discrimination has increased in 2019 compared with 2018 but has decreased for White staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Links to:-

EDS2 3.6 – Staff report positive experiences of their membership of the workforce.

EDS2 4.3 – Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Since May 2017 the Trust has put in place a Freedom to Speak Up Guardian (FTSU) which provides an additional opportunity for all staff to identify concerns who do not feel that they can raise concerns within their own line management structure. In 2019 a Deputy FTSU Guardian has also been put in place.

EDI is an integral part of the Trust Corporate Induction and mandatory training.

The Trust intends to further develop the 'Unconscious Bias's element of its Equality and Diversity training.

Board representation indicator

For this indicator, compare the difference for White and BAME staff.

1. Percentage difference between the organisations' Board voting membership and its overall workforce

The percentage of the Trust Board voting membership is 84.6% white / 15.4% BAME

In comparison, the percentage of the overall workforce is 91.5% white / 3.7% BAME

The Board voting membership is therefore more ethnically diverse than the overall workforce of the Trust.

2. Are there any other factors or data which should be taken into consideration in assessing progress?

No

3. Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

<http://www.rdash.nhs.uk/about-us/equality-and-diversity/workforce-race-equality-standard/>