

# NHS WORKFORCE RACE EQUALITY STANDARD (WRES)

## OUR PLEDGE

'Equality, diversity and inclusion is at the heart of East Cheshire NHS Trust values and behaviours and fundamental to the delivery of our Workforce & OD strategy. We strive to develop a workforce which enables us to deliver a more inclusive service and improve patient care.

East Cheshire NHS Trust is committed to creating a working environment where all people feel safe, included and accepted. Equality, diversity & inclusion (ED&I) is the 'golden thread' running through our wellbeing and engagement plan to develop a fair workplace where difference is recognised and valued and everyone has the opportunity to fulfil their potential'

- East Cheshire NHS Trust Engagement, Wellbeing & Inclusion Group

2018 WRES ANALYSIS  
September 2018

Programme Lead: Ruth Knighton, Workforce Lead

# What is the Workforce Race Equality Standard? (WRES)

The WRES is a national system, part of the standard NHS contract, where all NHS organisations are required to demonstrate how they are addressing race equality issues across a range of staffing areas.

## Intentions of the WRES

- Enabling people to work comfortably with race equality, changing deep rooted cultures of race inequality in the system.
- Embedding continuous accountability to ensure key policies have race equality built into their core, so that eventually it becomes everyday business.
- Mandating NHS organisations to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.
- Improving performance for people with [characteristics protected by the Equality Act 2010](#) alongside the [Equality and Diversity Systems \(EDS2\)](#)
- Helping NHS organisations to deliver on the [Public Sector Equality Duty](#)

# Overall Workforce Equality Position Summary

<p>Workforce Race Equality Standard (WRES)</p> <p>*Updated*</p>	<p>The trust can report some progress on the 2017 position in relation to pay, recruitment practices and access to training. The gap between white staff and BME staff has remained relatively stable for harassment, bullying or abuse from staff and discrimination at work from manager / team leader or other colleagues. The position has worsened in relation to disciplinary processes, harassment, bullying or abuse from service users and equal opportunities for career progression or promotion. There remains work to do and this is reflected in our priorities.</p>
<p>Equality Delivery System (EDS2)</p>	<p>Overall, the trust is 'Achieving' and the Board have shown commitment to workforce equality through the commissioning of an independent culture review and an ongoing commitment to the workforce &amp; OD strategy. As part of this, we have agreed a number of priorities for 2018/19 to make a positive difference to the experience of staff with protected characteristics; specifically;</p> <ul style="list-style-type: none"><li>• Improve the working lives of staff who have disabilities</li><li>• Improve the working lives of BME staff</li><li>• Take steps to improve the position as identified by the gender pay gap report</li><li>• Improve stakeholder involvement in this work</li></ul>
<p>Gender Pay Gap</p>	<p>The paper was presented to the board in February 2018 and the results were published to meet the 30 March deadline. The actions have been incorporated into the annual workforce engagement, wellbeing and inclusion plan for 2018/19</p>
<p>Workforce Disability Equality Standard (WDES)</p>	<p>The WDES will be mandated from April 2018 with a greater expectation to employ a higher percentage of staff with disabilities, including learning disability. The trust is the first trust in the NW region to be awarded level 3 of the Disability Confident scheme. This 'Leader' status reflects the work the trust has done to support disabled people who are seeking work experience or volunteering opportunities at the trust and our commitment to championing this work both internally and across local business communities.</p>
<p>NHS National staff survey 2017</p>	<p>Overall, the staff survey results for BME staff improved significantly in 2016 however have had a deterioration in 2017 which in turn have had an impact on the WRES for 2018. The latest results also indicate that staff with disabilities have a less satisfactory work experience than non-disabled staff across a range of factors. Actions relating to improving the working lives of these groups of staff remain a priority and have been incorporated into the annual workforce engagement, wellbeing and inclusion plan for 2018/19. An ambition for 17/18 was to address overall engagement of BME staff and the latest staff survey demonstrates that BME staff have a higher than average engagement score of 4</p>

# WRES Comparison 2017 v 2018

No.	Indicator Theme	2017 Trust Findings	2018 Trust Findings
1	Pay	Some progress was made in closing the gaps in 2017. Overall, a mixed position for BME staff. Progress was made at Band 5 and 8a; very little BME representation at Bands 3, 4, 6 & 7 and no representation at B9 & VSM.	Further progress has been made in closing gaps for BME staff; particularly at AFC grades 4, 6, 7 & Consultant / Non Consultant Career grades. There remains limited BME representation at Band 8 and above, however. Less than 2% of the non-clinical workforce is BME compared to almost 14% of the clinical workforce; predominantly in B5, B2, Consultant and non Consultant career grade posts.
2	Recruitment	The relative likelihood of white staff being appointed from shortlisting, compared to BME staff was 1.65 times greater (previously 1.72). This was an improved position for BME staff at the trust in 2017.	48% of white and 49% of BME shortlisted candidates were appointed. The relative likelihood of white staff being appointed from shortlisting, compared to BME staff is 0.97 times greater. A figure of 1 would indicate that BME candidates are as likely as white candidates to be appointed from shortlisting. This is an improved position on 2017
3	Disciplinary processes	The relative likelihood of BME staff entering a formal disciplinary process, compared to white staff was 0.28 times greater (previously 0.47). This demonstrated an improved position for BME staff in 2017.	Of the 262 BME staff in the workforce, 3 entered a formal process, compared to 21 white staff from a white workforce of 2,506. The relative likelihood of BME staff entering a formal disciplinary process, compared to white staff is 1.37 times greater. This demonstrates a wider gap than last year however the numbers are small.
4	Access to non-mandatory training and CPD	The relative likelihood of white staff accessing training activity, compared to BME staff was 1.16 times greater (previously 1.29); a slightly improved position for BME staff in 2017	100% of BME staff accessed training compared to 98% of white staff. The relative likelihood of white staff accessing training activity, compared to BME staff is 0.98 times greater, which demonstrates that BME staff are as likely as white staff to access training. This is an improved position on 2017
9	Board voting membership in comparison to overall workforce	85% White and 15% not disclosed Local population of 3.3% in ethnic groups other than white	BME Representation at board level remains unchanged

Data for the above indicators is taken from workforce information systems such as ESR, NHS Jobs and the Employee Relations casework database.

# WRES Comparison 2017 v 2018

The following four indicators are taken directly from the national NHS Staff Survey KF25; KF26; KF21 and Q17 and therefore represents the perception / experience of staff. In 2017, the trust reported significant improvements in the WRES position, helped by a very positive staff survey in October 2016. The latest staff survey (October 2017) for ECT demonstrates that BME staff have an engagement score of 4; again, this is higher than the trust & national average however, there has been a deterioration in some of the areas specifically measured by the WRES.

No.	Indicator Theme	2017 Trust Findings	2018 Trust Findings
5	Harassment, bullying or abuse from patients, relatives or the public (KF25)	<p>The trust was able to report a significant improvement for BME staff in 2017 with BME staff at 25% and white staff at 27%.</p> <p>The gap reported was 2% in 2017.</p>	<p>BME staff report 34% in comparison to white staff reporting 26%. This equates to the experience of 6 additional BME staff (21 in total) and 14 less white staff (246 in total) in comparison to 2017.</p> <p>The gap between BME &amp; White staff has therefore increased in 2018 to 8%</p>
6	Harassment, bullying or abuse from staff (KF26)	<p>A significantly improved position was reported for BME staff in 2017 with BME staff at 17% and white staff 19%. The gap reported was 2% in 2017.</p>	<p>BME staff report 25% in comparison to white staff reporting 23%. This represents the experience of an additional 6 BME staff and 34 white staff in comparison to 2017 (16 BME staff and 217 white staff in total). The gap between BME staff and white staff remains stable at 2%. Better position than national average (staff survey)</p>
7	Equal opportunities for career progression or promotion (KF21)	<p>A significantly improved position was reported for BME staff in 2017 with BME staff at 88% and white staff 90%. The gap in 2017 was therefore 2%.</p>	<p>BME staff report a statistically worsened position at 80% (an 8% reduction) and the position for white staff has remained stable at 90%. The gap has therefore increased to 10%. This represents a more negative view by an additional 2 BME staff and 16 white staff (13 BME staff and 95 white staff in total) when compared to 2017. Better position than national average (staff survey)</p>
8	Discrimination at work from manager / team leader or other colleagues (Q17)	<p>A significant improvement was reported for BME staff in 2017 with BME staff at 10% and white staff 4%. The gap was therefore 6% in 2017.</p>	<p>BME staff report 11% in comparison to white staff reporting 4% demonstrating a gap of 7%. This represents a more negative experience of 1 additional member of BME staff (7 in total) and 28 fewer white staff (10 in total) in comparison to 2017. Better position than national average (staff survey)</p>
<b>STAFF SURVEY RESPONDENTS</b>		<p>BME staff 59</p> <p>White staff 962</p>	<p>BME staff 63</p> <p>White staff 945</p>
<b>OVERALL STAFF ENGAGEMENT</b>		<p>BME staff 4.05</p> <p>White staff 3.85</p>	<p>BME staff 4.00</p> <p>White staff 3.82</p>

# What we have been doing...

- Quarterly newsletter in place, embedding inclusion into workforce engagement and wellbeing.
- Work to improve capacity and quality of equality analysis across workforce teams.
- External culture assessment to support board development.
- NHS Leadership Academy programmes have been promoted across directorate and corporate teams and a Staff nurse in Outpatients has successfully completed the Stepping Up programme.
- Board supported a diversity leadership programme for Non Executive Directors.
- The staff awards nomination process adapted in 2018 to include consideration of how the nominee supports an inclusive culture.
- The trust is continuing to be part of the NHS Employers ED&I Alumni group and has been asked to be a founding member of a new Cheshire & Merseyside ED&I Steering Group following the NHS Employers Diversity & Inclusion Partner programme last year

# WRES Action Plan

Our ambition is to reduce the gap between BME staff and trust average in relation to the following specific elements of the national NHS staff survey;

1. personal discrimination at work (Q17)
2. equal opportunities for career progression or promotion (KF21)
3. experience of bullying, harassment and abuse (KF25 & 26)

We wish to maintain engagement with the workforce, developing the Engagement, Wellbeing & Inclusion plan to ensure that our work is evidence based and reflects the findings of the EDS, WRES and the experience of staff with protected characteristics as outlined in the staff survey.

We will continue to maximise opportunities for partnership working both locally and regionally to promote inclusivity and develop staff networks, developing HR services to ensure that inclusivity, disclosure and ECT values are promoted at every opportunity

## Targeted Actions:

- Development of staff forum with representation from staff with protected characteristics to build engagement with BME staff and staff with other protected characteristics (Q3 2018/19)
- Celebrate Black History Month and promote Personal, Fair and Diverse Campaign (Q3 2018/19)
- Hold BME engagement event to identify priorities for 2018/19 (Q3 2018/19)
- Review organisational development plans to ensure that due regard is given to inclusive working environments (Q4 2018/19)
- Perform an equal pay audit which incorporates race equality (Q1 2019/20)

# Risks

Risk Description	Current Score
<p>(2652) If staff do not have confidence in how the trust deals with personal and sensitive information, then they will be reluctant to disclose their personal characteristics. As a result, reporting / action planning may be based on statistically compromised data, which will have a particular impact on the equality delivery system and standards that we are required to report on</p>	9
<p>(2653) If there is a lack of engagement or support at a senior and directorate level to support training activity, engagement events and the development of networks which support positive action in relation to inclusion, then the Trust will be unable to demonstrate year on year progress towards inclusion objectives</p>	8