

Board of Directors

Date:	26 September 2018	Attachment Number:	I
Title of Report:	WRES – 2018 Data and Action Plan		
Purpose of the report and the key issues for consideration/decision:	<p>The NHS Workforce Race Equality Standard (WRES) has been available to the NHS since April 2015. The WRES is included in the NHS standard contract and since July 2015 NHS Trusts and Foundation Trusts have been publicising their WRES data on an annual basis. Working towards race equality is rooted in the fundamental values, pledges and responsibilities of the NHS Constitution. As part of the WRES, Trusts are required to develop an action plan and report annually to the commissioner on progress in implementing the standard. Board sponsorship and support of this work is essential. It is an expectation in the technical guidance that the WRES action plan is shared with Boards and that they play a full part in signing off the WRES action plan. Compliance with the WRES forms part of the CQCs well led inspections.</p> <p>The Board of Directors agreed the Trust’s action plan in October 2017. This has been updated in year to reflect timescales for implementation. The action plan is attached for information, along with the 2018 WRES data – Appendices 1 and 2.</p> <p>The key headlines to bring to the Board’s attention are:</p> <p>BAME staff representation across the Trust remains broadly representative of our local population. There is strong representation of BAME staff amongst the medical workforce; but BAME employees are under- represented at Band 8a above and at some other levels.</p> <p>White applicants continue to be more likely to be appointed from recruitment shortlisting than BAME applicants, though the ratio has reduced since 2017.</p> <p>In the 2017 Staff Survey BAME staff overall were more positive than white staff about their experience of working at the Trust. However, they are more likely to experience harassment, bullying and abuse from colleagues and managers (though there has been a reduction when compared with the 2016 survey) and discrimination from managers and colleagues. In 2018 BAME employees were also less positive than white staff about having equal opportunities for career progression; and the percentage of BAM employees stating that they had experienced harassment, bullying and abuse from patients, relatives and the public increased.</p> <p>The Board itself, whilst diverse in experience, still needs to become more representative of the Trust workforce..</p> <p>The WRES action plan was developed in conjunction with BAME staff who attended the BAME focus group. It has been embedded in a wider inclusion implementation plan that supports our strategy of becoming a more inclusive health care provider and employer.</p>		
Prepared by:	Nick Parker, Associate Director of HR and Workforce		
Presented by:	Nick Parker, Associate Director of HR and Workforce		

Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td></td> <td>Empower & Engage Staff</td> <td>x</td> </tr> <tr> <td>Quality of Care</td> <td>x</td> <td></td> <td></td> </tr> </table>	Financial Sustainability		Empower & Engage Staff	x	Quality of Care	x										
Financial Sustainability		Empower & Engage Staff	x														
Quality of Care	x																
Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td>x</td> <td>Yes</td> <td></td> <td>If Yes, Score</td> <td></td> </tr> </table>	No	x	Yes		If Yes, Score											
No	x	Yes		If Yes, Score													
Which CQC Standards apply to this report:	Well Led																
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td>x</td> <td>Equality & Diversity</td> <td>x</td> </tr> <tr> <td>National Policy/Legislation</td> <td>x</td> <td>Patient Experience</td> <td>x</td> </tr> <tr> <td>Human Resources</td> <td>x</td> <td>Terms of Authorisation</td> <td>N/A</td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>x</td> <td>Other:</td> <td></td> </tr> </table>	Finance Revenue & Capital	x	Equality & Diversity	x	National Policy/Legislation	x	Patient Experience	x	Human Resources	x	Terms of Authorisation	N/A	Governance & Risk Management (BAF)	x	Other:	
Finance Revenue & Capital	x	Equality & Diversity	x														
National Policy/Legislation	x	Patient Experience	x														
Human Resources	x	Terms of Authorisation	N/A														
Governance & Risk Management (BAF)	x	Other:															
Action Required: (please X)	<table border="1"> <tr> <td>Approve</td> <td>x</td> <td>Discuss</td> <td>x</td> <td>Receive for information</td> <td>x</td> <td>Decision</td> <td></td> </tr> </table>	Approve	x	Discuss	x	Receive for information	x	Decision									
Approve	x	Discuss	x	Receive for information	x	Decision											
Previously Considered By:	<table border="1"> <tr> <td>Board of Directors</td> <td>Date:</td> <td>October 2017</td> </tr> </table>	Board of Directors	Date:	October 2017													
Board of Directors	Date:	October 2017															
Recommendations:	To receive and approve the WRES data and action plan.																

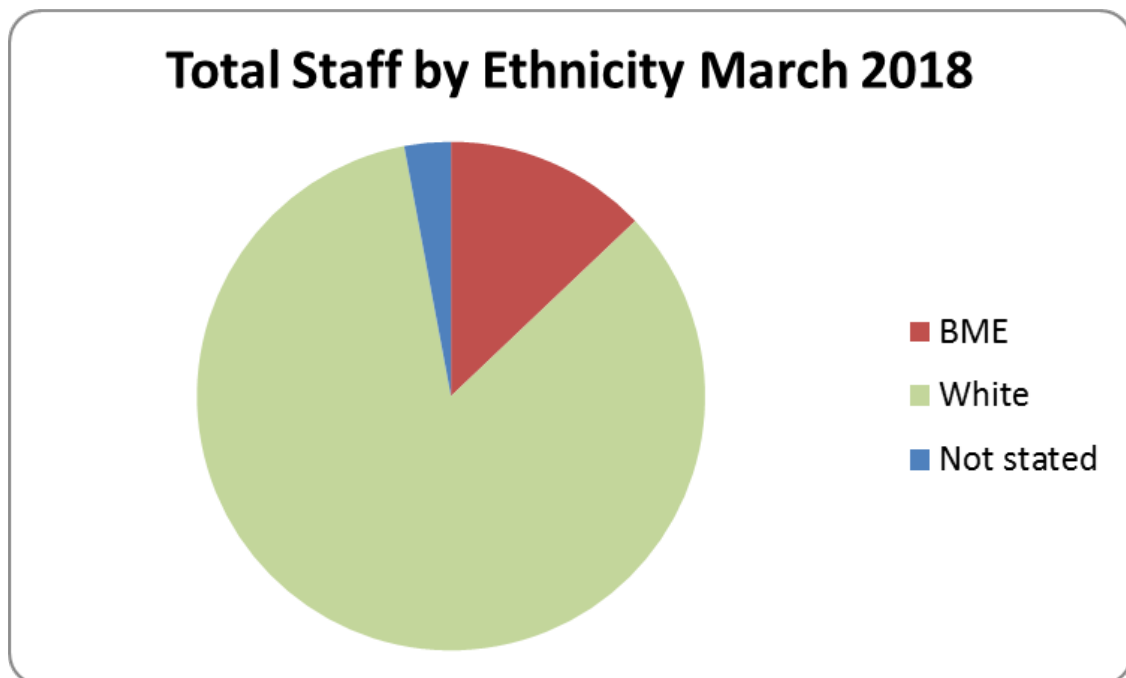
Appendix 1

Board of Directors

Workforce Race Equality Standards Data: March 2018

At March 2018, a total of 2610 staff were employed by Airedale NHS Foundation Trust. Of these, 337 (12.91%) were BME and 2196 (84.14%) were white. The ethnicity of the remaining 77 (2.95%) of staff was not stated.

Ethnic Group	Headcount	%
BME	337	12.91
White	2196	84.14
Not stated	77	2.95
Total	2610	100.00



Appendix 1

Board of Directors

Workforce Race Equality Standards Data: March 2018

Indicator 1 - Percentage of Non-Clinical/Clinical 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.

As shown in the table below, as of March 2018, 8% of non-clinical staff and 14% of clinical staff of known ethnicity were from BME backgrounds.

Payscale	Non-Clinical Staff							Clinical Staff						
	White (headcount)	BME (headcount)	Unknown (headcount)	Total (headcount)	White (%)	BME (%)	Not Stated (%)	White (headcount)	BME (headcount)	Unknown (headcount)	Total (headcount)	White (%)	BME (%)	Not Stated (%)
Under Band 1	0	0	0	0	0	0	0	4	1	0	5	80	20	0
Band 1	1	0	0	1	100	0	0	1	0	0	1	100	0	0
Band 2	123	14	2	139	88	10	1	291	59	12	362	80	16	3
Band 3	119	12	2	133	89	9	2	206	12	2	220	94	5	1
Band 4	88	2	1	91	97	2	1	55	2	0	57	96	4	0
Band 5	32	4	1	37	86	11	3	402	86	13	501	80	17	3
Band 6	20	2	0	22	91	9	0	331	39	14	384	86	10	4
Band 7	30	3	1	34	88	9	3	213	7	6	226	94	3	3
Band 8a	17	3	0	20	85	15	0	60	2	0	62	97	3	0
Band 8b	7	0	0	7	100	0	0	12	0	0	12	100	0	0
Band 8c	6	0	0	6	100	0	0	7	0	0	7	100	0	0
Band 8d	4	0	0	4	100	0	0	2	1	0	3	67	33	0
Band 9	0	0	1	1	0	0	100	1	0	0	1	100	0	0
VSM	5	0	0	5	100	0	0	1	0	0	1	100	0	0
Medical: Consultants	0	0	0	0	0	0	0	83	40	5	128	65	31	4
Medical: Non-Consultant Career Grades	0	0	0	0	0	0	0	22	19	3	44	50	43	7
Medical: Trainee Grades	0	0	0	0	0	0	0	53	29	14	96	55	30	15
TOTAL	452	40	8	500	90	8	2	1744	297	69	2110	83	14	3

Appendix 1

Board of Directors

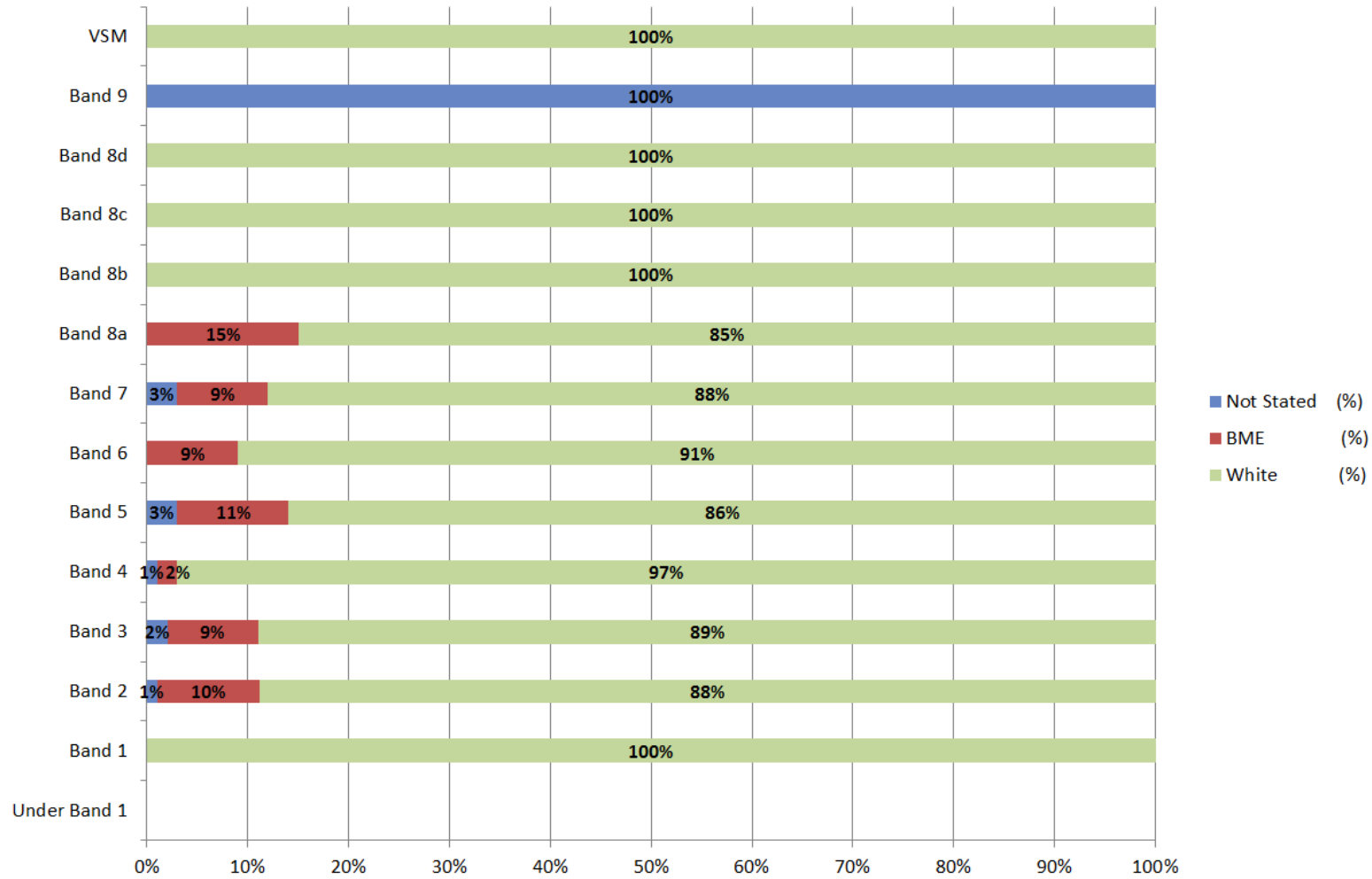
Workforce Race Equality Standards Data: March 2018

Non-Clinical staff by ethnicity: March 2018

Appendix 1

Board of Directors

Workforce Race Equality Standards Data: March 2018



Appendix 1

Board of Directors

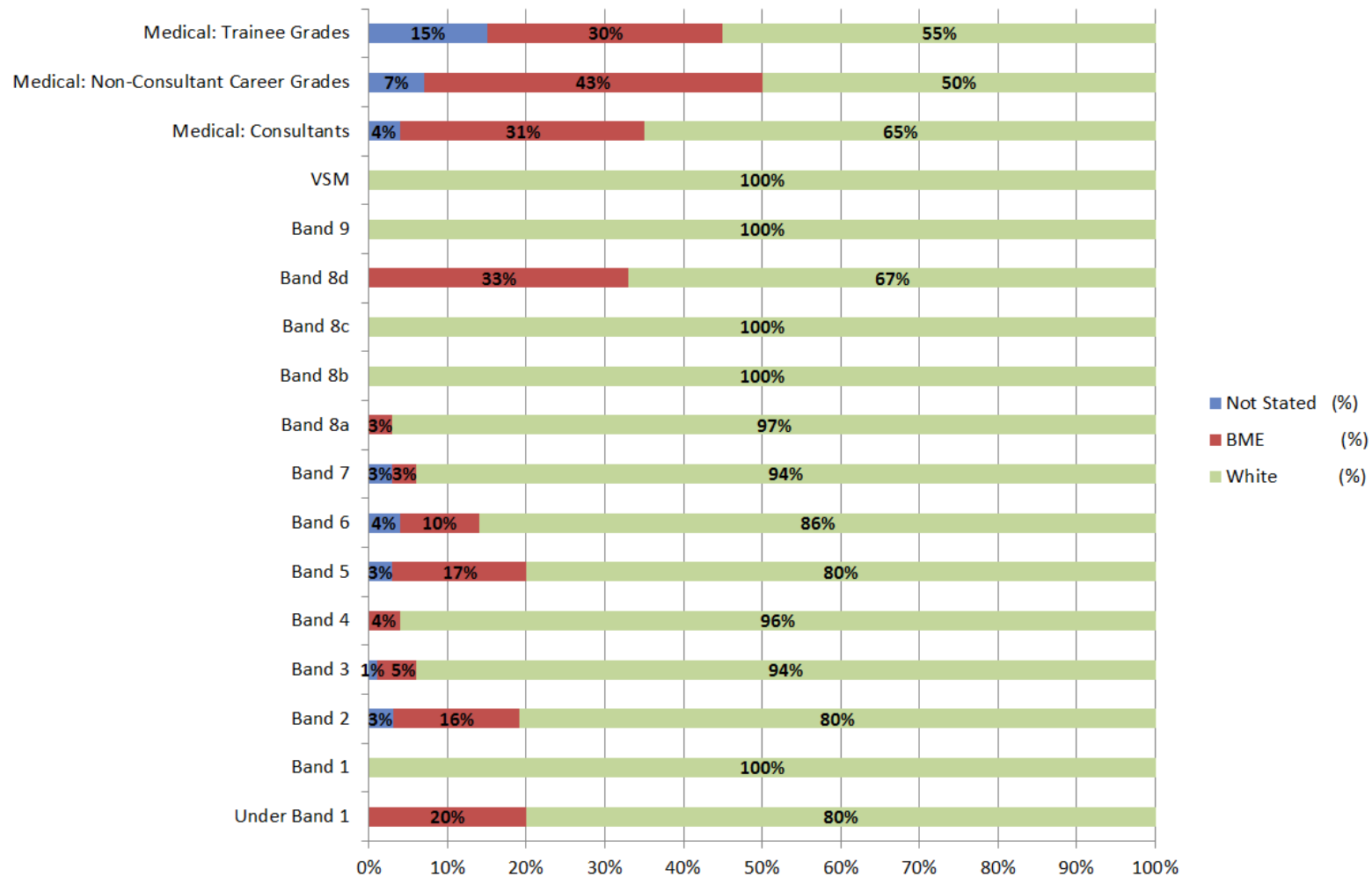
Workforce Race Equality Standards Data: March 2018

Clinical staff by ethnicity: March 2018

Appendix 1

Board of Directors

Workforce Race Equality Standards Data: March 2018



Appendix 1

Board of Directors

Workforce Race Equality Standards Data: March 2018

Appendix 1

Board of Directors

Workforce Race Equality Standards Data: March 2018

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

For the reporting period 1 April 2017 to 31 March 2018, the results were as follows:

Ethnic Group	Number of Shortlisted Applicants (headcount)	Number appointed from shortlisting (headcount)
White	1943	440
BME	861	113
Not stated	83	18
Total	2887	571

Likelihood of white staff being appointed from shortlisting (440/1943) = 0.226

Likelihood of BME staff being appointed from shortlisting (113/861) = 0.131

*The relative likelihood of white staff being appointed from shortlisting compared to BME staff is therefore 0.226/0.131 = **1.73 times greater**.*

*This is a slight improvement on the previous year. The data for 2016-17 showed the relative likelihood of white staff being appointed from shortlisting compared to BME staff was **1.93 times greater**.*

Indicator 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 - based on a two year rolling period 1 April 2016 – 31 March 2018

Ethnic Group	Number of Disciplinary	Number in workforce
White	64	2196
BME	8	337
Not stated	0	77
Total	72	2610

Likelihood of white staff entering the formal disciplinary process (64/2196) = 0.029

Likelihood of BME staff entering the formal disciplinary process (8/337) = 0.024

*The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is therefore 0.029/0.024 = **0.81 times***

*The data submitted for 2015-17 showed the relative likelihood of BME staff entering the formal disciplinary process compared to white staff was **0.00 times***

Appendix 1

Board of Directors

Workforce Race Equality Standards Data: March 2018

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

For the reporting period 1 April 2017 to 31 March 2018, the results were as follows:

Ethnic Group	Number of staff accessing non-mandatory training	Number in workforce
White	620	2196
BME	71	337
Not stated	12	77
Total	703	2610

Likelihood of white staff accessing non-mandatory training (620/2196) = 0.282

Likelihood of BME staff accessing non-mandatory training (71/337) = 0.211

*The relative likelihood of white staff accessing non-mandatory training compared to BME staff is therefore 0.282/0.211 = **1.34 times greater***

*The data submitted for 2016-17 showed the relative likelihood of white staff accessing non-mandatory training compared to BME staff was **1.21 times greater***

This data does need to be treated with some caution as the Trust is not confident that all non-mandatory training is recorded.

Indicators 5, 6, 7 and 8

		31-Mar-17	31-Mar-18	
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	22.50%	18.89%
		BME	21.43%	28.74%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	24.26%	20.24%
		BME	27.14%	24.42%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	88.96%	98.08%
		BME	87.23%	69.49%
Q17b	In the last 12 months have you personally experienced	White	5.29%	5.08%

Appendix 1

Board of Directors

Workforce Race Equality Standards Data: March 2018

discrimination at work from manager/team leader or other colleagues?	BME	10.00%	13.10%
--	-----	--------	--------

Indicator 9 – Percentage difference between the organisations Board voting membership and its overall workforce comparing the difference in percentage of BME staff

In March 2018 the trust had 13% BME workforce and 0 of its 10 i.e. 0% voting members of the Board was of BME origin. The percentage difference between the organisations Board voting membership and its overall workforce is **-13%**.

In March 2017 the trust had 11% BME workforce and 1 of its 12 i.e. 8% voting members of the Board was of BME origin. The percentage difference between the organisations Board voting membership and its overall workforce was **-4%**.

Workforce Race Equality Standard Action Plan 2017-2020 (Revised September 2018)

What is the data telling us?	What action do we need to take?	What outcome to we expect to achieve?	Target Date	Monitoring	Responsible Group
<p>Staff Representation:</p> <p>Overall BAME staff representation is in line with the local population.</p> <p>There is strong representation of BAME staff within the medical workforce</p> <p>Representation at band 8a and above is not reflective of the wider workforce</p> <p>Representation differs within pay bands, occupational and service groups</p>	<p>Expand the Trust's Apprenticeship Programme across other service and occupational groups to create an entry level pipeline for people from the local community.</p> <p>Extend the Trust's Mentoring and Coaching Programme to target BAME staff at band 6 and 7 by July 2018; and introduce reverse mentoring by November 2018.</p> <p>Use talent management conversations to identify</p>	<p>Trust workforce within all service and occupational groups is representative of the local population</p> <p>Representation at band 8a and above reflects the wider workforce</p>	<p>2020</p> <p>Close the gap by 50% by 2020.</p>	<p>Quarterly report on staff representation at all levels</p> <p>Uptake of mentoring and coaching opportunities</p> <p>Uptake of leadership programmes</p>	<p>Inclusion Implementation Group</p> <p>Right Care People Programme Board</p>

	BAME staff with future management/leadership potential and put forward for Trust and Leadership Academy development programmes. Commence April 2018.				
Recruitment: White applicants in 2016-17 1.93 times more likely to be appointed from shortlisting than BAME applicants	<p>Equality impact assess each stage of the recruitment process for different staff groups to identify areas to address by end of September 2018 and ongoing</p> <p>Review a sample of interview questions and scores for equality considerations by end of September 2018.</p> <p>Develop a marketing campaign aimed at the local BAME community, involving BAME staff to promote careers at Airedale and to outline expectations of roles by October 2018.</p>	<p>Parity between BAME and white applicants by 2020, with a narrowing of the gap in each year 2018, 2019 and 2020.</p> <p>Increase in applications for jobs across all service groups from BAME applicants.</p>	2020 for parity of success rates	<p>Quarterly reports on success rates at each stage of recruitment.</p> <p>Annual recruitment interview audit</p> <p>Applications by occupational and service group reviewed annually</p> <p>Uptake of work experience and management training reviewed quarterly</p>	<p>Inclusion Implementation Group</p> <p>Right Care People Programme Board</p>

	<p>Produce guidelines on applying for jobs via NHS jobs and value based recruitment for applicants by February 2018; and commence outreach within the local community to outline the recruitment approach from September 2018.</p> <p>Develop and target a revised work experience programme aimed at people in the local community by end of October 2018.</p> <p>Train managers in value based recruitment and unconscious bias from January 2018 onwards.</p>				
<p>Access to Training and Development</p> <p>Data not collected on all training and development including local.</p>	<p>Improve data collection on access to training, education and development as part of the implementation of ESR self -service by April 2019</p>	<p>Improved data on access and development undertaken for all groups and BAME staff.</p>	<p>April 2019</p>	<p>ESR roll out and data collection.</p> <p>Data reviewed quarterly from April</p>	<p>Inclusion Implementation Group</p> <p>Right Care People Programme Board</p>

	<p>Use BAME focus group and annual appraisal process to identify any access difficulties from April 2018.</p> <p>Equality impact assessment of the new band 1-4 training and development offer to be completed by October 2018.</p>	Parity between white and BAME access by 2020.	2020	2019.	
<p>Disciplinary</p> <p>Parity between BAME and white staff entering the disciplinary process</p>	Continue to monitor and review approaches in line with best practice	Continued parity	Ongoing	Annual review of disciplinary cases	<p>Inclusion Implementation Group</p> <p>Right Care People Programme Board</p>
<p>Staff Experience</p> <p>BAME staff in the 2016 Staff Survey were more positive than white staff across the majority of indicators.</p> <p>However in 2016, BAME staff reported that they were more likely to experience harassment, bullying</p>	<p>Continue to support the BAME Network Focus Group to promote inclusion and to give BAME staff a voice, sponsored by Board member.</p> <p>Include as part of Trust Respect and Dignity Campaign in October 2017.</p>	Reduce the gap between BAME and white staff experience of harassment and bullying and discrimination by 1% each year until achieve parity.	2020	Annual review of staff survey results.	<p>Inclusion Implementation Group</p> <p>Right Care People Programme Board.</p>

<p>and abuse from staff – 27.4% compared to 24.26%; and more likely to experience discrimination from managers and colleagues – 10% compared to 5.29%.</p> <p>In 2017 BAME staff reported that they were more likely to experience harassment, bullying and abuse from patients, relatives and the public.</p>	<p>Introduce reverse mentoring from November 2018</p> <p>Inclusion part of all leadership and management development programmes from April 2018.</p> <p>New action: to consider with BAME focus group, staff side and the operational group leading on supporting staff when faced with violence or aggression further actions and communications to patients and the public about ‘zero tolerance’</p> <p>Encourage managers to review their approaches to annual leave, cultural leave and compassionate leave to support inclusion through the above and targeted communications between January and December 2018.</p>				
--	---	--	--	--	--

