The Royal Wolverhampton NHS
NHS Trust

Trust Board Report

Meeting Date:	29th June 2015
Title:	Workforce Race Equality Standard (WRES)
Executive Summary:	This report provides a summary briefing on the requirements of the NHS Workforce Race Equality Standard, effective from 1st April 2015.
Action Requested:	The Board is asked to: 1. Note the report 2. All Board members commitment to lead WRES
Report of:	Director of Human Resources and Organisational Development
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Resource Implications:	-
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	-
Background Reading	http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Background

The NHS Equality and Diversity Council (EDC) consulted in 2014/15 on nine standards to improve workforce equality issues across the NHS. As from 1st April 2015 the Workforce Race Equality Standards (WRES) became mandatory. These standards are now included in the NHS Standard Contract and all NHS organisations are required to demonstrate progress against nine indicators:

Four workforce data metrics:

- 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.

- Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.

- Relative likelihood of BME staff entering formal disciplinary process

- Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff;

Four staff survey findings regarding White and BME experiences:

- Staff experiencing harassment, bullying or abuse from patients, relatives or the public

- Staff experiencing harassment, bullying or abuse from staff

- Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

- Staff having personally experienced discrimination at work from manager/team leader or other colleagues.

And; one Board metric to address low levels of BME representation:

- Boards are expected to be broadly representative of the population they serve.

The metrics seek to drive inquiry, behaviour attitudinal and sustained change.

Drivers for implementation of the Workforce Race Equality Standards

The research study *The "snowy white peaks" of the NHS*, by Roger Kline highlighted the following:

1) Unfair treatment of BME staff adversely affects the care and treatment of patients

2) Talent is being wasted through unfairness in the appointment, treatment and development of a large section of the NHS workforce

3) Precious staff resources are being wasted through the impact of such treatment on morale and discretionary effort

4) Diverse teams and leaderships are more likely to show the innovation and increased organisational effectiveness the NHS needs.

5) Organisations whose leadership composition bears little relationship to the communities they serve will be less likely to deliver the patient focussed care that is needed.

Nationally, research shows that there has been a decrease in the proportion of BME Board members, Senior Managers and Nurse Managers in recent years; there were less BME Leaders and Managers in 2013 than in 2003 (Kline 2015). Statistically White staff are 1.74 times more likely to be appointed once shortlisted than BME staff (Kline, 2013); BME staff are twice as likely to enter formal disciplinary processes and be disciplined for similar offences than white staff (Archibong et al, 2010); black nurses take 50% longer to be promoted and are less likely to access national training programmes (NHSLA); BME staff experiences correlate to the staff survey results on bullying, career progression, promotion and discrimination. In 2014, Francis found that BME Whistle-blowers are treated less favourably than white whistle-blowers.

It is found that the 2004 Race Equality Action Plan failed; this was voluntary and had no measurable outcomes. Improving race equality is part of and can trigger a wider change in culture and benefit patient care.

WRES should dovetail with the Trust's Equality Strategy and complement the Equality Delivery System2 (EDS2).

The NHS Equality and Diversity Council which proposed the Workforce Race Equality Standard does not suggest that other forms of equality are less important but found it is clear that race discrimination is an important issue within the NHS and there has been little if any improvement in recent years. 17% of NHS staff are from BME backgrounds, including 20% of nurses and 37% of doctors, and tackling their unfair treatment benefits patient care therefore it is clearly deemed as a priority across the NHS.

There is also a clear link to the NHS Constitution; the NHS is founded on a core set of principles and values that bind together the diverse communities and people it serves – the patients and public – as well as the staff who work in it. The NHS Constitution establishes those principles and values of the NHS across England. It sets out the rights, to which all patients, communities and staff are entitled to, and the pledges and responsibilities which the NHS is committed to achieve in ensuring that the NHS operates fairly and effectively. Working for race equality is rooted in the fundamental values, pledges and responsibilities of the NHS Constitution.

Process and timescale for implementation

1st April 2015 - WRES became mandatory; trusts to undertake baseline data against 9 indicators, going back two years (2013/14 and 2014/15).

1st July 2015 - Deadline for publishing baseline data, thereafter data and actions will be published annually.

1st April 2016 – The CQC will formally inspect on progress against the standard under the Well-Led domain.

Progress

The Trust website has been brought up to date with baseline workforce employed data and information has been included in the Trust's Annual Report.

Initial baseline data as at end of March 2015, based on the nine Workforce Race Equality indicators, has been produced and an analysis of the data has been completed; with actions aligned to any gaps and findings being finalised in readiness for reporting to commissioners and publishing of data by 1st July 2015 and thereafter annually. There are notable gaps in our ability of accurately reporting information on the number and percentage of white and BME applicants having been appointed from shortlisting stage. This is due to the fact that the areas across the Trust who are de-centralised recruiting departments (nursing and medical are centralised only) have not been closing the loop on NHS Jobs to record details of appointees. This will need to be addressed for future reporting moving forward.

Data comparison and progress against the action will be reported and monitored on a quarterly basis at the relevant Trust committees.

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