

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS
WEDNESDAY 15 JULY 2015

Subject:	Workforce Race Equality Standard (WRES)
Supporting Director:	Mr Mark Gwilliam, Director of Human Resources and OD
Author:	Mrs Debbie Padwick, Head of Employee Resourcing
Status¹	N

PURPOSE OF THE REPORT:

To update the Board of Directors on the requirement for NHS organisations to implement the Workforce Race Equality Standard with effect from April 15. This standard is now included as part of the Standard NHS Contract 2015/16 and will be formally monitored by the CQC under the “well led” domain from April 16. It is anticipated however that the CQC will be piloting its approach to using the Standard in its inspections during 2015/16

KEY POINTS:**Background**

The introduction of a Workforce Race Equality Standard (WRES) has been proposed and agreed by the NHS Equality and Diversity Council (EDC). Race has been chosen with the aim of responding to the lack of progress in this area across the NHS highlighted in recent reports such as Roger Kline’s “Snowy White Peaks” of the NHS¹. The WRES is seen by the EDC as a first stage in action on workforce equality issues.

The WRES will require NHS organisations to demonstrate progress against specific workforce metrics.

The Standard

The standard has nine metrics, four focus on workforce data, four on data from the NHS National Staff Survey and the final metric requires provider organisations to ensure that their Boards are ‘broadly representative of the communities they serve’.

The standard requires organisations to review the WRES metrics and provide a narrative of what action they plan to take and publicise this by the 1st July 2015.

¹ Kline, Roger 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.

WRES Report 2014 and proposed action 2015/16

Metric 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

Number of BME Staff Bands 8-9 and VSM	36
Total number of Staff Bands 8-9 and VSM	720
<i>Percentage BME Staff Bands 8-9 and VSM</i>	5.00%
Number BME Staff in overall workforce	2009
Total Number of Staff in overall workforce	15932
<i>Percentage BME Staff in overall workforce</i>	12.61%
Difference	- 7.61%

Comment

The table above has been produced in line with the technical guidance; Senior Medical staff for the purposes of the standard are members of the Senior/Departmental Management team (e.g. Clinical/Medical Directors & Clinical Leads). If the Trust were consistent in terms of % of BME staff in senior roles compared to the BME representation in the workforce then the number of BME staff in senior positions would equal 84.

Action Proposed 2015/2016

- Further data regarding promotion and leadership into senior positions will be collated and reviewed. Analysis will be presented to Equality and Inclusion steering group and be related to wider recruitment and leadership strategy.

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

April 2014 - March 2015

Number of Shortlisted applicants (White)	8195
Number of appointed from shortlisting (White)	1962
<i>Likelihood of White being appointed</i>	0.24
Number of shortlisted applicants (BME)	1756
Number appointed from shortlisting (BME)	309
<i>Likelihood of BME being appointed</i>	0.18
Relative Likelihood of White Staff being appointed compared to BME	0.73

Comment

The data above indicates that White applicants are 0.73 times more likely than BME applicants to be successful at interview after they have been shortlisted.

Action Proposed 2015/2016

- Review of guidance for candidates
- Provision of a qualifications equivalence table for managers to ensure that overseas qualifications are valued appropriately.
- Analysis of data by staff group and area of work
- Development of values and behaviours/strengths based questioning.
- Introduce unconscious bias training for recruiting managers.
- Review of training needs for managers with responsibility for recruiting.
- The above will conclude in a developed, inclusive recruitment strategy led by the Director of HR and OD

Metric 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. The reference period is 2 years in line with national technical guidance.

April 13 – March 15

Number of Staff in workforce (White)	13733
Number of staff entering formal disciplinary process (White)	730
<i>Likelihood of White person entering process</i>	0.05
Number of Staff in workforce (BME)	2009
Number of staff entering formal disciplinary process (BME)	144
<i>Likelihood of BME person entering process</i>	0.07
Relative Likelihood of BME staff entering the formal disciplinary process compared to White staff	1.35

- Note 190 not disclosed ethnicity

Comment

The data collected for Metric 3 covers a two year period and indicates that BME staff are 1.35 times more likely to enter the formal disciplinary process than White staff.

Action Proposed 2015/2016

- The HR team will continue to review disciplinary casework by ethnicity with particular reference to consistency of outcomes. This will be facilitated by the introduction of a more advanced Employee Relations data system which will allow enhanced data interrogation and reporting.

- A further review of data will take place by bands and area of work
- Diversity awareness will be referenced in HR policy briefing.
- Diversity and Inclusion training requirements for managers will be reviewed including a review of the use of unconscious bias awareness training.
- Further analysis of casework data will be made available to senior leaders.
- The Director of HR and OD will continue to review and develop the leadership programme within the Trust to ensure that the Trust values are evidenced and that inclusive leadership is promoted.

Metric 4 - Relative Likelihood of BME staff accessing non mandatory training and CPD compared to white staff

(to be provided)

Comment

Data relating to staff development is held both centrally and locally at department level at this time. Central sources of data are being reviewed with a view to providing detail on the access rates. Further discussion will take place regarding data which is maintained locally.

Metrics 5 - 8

The following metrics are based on the outcome of the Staff Attitude Survey.

	Survey Ref		White	Black and Minority Ethnicity Groups
Metric 5	KF 18 (Harassment from patients, relatives or public)	2014	23%	17%
Metric 6	KF 19 (Harassment from other staff)	2014	19%	24%
Metric 7	KF 27 (Believing Trust provides equal opportunities)	2014	93%	68%
Metric 8	Q23 (b) (Discrimination at work from manager or colleagues)	2014	6.92%	15.3%

Action Proposed 2015/2016

- A BME Listening into Action Group has been established
- Further detailed qualitative information is available relevant to these metrics and this will be reviewed and action identified by the Equality and Inclusion steering group with a view to determining further actions.

Metric 9

Boards are expected to be broadly representative of the population they serve. Diversity of the Board is not currently reported on or reviewed in the annual Equality and Human Rights Report. Metric 9 data indicates that 100% of the Board are within the White group (as defined by the WRES technical guide). The BME population of Sheffield is approximately 16.00% using the technical guide definitions of which groups to include in this grouping. If representative of the population the board would comprise 11 white and 2 BME members.

IMPLICATIONS

	Aim of the STHFT Corporate Strategy 2012-2017	Tick as Appropriate
1	Deliver the best clinical outcomes	
2	Provide Patient Centred Care	
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATION(S):

For information

APPROVAL PROCESS

Meeting	Presented by	Approved	Date