

CATEGORY OF PAPER				
Specific action required:	✓	Provides Assurance:	✓	For Information:

Workforce Committee – September 2018	
Report title:	Workforce Race Equality Standard (WRES) 2017/18
Purpose of report:	To provide a report on our mandated responsibilities in relation to the Workforce Race Equality Standard
Key issues: <i>(key points of the paper, how this supports the achievement of the Trust's corporate objectives, overview of risk implications, main risk details on page 2)</i>	<p>The Equality Council and NHS England mandated the Workforce Race Equality Standard in April 2015. These form part of the NHS contract.</p> <p>We are required to publish how we are performing against the WRES metrics as of March 2018 and outline what we will do to address our findings before the end of August 2018. The focus of the standard is not to collect the data but deliver real improvements and outcomes for visible and non-visible Black and Minority Ethnic (BME) staff.</p> <p>Our report highlights that NEAS has no BAME staff within grades 7 to 9, one Visible Senior Managers (VSM's) that worked for the Trust and three Medical/Dental staff working for the Trust. However, we employ 5 more BME people (36) than our 2017 staff profile (31). This represents a small increase of 0.1%.</p> <p>We are taking proactive approaches to promote ourselves as an employer of choice to the BME community and have developed various positive action initiatives to promote BME recruitment such as advertising our jobs in local BME communities, holding BME specific recruitment events, increasing or engagement with the BME community, and displaying more images of BME people in recruitment and general promotional materials. We're also holding a Race Equality event with NHS, public and private sector partners in July 2018.</p> <p>Recruitment. As identified for the last two years last year BME people continue to apply for jobs and are shortlisted in numbers similar to our regional profile. However when it comes to being appointed BAME applicants are less successful and their percentage of people appointed drops off significantly. In 2017/18 White staff were 2.04 more times likely to be appointed than BME staff a significant negative change from 2016/17 when White staff were 1.14 times more likely to be appointed.</p> <p>Disciplinary process. The data shows a significant improvement compared with 2017. No BME staff entered into the disciplinary process in 2017/18. BME staff are 1.37 times more likely to be involved in disciplinarians in 2016/17</p> <p>Access to CPD and non-mandated training. BME employees are more likely to access non mandatory training again in 2017/18. White staff are 0.77 times more likely to access training compared to BME staff showing BAME staff are more likely to access CPD. This has dropped slightly from 2016/17 where BAME staff were again over represented in CPD (0.32)</p> <p>NHS Staff Survey</p>

KF25 staff experiencing harassment/bullying abuse from patients. 0.5% increase in White staff (40.61%) and 6% increase in BME staff (42.86%) compared to 2016/17

KF 26 staff experiencing harassment/bullying abuse from staff. 4.54% decrease in White staff (19.81%) and 1.58% decrease in BME staff (30%) compared to 2016/17 An increase in difference from 7.2% in 2016/17 to 10.2% in 2017/18 between White and BME Staff.

KF21 believe the trust is an equal opportunities employer. 0.56% increase in White staff (71.64%) and 8.5% increase in BME staff (81.82%) compared to 2016/17. An increase in difference from 2.2% in 2016/17 to 10.2% in 2017/18 between White and BAME staff

Q17 personally experienced discrimination at work from manager/team leader/colleague. 2.3% decrease in White staff (8.59%) and 2% decrease in BAME staff (19.05%) compared to 2016/17. The

A number of actions have been outlined have been included in the reviewed Equality Strategy action plan for 2018/19. These include:

Deliver the recommendations of BAME Engagement report	Mar-19	Work with BAME people and groups to disseminate key service and employment messages to the BAME community and collate feedback
		Promote the 'Recite me' web tool bar to BAME people/groups and disabled people/groups
		Identify, explore and recruit BAME community champions to cascade key messages within the BAME community
		Explore how we can support Proud and Together@ NEAS members to receive protected time to attend meetings
Improve data on the demographic profile of service users	Mar-19	Develop guidance on the reason why and the importance of collecting demographic data on the electronic patient care record
		Liaise with senior managers and employees to launch guidance
		Monitor completion rates of EPCR demographic data
Improve information to Asylum Seekers on 999 and 111 services	Jan-19	Work with Asylum Support providers to improve information on how to access healthcare service in emergency and urgent situations
Improve links with community organisations that support BAME people in the region	Jan-19	Reach out, build links and maintain relationship with BAME community organisations
Improve the number and variety of organisations that engage with us through the Stakeholder Equality Group	Mar-19	Undertake outreach work to encourage seldom hear organisations to engage with us through the Stakeholder Equality Group
Improve the organisations understanding of	Mar-19	Review interview questions sets to ensure they do not discriminate against any groups of people

	how our recruitment processes impact on people with protected characteristics and take positive action		Request assurance from assessment provider that systems do not discriminate against any group of people
			Review recruitment training to include the behaviours framework and examples of how discrimination can feature in the recruitment process
			Review recruitment interview packs to ensure that we can monitor the reasons why can candidates have been unsuccessful
			Develop a schedule of quarterly recruitment fairs in partnership with local BAME communities
			Include a statement on our jobs pages and NHS jobs about the support that the Trust can provide for people that have issues applying for jobs through the NHS jobs site that do not have PC access, have Dyslexia or other communication need
			Develop and present a report to the E&D group on how BAME people fair in the recruitment process between shortlisting and appointment
			Collate evidence and organise a regrading of objective 3.1 of the EDS2 relating to recruitment
	Improve the organisations approach to bullying and harassment	Apr-19	Set up a task and finish group to explore the trust approach reflecting on the NHS England call to action on bullying and harassment
			Develop an internal communication and awareness campaign to promote a zero tolerance approach to bullying and harassment in the workplace and the mechanisms for reporting incidents
	Explore setting up a non-executive associate programme for the people from under represented communities to obtain experience to better access to Non-Executive Directors positions	Jun-19	Explore with NHSI the possibility of introducing associate NED positions
		Revise our policy and governance arrangements to include a new role specifically for associates	
		Set up a programme of associate NED positions and guidance/applications	
		Launch the programme and advertise the opportunity through a range of mechanisms to seldom heard communities	
Issue previously considered by:	None		
Recommended actions:	Agree the report content		
Sponsor / approving director:	Mark Cotton , Assistant Director of Communications and Engagement		
Report author:	Mark Johns, Engagement, Diversity and Inclusion Manager		
Governance and assurance			

Link to Trust Priorities: <i>(please tick)</i>	Organisational Sustainability	Improving Quality & Safety	Workforce & Investors in People	Clinical Care & Transport	NHS 111 & Clinical Assessment Service	Comms & Engagement	
		✓	✓			✓	
Link to CQC / KLOE: <i>(please tick)</i>	Caring		Responsive	Effective	Well Led	Safe	
	✓		✓	✓	✓	✓	
Link to Trust values: <i>(please tick)</i>	Pride	Strive for excellence	Respect	Compassion	Take responsibility & be accountable	Make a difference – day in & day out	
	✓	✓	✓	✓	✓	✓	
Any relevant legal / statutory issues?	The Equality Act (2010) and the Public Sector Equality Duty						
Equality analysis completed If this is not relevant please explain why:	Yes		No		Not Relevant		
			✓				
	This report is for information only. The report does help us to identify the implications BAME staff face in the workplace and assist us to develop actions and strategies to address any areas where performance is lower than expected.						
Key considerations	Details						
Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:	No						
Please specify any Financial Implication	There are financial implications associated with progressing the E&D Agenda which have been identified and a budget has been allocated.						
Are any additional resources required e.g. staff capacity?	No						
Is there any current or expected impact on patient outcomes/experience/quality?	Many of the work streams will impact on vulnerable people and those protected under the Equality Act (2010) and will result in more positive actions for these groups of people.						
Specify whether appropriate clinical and/or stakeholder engagement has been undertaken:	Stakeholder engagement was comprehensive when developing the Equality work plan. Stakeholders are heavily involved in the EDS2 grading process and a range of stakeholders are currently involved in our Stakeholder Equality and Diversity group.						
Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)? <i>(Please tick – if 'yes' then please complete all boxes. Please briefly specify the key points for communication and ensure the Comms team are informed via mailto:publicrelations@neas.nhs.uk)</i>	Yes		No		Positive		
	✓				✓		
	Proactive		Reactive		Internal		
	✓		✓		✓		
						Negative	
						✓	
NEAS has a mandatory duty to comply with the Workforce Race Equality Standard							



Workforce Race Equality Standards 2017/18 template

	Answer Required
	Auto Populated
	N/A

INDICATOR	DATA ITEM	MEASURE	2017			2018			
			WHITE	BME	ETHNICITY UNKNOWN /NULL	WHITE	BME	ETHNICITY UNKNOWN /NULL	
1		1a) Non Clinical workforce	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	
	1	Under Band 1	Headcount	0	0	0	0	0	0
	2	Band 1	Headcount	*	0	0	*	0	0
	3	Band 2	Headcount	56	*	*	49	*	*
	4	Band 3	Headcount	382	8	10	395	*	8
	5	Band 4	Headcount	90	*	15	78	*	13
	6	Band 5	Headcount	100	*	15	98	*	15
	7	Band 6	Headcount	50	*	9	53	*	7
	8	Band 7	Headcount	42	*	*	46	*	*
	9	Band 8A	Headcount	10	0	*	17	0	*
	10	Band 8B	Headcount	13	0	*	9	0	*
	11	Band 8C	Headcount	5	0	*	9	0	*
	12	Band 8D	Headcount	*	0	0	*	0	*
	13	Band 9	Headcount	0	0	0	0	0	0
14	VSM	Headcount	*	0	*	*	0	*	

		DATA ITEM	MEASURE	WHITE	BME	ETHNICITY UNKNOWN /NULL	WHITE	BME	ETHNICITY UNKNOWN /NULL	
		1b) Clinical workforce of which Non Medical								
		15	Under Band 1	Headcount	16	*	0	18	*	0
		16	Band 1	Headcount	0	0	0	0	0	0
		17	Band 2	Headcount	279	0	6	273	*	10
		18	Band 3	Headcount	574	7	51	611	8	49
		19	Band 4	Headcount	77	0	*	55	0	*
		20	Band 5	Headcount	463	5	52	234	7	13
		21	Band 6	Headcount	224	*	32	541	*	64
		22	Band 7	Headcount	24	0	*	40	0	6
		23	Band 8A	Headcount	*	0	0	*	0	0
		24	Band 8B	Headcount	*	0	0	*	0	0
		25	Band 8C	Headcount	*	0	0	*	0	0
		26	Band 8D	Headcount	0	0	0	0	0	0
		27	Band 9	Headcount	*	0	0	0	0	0
		28	VSM	Headcount	*	0	0	*	0	0
		<i>Of which Medical & Dental</i>								
		29	Consultants	Headcount	0	0	0	0	0	0
		30	<i>of which Senior medical manager</i>	Headcount	0	0	0	0	0	0
		31	Non-consultant career grade	Headcount	0	0	0	0	0	0
		32	Trainee grades	Headcount	0	0	0	0	0	0
		33	Other	Headcount	*	0	0	6	*	*
2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants	Headcount		152	0	3131	118	30
		35	Number appointed from shortlisting	Headcount		13	0	324	6	*
		36	Relative likelihood of shortlisting/appointed	Auto calculated	0.58	0.51	0.00	0.10	0.05	0.03
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.14			2.04		

		DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN /NULL	WHITE	BME	ETHNICITY UNKNOWN /NULL
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	38	Number of staff in workforce	Auto calculated				2547	36	202
		39	Number of staff entering the formal disciplinary process	Headcount				27	0	*
		40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.02	0.03	0.00	0.01	0.00	0.00
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		1.37				
4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce (White)	Auto calculated				2547	36	202
		43	Number of staff accessing non-mandatory training and CPD (White):	Headcount				1743	32	159
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	0.32	1.00	0.00	0.68	0.89	0.79
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	0.32			0.77		
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	46	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage		36.84%		40.61%	42.86%	
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	47	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage		31.58%		19.81%	30.00%	
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	48	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage		73.33%		71.64%	81.82%	

		DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN /NULL	WHITE	BME	ETHNICITY UNKNOWN /NULL
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	49	% staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage		21.05%		8.59%	19.05%	
9	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator	50	Total Board members	Headcount	12	1	0	12	1	0
		51	<i>of which: Voting Board members</i>	Headcount	0	0	0	1	0	0
		52	<i>:Non-Voting Board members</i>	Auto calculated	12	1	0	11	1	0
		53	Total Board members	Auto calculated	12	1	0	12	1	0
		54	<i>of which: Exec Board members</i>	Headcount	12	1	0	12	1	0
		55	<i>:Non-Executive Board members</i>	Auto calculated	0	0	0	0	0	0
		56	Number of staff in overall workforce	Auto calculated	2422	30	206	2547	36	202
		57	Total Board members - % by Ethnicity	Auto calculated	92.3%	7.7%	0.0%	92.3%	7.7%	0.0%
		58	Voting Board Member - % by Ethnicity	Auto calculated				100.0%	0.0%	0.0%
		59	Non-Voting Board Member - % by Ethnicity	Auto calculated	92.3%	7.7%	0.0%	91.7%	8.3%	0.0%
		60	Executive Board Member - % by Ethnicity	Auto calculated	92.3%	7.7%	0.0%	92.3%	7.7%	0.0%
		61	Non-Executive Board Member - % by Ethnicity	Auto calculated						
		62	Overall workforce - % by Ethnicity	Auto calculated	91.1%	1.1%	7.8%	91.5%	1.3%	7.3%
		63	Difference (Total Board - Overall workforce)	Auto calculated	1.2%	6.6%	-7.8%	0.9%	6.4%	-7.3%

- Unable to provide figures publicly as * represents less than 5 people and individuals may be identifiable