

## Workforce Race Equality Standard (WRES)

A requirement within the 2015/16 NHS standard contract is to report on the new Workforce Race Equality Standard (WRES), this standard has been developed to meet the challenge that all black and minority ethnic (BME) groups are treated fairly and their talents valued and developed. The standard demonstrates progress against a number of indicators of workforce race equality.

There are nine indicators, four of the indicators are specifically on workforce data, four are based on the national staff survey indicators and one considers the Board Composition. The standard will highlight any differences between the experience and treatment of White and BME staff.

The standard is not intended to provide a blueprint on how 'good' can be achieved; however, it does provide the necessary platform and direction that encourage and enables NHS organisations:

- To reduce the differences between treatment and experience of White and BME staff on each of indicators 1-8;
- To compare not only their progress in reducing the gaps in treatment and experience but to make comparisons with similar organisations about the overall level of such progress over time;
- To take necessary remedial action following further analyses on the cause of ethnic disparities in the indicator outcomes.

The indicators are:

1. Percentage of BME staff in bands 8-9 and VSM compared with percentage of BME staff in the overall workforce.
2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being recruited from shortlisting across all posts
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.
4. Relative likelihood of BME staff accessing non mandatory training and CPD compared to White Staff
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relative or public in last 12 months [KF18]
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months [KF19]
7. Percentage believing that the Trust provides equal opportunities for career or promotion [KF27]
8. In the last 12 months have you personally experienced discrimination at work from any of the following? [Q23]
9. Does the Board meet the requirement on Board membership

**Indicator 1 – Percentage of BME staff in bands 8-9 and VSM compared with percentage of BME staff in the overall workforce.**

Table 1 reviews the split between White and BME staff by banding. The overall percentage of staff in BME categories has been calculated as 4.6%, and the total BME staff in the organisation is calculated as 7.8%.

The difference between the percentage of BME staff in bands 8-9 & VSM and the overall workforce is 3.2%. If the overall number of staff in the workforce and in bands 8-9 & VSM remain the same, then there would be need to be another 15 BME staff employed in band 8-9 & VSM if the proportions of BME within the groups of staff to be the same.

	BME	White	Not Stated	Grand Total	% of BME Staff
Band 1	25	282	5	312	8.0%
Band 2	105	1073	10	1188	8.8%
Band 3	92	1550	16	1658	5.5%
Band 4	33	630	8	671	4.9%
Band 5	156	1518	23	1697	9.2%
Band 6	110	1525	17	1652	6.7%
Band 7	46	762	29	837	5.5%
Band 8-9 & VSM	22	443	11	476	4.6%
<i>Band 8a</i>	16	253	5	274	5.8%
<i>Band 8b</i>	4	102	2	108	3.7%
<i>Band 8c</i>		48	2	50	0.0%
<i>Band 8d</i>	2	24	2	28	7.1%
<i>Band 9</i>		8		8	0.0%
<i>VSM</i>		8		8	0.0%
Medical	90	126	16	232	38.8%
Non AFC	16	120	34	170	9.4%
<b>Grand Total</b>	<b>695</b>	<b>8029</b>	<b>169</b>	<b>8893</b>	<b>7.8%</b>

**Table 1 – Banding Analysis by White & BME Staffs (Figures as expressed as heads)**

**Indicator 2 – Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being recruited from shortlisting across all posts**

The recruitment statistics have been assessed for 2014/15 (April 2014 – March 2015) and the likelihood of being appointed from shortlisting has been assessed for White and BME groupings.

	BME	White	Total
Number of shortlisted applicants	180	822	1024
Number of appointed applicants	81	637	740
Ratio [shortlisting/appointed]	0.45	0.77	0.72

**Table 2 – Likelihood of being appointed from shortlisting analysis**

The relative likelihood of White staff being appointed from shortlisting compared to BME staff [0.45 to 0.77] is therefore 1.72 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.**

The employment relations statistics have been analysed based on a rolling 2 year average of the current and previous year.

	BME	White	Total
Number of staff in workforce	695	8029	8893
Number of staff entering the formal disciplinary process	9	62	71
Likelihood of staff entering formal disciplinary process	0.013	0.008	0.008

**Table 3 – Likelihood of BME staff entering the formal disciplinary process**

The relative likelihood of BME staff entering into a formal disciplinary process compared to White staff is therefore 1.68 times greater.

**Indicator 4 - Relative likelihood of BME staff accessing non mandatory training and CPD compared to White Staff**

Non Mandatory training and CPD statistics have been analysed across the last year, non-mandatory training courses and CPD relate to any training that is not related to the individuals post

	BME	White	Total
Number of staff in workforce	695	8029	8893
Number of staff accessing non mandatory training and CPD	285	3051	3379
Likelihood of staff accessing non mandatory training and CPD	0.41	0.38	0.38

**Table 4 – Staff accessing non mandatory training and CPD**

The relative likelihood of White and BME staff accessing non-mandatory training and CPD is 0.41 and 0.38, BME staff access non-mandatory and CPD more than staff from White ethnic backgrounds.

**Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relative or public in last 12 months [KF18]**

The data for indicator 5 has been taken from the Trust responses to the National Staff Opinion Survey 2014. It identifies that 38% BME staff state that they have experienced harassment, bullying or abuse from patients, relatives or public in the last 12 months, this is a higher response level than that of White respondents.

	BME	White
Percentage of staff experiencing harassment, bullying or abuse from patients, relative or public in last 12 months [KF18]	38%	27%

BME staff made up approx. 9% of the survey responses, which is comparable to the Trust ethnic makeup.

**Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months [KF19]**

The data for indicator 6 has been taken from the Trust responses to the National Staff Opinion Survey 2014. It identifies that 21% BME staff state that they have experienced harassment, bullying or abuse from staff in the last 12 months, this is a higher response level than that of White respondents.

	BME	White
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months [KF19]	21%	18%

BME staff made up approx. 9% of the survey responses, which is comparable to the Trust ethnic makeup.

**Indicator 7 - Percentage believing that the Trust provides equal opportunities for career or promotion [KF27]**

The data for indicator 7 has been taken from the Trust responses to the National Staff Opinion Survey 2014. It identifies that 79% BME staff agree that the Trust provides equal opportunities for career progression, this is a lower response level than that of White respondents.

	BME	White
Percentage believing that the Trust provides equal opportunities for career or promotion [KF27]	79%	95%

If the proportion of staff who state they do not believe the Trust provides equal opportunities on career progression and promotion is reviewed, then the proportion of BME staff stating this is 4.2 greater than White staff.

### Indicator 8 - In the last 12 months have you personally experienced discrimination at work from any of the following? [Q23]

The data for indicator 8 has been taken from the Trust responses to the National Staff Opinion Survey 2014. It identifies that 13% BME staff state that in the last 12 months they have personally experienced discrimination at work from managers / team leaders or other colleagues. This is at a higher level than staff from White groupings.

	BME	White
In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/Team Leaders or other colleague [Q23]	13%	5%

### Indicator 9 - Does the Board meet the requirement on Board membership

An assessment on the Boards ethnicity has been conducted; this shows the ethnic split across our executives and non-executives. Table 5 shows that 7.7% of the board has classified themselves as from BME backgrounds; this is broadly representative of the Trust ethnic make-up, as noted in table 6.

	BME	White
Voting Executives	0.0%	100.0%
Non Executives	14.3%	85.7%
	7.7%	92.3%

**Table 5 – Board ethnicity split**

	BME	White	Not Stated
Board Membership	7.7%	92.3%	0.0%
Nottinghamshire Healthcare Workforce	7.8%	90.3%	1.9%
Population* (East Midlands)	12.7%	87.3%	0.0%

**Table 6 – Wider ethnicity split**

Table 5 shows the Board, Nottinghamshire Healthcare and wider East Midlands population are in comparison to each other.

## Summary

The WRES analysis shows variances between White and BME staffing, notably it demonstrates the following:

1. Indicator 1 shows there is a disproportional percentage of BME staff, against the Trust level, within bands 8-9 & VSM's.
2. Indicator 2 demonstrates that staff from White backgrounds are more likely to be appointed, from shortlisting than BME staff.
3. Indicator 3 shows that BME staff are more likely to enter into a formal disciplinary process than White staffs.
4. Indicator 4 indicates that BME staff are more likely to access non mandatory training & CPD.
5. Indicator 5 shows that more BME staff state that they have experienced harassment, bullying or abuse from patients, than White staff.
6. Indicator 5 shows that more BME staff state that they have experienced harassment, bullying or abuse from staff, than White staff.
7. Indicator 7 shows that a high percentage of BME staff do not believe the Trust offers equal opportunities on career progression.
8. Indicator 8 identifies that more staff who classify themselves as BME have experienced discrimination at work from their manager, team leader or colleague.
9. Indicator 9 reports that our Board Membership is representative of the organisational ethnic profile and similar shows a slight difference to that of the East Midlands profile.

## Further Information

**Name of Provider:** Nottinghamshire Healthcare NHS Foundation Trust

**Date:** June 2015

**Board Lead for Workforce Race Equality Standard:** Dean Howells- Executive Director: Nursing, Quality and Patient Experience.

**Name and contact details of lead manager compiling this report:** Richard Cotterill- Workforce Information Manager. Contact: [richard.cotterill@nottshc.nhs.uk](mailto:richard.cotterill@nottshc.nhs.uk)

**Name and contact details of co-ordinating commissioner this report has been sent to:** Katherine Browne – [Katharine.Browne@nottinghamcity.nhs.uk](mailto:Katharine.Browne@nottinghamcity.nhs.uk) (Local Services), Ruth Sargent - [ruthsargent@nhs.net](mailto:ruthsargent@nhs.net) (Forensic Services), Tracey Duggan - [tracey.duggan@nhs.net](mailto:tracey.duggan@nhs.net) (County Health Partnerships); Amanda Westerman - [amanda.westerman@nhs.net](mailto:amanda.westerman@nhs.net) (Bassetlaw), Yvonne Coghill - [y.coghill@nhs.net](mailto:y.coghill@nhs.net)

**Unique URL on which the report will be found:**

<http://www.nottinghamshirehealthcare.nhs.uk/equality-and-diversity-reports>

**Board Authorisation and Sign Off:** Workforce, Equality and Diversity Committee, June 2015.

## 1. Background Narrative

- a) **Issues on completeness of data:** General issues around the collection and completeness of non-mandatory training and CPD data.
- b) **Any matters relating to reliability of comparisons with previous years:**  
N/A

## 2. Total number of staff

- a) **Employed within this organisation:** 8893 heads
- b) **Proportion of BME staff employed:** 7.8%

## 3. Self Reporting

- a) **The proportion of total staff who have self-reported their ethnicity:** 100%
- b) **Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:** Yes, we conduct periodic validations and data quality checks.
- c) **Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity:** We have implemented a self-service tool where individuals can change their ethnic status.

## 4. Workforce Data Reporting Period

April 2014 – March 2015

## 5. Other factors or data which should be taken into consideration in assessing progress:

None

## 6. More detailed Plan agreed by Board for addressing these and related issues:

The Strategic Equality and Diversity Action Plan, incorporating the EDS2, is being updated to incorporate actions resulting from this analysis. This is monitored six monthly by the Workforce, Equality and Diversity Sub Committee of the Trust Board and published on the Trust website at:

<http://www.nottinghamshirehealthcare.nhs.uk/equality-and-diversity-reports>