

Workforce race equality across the NHS: an update to the Social Partnership Forum

27 November 2018

Purpose

1. This briefing outlines the current position of workforce race equality across the NHS, and presents an update on the NHS Workforce Race Equality Standard (WRES) programme of work led by NHS England.

Background

2. The WRES was introduced in April 2015 to help support NHS organisations make the necessary strategic and operational changes to advance workforce race equality. Evidence shows that improving the treatment of Black and Minority Ethnic (BME) staff has beneficial impacts on the efficient and effective running of the NHS and upon the quality of care received by all patients.
3. The role of regulation and assurance through introducing the WRES within key policy levers for providers of NHS services and Clinical Commissioning Groups has been a defining enabler. The WRES features in the NHS standard contract, within the CCG Improvement and Assessment Framework, and within the Care Quality Commission inspection programme – with regard to the “well-led” domain.
4. As an integral part of the WRES programme, data on nine indicators of workplace experience and opportunity (see Annex A) from all NHS trusts in England are collected annually and published. WRES data also feature as part of the ‘Race Disparity Audit’ data and intelligence publications by the Cabinet Office.
5. The national WRES team provides direction and tailored support to NHS organisations, and increasingly to the wider healthcare system, enabling organisations to:
 - identify the gap in treatment and experience between white and BME staff;
 - make comparisons with similar organisations on progress over time;
 - take remedial action on causes of ethnic disparities in indicator outcomes.
6. This approach is leading to continuous improvement for many organisations and parts of the NHS; there is therefore a clear need for the continued provision of concerted support to the system, with the aim of further accelerated improvements on this critical agenda.

WRES work summary

7. The WRES strategy and its operational expression are underpinned by three internationally evidenced themes¹:
 - i. Enabling people: meaningful engagement; focused improvement, and

¹ [2015 BMJ paper by Priest et al](#)

sustainability.

Amongst the interventions under this theme, the WRES team has established the **WRES Frontline Staff Forum**, to learn from the lived experience of frontline BME staff in the NHS. The team has delivered a series of **regional WRES round tables** for NHS CEOs and chairs, facilitating demonstrable leadership on this agenda at local level and supporting the establishment of regional WRES strategies. The **WRES Experts programme** was launched in 2018 and involves training NHS staff from local organisations on the intricacies of the workforce race equality – thus decentralising WRES implementation support and supporting the sustainability of the agenda.

- ii. **Embedding accountability:** policy alignment; assurance and regulation.
A key element of the WRES strategy is to embed the WRES within the key policy levers that cover providers of NHS services, as well as commissioners. The WRES features within levers such as the **NHS standard contract**, the **CCG Improvement and Assurance Framework**, **CQC's 'well-led' domain**, as well as within the **NHS Five Year Forward View**. In addition, the WRES team has been working with areas and parts of the NHS where data tell us more concerted focus and support is needed: the **nursing and medical** workforce, with organisations across the **London region**, and with regard to devolution in **Greater Manchester**.
- iii. **Evidencing outcomes:** data and intelligence; replicable good practice, and evaluation of progress.
Since 2015, the WRES team has been undertaking the annual collection, analyses and **publication of WRES data** from NHS trusts across England. This was extended for the national healthcare organisations in 2018, and will also be extended across CCGs going forward. **Research and evaluation**, to amplify the narrative on this agenda, is a key feature of the WRES strategy. Consequently, numerous **reports and publications** have been published and made available by the WRES team.

WRES Data for NHS trusts

8. Data against each of the 9 WRES indicators is compiled and published annually for all NHS trusts in England. The WRES report for NHS trusts presented data for 2017 and was published last December. The 2018 WRES data for trusts will be published in December 2018.
9. Key findings from the 2017 WRES data for NHS trusts in England show:
 - White shortlisted job applicants are 1.60 times more likely to be appointed from shortlisting than BME shortlisted applicants, who continue to remain absent from senior grades within Agenda for Change (AfC) pay bands.
 - An increase in numbers of BME nurses and midwives at AfC Bands 6 to 9; this pattern has persisted since 2014.
 - The number of Very Senior Managers (VSMs) from BME backgrounds increased by 18% from 2016 to 2017 – from 212 to 250 in England.

- BME staff are 1.37 times more likely to enter the formal disciplinary process in comparison to white staff. This is an improvement on the 2016 figure of 1.56.
- BME staff remain more likely to experience discrimination at work from colleagues and their managers compared to white staff, at 14% and 6% respectively.
- Similar proportions of white (28%) and BME (29%) staff are likely to experience harassment, bullying or abuse from patients, relatives and members of the public in the last 12 months.
- The overall percentage of BME staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months dropped from 27% to 26%. BME staff remain more likely than white staff to experience harassment, bullying or abuse from other colleagues in the last 12 months.
- There is a steady increase in the number of NHS trusts with more than one BME board member. In 2017 there were a total of 25 NHS trusts with three or more BME members of the board, an increase of nine trusts since 2016.

10. Initial analyses of the 2018 WRES data for NHS trusts show further continuous improvements across the range of WRES indicators.

11. WRES data will also feature as part of data publication by the Cabinet Office on the 'Race Disparity Audit'.

The next phase of the WRES

12. There exist a number of key challenges in this area of work:

- I. *Leadership representation* – the government has set a national goal that is clear and ambitious: NHS leadership should be as diverse as the rest of the workforce; and, in particular, we should ensure that BME representation at senior management matches that across the rest of the NHS workforce within ten years. WRES data show that this is a current challenge for the NHS (see Annex B); it will therefore be essential to align the national WRES strategy to help accelerate this work across the NHS.
- II. *Cultural change* – in order to obtain meaningful and sustained transformational change on this agenda, we need to focus upon changing deep-rooted cultures within NHS organisations. This is perhaps the toughest challenge that we are likely to face, yet once overcome, it is one that will go a long way in helping us to achieve the core aims and goals of the WRES programme. The WRES team is working closely with NHS Improvement to implement cultural transformation tools across the NHS.
- III. *Sustainability* – it is essential that the momentum achieved on tackling workforce race inequalities across the NHS continues and grows in the longer-term, and is sustained. The continuation of the support mechanism on this agenda is therefore essential: having raised the expectations of the NHS workforce in England, the WRES should not become another short-term race equality initiative.

Recommendations

13. SPF to note progress and activity to date.
14. SPF to continue to support the WRES team with collaborative working on key issues for the NHS workforce, and therefore exemplify demonstrable leadership in championing the cause for workforce race equality.

Further information

15. Information regarding the WRES can be found at:
<https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

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Annex A: WRES indicators

	<p>Workforce indicators For each of these four workforce Indicators, <u>compare the data for white and BME staff</u></p>
1.	<p>Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:</p> <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff - of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental staff
2.	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>Note: This refers to both external and internal posts</p>
3.	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.</p>
4.	<p>Relative likelihood of staff accessing non-mandatory training and CPD</p>
	<p>National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for white and BME staff</u></p>
5.	<p>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>
6.	<p>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p>
7.	<p>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion</p>
8.	<p>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</p>
	<p>Board representation indicator For this indicator, <u>compare the difference for white and BME staff</u></p>
9.	<p>Percentage difference between the organisations' Board membership and its overall workforce disaggregated:</p> <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board

Annex B: Ethnicity of NHS staff in London NHS trusts by AfC bands

