

Equality and Diversity Council Meeting Paper 30 January 2018

WRES Update

Purpose and context

A priority of the EDC is to focus upon ensuring that the gap in the treatment, opportunities and experience of BME and white staff is closed, and that NHS boards are broadly representative of the communities they serve. The development and implementation of the Workforce Race Equality Standard (WRES) is the EDC's agreed approach to realising this ambition. This paper provides an update on the WRES programme of work, including a summary of the 2017 WRES data report for NHS trusts in England.

Progress summary

The WRES Strategic Advisory Group has been refreshed in-line with Phase 2 of the WRES programme. The progress update (below) is presented under the 3 strategic pillars of the WRES strategy: (i) *Enabling People*, (ii) *Embedding Accountability*, and (iii) *Evidencing Outcomes*.

1. *Enabling People*

- The **WRES Experts Programme** commenced in November 2017. Advertisement for the programme will begin in the coming weeks. Up to fifty candidates will be recruited in the first cohort of the programme, including from the STP areas. Delivery of programme sessions will commence in March 2018.
- Work on the **WRES Frontline Staff** project has now commenced – focussing upon the impact of the WRES on frontline staff in the NHS.
- The 2017 **WRES conference** and Black History Month celebrations took place on 31 October. Both were delivered successfully and included keynote speeches from the Simon Stevens and the Minister of State for Health, a main-stage debate with system leaders, as well as interactive workshops on themed areas of WRES work.
- A short **animation video** outlining Phase 2 of the WRES programme has been launched that can be used by local NHS organisations as part of their WRES implementation. It can be found here: <https://www.youtube.com/watch?v=sPrEGG68Go>
- In collaboration with NHS Confederation, a series of **roundtables with CEOs** of NHS trusts is planned for the early part of 2018. A **seminar with London CEOs** of NHS trusts is also being hosted by The King's Fund in February.
- A series of **webinars with CCGs** are planned for 2018. The focus here will be upon WRES implementation and the sharing of replicable good practice.
- **WRES webinars with CQC inspectors** are planned for spring 2018. The aim is to provide a consistent approach and training for CQC inspectors so that they are well-informed and equipped to regulate against the WRES.
- **NHS70 / Windrush70** will also include a specific event on celebrating the contribution made by its diverse workforce since 1948. The WRES team has been working with a number of EDC members on this task. Meetings have taken place with the Cabinet Office, the Prime Minister's office and key stakeholders with regard to this. A planning / steering group has been established.

2. *Embedding Accountability*

- WRES features in the **NHS standard contract**, the **CCG IAF**, and the **NHS FYFV**.
- Collaborative **work with the CQC** continues with a focus upon composite WRES scores and a focused approach to engage with organisations that fall in the bottom quintile re: WRES performance. Plans are also underway to incorporate the WRES composite scores for NHS trusts within the **NHS Improvement** 'Model Hospital' dashboard.
- Work to embed the WRES within the new and emerging healthcare architecture is underway. Collaborative work with **DevoManc** in Greater Manchester has commenced, and work with **STP leads** is scheduled to begin in February.
- WRES team is providing a consistent strategic approach to WRES implementation/action planning, to all NHS trusts in the **London region**, via the pan-London HRD Network.
- Concerted work is being undertaken with the **ambulance sector**. A sector-wide strategic approach to workforce race equality / WRES implementation is being shaped in collaboration with the Association of Ambulance Chief Executives (AACE).
- WRES Team is supporting the work on the **NHS nursing and midwifery workforce**. In December a report on enabling BME nurse and midwife progression into senior nursing positions was published. This report can be found here: <https://www.england.nhs.uk/wp-content/uploads/2017/12/enabling-bme-nurse-midwife-progression-into-senior-leadership-positions.pdf>

3. *Evidencing Outcomes*

- NHS trusts – the **2017 WRES data report for NHS trusts** was published on 13 December. The focus was upon comparison of WRES data over time. See Annex and accompanying slide pack for summary findings. The report can be found here: <https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-december-2017/>
- WRES data returns have been submitted by **independent health care organisations**; we know that a more concerted focus on support is needed for this sector.
- WRES data for **national healthcare ALBs** (HEE, PHE, NHS England, CQC, NHS Digital, and NHS Improvement) have also been collected; a short report will be produced shortly.
- The **QI Methodology sites** (Barts, Leicester, Sheffield, Royal Free, East London) are finalising a document that draws together their respective work on QI methodology and the WRES implementation.
- Commissioned by the WRES team, a report highlighting the relationship between **staff engagement, absenteeism and agency staff spend** has been produced by The King's Fund. Work to share replicable good practice by WRES indicators is being considered.
- The independent **evaluation of the WRES** programme has commenced. This will be part one of the evaluation – focussing upon the design and implementation of the WRES.

Next steps

The sharing of replicable good practice and the provision of support for NHS boards and leaders on this agenda is becoming more of a priority. Further provision of strategic and operational support will be provided to facilitate transformational culture change across local NHS organisations in England, including a focus on the new and emerging healthcare architecture.

Recommendation and action requested

The EDC is asked to note progress.

Yvonne Coghill and Dr Habib Naqvi
January 2018

Annex

NHS WRES 2017 Data Analysis Report for NHS Trusts: Key findings

- 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 is observed once again in 2017; 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. This is 7% of all VSMs, which remains significantly lower than BME representation in the overall NHS workforce (18%) and in the local communities served (12%).
- 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 significantly 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 that have more than one BME board member. There are now a total of 25 NHS trusts with three or more BME members of the board, an increase of nine trusts since 2016.