NHS
Equality and
Diversity Council

WORKFORCE RACE EQUALITY STANDARD

2018 WRES data analysis report for eight national healthcare organisations.

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NHS Workforce Race Equality Standard

2018 WRES data analysis report for eight national healthcare organisations

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1. Preface

I am delighted to be sharing the second Workforce Race Equality Standard (WRES) data report for the national healthcare organisations with you. The WRES was introduced in 2015 to reveal and thereby help close the gaps in workplace inequalities between black and minority ethnic (BME) and white staff working in the NHS.

Although national healthcare organisations are not obliged to implement the WRES and report data against the nine WRES indicators, in the spirit of openness and transparency, six organisations did so last year. I am pleased to note that a further two organisations submitted their WRES data for 2018.

This is the second WRES annual report for many of the national bodies; it presents two years of workforce race equality data and is therefore invaluable to those organisations in understanding the improvements they have made as well as the range of challenges they still face.

As system leaders, national healthcare organisations must continue the support given to the WRES programme – and I'm delighted this was outlined in the NHS Long Term Plan. The national healthcare organisations must also lead the way, modelling the same aspirations that we expect to see from the wider NHS. I am delighted that there is now a collective commitment from the ALB chairs to model the ambition of leadership that maximising the contribution and improves the experience of their own increasingly diverse workforce.

I encourage all national healthcare organisations to read and reflect on their respective data, and look forward to seeing continuous improvements on this important agenda over time.

Marie Gabriel CBE
Chair, WRES Strategic Advisory Group

2. Executive summary

- The implementation of the WRES is not a requirement for national healthcare organisations. Despite this, eight national healthcare bodies agreed to implement the WRES.
- The eight organisations that submitted their WRES data were: **Care Quality Commission, Health Education England, NHS Blood and Transplant, NHS Business Services Authority, NHS Digital, NHS England, NHS Improvement, and Public Health England.**
- Data was collected for 2017 and 2018, and analysed by comparing the experiences and opportunities between black and minority ethnic (BME) and white staff. Findings are presented by organisation, and where appropriate, national NHS trust averages are presented as comparison.
- Key findings across the eight national healthcare organisations show:
    - Seven of the eight organisations had BME staff representation that is lower than the national average for NHS trusts in England. Only NHS Improvement had BME representation that is higher than the average for NHS trusts. However, Public Health England are within one percentage point of the average at 18.6%.
    - White shortlisted job applicants were relatively more likely to be appointed from shortlisting than BME shortlisted applicants for all eight organisations.
    - BME staff were over-represented in lower pay grades and significantly underrepresented at senior levels across all the organisations.
    - In four out of the six organisations that provided data for this indicator, BME staff were relatively more likely to access non-mandatory training and continuing professional development (CPD).
    - BME staff were more likely to report harassment, bullying or abuse from colleagues compared to white staff in all the five organisations that provided data for this indicator.
    - BME staff were less likely than white staff to report that their organisation provides equal opportunities for career progression or promotion for all organisations that provided data for this indicator.
    - BME staff were more likely to report having personally experienced discrimination at work from a manager, team leader or colleague, compared to their white counterparts for all organisations that provided data for this indicator.

- According to data provided, one organisation had no BME representation on the board, two organisations had two BME board members, and the other four organisations had one BME board member. Public Health England has a management committee, which has one BME member.

- The data for the eight organisations highlights that there is still work to be done to improve workforce race equality across the national healthcare bodies.

- This report highlights the positives, challenges, opportunities and priorities for leaders and boards of national healthcare bodies.

- NHS organisations are setting improvement targets for the next ten years and national healthcare bodies should consider doing the same.

3. Introduction

Since 2015, the WRES has led the way in supporting local NHS organisations to close the gap in workplace experiences and opportunities BME and white staff. More recently, the WRES programme has also engaged with national healthcare organisations to model the aspirations that we want to see across the wider healthcare system.

Last year, we reported progress against the WRES indicators for six national healthcare organisations. In this latest report, we present the WRES data for eight organisations. The data presented in this report therefore enable us to examine the level of progress for these organisations over a two-year period; we will continue to add to this wealth of insight year-on-year.

Whilst the openness and transparency with which these eight organisations have made their WRES data public should be acknowledged – the data itself suggest that much more work is needed to be carried out on this agenda. At the same time, these organisations also recognise the undeniable fact that tackling workforce race inequality is no longer an optional extra.

There are no easy fixes in relation to this agenda; it requires persistence and patience in equal measure. As the data in this report indicate, some organisations are embracing the challenge and showing early green shoots of progress, whilst other organisations need further concerted sustenance. The WRES team will ensure that it focuses upon collective action for improvement, which is proportionate and at scale, to level the disparity gradient between BME and white staff within and between organisations.

4. Methodology

4.1 The WRES indicators

The WRES requires local NHS organisations to self-assess against nine indicators of staff experience and opportunities in the workplace. Four of the WRES indicators relate specifically to workforce data; four are based on data from the national NHS Staff Survey questions (or equivalent staff survey questions), and one considers BME representation on boards.

For the second year, national healthcare organisations have agreed to collectively report against the indicators. This report presents data for eight national healthcare bodies, against all the nine WRES indicators as at March 2018 and where available compares it to their respective data for 2017.

The WRES indicators were developed in partnership with the wider NHS, and were based on existing data collection and analysis requirements, which many of healthcare organisations are already undertaking. The detailed definition for each indicator can be found in the WRES Technical Guidance.[1] This guidance also includes the definitions of "white" and "black and minority ethnic", as used throughout this report and within the narrative for the WRES indicators. The nine WRES indicators are presented in the Annex of this report.

4.2 Data sources and reporting dates

On request, individual organisations submitted their WRES data directly to the WRES team. To help facilitate accuracy and consistency of data collection, a central data collection template was provided to each organisation. Once returned, the data were reviewed further and checked for accuracy. Any anomalies or outliers in the data were raised with the respective organisation.

The Electronic Staff Record (ESR) system can prove useful in capturing data, particularly staff grades (WRES indicator 1), recruitment (WRES indicator 2), training (WRES indicator 3) and grievances (WRES indicator 4). Those national healthcare organisations that were using the ESR system, accessed their relevant WRES data from those systems, those organisations not using ESR had alternative data capture systems. Not all organisations use the Agenda for Change (AfC) pay bands; in such cases, organisations reported data in relation to salary range.

Regarding WRES indicators 5 to 8, which are based on staff survey responses, organisations submitted data from their most recent staff survey findings – in most cases these were data from their 2017 staff surveys as 2018 data was not yet available at the time of collecting data.

The submission of WRES data took place between October 2018 and November 2018.

[1] *https://www.england.nhs.uk/wp-content/uploads/2017/03/wres-technical-guidance-2018.pdf*

4.3 Data analyses

Data from the eight national healthcare organisations are presented against each of the nine WRES indicators. Where appropriate and possible, data is compared over time and against the national average for NHS trusts. Where available, the data presented for WRES indicators 5 to 8 show percentage responses by ethnicity for 2017 in comparison to 2016.

For some of the indicators, the data were analysed to show 'likelihood' and 'relative likelihood' of an outcome. It is helpful to outline the differences between these two concepts. 'Likelihood' is the probability or chance or something occurring. This is calculated as a percentage. For example, if 12 out of a total of 200 members of staff at trust X entered the disciplinary process, then the likelihood that a member of staff at trust X entered the disciplinary process is 6%. In other words, 6 out of every 100 members of staff at trust X will have entered the disciplinary process.

'Relative likelihood' compares the likelihood of something occurring in one sample/population of people compared to a different sample/population. For example, if in trust Y, the likelihood that a member of staff entered the disciplinary process is 12%, then the relative likelihood that a member of staff at trust Y entered the disciplinary process compared to a member of staff trust X is 2.0. In other words, a member of staff at trust Y is twice as likely to have entered the disciplinary process compared to a member of staff at trust X.

This year, data were also subjected to statistical testing; this level of analysis is also presented in this report. For indicators 2, 3 and 4, statistical analyses included the "four-fifths" rule. The "four-fifths" ("4/5ths" or "80 percent") rule is used to highlight whether practices have an adverse impact on an identified group, e.g. a sub-group of gender or ethnicity. For example, if the relative likelihood of an outcome for one sub-group compared to another is less than 0.8 or higher than 1.25, then the process would be identified as having an adverse impact.

4.4 Data issues and caveats

1. Four of the WRES indicators are drawn from organisational staff surveys. The reliability of the data is dependent on the size of samples surveyed and response rates – small samples and response rates may undermine confidence in the data and in the subsequent conclusions drawn.

2. Organisations submitting data do not use the same staff grading frameworks and not all have an executive board. In addition, not all national healthcare organisations undertook a staff survey; this limited the level of analyses that could be carried out with regard to WRES indicators 5 to 8.

3. The 'conditions' against which WRES performance is measured may impact the data. For example, if an organisation is undergoing (or had recently undergone) a merger, a major restructure or is under exceptional financial pressures, that may impact on WRES indicator data. However, not one of these pressures means workforce race equality is not a priority. In fact, in such circumstances of change and transformation, it is even more important to ensure equality, inclusion and compassionate leadership remain central to both strategy and its operational expression.

4. All averages presented in this report are unweighted and do not consider the size or type of organisation. If sample sizes are small, these have been highlighted in the commentaries within the 'detailed findings' section of this report.

5. The data collected are for 'white', 'BME' and 'unknown/null' ethnicity categories. However, for WRES indicator 1 and indicator 9, some organisations reported a significant number of 'unknown/null' classifications. This limits the analysis and conclusions that can be drawn from the data, especially when dealing with small numbers. The issue of data quality is looked at in more depth within the 'Next steps and conclusion' section of this report.

6. Where appropriate, data have been rounded to the nearest whole number, and for this reason, aggregate percentages may not add to 100.

7. Whilst precautions and checks have been undertaken to ensure data are accurate, it should be noted that the quality and accuracy of data submitted does vary by organisation.

5. Detailed findings

5.1 WRES indicator 1: Percentage of staff in each band and VSM compared with the percentage of staff in the overall workforce

5.1.1 Data sources and reliability

Data for WRES indicator 1 were submitted using the template provided by the WRES team. All eight national healthcare organisations submitted data for this indicator. **It should be noted that some staff did not declare their ethnicity.**

Agenda for Change (AfC) pay bands were used to analyse the data for all organisations except for Public Health England and the Care Quality Commission. Public Health England workforce is made up of both civil service pay grades and AfC bands, while the Care Quality Commission has its own pay and grading framework. These pay scales are not always directly comparable to the AfC bands; as such additional data analyses have been carried out for these two organisations. NHS Improvement has employees on legacy Monitor pay grades which were converted to AfC band equivalent.

National healthcare organisations have an important role to play when it comes to the development of strategy and leadership in the NHS. It is therefore important to ensure that all voices and ideas are represented in these organisations, from across all pay bands.

5.1.2 Overall results

- BME staff representation ranged from 5.5% at NHS Business Services Authority, to 19.9% at NHS Improvement.
- Seven of the eight organisations had BME staff representation that was lower than the national average BME representation in NHS trusts in England (19.1%). Only NHS Improvement had BME representation (19.9%) that is higher than the NHS trusts average.
- Seven organisations saw the number of BME staff increase. Only NHS Business Services Authority had a decrease in the number of BME staff in the organisation.
- For Health Education England, NHS Blood and Transplant, NHS Business Services Authority, NHS England and NHS Improvement, BME staff were over-represented in the support bandings (AfC bands 1 - 4) and under-represented in the senior (AfC bands 8a - 9) and very senior management (VSM) bands.
- Health Education England, NHS Business Services Authority and NHS Digital had no BME staff at VSM level. It should be noted that all three organisations had a high percentage of VSM staff of unknown ethnicity. Public Health England have no staff

on the VSM framework, however, they do have six individuals on the executive senior management (ESM) framework. Public Health England had no BME staff on the ESM framework with only four of the six declaring their ethnicity.

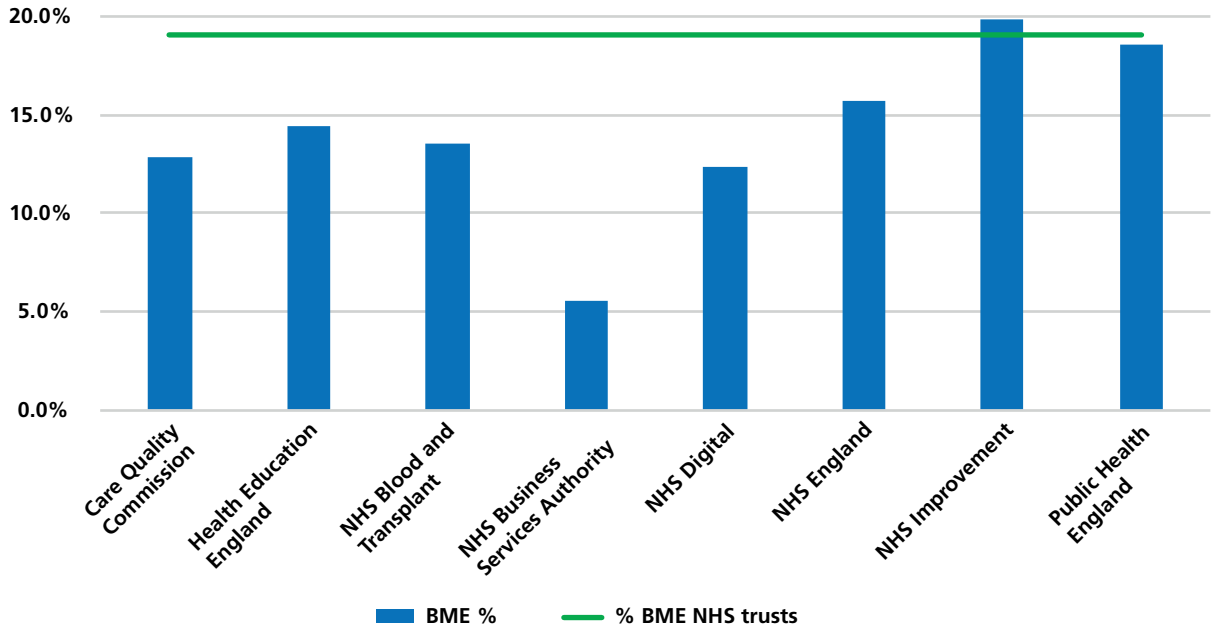
- Only NHS Blood and Transplant and NHS England had an increase in the number of BME staff at VSM pay bands.
- Care Quality Commission and Health Education England saw a decrease in the percentage of BME staff at VSM pay bands.
- NHS Business Services Authority, NHS Digital, NHS Improvement and Public Health England had no change in the number of BME staff at VSM level.

Table 1. Workforce by ethnicity: 2018

Organisation	% White	% BME	% Unknown
Care Quality Commission	78.4%	12.8%	8.8%
Health Education England	71.8%	14.4%	13.8%
NHS Blood and Transplant	82.2%	13.6%	4.3%
NHS Business Services Authority	85.8%	5.5%	8.6%
NHS Digital	71.4%	12.4%	16.2%
NHS England	73.9%	15.7%	10.4%
NHS Improvement	68.8%	19.9%	11.4%
Public Health England	66.8%	18.6%	14.7%
NHS Trusts average	**76.3%**	**19.1%**	**4.6%**

- The percentage of BME staff in organisations ranged from 5.5% at NHS Business Services Authority, to 19.9% at NHS Improvement.
- Except for NHS Blood and Transplant, all other organisations reported a percentage of 'unknown' staff ethnicity that was significantly higher than the NHS trusts average of 4.6%.

Figure 1. Percentage of BME staff: 2018



- Seven of the eight organisations had BME staff representation that is lower than the national average for NHS trusts in England (19.1%).
- Only NHS Improvement had BME staff representation that was higher than the national average for NHS trusts in England (19.1%), although Public Health England are within one percentage point of the average at 18.6%.
- The discrepancies in BME staff representation is partly explained by the geographical location of some of the organisations. NHS Business Services Authority's headquarter is in Newcastle whose population is 15% BME; and NHS Improvement's headquarters is in London whose population is 40% BME.
- Care Quality Commission also has a large workforce in Newcastle. It should also be noted that a large percentage of their staff are drawn from the adult social care workforce which has a different ethnic makeup compared to the healthcare workforce.

Table 2. BME staff headcount: 2017 compared to 2018

Organisation	BME headcount 2017	BME headcount 2018	Headcount change
Care Quality Commission	400	415	15
Health Education England	296	351	55
NHS Blood and Transplant	696	716	20
NHS Business Services Authority	177	158	-19
NHS Digital	374	400	26
NHS England	765	972	207
NHS Improvement	168	273	105
Public Health England	940	1015	75

- Seven organisations had an increase in the number of BME staff in the organisation. Only NHS Business Services Authority had a drop in the number of BME staff members.

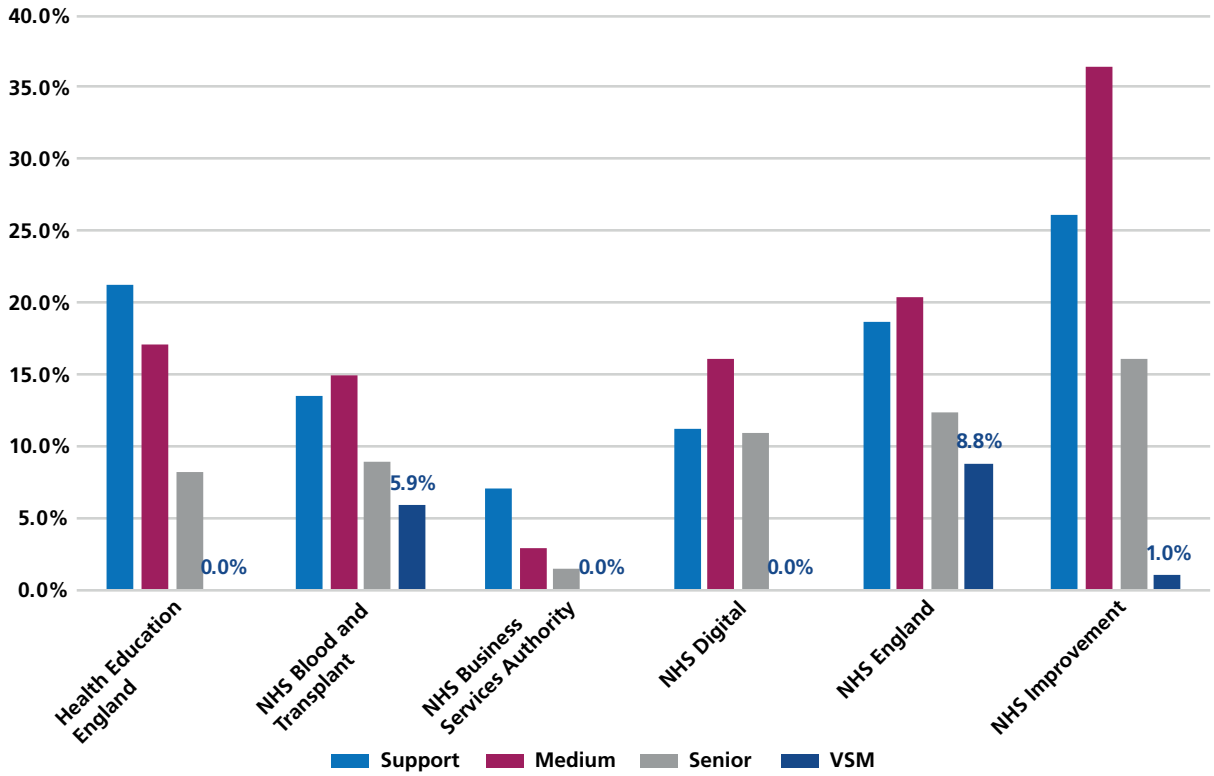
Table 3. Percentage of BME staff: 2017 compared to 2018

Organisation	2017 % BME	2018 % BME	Percentage point change
Care Quality Commission	12.5%	12.8%	0.3%
Health Education England	13.8%	14.4%	0.6%
NHS Blood and Transplant	13.0%	13.6%	0.6%
NHS Business Services Authority	6.2%	5.5%	-0.6%
NHS Digital	13.1%	12.4%	-0.7%
NHS England	14.0%	15.7%	1.7%
NHS Improvement	16.4%	19.9%	3.5%
Public Health England	17.7%	18.6%	0.8%

- Six organisations saw an increase in the percentage of BME staff in the organisations. NHS Improvement saw an increase of 3.5%.

- NHS Business Services Authority and NHS Digital had a decrease in the overall percentage of BME staff in the organisation.

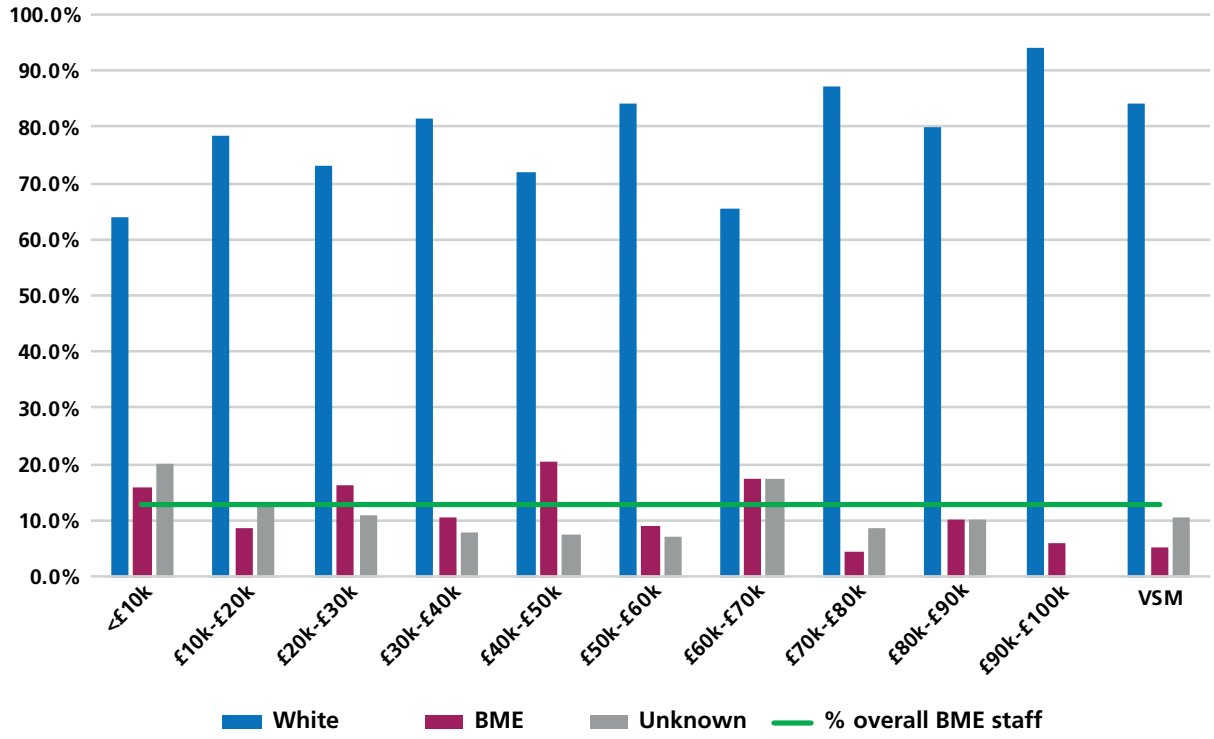
Figure 2. Percentage of BME staff by AfC pay bandings: 2018



- For five of the six organisations that use AfC pay bands, BME staff were over-represented in the support bandings (AfC bands 1 - 4) and under-represented in the senior (AfC bands 8a - 9) and VSM bands.

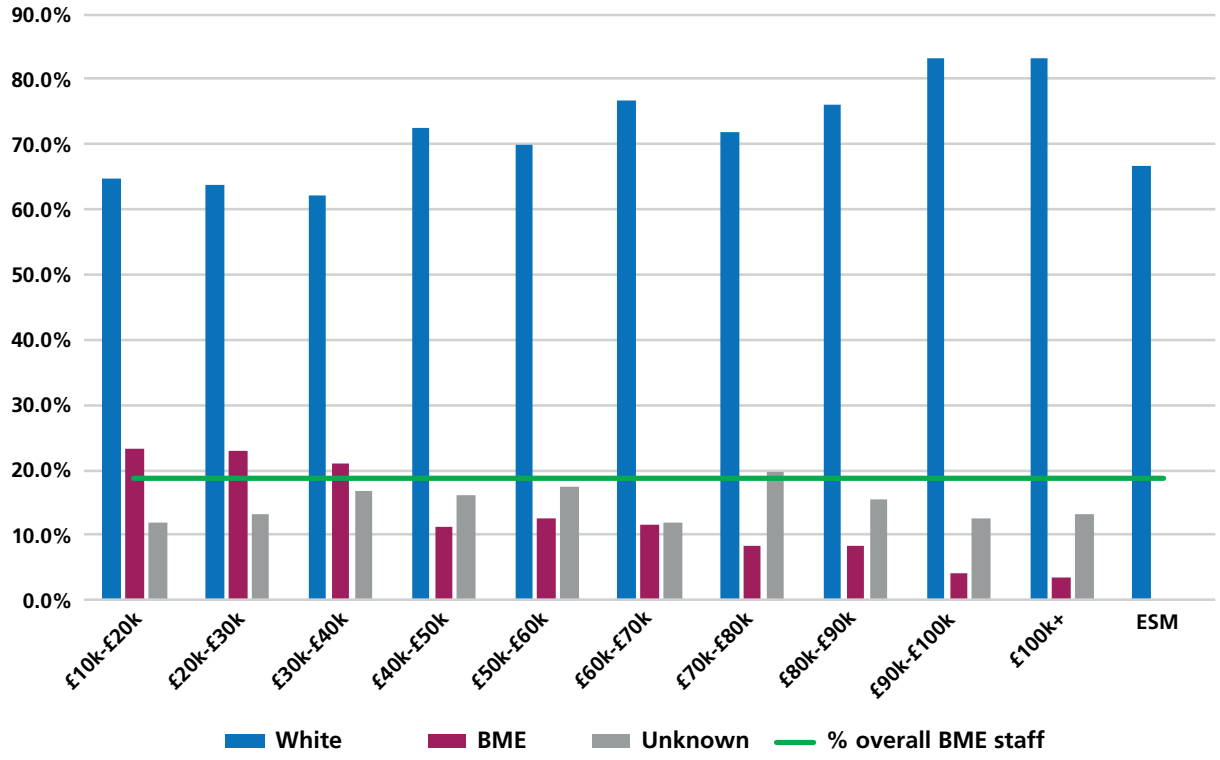
- For NHS Digital, BME staff were over represented in middle bandings (AfC bands 5 - 7) and underrepresented across all other pay bands.

Figure 3. Percentage of staff by pay bands for Care Quality Commission: 2018



- At the Care Quality Commission, BME staff were overrepresented in the less than £10k, £20k to £30k, £40k to £50k and 60k – 70k pay bands.
- BME staff were underrepresented in all pay bands above 70k.

Figure 4. Percentage of staff by pay bands for Public Health England: 2018



- At Public Health England, BME staff were overrepresented in all pay bands up to £40k and underrepresented in all pay bands above that. The ESM category only consists of six individuals with four declaring their ethnicity.

Table 4. Medical and dental staff ethnicity within Public Health England: 2018

	White	BME	Unknown
Consultant	63.1%	26.7%	10.2%

- For Public Health England, a significant number of senior managerial roles are undertaken by medical and dental consultants. As table 4 shows, across Public Health England, BME staff made up 26.7% of medical and dental consultants.

Table 5. Percentage of staff at VSM pay bands by ethnicity: 2018

Organisation	% White	% BME	% Unknown
Care Quality Commission	84.2%	5.3%	10.5%
Health Education England	68.2%	0.0%	31.8%
NHS Blood and Transplant	82.4%	5.9%	11.8%
NHS Business Services Authority	56.5%	0.0%	43.5%
NHS Digital	88.2%	0.0%	11.8%
NHS England	73.6%	8.8%	17.6%
NHS Improvement	75.5%	1.0%	23.5%
Public Health England	66.7%	0.0%	33.3%

Based on staff who declared their ethnicity. For staff not on AfC pay scales, VSM refers to staff earning above £100k or staff who meet the definition as per the technical guidance. PHE uses the ESM framework which starts at £90,900.

- Health Education England, NHS Business Services Authority and NHS Digital had no BME staff at VSM level. All three organisations had a high percentage of VSM staff on unknown ethnicity. Public Health England have no staff on the VSM framework, however, they do have six individuals on the ESM framework. PHE had no BME staff on the ESM framework with only four of the six declaring their ethnicity
- NHS England had the highest percentage (8.8%) of BME staff in VSM roles.

Table 6. Number of staff at VSM pay bands: 2017 and 2018

Year	2017		2018		Change in White	Change in BME
Organisation	White	BME	White	BME		
Care Quality Commission	21	3	16	1	-5	-2
Health Education England	34	3	30	0	-4	-3
NHS Blood and Transplant	16	0	14	1	-2	1
NHS Business Services Authority	8	0	13	0	5	0
NHS Digital	6	0	15	0	9	0
NHS England	174	21	192	23	18	2
NHS Improvement	63	1	74	1	11	0
Public Health England	5	0	4	0	-1	0

Based on staff who declared their ethnicity.

- Only NHS Blood and Transplant and NHS England had an increase in the number of BME staff at VSM pay bands.
- Care Quality Commission and Health Education England had a decrease in the number of BME staff at VSM pay bands. However, both organisations also saw a decrease in the number of white staff at VSM.
- NHS Business Services Authority, NHS Digital, NHS Improvement and Public Health England had no change in the number of BME staff at VSM level.
- Compared to the previous year:
    - Health Education England lost all the three BME staff at VSM level, and lost five white staff.
    - NHS Digital had an extra nine white staff at VSM level and no extra BME.
    - NHS England had an extra 18 white staff at VSM level and two extra BME.
    - NHS Improvement had an extra 11 white staff at VSM level and no extra BME.

Table 7. Percentage of BME staff at VSM pay bands: 2017 and 2018

Organisation	2017	2018
Care Quality Commission	10.3%	5.3%
Health Education England	5.6%	0.0%
NHS Blood and Transplant	0.0%	5.9%
NHS Business Services Authority	0.0%	0.0%
NHS Digital	0.0%	0.0%
NHS England	8.6%	8.8%
NHS Improvement	1.4%	1.0%
Public Health England	0.0%	0.0%

Based on staff who declared their ethnicity. Refer to table 7above for numbers and details

- Only NHS England and NHS Blood and Transplant saw an increase in the proportion of BME staff at VSM level.

5.2 WRES indicator 2 – Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

5.2.1 Data sources and reliability

All eight organisations submitted data for 2017 and 2018.

5.2.2 Overall results

- For all eight organisations, white applicants were relatively more likely to be appointed from shortlisting compared to BME staff.
- For six of the eight organisations the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants was higher than the NHS trusts average of 1.45. Only Care Quality Commission and NHS Blood and Transplant were lower.
- Four organisations saw an improvement in 2018 compared to 2017.

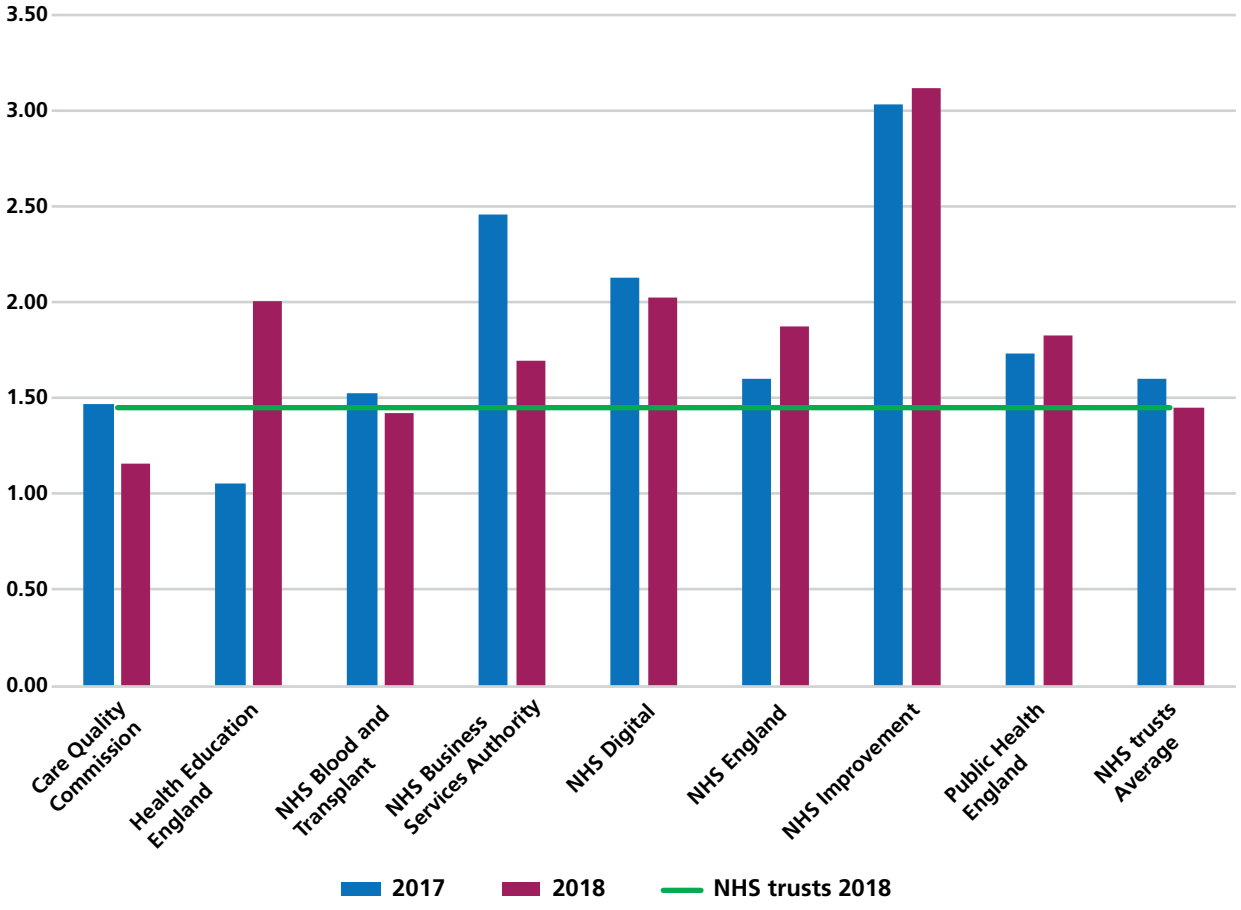
Table 8. Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants: 2017 and 2018

Organisation	2017	2018
Care Quality Commission	1.47	1.15
Health Education England	1.05	2.00
NHS Blood and Transplant	1.53	1.42
NHS Business Services Authority	2.46	1.70
NHS Digital	2.13	2.02
NHS England	1.60	1.88
NHS Improvement	3.03	3.11
Public Health England	1.73	1.82
NHS trusts Average	**1.60**	**1.45**

- For all eight organisations, white applicants were relatively more likely to be appointed from shortlisting compared to BME staff.
- The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants ranged from 1.15 for Care Quality Commission to 3.11 for NHS Improvement.

- Only Care Quality Commission had a relative likelihood that is within the non-adverse range of 0.8 to 1.25 based on the four fifths rule.
- For three organisations white applicants were more than twice as likely to be appointed from shortlisting compared to BME staff.
- Care Quality Commission, NHS Blood and Transplant, NHS Business Services Authority and NHS Digital saw an improvement in 2018 compared to 2017.

Figure 5. Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants: 2017 and 2018



- For six of the eight organisations, the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants was higher than the NHS trusts average of 1.45.

Table 9. BME shortlisting: 2018

Organisation	BME % of shortlisted
Care Quality Commission	18.7%
Health Education England	35.8%
NHS Blood and Transplant	18.4%
NHS Business Services Authority	14.8%
NHS Digital	18.5%
NHS England	34.7%
NHS Improvement	47.0%
Public Health England	38.0%

- BME staff comprised between 14.8% (NHS Business Service Authority) to 47.0% (NHS Improvement) of total shortlisted applicants. This shows that BME staff were applying for posts and getting shortlisted in significant proportions.

5.3 WRES indicator 3 – Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

5.3.1 Data sources and reliability

All organisations provided 2017 and 2018 data. This indicator will be based on a two-year rolling average. A small number of staff enter the formal disciplinary process and this can skew the figures. However, organisations must still review their processes to make sure that they are fair.

5.3.2 Overall results

- For NHS Blood and Transplant, NHS Digital and NHS England, BME staff had a higher relative likelihood of entering the formal disciplinary process compared to white staff. For Care Quality Commission, NHS Business Services Authority and Public Health England, white staff had a higher relative likelihood of entering the formal disciplinary process compared to BME staff.

- For Health Education England and NHS Improvement the relative likelihood could not be calculated for 2018 as no BME staff entered the formal disciplinary process.

- Across the eight organisations, the range of the relative likelihood of BME staff entering the formal disciplinary process is between 0.58 for Care Quality Commission to 2.61 for NHS England.

- In 2018 for Care Quality Commission, NHS Blood and Transplant, NHS Business Services Authority, NHS England and Public Health England, the relative likelihood of BME staff entering the formal disciplinary process compared to white staff improved compared to 2017.

Table 10. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff: 2018

Organisation	2017	2018
Care Quality Commission	1.14	0.58
Health Education England	-	-
NHS Blood and Transplant	1.49	1.40
NHS Business Services Authority	2.19	0.82
NHS Digital	0.00	1.44
NHS England	2.63	2.61
NHS Improvement	-	-
Public Health England	3.72	0.72
NHS trusts average	**1.37**	**1.24**

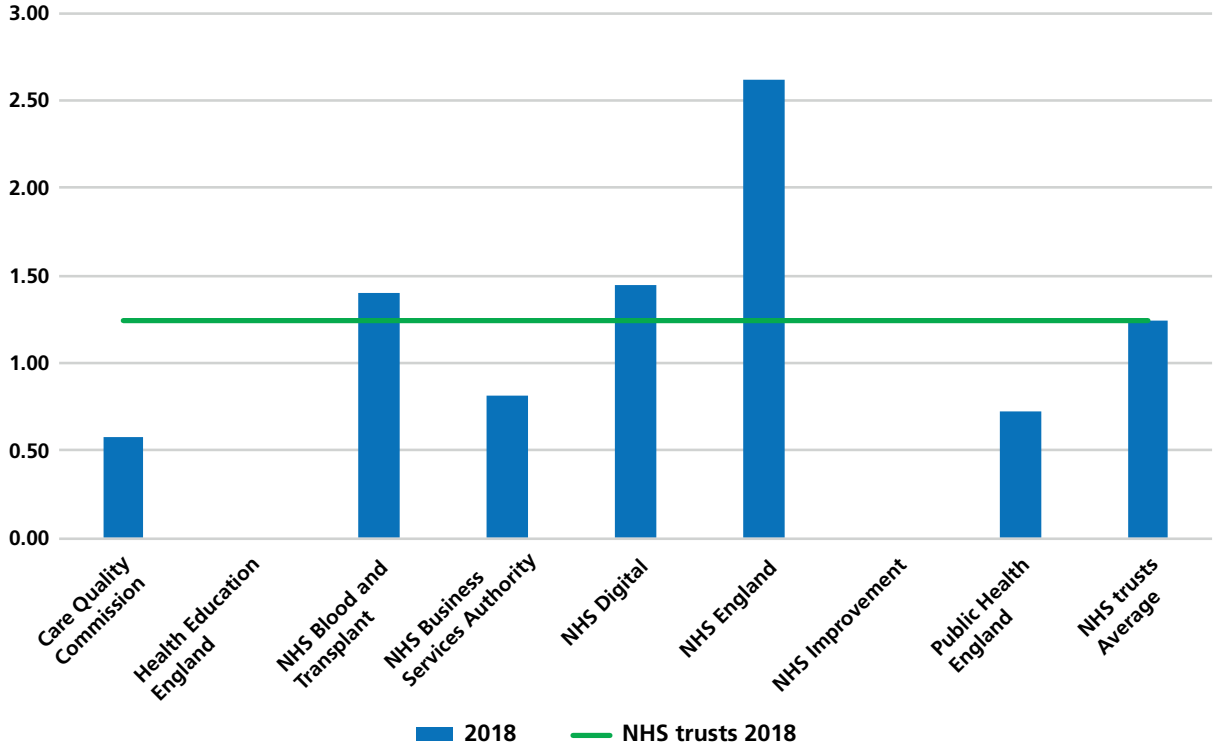
- Across the eight organisations, the relative likelihood of BME staff entering the formal disciplinary process compared to white staff ranged from 0.58 for Care Quality Commission to 2.61 for NHS England.

- For the Care Quality Commission, NHS Blood and Transplant, NHS Business Services Authority, NHS England and Public Health England, the relative likelihood of BME staff entering the formal disciplinary process compared to white staff improved in 2018 compared to 2017.

- For 2018, only NHS Business Services Authority, had a relative likelihood that is within the non-adverse range of 0.8 to 1.25 based on the four fifths rule.

- Across NHS England, the overall number of staff entering a formal process reduced from 24 in 2017 to 14 in 2018.

Figure 6: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff: 2018



- Three organisations had a relative likelihood of BME staff entering the formal disciplinary process compared to white staff that was higher than the NHS trusts average and three had a lower.

Table 11. Likelihood of staff entering the formal disciplinary process: 2018

Organisation	White	BME
Care Quality Commission	1 in 120	1 in 207
Health Education England	1 in 582	-
NHS Blood and Transplant	1 in 82	1 in 58
NHS Business Services Authority	1 in 128	1 in 158
NHS Digital	1 in 576	1 in 400
NHS England	1 in 508	1 in 194
NHS Improvement	1 in 472	-
Public Health England	1 in 730	1 in 1015
NHS trusts average	**1 in 87**	**1 in 69**

- The likelihood of staff entering the formal disciplinary process varied significantly between the different organisations. It ranged from one in 58 for BME staff at NHS Blood and Transplant to one in 1,015 for BME staff at Public Health England.

5.4 WRES indicator 4 – Relative likelihood of staff accessing non-mandatory training and continuing professional development (CPD)

5.4.1 Data sources and reliability

Six organisations, Care Quality Commission, Health Education England, NHS Blood and Transplant, NHS Digital, NHS England and NHS Improvement, provided data for this WRES indicator.

5.4.2 Overall results

- For Care Quality Commission BME and white staff were equally likely to access non-mandatory training and CPD.
- For Health Education England white staff were relatively more likely to access non–mandatory training and CPD compared to BME staff.
- For the rest of the organisations, BME staff were more likely to access non-mandatory training and CPD compared to white staff.
- For all organisations, the relative likelihood of white staff accessing non – mandatory training and CPD compared to BME staff was lower than the average for NHS trusts.
- The percentage of staff accessing non–mandatory training and CPD varied significantly, ranging from above 95% for staff at Care Quality Commission to 17.3% for white staff at NHS Blood and Transplant.

Table 12. Relative likelihood of white staff accessing non – mandatory training and continuing professional development (CPD) compared to BME staff: 2017 and 2018.

Organisation	2017	2018
Care Quality Commission	-	1.00
Health Education England	1.04	1.06
NHS Blood and Transplant	0.79	0.59
NHS Digital	-	0.78
NHS England	0.90	0.92
NHS Improvement	-	0.69
NHS trusts average	**1.22**	**1.15**

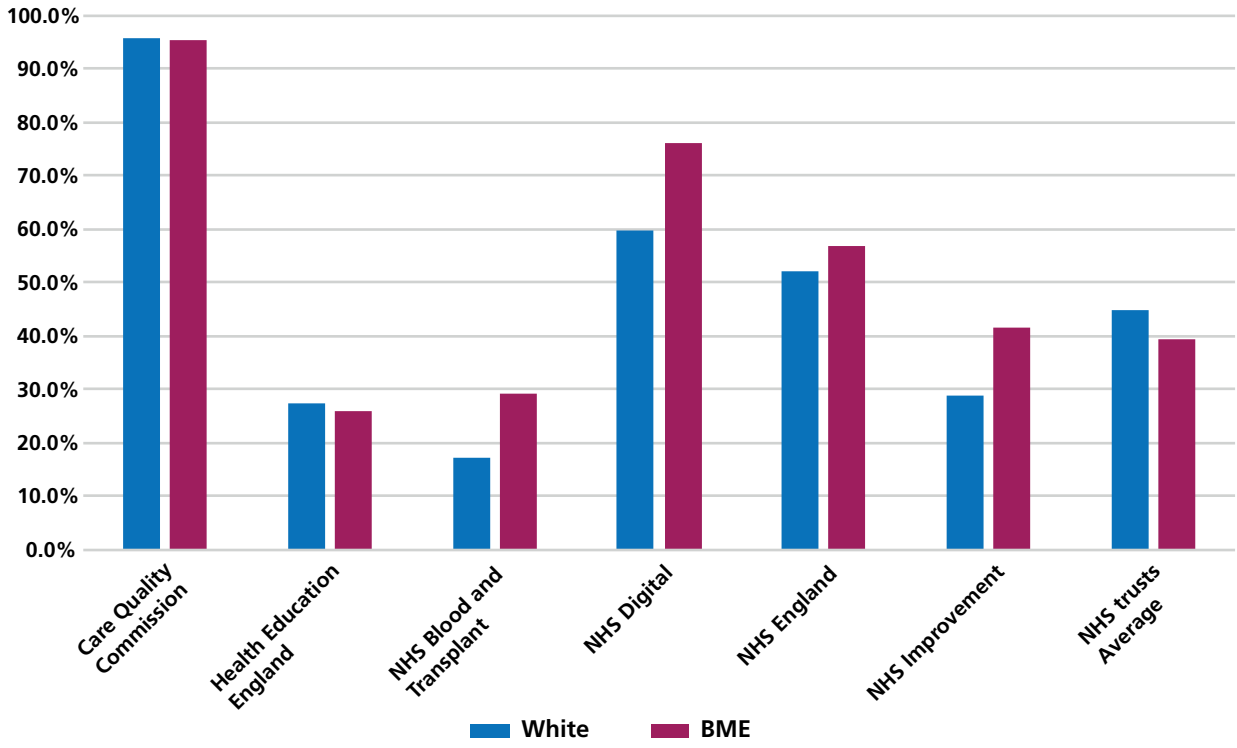
- For Health Education England white staff were relatively more likely to access non–mandatory training and CPD compared to BME staff.
- For Care Quality Commission, BME and white staff were equally likely to access non-mandatory training and CPD.
- For NHS Blood and Transplant, NHS Digital, NHS England and NHS Improvement, BME staff were more likely to access non-mandatory training and CPD.
- For all organisations the relative likelihood of white staff accessing non – mandatory training and CPD compared to BME staff was lower than the average for NHS trusts.
- Care Quality Commission, Health Education England, and NHS England had a relative likelihood that was within the non-adverse range of 0.8 to 1.25 based on the four fifths rule.

Table 13. Percentage of staff accessing non–mandatory training and continuing professional development (CPD): 2018

Organisation	White	BME
Care Quality Commission	95.7%	95.4%
Health Education England	27.4%	25.9%
NHS Blood and Transplant	17.3%	29.2%
NHS Digital	59.7%	76.1%
NHS England	52.2%	56.9%
NHS Improvement	28.8%	41.8%
NHS trusts average	**45.0%**	**39.3%**

- The percentage of staff accessing non–mandatory training and CPD varied significantly, ranging from above 95% for staff at Care Quality Commission to 17.3% for white staff at NHS Blood and Transplant.

Figure 7: Percentage of staff accessing non–mandatory training and continuing professional development (CPD): 2018



- Care Quality Commission, NHS Digital, and NHS England BME had a higher percentage of staff accessing non-mandatory training and CPD compared to the NHS trust average.

5.5 WRES indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

5.5.1 Data sources and reliability

Although the Care Quality Commission and NHS England provided some data for this indicator, due to the low number of responses, the data could not be analysed. This is not a data quality issue; rather it reflects the fact that, in the main, the national healthcare organisations are not patient-facing.

5.6 WRES indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

5.6.1 Data sources and reliability

The data for this indicator are taken from staff surveys carried out by the organisations. Six organisations provided data for this indicator: Care Quality Commission, Health Education England, NHS Blood and Transplant, NHS England and Public Health England. Owing to reporting timeframes, the data listed in this report for 2018 refers to 2017 annual survey and the data for 2017 refers to 2016 survey.

As with all survey-based indicators, the data and their comparisons can be limited by varying response rates between organisations.

5.6.2 Overall results

- BME staff are more likely to have experienced harassment, bullying or abuse from staff compared to white staff for all organisations that provided data for this indicator.
- Compared to the NHS trust average, a lower percentage of staff across all national healthcare organisations reported experiencing harassment, bullying or abuse from staff in last 12 months – this was true for both white and BME staff.
- NHS England had the biggest percentage points (7%) difference between BME and white staff that experienced harassment, bullying or abuse from staff.
- Only NHS England has seen an increase in the percentage of staff experiencing harassment, bullying or abuse from staff. This is for both BME and white staff.

Table 14. Percentage of staff experiencing harassment, bullying or abuse from other staff in last 12 months: 2018

Organisation	% White	% BME
Care Quality Commission	11.0%	12.0%
Health Education England	13.7%	15.0%
NHS Blood and Transplant	13.9%	16.5%
NHS England	20.0%	27.0%
Public Health England	10.0%	15.0%
NHS trusts average	**23.3%**	**27.8%**

- For all organisations, a higher percentage of BME staff reported experiencing harassment, bullying or abuse from staff in the last 12 months compared to white staff.
- NHS England had the biggest percentage points (7%) difference between BME and white staff that experienced harassment, bullying or abuse from staff.

Table 15. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months: 2017 and 2018

Organisation	2017 % White	2017 % BME	2018 % White	2018 % BME
Care Quality Commission	11.0%	14.0%	11.0%	12.0%
Health Education England	22.0%	22.0%	13.7%	15.0%
NHS Blood and Transplant	16.2%	19.7%	13.9%	16.5%
NHS England	18.0%	25.0%	20.0%	27.0%
Public Health England	-	-	10.0%	15.0%
NHS trusts average	**23.0%**	**26.0%**	**23.3%**	**27.8%**

- Only NHS England has seen an increase in the percentage of staff experiencing harassment, bullying or abuse from staff. This is for both BME and white staff.
- All organisations have levels of harassment, bullying or abuse that is lower than the average for NHS trusts.

5.7 WRES indicator 7 – Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion

5.7.1 Data sources and reliability

The data for this indicator are taken from staff surveys carried out by the organisations. Five organisations provided data for this indicator: Care Quality Commission, Health Education England, NHS Blood and Transplant, NHS England, and NHS Improvement. Owing to reporting timeframes, the data listed in this report for 2018 refers to 2017 annual survey and the data for 2017 refers to 2016 survey.

As with all survey-based indicators, data can be limited by varying response rates between organisations.

The importance of carrying out staff surveys on a routine basis, including questions such that which relates to this WRES indicator, is encouraged.

5.7.2 Overall results

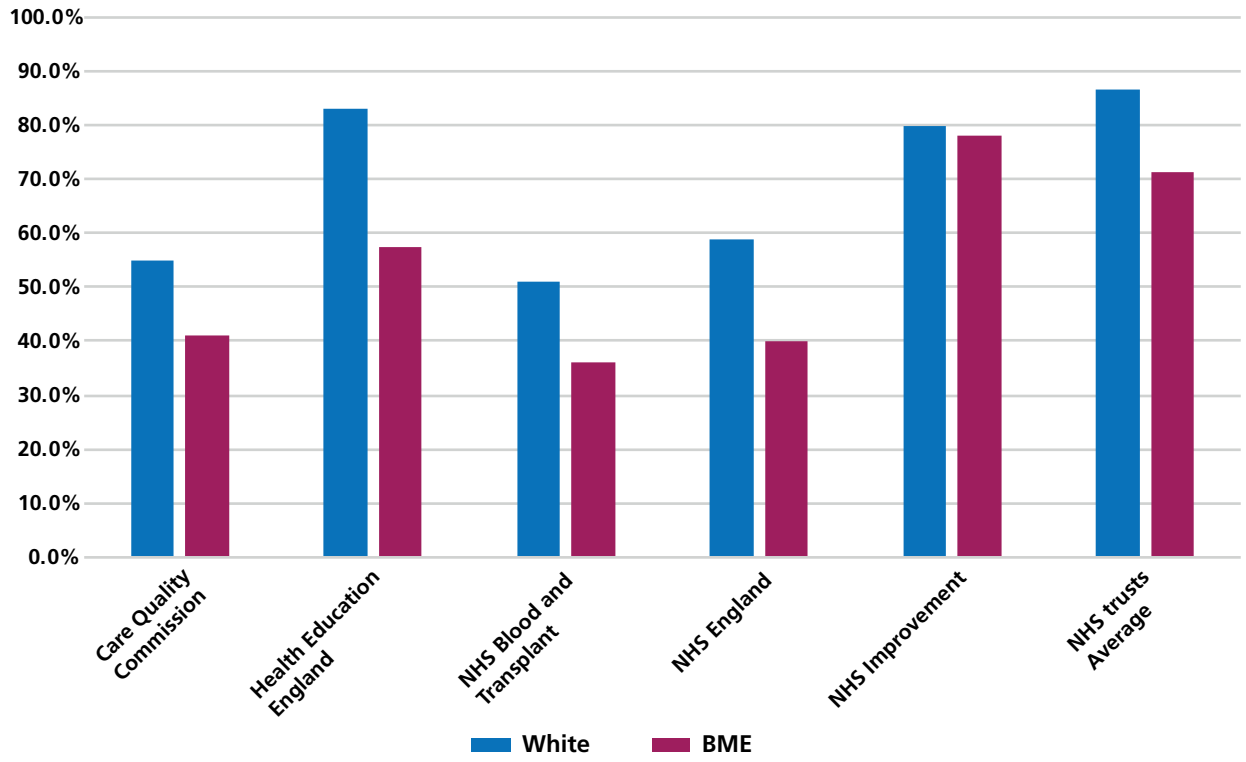
- For all organisations that provided data, BME staff were less likely to believe that their organisation provided equal opportunities for career progression or promotion.
- Less than half of BME staff at Care Quality Commission, NHS Blood and Transplant and NHS England believed that their organisation provided equal opportunities for career progression or promotion.
- NHS Blood and Transplant has the lowest percentage of staff believing in equal opportunities for both BME (36%) and white staff (51%).
- Compared to the NHS trusts average, a lower percentage of staff believed that their organisation provided equal opportunities for career progression or promotion for all organisations that provided data for this indicator.
- The Care Quality Commission, Health Education England, NHS Blood and Transplant and NHS England all saw a decrease in the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion. This was for both white and BME staff.
- NHS Improvement saw an improvement for both white and BME staff on this WRES indicator.

Table 16. Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion: 2018

Organisation	% White	% BME
Care Quality Commission	55.0%	41.0%
Health Education England	83.0%	57.3%
NHS Blood and Transplant	51.0%	36.0%
NHS England	59.0%	40.0%
Public Health England	80.0%	78.0%
NHS trusts average	**86.6%**	**71.5%**

- For all organisations a lower percentage of BME staff believed that their organisation provided equal opportunities for career progression or promotion compared to white staff.
- Health Education England had the biggest difference between the percentage of BME (57.3%) and white staff (83%) that believed that their organisation provided equal opportunities for career progression or promotion. NHS Improvement had the smallest difference, 80% for white and 78% for BME.
- Less than half of BME staff at Care Quality Commission, NHS Blood and Transplant and NHS England believed that their organisation provided equal opportunities for career progression or promotion.
- NHS Blood and Transplant has the lowest percentage of staff believing in equal opportunities for both BME (36%) and white staff (51%).

Figure 8: Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion: 2018



- For Care Quality Commission, Health Education England, NHS Blood and Transplant and NHS England a lower percentage of staff believed that their organisation provided equal opportunities for career progression or promotion compared to the average for NHS trusts.

- Compared to the NHS trusts average, a higher percentage of BME staff at NHS Improvement believed that their organisation provided equal opportunities for career progression or promotion.

Table 17. Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion: 2017 and 2018

Organisation	2017 % White	2017 % BME	2018 % White	2018 % BME
Care Quality Commission	56.0%	44.0%	55.0%	41.0%
Health Education England	88.0%	69.0%	83.0%	57.3%
NHS Blood and Transplant	47.8%	42.3%	51.0%	36.0%
NHS England	72.0%	51.0%	59.0%	40.0%
Public Health England	80.0%	78.0%	80.0%	78.0%
NHS trusts average	**88.0%**	**76.0%**	**86.6%**	**71.5%**

- The Care Quality Commission, Health Education England, NHS Blood and Transplant and NHS England all saw a decrease in the percentage of staff believing that their organisation provided equal opportunities for career progression or promotion. This was for both white and BME staff.

5.8 WRES indicator 8 – In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleague?

5.8.1 Data sources and reliability

The data for this indicator are taken from staff surveys carried out by the national organisations. Seven organisations provided data for this indicator: Care Quality Commission, Health Education England, NHS Blood and Transplant, NHS England, NHS Improvement and Public Health England. Owing to reporting timeframes, the data listed in this report for 2018 refers to 2017 annual survey and the data for 2017 refers to 2016 survey.

As with all survey-based indicators, data can be limited by varying response rates between organisations.

5.8.2 Overall results

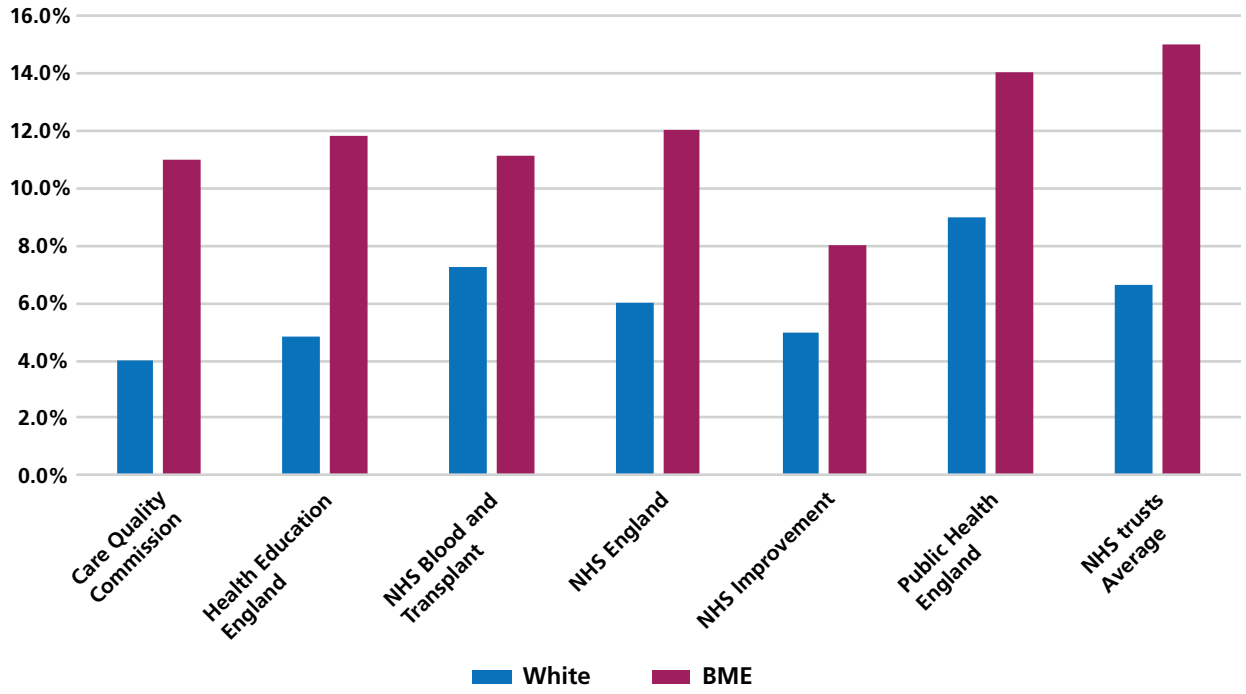
- For all organisations submitting data, BME staff were more likely to report having personally experienced discrimination at work from a manager, team leader or other colleague.
- BME staff in Care Quality Commission, Health Education England and NHS England were more than twice as likely as white staff to report having personally experienced discrimination.
- Public Health England staff reported the highest percentage of staff having personally experienced discrimination at work in the last 12 months for both white and BME staff.
- Care Quality Commission and Health Education England saw an increase in the percentage of BME staff who experienced discrimination at work.

Table 18. Percentage of staff reporting have you personally experienced discrimination at work from a manager, team leader or other colleague: 2018.

Organisation	% White	% BME
Care Quality Commission	4.0%	11.0%
Health Education England	4.8%	11.8%
NHS Blood and Transplant	7.3%	11.1%
NHS England	6.0%	12.0%
NHS Improvement	5.0%	8.0%
Public Health England	9.0%	14.0%
NHS trusts average	**6.6%**	**15.0%**

- For all organisations BME staff were more likely to report having personally experienced discrimination at work in the last 12 months compared to white staff.
- BME staff in Care Quality Commission, Health Education England and NHS England were more than twice as likely as white staff to report having personally experienced discrimination.

Figure 9. Percentage of staff reporting having personally experienced discrimination at work from a manager / team leader or other colleagues: 2018



- Public Health England staff reported the highest percentage of staff having personally experienced discrimination at work in the last 12 months for both white and BME staff.
- NHS Improvement had the lowest percentage of BME staff (8%) who personally experienced discrimination at work.
- Care Quality Commission had the lowest percentage of white staff (4%) who personally experienced discrimination at work.

Table 19. Percentage of staff reporting have you personally experienced discrimination at work from a manager, team leader or other colleague: 2017 and 2018.

Organisation	2017 % White	2017 % BME	2018 % White	2018 % BME
Care Quality Commission	4.0%	8.0%	4.0%	11.0%
Health Education England	4.0%	9.0%	4.8%	11.8%
NHS Blood and Transplant	6.0%	14.0%	7.3%	11.1%
NHS England	6.0%	14.0%	6.0%	12.0%
NHS Improvement	8.0%	5.0%	8.0%	5.0%
Public Health England	9.0%	14.0%	9.0%	14.0%
NHS trusts average	**6.0%**	**13.8%**	**6.6%**	**15.0%**

- NHS Blood and Transplant and NHS England saw a decrease in the percentage of BME staff who experienced discrimination at work.
- Care Quality Commission and Health Education England saw an increase in the percentage of BME staff who experienced discrimination at work.
- Only Health Education England also saw an increase in the percentage of white staff who experienced discrimination at work.

5.9 WRES indicator 9 – Percentage difference between the organisations' board membership and its overall workforce

5.9.1 Data sources and reliability

The data for WRES indicator 9 were submitted using the template provided by the WRES team. All eight organisations submitted data for this indicator.

Care is needed when comparing the percentage of board members from each ethnic group in each board. Boards typically have between 11 - 24 members. Given these small numbers, differences in the number of board members declaring their ethnicity can have a large impact on the percentage of members in each ethnic group for each organisation. For this reason, we also present the percentage of members for whom we do not know ethnicity.

It should also be noted that Public Health England does not have an executive board. It has an advisory board that has no executive authority. Its role is to advise, support and constructively challenge the chief executive of the organisation. The highest decision-making body level of authority in Public Health England is the management committee of directors. Therefore, it is the data for this group which has been reported.

5.9.2 Overall results

- According to data provided NHS Business Services Authority had no BME board member. It should be noted that the organisation has board members who did not declare their ethnicity.

- NHS Digital, and NHS Improvement reported having two BME board members each. Care Quality Commission, Health Education England, NHS Blood and Transplant, and NHS England had one BME board member each.

- NHS Improvement saw an increase in the number of BME board members increase from zero to two.

- Care Quality Commission, NHS Blood and Transplant, NHS Business Services Authority, and NHS England saw no change in the number of BME board members.

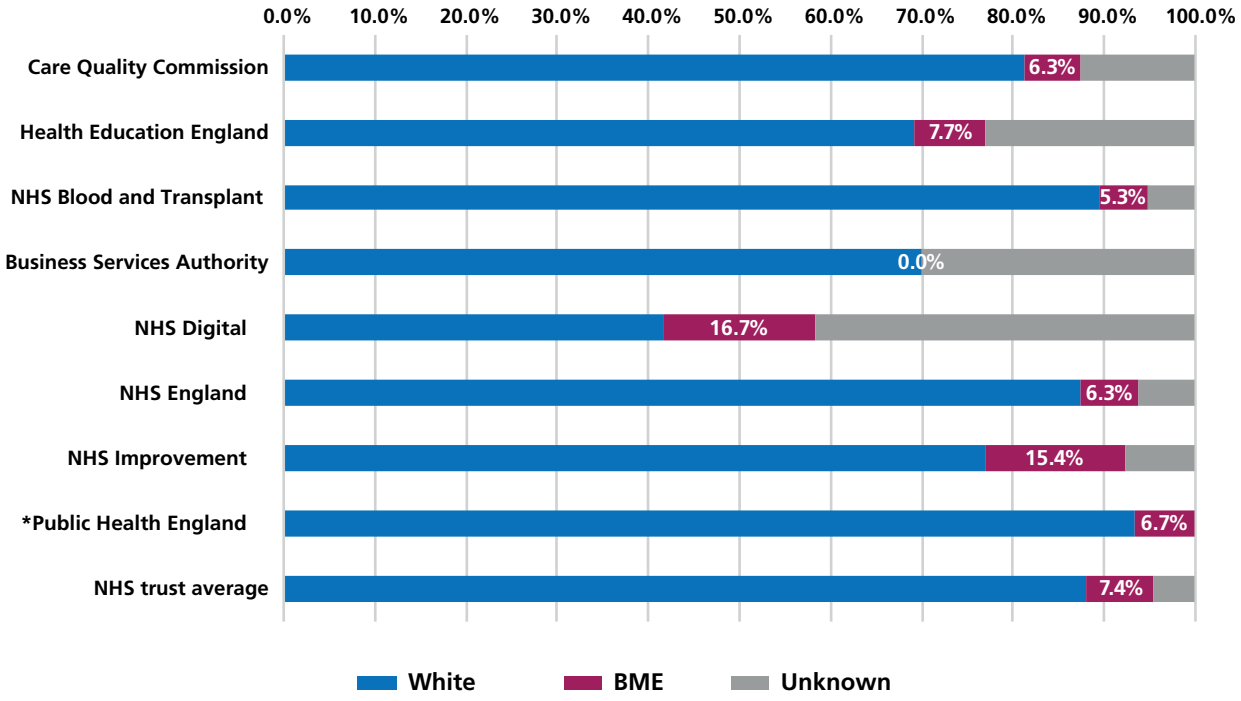
Table 21. Board membership by ethnicity: 2018

Organisation	White	BME	Unknown	Total board members
Care Quality Commission	13 (81.3%)	1 (6.3%)	2 (12.5%)	16
Health Education England	9 (69.3%)	1 (7.7%)	4 (23.1%)	13
NHS Blood and Transplant	17 (89.5%)	1 (5.3%)	1 (5.3%)	19
NHS Business Services Authority	7 (70%)	0 (0%)	3 (30%)	10
NHS Digital	5 (41.7%)	2 (16.7%)	5 (41.7%)	12
NHS England	14 (87.5%)	1 (6.3%)	1 (6.3%)	16
NHS Improvement	10 (77%)	2 (15.4%)	1 (7.7%)	13
*Public Health England	14 (93.3%)	1 (6.7%)	0 (0%)	15
NHS trust average	**88.1%**	**7.4%**	**4.5%**	

** Figures are for Public Health England's management committee.*

- According to data provided NHS Business Services Authority had no board member who was reported as BME. It should be noted that the organisation has three board members who did not declare their ethnicity.
- NHS Digital and NHS Improvement reported having two BME board members each.
- Care Quality Commission, Health Education England, NHS Blood and Transplant, and NHS England had one BME board member each.
- Public Health England has one BME representative on the management committee.

Figure 10. Board members by ethnicity: 2018



** Figures are for Public Health England's management committee.*

- NHS Digital, and NHS Improvement have BME representation that is higher than the average BME board representation for NHS trusts.

Table 22. Difference between the organisations' board membership and its overall workforce: 2018.

Organisation	% BME staff	% BME board	Difference
Care Quality Commission	12.8%	6.3%	-6.6%
Health Education England	14.4%	7.7%	-6.7%
NHS Blood and Transplant	13.6%	5.3%	-8.3%
NHS Business Services Authority	5.5%	0.0%	-5.5%
NHS Digital	12.4%	16.7%	4.3%
NHS England	15.7%	6.3%	-9.4%
NHS Improvement	19.9%	15.4%	-4.5%
*Public Health England	18.6%	6.7%	-11.9%
NHS trust average	**19.1%**	**7.4%**	**-11.7%**

** Figures are for Public Health England's management committee.*

- As table 22 shows, all organisations except NHS Digital have lower BME board representation compared to the proportion of BME staff in their organisation.

Table 23. BME board members: 2017 and 2018

Organisation	2017 BME board members	2018 BME board members	Difference
Care Quality Commission	1	1	0
Health Education England	2	1	-1
NHS Blood and Transplant	1	1	0
NHS Business Services Authority	0	0	0
NHS Digital	0	2	2
NHS England	1	1	0
NHS Improvement	0	2	2
*Public Health England	2	1	-1

Based on staff who declared their ethnicity.
** Figures are for Public Health England's management committee.*

- NHS Improvement saw an increase the number of BME board members increase from zero to two.
- Care Quality Commission, NHS Blood and Transplant, NHS Business Services Authority, and NHS England saw no change in the number of BME board members.
- Public Health England had one less BME management committee member in 2018 compared to 2017.
- The increase in the number of BME board members for NHS Digital is due to improved reporting and not a change in the board make up.

6. Next steps and conclusions

This report is a clear reminder of the challenge and opportunity facing national healthcare organisations to lead by example on this critical agenda. Boards of organisations recognise the fact that returns on investment on this agenda are cumulative and measurable in terms of greater staff engagement and satisfaction; better patient outcomes and more efficient use of resources.

The WRES is designed to help initiate continuous improvement in the treatment of and opportunities for BME staff across the healthcare system. Holding up a mirror to organisations regarding their own data is an essential first step to realising that goal. The data are now enabling organisations to learn from each other, using the WRES as a catalyst for change.

The chairs of national healthcare organisations recently committed to embarking on a collaborative approach on workforce race equality – working in partnership to improve their organisational performance on this agenda. The national WRES team will support national healthcare organisations and their boards on this journey of continuous improvement, just as it is for local NHS organisations across the country.

More than ever before, there is now a clear focus on workforce race equality in the NHS, this is reflected in the NHS Long Term Plan; and together with the setting of the national goal: that NHS leadership should be as diverse as the rest of the workforce within the next ten years, we have a strong direction for travel.

7. Annex: The WRES indicators (2018)

	Workforce indicators For each of the four workforce indicators, compare the data for white and BME staff
1.	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: • Non-clinical staff • Clinical staff, of which Non-medical staff Medical and dental staff Note: Definitions for these categories are based on Electronic Staff Record occupation codes except for medical and dental staff, which are based upon grade codes.
2.	Relative likelihood of staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator is based on data from a two-year rolling average of the current year and the previous year.
4.	Relative likelihood of staff accessing non-mandatory training and CPD
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
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
	Board representation indicator For this indicator, compare the difference for white and BME staff
9.	Percentage difference between the organisations' board membership and its overall workforce disaggregated: • By voting membership of the board • By executive membership of the board