

Workforce Race Equality Standard (WRES) update: WRES data and leadership representation strategy

Summary

This strategy on improving black and minority ethnic (BME) representation across NHS leadership and the wider workforce has been agreed by both NHE England and NHS Improvement; its content has been built on international evidence of best practice, with input from key stakeholders and relevant national healthcare bodies. The resourcing of the strategy will mean an expanded and permanent WRES team, and a new governance structure.

Background

An extensive programme of WRES work, underpinned by evidence based strategy and operational interventions, is showing year-on-year improvements for BME staff across the NHS on a range of indicators, including:

- appointment from shortlisting
- reducing the disproportionate rate of BME staff disciplinary action
- access to non-mandatory training and courses

The latest WRES data show:

- the overall number and proportion of BME staff working in the NHS is increasing. In 2018 there were 25,812 more BME staff compared to 2016, an increase from 17.4% to 18.9%;
- the number of BME staff at band 8a to VSM increased by 1,699, from 9.7% to 11.2%;
- however, the gap between the percentage of overall BME staff and representation at band 8a to VSM has not increased at the same rate and has remained constant over time, at 7.7%;
- to close the gap, we need to increase the recruitment and progression of BME staff across the entire workforce pipeline.

Table: BME representation changes across NHS trusts and CCGs: 2016 – 2018

	2016	2017	2018
Total BME workforce	17.40% (204,377)	18.09% (216,644)	18.94% (230,189)
BME in AfC bands 8a to VSM	9.74% (6,447)	10.40% (7,207)	11.20% (8,146)
Gap	7.65%	7.69%	7.74%

There exists a huge reservoir of talent which is not being tapped into by virtue of the barriers that are often placed in the way of staff development and opportunities. The NHS is at its best when it reflects the diversity of the country and where the leadership of organisations reflects its workforce.

Ambition for leadership representation

There is robust evidence for the effectiveness of having an ambition that is based upon a commitment to specific goals, monitored by frequent feedback.¹ Organisations are more likely to focus on an issue at hand if an official goal exists

¹ Jayne, M.E., & Dipboye, R.L. (2004). Leveraging diversity to improve business performance: Research findings and recommendations for organisations. *Human resource management*, 43(4), 409-424

to act as a reminder of what needs to be achieved. These should embody challenge, specificity, and need to be reinforced by accountability.

This approach is in line with the direction of travel highlighted by the WRES data; it is aligned to the commitments set out in the NHS Long Term Plan, and the national goal set for the public sector by the government that leadership should match BME representation in the wider workforce within the next ten years.

Overarching aspiration for the NHS

Statistical analyses based upon current trajectory and data present three models: equality in representation across the AfC bands in the NHS (e.g. where the proportion of BME VSMs in NHS trusts and CCGs equals the proportion of BME staff overall) by 2023, 2028, and 2033. Using the example of the VSM band, these models are set-out in Table 2 below for NHS trusts and for CCGs.

Table: Options for BME VSM recruitment in NHS trusts and CCGs

	Proportion of BME workforce ¹	Proportion of BME VSMs ¹	Additional VSM recruitment activity per year in order to reach equality ³ by:		
			2023	2028	2033
NHS trusts	1 in 6	1 in 18	1 in 3 recruits from BME (56) ²	1 in 4 recruits from BME (41) ²	1 in 5 recruits from BME (36) ²
CCGs	1 in 7	1 in 10	1 in 6 recruits from BME (18) ²	1 in 7 recruits from BME (16) ²	

¹ The analysis uses 2018 data for both NHS trusts and CCGs across all bands.

¹ BME proportions are recorded as a total of known ethnicities.

² Values in brackets are the number of BME VSM recruits required per year to reach equality.

³ Reaching the value in column "Proportion of BME workforce" (note: by 2033 this may have changed).

A stretching, and yet achievable aspiration for the NHS would be to reach leadership equality across the pipeline by 2028. This is the recommended model in this area, it aligns with the timeframe announced by the government on this aspiration for the public sector, it is in line with the timeframe for the NHS Long Term Plan, and is the basis upon which this strategy is informed.

If we take VSM band as an example, the model will mean that 1 in every 4 of all VSM staff recruited in NHS trusts are from a BME background; this is an additional 41 BME VSM recruits across all NHS trusts per year. For CCGs this will mean one in every seven VSM staff recruited in CCGs are of a BME background; an additional 16 BME VSM recruits across all CCGs per year.

The aspiration will be used to further galvanize action in this area, accelerating and extending the current WRES programme of work across the NHS.

Aspirations at organisational level

Locally defined goals across the pipeline, tailored to an organisation's circumstances and workforce composition, will support delivery of the overarching national goal of leadership across the NHS representing the workforce that it serves.

The above national model proposal, and the 2028 timeframe, can be applied to local NHS organisations. As an example, AfC band 8a recruitment aspirations for two NHS trusts (University College London Hospitals NHS Foundation Trust, and Newcastle Upon Tyne NHS Foundation Trust), based upon their respective BME workforce composition, are presented in the table below.

Table: Goal setting for band 8a BME recruitment in two NHS trusts

	Proportion of BME workforce ¹	Proportion of BME band 8a ¹	Additional band 8a recruitment activity per year in order to reach equality ³ by:
			2028
UCLH NHS FT	1 in 2	1 in 4	6 in 10 recruits from BME (19) ²
Newcastle Upon Tyne NHS FT	1 in 12	1 in 58	1 in 9 recruits from BME (3) ²

¹ The analysis uses 2017 data for the specified hospitals.

¹ BME proportions are recorded as a total of known ethnicities.

² Values in brackets are the number of BME band 8a recruits required per year to reach equality

³ Reaching the value in column "Proportion of BME workforce" (note: by 2028 this may have changed).

Based upon their respective workforce composition, the 2028 model will mean that UCHL recruits six in every ten of all band 8a staff from a BME background; this will be an additional 19 BME recruits to band 8a across UCHL per year. For Newcastle Upon Tyne NHS FT, the 2028 model will mean that one in every nine BME staff recruited to band 8a is of a BME background; that it's an additional three BME band 8a recruits across that trust per year.

Whilst data on the necessary increases in BME staff across the AfC bands will be made available to organisations, we acknowledge that individual trusts and CCGs will know their workforce and their populations best, and will therefore be best placed to develop their own robust action plans to support this agenda.

Arm's length bodies (ALBs) leading the way

NHS Improvement and NHS England have committed to lead the way with personal commitment from both boards, and concerted work from Baroness Harding and

Lord Prior. ALBs implement the WRES and their respective organisational WRES data are published annually. In the same spirit of transparency and continuous improvement, the ALBs will also work towards the system-wide aspiration of leadership reflecting the diversity of their respective workforce.

WRES team and reporting structure

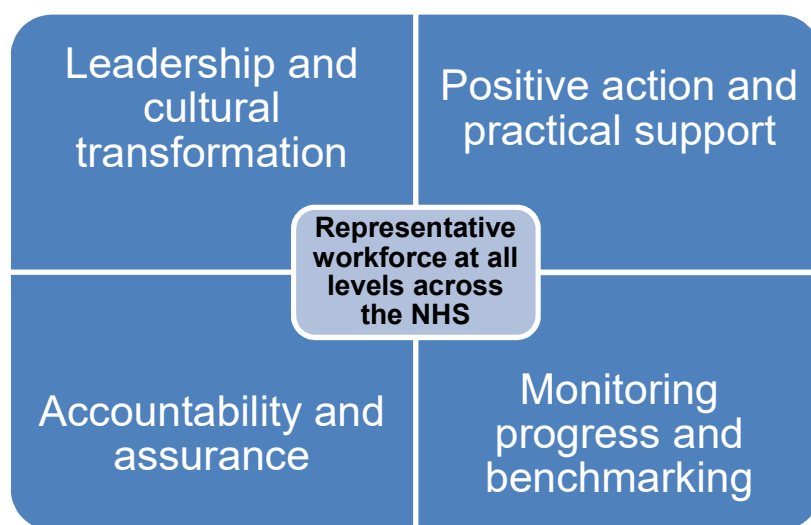
The WRES team will support the wider system to focus on driving improvements in BME representation at senior levels across the NHS – building a sustainable talent pipeline for the future. Going forward, the WRES team has been given permanent status and its resources expanded – this will include ensuring regional presence for delivery.

The new reporting structure has been confirmed with the WRES team (and the WRES Strategic Advisory Group) now reporting directly to the joint NHS England/NHS Improvement board.

Supporting delivery of the ambition

A clear focus will be upon both growing and supporting existing BME talent from within the NHS, as well as attracting talent from outside of the NHS.

Figure: Evidence based model for improving BME representation across the NHS workforce



The operational expression of the strategy is underpinned by both interventions that support BME staff to grow and flourish, as well as focussing upon transforming cultures and processes within the organisations for which they work. This programme of work will require delivery of four interlinked components and associated priorities.

Next steps

Over the coming months, the WRES team will finalise the detailed action plan to support NHS organisations in delivering the objectives to achieve our ambition.

The WRES team and the WRES SAG are now required to:

1. Provide strong leadership, best practice, targeted support and expert advice to the wider healthcare system;

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2. Confirm a robust action plan for delivery agreed by the NHS England/NHS Improvement board that will help deliver on the strategy and on the related commitments set out in the NHS Long Term Plan;
3. Continue to work with all NHS organisations, included those contracted to deliver NHS services, to improve workforce equality and diversity in the NHS.

EDC is asked to:

1. Note the strategic approach outlined above;
2. Agree that the WRES team and WRES SAG attend EDC meetings at least annually to update on progress, discuss relevant challenges and receive input from EDC members.

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