2017 WRES DATA ANALYSIS FOR NATIONAL HEALTHCARE ORGANISATIONS

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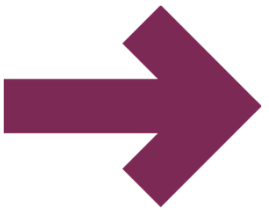
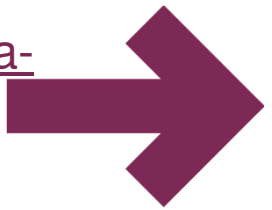
Background

- Data and metrics is one piece of the jigsaw of conditions that help shift the ‘dial’ on workforce race inequality.
- WRES programme has, in the main, focused upon local NHS organisations.
- WRES implementation is not an obligatory requirement for national ALBs, but important re: system leadership role of ALBs.
- Six national ALBs submitted WRES data for 2017 – first time we have supported collective reporting (CQC, HEE, NHS Digital, NHS England, NHS Improvement, PHE).



Methodology

- Individual organisations submitted their WRES data directly to the WRES team, using a central data collection template.
- Differences between the six organisations and implications for data analyses.
- Data were reviewed and checked for accuracy; anomalies were raised with the respective organisation.
- Data were analysed and a draft report was circulated to all organisations to review and feedback.
- Final report was published on 28 March 2018: https://www.england.nhs.uk/wp-content/uploads/2018/03/wres-data-analysis-report-albs.pdf



The 9 WRES indicators

NHS England

Indicator 1	Indicator 2	Indicator 3	Indicator 4	
• Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce	• Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts	• Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process	• Relative likelihood of BME staff accessing non mandatory training and CPD as compared to white staff	
Indicator 5	**Indicator 6**	**Indicator 7**	**Indicator 8**	**Indicator 9**
• KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	• KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	• KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	• Q17. Percentage of staff experiencing harassment, bullying or abuse from manager/team leader or colleague	• Percentage difference between the organisations' Board membership and its overall workforce

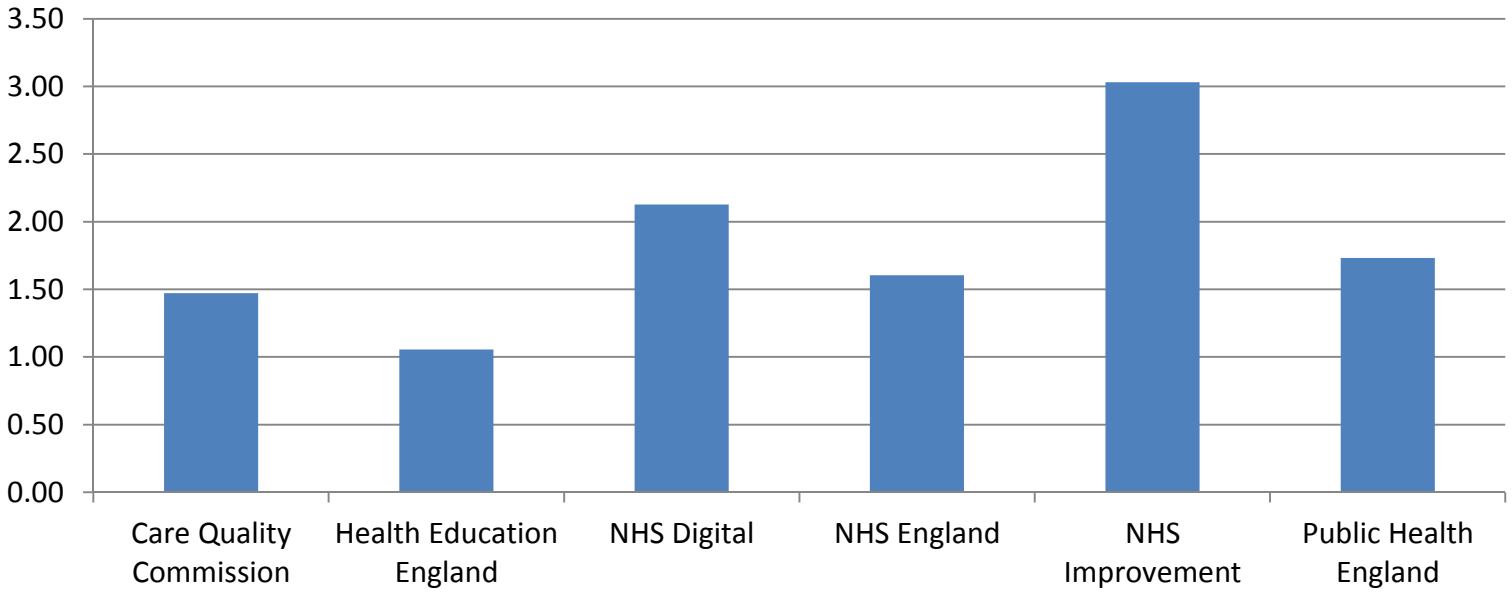
Workforce by ethnicity: 2017

Organisation	White	BME	Unknown
Care Quality Commission	78.3%	12.7%	9.1%
Health Education England	77.0%	13.5%	9.5%
NHS Digital	78.1%	13.1%	8.9%
NHS England	73.7%	14.0%	12.3%
NHS Improvement	67.0%	16.4%	16.6%
Public Health England	65.9%	17.7%	16.3%
NHS trust average	**79.9%**	**16.3%**	**3.8%**

- The percentage of BME workforce ranged from 12.7% at the Care Quality Commission, to 17.7% at Public Health England. The national average of BME staff across NHS trusts is 16.3%.

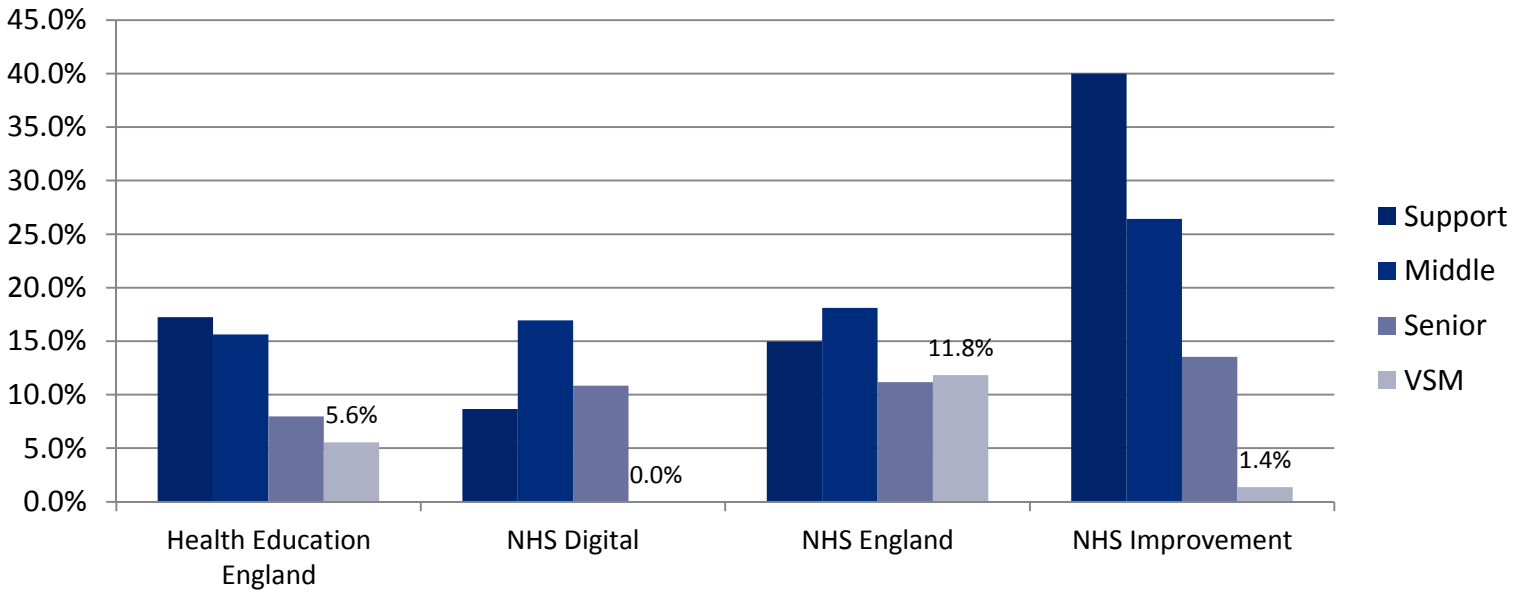
- Four of the six organisations had BME staff representation that is lower than the national average for NHS trusts.

Relative likelihood of white staff being appointed from shortlisting compared to BME staff



The relative likelihood of white staff being appointed from shortlisting compared to BME staff ranged from 1.05 for Health Education England, to 3.03 for NHS Improvement.

Percentage of BME staff by AfC pay band



BME staff were over-represented in the 'support' (AfC bands 1-4) and 'middle' staff bandings (AfC bands 5-7), and under-represented in the 'senior' (AfC bands 8a-9) and VSM bands.

Indicators 2 - 4

Organisation	Indicator 2	Indicator 3	Indicator 4
Care Quality Commission	1.47	1.15	N/A
Health Education England	1.05	0.00	1.00
NHS Digital	2.13	1.20	N/A
NHS England	1.60	2.63	0.90
NHS Improvement	3.03	-	N/A
Public Health England	1.73	2.09	N/A

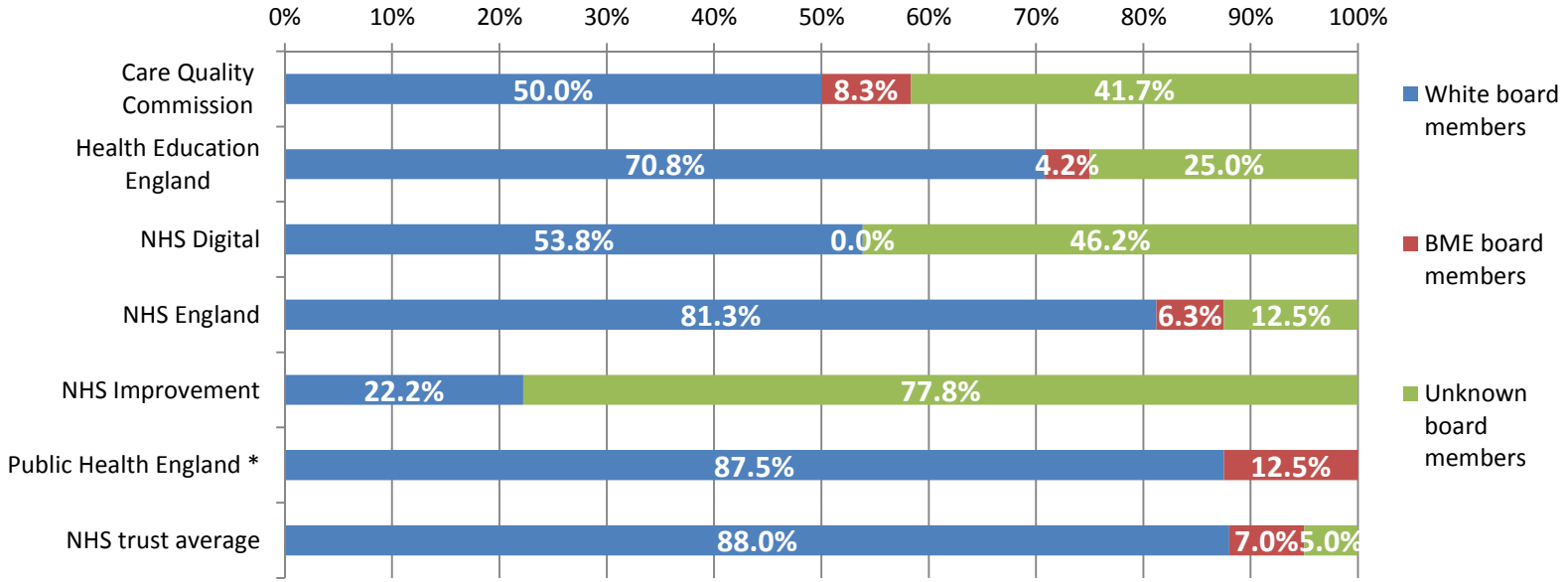
- In all six organisations there was a greater likelihood of white staff being appointed from shortlisting compared to BME staff.
- For four out of the five organisations that submitted data for 2017, BME staff were relatively more likely to enter the formal disciplinary process compared to white staff.

Indicators 6 - 8

Organisation	Indicator 6		Indicator 7		Indicator 8	
	White staff	BME staff	White staff	BME staff	White staff	BME staff
Care Quality Commission	11%	14%	56%	44%	4%	8%
Health Education England	22%	22%	88%	69%	4%	9%
NHS Digital	8%	13%	N/A	N/A	N/A	N/A
NHS England	18%	25%	72%	51%	6%	14%
NHS Improvement	N/A	N/A	72%	68%	5%	8%
Public Health England	10%	15%	N/A	N/A	9%	14%

- BME staff are more likely to report experiencing harassment, bullying or abuse from staff compared to white staff in four out of the five organisations that provided data for this indicator.
- For all organisations that provided data, BME staff are less likely to report the belief that their organisation provides equal opportunities for career progression or promotion.
- For all organisations submitting data, BME staff were more likely to report having personally experienced discrimination at work.

Board membership by ethnicity: 2017



- For all organisations, the percentage of BME staff on the board is lower than the overall percentage of the BME workforce in the organisation.

Summary: key findings

- BME staff are over-represented in low grades and under represented at senior levels across the organisations.
- White shortlisted job applicants are relatively more likely to be appointed from shortlisting than BME shortlisted applicants for all organisations.
- BME staff are less likely than white staff to report that their organisation provides equal opportunities for career progression or promotion.
- BME staff are more likely to report harassment, bullying or abuse from colleagues compared to white staff
- BME staff are 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, the respective percentage of BME staff on the board is lower than the overall BME workforce percentage.

Next steps

- In the spirit of openness, and leading by example, ALBs are encouraged to continue reporting against WRES data.
- Improvements are needed in the quality of data collections and returns.
- Action planning and SMART objectives that support continuous improvements are essential.
- Work closely with peer organisations to share learning and replicable good practice initiatives (WRES Experts group; London disciplinary work; FTSU).
- Other ALBs also keen for collective data reporting.
- WRES team – an available resource.