WORKFORCE RACE EQUALITY STANDARD (WRES)
BASELINE POSITION AT 1 APRIL 2015

This report provides information on Your Healthcare's compliance with the Workforce Race Equality Standard (WRES).

1. Background

The WRES, a set of 9 indicators of race equality, has been introduced for all NHS providers from 1/4/15. This is in response to evidence of systemic workforce race discrimination in the NHS[1] and its the impact on patient experience and care (Dawson, 2009: West, M 2012).

The new standard has been inserted into the NHS Standard Contract from April 2015 and will be inspected against by the CQC in its Well-Led domain from April 2016.

The expectation and requirement is for organisations to demonstrate progress in closing the difference in metrics between the treatment and experience of white and BME staff. Closing these gaps will achieve tangible progress in tackling discrimination, valuing all staff for their contributions and promoting a positive culture in the workplace. This will in turn positively impact on patient/service users, as it is known that a decrease in discrimination against BME staff is associated with higher levels of patient/service user satisfaction.

A workplace environment that values and supports the entirety of its diverse workforce will result in high quality health and social care and improved outcomes for all. Below are details of Your Healthcare's baseline position at 1 April 2015.

2. YH Baseline WRES Indicators

1. *Percentage of BME staff in bands 8-9, VSM (or equivalent, including executive Board members and senior medical staff) compared with the percentage of BME in the overall workforce*

Descriptor	Indicator
Number of BME staff in Bands 8-9 and VSM	5
Total number of staff in Bands 8-9 and VSM	39
% of BME staff in Bands 8-9 and VSM	12.82%
Number of BME staff in overall	107

[1] Kline, R (2014) *The Snowy White Peaks of the NHS.* Middlesex University. Summary attached as Appendix 1

workforce	
Total number of staff in overall workforce	482
% of BME staff in overall workforce	22.20%

2. *The relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts*

Descriptor	White	BME
Number of Shortlisted Applicants	270	214
Number appointed from Shortlisting	60	31
Ratio shortlisted/appointed	0.22	0.15

(This information is based on the figures on NHS Jobs system and is for the period 1 April 2014 to 31 March 2015)

The relative likelihood of white staff being appointed from shortlisting compared to BME staff (0.22 ÷ 0.15) is therefore 1.5 times greater.

3. *Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. Note this indicator will be based on data from a two year rolling average of the current year and the previous year*

Descriptor	White	BME
Number of staff in workforce	355	107
Number of staff entering the formal disciplinary process	3	2

Likelihood of white staff entering the formal disciplinary process	3/355 = 0.008
Likelihood of BME staff entering the formal disciplinary	2/107 = 0.019

process

The relative likelihood of BME staff being entering the formal disciplinary process compared to white staff is (0.019 ÷ 0.008) is therefore 2.38 times greater.

4. *Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff*

Descriptor	White	BME
Number of staff in workforce	355	107
Number of staff accessing non mandatory training and CPD	47	21

Likelihood of White staff accessing non-mandatory training and CPD is 47/355 = 0.13

Likelihood of BME staff accessing non mandatory training and CPD is 21/107 = 0.20

The relative likelihood of White and BME staff accessing and likelihood of being appointed from training is (0.13 ÷ 0.20) is therefore 0.65 times greater

***Indicators 5 – 8 are taken from the NHS staff survey. Your Healthcare's employee survey does not cover indicators 5 – 8 and we are therefore unable to provide the information this year. These* will be covered in our staff survey for 15/16.**

5. *Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months*

6. *Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.*

7. *Percentage believing that organisation provides equal opportunities for career progression or promotion*

8. *In the last 12 months have you personally experienced discrimination at work from any of the following?*
    b. *Manager / team leader or other colleagues*

9. *Boards are expected to be broadly representative of the population they serve.*

Descriptor	White	BME
Executive Board Leads	6	1
Non-Executive Directors	3	0
%	90	10

3. Summary of desired outcomes by March 2016

- Improve % of BME staff in senior positions (indicator 1)
- Improve likelihood of BME staff being appointed from shortlisting (indicators 2)
- Monitor likelihood of BME staff entering formal disciplinary process (indicator 3)
- Monitor likelihood of BME staff accessing non-mandatory training & CPD (indicator 4)
- Ensure that the information required for indicators 5 – 8 is captured and relevant action taken to ensure that BME staff have an equally good experience in the workplace
- Improve Board representation of BME staff (indicator 9)

4. How do we achieve this?

Develop and implement action plan to ensure YH is able to demonstrate improvement in the areas required by April 2016. It is recommended that we do this by:-

- Engaging all staff including BME staff to gain a better understanding of the reasons for differentials for all equality strands and develop and implement an action plan that will ensure a progressive change in individual experiences and the baseline information.
- Critically reviewing our baseline information and deciphering the root cause of outcomes and taking action.
- Benchmarking our results with those of similar organisations and learning from each other in terms of what works, starting with our Albion partners.

Appendix 1

Summary of The Snowy White Peaks of the NHS

Kline, R11 (2014) research identified the following key factors:

- Only 1 in 40 chairs and no CEO in London is BME;

- 17 of 40 Trusts have all white Boards but over 40 per cent of workforce and patients are BME;

- There are no BME Exec Directors in Monitor, Care Quality Commission, NHS Trust Development Agency, NHS England, NHS Litigation Authority, or Health Education England;

- Decreases in BME Senior Managers and Nurse Managers in recent years

- White staff are 1.74 times more likely to be appointed once shortlisted than are shortlisted BME staff;

- BME staff twice as likely to enter disciplinary process and more likely to be disciplined for similar offences compared to White staff;

- BME nurses take 50% longer to be promoted and are less likely to access national training courses compared to White nurses.