

Executive Committee		Date: 11th March 2019	
		Agenda Item:	
REPORT TITLE:		2019 Workforce Race Equality Standard	
EXECUTIVE SPONSOR:		Director of OD & People	
REPORT AUTHOR (s):		Mark Preston, Director of OD & People	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)			
Action Required:			
Approval	Discussion	Assurance (√)	
Purpose of Report:			
This report provides the key details and findings from the 2019 Workforce Race Equality Standard (WRES)			
Summary of key issues			
<p>The Workforce Race Equality Standard (WRES), was introduced in April 2015, to understand and benchmark the experience of BME staff in the NHS. The WRES return is mandatory and has been 'built into assurance and regulatory process – including the CQC inspections of hospitals'.</p> <p>This report highlights the indicators the WRES uses, where SASH have benchmarked against other Trusts and previous performance.</p>			
Recommendation:			
Executive Committee are asked to note the contents of this report for assurance purposes.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>The workforce and development of our organisation are crucial to the delivery of all the Trust objectives.</p> <p>SO1: Safe – Deliver safe, high quality care and improving services which pursue perfection and be in the top 25% of our peers</p> <p>SO2: Effective – As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy</p> <p>SO3: Caring – Work with compassion in partnership with patients, staff, families, carers</p>			

and community partners

SO4: Responsive – To continue to be the secondary care provider of choice for the people of our community

SO5: Well led - To be a high quality employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model

Corporate Impact Assessment:	
Legal and regulatory impact	NHS Outcomes Framework, NHS contract, Public Sector Equality Duties
Financial impact	There are no direct financial links
Patient Experience/Engagement	Studies have shown that high levels of staff engagement and motivation correlate directly with increased levels of patient satisfaction
Risk & Performance Management	Supports the delivery of Trust Risk & Performance Management requirements
NHS Constitution/Equality & Diversity/Communication	NHS Constitution, NHS Values, Public Sector Equality Duty
Attachments:	
(1) 2019 Workforce Race Equality Standard Report	

SASH - Workforce Race Equality Data

The Workforce Race Equality Standard, (WRES), was introduced for all NHS employers from April 2015. The first report was published nationally in April 2016 using the 2015 data. The WRES reporting is an annual requirement for all employers with over 250 staff.

The data shows the scores by year for SASH across the nine WRES indicators. The data has been submitted since 2015 however the data for the first year was presented in a different format to subsequent years and as such is not included in this report as it is not directly comparable.

Data submissions are made each August with reports being made available a few months later.

We will use the data to inform the actions plans for the SASH One Team Inclusion Strategy.

The tables show the score by year - the arrows indicate where scores have improved or worsened from the previous year for BME staff.

Indicator 1: Non-medical skill mix by ethnicity								
2016	White				BME			
	Support	Middle	Senior	VSM	Support	Middle	Senior	VSM
	74.3%	78.6%	87.2%	91.7%	25.7%	21.4%	12.8%	8.3%
2017	White				BME			
	Support	Middle	Senior	VSM	Support	Middle	Senior	VSM
	73.4%	75.2%	89.2%	88.9%	25.9%	24.1%	10.8%	11.1%
2018	White				BME			
	Support	Middle	Senior	VSM	Support	Middle	Senior	VSM
	74.3%	85%	91.2%	90%	24.8%	14.4%	8.8%	10.0%
2019	White				BME			
	Support	Middle	Senior	VSM	Support	Middle	Senior	VSM
	74.0%	84.7%	88.9%	93.8%	24.7%	14.7%	11.1%	6.3%

Definitions: Support (Bands 1-4), Middle (Bands 5-7), Senior (Bands 8a- 9), VSM -Very Senior Managers

Indicator 2: Relative likelihood of white staff being appointed from shortlisting compared to BME staff				
	Relative likelihood of shortlisting/appointed (White):	Relative likelihood of shortlisting/appointed (BME):	Relative likelihood of White staff being appointed from shortlisting compared to BME staff:	
			SASH	National Average
2016	17%	10%	1.71	1.57
2017	18%	11%	1.60	1.60
2018	21%	18%	1.20	1.45
2019	19%	14%	1.30	1.46

Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff				
	Likelihood of White staff entering the formal disciplinary process:	Likelihood of BME staff entering the formal disciplinary process:	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff:	
			SASH	National Average
2016	3.0%	3.6%	1.20	1.56
2017	1.8%	1.9%	1.20	1.37
2018	0.9%	1.1%	1.28	1.24
2019	0.7%	0.9%	1.37	1.22

NHSi Target – Relative likelihood of BME staff entering formal disciplinary process compared to white staff is within the non-adverse range of 0.8-1.25

Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff				
	Likelihood of White staff accessing non-mandatory training and CPD:	Likelihood of BME staff accessing non-mandatory training and CPD:	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff:	
			SASH	National Average
2016	6.0%	4.9%	1.22	1.11
2017	15.4%	8.1%	1.90	1.22
2018	17.8%	18.3%	0.97	1.15
2019	30.9%	18.6%	1.66	1.15

Indicator 5: Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months			
	SASH	Acute Average (Median)	National Average
2016	25.00%	TBC	29.0%
2017	32.47%	27.8%	29.0%
2018	30.80%	29.8%	29.0%
2019	34.0%	29.9%	29.8%

Indicator 6: Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months			
	SASH	Acute Average (Median)	National Average
2016	16.06%	TBC	27%
2017	19.30%	27.2%	26%
2018	21.90%	28.6%	28%
2019	20.90%	28.8%	29%

Indicator 7: Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion			
	SASH	Acute Average (Median)	National Average
2016	86.35%	TBC	74.0%
2017	86.93%	75.0%	76.0%
2018	85.40%	72.3%	72.0%
2019	87.40%	74.4%	69.9%

Indicator 8: Percentage of BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues			
	SASH	Acute Average (Median)	National Average
2016	8.84%	TBC	14.0%
2017	9.21%	15.5%	14.0%
2018	10.80%	14.6%	15.0%
2019	4.60%	13.8%	15.3%

Indicator 9: NHS Trust Board Representation by Ethnicity

	% BME		% White	
	SASH	National Average	SASH	National Average
2016	0.0%	7.0%	100.0%	93.0%
2017	6.3%	7.0%	93.80%	93.0%
2018	6.7%	7.0%	93.30%	93.0%
2019	7.1%	8.4%	92.90%	91.6%