Workforce Race Equality Standard (WRES)
Report 2020

Why is the Workforce Race Equality Standard needed?
To address a lack of progress in race equality for Black & Minority staff in the NHS (as cited in "Snowy White Peaks of the NHS Report"), in April 2015 NHS England introduced the NHS Workforce Race Equality Standard (WRES).

What do NHS Trusts need to do?
NHS Trusts must publish annually:

- Data against 4 nationally set workforce indicators and 4 NHS Staff Survey scores relating to White & BME staff
- Comparison of banding, disciplinary, recruitment and training data with the previous year's submission
- Action plans to address low representation of Black and Minority (BME) representation at Senior Management levels in the NHS

What is different about the Workforce Race Equality Standard?
NHS Trusts can now calculate a metric to indicate how White staff and BME staff fare when accessing training, entering disciplinary processes and recruitment (see WRES indicators 2 – 4 (in the table below).

The metric which is calculated is then compared against the baseline figure which is "1" and depending on BME representation in the workforce this baseline can broadly mean:

- **Exactly 1** suggests "parity" between White and BME staff and reflects ethnic diversity in the workforce
- **Less than 1** suggests BME staff are faring well
- **Between 1 - 2** suggests BME staff are faring less well than White Staff in the workforce
- **Above 2** suggests BME staff are faring significantly worse than White Staff in the workforce

Workforce Race Equality Indicators

Indicator		Data for reporting year 2020	Data for previous year 2019	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
1	Percentage of BME staff in Bands 1-9	Band 1: 56.8% Band 2: 41.9% Band 3: 27.2% Band 4: 22.4% Band 5: 53.4% Band 6: 34.2% Band 7: 23% Band 8a: 20.8% Band 8b: 20% Band 8c: 14.3% Band 8d: 0% Band 9 & VSM: 10%	Band 1: 60.2% Band 2: 39.3% Band 3: 28.6% Band 4: 21.8% Band 5: 48.3% Band 6: 34.1% Band 7: 21.2% Band 8a: 19.4% Band 8b: 21.3% Band 8c: 11.5% Band 8d: 5.9% Band 9: 0%	The proportion of BME staff at Band 8a & 8c has increased, while for 8b and 8d, BAME density has decreased. The variation in trend is difficult to interpret just from these figures, therefore deeper analysis is needed. The ethnic diversity of the Trust's workforce overall (Clinical and Non – Clinical) is: • 60.2% (63.7% in 2019) White (White British, Irish, Other, European) • 37.3% (33.4% in 2019) Black, Asian, Minority Ethnic (BAME) (Mixed Race, South East Asian, Black, Chinese, Filipino, Other)	
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	White applicants 3.1 times more likely to be shortlisted than BME applicants	White applicants 2 times more likely to be shortlisted than BME applicants	2019/20 figures for shortlisting and appointments by ethnicity 66.5% of BAME applicants were shortlisted compared to 31.2% of White applicants. Appointments show 49.7% were White and BAME were 36%. Total number of applications has increased from last year. The proportion of BAME applicants shortlisted is twice that of White applicants, however the proportion of BAME appointments decreases by nearly one half while White appointments increase by more than 50%. Analysis is underway to unpick these figures particularly in light of BAME density increasing by nearly 4% over the last 12 months	
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to White staff entering the same process	1.0: no difference between BAME and White Staff	BME Staff 1.21 times more likely to enter formal processes	This metric has improved for the Trust to the point where parity exists between White and BAME staff. As part of the Trust's package of awareness raising measures, ACAS delivered employment law update training for senior managers who hear disciplinary cases.	

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4	Relative likelihood of BME staff accessing non-mandatory training and Continuing Professional Development (CPD) compared to White staff	White staff are 1.1 times more likely to access CPD training	No difference between BME staff and White staff	The data for 2020 includes staff accessing CPD job related training. There is a slight worsening of this metric. Reverse mentoring is underway at the Trust. One of the outcomes is to help the Trust identify existence of barrier and their nature i.e. whether training opportunities is one of them	
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White Staff: 29% BAME Staff: 31%	White Staff: 26% BME Staff: 28%	**Link to Employment E&D Objective 2019 – 2023** The BAME Staff Forum is playing a key role - for example supporting the Freedom to Speak Up Guardian at staff drop in sessions, diversifying the cohort of Freedom to Speak Up Advocates and putting in place BAME advocates to act as first contact support for BAME staff	
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White Staff: 21% BAME Staff: 24%	White Staff: 21% BME Staff: 22%	E&D objective as above	
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White Staff: 90% BAME Staff: 78%	White Staff: 89% BME Staff: 78%	E&D objective as above	
8	Experiencing discrimination at work from any of the following? b) Manager/team leader or other colleagues	White Staff: 6% BAME Staff: 13%	White Staff: 6% BME Staff: 12%	Reverse Mentoring is underway in the Trust. One of the outcomes of this process is to help Senior Managers understand the perspectives of inclusion as they relate to a member of staff's workplace experiences such as encountering discrimination.	
9	Percentage difference between (i) the organisation's Board voting membership and its overall workforce and (ii) the organisation's Board Executive membership and its overall workforce	(i) - 12.3% (ii) – 12.3%	(i) -8.3% (ii) -19.1%		