

Workforce Race Equality Standard (WRES) 2019-2020 Report

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About the Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Simon Stevens, Chief Executive of NHS England, said: “[The Five Year Forward View](#) sets out a direction of travel for the NHS – much of which depends on the health service embracing innovation, engaging and respecting staff, and drawing on the immense talent in our workforce. We know that care is far more likely to meet the needs of all the patients we’re here to serve when NHS leadership is drawn from diverse communities across the country, and when all our frontline staff are themselves free from discrimination. These new mandatory standards will help NHS organisations to achieve these important goals.”

The Workforce Race Equality Standard (WRES) was introduced in April 2015, after engaging and consulting key stakeholders including other NHS organisations across England. It is now included in the NHS standard contract, starting in 2015/16 and included in the [2020/21 NHS Standard Contract](#). NHS Trusts produced and published their first WRES baseline data on 1 July 2015.

The NHS Workforce Race Equality Standard (WRES) was introduced to ensure employees from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

With five years’ worth of data now collected, we have made significant progress in several areas. Even so, there is much more to be done and the NHS is committed to continued innovation and progress for the WRES, including a focus on staff groups of need, and parts of the country with greater race inequality. The medical workforce has several issues particular to it, and so a bespoke set of WRES Indicators have been developed [Indicators for a NHS Medical Workforce](#). A full set of data against these Indicators will also be analysed and presented and we will work in conjunction with NHS England and Improvement to understand how we report this as part of the annual WRES data report for NHS Trusts in 2020-21.

Foreword

Milton Keynes University Hospital NHS Foundation Trust (MKUH/Trust) is committed to ensuring that equality, diversity and inclusion is at the heart of everything we do and seek to give that we meet contractual requirements in relation to the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2). Since inception, the Trust has adopted the EDS2 and now we are publishing our WDES and WRES Reports.

There is robust evidence for the effectiveness of having an ambition that is based upon commitment of specific goals, monitored by frequent feedback. Leadership representation across the specific Protected Characteristics of Disability and Race (Black Asian and Minority Ethnic people – BME/BAME) for the NHS has shown signs of improvement.

Since the introduction of the WRES it has been demonstrated that there is a clear need for further accelerated improvement. Similarly, we aim to utilise the WDES, informed by the WRES as a tool to inform and support improvements for disability.

Aspirational goals to increase BME representation at leadership levels and across the workforce pipeline will reinforce the existing WRES programme of work. Many organisations and parts of the NHS are already setting aspirational goals for a number of WRES Indicators.

We have received our latest update from NHS England and Improvement (NHSEI) and we are on track towards the Aspirational Leadership Ambitions to be achieved by 2028. Issues of the lack of leadership representation apply as much to the clinical workforce as they do to the non-clinical workforce, again we will work with tools developed for the NHS Workforce Equality Standards to address these.

Using these models we aim to align with the NHS Long Term Plan and NHS People Plan and is the basis which informs the current WRES and WDES programmes of work across the NHS and for the Trust.

The WRES and WDES reports set out the Trust's performance information against the mandatory NHS Workforce Race Equality Standard (WRES) Indicators and Workforce Disability Equality Standard (WDES) Metrics. This report covers the MKUH workforce profile, Staff Survey, and Board composition by ethnicity. The report also details the calculations and analyses results against each Indicator with recommendations for improvements where appropriate summarised in the WRES Action Plan.

The report is published following approval by the Workforce Development and Assurance Committee in October 2020. Whilst publishing reports is one part of the 'Due Regard' responsibilities, it is also about our commitment to ensuring we are inclusive in our service delivery and that our staff reflect the communities we serve.

Professor Joe Harrison
Chief Executive Officer

Danielle Petch
Director of Workforce

Summary of Key highlights (WRES)

Where numbers / respondents are fewer than 11, to protect confidentiality and anonymity these numbers will appear as (“ - “). Overall 95% of staff reported their ethnicity as at 31 March 2020. This remains slightly below the previous year where 96% of staff disclosed their ethnicity.

- **Indicator 1:** There is an increase of 1% for BME staff in AfC Bands 1-7 compared to the previous year and an increase of 8% for BME staff in AfC Bands 8A-9
- **Indicator 2:** White candidates when shortlisted are 2.20 times more likely to be appointed to roles than BME candidates. This is a significant increase on the previous year where we reported this as 1.30 times more likely to appointed
- **Indicator 3:** Whilst there are small numbers of staff entering the formal disciplinary process, 2019-20 data shows that White staff are more likely than BME staff to enter the formal disciplinary process
- **Indicator 4:** The relative likelihood of accessing non-mandatory training for White staff is 1.24 times more likely when compared to BME staff. This is an increase from the previous year when this was 0.93 times more likely
- **Indicator 5-6:** Our Staff Survey results show that in the last 12 months, 30.2% of White staff and 30% of BME staff report experiencing harassment, bullying or abuse from patients / relatives, or members of the public. This represents an increase on the previous year where 29% of White staff and 27% of BME staff report this. This is also above the National Acute Trusts average of 28.2% White and 29.9% BME staff. Staff reporting experiencing harassment, bullying or abuse from staff is 22.3% White staff and 27.6% BME staff is below the National average.
- **Indicator 7-8:** Our Staff Survey results show that 88.8% of White staff and 72.9% of BME staff believe that the organisation provides equal opportunities for career progression or promotion which is better than the National average for White staff (86.7%) and slightly worse for BME (74.4%) staff. MKUH staff who report they have personally experienced discrimination at work from their manager/team leader or other colleagues for BME staff at 13.2% is almost twice that of White staff at 7.2%.
- **Indicator 9:** Currently MKUH Board Members at 6% BME is under-representative by -26% of its BME workforce (32%) and the BME populations served (26.1%)

WRES Indicators

Workforce indicators For each of these four workforce Indicators, <u>compare the data for white and BME staff</u>	
1.	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff - of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental staff <p>Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p>
2.	Relative likelihood of staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts
3.	Relative likelihood of 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.
4.	Relative likelihood of staff accessing non-mandatory training and CPD
National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for white and BME staff</u>	
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
Board representation indicator For this indicator, <u>compare the difference for white and BME staff</u>	
9.	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board <p>Note: this is an amended version of the previous definition of Indicator 9</p>

Milton Keynes Workforce 2019-20

Workforce	2018-19		2019-20	
	Number	%	Number	%
White	2307	65%	2324	63%
BME	1110	31%	1182	32%
Not disclosed	154	4%	160	4%
Total	3571	100%	3666	100%

Source: Electronic Staff Records (ESR); Human Resources and Workforce databases

What is the data telling us?

The Ethnicity of the Milton Keynes University Hospital NHS Foundation Trust (MKUH) Workforce for 2019-20 has remained comparable to the previous year. BME Medical & Dental continue to be well represented across all subgroups including Non-Career Grades. The subgroup 'Other' (Pre-registration, Pharmacy Technician etc.) being the exception with a 14% decrease from 2018-19 where BME representation was 31% compared with 17% in 2019-20. Staff representation and ethnic diversity at Very Senior Manager (VSM) and Board level remains at 6%. For 2019-20 disaggregation of data for 'Medical & Dental' grades enables Consultants: Senior Medical Managers to be more clearly differentiated.

What have we done over the last year?

MKUH Workforce Strategy Key Aim: Improving workforce effectiveness & engagement provides the evidence and activity for this Indicator.

Staff have been encouraged to update their personal information on ESR Employee Self-Service.

What are we planning to do in the year ahead?

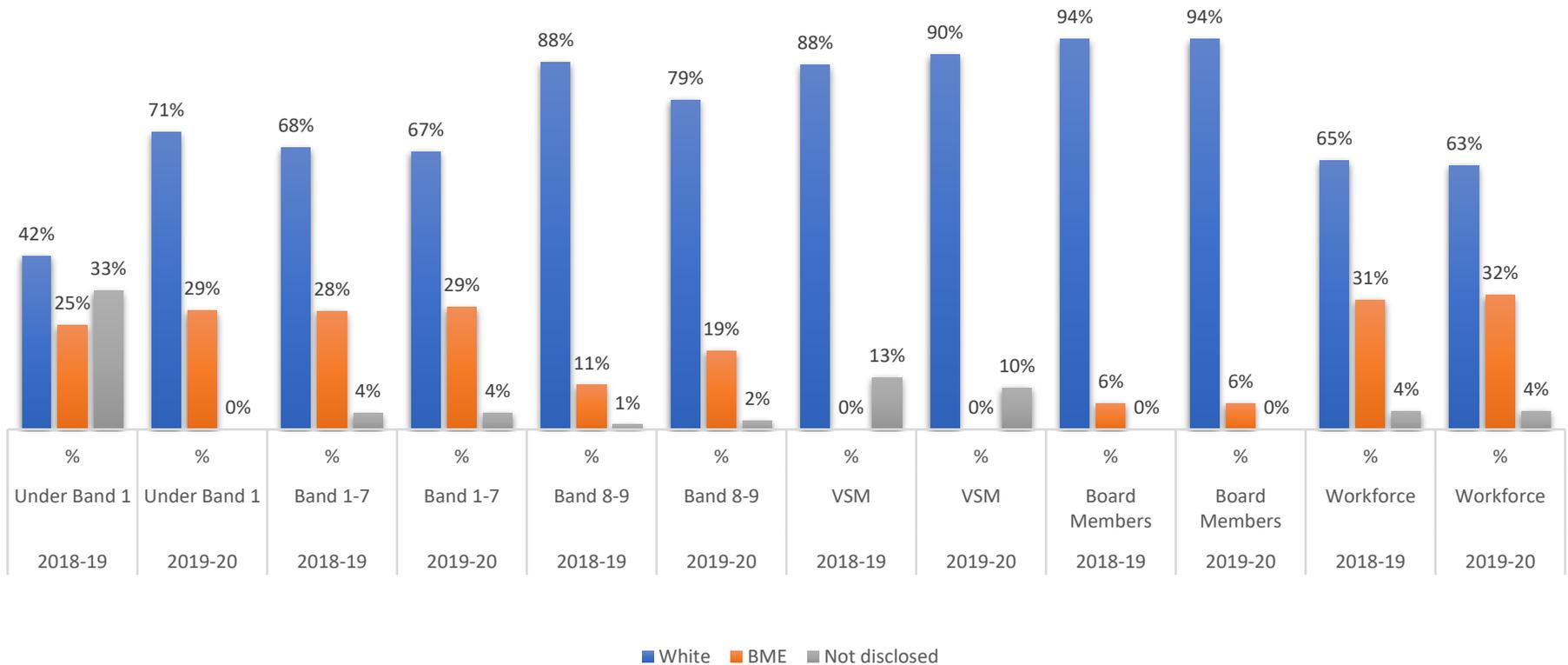
- Continue implementation of the NHS People Plan 2020 ambitions
- Baselining and initiate Model Employer strategies

Indicator 1

Percentage of staff in each of the AfC Bands 1-9 and VSM (including Executive Board Members) compared with the percentage of staff in the overall workforce disaggregated by: Non-Clinical / Clinical Staff

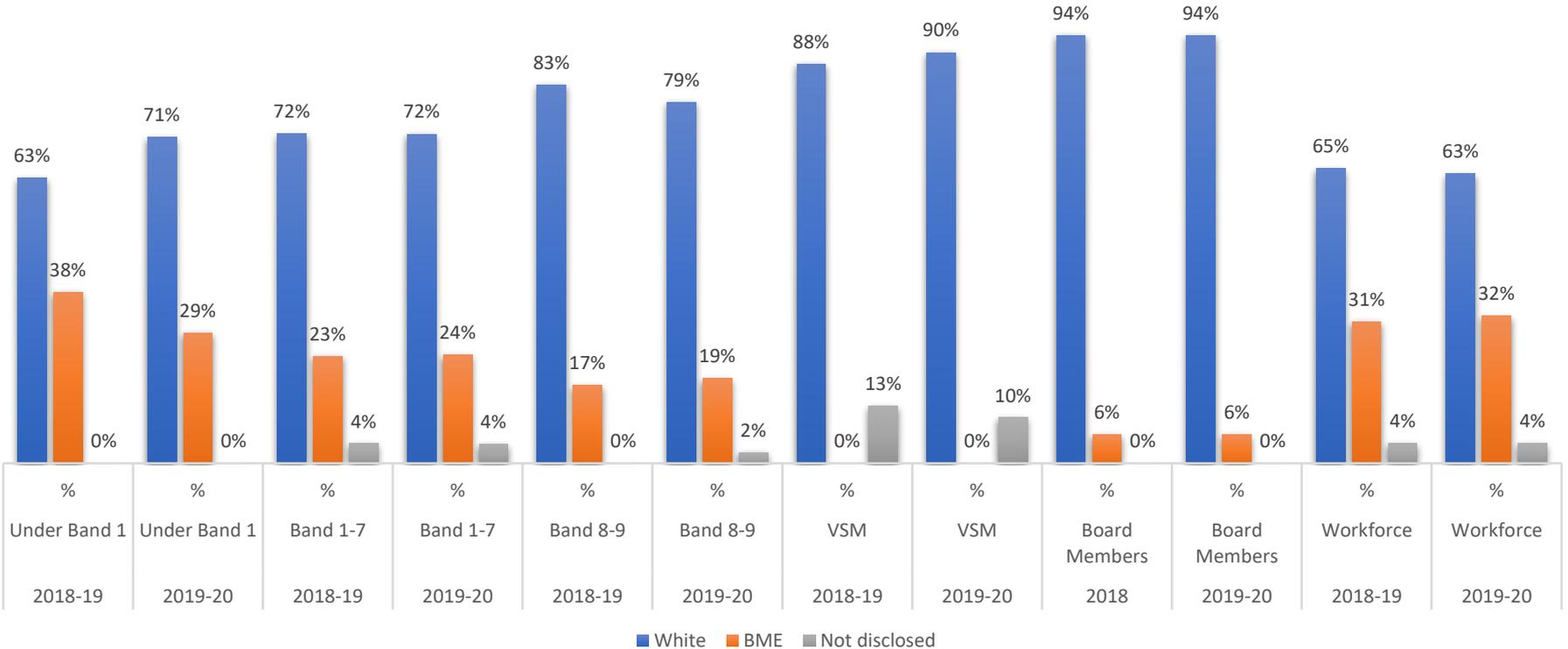


All MKUH Staff by AfC Band compared to overall Workforce



Indicator 1 Non-Clinical Staff

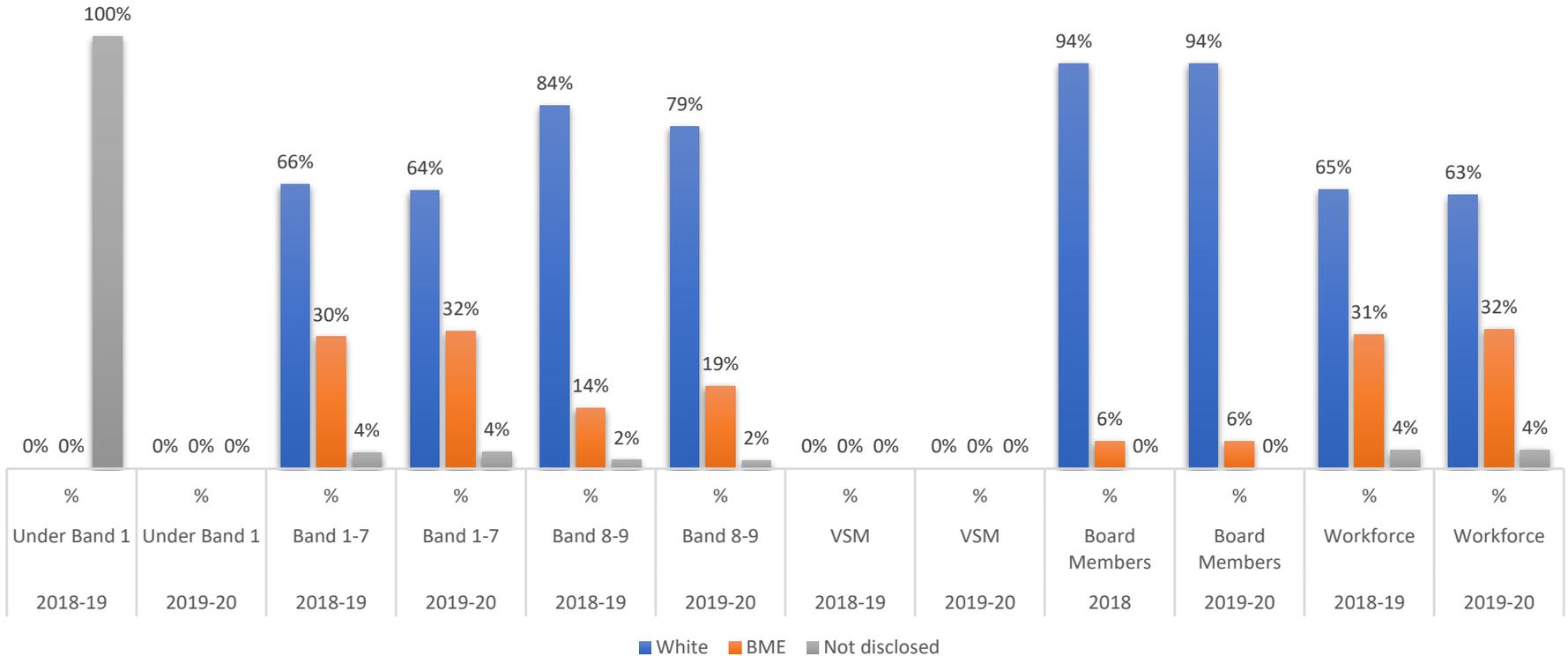
MKUH Non-Clinical Staff by AfC Band compared to overall Workforce



Indicator 1

Clinical Staff: Non-Medical (excluding Board Members)

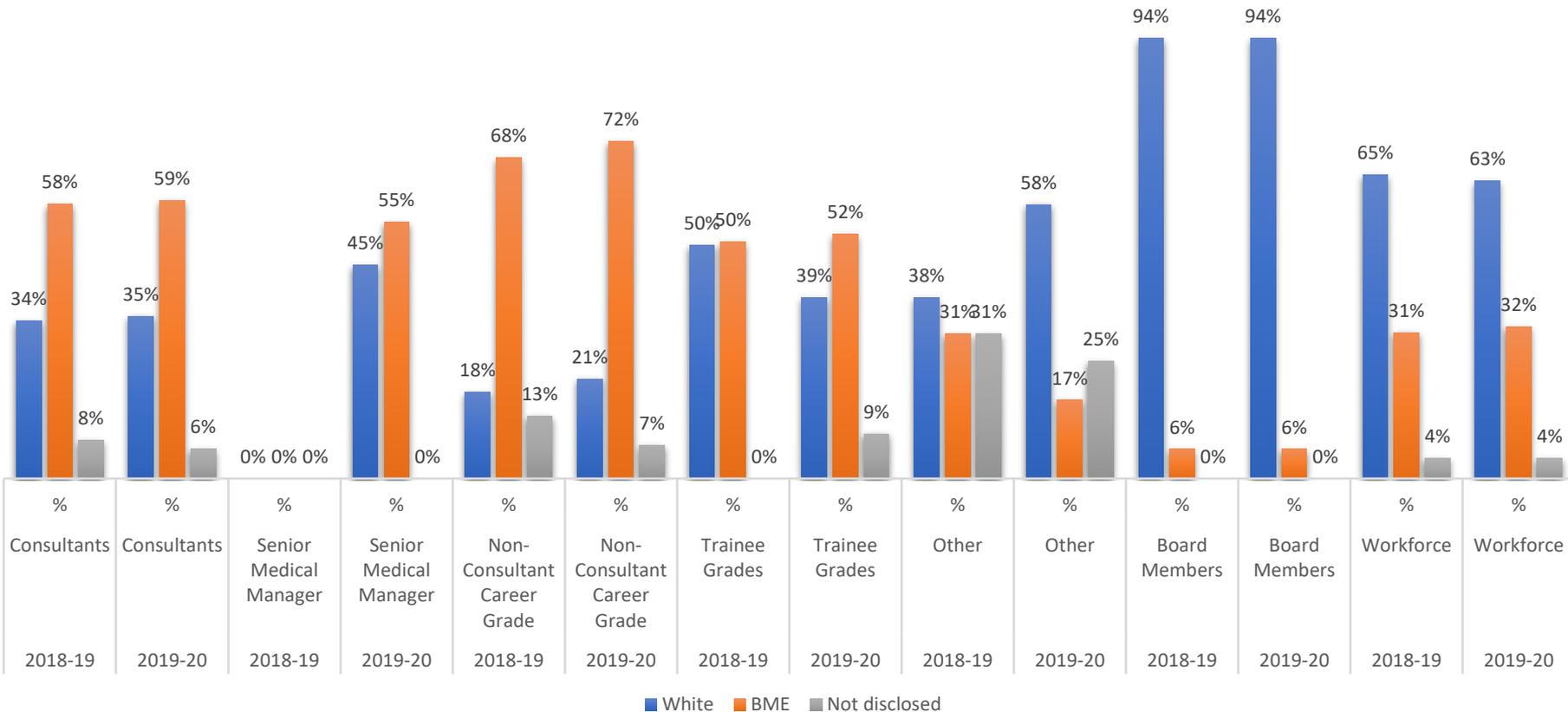
MKUH Clinical (Non-Medical) Staff by AfC Bands and VSM (excluding Board Members) compared to overall Workforce



Indicator 1

Clinical Staff: Medical & Dental (including VSM and Board Members)

MKUH Clinical Staff by Medical & Dental Subgroups (including VSM and Board Members) compared to overall Workforce



Indicator 2

Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts



External Recruitment	2018-19		2019-20	
	White	BME	White	BME
Number of staff in workforce	2307	1110	2324	1182
Number shortlisted applicants	2503	3322	3014	3892
Number appointed	382	390	429	266
Relative likelihood of appointment from shortlisting	15.26%	11.74%	14.23%	6.83%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.30		2.08	

Internal Recruitment	2019-20	
Ethnicity	White	BME
Number of staff in workforce	2324	1182
Number shortlisted applicants	51	14
Number appointed	41	5
Relative likelihood of appointment from shortlisting	80.39%	35.71%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	2.25	

What is the data telling us?

For external recruitment, White applicants are 2.08 times more likely to be appointed from shortlisting than BME applicants, compared with 2018-19 where White candidates were 1.30 times more likely to be appointed. This presents a worsening likelihood of external BME candidates being appointed. Whilst more BME applicants are being shortlisted, 11.74% last year versus 6.83% for 2019-20, proportionately fewer are then appointed successfully.

For internal recruitment White internal candidates are 2.25 times more likely to be appointed than BME candidates in 2019-20. However, this may more reliably be compared in 2020-21.

Aggregated external and internal recruitment presents an overview which highlights this more explicitly. Of 43% of White candidates shortlisted 56% are appointed whereas of 55% BME candidates shortlisted only 32% are appointed.

What have we done over the last year?

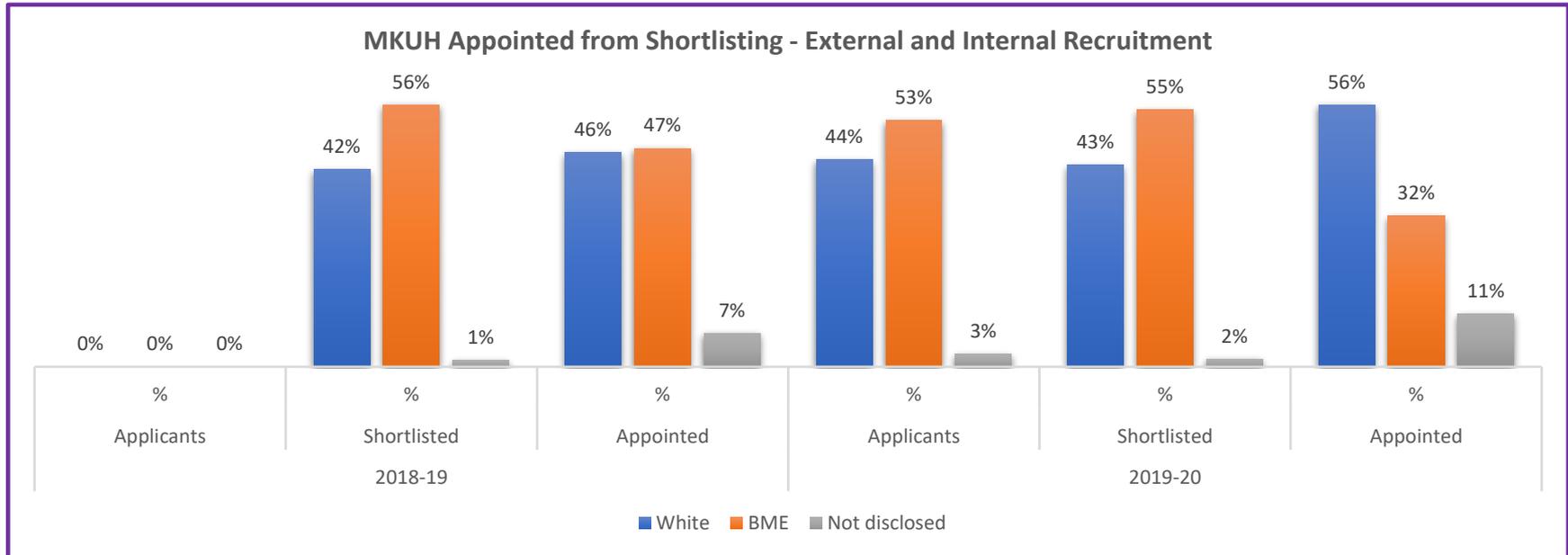
MKUH Workforce Strategy Key Aim: Improving workforce effectiveness & engagement provides the evidence and activity for this Indicator.

What are we planning to do in the year ahead?

- Ensure consistent data capture to support review and analysis against this Indicator
- Review Recruitment and Selection (R&S) activities and evaluation of reasons for not appointing candidates
- Implement appropriate R&S training and review for recruiting managers and panellists
- Explore the RCN Cultural Ambassadors programme identifying suitable candidates from BME backgrounds
- Introduce the requirement for diverse representation on recruitment panels

Indicator 2

Appointed from shortlisting – All



External and Internal Recruitment	2018-19		2019-20	
Ethnicity	White	BME	White	BME
Number of staff in workforce	2307	1110	2324	1182
Number shortlisted applicants	2503	3322	3065	3906
Number appointed	382	390	470	271
Relative likelihood of appointment from shortlisting	15.26%	11.74%	15.33%	6.94%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.30		2.20	

Indicator 3

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (This Indicator will be based on data from a two year rolling average of the current year and previous year)

Achieving

	2018-19		2019-20	
Indicator 3: Disciplinary Process	White	BME	White	BME
Number of staff in workforce	2307	1110	2324	1182
Number of staff entering formal disciplinary process	12	10	36	18
Likelihood of White staff entering formal disciplinary	0.52%	0.90%	1.55%	1.52%
The relative likelihood of BME staff entering formal disciplinary compared with White staff	1.73		0.98	

What is the data telling us?

For 2019-20 BME staff are 0.98 times as likely as White staff to enter the formal disciplinary process. This represents a reduction from 1.73 times as likely for 2018-19. A figure below "1" would indicate that BME staff members are less likely than White staff to enter the formal disciplinary process.

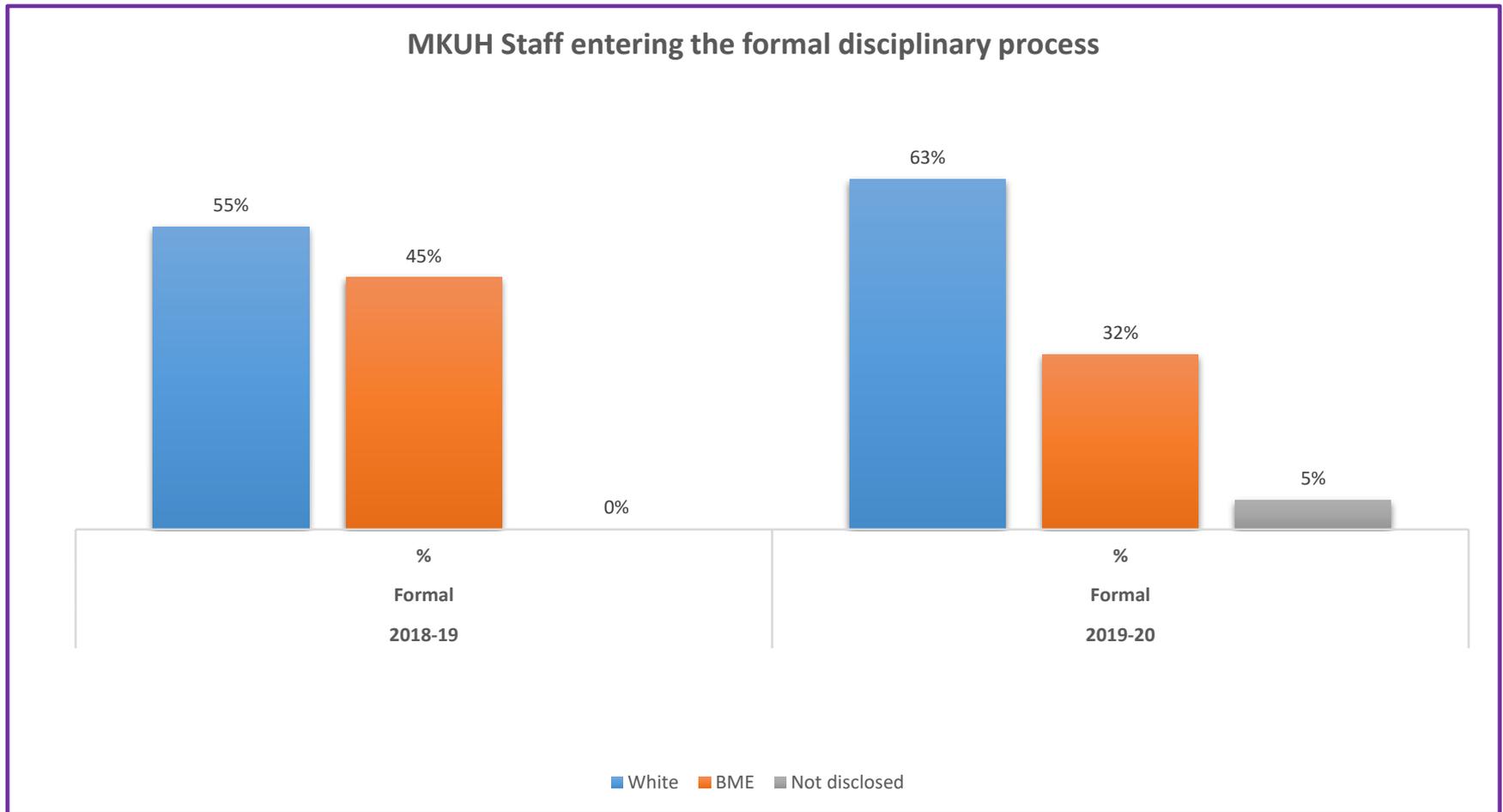
What have we done over the last year?

MKUH Workforce Strategy Key Aim: Improving workforce effectiveness & engagement provides the evidence and activity for this Indicator.

What are we planning to do in the year ahead?

- Continue implementation of the Workforce Strategy
- Monitor and explore the impact of implementation of HR Policy for managing staff Grievance and Disciplinary and uptake of 'informal' routes for resolving employee relations issues

Indicator 3 Staff entering formal disciplinary process



Indicator 4

Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD)

Developing

	2018-19		2019-20	
Indicator 4: Non-mandatory training	White	BME	White	BME
Number of staff in workforce	2307	1110	2324	1182
Number of staff accessing non-mandatory training and CPD	728	376	316	130
Likelihood of White staff accessing non-mandatory training and CPD	31.56%	33.87%	13.60%	6.13%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.93		1.24	

What is the data telling us?

For 2019-20 White staff are 1.24 times more likely to access non-mandatory training and CPD than BME staff. This represents a slightly worse picture than 2018-19 where at 0.93 times more likely, White staff were less likely to access non-mandatory training and CPD than BME staff.

A figure below “1” would indicate that White staff members are less likely to access non-mandatory training and CPD than BME staff.

Results when correlated with Staff Survey outcomes Indicators 5-6 and 7-8 in relation to BME staff reported experiences warrant further exploration.

What have we done over the last year?

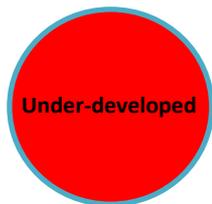
Workforce Strategy Key Aim: Improving workforce effectiveness & engagement provides the evidence and activity.

What are we planning to do in the year ahead?

- Review Staff Survey results to correlate staff reported experiences associated with perceptions of opportunities for development
- Review CPD application processes to identify and remove areas of bias/opportunities for bias

Indicators 5 – 6

National NHS Staff Survey Indicators



Summary of 2018-19 Staff Survey outcomes (WRES Indicators 5-6)	2018	2019	2019 Acute Trusts Benchmark
	Indicator 5 KF25 – percentage of staff experiencing harassment, bullying or abuse from patients / relatives, or members of the public in the last 12 months	Of the total who responded those who said 'YES': White: 29% BME: 27%	Of the total who responded those who said 'YES': White: 30.2% BME: 30.0%
Indicator 6 KF26 – percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Of the total who responded those who said 'YES': White: 21% BME: 22%	Of the total who responded those who said 'YES': White: 22.3% BME: 27.6%	White: 25.8% BME: 28.8%

What is the data telling us?

For 2019-20 there has been a decline in BME staff experiences of harassment and bullying, reported at 30%. compared to 27% in 2018-19. Additionally BME staff report experiencing harassment and bullying at 27.6%, an increase of 5.6% on 2018-19 where 22% of staff reported this

What have we done over the last year?

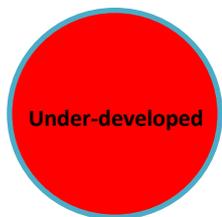
MKUH Workforce Strategy Key Aim: Improving workforce effectiveness & engagement provides the evidence and activity for this Indicator.

What are we planning to do in the year ahead?

- Continue implementation of the Workforce Strategy
- Rollout of Trust-wide culture programme

Indicators 7 – 8

National NHS Staff Survey Indicators



Summary of 2018-19 Staff Survey outcomes (WRES Indicators 7- 8)	2018	2019	2019 Acute Trusts Benchmark
	Indicator 7 KF21 – percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	Of the total who responded those who said 'YES': White: 89% BME: 68%	Of the total who responded those who said 'YES': White: 88.8% BME: 72.9%
Indicator 8 Q17b – in the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues	Of the total who responded those who said 'YES': White: 11% BME: 17%	Of the total who responded those who said 'YES': White: 7.2% BME: 13.2%	White: 6.0% BME: 13.8%

What is the data telling us?

BME staff report more positively at 72.9% that they believe that MKUH offers equal opportunities for career progression compared with 68% in 2018-19. However, BME staff report they have experienced discrimination at work which at 13.2% is almost twice (1.8 times) that of White staff at 7.2%

What have we done over the last year?

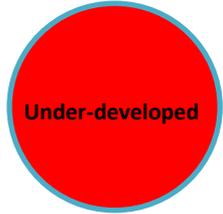
MKUH Workforce Strategy Key Aim: Improving workforce effectiveness & engagement provides the evidence and activity for this Indicator.

What are we planning to do in the year ahead?

- Continue implementation of the Workforce Strategy
- Rollout of Trust-wide culture programme

Indicator 9

Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce



Trust Board Members	2018-19						2019-20					
	White		BME		Not disclosed		White		BME		Not disclosed	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Board and VSM	15	94%	1	6%	0	0%	15	94%	1	6%	0	0%
Workforce	2307	65%	1110	31%	154	4%	2324	63%	1182	32%	163	4%
Percentage difference between Board Voting and Executive Membership and overall workforce	+29.1%		-24.8%		-4.3%		+30.4%		-26.0%		-4.4%	

Indicator 9

Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce

What is the data telling us?

For 2019-20 a BME representation of 6% on the Trust Board has remained unchanged since 2018-19. As at year-ended 31 March 2020 BME representation at Board level of 6% means that there is a -26% difference compared to the BME workforce which is 32%. This is slightly worse than 2018-19 where the difference was -25% under-representation compared with the 31% BME workforce.

Members of staff within the workforce choosing not to disclose their ethnicity remains unchanged at 4% whereas Board Members choosing not to disclose their ethnicity continues positively and has remained unchanged at 0%. Since this figure was also 0% in 2018-19 this could infer that the general workforce, where 4% have not disclosed their ethnicity, may be encouraged to model Trust Board Members behaviours in this regard.

For 2019-20 the Voting (8%) and Non-Voting Membership (0%) of the Board is not reflective of the 32% BME profile of the Trust.

What have we done over the last year?

MKUH Workforce Strategy Key Aim: Improving workforce effectiveness & engagement provides the evidence and activity for this Indicator.

What are we planning to do in the year ahead?

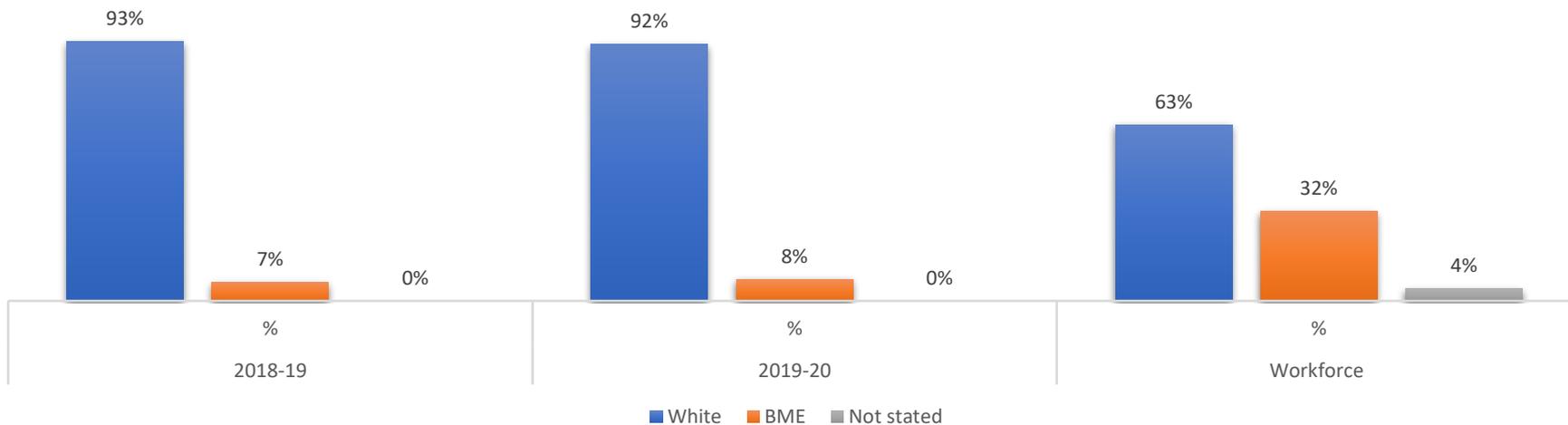
- Continue implementation of the Workforce Strategy
- Explore Board Leadership and Development activities as identified through NHS England and Improvement Strategies and local exploration of appropriate opportunities for Board Engagement in addressing under-representation of BME people

Indicator 9

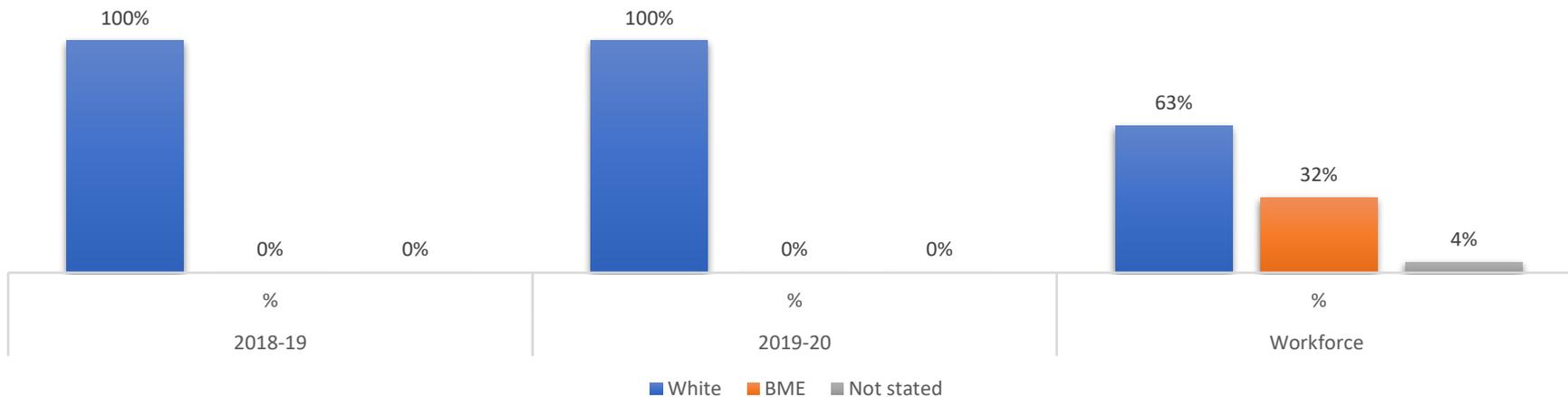
Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce



MKUH Voting Board Members as compared to Workforce



MKUH Non-Voting Board Members as compared to Workforce



Action Plan

Note: this is a high level plan

RAG status key

	BME experience equivalent to White experience
	Some difference between BME and White experience
	Large difference between BME and White experience



**Milton Keynes
University Hospital**
NHS Foundation Trust

Indicator	Status and priority level	Point for focus	Action
1 and 9 (RAG is cumulative)	HIGH	Senior BME Representation Bands 8+, VSM and Board	<ul style="list-style-type: none"> Implement NHSE & I Model Employer Strategy – setting targets for BME representation across the Leadership Team and wider workforce Set directorate / Board level representation goals ensuring focus on diversity in senior development and recruitment processes Recruitment Plans for Board vacancies support representation of the workforce and community as aligned to the NHS Long Term Plan, the We Are The NHS: People Plan 2020/21 - Action for us all and A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS Undertake ESR Data Cleanse / Validation to ensure verification of figures submitted for NHSE / SDCS Annual WRES return
2	HIGH	External and Internal recruitment likelihood of appointment from shortlisting Review processes and procedures to explore for recruiter bias	<ul style="list-style-type: none"> Ensure all interview panels have had Recruitment and Selection training (Unconscious Bias / Cultural Intelligence) Managing temporary and interim vacancies within an Equality, Diversity and Inclusion framework Consider Positive Action initiatives which support improvement of conversion from shortlisting to appointment of BME candidates
3	LOW-MEDIUM	Ensure that disciplinary data is captured Review the experiences of staff in relation to both formal and informal processes and outcomes	<ul style="list-style-type: none"> Continue to gather and report formal disciplinary occurrences Ensure reliable data capture by ethnicity is embedded Ensure alignment with NHSE WRES Strategy ambitions A Fair Experience for All: Closing the ethnicity gap in rates of disciplinary action across the NHS Workforce
4	MEDIUM	Assess the impact of non-mandatory training on BME career progression	<ul style="list-style-type: none"> In relation to the People Plan review talent management programmes with focus on ensuring fair representation and access Develop and implement a Talent Management Programme derived from e.g. Appraisals / Training Needs Analysis (TNA). Embed reliable data capture by ethnicity into processes
5 and 6	HIGH	Focus on reducing incidences of bullying and harassment within MKUH	<ul style="list-style-type: none"> Participate in National NHS Staff Survey to facilitate benchmarking Promote involvement in Staff Networks, the Inclusion Leadership Council and involvement more widely Ensure that Staff Survey Outcomes Action Plan aligns with WRES Strategy ambitions A Fair Experience for All: Closing the ethnicity gap in rates of disciplinary action across the NHS Workforce Consider training portfolio /suite offers relating to e.g. Dignity & Respect including: Cultural Ambassadors Programme, Cultural Intelligence training, Eliminating Bullying & Harassment and the importance of Equality Monitoring
7 and 8	HIGH	Continue to promote a culture of Inclusion at MKUH	<ul style="list-style-type: none"> Participate in National NHS Staff Survey to facilitate benchmarking Explore manager development programmes through the OD People Plan to ensure that all and new managers are aware of expected behaviours and values Develop the Behaviours Framework to support delivery of the Trust Vision and Values and its impact Develop and promote a culture of inclusion

Acknowledgements

- Workforce Directorate
- MKUH BAME Staff Network
BAME-network@mkuh.nhs.uk
- JCNC

To know more

If you would like to discuss any element of this report, please contact:

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