

The future of the WRES — moving towards accountability

@AntonEmmanuel2

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Trends in WRES indicators 2016-2021



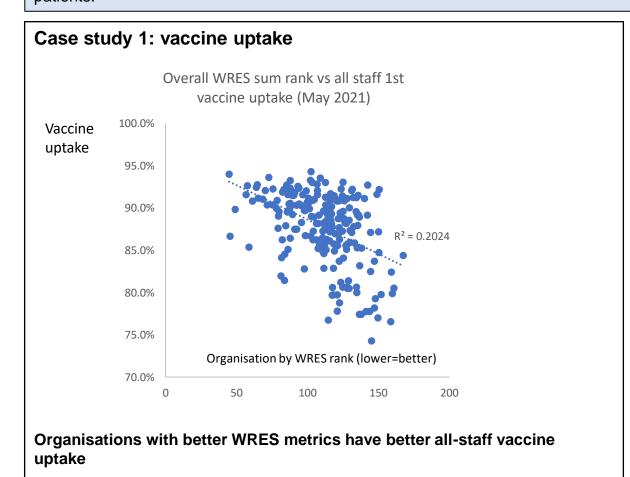
- In its first 6 years, the WRES has documented the problem. However, as shown by the trends per indicator in the right-hand columns below, there has been little improvement in some and a worsening in others.
- Policy initiatives such as international recruitment have increased the percentage of Black and Minority Ethnic (BME) staff (indicator 1) and we are now seeing this have an impact at more senior and Board levels (indicator 9). However, other indicators such as 6, 7 and 8 show that the experience of BME staff is not improving as positively. Therefore, we are adapting our approach to create more local accountability and ownership by identifying the key performance indicators (KPIs) to address.
- This will be done in 4 domains as the following slides show.

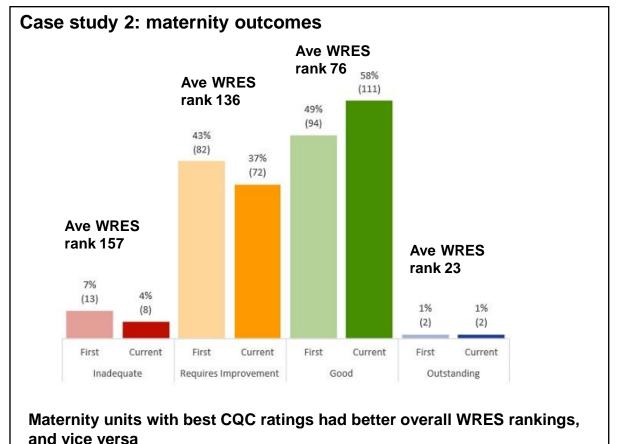
					Ye	ar				
WRES inc	licator	2016	2017	2018	2019	2020	2021	Timeseries	WRES trend	
1	1 Percentage of BME staff				19.1	19.9	21.1	22.4		•
1	reicentage of blvic staff	VSM	5.4	5.3	6.9	7.6	7.9	9.2		
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.57	1.6	1.45	1.46	1.61	1.61		\Leftrightarrow
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff				1.24	1.22	1.16	1.14		•
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.11	1.22	1.15	1.15	1.14	1.14		\Leftrightarrow
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	29.1%	28.4%	28.5%	29.7%	30.3%	28.9%		\triangle
<u> </u>	referring of start experiencing harassment, builying of abuse from patients, relatives of the public in the last 12 months	White	28.1%	27.5%	27.7%	27.8%	27.9%	25.9%		
6	6 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months		27.0%	26.0%	27.9%	29.3%	28.4%	28.8%	✓	^
0	referringe of staff experiencing harassment, builying of abuse from staff in the last 12 months	White	24.0%	23.0%	23.4%	24.4%	23.6%	23.2%		
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion		73.4%	73.2%	71.9%	69.9%	71.2%	69.2%	~~	
,	referringe of start believing that their trust provides equal opportunities for career progression of promotion	White	88.3%	87.8%	86.8%	86.3%	86.9%	87.3%		
8	Developed of staff newspeakly, symptic rains discriminations at well, from a manager/tack loader or other college, as		14.0%	14.5%	15.0%	15.3%	14.5%	16.7%		
0	Percentage of staff personally experiencing discriminations at work from a manager/team leader or other colleagues	White	6.1%	6.1%	6.6%	6.4%	6.0%	6.2%		
9	BME board membership		7.1%	7.0%	7.4%	8.4%	10.0%	12.6%		•

Why does workforce equity matter?



Aside from our legal obligations under the Public Services Equality Duty and the Equality Act 2010, increasing the racial and wider diversity of the health care workforce is essential for the provision of high quality and culturally competent care to our minority communities. A diverse healthcare workforce will help to expand healthcare access for the under-served, foster research in neglected areas of societal need, and enrich the pool of managers and policymakers to meet the needs of a diverse population. As shown by the two examples below, organisations which perform better in terms of equality, diversity and inclusion deliver better outcomes for staff and patients.

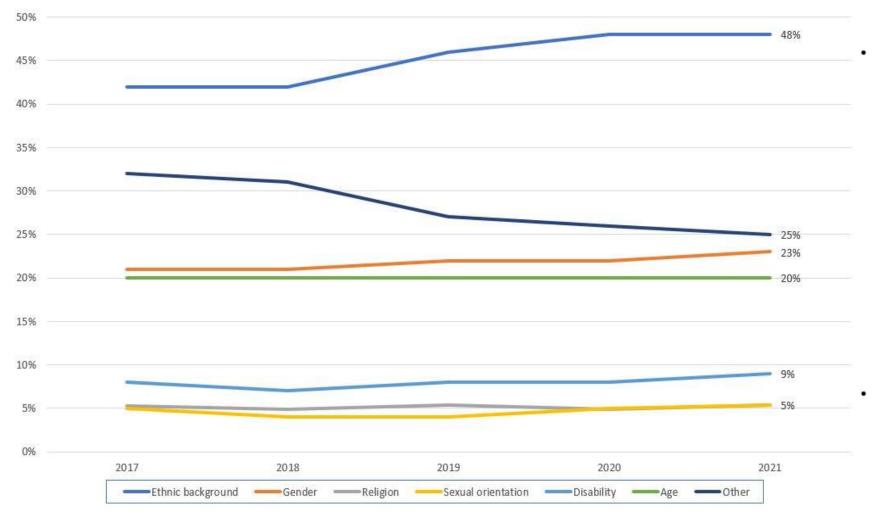




On what grounds is discrimination experienced?



% of staff saying they experienced discrimination on each basis, from those who reported personally experiencing discrimination at work in the last 12 months (q16c)

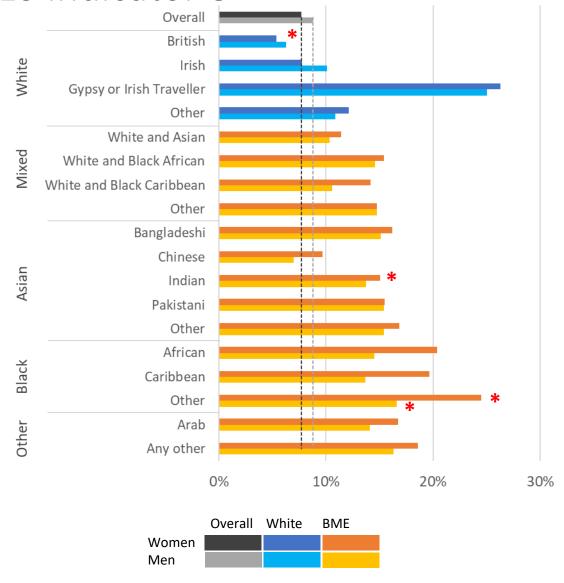


Of those discriminated against, 48% is based on ethnic background. This has not moved between 2020 and 2021

Data from public facing NHS National Staff Survey findings.

Resetting the WRES: 1) Disaggregate the data

WRES Indicator 8



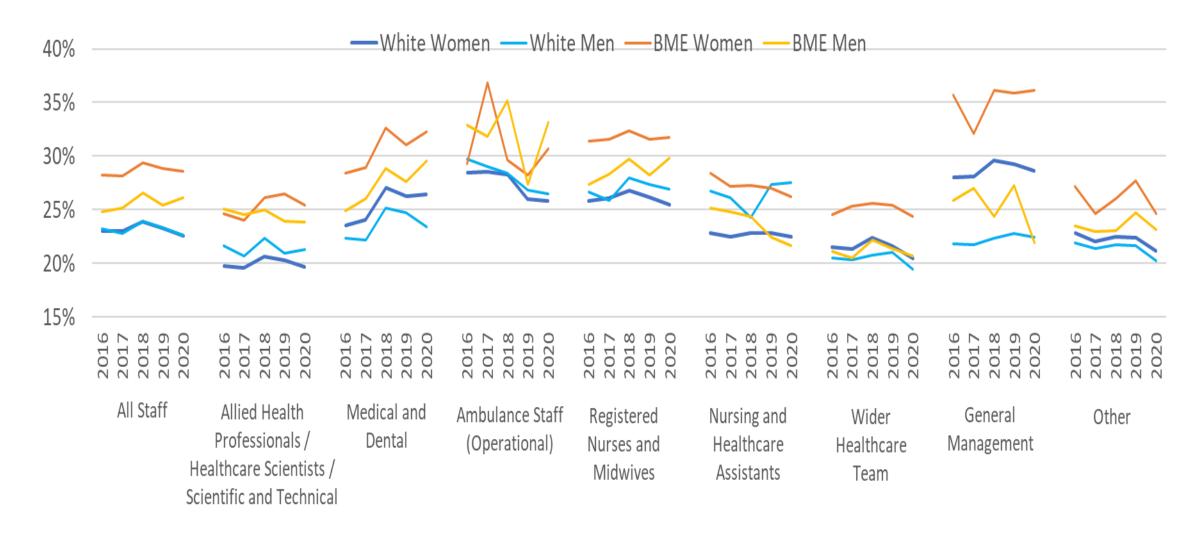
19.4% of staff from a Black background had experienced discrimination from other staff in last 12 months. Black staff, alongside staff from the "Any other" group and the Asian "Other" group had experienced the highest levels of discrimination from other staff since at least 2016

Men (8.8%) were more likely than women (7.7%) to have that personally experienced discrimination at work from a manager, team leader or other colleagues in last the 12 months.

26.2% of staff from a Gypsy or Irish Travellers background experienced discrimination from a manager/team leader or other colleagues in last 12 months.

WRES indicator 6

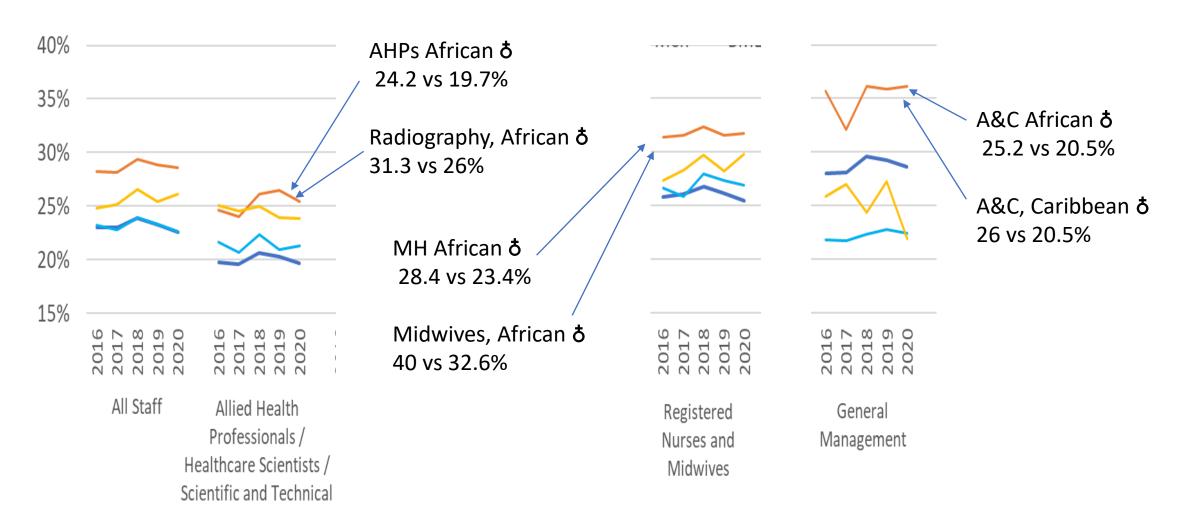
Gender, profession and ethnicity (2016 - 2020 NHS Staff Survey):



BME Women (28.6%) were most likely to have experienced harassment, bullying or abuse from other staff in the last 12 months, a trend that has been evident since at least 2016. This trend was especially evident in General Management (36.2%), Medical and Dental (32.2%), and Registered Nursing and Midwifery (31.8%).

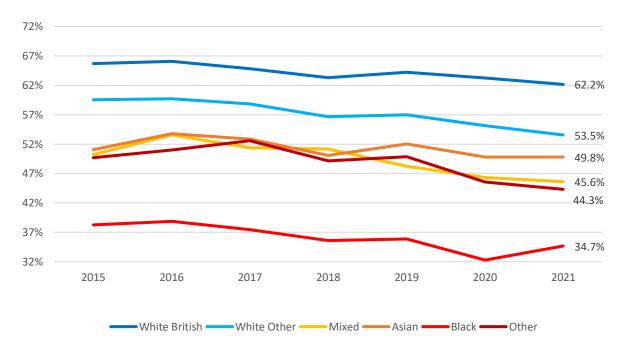
WRES indicator 6

Gender, profession and ethnicity (2016 - 2020 NHS Staff Survey):

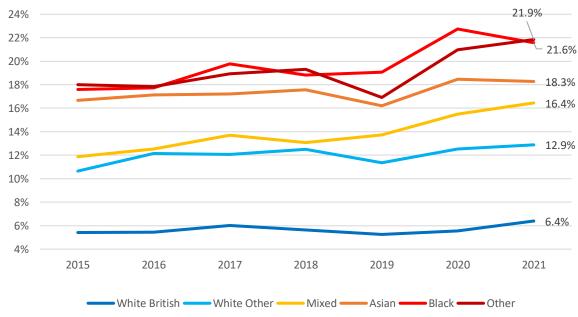


Registered Nurses and Midwives

Indicator 7: Percentage of staff believing that organisation provides equal opportunities for career progression or promotion



Indicator 8: In the last 12 months have you personally experienced discrimination at work from staff



Black British nurses were least likely to feel that their organisation provides equal opportunities for career progression or promotion, but levels were also low for nurses from all BME backgrounds and from "other" white backgrounds.

Black British nurses and those from "other" backgrounds were most likely to suffer discrimination from staff, but levels were also high for nurses from all BME backgrounds and from "other" white backgrounds.

Resetting the WRES Domain 2: Using disaggregated data to set targets recruitment and promotion

.,	centage representation	National				
		White	BME overall	Asian	National Black	Mixed / Other
	Overall	84.14%	12.48%	2.29%	7.33%	2.869
g g	Band 5 and under	77.86%	15.52%	3.16%	7.94%	4.429
ay bands grouped	Band 6	84.83%	11.92%	2.27%	6.96%	2.699
	Band 7	85.76%	12.31%	1.81%	7.96%	2.549
Pay gro	Band 8a and over	78.81%	18.96%	2.23%	13.75%	2.979
	Overall	84.14%	12.48%	2.29%	7.33%	2.869
	Band 1	20.00%	0.00%	0.00%	0.00%	0.00
	Band 3	63.64%	36.36%	18.18%	18.18%	0.009
<u></u>	Band 4	100.00%	0.00%	0.00%	0.00%	0.00
detail	Band 5	77.95%	15.51%	3.12%	7.93%	4.459
<u></u>	Band 6	84.83%	11.92%	2.27%	6.96%	2.69
bands	Band 7	85.76%	12.31%	1.81%	7.96%	2.549
bar	Band 8a	79.72%	18.43%	2.30%	12.90%	3.23
a	Band 8b	75.00%	18.75%	3.13%	12.50%	3.139
ď	Band 8c	66.67%	33.33%	0.00%	33.33%	0.009
	Band 8d	100.00%	0.00%	0.00%	0.00%	0.009
	Band 9	100.00%	0.00%	0.00%	0.00%	0.009

As part of a WRES project on maternity unit equality indices, we have extracted data on BME representation of midwives specifically, stratified by banding and split by ethnicity type (for the latter, separating Asian from Black from mixed staff)

			Midlands	
White	BME overall	Asian	Black	Mixed / Other
87.36%	9.49%	3.11%	3.75%	2.63%
77.43%	13.76%	4.02%	5.26%	4.48%
88.37%	9.06%	3.14%	3.41%	2.52%
89.91%	8.41%	2.52%	4.10%	1.79%
94.44%	5.56%	0.00%	2.78%	2.78%
87.36%	9.49%	3.11%	3.75%	2.63%
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
77.43%	13.76%	4.02%	5.26%	4.48%
88.37%	9.06%	3.14%	3.41%	2.52%
89.91%	8.41%	2.52%	4.10%	1.79%
96.15%	3.85%	0.00%	0.00%	3.85%
83.33%	16.67%	0.00%	16.67%	0.00%
100.00%	0.00%	0.00%	0.00%	0.00%
-	-	-	-	-
100.00%	0.00%	0.00%	0.00%	0.00%
100.00%	0.00%	0.00%	0.00%	0.009

This representation data can then be looked at by region, specifically in this example in the Midlands.

			Midlands	
White	BME overall	Asian	Black	Mixed / Other
White	BME overall	Asian	Black	Mixed / Other
-64	28	6	10	12
37	-16	1	-13	-4
24	-10	-6	3	-8
3	-1	-1	0	0
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-64	28	6	10	12
37	-16	1	-13	-4
24	-10	-6	3	-8
2	-1	-1	-1	0
0	0	0	1	0
0	0	0	0	0
-	-	-	-	-
0	0	0	0	0



The difference between **observed** numbers of staff at each band and ethnicity can then be subtracted from the **expected** number to identify KPIs to progress equality of representation in that region. This can also be done by ICS.



Resetting the WRES Domain 3: targeted reports

Producing more than just a national data report:

- trust level (225)
- system level (42)
- regional level (7)

Producing a report for 'hidden voices'

- bank WRES
- medical WRES
- independent health provider WRES

Trust level reports

London

Summary for the 2020/21 reporting year

RKL

Indicator num	ber and descrip	tion	Trust	London	National	Percentile rank*			
Indicator 1: BN	/IE representati	on in the workforce by pay	band						
	BME represen	tation in the workforce overall	52.9%	48.1%	22.4%				
Pay band at	Non-clinical	Band 4 and under	Band 3	Band 3	Band 3				
which BME	Non-clinical	Band 5 and over	Band 8B	Band 8A	Band 8B				
under-	Clinical	Band 4 and under	Band 4	Band 4	Band 3				
representation	Cimical	Band 5 and over	Band 7	Band 7	Band 6				
first occurs	Medical		Proportional	Consultant	Consultant				
		Lower to middle	0.99	1.37	0.91	0%			
	Non-clinical	Middle to upper	1.73	1.92	1.39	55%			
Race disparity		Lower to upper	1.71	2.63	1.27	49%			
ratios		Lower to middle	1.43	2.03	1.59	19%			
	Clinical	Middle to upper	2.73	2.10	1.36	92%			
		Lower to upper	3.91	4.25	2.16	69%			
Indicator 2: likelihood of appointment from shortlisting									
		likelihood ratio White / BME	1.29	1.62	1.61	26%			
Indicator 3: lik	elihood of ente	ring formal disciplinary prod	eedings						
		likelihood ratio BME / White	1.18	1.54	1.14	17%			
Indicator 4: lik	elihood of unde	ertaking non-mandatory trai	ning						
		likelihood ratio White / BME	0.89	0.95	1.14	19%			
Indicator 5: ha	rassment, bully	ing or abuse from patients,	relatives or th	e public in las	t 12 months				
		BME	34.6%	31.1%	28.9%	82%			
		White	31.3%	31.2%	25.9%	89%			
Indicator 6: ha	rassment, bully	ing or abuse from staff in la	st 12 months						
		BME	25.7%	29.8%	28.8%	33%			
		White	24.6%	25.9%	23.2%	66%			
Indicator 7: be	lief that the tru	st provides equal opportuni	ties for career	progression o	or promotion				
		BME	72.5%	65.4%	69.2%	50%			
		White	83.4%	83.7%	87.3%	86%			
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months									
		BME	13.3%	17.1%	16.7%	19%			
		White	8.6%	8.0%	6.2%	91%			
Indicator 9: BN	/IE representati	on on the board minus BME							
		Overall	-34.1%.	-25.5%.	-9.8%.	97%			
		Voting members	-34.1%.	-26.2%.	-10.0%.	94%			
		Executive members	-38.6%.	-33.1%.	-13.5%.	93%			
		the secretary to 100% (const in			15.576.	3370			

^{*} ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator.

Trust level reports

Areas for Improvement

A maximum of three high priority areas for improvement have been identified for the Trust. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be significantly worse than that for the other ethnic group.

High priority areas for improvement within the Trust (to a maximum of three):

Indicator 9: Board representation (overall, voting members, and executive members)

Indicator 1: Career progression in clinical roles (middle to upper levels)

Indicator 1: Career progression in clinical roles (lower to upper levels)

Areas of Best Performance

A maximum of three areas of best performance have been identified for the Trust. These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be similar to that for the other ethnic group.

Areas of best performance within the Trust (to a maximum of three):

Indicator 1: Career progression in non-clinical roles (lower to middle levels)

Please note, this area of best performance is intended to highlight a potential example of good practice that could be further built upon within the organisation, and also shared with other organisations. Nonetheless, there may remain the need for further improvement in this indicator. The WRES team will analyse for, and look to celebrate areas where good performance is maintained or further improved, year-on-year.

System level report

Region	South East of England -
ucâni	BOB STP
Year - Choose from Drop Down →	2021
·	

	Indica	etor 1		Indicator 2	Indicator 3	Indicator 4	Indic	ator 5	Indic	etor 6	Indic	ator 7	Indic	ator 8		Indicator 9	
Organisation Name	Lower to Middle	Middle to Upper	Lower to Upper		Likelihood		Rank BME	Rank Difference	BME Voting Board	BME Workforce	Difference						
	1.24	1.42	1.75	1.46	1.81	151	139	201	36	130	48	92	20	25	15.4%	25.8%	·10.4%
	1.50	1.04	1.56	1.28	1.23	1.02	75	97	132	172	86	116	168	179	36.4%	26.0%	10.4%
	1.70	1.47	2.50	0.78	2.23	0.82	129	153	90	177	90	138	77	89	14.3%	18.4%	-4.1%
	1.73	2.32	4.01	1.55	0.79	0.93	62	43	116	57	41	36	102	117	17.6%	25.5%	-7.9%
	1.76	2.08	3.67	1.70	0.48	0.76	33	2	30	10	79	95	15	8	7.7%	29.2%	-21.6%
	0.92	1.37	1.26	1.49	0.64	2.11	210	127	160	182	12	2	123	79	20.0%	5.2%	14.8%
	1.49	1.58	2.35	1.39	0.82	0.90									18.1%	22.9%	-4.9%
South East	1.51	1.66	2.50	1.48	1.01	0.93	6	7	1	2	1	1	1	2	12.8%	22.1%	-9.2%
National	1.32	1.39	1.83	1.61	1.14	1.14									12.3%	22.4%	-10.0%

Regional level reports

Year - Choose from Drop Down --> 2021 Indicator 2 | Indicator 3 | Indicator 4 Indicator 8 Indicator 9 Indicator 1 Indicator 5 Indicator 6 Indicator 7 BME Lower to Middle Workforce 1.13 7.1% 39.0% 1.45 1.24 15.4% 25.8% 1.54 1.62 0.18 116 7.1% 19.4% 1.50 1.04 1.28 1.23 86 36.4% 26.0% 10.4% 1.43 1.57 1.10 0.36 35.0% 1.37 0.69 18.9% 1.59 1.25 1.99 1.00 0.61 133 53 95 9.1% 17.5% 1.46 2.07 81 1.17 0.81 12.9% 37.8% 1.66 1.93 104 7.7% 21.8% 1.52 1.05 1.11 1.60 1.60 1.05 145 13.4% 0.98 1.94 28.6% 23.0% 0.86 0.87 2.35 9.7% 1.88 1.38 24.7% 28.3% 1.02 1.83 1.87 1.47 1.03 129 1.70 1.47 0.78 2.23 0.82 14.3% 18.4% 1.73 1.55 0.79 0.93 25.5% 2.36 1.13 0.38 0.82 106 21.2% 1.79 18.8% 1.21 0.96 1.17 0.00 0.90 1.70 1.76 2.08 0.48 29.2% 1.51 1.05 1.82 0.65 115 7.7% 30.9% 1.69 1.02 18.2% 9.3% 0.92 1.49 0.64 5.2% 5.6% 0.67 14.3% 1.88 1.6% 0.96 1.39 11.8% 10.2% 1.23 28.5% 1.30 1.33 2.06 26.7% 1.60 2.05 1.15 1.06 38.0% 0.80 110 0.0% 1.93 1.39 1.22 0.96 1.42 9.2% 1.37 1.69 12.5% 10.6% 1.81 1.17 21.0% 0.95 128 1.81 7.1% 18.1% South East 22.1% 22.4% 1.39 National



Working with regions



Percentage of staff experiencing

harassment, bullying or abuse from

patients, relatives or the public

Relative likelihood of white applicants being

appointed from shortlisting across all posts

compared to BME applicants

Work closely with boards and track progress against each indicator quarterly

Board members

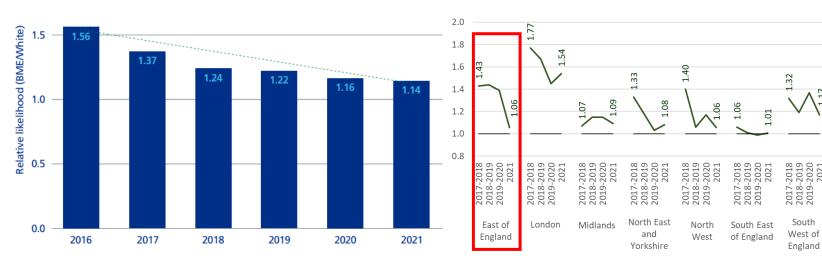
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Percentage of board members by ethnicity compared to BME workforce within NHS trusts by region

Resetting the WRES: 4) Joint working with regions

Joint work between the national team and regional EDI teams has begun as a way of linking the knowledge of how data compares across the country with the knowledge of the local nuances and opportunities, respectively. Certain regions have developed their own race equality strategies, and East of England's has had a particular focus on correcting race disparity in disciplinary referrals through targeted actions such as independent panels, adoption of a decision tree pre-referral and structured feedback following regulator decision.

Target: Work with regions and networks to understand local needs and support implementation of evidence based actions to improve data



While the national picture on race disparity in referral into the formal disciplinary process has only improved slightly (left graph), the regional work in East of England (right) shows how targeted actions can rapidly improve this metric.

Likelihood ratio of BME staff undergoing disciplinary referral

Improvement in this indicator in East of England following concerted action on debiasing disciplinary referrals

Actions:

- Establish <u>independent panels</u> at several trusts to advise referring officers.
- 2. Implement <u>decision tree tool</u> (developed by the National Patient Safety Agency), comprising an algorithm which poses a series of structured questions to standardise pre-disciplinary process.
- 3. Post-action audit: all decisions to place staff through formal disciplinary process will be reviewed on a quarterly basis using robust information on each case to discern any systemic weaknesses, biases or underlying drivers of adverse treatment of any staff group.





Louie Horne WRES Clinical Research Fellow

Bank WRES indicators

Indicators for the NHS bank workforce. (Individuals solely employed by the NHS on zero hours contracts) All indictors split by individual ethnic groups and gender.	What the indicators aims to measu	5a Percentage of bank workers experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months. (14a)	5a. To draw direct comparisons to substantive staff WRES data.
1: The number of *active workers by ethnic group and gender at each grade and staff group.	1: To understand the detail of the active only workforce and key elements of its demographics by position as this is currenot measured across the NHS.	5b: Percentage of bank workers experiencing harassment, bullying or abuse from: other colleagues in the last 12 months. (14c)5c: Percentage of bank workers	5b & 5c. To understand any variation in experience between peers and colleaguand managers/leaders and to draw dire comparisons to substantive staff WRES
2a: The number of individuals by ethnic group and gender who leave substantive employment to *actively work solely on a	2a: To gain a level of understanding of "outward" workforce flow by ethnicity an gender from perm contract to bank only	experiencing harassment, bullying or abuse from: Placement managers / team leaders in the last 12 months. (14b)	
zero hours contract on bank. 2b: The number of workers by ethnic group and gender who migrate from a bank only contract/posts into a form of *permanent contracted position in the last 12 months.	2b: To gain a level of understanding of "inward" workforce flow by ethnicity and gender from zero hour to permanent contracted position.	6a: Percentage of bank workers that have personally experienced physical violence from patients / service users, their relatives, or other members of the public in the last 12 months. (13a)	6a. To better understand the proportion spread of incidents in this area based o ethnicity.
3: The number of bank workers by ethnic group and gender entering the formal	3: To understand any patterns and draw comparisons against trust held substant staff WRES data.	6b: Percentage of workers who experienced physical violence at work who then proceeded to report it? (13d)	6b: To better understand the reporting of based on ethnicity and gender
This indicator (3) is also applicable to externally provided bank suppliers.		7: Percentage workers who would consider in the next 12 months applying to work in form of permanent	7: To gain valuable insights toward the intention of bank workers to progress in more secure contracted work and to als
4: The number of bank worker dismissals by ethnic group and gender post disciplinary in the last 12 months.	4: To understand any disparities in dism based on ethnicity and gender for this workforce.	employment. (NEW see annex for proposed question)	understand variations based on ethnicit gender.

Bank WRES indicators

8a: Percentage of bank workers that have in the last 12 months personally experienced discrimination at work from: Placement managers / team leaders. (16b)

8b: Percentage of bank workers that have in the last 12 months personally experienced discrimination at work from: fellow colleagues / peers. (16c)

8c: Percentage of bank workers that have in the last 12 months personally experienced discrimination at work from: Patients, relatives, or members of the public. (16a)

8a, b, & c: To understand any variation i sources of perceived discrimination from key groups and to draw direct comparison substantive staff WRES data.

9a: Percentage of bank workers who feel that the organisation values your work contribution (4b).

9b: Percentage of bank workers that feel safe to speak up about anything that concerns them in this organisation (21e).

9c: Percentage of bank workers that think the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.) (18)

9d: Percentage of bank workers that fell they receive the respect they deserve from colleagues at work. (7c)

9e: Percentage of bank workers that feel there are opportunities to develop their career in the organisation. (20b)

9f: Percentage of bank workers that have in the last 12 months experienced racerelated harassment and abuse whist at work. (NEW see annex for question) Indicators based against what is propose the bank worker survey. Grouped to reflekey measures against the core principle promises of the People Plan/Promise. **10a**: How long have bank workers solely worked on the bank (30a)

10b: Percentage of bank workers who were, originally recruited from outside of the UK to work in healthcare? (30b)

10a: To gain an understanding and mean of length of time served on a bank only contract by ethnicity and gender. In additional to also cross reference other survey indicators.

10b: To build understanding on the origi this part of the bank workforce. In additionalso cross reference other survey indicates