



## The Workforce Race Equality Standard

In 2014 the NHS Equality and Diversity Council announced 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. The Workforce Race Equality Standard (WRES) was implemented to improve equality across the NHS, starting from April 2015. The WRES requires all NHS organisation's to demonstrate progress against 9 detailed indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

We are required to analyse the data relating to these indicators and subsequently work towards closing the gap between the BME and white staff experience. We must scrutinise and understand the data and act on it, and then work towards a level playing field where the treatment of staff is not unfairly affected by their ethnicity.

Indicators 1–4 focus on workforce data, 5–8 are based on data from the national NHS Staff Survey questions and 9 focuses on Board representation. The 9 indicators are as follows:

<b>Workforce Indicators – Compare the data for white and BME staff</b>	
1	Percentage of staff in each of the AFC Bands 1-9 compared with the percentage of staff in the overall workforce disaggregated, if appropriate, by: <ul style="list-style-type: none"> <li>• Non-clinical staff</li> <li>• Clinical staff</li> </ul>
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4	Relative likelihood of staff accessing non-mandatory training and CPD
<b>Staff survey indicators – Compare the outcomes of the responses for white and BMS staff</b>	
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 the last 12 months



7	Percentage believing that the Trust provides equal opportunities for career progression or promotion
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues
<b>Board representation indicator – Compare the difference for white and BME staff</b>	
9	Percentage difference between the organisations' board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> <li>• By voting membership of the Board</li> <li>• By executive membership of the Board</li> </ul>

## How does the Workforce Race Equality Standard work?

In its simplest form, the WRES gives local NHS organisations the tools to work out their workforce race equality performance, including BME representation at senior management and board level. The WRES exposes differences between the experience and treatment of White staff and BME staff in the NHS. It enables organisations to focus on:

- How good they are now
- How good they should be
- How they can get there

As an NHS Trust, we need to analyse our performance against the nine indicators and use the results to develop action plans to allow us to make continuous improvements.

## What are the links between the Workforce Race Equality Standard and the Equality Delivery System – EDS2?

The Equality Act 2010 ascribes protection to nine characteristics. The nine characteristics are: age; disability; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

The Equality Delivery System (EDS2) is designed to help local NHS organisations, in discussion with local stakeholders, review and improve their performance for patients, communities and staff in respect to all characteristics protected by the Equality Act 2010.



The WRES seeks to tackle one aspect of equality – the consistently less favourable treatment of the BME workforce - in respect of their treatment and experience. It draws on new research about both the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care.

The WRES and EDS2 are complementary but distinct. The indicators used in the WRES, and the progress made in closing them, will assist organisations implementing the EDS2.

Both the WRES and EDS2 will assist organisations in meeting their Public Sector Equality Duty requirements.