

Health Education England

Workforce Race Equality Standard (WRES) 2019/20

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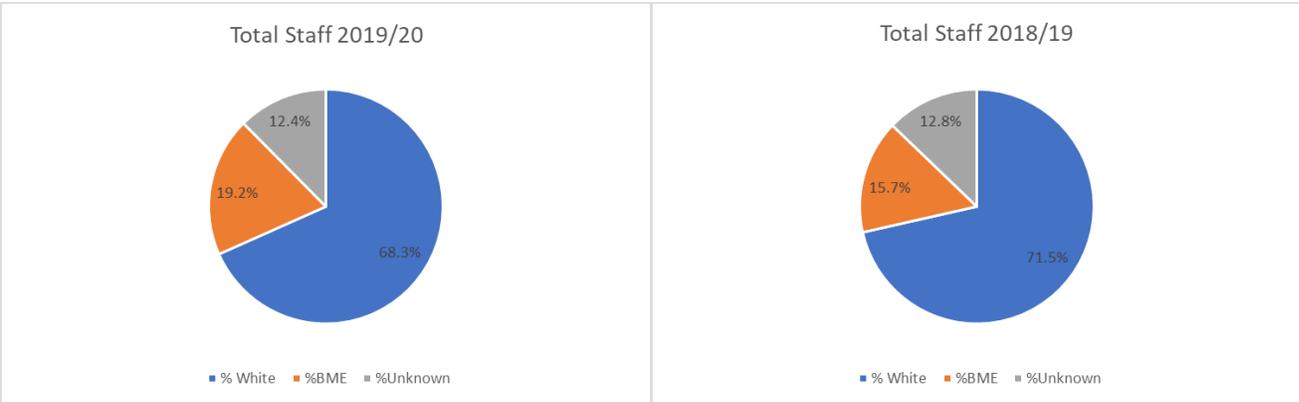
1. Introduction and Background

- 1.1. The NHS Workforce Race Equality Standard (WRES) was made available to the NHS in April 2015. It was developed following sustained engagement and consultation with key stakeholders within NHS organisations across England and using expert advice on the factors that would provide measurable and meaningful indicators of equality performance on which organisations can develop and improve.
- 1.2. The main purpose of the WRES is:
 - ✓ to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
 - ✓ to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BAME) colleagues, and,
 - ✓ to improve BAME representation at the Board level of the organisation.
- 1.3. Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.
- 1.4. There is considerable evidence that the less favourable treatment of BAME colleagues in the NHS, through poor treatment and opportunities, has a significant impact on colleague well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.
- 1.5. Research and evidence show, for example, that white shortlisted applicants are on average much more likely to be appointed than BAME shortlisted applicants.
- 1.6. BAME colleagues are more likely than white colleagues to experience harassment, bullying or abuse from other colleagues; are more likely to experience discrimination at work from colleagues and their managers, and are much less likely to believe that their organisation provides equal opportunities for career progression.

- 1.7. In general, the proportion of NHS board members and senior managers who are of BAME origin is significantly smaller than the proportion within the total NHS workforce and the local communities served.
- 1.8. National healthcare bodies, including ourselves, are committed to supporting the work on the WRES across the NHS. We also take seriously our responsibilities as an employer to review our own performance against the WRES, and we commit to publishing our data and action plans on our website and intranet, in addition to submitting our data to NHS England for them to publish as appropriate.
- 1.9. The following information provides insight into Health Education England’s current position against WRES domains and offers a comparison to prior years in order to track progress over a sustained period.

2. HEE Workforce Race Equality Standard (WRES)

2.1. Domain 1 - Ethnicity Profiles

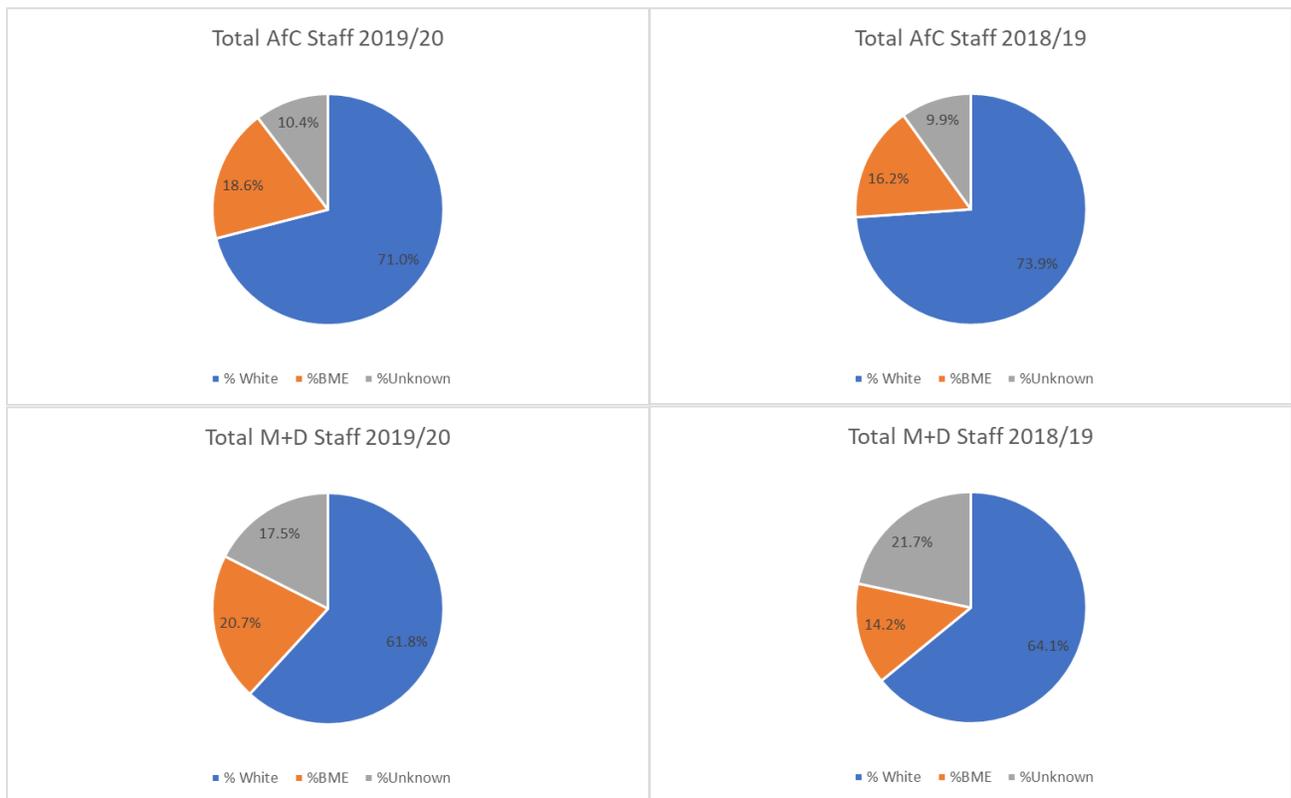


2.1.1. The overall BAME colleague representation within HEE has increased by 3.5% to 19.2% in 2019/20 (15.7% as at 31 March 2019). Whilst white colleague representation has decreased by a similar percentage, colleagues not disclosing their information remains a factor in determining the overall representation of BAME colleagues within the organisation. From an NHS wide perspective, HEE remains slightly below the NHS average of BAME

representation of 20.7%¹. As a national organisation we would wish to be representative at all levels of the population we serve. From the census information (2011) the BAME population of the UK was 14%²

2.1.2. The charts below provide an analysis of ethnicity within our two colleague groups: Agenda for Change (which encompasses our administrative, clerical and management grades) and Medical and Dental (which represents only those directly employed by HEE). Whilst BAME colleague representation has improved within both groups the progress made in Medical and Dental groups is significantly greater.

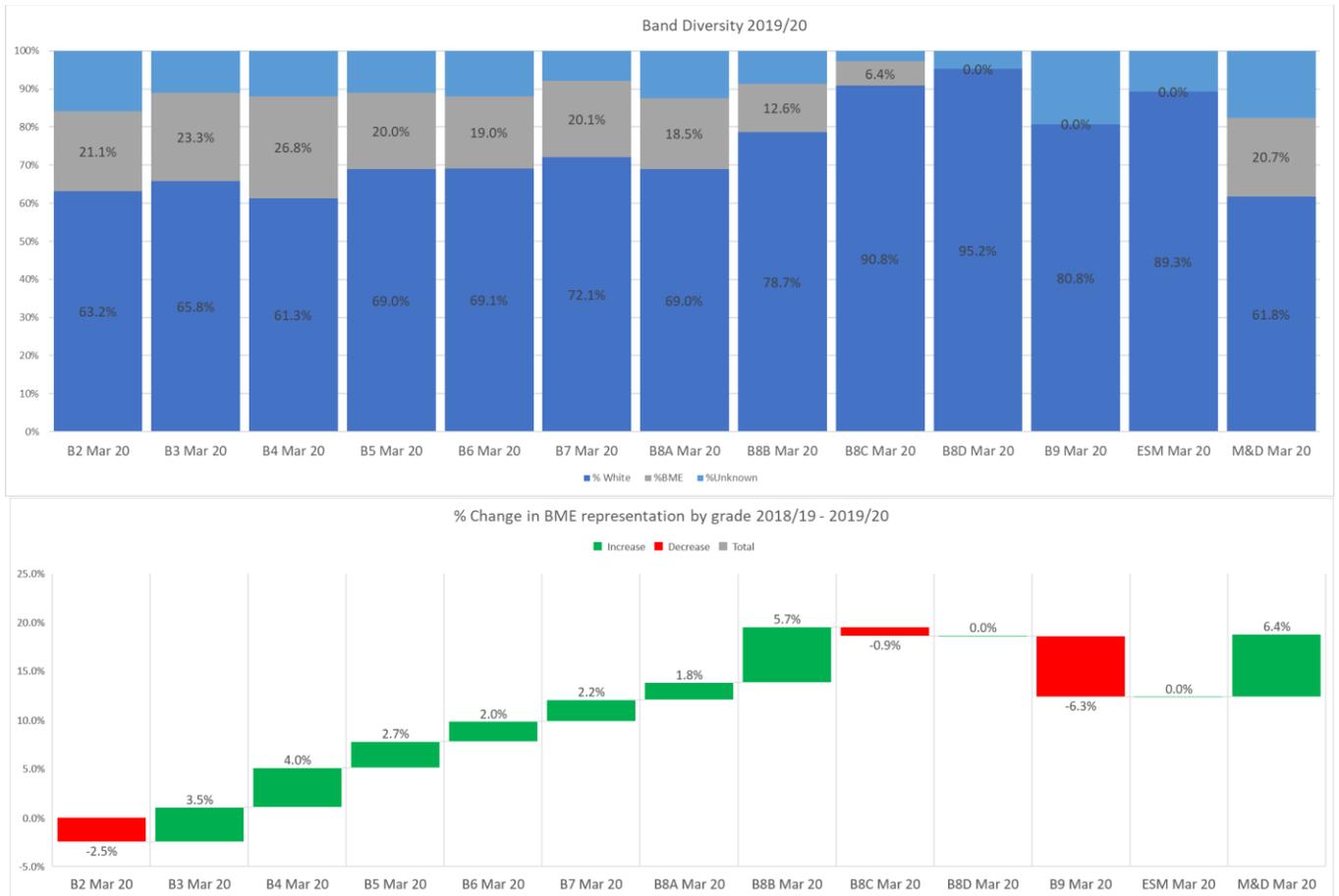
2.1.3. It should be noted that our organisational profile was significantly altered in 2019/20 through the TUPE of colleagues from University of London. The ethnicity profile of this group of colleagues was 49% white and 42% BAME. This should be taken into account when reviewing if activity to improve the diversity of the organisation are having desired impact or not.



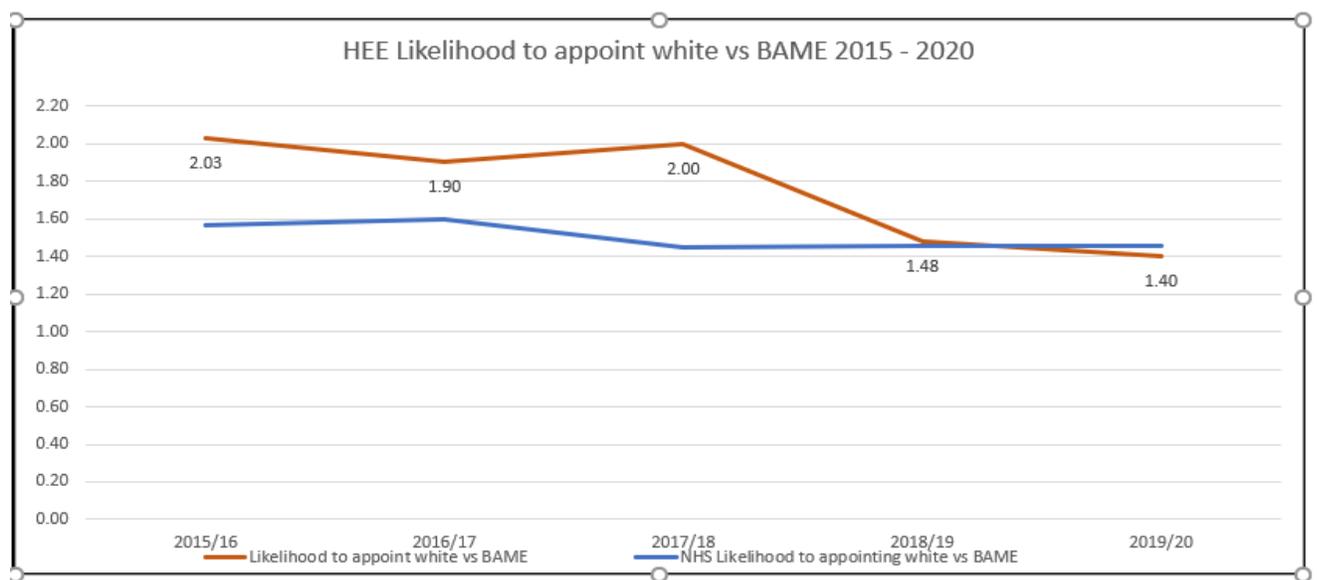
2.1.4. The below chart shows the relative representation of white and BAME colleagues within the Agenda for Change, Executive and Senior Manager and Medical and Dental grades. Whilst BAME colleague representation has improved within in some areas, most notably in Medical and Dental, there is more work required in the higher AfC grades (Grade 8B and above).

¹ NHS England data

² ONS data taken from gov.uk



3.2. Domain 2 - Relative Likelihood of colleagues being appointed from shortlisting across all posts



3.2.1. The likelihood of white colleagues being appointed from shortlisting has reduced from 1.48 to 1.40. This is a positive trend, which has continued since reporting commenced in 2015/16. In particular the number of candidates not disclosing ethnicity has also reduced which improves the accuracy of reporting.

3.2.2. The NHS wide comparator here is 1.46 (as of 31 March 2019)

3.3. Domain 3 – Relative likelihood of BAME colleagues entering the formal disciplinary process compared to white colleagues Disciplinary Process

| | Data item | Measure | 31 March 2019 | | | 31 March 2020 | | |
|--|---|-----------|---------------|------|---------|---------------|------|---------|
| | | | White | BAME | Unknown | White | BAME | Unknown |
| Relative likelihood of colleagues entering the formal disciplinary process | # of colleagues | Headcount | 1976 | 434 | 355 | 2016 | 567 | 367 |
| | # entering formal disciplinary process | Headcount | 2 | 1 | 0 | 13 | 4 | 1 |
| | Relative likelihood of BAME colleagues entering the formal disciplinary process compared to white colleagues | | | 2.28 | | | 1.09 | |

2.3.1. The number of colleagues who are subject to formal disciplinary processes within HEE is extremely small in comparison to the size of the organisation. Significant focus is given to resolving conduct matters at informal stages wherever possible.

2.3.2. The relative likelihood achieved in 2019/20 shows that there is no clear disparity in entering disciplinary procedures between the two ethnic groups

2.3.3. As in other data sets the impact of ‘unknown’ ethnicity makes drawing true conclusions difficult.

2.3.4. The NHS wide comparator here is 1.22 (as at 31 March 2019. More current data set not yet available).

2.4. Domain 4 – Relative likelihood of white colleagues accessing non-mandatory training and CPD compared to BAME colleagues

| | Data item | Measure | 31 March 2019 | | | 31 March 2020 | | |
|--|--|-----------|---------------|-------|---------|---------------|-------|---------|
| | | | White | BAM E | Unknown | White | BAM E | Unknown |
| Relative likelihood of colleagues accessing non-mandatory training and CPD | Number of colleagues in workforce: | Headcount | 1976 | 434 | 355 | 2016 | 567 | 367 |
| | Number of colleagues accessing non-mandatory training and CPD: | Headcount | 303 | 43 | 55 | 221 | 42 | 18 |

| | | | | | | | | |
|--|--|--|------|--|--|------|--|--|
| | Relative likelihood of White colleagues accessing non-mandatory training and CPD compared to BAME colleagues | | 1.55 | | | 1.48 | | |
|--|--|--|------|--|--|------|--|--|

2.4.1. This measurement currently includes only non-mandatory training that is self-recorded on HEE’s ESR database and the diversity profile of those colleagues accessing the HEE internal apprenticeship scheme. This is representative of the information we are able to access at a corporate level but is a narrow interpretation of learning activity across HEE. This is due to devolved allocation of learning budgets and the lack of corporate reporting against such spend. From April 2020 HEE has instigated an alternative approach to learning with all budgets held centrally and as a result, accessibility to funding and reporting on such learning is more easily achieved.

2.4.2. Based on the information we are currently able to report upon the relative likelihood of white colleagues accessing non-mandatory learning has reduced slightly to 1.48 (from 1.55 in 2018/19)

2.4.3. The NHS wide comparator here is 1.15 (as at 31 March 2019. More current data set not yet available).

2.5. Domain 5 – Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

2.5.1. HEE is not a direct patient facing organisation so this domain is not measured.

2.6. Domain 6 – Percentage of BAME colleagues experiencing harassment, bullying or abuse from colleagues in the last 12 months

| Data item | Measure | 31 March 2019 | | | 31 March 2020 | | |
|--|-----------|---------------|------|---------|---------------|------|---------|
| | | White | BAME | Unknown | White | BAME | Unknown |
| % of colleagues experiencing harassment, bullying or abuse from colleagues in last 12 months | Headcount | 14% | 15% | | 14% | 15% | |

2.6.1. In prior years, HEE has conducted colleague surveys on a biennial basis. As such the last colleague survey results emanate from the 2018 survey with a comparator from prior year therefore not available.

2.6.2. Going forward, HEE is proposing to introduce a quarterly pulse survey focused on our Best Place to Work ambitions, which includes questions relating to harassment, bullying and abuse from other colleagues. As such we will better able to track any trends in this area.

2.6.3. The NHS wide comparator here is 29% for BAME colleagues and 24.2% for White colleagues (as at 31 March 2019. More current data set not yet available).

2.7. Domain 7 – Percentage of BAME colleagues believing that trust provides equal opportunities for career progression or promotion

| Data item | Measure | 31 March 2019 | | | 31 March 2020 | | |
|---|------------|---------------|------|---------|---------------|------|---------|
| | | White | BAME | Unknown | White | BAME | Unknown |
| % colleagues believing that organisation provides equal opportunities for career progression or promotion | Percentage | 83% | 57% | | 83% | 57% | |

2.7.1. In prior years, HEE has conducted colleague surveys on a biennial basis. As such the last colleague survey results emanate from the 2018 survey with a comparator from prior year therefore not available.

2.7.2. Going forward, HEE is proposing to introduce a quarterly pulse survey focused on our Best Place to Work ambitions, which includes questions relating to opportunities to learn and progress. As such we will better able to track any trends in this area.

2.7.3. The NHS wide comparator here is 69.9% for BAME and 86.3% for White colleagues (as at 31 March 2019. More current data set not yet available).

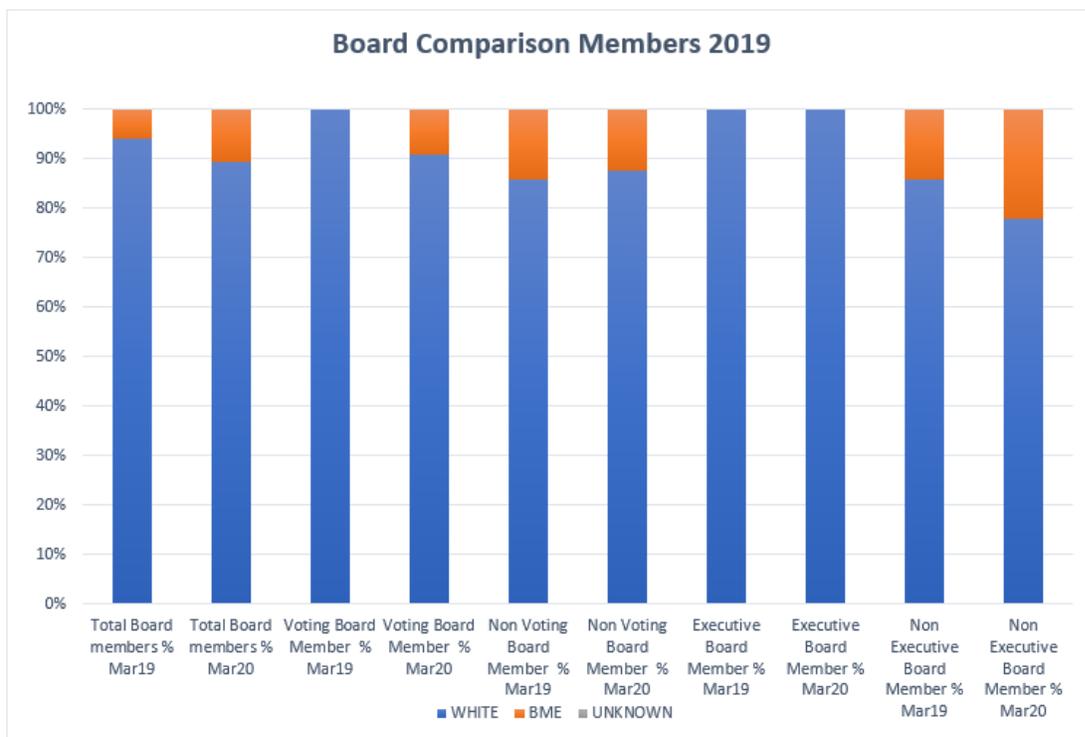
2.8. Domain 8 - Percentage of BAME colleagues personally experiencing discrimination at work from a manager/team leader or other colleagues

| Data item | Measure | 31 March 2019 | | | 31 March 2020 | | |
|--|------------|---------------|------|---------|---------------|------|---------|
| | | White | BAME | Unknown | White | BAME | Unknown |
| % colleagues personally experienced discrimination at work from Manager/team | Percentage | 5% | 12% | | 5% | 12% | |

| | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|
| leader or other colleague | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|

- 2.8.1. In prior years, HEE has conducted colleague surveys on a biennial basis. As such the last colleague survey results emanate from the 2018 survey with a comparator from prior year therefore not available.
- 2.8.2. Going forward, HEE is proposing to introduce a quarterly pulse survey focused on our Best Place to Work ambitions, which includes questions relating to discrimination from other colleagues. As such we will better able to track any trends in this area.
- 2.8.3. The NHS wide comparator here is 15.3% of BAME colleagues and 6.4% of White colleagues (as at 31 March 2019. More current data set not yet available).

2.9. Domain 9 – BAME board membership



- 2.9.1. The composition of the Board has improved in relation to its diversity with 10.5% of the Board made up by BAME colleagues
- 2.9.2. Whilst improving, the Board remains unrepresentative of the whole organisation, albeit it compares favourably to NHS averages (8.4% BAME)

colleagues).

3. Summary of analysis

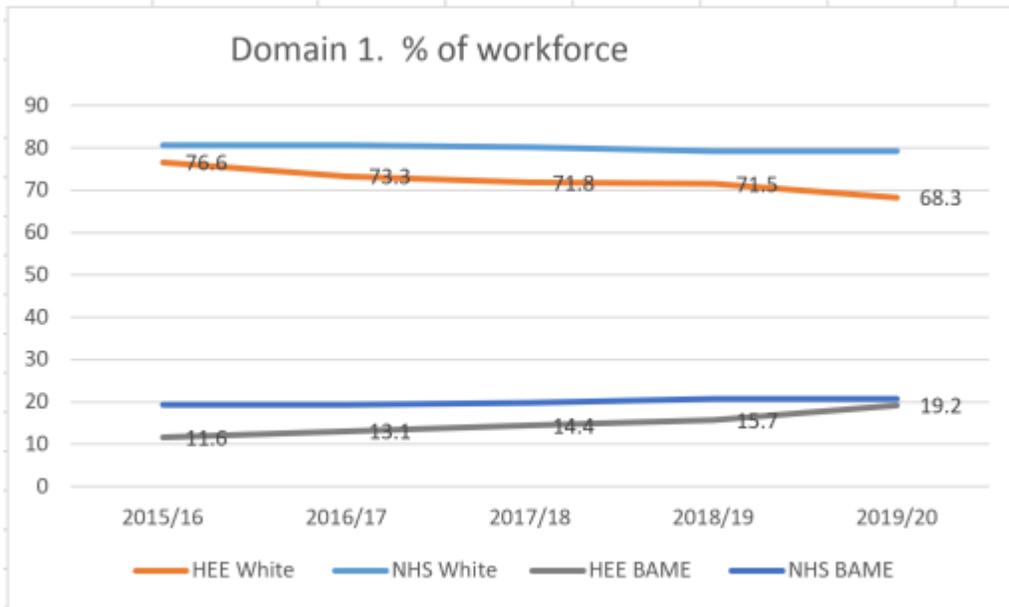
- 3.1. HEE has continued to make progress across WRES domains in 2019/20 with all domains that are able to be measured accurately showing improvement. The data provided as an appendix demonstrates HEE performance against NHS performance in the WRES domains for the period 2015 – 2020.
- 3.2. Whilst positive progression is demonstrated, the overall performance of HEE against NHS or UK statistics is not considered sufficient.
- 3.3. In addition, there remain areas where reporting is not considered sufficiently robust to provide accurate analysis and amendments have been made to mitigate this for 2020/21. We remain inhibited to accurately assess our organisation against the WRES domains due to non-disclosure of ethnicity by colleagues.
- 3.4. Our priority for 2020/21 remains on Domain 1, 2 and 7 with careful consideration of Domains 4, 6 and 8 as our ability to report on these domains improves against more frequent colleague surveys. In particular we wish to address
 - ✓ under-representation of BAME colleagues at grades 8b and above, and at very senior levels within HEE
 - ✓ over-representation of BAME colleagues at grades 1 – 4 within HEE
 - ✓ percentage of applications received from BAME colleagues that are shortlisted for selection processes within HEE
 - ✓ continued improvement of the likelihood of a BAME colleague to be appointed to a role within HEE
 - ✓ percentage of BAME colleagues who feel able to learn and progress within HEE
- 3.5. HEE Executive and Board will consider and take further advice on what strategies should be implemented to achieve the improvements that we wish to seek. We will work in partnership with our Trades Union representatives and our colleague network groups to collectively achieve improvements in diversity and inclusion across HEE.
- 3.6. In addition, the reporting frequency of WRES indicators will be increased to

quarterly together with the ability to report at regional level which will provide an enhanced review of our performance at a number of levels within the organisation. This information will be reported to HEE Board and published on our intranet.

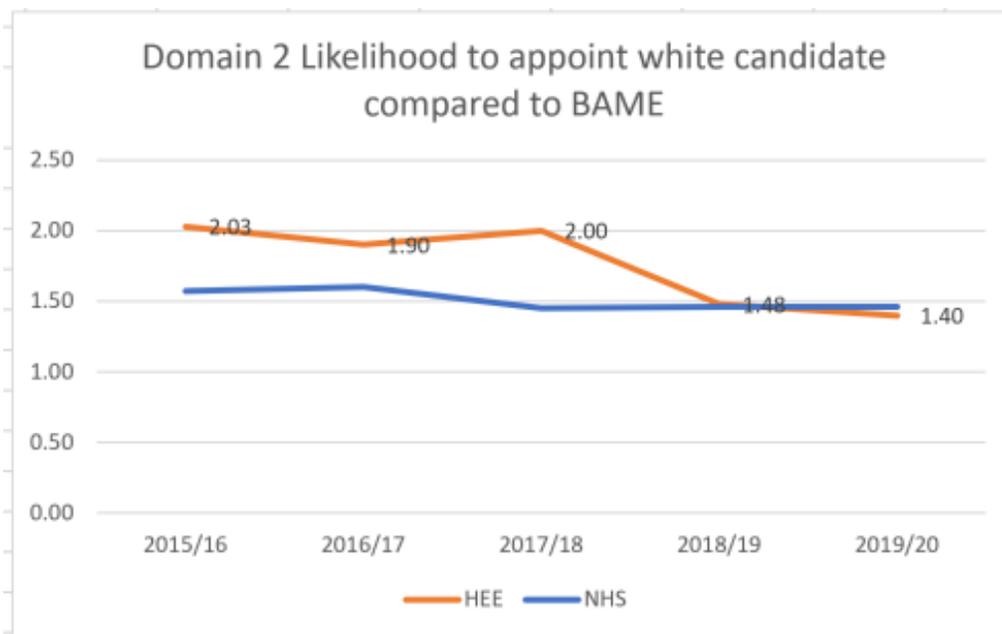
Appendix 1 – HEE Performance against NHS Performance 2015 – 2020

Data comparisons compiled from [NHS England WRES data analysis report 2019](#) and HEE WRES Submissions 2015-2020

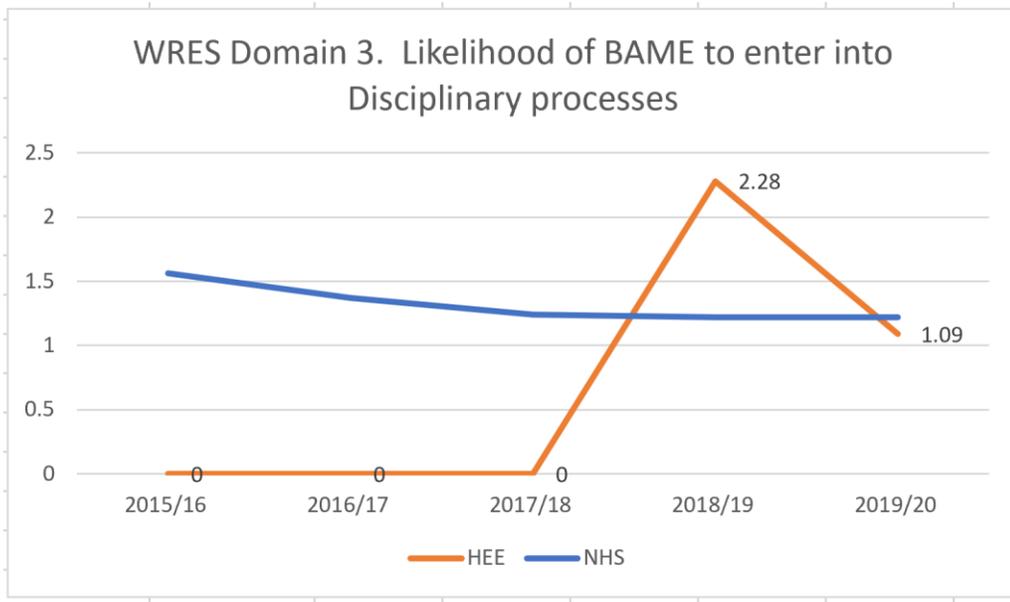
Domain 1 – Ethnicity profile



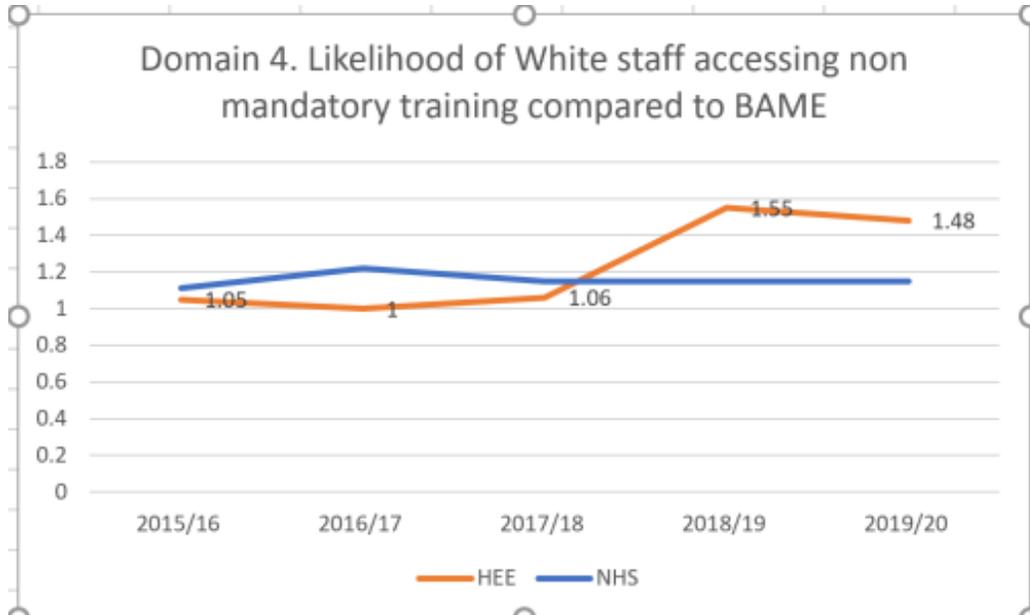
Domain 2 – Relative Likelihood to appoint white vs BAME



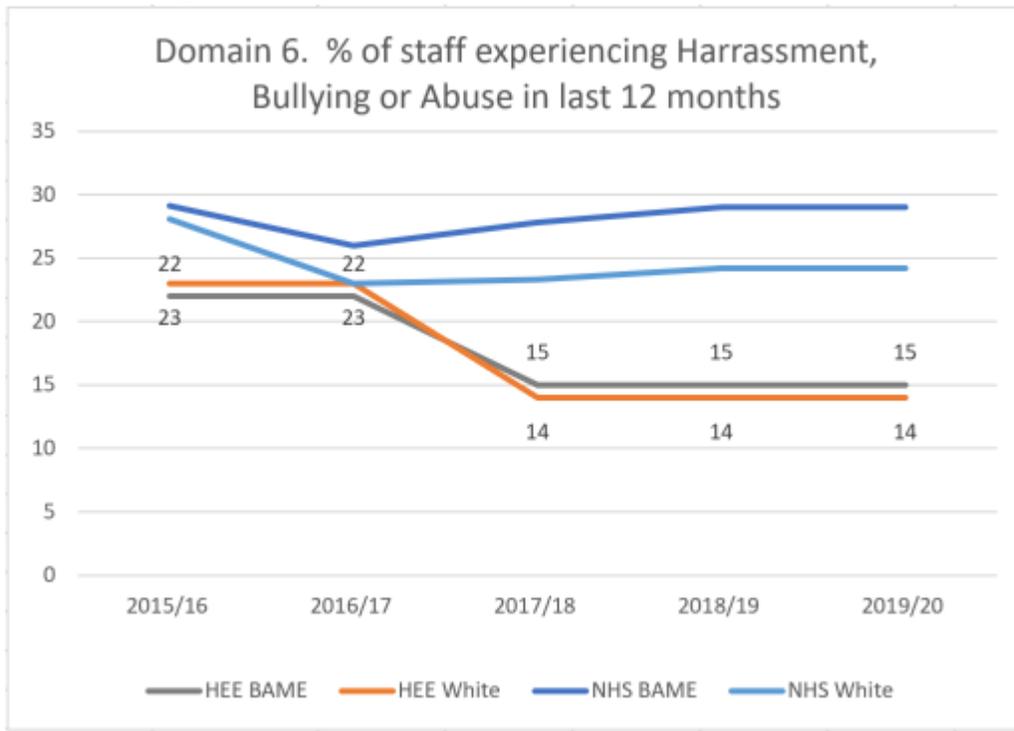
Domain 3 – Relative likelihood of BAME colleagues entering the formal disciplinary process



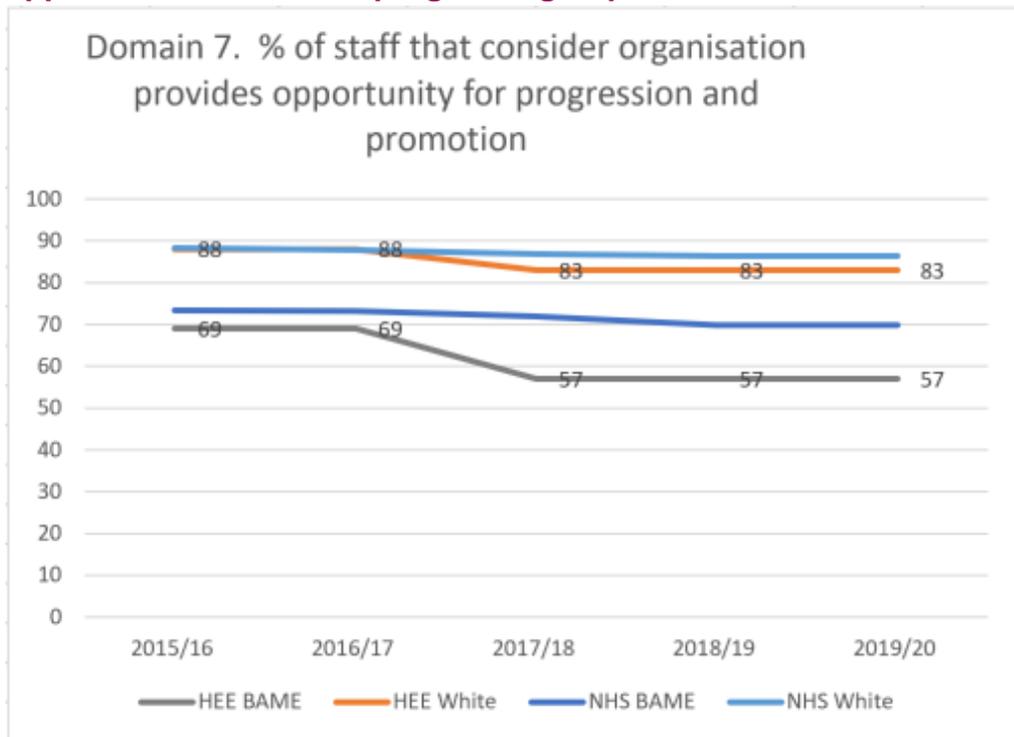
Domain 4 – Relative likelihood of BAME colleagues accessing non-mandatory training and CPD



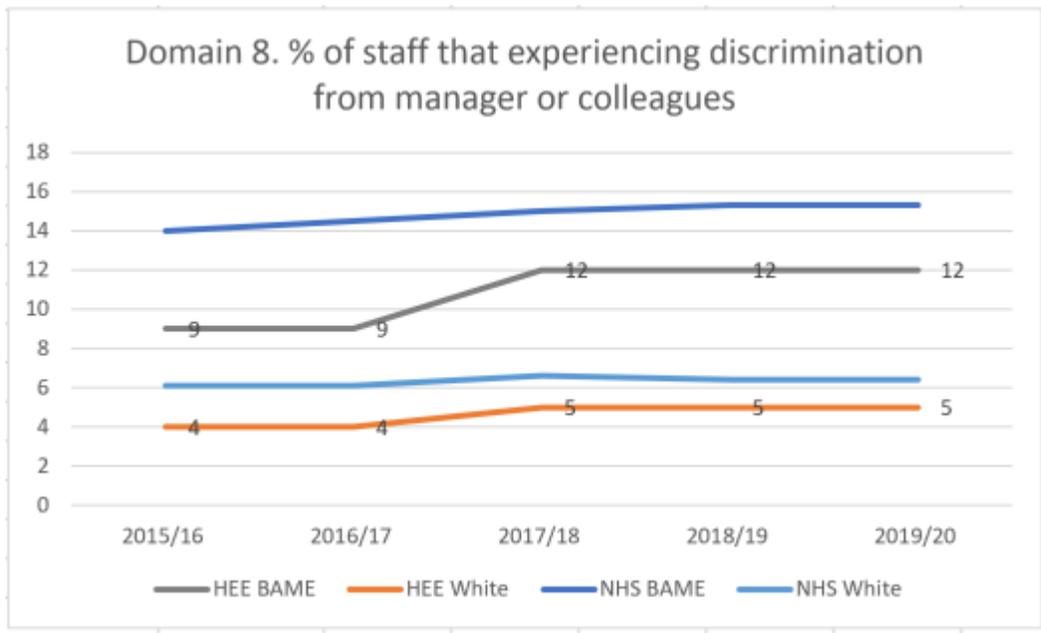
Domain 6 – Percentage of colleagues experiencing harassment, bullying or abuse from colleagues



Domain 7 – Percentage of colleagues believing the organisation provides equal opportunities for career progressing or promotion



Domain 8 – Percentage of colleagues personally experiencing discrimination at work from a manager/team leader or other colleagues



Domain 9 – BAME Board membership

