NHS
Equality and
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70 YEARS OF THE NHS 1948 - 2018

NHS WORKFORCE RACE EQUALITY STANDARD

2018 DATA ANALYSIS REPORT FOR NHS TRUSTS

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NHS Workforce Race Equality Standard

2018 Data Analysis Report for NHS Trusts

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01 Foreword

We are delighted to be sharing the latest Workforce Race Equality Standard (WRES) data report for NHS trusts with you. The WRES was introduced in 2015 to reveal and thereby help close the gaps in workplace inequalities between black and minority ethnic (BME) and white staff working in the NHS. Getting this right is critical; evidence shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety – it also leads to more innovative and efficient organisations.

This report presents three years' of WRES data against all nine WRES indicators of workplace experience and opportunity. It shows trends over time regarding the level of progress made by NHS trusts across the country, as well as shining a light on those areas where further concerted support and action is required. Some organisations are embracing the agenda well and are continuing to act on plans for improvement, yet at the same time, we know much more work is needed.

We are passionately committed to this important agenda, and know that this is difficult work that requires everyone's engagement and commitment. The WRES team continues to support NHS organisations on this endeavour, and as the focus shifts further from the 'why' to the 'how' of workforce race equality, we anticipate the further increased spread of WRES implementation support across the country.

It is clear more work is needed to help ensure NHS leadership reflects the people we serve and our dedicated staff. In all walks of life real diversity and inclusion demonstrably improves overall employee engagement. Both of our organisations are committed to this programme– which we will describe in detail in the forthcoming WRES strategy. We are also clear that our organisations need to role model the changes we would want to see across the wider NHS.

Lord David Prior
Chair, NHS England

Baroness Dido Harding
Chair, NHS Improvement

02 Key findings

Analyses of WRES data between 2016 and 2018 show continuous improvement across the range of workforce indicators.

BME staff make up 19.1% of the workforce in NHS trusts. Across NHS trusts, there were 10,407 more BME staff in 2018 compared to 2017.

The proportion of BME staff in very senior manager (VSM) positions increased from 5.7% in 2017 to 6.9% in 2018. This is still significantly lower than the proportion of BME staff (19.1%) in NHS trusts.

The percentage of BME staff reporting the experience of discrimination in the last 12 months increased from 13.8% to 15.0%. In contrast, 6.6% of white staff reported the experience of discrimination at work.

The net number of BME board members increased. There were 11 more executive BME board members across NHS trusts in 2018 compared to 2017. Overall there was one extra non-executive board member across NHS trusts.

Across the 231 NHS trusts in England, there were just eight BME executive directors of nursing.

White applicants were 1.45 times relatively more likely to be appointed from shortlisting compared to BME applicants, a reduction from the 1.60 ratio in 2017.

BME staff were 1.24 times relatively more likely to enter the formal disciplinary process compared to white staff. There have been year-on-year improvements on this indicator since 2016.

71.5% of BME staff believed that their trust provides equal opportunities for career progression or promotion. This is lower than the response in 2016 (75.5%). In contrast 86.6% of white staff believe that their trust provides equal opportunities for career progression or promotion.

A sustained increase in BME nurses, health visitors and midwives in AfC bands 6 and above. There has been an increase of 2,224 from 2017.

Table 1: WRES data for all NHS trusts in England: 2016 - 2018

WRES indicator	2016	2017	2018
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	**1.57**	**1.60**	**1.45**
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	**1.56**	**1.37**	**1.24**
4. Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff	**1.11**	**1.22**	**1.15**
5. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	**29%**	**29%**	**29%**
6. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months	**27%**	**26%**	**28%**
7. Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion	**74%**	**76%**	**72%**
8. Percentage of BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	**14%**	**14%**	**15%**
9. BME board membership	**7%**	**7%**	**7%**

03 Introduction

The Workforce Race Equality Standard (WRES) requires organisations employing almost the entire 1.4 million NHS workforce to demonstrate progress against nine indicators of staff experience and opportunity. The 2016 WRES data report for NHS trusts presented the baseline data for all nine WRES indicators. The 2018 data presented in this report enable us to examine progress over a three-year period.

Over the last three years we have improved WRES data quality as well as easing the burden of data collection and submission by NHS organisations. Good quality data, carefully analysed, has enabled organisations to understand the level of challenge they face on workforce race equality. Robust action planning and support from the national WRES Implementation team have enabled many to embark on the journey of improvement – they do so with an open mind and an honest heart, and in the spirit of transparency.

Having implemented the WRES for three years, many NHS organisations are now seeing continuous improvements across a range of WRES indicators – this is clearly reflected in the latest data. However, embedding and sustaining continuous improvements takes time and effort. Whereas some organisations are beginning to act effectively on this agenda, much more work is still needed. This must remain a critical area of focus for all NHS organisations, as workforce race inequality has significant adverse impacts on staff, organisations and patients.

The next phase of the WRES programme will see the strategic approach shift even further from the ‘why’ to the ‘how’ on this agenda. Evidence shows that tackling workforce race inequality improves staff experience, patient outcomes and organisational efficiency. All staff should be able to look at their leaders and see themselves represented, and our patients deserve the same. Clearly, more work in this area is needed; this will be one of the key elements of the WRES strategy going forward.

04 Methodology

The WRES requires NHS trusts to self-assess against nine indicators of workplace experience and opportunity. Four of the indicators relate specifically to workforce data; four are based on data from the national NHS staff survey questions, and one considers black and BME representation on boards.

This report presents data for all NHS trusts in England, against all nine WRES indicators, and where possible, makes comparisons to the 2016 and 2017 WRES data.

Short definitions of the nine WRES indicators are presented in the annex of this report. The detailed definition for each indicator can be found in the WRES technical guidance. The technical guidance also includes the definitions of "white" and "black and minority ethnic", as used throughout this report and within the narrative for the WRES indicators.

4.1 Data sources

WRES data for 2018 were collected through individual NHS trust submissions via the NHS Digital Strategic Data Collection Service (SDCS). As with previous years' submissions, a return rate of 100% was also achieved for the 2018 data. Centrally held data sources were used to prepopulate submission templates with workforce data for WRES indicator 1 (via ESR) and for WRES indicators 5 to 8 (via NHS staff survey data). NHS trusts were emailed prepopulated templates to review, amend and complete (as appropriate) with 2018 data. This report also includes workforce data from the NHS Workforce statistics website.

Unless otherwise stated, data were taken from the 2018 WRES SDCS submissions.

4.2 Data reporting dates

NHS trusts were asked to provide data on the nine WRES indicators as at 31 March 2018. Data for indicators 2, 3, and 4 covered the financial year: 1 April 2017 to 31 March 2018. Data for indicators 1 and 9 were reported as at 31 March 2018. The submission of data took place from 1 July 2018 to 31 August 2018. Data for indicators 5 to 8 were taken from the 2017 NHS staff survey results published in March 2018. Data for the national survey were collected between September and November 2017.

Following submissions by trusts, the WRES team reviewed the data to check for outliers and anomalies. Inaccuracies and inconsistencies were highlighted to individual trusts, who were given the opportunity to review and resubmit accurate data.

4.3 Data analyses

For the purpose of data analyses and presentation, organisations have been grouped by geographical regions and trust types. This year, data were also subjected to statistical testing; this level of analysis is also presented in this report. For indicators 2, 3 and 4 statistical analyses included the "four-fifths" rule.

The "four-fifths" ("4/5ths" or "80 percent") rule is used to highlight whether practices have an adverse impact on an identified group, e.g. a sub-group of gender or ethnicity. For example, if the relative likelihood of an outcome for one sub-group compared to another is less than 0.8 or higher than 1.2, then the process would be identified as having an adverse impact.

The above is consistent with the approach used by both the WRES team and colleagues at the Race Disparity Unit with regard to the ongoing Race Disparity Audit work led by the Cabinet Office.

For indicators 5 to 8, analyses included a statistical test to check whether the identified differences between BME and white staff are statistically significant, or within acceptable limits of expected variation. This is also consistent with the approach the WRES team is using on the work it is carrying out with the Care Quality Commission (CQC).

4.4 Data issues and caveats

As highlighted above, four of the WRES indicators are drawn from the national NHS staff survey. Their reliability is dependent on the overall size of samples surveyed, the response rates, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

The response rate to the NHS staff survey in general increased in 2016 and 2017. This makes the data more reliable. For the purpose of data analyses, samples of less than 50 were excluded. This is in line with methodology used for analysing WRES data during the previous three years.

The same data-related caveats as last year apply to the 2018 data and analyses. For more information regarding these, please see page 14 of the 2017 report.

4.5 Trust mergers

At 231, the number of NHS trusts in this report is lower than the 235 trusts in 2016. This is due to trust mergers and reconfigurations in the last 12 months. See details below.

- Manchester University NHS Foundation Trust was formed following the merger of Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust.
- Essex Partnership University NHS Foundation Trust was formed following the merger of North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust.
- The North West Anglia NHS Foundation Trust was formed following the merger Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Healthcare NHS Trust.
- Mersey Care NHS Foundation Trust now runs the community services of Liverpool Community Health NHS Trust.
- Colchester Hospital University NHS Foundation Trust is now East Suffolk and North Essex NHS Foundation Trust.

05 Detailed findings

5.1 WRES indicator 1 Percentage of staff in each of the Agenda for Change (AfC) Bands 1 - 9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce

Key findings

- 19.1% of staff working for NHS trusts in England are from a BME background; this has increased year on year.
- Across NHS trusts, there were 10,407 more BME staff in 2018 compared to 2017.
- BME staff are underrepresented in senior AfC pay bands. 6.9% of VSM are BME compared to the 19.1% representation in the workforce. However, this is an improvement from 2017 when BME staff represented 5.7% of all VSM posts. The number of BME staff at VSM pay band has increased by 44.
- There are eight (3.4%) directors of nursing from a BME background across the 231 NHS trusts in England.
- 121 (52.4%) trusts have no BME representation at VSM pay band.
- Even though the numbers and percentage of BME staff at VSM level are increasing, this must be viewed in the context of the ever-increasing overall number and proportion of BME staff across the NHS (the latter is increasing at a faster rate).
- There was a slight decrease in the percentage of BME staff at AfC band 9 in 2018, compared to 2017.

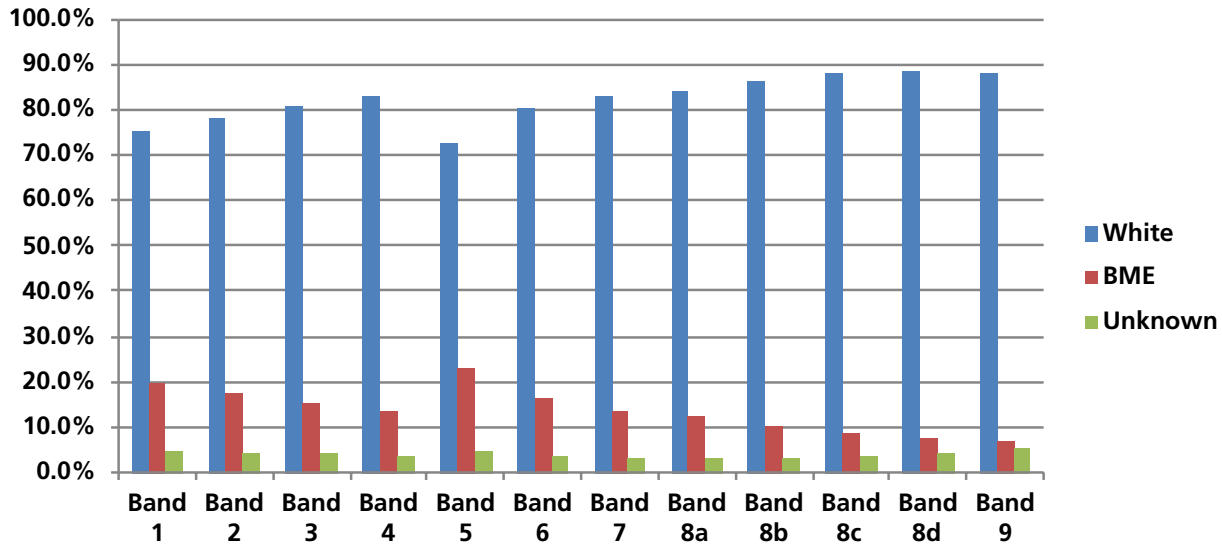
Workforce trend

Table 2: BME staff headcount in NHS trusts

	2017			2018			% BME change
	White	BME	Null	White	BME	Null	
All NHS trusts	79.9%	16.3%	3.8%	76.4%	19.1%	4.6%	2.8%

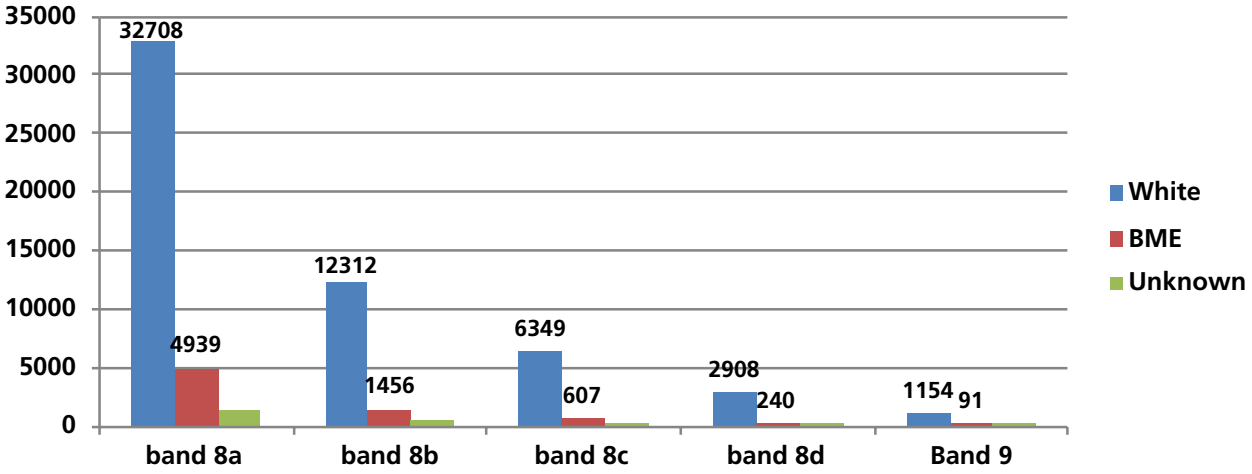
In 2018, the combined BME workforce in NHS trusts was 19.1% (235,201). These numbers have been increasing year on year. Across NHS trusts, there were 10,407 more BME staff in 2018 compared to 2017.

Figure 1: Percentage staff by AfC pay band and ethnicity for all NHS trusts



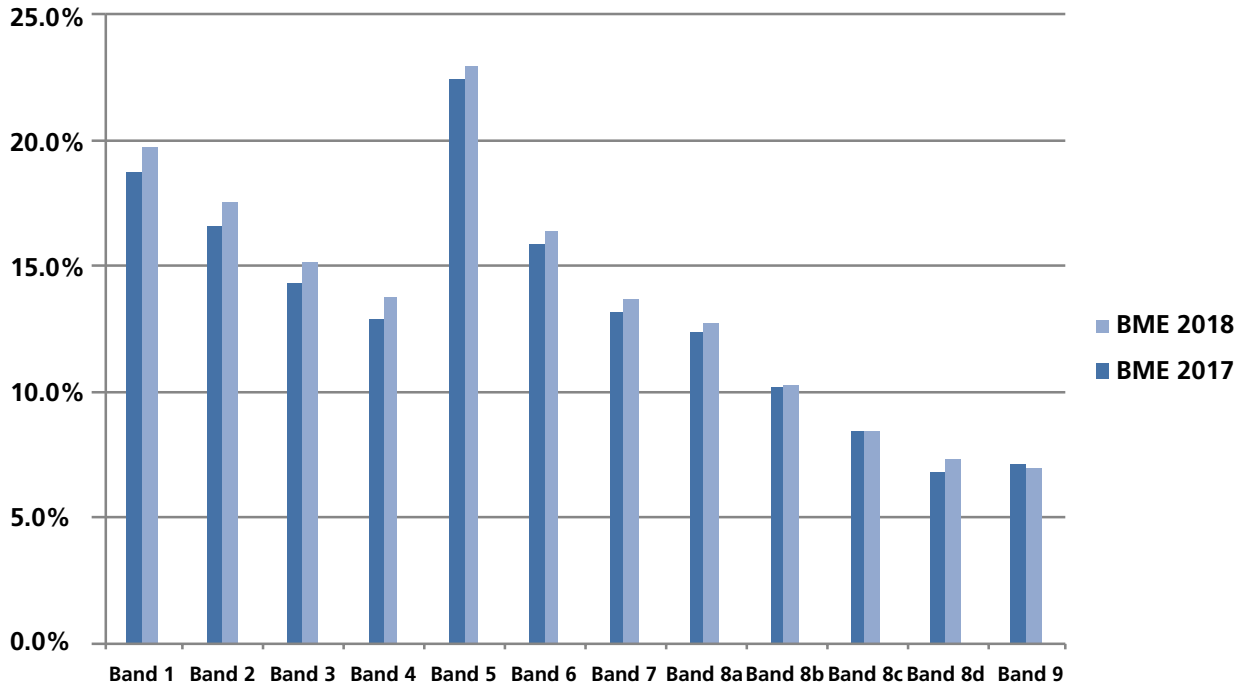
BME staff are concentrated in AfC bands 1 to 4, and over represented in band 5. As the pay bands increase, the proportion of BME staff within those bands decreases, from a 23.0% of BME representation at band 5, to 6.9% at band 9.

Figure 2: Number staff by AfC pay band and ethnicity for all NHS trusts



Even though there is growing BME representation at bands 8a and 8b across NHS trusts in general, the small number of BME staff at band 8c and above makes it challenging to increase BME representation at VSM and board level.

Figure 3: Percentage of BME staff by AfC pay band for all NHS trusts: 2017 and 2018 comparison



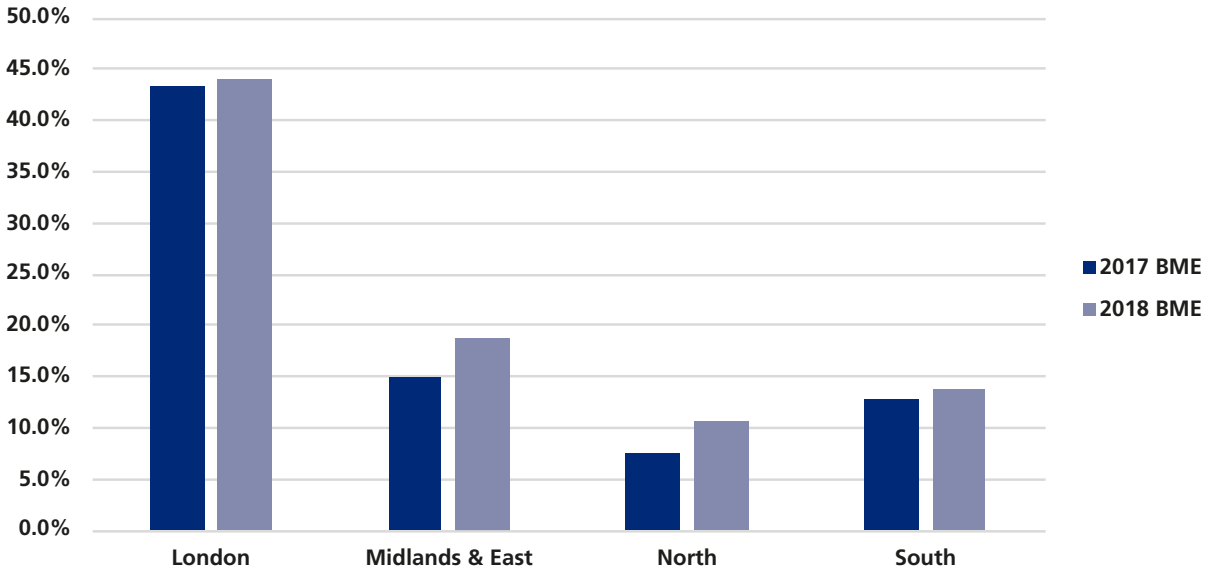
BME staff representation has increased across all AfC pay bands except at band 9 where the proportion has decreased from 7.1% to 6.9% in the last 12 months.

Table 3: Staff representation by ethnicity and region

Region	2017 White	2017 BME	2017 Null	2018 White	2018 BME	2018 Null	% BME change
London	51.8%	43.2%	5.0%	50.2%	43.9%	5.9%	0.7%
Midlands & East	80.8%	14.9%	4.2%	76.3%	18.8%	5.0%	3.9%
North	89.5%	7.5%	3.0%	86.0%	10.5%	3.5%	3.0%
South	83.8%	12.7%	3.5%	81.6%	13.8%	4.5%	1.1%

London has the most diverse workforce with 43.9% of all NHS trust staff across the region being from a BME background; this being a 0.7% increase from 2017. Trusts in the Midlands and East region have seen the largest increase (3.9%) in BME workforce between 2017 and 2018.

Figure 4: BME staff by region: 2017 and 2018 comparison



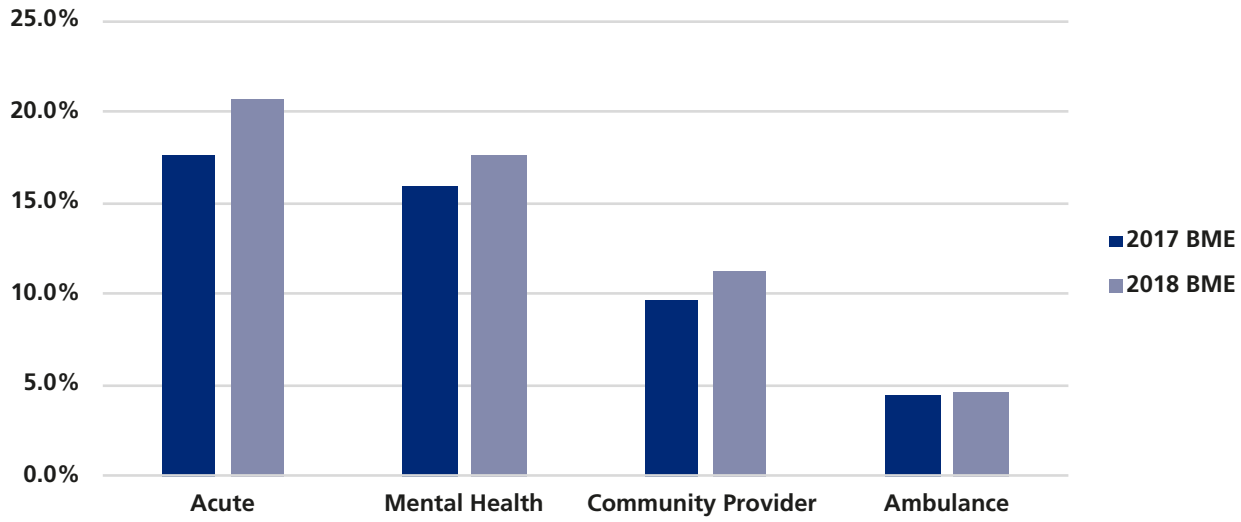
The ever-increasing proportion of BME staff across all regions makes the WRES agenda more important than ever before. Organisations need to be prepared to work with an increasingly diverse workforce and population.

Table 4: NHS trusts staff by ethnicity and trust type

	2017			2018			% BME change
Trust type	White	BME	Null	White	BME	Null	
Acute	78.6%	17.6%	3.8%	74.7%	20.6%	4.7%	3.0%
Mental Health	81.0%	15.9%	3.0%	78.5%	17.6%	3.8%	1.7%
Community Provider	84.6%	9.7%	5.7%	82.9%	11.2%	5.9%	1.5%
Ambulance	91.5%	4.4%	4.2%	91.5%	4.6%	3.9%	0.2%

All trust types have seen increases in the proportion of BME staff. Acute trusts still have the largest proportion of BME staff at 20.6%, and ambulance trusts have the smallest at 4.6%.

Figure 5: BME staff by ethnicity and trust type

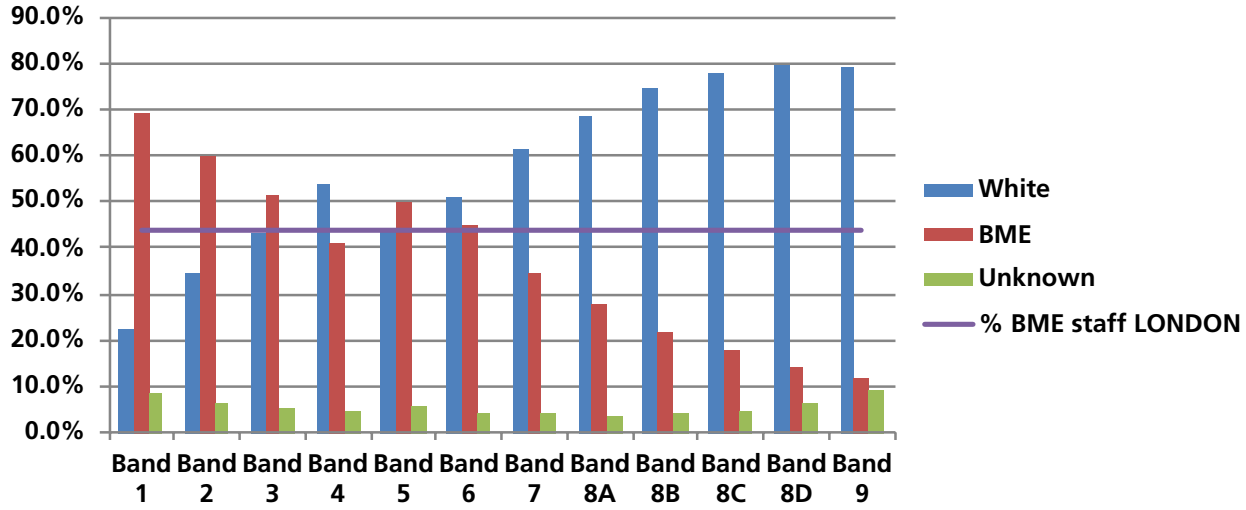


Across individual trusts, the proportion of BME staff ranges from 1.3% (36) whole time equivalent (WTE) at North East Ambulance NHS Foundation Trust, to 59.6% (1,925 WTE) for North Middlesex University Hospital NHS Trust.

London

WRES data for the last three years have indicated that London as a region requires concerted focus and support to improve performance on this agenda. That work has started with a pan-London focus on disciplinary action, as well as leadership action-focused discussions with chief executives and chairs of London NHS trusts.

Figure 6: Percentage staff by AfC pay band and ethnicity for NHS trusts in London



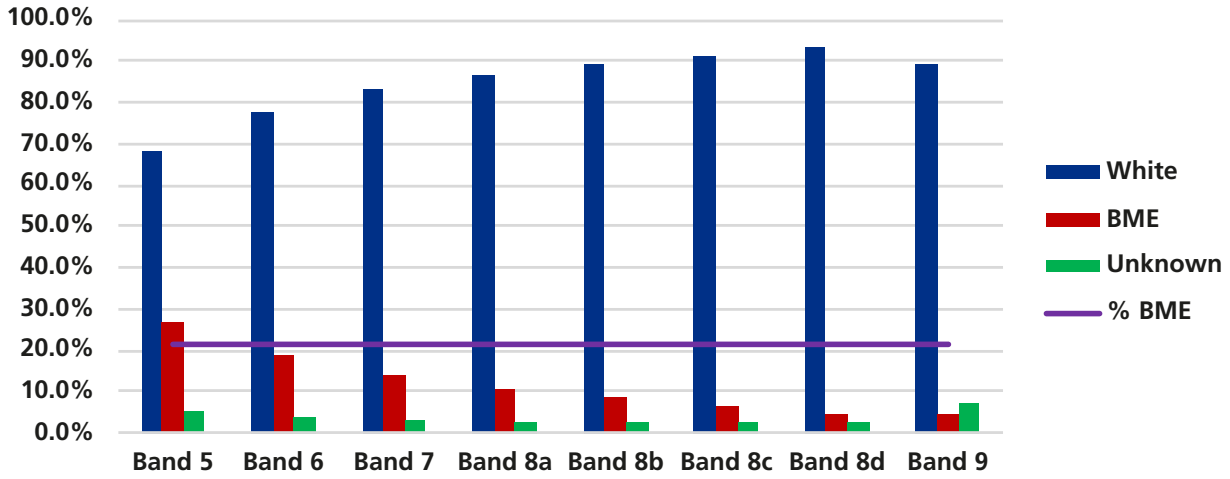
Despite London trusts generally having the highest proportions of BME staff in the country, representation at senior pay bands is very low. 43.9% (88,631) of all staff working across London trusts are BME, compared to only 11.9% (48) of BME staff working at AfC band 9.

Nursing

NHS workforce statistics website data reports 21.3% of all nurses and health visitors are BME. However, BME nurses are overrepresented at AfC band 5, accounting for 26.4% of all nurses at this band, and underrepresented across all other pay bands.

In 2018, there were eight directors of nursing from a BME background across the 231 NHS trusts in England – just 3.4% of the total directors of nursing across all trusts.

Figure 7: Nursing, health visiting and midwifery by AfC pay bands and ethnicity across the NHS in England



Data source: NHS Digital.

Table 5. BME staff percentage change by AfC bands within nursing, health visiting and midwifery: 2013 - 2018

Year	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9
2013 to 2018	400 1.0%	5518 32.1%	2135 37.3%	528 63.8%	92 61.7%	32 72.7%	12 171.4%	3 100.0%

Table 6. BME staff headcount change by AfC band within nursing, health visiting and midwifery: 2013 - 2018

Year	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9
2013	39532	17174	5727	827	149	44	7	3
2014	39143 (-389)	17656 (482)	5980 (253)	858 (31)	160 (11)	51 (7)	7 (0)	3 (0)
2015	38328 (-815)	18719 (1063)	6444 (464)	929 (71)	185 (25)	55 (4)	7 (0)	3 (0)
2016	38370 (42)	19892 (1173)	6896 (452)	1050 (121)	208 (23)	55 (0)	11 (4)	6 (3)
2017	38347 (-23)	21239 (1347)	7335 (439)	1146 (96)	213 (5)	71 (16)	18 (7)	5 (-1)
2018	39932 (1585) 4.1%	22692 (1453) 6.8%	7862 (527) 7.2%	1355 (209) 18.2%	241 (28) 13.1%	76 (5) 7.0%	19 (1) 5.6%	6 (1) 20.0%

The number of BME nursing staff has been increasing across all AfC pay bands. There are 35 more BME nurses, health visitors and midwives at band 8B and above.

Table 7. Staff headcount change by AfC band within nursing, health visiting and midwifery: 2017 - 2018

	White	BME
Band 5	-5203	1585
Band 6	1552	1453
Band 7	824	527
Band 8a	702	209
Band 8b	114	28
Band 8c	49	5
Band 8d	50	1
Band 9	11	1

In 2018, there were 5,203 less white nurses, health visitors and midwives at band 5. In contrast there was an increase of 1,585 BME nurses.

For AfC bands 6 and above, there is a sustained increase in BME representation, an additional 2,224 compared to 2017. This pattern has persisted since 2014

At bands 8d and 9, there were two more BME nurses, health visitors and midwives compared to 61 who are white.

Very senior managers

Very senior managers are defined as exclusively including: chief executives, executive directors and other senior managers with board level responsibility who report directly to the chief executive.

Table 8: Number of VSMs in all NHS trusts in England

	2017	2018
White	2404	2491
BME	157	201
Null	190	220
BME percentage	5.7%	6.9%

Table 9: Percentage of BME staff in VSM pay band across NHS trusts

	2017	2018
BME staff percentage	16.3%	19.1%
BME VSM percentage	5.7%	6.9%
Gap	10.6%	12.2%

Data source: NHS workforce statistics website.

The increase in the number and proportion of BME staff at senior pay bands need to be viewed in context:

- the overall number and proportion of BME staff working across NHS trusts in England is increasing. In 2018 there were 10,407 more BME staff compared to 2017, an increase from 16.3% to 19.1%.
- the number of BME staff at VSM increased by 44. The percentage of BME VSM staff increased from 5.7% in 2017 to 6.9% in 2018.
- however, the gap between the percentage of overall BME staff and representation at VSM has increased.
- to close the gap, we need to increase the rate of appointment of BME staff at VSM pay bands.

5.2 WRES indicator 2 Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

A total of 230 trusts provided data for this indicator. The one trust that was not able to provide data for this indicator had transferred to a new recruitment system, and was unable to provide reliable data for 2018. Another trust was excluded because it provided inaccurate data. The analysis is therefore based on data from 229 trusts.

Key findings

- White applicants were 1.45 times relatively more likely to be appointed from shortlisting compared to BME applicants; a reduction from the 1.60 ratio in 2017.
- 32% of all shortlisted applicants were BME.
- London was the worst performing region with white applicants being 1.63 times more likely to be appointed from shortlisting compared to BME applicants.
- In all London NHS trusts, white applicants were more likely to be appointed from shortlisting compared to BME applicants.

Table 10: Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants: 2016 - 2018

	2016	2017	2018
England	1.57	1.60	1.45

The relative likelihood of white staff being appointed from shortlisting compared to BME staff improved from 1.60 in 2017, to 1.45 in 2018. Nationally, the proportion of BME applicants that were shortlisted was 32%, with an appointment rate of 24%. In comparison, 64% of shortlisted applicants were white, with a 70% appointment rate.

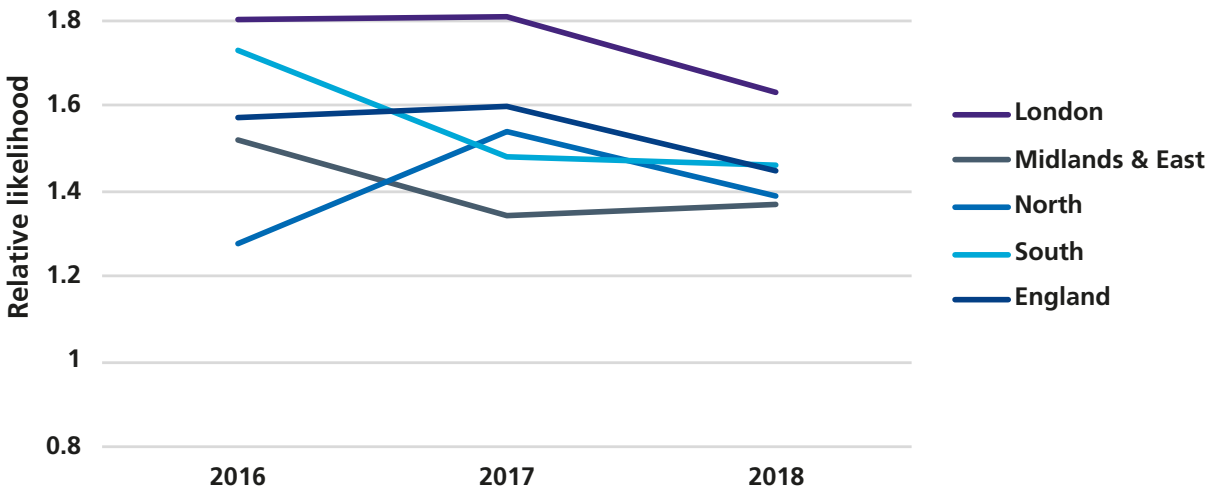
In 210 (91.7%) trusts, white applicants were more likely to be appointed from shortlisting. Using the four-fifths rule, 92.1% (211) of trusts fall outside the 0.8 to 1.2 range. 84.2% (193) of trusts being higher than 1.2. A figure of 1.2 or greater indicates that BME applicants are having a substantially worse outcome compared to white applicants when looking at the likelihood of being appointed from shortlisting.

In 31 trusts, the relative likelihood of white staff being appointed from shortlisting compared to BME staff was greater than 2.0. In six of the 31 trusts, the relative likelihood of white staff being appointed from shortlisting compared to BME staff was greater than 3.0.

Table 11: Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants by region

Region	2016	2017	2018
London	1.80	1.81	1.63
Midlands & East	1.52	1.34	1.37
North	1.28	1.54	1.39
South	1.73	1.48	1.46

Figure 8: Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants by region: 2016 - 2018



London and the North regions have seen improvements, while Midlands and East along with the South have seen deteriorations on this indicator. Even though London has improved since last year, it is still the worst performing region.

For all London trusts, white applicants were more likely to be appointed from shortlisting. All London trusts have relative likelihood scores above 1.2.

In 34 (94%) out of 36 London trusts, 61% of all shortlisted candidates were BME. This shows that BME staff are indeed applying and are being shortlisted for NHS jobs, however the barrier occurs at the appointment stage.

Table 12: Relative likelihood of white staff being appointed from shortlisting compared to BME staff by trust type: 2016 - 2018

Trust type	2016	2017	2018
Acute	1.52	1.58	1.55
Ambulance	1.63	1.71	1.45
Community Provider	2.43	2.19	1.40
Mental Health	1.63	1.64	1.19

Analysing the data by trust type shows that there have been continuous improvements since 2017 across all sectors. Community provider trusts have seen the biggest improvement on this indicator, with the likelihood of white staff being appointed from shortlisting reducing from 2.19 in 2017, to 1.40 in 2018. At 1.19, the smallest gap between BME and white staff likelihood of being appointed from shortlisting is amongst mental health trusts.

5.3 WRES indicator 3 Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

All 231 trusts provided data for this indicator. Twelve trusts had zero BME staff entering the formal process and one trust had zero white staff entering the formal disciplinary process. No relative likelihood was calculated for these trusts.

Key findings

- BME staff were 1.24 times relatively more likely to enter the formal disciplinary process compared to white staff.
- There have been year-on-year improvements on this indicator, with the likelihood of BME staff entering the formal disciplinary process reducing from 1.56 in 2016, to 1.37 in 2017, and to 1.24 in 2018.
- All regions, except the North, observed an improvement in this indicator.

Table 13: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff: 2016 - 2018

	2016	2017	2018
England	1.56	1.37	1.24

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has reduced from 1.37 in 2017, to 1.24 across all NHS trusts in 2018.

BME staff were relatively more likely to enter the formal disciplinary process in 162 (70.1%) trusts. Across 142 (87.7%) trusts, BME staff were significantly more likely to enter the formal disciplinary process i.e. greater than 1.2 times more likely.

In 59 (27.6%) trusts, the relative likelihood of BME staff entering the formal disciplinary process was higher than 2.0. For 20 (33.9%) of those 59 trusts, it was higher than 3.0.

Table 14: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff by region: 2016 - 2018

Region	2016	2017	2018
London	1.99	1.80	1.77
Midlands & East	1.56	1.28	1.18
North	1.42	1.27	1.36
South	1.17	1.16	1.12

All regions except the North observed an improvement on this indicator. London had the smallest improvement and still has the worst performance with BME staff being 1.77 times more likely to enter the formal disciplinary process compared to white staff.

In 34 (94%) of the 36 London trusts, BME staff were relatively more likely to go through the formal disciplinary process. In 32 (94%) of those 34 trusts, the likelihood was greater than 1.2, indicating that, based on the four-fifths rule, BME staff were substantially more likely to enter the formal disciplinary process.

Figure 9: Relative likelihood of white staff being appointed from shortlisting compared to BME staff by region: 2016 - 2018

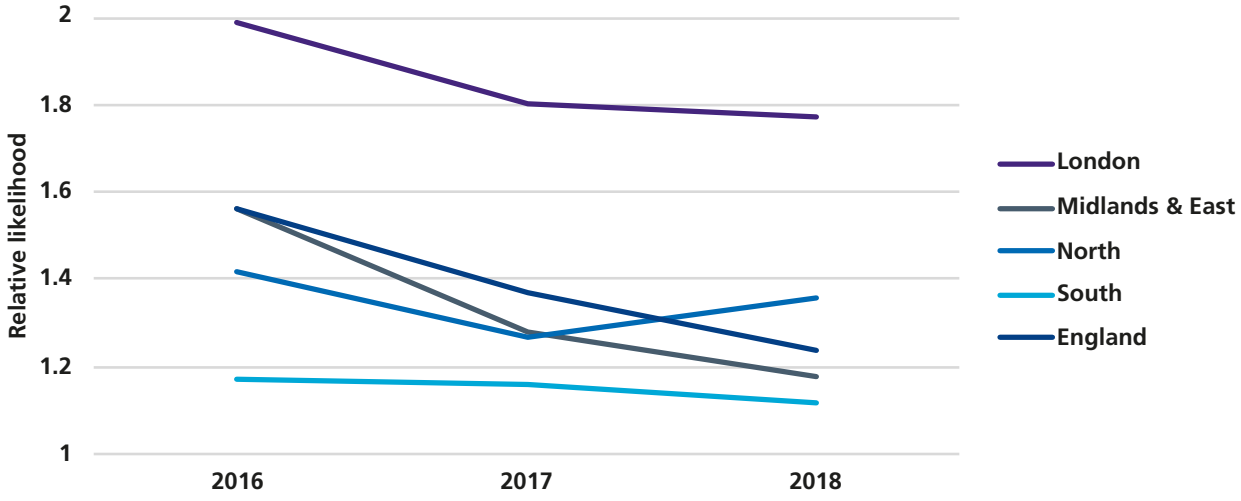


Table 15: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff by trust type: 2016 - 2018

Trust type	2016	2017	2018
Acute	1.45	1.26	1.14
Mental Health	1.80	1.73	1.69
Community Provider	2.48	3.35	2.70
Ambulance	1.33	1.58	1.74

Only ambulance trusts observed a deterioration on this indicator in 2018 compared to 2017; all other trust types saw an improvement. For community provider trusts, there have been significant fluctuations over the past three years.

Despite there being an improvement in 2018, community provider trusts were still the worst performing trust type on this indicator, with BME staff being 2.70 times more likely to enter the formal disciplinary process compared to white staff.

Acute trusts have the smallest gap in the relative likelihood of BME and white staff entering the formal disciplinary process, with BME staff being 1.14 times more likely.

5.4 WRES indicator 4 Relative likelihood of white staff accessing non–mandatory training and continuous professional development (CPD) compared to BME staff

A total of 204 trusts provided reliable data on this indicator. Data for 29 organisations were not included in the analysis, either because they were unable to provide accurate data for this indicator, or the data provided was inaccurate e.g. a higher number of staff attending non-mandatory training than there are staff in the organisation.

Key findings

- Organisations do not keep accurate and up-to-date records on non-mandatory training. However, this indicator is still a useful proxy for understanding the level of fairness by which staff are treated when it comes non–mandatory training and CPD.
- White staff are still relatively more likely to access non–mandatory training and CPD compared to BME staff.

Table 16: Relative likelihood of white staff accessing non–mandatory training and CPD compared to BME: 2016 - 2018

	2016	2017	2018
England	1.11	1.22	1.15

The relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff has improved from 1.22 in 2017, to 1.15 in 2018.

The data for this indicator has improved in 2018 and now falls within the non-adverse range of 0.8 to 1.2, based on the four-fifths rule.

Table 17: Relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff by region: 2016 - 2018

Region	2016	2017	2018
London	0.93	1.13	0.98
Midlands & East	1.04	1.01	1.02
North	1.06	0.99	1.11
South	1.24	1.21	1.01

Across all regions, the relative likelihood of BME staff accessing non-mandatory training and CPD now falls within the non-adverse range of 0.8 to 1.2, based on the four-fifths rule.

Table 18: Relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff by trust type: 2016 - 2018

Sector type	2016	2017	2018
Acute	1.15	1.25	1.16
Mental Health	1.12	1.12	1.10
Community Provider	0.75	1.07	1.40
Ambulance	0.99	0.83	1.09

BME staff in community provider trusts were less likely to access non–mandatory training and CPD compared to other trust types in 2018. It should be noted that there have been variations by sector on this indicator over the past three years.

5.5 WRES indicator 5 Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Data for WRES indicators 5 to 8 are taken directly from the NHS staff survey. Data for this report are based on the 2017 NHS staff survey data which was published in March 2018.

Data were collected nationally between September and November 2017. Data analyses are based on organisations where there were more than 50 responses from both white and BME staff.

For WRES indicator 5, there were a total of 203 organisations that met the inclusion criteria for analysis.

Key findings

- 28.7% of BME staff reported the experience of harassment, bullying or abuse from patients, relatives or the public. This is the same figure as last year.
- London was the worst performing region on this indicator overall, for all staff.
- London was the only region where a higher percentage of white staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- Ambulance trusts observed the highest rates of harassment, bullying or abuse from patients, relatives or the public, for both BME and white staff.

Table 19: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months: 2015 - 2017

	2015	2016	2017
BME	29%	29%	28.7%
White	28%	28%	27.7%

Nationally, there was no improvement on this indicator in 2017 compared to the previous two years. 28.7% of BME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months compared to 27.7% of white staff reporting the same.

In 109 (54%) trusts, BME staff report a higher level of harassment, bullying or abuse from patients, relatives or the public. Statistical testing found significant differences detected in 39 (19.2%) trusts.

Table 20: Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months by region: 2015 - 2017

Region	2015	2016	2017
London	29.6%	30.0%	30.4%
Midlands & East	28.8%	28.4%	27.5%
North	27.0%	27.4%	25.8%
South	29.4%	29.5%	29.0%

London is the only region to have observed a sustained deterioration on this indicator since 2015, and as a region, still has the highest rate of harassment, bullying or abuse from patients, relatives or the public.

Table 21: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months by ethnicity: 2017

Region	BME	White
London	30.4%	31.8%
Midlands & East	27.5%	27.4%
North	25.8%	26.0%
South	29.0%	28.3%
England	28.7%	27.7%

A higher percentage of BME staff report experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. London is the only region where a higher percentage of white staff report experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

Table 22: Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months: 2015 - 2017

Trust type	2015	2016	2017
Acute	26.9%	26.3%	27.7%
Ambulance	32.5%	37.3%	38.3%
Community Provider	27.0%	25.9%	25.1%
Mental Health	33.5%	35.4%	33.3%

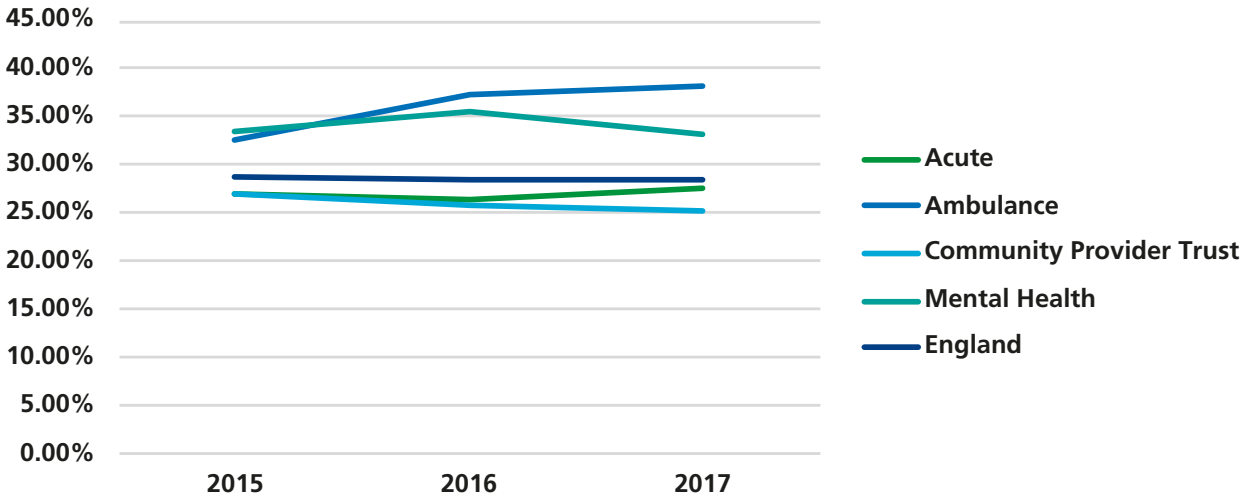
When looking at trust type, only community providers observed a reduction in the percentage of BME staff reporting having experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months. Ambulance trusts have the highest rate of abuse, which has increased year-on-year.

Table 23: Percentage staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months by ethnicity: 2017

Trust type	BME	White
Acute	27.7%	26.7%
Ambulance	38.3%	47.8%
Community Provider	25.1%	23.6%
Mental Health	33.3%	28.3%
England	28.7%	27.7%

Ambulance trusts had a higher percentage of white staff (47.8%) reporting having experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months, compared to their BME counterparts (38.3%).

Figure 10: Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months: 2015 - 2017



For all acute, community and mental health trusts, a higher percentage of BME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

5.6 WRES indicator 6 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

A total of 204 (88.3%) trusts met the inclusion criteria for data analysis.

Key findings

- The percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months increased from 26.3% in 2016, to 27.8% in 2017.
- For all trust types a higher percentage of BME staff experienced harassment, bullying or abuse from staff in the last 12 months compared to white staff.
- London as a region had the highest levels of harassment, bullying or abuse from staff.

Table 24: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2015 - 2017

	2015	2016	2017
BME	27%	26%	27.8%
White	24%	23%	23.3%

In 2017 there was deterioration on this indicator across all trusts. 27.8% of BME staff experienced harassment, bullying or abuse from colleagues in the last 12 months compared to 26.3% in the previous year. In 158 (77.4%) trusts, a higher percentage of BME staff report harassment, bullying or abuse compared to white staff. Statistical testing found significant differences by ethnicity in 49 (16.7%) trusts.

Table 25: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2015 - 2017

Region	2015	2016	2017
London	28.7%	29.0%	29.9%
Midlands & East	25.5%	26.6%	26.7%
North	25.1%	25.3%	26.6%
South	26.8%	24.9%	25.6%

London still had the highest levels of harassment, bullying or abuse from staff; this worsened for the London region between 2016 and 2017.

Table 26: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months by ethnicity: 2017

Region	BME	White
London	29.9%	26.1%
Midlands & East	26.7%	23.7%
North	26.6%	21.8%
South	25.6%	23.3%
England	27.8%	23.3%

The North had the biggest percentage point difference (4.8%) between BME and white staff experiencing harassment, bullying or abuse from staff in the last 12 months.

Table 27: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2015 - 2017

Trust type	2015	2016	2017
Acute	27.5%	27.1%	28.6%
Ambulance	32.8%	31.4%	35.2%
Community Provider	23.7%	22.5%	22.6%
Mental Health	24.2%	24.5%	24.5%

In 2017, ambulance trusts had the highest levels of harassment and bullying from staff. The sector also observed a 3.8% increase on this indicator since 2016. This is the biggest deterioration for all trust types.

Figure 11: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2015 - 2017

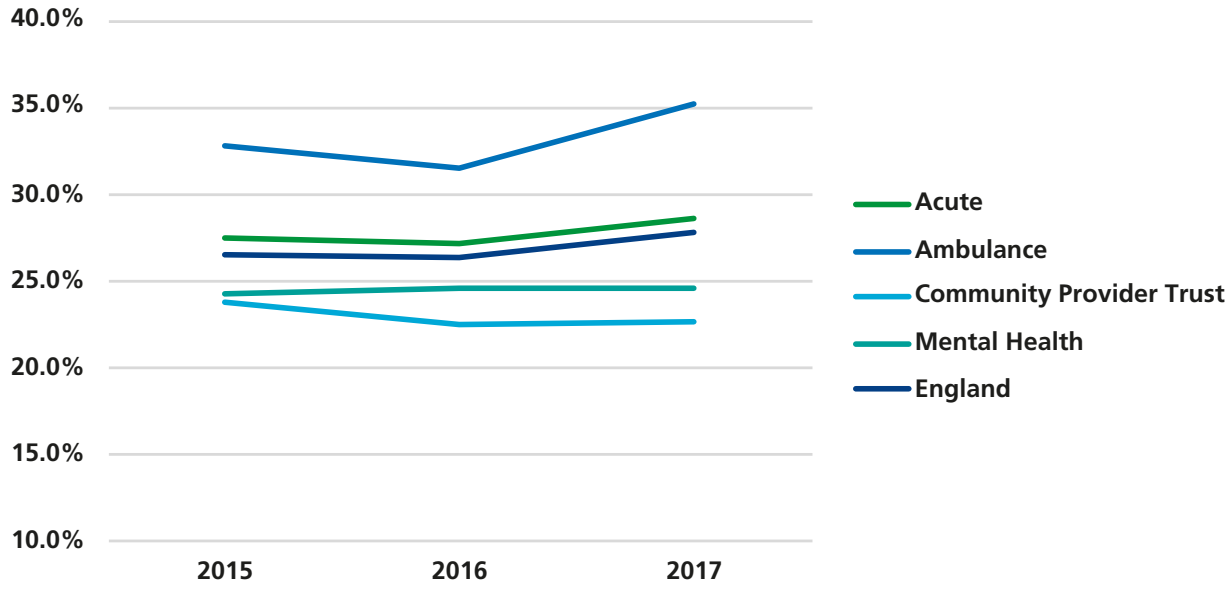


Table 28: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months by trust type: 2017

Trust type	BME	White
Acute	28.6%	24.2%
Ambulance	35.2%	28.3%
Community Provider	22.6%	18.1%
Mental Health	24.5%	20.3%

Across all trust types, a higher percentage of BME staff experienced harassment, bullying or abuse from staff in the last 12 months compared to white staff.

5.7 WRES indicator 7 Percentage of staff believing that their trust provides equal opportunities for career progression or promotion

Data analyses are based on 181 trusts that had more than 50 responses from BME staff for the related question in the NHS staff survey.

Key findings

- 71.5% of BME staff believed that their trust provides equal opportunities for career progression or promotion. This is much lower than 2016 (75.5%).
- In contrast, 86.6% of white staff believed that their trust provides equal opportunities for career progression or promotion. This is slightly worse than 88% which was reported in the previous year.
- In 178 (98.3%) trusts, a lower percentage of BME staff believed that their organisation acts fairly with regards to career progression or promotion.
- In all trusts in London and in the North regions, a lower percentage of BME staff reported that their organisation provides equal opportunities for career progression or promotion.
- Ambulance trusts observed a reduction in the percentage of BME staff believing that their organisation provides equal opportunities for career progression or promotion.
- London was the worst performing region on this indicator.

Table 29: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion: 2015 - 2017

	2015	2016	2017
BME	74%	76%	71.5%
White	89%	88%	86.6%

71.5% of BME staff believed that their trust provides equal opportunities for career progression or promotion. In 178 (98.3%) trusts, a lower percentage of BME staff believed that their organisation acts fairly with regards to career progression or promotion.

Table 30: Percentage of BME staff believing that their trust provides equal opportunities for career progression or promotion by region: 2015 - 2017

Region	2015	2016	2017
London	69.2%	69.7%	67.6%
Midlands & East	74.5%	75.6%	73.1%
North	76.5%	77.1%	73.4%
South	76.0%	78.8%	76.6%

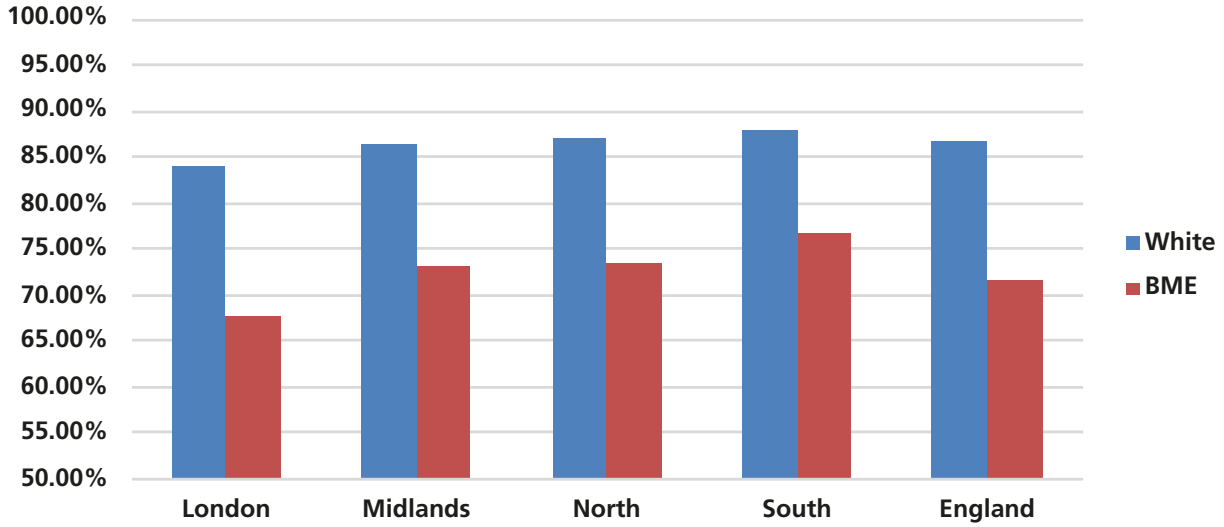
There was a reduction in the percentage of BME staff believing in equal opportunities for career progression or promotion across all regions. London remained the worse performing region on this indicator.

Table 31: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion by region: 2017

Region	BME	White
London	67.6%	84.0%
Midlands & East	73.1%	86.3%
North	73.4%	86.9%
South	76.6%	87.8%
England	71.5%	86.6%

A lower proportion of BME staff across all trust types believed that their organisation provides equal opportunities for career progression and promotion. In all trusts across London and in the North, a lower percentage of BME staff believed that their organisation acts fairly with regards to career progression or promotion. In 35 of the 36 trusts in London, a statistically significant difference was observed between BME and white staff on this indicator.

Figure 12: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion by region: 2017



Both BME and white staff in London were less likely to believe that their organisation provides equal opportunities for career progression and promotion when compared to the national average. All other regions showed better results for both white and BME staff on this indicator compared to the national average.

Table 32: Percentage of BME staff believing that their trust provides equal opportunities for career progression or promotion by Trust type 2015 – 2017

Trust type	2015	2016	2017
Acute	73.8%	75.2%	71.4%
Ambulance	70.4%	55.8%	52.4%
Community Provider	75.8%	79.6%	72.7%
Mental Health	72.9%	75.9%	73.0%

There have been deteriorations across all trust types. Ambulance trusts remain the worst performing on this indicator – data for this sector are declined year-on-year.

Table 33: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion by trust type: 2017

Trust type	BME	White
Acute	71.4%	87.1%
Ambulance	52.4%	69.4%
Community Provider	72.7%	90.3%
Mental Health	73.0%	87.6%
England	71.5%	86.6%

Ambulance trusts had the biggest difference between the proportion of BME (52.4%) and white (69.4%) staff believing that their trust believing in equal opportunities for career progression and promotion, a gap of 17 percentage points.

For three of the five ambulance trusts included in the analyses, less than 50% of BME staff believed that their organisations acts fairly with regard to career progression or promotion.

5.8 WRES indicator 8 In the last 12 months have you personally experienced discrimination at work from – a manager / team leader or other colleagues

Data analyses are based on 205 trusts that had more than 50 responses from BME staff for the related question from the NHS staff survey.

Key findings

- The percentage of BME staff that experienced discrimination in the last 12 months has increased from 13.8% to 15.0%.
- In contrast 6.6% of white staff personally experienced discrimination at work.
- For all London trusts, a higher percentage of BME staff personally experienced discrimination at work in the last 12 months compared to white staff.

Table 34: Percentage of staff that personally experienced discrimination at work: 2015 - 2017

	2015	2016	2017
BME	13.6%	13.8%	15.0%
White	6%	6%	6.6%

The percentage of BME staff that experienced discrimination in the last 12 months increased from 13.8% to 15.0%. For 97.1% (198) of trusts, a higher percentage of BME staff personally experienced discrimination at work in the last 12 months.

Table 35: Percentage of BME staff that personally experienced discrimination at work by region: 2015 - 2017

Region	2015	2016	2017
London	14.8%	14.9%	16.3%
Midlands & East	12.8%	14.3%	14.0%
North	12.9%	13.4%	14.8%
South	13.9%	12.8%	13.9%

As a region, London had the highest percentage (16.3%) of BME staff experiencing discrimination, and the South (13.9%) having the lowest. The Midlands and East region observed a marginal reduction in the percentage of BME staff experiencing discrimination.

At 2.6 percentage points, London observed the biggest increase in the proportion of BME staff having personally experienced discrimination at work in the last 12 months.

Table 36: Percentage of staff that personally experienced discrimination at work by region: 2017

Region	BME	White
London	16.3%	7.9%
Midlands & East	14.0%	6.7%
North	14.8%	6.0%
South	13.9%	6.6%
England	15.0%	6.6%

For all trusts in London, a higher percentage of BME staff reported personally experiencing discrimination at work in the last 12 months compared to white staff. Compared to other regions, London had the highest percentage of white staff experiencing discrimination. In 35 of the 36 London trusts, there was a statistically significant difference between the proportion of BME staff who personally experienced discrimination at work compared to white staff.

Table 37: Percentage of BME staff that personally experienced discrimination at work by trust type: 2015 - 2017

Trust type	2015	2016	2017
Acute	13.7%	14.2%	15.5%
Ambulance	21.7%	20.6%	18.3%
Community Provider	11.9%	11.3%	12.2%
Mental Health	13.1%	12.6%	13.4%

Ambulance trusts are the only trust type that observed an improvement on this indicator over time. However, even with this improvement, this sector still had the highest percentage of BME staff experiencing discrimination in the last 12 months compared to any other sector.

Figure 13: Percentage of staff that personally experienced discrimination at work by trust type: 2017

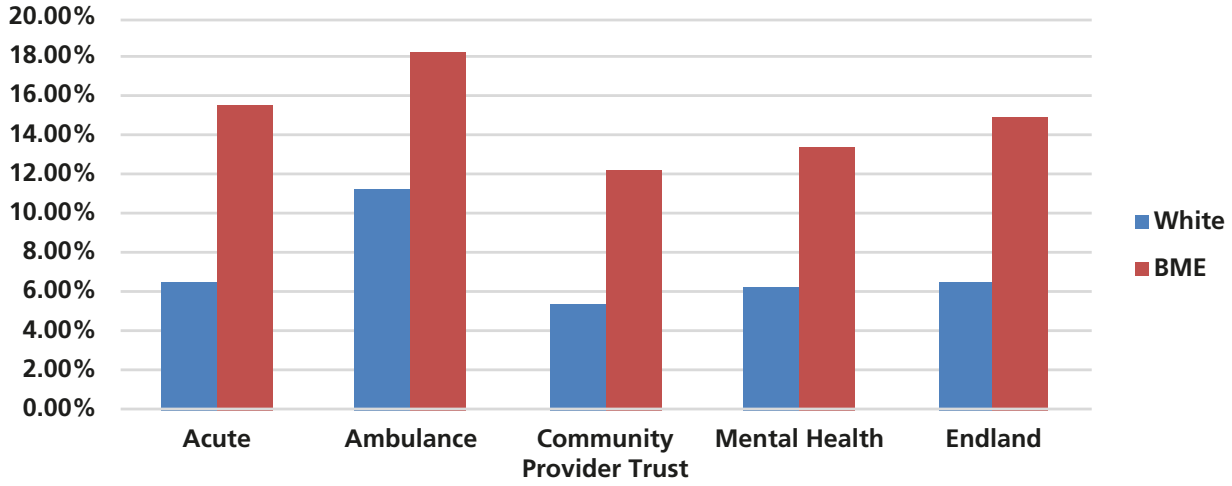


Table 38: Percentage of staff that personally experienced discrimination at work by trust type: 2017

Trust type	BME	White
Acute	15.5%	6.6%
Ambulance	18.3%	11.3%
Community Provider	12.2%	5.4%
Mental Health	13.4%	6.2%
England	15.0%	6.6%

In all community provider trusts included in this analysis (12), a higher percentage of BME staff reported having personally experienced discrimination at work in the last 12 months compared to white staff.

5.9 WRES indicator 9 Percentage difference between the organisations' board voting membership and its overall workforce

All 231 trusts provided reliable data for this indicator.

Key Findings

- 7.4% of board members in NHS trusts are from a BME background. This is significantly lower compared to 19.1% of in the total BME workforce in NHS trusts.
- 15.6% of London board members are BME compared to 43.9% of the total London NHS workforce that is from a BME background.
- The net number of BME board members increased. There are 11 more executive BME board members across NHS trusts in 2018 compared to 2017.
- There has been a decrease in the number of trusts with no BME representation on the board, from 98 in 2017 to 96 in 2018.
- In 2018 there are 29 trusts with three or more BME board members compared to 16 in 2016.
- As at 31 March 2018, there were four trusts in London with no BME board members.

Table 39: Percentage of board members by ethnicity compared to BME workforce by region: 2018

Region	White	BME	Unknown	% BME staff
London	82.5%	15.6%	1.9%	43.9%
Midlands & East	87.6%	7.7%	4.7%	18.8%
North	90.4%	5.1%	4.6%	10.5%
South	89.8%	4.1%	6.1%	13.8%
England	88.1%	7.4%	4.5%	19.1%

7.4% of board members across all trusts were from a BME background. This is significantly lower than the 19.1% of the BME workforce across all NHS trusts. 15.6% of London board members are BME compared to 43.9% of the BME workforce across the London region.

Figure 14: Percentage of BME board members and percentage of BME staff by region: 2018

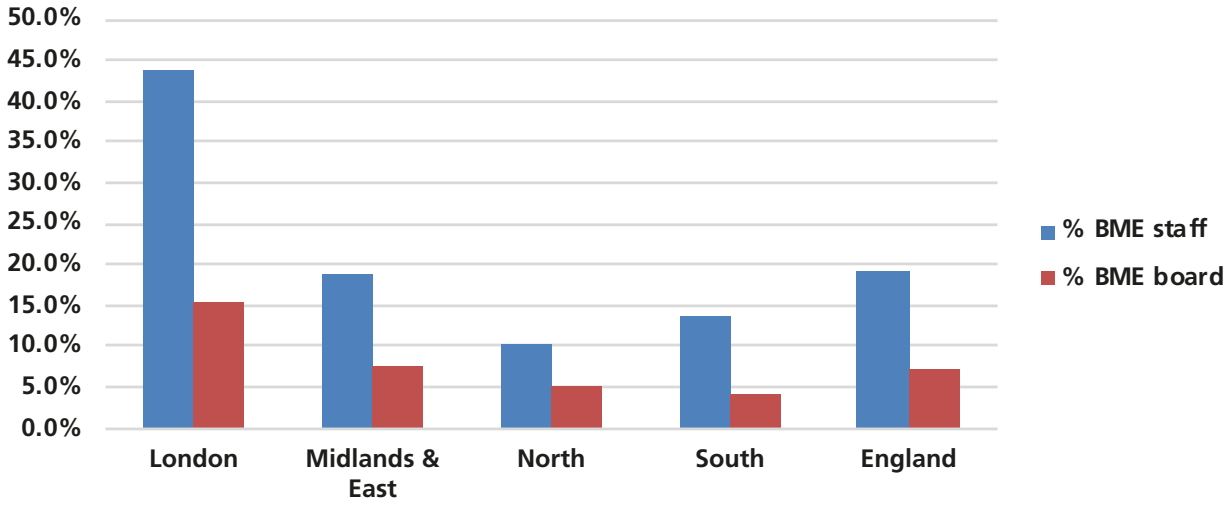


Table 40: Percentage of BME board members by region 2017 - 2018

Region	2017	2018
London	14.0%	15.6%
Midlands & East	7.0%	7.7%
North	6.0%	5.1%
South	4.0%	4.1%
England	7.0%	7.4%

Only the North region has seen a decrease in the percentage of BME board members since 2017. London has observed the largest increase, by 1.6 percentage points.

Table 41: Number of BME board members across NHS trusts: 2016 - 2018

	2016	2017	2018
0 BME board members	43.5% (84)	43.8% (98)	41.6% (96)
1 BME board member	37.3% (72)	31.3% (70)	33.3% (77)
2 BME board members	10.9% (21)	13.8% (31)	12.6% (29)
3 BME board members	4.7% (9)	7.6% (17)	8.2% (19)
4 BME board members	2.6% (5)	3.1% (7)	2.6% (6)
5 BME board members	1.0% (2)	0.0% (0)	1.3% (3)
More than 5 BME board members	0.0% (0)	0.4% (1)	0.4% (1)

There has been a decrease in the number and proportion of trusts with zero BME representation on the board since 2017. 41.6% (96) of trusts have no BME representation on the board, down from 43.8% (98) from the previous year.

In 2018 there were 29 trusts with three or more BME board members compared to 16 in 2016. This is a welcomed increase.

East London NHS Foundation Trust has the highest number of BME board members with eight. Proportionally, Black Country Partnership NHS Foundation Trust has the highest percentage of BME board members at 50%.

Table 42: Trusts with zero BME board members by region

Region	Trusts with zero BME board members	Number of trusts in the region	% of trusts with zero BME board members
London	4	36	11.1%
Midlands & East	26	70	37.1%
North	33	70	47.1%
South	33	55	60.0%
England	96	231	41.6%

As of 31 March 2018, there were four trusts in London with zero BME board members.

At 11%, London has the smallest percentage of trusts with zero BME board members. The South region has the largest percentage of trusts with zero BME board members (60.0%).

Table 43: Numbers of BME board members by region: 2017 - 2018

Region	2017	2018
London	71	81
Midlands & East	64	69
North	43	45
South	36	31
England	214	226

There is a total of 12 more BME board members across the country in 2018 compared to 2017 (analysis excludes merged organisations that could not provide data from the previous year). This represents a 5.6% increase in the gross number of BME representation at boards across England.

There was an increase of 10 BME board members in London and a drop of five in the South.

Table 44: Number of BME executive board members by region: 2017 compared to 2018

Region	2017	2018
London	26	32
Midlands & East	28	30
North	25	26
South	14	16
England	93	104

The number of executive directors across all NHS trusts increased by 11 since 2017. London had the biggest increase with 12 more BME executive board members since 2017.

Table 45: Number of BME board members by trust type: 2017 – 2018

Trust type	2017	2018
Acute	131	134
Ambulance	8	11
Community Provider	12	14
Mental Health	63	67
England	214	226

There was an increase in the number of board members across all trust types from 2017. The largest increase was observed for mental health trusts, with four more BME board members in 2018 compared to 2017.

Next steps and conclusions

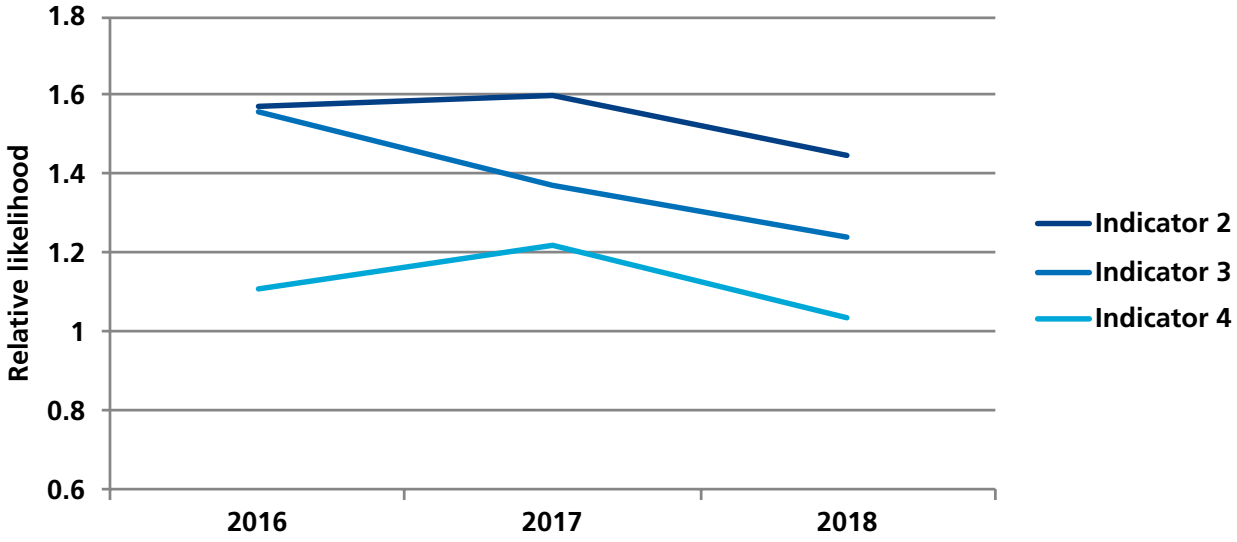
Since 2015, an integral part of the WRES programme has been the collection and publication of data on nine indicators of workplace experience and opportunity from all NHS trusts in England. The 2018 data report has provided trend analyses across three years of WRES data collections, highlighting areas that have shown continuous improvement and those that require further concerted focus and support.

The national WRES team provides direction and tailored support to NHS organisations, and increasingly to the wider healthcare system, enabling organisations to:

- identify the gaps in treatment and experiences between white and BME staff;
- make comparisons with similar organisations on progress over time;
- take remedial action on causes of ethnic disparities in indicator outcomes.

Analyses of WRES data between 2016 and 2018 show continuous improvement across the range of workforce indicators. The three workforce WRES indicators (2, 3 and 4) are beginning to show continuous improvement over time. Much of this improvement can be attributed to the provision of WRES implementation support across the NHS, and in the sharing and implementing evidence-based good practice examples of operational interventions.

Figure 15: Workforce related WRES indicators: 2016 - 2018

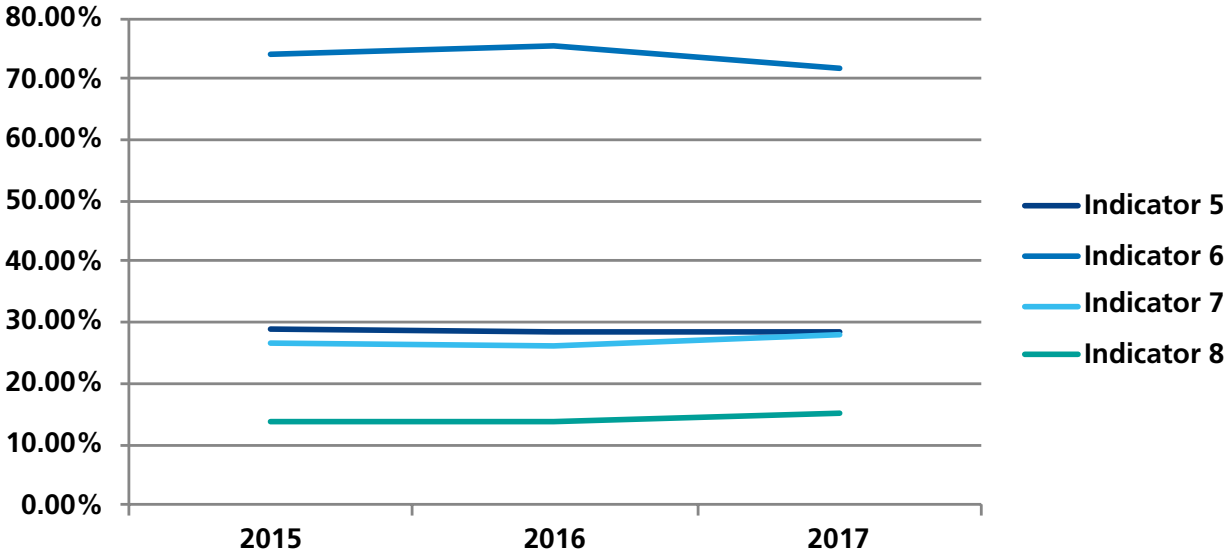


The WRES strategic approach and its operational expression have been underpinned by international evidence from major change programmes on workforce equality and on what works: leadership, data-driven accountability, metrics and transparency – underpinned by a convincing and evidence-based narrative.

This approach is leading to continuous improvement for many organisations and parts of the NHS; there is therefore a clear need for the continued and sustained provision of support to the system, with the aim of further accelerated improvements on this critical agenda.

In contrast, the NHS staff survey indicators (5, 6, 7 and 8), which reflect organisational culture, have remained unchanged.

Figure 16: Staff survey related WRES indicators: 2016 – 2018



The WRES team is working with NHS Improvement to focus on tools and interventions needed to improve workplace culture across the NHS.

To ensure success on this aspiration, fundamental transformations on this agenda are needed and organisations will need to be supported in embracing compassionate and learning cultures. The evidence is clear: we need compassionate leadership for compassionate workplace culture.

We have also set an ambitious national goal: that NHS leadership should be as diverse as the rest of the workforce within ten years. The need to ensure BME representation at senior management matches that across the rest of the NHS workforce is not for political correctness; a diverse workforce at all levels will lead to better patient outcomes and increased organisational efficiency. The next phase of the WRES programme will be aligned to support these key elements.

As we move further from the 'why' to the 'how' on workforce race equality, replicable good practice from organisations where data suggest performance is continuously improving will be shared. To begin this, alongside this report, we are also publishing a report on the journey taken by five NHS trusts in applying quality improvement (QI) methodology to the workforce race equality agenda.

Annex: The WRES indicators (2018)

	Workforce indicators For each of these four workforce indicators, compare the data for white and BME staff
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: Non-clinical staff, Clinical staff, of which - Non-medical staff - Medical and dental staff 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.
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, compare the outcomes of the responses for white and BME staff
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, compare the difference for white and BME staff
9	Percentage difference between the organisations' board membership and its overall workforce disaggregated: • By voting membership of the board • By executive membership of the board