

TRUST BOARD OF DIRECTORS

SUMMARY REPORT

Date of Board meeting: 26th May 2015

Name of Report: Workforce Equality Objective incorporating the Workforce Race Equality Standard and Staff Survey Action Plan.

Author: Michael Kelly

Approved by: Louise Hall

Presented by: Michael Kelly

Purpose of the report:

To introduce the Trust Workforce Equality Objective incorporating a number of other work streams and initiatives under one overarching objective. This will include implementation of the Workforce Race Equality Standard required as part of the national contract, and the Trust Staff Survey Action Plan as requested by the Quality sub Committee of the Board.

Action required:

The Trust Board is asked to review the paper and to support the next steps and action plan. Each CAG and Corporate Directorate will be required to develop their own action plan.

Recommendations to the Board:

To agree the recommended next steps and to request an update on progress from the relevant leads identified within the Board and Executive team.

Relationship with the Assurance Framework (Risks, Controls and Assurance):

This report identifies some areas of risk around inequalities, violence and bullying and harassment, which in turn can affect staff engagement, service user experience and the Trust's reputation. This report provides direct feedback from our staff on their own working experience and their overall job satisfaction.

Summary of Financial and Legal Implications:

If action is not taken to address the areas of concern identified, this could lead to the Trust receiving financial and legal claims for compensation. Absence resulting from injury and workplace stress also leads to increased staff costs and lower engagement and therefore quality of care and efficiency levels.

Equality & Diversity and Public & Patient Involvement Implications:

The risks associated with inequalities are raised in this report and importance of a diverse workforce highlighted.

Service Quality Implications:

As above

WORKFORCE EQUALITY OBJECTIVE 2015

Introduction

The purpose of this paper is to bring together a number of strands and work streams in the development of an overarching Workforce Equality Objective for the Trust. These include implementing an approach to addressing the adverse impact reported by Black and Minority Ethnic (BME) staff in the 2014 Staff Survey especially in the areas of Bullying, Harassment, Violence, Aggression and perceptions of discrimination in the workplace. A further strand arising from the Staff Survey concerns the adverse effects reported by staff with a disability whose perception of their treatment in the workplace is similar to that reported by our BME staff. An integral component to this, and a further strand, is the implementation of the Workforce Race Equality Standard (WRES) which is now a national contract requirement and expectation of all NHS Provider Organisations.

It is strongly acknowledged that staff who are more engaged and supported by their organisation are more likely to provide a better and higher quality of patient or service user care.

Research shows that the unfair treatment of BME staff adversely affects the care and treatment of all patients and precious resources are wasted through the impact of such treatment on morale, discretionary effort and a loss of talent.

“The greater the proportion of staff from a black or minority ethnic (BME) background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction, the experience of BME staff is a very good barometer of the climate of respect and care for all within NHs Trusts”. (West, M et al 2011).

We recognise, through a number of different forms of feedback that the experience of our BME and disabled staff within our workforce is less favourable than that of White (non BME) staff, able bodied, or staff with good mental health currently.

Workforce Equality Objective

It is acknowledged that some of the issues are complex and not straightforward and a critical aspect to addressing the issues is actually identifying what are the causes of those issues and the impact they have on people in different ways. However, we do know through feedback that the experience of BME and disabled staff is different than that of their counterparts.

Accordingly, having worked with the Trust’s Equality and Human Rights Group we are proposing the following to be the Trusts overall Workforce Equality Objective:

To improve the representation of BME staff and staff with a disability in all aspects of meaningful engagement, participation and inclusion within the Trust.

This will meet a number of different requirements. One is to implement the WRES which is a requirement under the national contract and by NHSE. This, along with other activities outlined further within this paper should assist in improving perceptions of equal opportunities, fairness and a valued contribution at work.

Implementation of Workforce Race Equality Standard - WRES

The standard has been developed to improve workforce race equality across the NHS. It will help improve the opportunities, experiences and working environment for BME staff and in doing so, help lead towards the improvements in the quality of care and satisfaction for all patients.

The Standard is comprised of nine metrics – four indicators on workforce data, four from the Annual Staff Survey and a final metric which considers Board composition against the population it serves. The purpose of the Standard is to highlight any differences between the experience and treatment of White staff and BME staff with a view to closing those metrics.

The Standard now forms part of the national template contract for all NHS Provider Organisations and has been in place since April 2015. We are expected to publish the Trust's data for the Standard on 1st July 2015 containing data relating to 1st April 2015 as a baseline. This will then be repeated in 2016 to establish any changes. The actual data set for the Standard which will be published is in Appendix 1. The Board are asked to approve the submission of the data for publication and the support of the Board is requested in the implementation of the Standard and other activities outlined in this paper.

The Trust has previously published a plethora of workforce equality and diversity data over a number of years and has participated in publishing data as part of the Public Sector Equality Duty.

Schwartz Rounds

It is planned that we introduce Schwartz Rounds across the Trust. Originating in the United States and introduced into the UK by the Point of Care programme, Schwartz Rounds are an organisation-wide meeting to explore feelings provoked in staff by experiences at work. They are recommended following Francis reviews to help organizations deliver compassionate care. We are looking to have a theme for one of the Schwartz Rounds which focuses on Bullying and Harassment in the workplace.

The Rounds are supported by a trained Schwartz Round Facilitator and it is the intention that the Schwartz Rounds are held over different sites with different themes although the exact details and arrangements are still to be confirmed. It is planned that these will commence from September 2015.

An independent evaluation of the Rounds in the US showed that they had benefitted both individuals, teams and have influenced hospital culture. It is intended that there is an evaluation of each of the individual Schwartz Rounds and the whole programme once complete.

Focus groups

We will embark on running a number of Focus Groups which will either be on a CAG basis or across different sites. The purpose will be to obtain first hand feedback from BME staff and other staff on the challenges and barriers around the perceptions of equal and fair opportunities and the treatment experienced by BME staff.

This is an opportunity to obtain information from the front line rather than a service line down approach which has been the traditional method. An integral aspect of this will be the opportunity to obtain staff views about their expectations and what will help but also an opportunity for identifying areas of good practice and positive stories whilst signposting staff to what is presently available but not possibly publicised enough.

We will review and re-refresh the support networks which have dissolved a little since the move to CAGs from Borough structures. These include the BME Networks and the Disability Forum with the intention of agreeing the purpose of the groups and the role they play in improving the perception of equal and fair opportunity and the treatment experienced by BME and staff with a disability.

A significant number of staff report Bullying and Harassment from the Staff Survey. We are looking to re-promote the role and work of the Bullying & Harassment Advisors across the Trust so staff can know how and where this advice and support can be easily accessed. This will complement the support available through the newly amalgamated Staff Counselling and Well-being Service.

Supervision, Appraisals & PDPs

Launched in April 2015 and in line with the performance management culture that the Trust wants to embed, the new performance development process will enable all staff to receive supervision throughout the year, to be able to hold discussions about their personal development plans (PDP) and be appraised twice every year. It sets expectations on every people manager in the Trust to undertake performance development of their teams. People Managers will be provided adequate training support to acquire or build on their existing management development skills. This will also help people managers address feelings of anxieties when managing the performance of a diverse and ethnic team.

The introduction of the central recording tool developed for tracking appraisal completion and performance outcomes will provide transparency of ratings given to employees, particularly those who are BME and/or with disabilities and also assist in identifying and analysing how such ratings compare to their counterparts. The formal Calibration Process will enable visibility of performance review ratings at a senior management level and Equality Impact Assessment (EIA) to be done.

There will be greater transparency with PDP's as it will enable a shift in perception from a paper-filling activity to that which is outcomes driven. The PDP will help identify developmental needs and opportunities, and managers will be expected to play a supportive role in helping the employee achieve their career goals.

This year the Trust will be rolling out a new talent management tool to allow employees to have meaningful conversations about their career, aspirations, maximising their potential which will lead to improved individual contribution for the Trust. We know that our Trust's sustainability and success is dependent on having the right people with the right skills in the right roles – with the right behaviours and values. It's clear (and supported by much

research) that having well-led workforce creates greater engagement, higher performance and thereby improved patient outcomes. The Trust's talent management system will provide equal opportunities to employees irrespective of their background /protected characteristics to initiate and also be supported by their managers to develop their talents in line with their aspirations and goals.

Future pipeline

In addition to the talent management programme which will help address the challenges we face with creating a workforce that is fit for the Trust's future, we are facing the same issues as other organisations in its 'war for talent'. Therefore it is important for the Trust to focus on its branding as an employer and how it can become an employer of choice in the market place. There will be a continued focus Trust-wide during recruitment to send out positive messages about diversity and equality.

Applicant to appointment figures for staff from BME and those with disabilities will be monitored and reported annually as part of the Workforce Race Equality Standard and through the Annual Equality and Diversity Report as part of our Public Sector Equality Duty. We are aware that the conversion rate of job applicants from a Black or black British ethnic background to appointments is low.

We will be offering careers advice to local schools and information of healthcare roles – both clinical and non-clinical within the Trust in order that local young people are aware of the vast range of roles available within the health service. Early careers advice will increase the likelihood of young people making decisions about health sector roles before embarking on degree-level education which then informs their future.

Employee Relations processes

It is intended that the Employee Relations team will monitor the issuance of formal actions taken against BME staff and staff with disabilities. It will also continue to monitor and challenge where the formal action is not proportionate to the alleged misconduct.

We aim to identify and to work with those teams which report high rates of disciplinary and grievances particularly against BME staff and staff with disabilities. Managers will be provided adequate support to address the causes for such high rates in disciplinary and grievances, and to work collaboratively using a range of approaches such as the informal "word in the ear" to using formal performance tools at early stages quickly and effectively.

We will also be publishing data on disciplinary cases as part of the Workforce Race Equality Standard and broader employee relations case data as part of the Annual Equality and Diversity Report.

Staff Survey Action Plans

At a Trust wide level, there are themes that have been identified in the lowest five ranking areas that are of concern to us and work needs to be done to identify what can be done to address these. The themes of equality and discrimination, harassment and bullying and violence are of concern and will be brought formally to the Trust Quality Sub Committee and

in turn to the PMVA for their recommendations and oversight. The Action Plan is in Appendix 2.

The work being done on Francis also encourages Trusts to identify staff champions and to build reflection into practice, which in turn has an impact on staff and consequently service user experience. At a local level, each CAG and Directorate has been asked to develop an Action Plan in relation to the responses in the staff survey. This should be based on the requirements identified within the report for their specific areas as some CAGs may need to develop and improve approaches to particular themes. There will need to be regular updates on progress through the CAG HR Business Partners. It is important that local issues are identified and staff are given the opportunity to work on their resolution and for the CAGs to reassure their staff that they have heard the feedback and are addressing it.

The Staff Survey Action Plans need to fit seamlessly with other initiatives such as the Workforce Race Equality Standard and the Workforce Equality Objective. The Staff Survey Action Plans will be fed back to the CCGs through the formal monitoring meetings.

Celebrating Diversity Event

It is suggested that in order to maintain the momentum and as an opportunity to highlight success stories and areas of good practice, we should hold an event which recognises and celebrates diversity within the Trust. It is envisaged that this could also be scheduled to coincide with the launch of the 2015 Staff Survey, prior to Black History month and at the same time as the first Schwartz Round.

Empowering people to challenge – confidential reporting system.

Reports of discrimination in the Staff survey are far more numerous than the related employee relations cases within the organisation would suggest. For staff to feel encouraged and empowered and safe to report discrimination this requires a two pronged approach- One, embedding a culture where staff feel empowered to challenge discrimination and Two, developing a confidential reporting system to the Director of HR, OD and Education & Training.

Outcomes

Improvements reported on a number of key themes through the Annual Staff Survey including the number of B&H cases with particular emphasis on a reduction in the impact on BME staff and staff with a disability.

To have more active representative groups with refreshed objectives and more formalised feedback to the Trust on key issues.

Increased success from shortlisting to appointment for BME staff during recruitment with a focus on areas and roles where there is a significant gap.

A reduction in formal ER cases and a lower proportional impact on BME staff than is presently reported.

An increase in managers acquiring people management competencies through attending the SLaM Leadership and Management development programme - SLaM²

Monitoring of BME staff accessing CPD and training which reflects their composition of the workforce. Ensuring education and training opportunities are promoted to all staff within the Trust, following on from performance development review.

Conduct an Equality Impact Assessment (EIA) of appraisal outcomes to ensure distribution of outcomes is consistent and there is no direct adverse effect on BME staff or staff with a disability.

Next Steps

- Trust Board to agree, support and endorse Trust Equality Objective
- Trust Board agree, support and endorse the implementation of the Workforce Race Equality Standard and the publication of the associated data.
- Trust Board to agree and support the Staff Survey Action Plan.

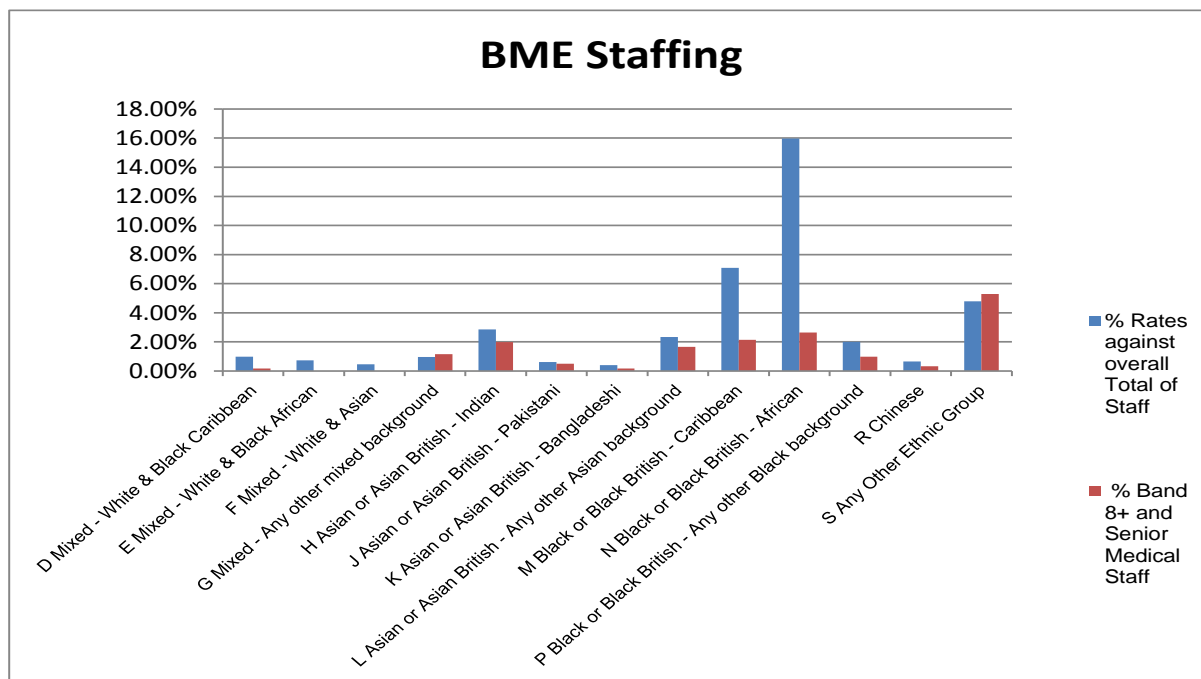
References

West, M. Dawson, J. *NHS Staff Management and Health Service Quality*, Ashton Business School. (2011)

APPENDIX 1

WORKFORCE RACE EQUALITY STANDARD – METRICS April 2015

1	Percentage of BME staff in Bands 8-9, VSM (including Executive Board members and senior medical staff) compared to the percentage of BME staff in the overall workforce.
---	--



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

Descriptor	White	BME
Number of shortlisted applicants	3083	3092
Number appointed from shortlist	392	256
Ration shortlisted/appointed	0.127	0.083

Relative likelihood of White staff being appointed from shortlisting compared to BME staff is (0.127/0.083) is therefore **1.53** times greater.

3	<p>Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.</p> <p>Note: this indicator will be based on the data from a two-year rolling average of the current year and the previous year.</p>
---	---

	Formal Disciplinary Investigation
2013-2014	
Total	116
White	37
White British	35
Irish	0
Other White background	2
Mixed	4
White and black Caribbean	2
White and Black African	1
White and Asian	0
Any other mixed	1
Asian or Asian Brit	1
Indian	0
Pakistani	0
Bangladeshi	0
Other Asian background	1
Black or Black British	62
Caribbean	12
African	45
Any other black background	5
Other ethnic groups	12
Chinese	0
Any other ethnic group	10
Not Stated	2

	Formal Disciplinary Investigation
2014 - 2015	
Total	74
White	33
White British	20
Irish	5
Other White background	8
Mixed	1
White and black Caribbean	1
White and Black African	0
White and Asian	0
Any other mixed	0
Asian or Asian Brit	6
Indian	4
Pakistani	1
Bangladeshi	0
Other Asian background	1
Black or Black British	30
Caribbean	5
African	23
Any other black background	2
Other ethnic groups	4
Chinese	0
Any other ethnic group	3
Not Stated	1

2013-2014

Descriptor	White	BME
Number of staff in the workforce	2631	1848
Number of staff entering the formal disciplinary process	39	77
Ratios	$39/2631 = 0.015$	$77/1848 = 0.042$

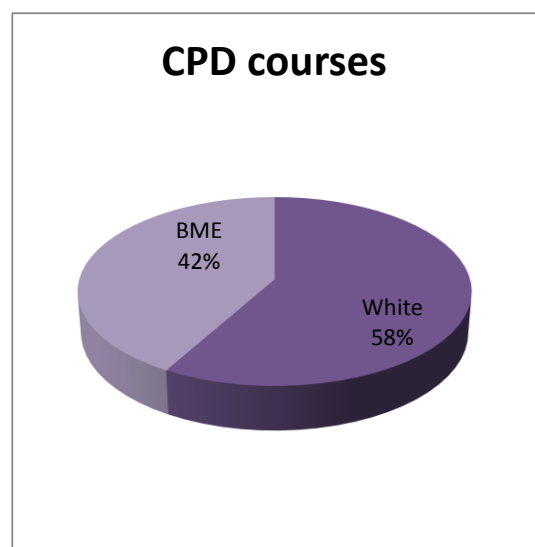
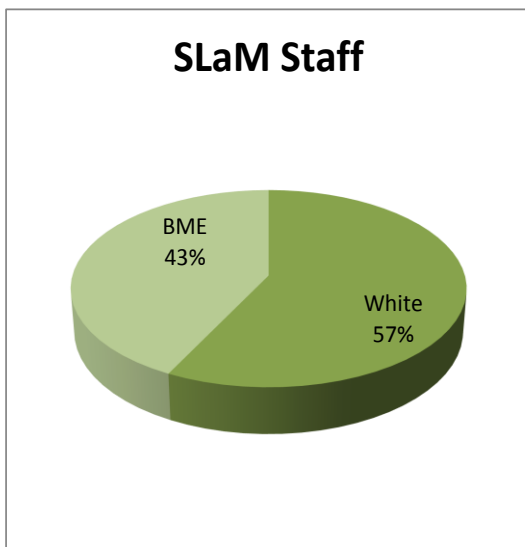
Relative Likelihood of BME staff entering the formal disciplinary process compared to White staff is $0.042/0.015 = 2.8$ times greater.

2014-2015

Descriptor	White	BME
Number of staff in the workforce	2752	1825
Number of staff entering the formal disciplinary process	33	40
Ratios	$33/2752 = 0.012$	$40/1825 = 0.022$

Relative Likelihood of BME staff entering the formal disciplinary process compared to White staff is $0.022/0.012 = 1.8$ times greater.

4	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff.
---	---



Descriptor	White	BME
Number of staff in workforce	2626	1947
Number of staff accessing non-mandatory training and CPD	543	390
Ratio	21	20

Relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff is $21/20 = 0.05$ times greater.

5	KF18 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
---	---

	Ethnic background	
	White	Black and minority ethnic
<i>KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths</i>	33	41

6	KF19 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
---	---

	Ethnic background	
	White	Black and minority ethnic
<i>KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths</i>	23	30

7	KF27 – Percentage believing that the trust provides equal opportunities for career progression or promotion.
---	--

	Ethnic background	
	White	Black and minority ethnic
<i>KF27. % believing the trust provides equal opportunities for career progression or promotion</i>	83	66

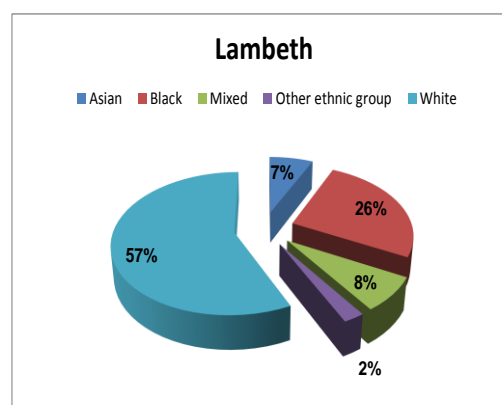
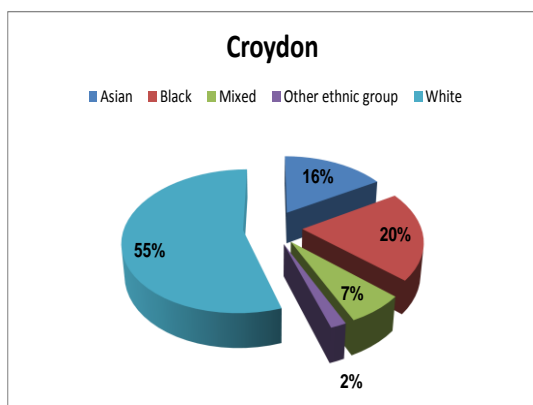
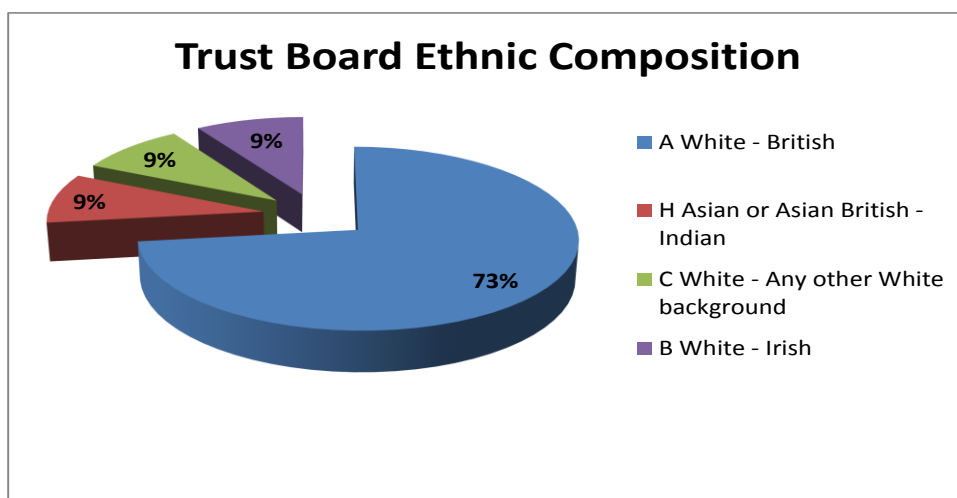
8	<p>Q23 – In the last 12 months have you personally experienced discrimination at work from any of the following:</p> <p>b) Manager/team leader or other colleagues</p>
---	--

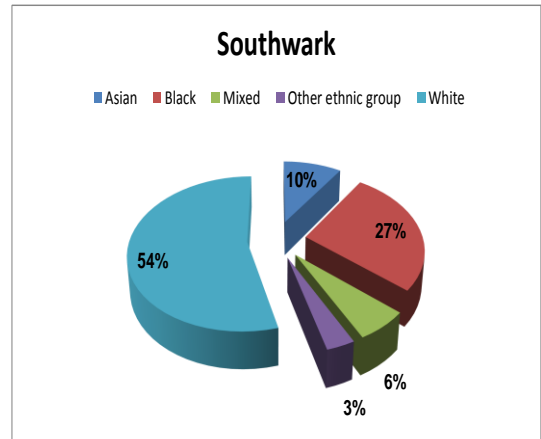
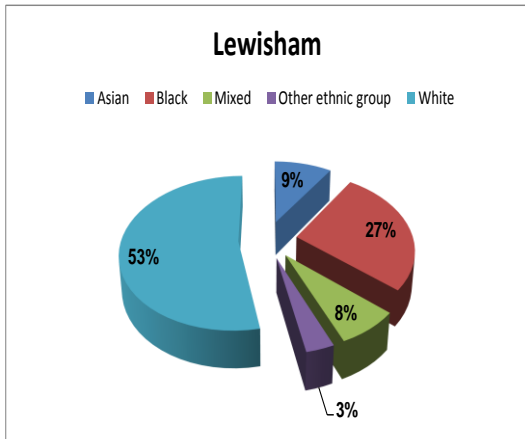
	<i>Trust</i>	<i>Picker Average</i>
23b Discrimination from manager/team leader or other colleagues	12 %	8 %

9	Boards are expected to be broadly representative of the population they serve.
---	--

Board Composition

A White - British	73%
H Asian or Asian British - Indian	9%
C White - Any other White background	9%
B White - Irish	9%





APPENDIX 2

STAFF SURVEY ACTION PLAN

The 2014 Staff Survey highlighted a number of areas where the Trust is performing well compared to other Mental Health Trusts in England. The areas where we performed well were:

- Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice - Trust Score: **73%**.
- Percentage of staff able to contribute towards improvements at work - Trust Score: **75%**.
- Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department - Trust Score: **62%**.
- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver - Trust Score: **80%**.
- Percentage of staff agreeing that their role makes a difference to patients - Trust Score: **91%**.

All of these high ranking scores are patient-centred or relate to the quality of care provided to patients and service users and it is therefore, essential that we endeavour to maintain and improve on these scores over the coming year. Consequently, it is important that staff receive regular and high quality supervision and appraisal in order to raise concerns, obtain feedback on their contribution in supporting and caring for patients, and how they have input into decisions about their working environment which affect how they provide care to patients.

Through ensuring staff have a well-structured appraisal or performance development review with a robust personal development plan we can ensure education and development interventions are designed and delivered to enable staff to feel their role makes a difference to patients.

Our staff engagement score increased on the previous year and is higher than the average for Mental Health Trusts in England so it is important that we maintain mechanisms in the Trust where feedback about developments can be cascaded and staff feel able to provide feedback on things at work that are affecting them.

Whilst maintaining and trying to improve on the areas where the Trust performed well, there are also a number of areas where the Trust performed less well compared to Mental Health Trusts in England. These were:

- Percentage of staff believing the Trust provides equal opportunities for career progression or promotion - Trust Score: **77%**

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. - Trust Score: **36%**
- Percentage of staff experiencing physical violence from staff in the last 12 months - Trust Score: **6%**
- Percentage of staff experiencing discrimination at work in the last 12 months - Trust Score: **20%**
- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months - Trust Score: **24%**

It is acknowledged that feedback from staff outlines that Black and Minority Ethnic (BME) staff and staff with a disability perceive they receive less favourable treatment than counterparts. In order to address these issues, the following Action Plan has been developed and will be implemented over the coming months. It is intended that monitoring and reporting of progress against the plan will be provided through the Prevention and Management of Violence and Aggression (PMVA) Group and the Quality sub-Committee of the Board.

ACTION	TARGET DATE	LEAD(S)
Agree Trust Workforce Equality Objective.	May 2015	Trust Board
Agree Implementation of the Workforce Race Equality Standard (WRES).	May 2015	Trust Board
Agree Trust Staff Survey Action Plan.	May 2015	Trust Board
Submission of baseline WRES data from April 2015	July 2015	Deputy HRD
Each CAG and Corporate Directorate to develop a Staff Survey Action Plan. It is recognised that whilst there is an overall measure against specific Key Indicators of the Staff Survey, there will be variances between CAGs and Directorates and having a tailored plan based on the detail for the specific area will ensure the plan addresses areas for improvement.	April – June 2015	HR Business Partners
Run a number of focus groups across the Trust to gather information and further feedback on the barriers and challenges faced by BME staff. It is recognised that this is an opportunity to take time and listen to each other and obtain a better understanding of the issues, the causes of those issues and potential solutions. The complexity of	July – September 2015	HR Business Partners/SLaM Partners/BME Network representatives.

<p>the issues involved require a more granular exploration and probing of the detail behind perception and feelings and which go beyond ethnic groups but into different cultural norms, values and expectations.</p> <p>It is envisaged that these may be more effectively run in boroughs rather than CAGs. Our experience is that the BME Networks when borough-based were more active and dissolved a little when they moved to CAG based Networks.</p>		
<p>Undertake retrospective audits of reported incidents of violence and aggression to identify any trends and/or themes arising from these especially in relation to race and ethnicity. The data from the Staff Survey is not detailed enough to identify if particular areas and groups of staff are more prone to violence and aggression and the reasons for this. The analysis of the data will inform a remedial plan to reduce the violence and aggression experienced by our staff.</p>	<p>July 2015</p>	<p>Director of Nursing/PMVA Group.</p>
<p>Hold a Schwartz Round with a specific theme of Bullying and Harassment. The actual detail of this and how it is managed will be critical to enable staff to feel safe in talking through their experience.</p>	<p>September – December 2015</p>	<p>Trust Head of Psychology/Schwartz Round Facilitator.</p>
<p>Re-refresh the Profile of the Trust's Bullying and Harassment Advisors so staff are aware of their roles and where they can obtain independent and impartial support and advice from if they are feeling or experiencing bullying or harassment in the workplace.</p>	<p>May 2015</p>	<p>Deputy HRD.</p>
<p>Ensure all staff have an appraisal and mid-year review and for ratings to be recorded on the centralised system. In line with Trust Policy it is intended that appraisals are conducted between April and June. Feedback and monitoring of appraisal take-up will be</p>	<p>April – June 2015</p>	<p>HR Business Partners/CAG Service Directors.</p> <p>OPM Chair.</p>

provided back to CAGs and Directorates with formal monitoring through the OPM meetings.	Ongoing	
Calibration of appraisal ratings to be conducted and an equality impact assessment performed to assess any adverse impact on BME staff compared to White colleagues.	July-August 2015	HR Business Partners/CAG Mgmt teams.
Assessment of Personal Development Plans (PDP) requirements by CAG Education and Training Leads and supported by HRBPs for SLAM ² programme, where applicable.	July-August 2015	CAG E&T Leads/HR Business Partners/SLaM Partners.
Identifying future talent through performance development reviews and signposting to development opportunities.	July - onwards	Line Managers/HR Business Partners.
Supporting Head of Psychology and Director of Nursing in the establishment of the Speaking Up Guardian role, and its relationship to other roles/forums within the Trust.	June 2015	Trust Head of Psychology/Head of Employee Relations.
Re-affirming the importance of regular supervision and re-launching the Trust's Supervision Policy with regular reminders on the Intranet.	Ongoing	Trust Head of Psychology/Communications.
Development of a future workforce pipeline. Working with local Schools and Colleges and highlighting the vast amount of health service roles and careers. Branding the Trust as an employer of choice in the local community. Publicising careers in the Trust not just roles.	September 2015 onwards	Trust Resourcing and Branding Manager/Head of Employee Services.
Review of formal employee relations processes and coaching support to managers in managing difficult situations. Increasing earlier interventions through a formal conversation earlier on rather than the issues leading to formal action or hearing.	April 2015	Head of Employee Relations/Line Managers.
Organise a Celebrating Diversity event to coincide with other activities e.g. Black History Month but to also recognise that this Action Plan focuses mainly on two of nine protected	October/November 2015	

characteristics so it is important not to lose sight of those and to celebrate all diversity within the Trust.		
Review of Whistleblowing Policy to ensure all aspects of Francis and Speaking Up are incorporated.	June 2015	Head of Employee Relations.
Liaise with Clinical Directors to ascertain how academic research conducted through IoPPN can inform approaches to improving engagement and inclusion of BME staff.	July 2015	Deputy HRD.