

**REPORT TO THE TRUST BOARD: PUBLIC**

**23rd May 2017**

<b>Title</b>	<b>Workforce Race Equality Standard Metrics for 2016-2017</b>
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**Purpose of the paper**

The purpose of this report is to set the foundations for change for equality and inclusion within the Trust especially for BME staff where their reported experience is less favourable than white staff. This report also incorporates the Trust Workforce Race Equality Standard metrics for 2016-17 in accordance with the national contract under NHS England requirements.

The report identifies the difference in experience between white and BME staff and applicants through the 9 different standards including Board composition and the proportional ethnicity of staff across the different pay scales and bandings. Four standards are taken from the Annual Staff Survey.

The Board are asked to note the content of the report and support the following recommendations and actions:

- To approve actions and targets outlined for change.
- To note and approve the publication of the WRES metrics and submission to NHS England in July 2017.
- Continue work with the BME Network to inform the work programme for the Tackling Snowy White Peaks working group.
- Delivering the specific actions relating to (a) the representation of BME staff at bands 8c and above, (b) eliminating the over-representation of BME staff in disciplinary proceedings and (c) improving the career development opportunities for BME staff.
- Development of a staff engagement strategy with an emphasis on equalities and review of management and leadership development programmes and their impact on staff experience and ethnicity.

## Executive summary

Our workforce is our most valuable asset and it is imperative that all staff feel valued supported and engaged in order to provide the highest quality of service. Feedback from the Staff Survey and the BME Network indicates that the experiences by our BME staff are reported as less positive. Diversity and inclusion are core to the delivery of good high quality services by motivated and engaged staff.

The Trust Board and Senior Management team, led by the Chair and Chief Executive, have established that the experiences of BME staff within the workforce as a key organisational priority. The data for the WRES confirms taking action on equalities is the right thing to do and work with the BME Network is progressing to implement changes in the short and longer term. Accordingly, the Board are asked to prioritise the following actions and targets.

Our aspiration by Spring 2021, is to:

Achieve representation of BME staff at pay bands 8c and above that reflects the proportion of BME staff in our workforce. This will involve increasing the numbers of BME staff at bands 8c and above from 21 to 55 (on current numbers). Our aim will be to achieve linear progress towards this goal at a minimum. We will track progress on a yearly basis.

- Eliminate the over-representation of BME staff involved in disciplinary proceedings as they are currently 3.5 times more likely to be targeted. This will involve rapidly reducing the proportion of BME staff involved in disciplinary proceedings. We aim to make significant progress in reducing the over-representation within the first year.
- Improve the Career Opportunities offer for BME. We aim to ensure that there is no perceived difference in the access to career opportunities between BME and White staff as reported in the yearly staff surveys. BME staff currently score this at 66% as compared with 85% for White staff.

The report identifies the difference in experience between white and BME staff and applicants through the 9 different standards including Board composition and the proportional ethnicity of staff across the different pay scales and bandings. Four standards are taken from the Annual Staff Survey. The full data for each metric has been analysed to identify if there are any specific issues. It is known that the proportion of BME staff in the higher bandings decrease as the level of banding increases.

The Trust Board is asked to review the paper, actions and to endorse the publication of the data in line with reporting requirements.

## WORKFORCE RACE EQUALITY STANDARD 2016-2017

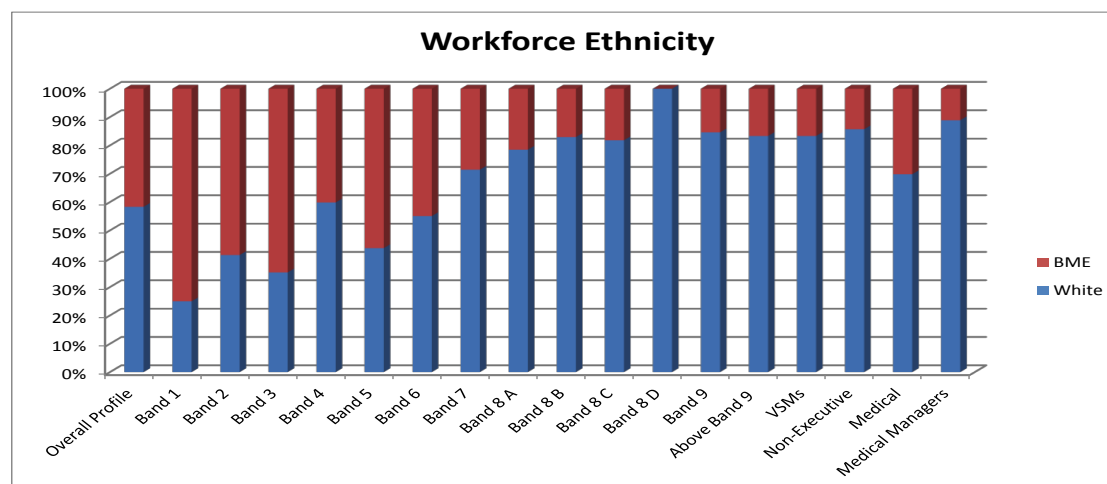
The purpose of this report is to present the Trust Workforce Race Equality Standard metrics for 2016-17 in accordance with the national contract and under NHS England requirements.

The report identifies the difference in experience between white and BME staff and applicants through the 9 different standards including Board composition and the proportional ethnicity of staff across the different pay scales and bandings. Four standards are taken from the Annual Staff Survey.

It is 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 data within this report will be included in the mandatory submission to NHS England in July 2017 and provided to our lead commissioner. The data must also be published on the Trust's website.

1	Percentage of BME staff in Bands 1-9, Medical and VSM (including Executive Board members and senior medical staff) compared to the percentage of BME staff in the overall workforce.
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The overall organisational workforce profile is broadly similar to the local populations and has been the case over the past couple of years of reporting for the WRES. This year the descriptor for metric 1 has changed to cover ethnicity in all bands and grades whereas previously reporting was limited to band 8A and above and senior medical posts. In comparing to previous years and this year, the proportion of BME staff in bands 8A and above was 17.05% in 2015, 18.87% in 2016 and 19.04% in 2017.

The highest proportion of BME staff compared to White staff are in Band 1 although it should be noted that this group only consists of four staff. Bands 2,3 and 5 are then the next proportionally highest for BME staff. Band 4 is the most reflective of the overall organisational ethnicity profile closely followed by Band 6. The proportion of BME staff in the higher bandings decrease as the level of banding increases from Band 7 upwards with no BME staff in Band 8D.

Targets over forthcoming years to increase the representation of BME staff in Bands 8C and above to reflect their overall workforce profile have been included in this report as an action and recommendation.

2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
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Descriptor	White	BME
Number of shortlisted applicants	1671	1794
Number appointed from shortlist	354	197
Ration shortlisted/appointed	0.211	0.109

Relative likelihood of White staff being appointed from shortlisting compared to BME staff is (0.211/0.109) is therefore **1.93** times greater compared to 1.89 times in the previous year.

We have commenced our Apprenticeship programme which offers the opportunity for people to start a career within the health service and which makes this more accessible to people from the local community. We will be introducing our Associate Practitioner role to improve access to nursing careers for bands 2-4 and need to ensure there is a meaningful career pathway through all bands by using talent management approaches underpinned by appraisals and PDPs.

The Tackling Snowy White Peaks Working group will also be looking at the processes for recruitment and acting up within the Trust to ensure that opportunities to advance are promoted and visible.

3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.  Note: this indicator will be based on the data from a two-year rolling average of the current year and the previous year.
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2015-2016

Descriptor	White	BME
Number of staff in the workforce	2731	1881
Number of staff entering the formal disciplinary process	19	40
Ratios	19/2731 = 0.006	40/1881 =

		0.212
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Relative Likelihood of BME staff entering the formal disciplinary process compared to White staff is  $0.0212/0.006 = 3.5$  times greater.

2016-2017

Descriptor	White	BME
Number of staff in the workforce	2656	1897
Number of staff entering the formal disciplinary process	10	19
Ratios	$10/2645 = 0.003$	$19/1897 = 0.010$

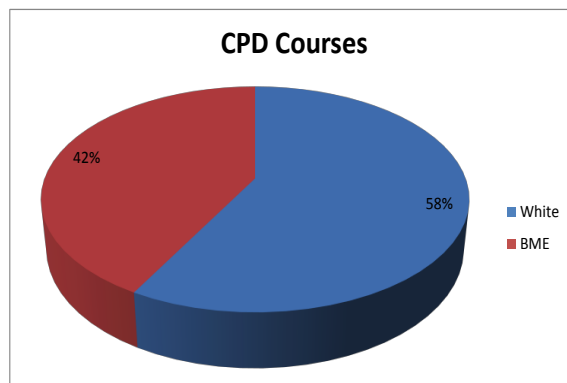
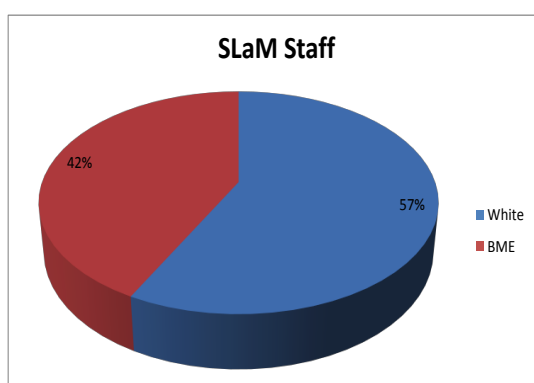
Relative Likelihood of BME staff entering the formal disciplinary process compared to White staff is  $0.0212/0.006 = 3.3$  times greater.

The data indicates there has been a marginal reduction in the likelihood of BME staff entering formal disciplinary processes from the previous year but still remains significantly higher than white staff.

The actual numbers of staff overall entering formal disciplinary processes has halved from the previous year and significantly lower from the first year of reporting where there were 116 individuals and which is now 29. This is the result of using formal conversations rather than invoking formal disciplinary processes and applying disciplinary sanctions.

It is anticipated that the work being undertaken by the “Tackling Snowy Peaks Working Group” including the introduction of the Review and Reflect Checklist should have a positive effect on the total number of people entering formal disciplinary processes and the proportion of those who are from a BME ethnic background.

4	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff.
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Descriptor	White	BME
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Number of staff in workforce	2656	1897
Number of staff accessing non-mandatory training and CPD	122	88
Ratio	0.045	0.046

There is no material difference in the proportion of BME and white staff accessing CPD training in the last year. It should be noted that the numbers accessing CPD has reduced due to reductions in funding from Health Education England.

The ability to access learning and development is critical to staff engagement and to gain new skills. The BME network have highlighted that access to a mentoring scheme would be seen as beneficial where formal study is not always available.

### Staff Survey Questions (Standards 5-8)

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Trust in 2016	Average (median) for mental health	Your Trust in 2015
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	34%	31%	33%
		BME	35%	38%	38%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24%	22%	23%
		BME	27%	26%	32%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	85%	89%	85%
		BME	66%	79%	63%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	8%	7%	7%
		BME	17%	14%	16%

The staff survey results indicate an improvement in some areas in the experience of BME staff compared to the previous year although that experience is still less favourable compared to the national average and to the experience of white colleagues. The area of most significant difference in the experiences of white and BME staff as reported through the survey is the percentage of staff who have experienced discrimination at work from their manager/team leader or other colleague which is more than double for BME staff compared to white staff. This along with the percentage of staff believing the organisation provides equal opportunities for career progression and promotion indicates a need to radically review how BME staff are engaged, valued and supported within the Trust.

A central feature of this will be to develop and implement a new staff engagement strategy with an emphasis on equalities. This will include reviewing our leadership and management

development programmes to ensure they incorporate inclusive leadership in relation to unconscious bias and to reflect best practice. We will also need to ensure that managers and leaders, both new to the organisation and those being promoted within it, have the right leadership skills to ensure staff feel valued and included in decisions that affect them especially in periods of organisational change.

The Staff Survey Action plan is focused on the following six key areas which interrelate with themes arising from the WRES metrics.

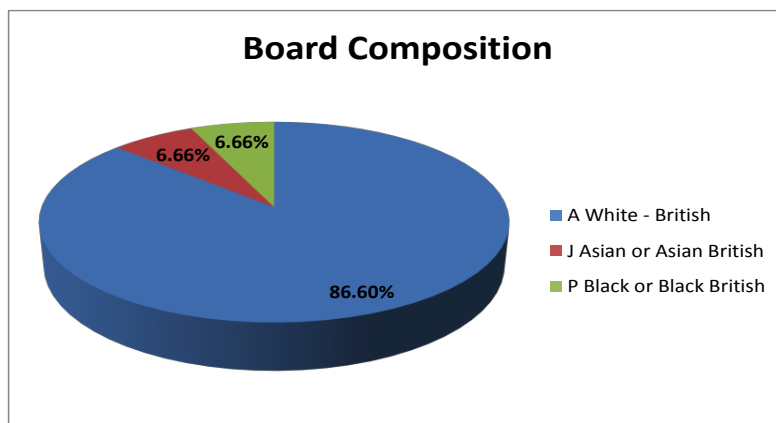
- Career development, opportunities and increased visibility of these
- Health and wellbeing for staff
- Bullying and harassment and discrimination
- Reduction in violence and aggression
- The role of the manager and positive proactive leadership, including good communication and engagement
- Reward and recognition

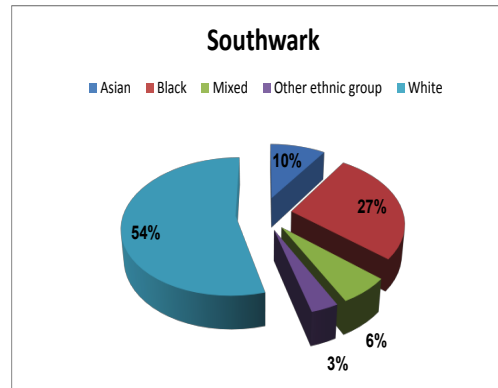
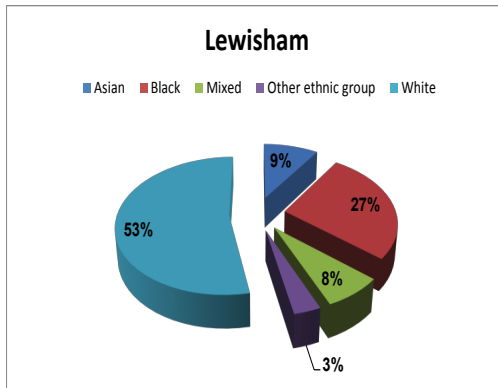
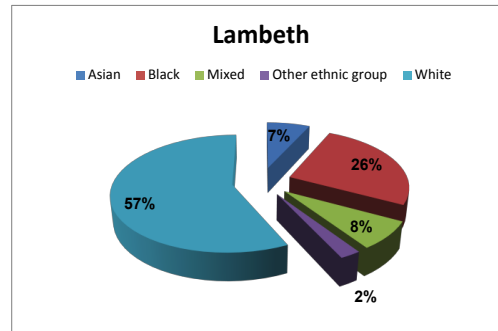
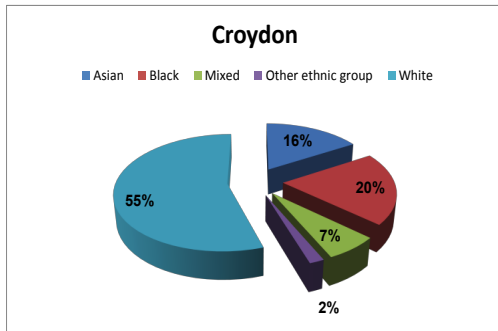
A detailed Action Plan has been developed for the Staff Survey which will focus on the above areas is attached as Appendix 1.

9	Boards are expected to be broadly representative of the population they serve.
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### Board Composition

The Board composition is presently less reflective of the local populations across our four main boroughs where we provide services and which tends to have a white population of between 53% and 57% depending on the actual borough.





**Recommendations:**

- To approve actions and targets outlined for change.
- To note and approve the publication of the WRES metrics and submission to NHS England in July 2017.
- Continue work with the BME Network to inform the work programme for the Tackling Snowy White Peaks working group.
- Increase the representation of BME staff at Band 8C and above to reflect overall workforce profile.
- Monitor progress of the introduction of the Review and Reflect Checklist and impact on BME staff entering formal disciplinary processes.
- Develop a staff engagement strategy with an emphasis on equalities and review of management and leadership development programmes and their impact on staff experience and ethnicity.