The Princess Alexandra Hospital NHS Trust

Workforce Race Equality Standard (WRES)

September 2019

PURPOSE

The purpose is to provide oversight of the Trust Workforce Race Equality Standard report (WRES) for Trust wide publication and submission to NHS England.

This paper presents the revised recommendation for 2019/20, which builds on from staff survey action and key objectives of the Black & Minority Ethnicity Staff Network

CONTEXT

The Workforce Race Equality Standard (WRES) was introduced in 2015 as part of the NHS standard contract to enable employees from black and minority ethnic (BME) backgrounds to have equal access to career opportunities and receive fair treatment in the workplace. This is vital as the evidence shows that a motivated, inclusive and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety; it also leads to more innovative and efficient organisation.

The WRES forms part of the Trust's statutory duties under the broader equality and inclusion landscape – Equality Act 2010.

WRES is self-assess against 9 indicators four of which relate specifically to workforce data, four are based on data from the national NHS staff Survey questions and the final one consider BME representation on the Trust board.

The data is to enable the Trust to adopt a 'learning organisation' approach and produce an action plans to build cultures of continuous improvement. This will be essential steps in helping to bring about a workplace that is free from discrimination

This year's action plan looks at areas for improvement but also areas where we feel we are performing well, to ensure we continue to evidence this.

Report By: Nathaniel Williams

Date: 16.09.19

WRES Indicator No.	WRES Report March 2018	WRES Report March 2019	Direction
BME Staff employed within the Trust	27%	26%	
Proportion of staff who have self-reported their ethnicity	94%	94%	
1. Percentage of non-clinical staff in each Pay band AFC Band 1-9 & VSM	Non clinical – 90% White in band 1-9 and VSM compare to 10% BME	Non clinical – 90% White in band 1-9 and VSM compare to 10% BME	
Percentage of clinical staff in each Pay band AFC Band 1-9 & VSM	Clinical -72% White in band 1-9 and VSM compare to 28% BME	Clinical -70% White in band 1-9 and VSM compare to 29% BME	
Percentage of Medical & Dental Staff	33% White Medical & Dental Staff compare to 66% BME	36% White Medical & Dental Staff compare to 64% BME	
2. Relative likelihood of staff being appointed from Shortlisting across all posts	White staff are 1.52 times more likely to be appointed from shortlisting across all post	White staff are 1.30 times more likely to be appointed from shortlisting across all post	
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	BME Staff are 0.79 times more likely to enter a formal disciplinary process	BME Staff are 0.40 times more likely to enter a formal disciplinary process	
4. Relative likelihood of staff accessing non-mandatory training and CPD	White staff are 0.69 times more likely to accessing non mandatory training	White staff are 0.51 times more likely to accessing non mandatory training	
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 month	White – 29.60% BME – 28.50%	White – 26.80% BME – 35.10%	
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White – 24.91% BME – 28.50%	White – 26.80% BME – 29.60%	
7. Percentage believing that trust provides equal opportunities for career progression or promotion	White – 84.80% BME – 70.70%	White – 86.80% BME – 71.70%	
8. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White – 7.00% BME – 16.30%	White – 6.50% BME – 12.50%	
9. Percentage difference between PAH Board voting Membership and its overall workforce Percentage difference between PAH Executive board membership and its overall workforce	White = 100% BME = 0% White = 88.9% BME = -11.1%	White = 100% BME = 0% White = 87.5% BME = -12.5%	

Key Findings

The 2019 data shows that there is still work to do to positively improvement BME staff in the trust according to the WRES 1-9 data indicator. The bullet points below highlight the key finding of this data.

- The total number of BME staff employed within the trust has decrease by 1% in 2019
- The total number of non-clinical BME staff employed in band 8 and above decrease in 2019
- BME clinical staff in band 1 to 9 and consultants increase in 2019 compared to 2018
- White staff are 1.30 times more likely to be appointed from shortlisting across all post an improvement from 1.52 times in 2018. A figure below ”1” would indicate that white staff are less likely than BME candidates to be appointed from shortlisting
- The likelihood of BME staff entering into formal disciplinary process has improved from last year. The likelihood has reduced to 0.40 times from 0.79 times
- BME staff experiencing harassment, bullying and or abuse from the public e.g. patients and internal staff has increased
- There is a positive increase on both BME and White staff believing the trust is providing equal opportunities for career progression and promotion in the last 12 months
- A significant improvement of 3.8% decrease for BME staff experiencing discrimination at work from manager, team leader and other colleague

Workforce Race Equality Standard Action Plan

OBJECTIVE	WRES INDICATOR	ACTION	OWNER
Increase overall visibility of equality and inclusion at Trust Board	1 to 9	Greater awareness to Trust Board around equality issues (using patient /staff stories to highlight issues) Commence reverse mentoring for executive directors. Engaging/involving senior leaders with celebrations and events throughout the year to further improve visibility of inclusion.	Director of people BME inclusion champions DDoP, Equality & Inclusion champions
Develop the understanding of managers and employees in managing the formal disciplinary process	3	To identify the mechanisms and causes of the disproportionality to address the root causes. To implement and evaluate models of better practice, improve understanding of the mechanisms and causes of this disproportionality so that it can be reduced or eliminated over time. This will include implementation of integrated approach to the triage process. With a robust decision tree model and supporting material. Evidence based model with HR business partners support to provide alternatives to disciplinary. Monthly data return with analysis of themes, and demographical	DDoP

		data on staff member entering the disciplinary. Roll out of the training, using a targeted approach for those areas that are the highest priority based on existing data,	
To reduce the disparity of appointment from shortlisting between white and BME staff	2	Roll out of unconscious bias training to all staff involved in the recruitment and selection process. Robust structured interview assessment form that is transparent, including a scoring methodology which is reflective of the trusts values. Audit for all band 8a successful and unsuccessful applicants and managers.	Head of staff engagement and Head of Recruitment and
To improve the representation of BME staff in senior posts	9	Job shadowing and secondment opportunities are offered in areas where it is possible for the service to accommodate. Promote success stories of staff. Publicising success stories of BME staff and who are in senior leadership positions. This will be an ongoing initiative in order to keep the agenda as a high priority.	BME Staff Network
Percentage of staff who personally experienced discrimination at work from manager or other colleague	5, 8	BME staff network will be involved in ongoing work to support the action plan of the WRES.	BME Staff Network