Agenda item:	6.1						
Presented by:	Ogechi Emeadi, director of people, organisational development and communications						
Prepared by:	Nathaniel Williams, people information and systems lead						
Date prepared:	16.09.2019						
Subject/title:	Workforce Race Equality Standard						
Purpose:	Approval	X	Decision		Information		Assurance	
Key issues:	BME staff experiencing harassment, bullying and or abuse from the public e.g. patients and internal staff has increased. The total number of non-clinical BME staff employed in band 8 and above decreased in 2019.						
Recommendation:	To present the workforce committee with key findings of the trust's Workforce Race Equality Standard (WRES) report for approval.						
Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	Patients	People	Performance	Places	Pounds
	X	X	X	X	

Previously considered by:	Equality and inclusion steering group (02.09.19) Workforce committee (23.09.19)
Risk/links with the BAF:	Increase risk of high turnover and the inability to recruit. This could also lead to reputation risk. BAF 2.1 nurse recruitment. BAF 2.3 inability to recruit, retain and engage our people.
Legislation, regulatory, equality, diversity and dignity implications:	The trust has a number of statutory duties arising from the Equality Act 2010.

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Appendices:	WRES data WRES action plan

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 and 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-assessed against nine 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 considers BME representation on the trust board.

The data is to enable the trust to adopt a 'learning organisation' approach and produce an action plan to build a culture of continuous improvement. These 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 and VSM Percentage of clinical staff in each pay band AFC Band 1-9 and VSM Percentage of medical and dental staff	Non-clinical – 90% White in band 1-9 and VSM compared to 10% BME Clinical -72% White in band 1-9 and VSM compared to 28% BME 33% White medical and dental staff compared to 66% BME	Non-clinical – 90% White in band 1-9 and VSM compared to 10% BME Clinical -70% White in band 1-9 and VSM compared to 29% BME 36% White medical and dental staff compared 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 posts	White staff are 1.30 times more likely to be appointed from shortlisting across all posts	↓
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 be accessing non-mandatory training	White staff are 0.51 times more likely to be accessing non-mandatory training	↓
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White – 29.60% BME – 28.50%	White – 26.80% BME – 35.10%	↑ (red)
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%	↑ (red)
7. Percentage believing that the trust provides equal opportunities for career progression or promotion	White – 84.80% BME – 70.70%	White – 86.80% BME – 71.70%	↑ (green)
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 PAHT board	White = 100% BME = 0%	White = 100% BME = 0%	↔

voting membership and its overall workforce			
Percentage difference between PAHT executive board membership and its overall workforce	White = 88.9% BME = -11.1%	White = 87.5% BME = -12.5%	

Key findings

The 2019 data shows that there is still work to do to make positive improvements for BME staff in the trust according to the WRES 1-9 data indicator. The bullet points below highlight the key findings of this data.

- The total number of BME staff employed within the trust has decreased by 1% in 2019

- The total number of non-clinical BME staff employed in band 8 and above decreased in 2019

- BME clinical staff in band 1 to 9 and consultants increased in 2019 compared to 2018

- White staff are 1.30 times more likely to be appointed from shortlisting across all posts, 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 the 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 a 3.8% decrease for BME staff experiencing discrimination at work from a manager, team leader and other colleagues

Workforce race equality plan

OBJECTIVE	WRES INDICATOR	ACTION	
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).	Director of people
		Commence reverse mentoring for executive directors.	BME inclusion champions
		Engaging/involving senior leaders with celebrations and events throughout the year to further improve visibility of inclusion.	DoP, equality 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	DDoP

mechanisms and causes of this disproportionality so that it can be reduced or eliminated over time. This will include implementation of an 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 data on staff members entering the disciplinary process.

Roll out of the training, using a targeted approach for those areas that are the highest priority based on existing data.

	2	Improve awareness, understanding and roll out of unconscious bias training to all staff involved in the recruitment and selection process.	
To reduce the disparity of appointment from shortlisting between white and BME staff		Robust structured interview assessment form that is transparent, including a scoring methodology which is reflective of the trust's values.	
		Audit for all band 8a successful and unsuccessful applicants and managers.	
		Improve shadowing and secondments opportunity to support internal career progression to senior posts with development training programmes.	

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.	

Percentage of staff who personally experienced discrimination at work from manager or other colleague	5, 8	BAME staff network will be involved in ongoing work to support the action plan of the WRES.	