






Trust board – 5 November 2020

Agenda item:	2.5							
Presented by:	Ogechi Emeadi – director of people, organisational development and communications							
Prepared by:	Padraig Brady, lead strategic HR business partner Alexandra Anyanwu and Shahid Sardar, BAME staff network							
Date prepared:	29 October 2020							
Subject / title:	Workforce Race Equality Standard (WRES) April 2019 – March 2020							
Purpose:	Approval	x	Decision	x	Information	x	Assurance	
Key issues:	<p>The WRES is mandated through the NHS Standard Contract to report and monitor on its compliance with the national race equality indicators. The trust reports annually on its progress.</p> <p>The trust has implemented a number of supportive initiatives, working with the trust BAME staff network to promote awareness and initiatives to support progress in the indicators. Key findings are summarised in the report.</p>							
Recommendation:	To present the trust board 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	x			
Previously considered by:	Equality, diversity and inclusion steering group							
Risk/links with the BAF:	There is increased risk of turnover and internal/external challenges from staff and patients if we do not effectively meet and manage obligations under the WRES. This could also lead to reputational risk (BAF 2.1, 2.3)							

Legislation, regulatory, equality, diversity and dignity implications:	The trust has a number of statutory duties arising from the Equality Act 2010.
Appendices:	Appendix 1 – WRES data

Purpose

To provide oversight of the trust Workforce Race Equality Standard report (WRES) for trust wide publication.

This paper presents the revised recommendation for 2020/21, which builds on from action and key objectives of the Black and Minority Ethnicity staff network.

The data covers the period from April 18 – March 19 and April 19 - March 20, respectively.

Context

The Workforce Race Equality Standard (WRES) was introduced in 2015 as part of the NHS standard contract to enable employees from Black, Asian and Minority Ethnic (BAME) backgrounds to have equal access to career opportunities and receive fair treatment in the workplace.

This is a legal duty under the Equality Act 2010 and 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 a 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 BAME representation on the trust board.

Analysis of the data enables the trust to adopt a 'learning organisation' approach and produce an action plan contributing to a culture of continuous improvement. This will be essential in helping to bring about a workplace that is free from discrimination.

Positive progress taken in this reporting period

1.0 PAHT BAME staff network

There is a well-established BAME network which is positively supported by the trust. The network meets regularly and has supported the trust in its WRES, as well as providing balanced support and challenge throughout the last three years.

Most recently the BAME network has run several events on the subject of the BAME experience at work, particularly in the NHS during Black History Month, with leading voices in the field including:

- John Brouder, former CEO, NELFT
- Marcel Vige, mental health equalities lead with national charity, Mind, with Rob Neil CBE and Cherron Inko-Tariah MBE benchmarking PAHT against internationally recognised standards for staff networks
- Professor Elizabeth Anionwu on dealing with the emotional impacts of racism in her leadership journey

We have delivered these sessions and offered them to colleagues at EPUT, who we are partnering with as a peer trust and we know that hundreds of colleagues at PAHT have benefited.

The remainder of the report details several other areas where the BAME network has been active in supporting the trust.

2.0 Reverse mentoring

Within PAHT, the BAME network (as part of the wider equality diversity and inclusion steering group) has been working with the executive team to launch a reverse mentoring scheme for all staff, which commenced in September 2020. The reverse mentoring scheme is an opportunity for those in non-managerial/junior roles to regularly meet with an executive director to discuss their experiences. Details of how the scheme will operate have been promoted to all staff and there is an application process for interested staff to outline how the scheme will benefit them.

3.1 ICS BAME telephone helpline

Originally developed as a support response due to COVID-19, the helpline remit has expanded to become an initial point of reference/support for any BAME staff to use within the ICS patch. The helpline is staffed by BAME members of staff representing all of the trusts within the ICS working on a rota that allows the helpline to run seven days per week from 2pm – 8pm. The helpline was launched on a phased approach with the launch for PAHT staff occurring on 22 June. There was an expected upturn in calls as each organisation's launch took place and since restrictions such as shielding have been paused, the level of calls received has decreased. Feedback from BAME staff in organisations across the ICS show that they value having an independent support resource in addition to any site-specific mechanisms that exist within each employing organisation.

3.2 ICS BAME webinar

The chair of the PAHT BAME network was part of the ICS working group to develop an ICS BAME webinar inviting BAME and non-BAME staff to join from across the system. The webinar programme invited keynote speakers to participate in sessions including emotional resilience, cultural intelligence and supporting BAME colleagues more widely within the NHS.

4.0 COVID-19 support to BAME colleagues

As part of the overall trust response to the COVID-19 pandemic, the trust has implemented a number of measures specifically to support our BAME colleagues. Specific advice has been made available to staff and managers of BAME staff to undertake comprehensive risk assessments, as BAME staff have been nationally recognised as an identified vulnerable staff group.

A number of webinars have been regularly undertaken within PAHT to support BAME colleagues. Attendance at the webinars has been high and the webinars included representation from the BAME network, executive team, director of infection prevention and control (IPC), occupational health and HR.

Results against the WRES staff indicators

Indicator 1: Percentage of staff in each of the AFC pay bands 1-9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce

The overall percentage of BAME staff compared to White staff employed by the trust in 19/20 increase to 30% (27% in 18/19). This has seen an increase of BAME staff across all bandings and grades excluding senior roles such as Band 8D and 9 where the total number of BAME staff remains the same from 18/19 when compared to the increase in these senior roles for White staff in 19/20.

There has been a significant increase of BAME staff in band 5 from the ongoing international recruitment campaign for registered nurses which has positively contributed to the significant decrease in the nurse vacancy to below 10%. Development plans will progress during the next 12 months for Band 5 nurses to access nurse leadership training.

The trust medical and dental workforce represents 59% of BAME staff, a slight increase from 58% in 18/19.

Indicator 2: Relative likelihood of white staff being appointed from shortlisting compared to BAME staff

This metric continues to improve year on year in the number of BAME staff shortlisted and the number of BAME appointed from shortlisting. The relatively likelihood of White staff being appointed compared to BAME staff is currently 1.23 compared to 1.30 in 18/19. (Any score less than 1.00 is seen as a positive).

The recruitment team are currently reviewing the recruitment policy and refreshing recruitment processes which will have impact on this metric in the next reporting period. In addition, the trust's ongoing international recruitment is not yet reflected in this data.

Indicator 3: Relative likelihood of BAME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White staff (two years rolling average)

The likelihood of BAME staff entering the formal disciplinary process two years rolling average is now 1.94 times compared to 0.40 times the previous two rolling years.

Whilst this is a concern for the BAME network, the data breakdown in Appendix 1, (page 8) shows that the overall numbers of PAHT staff entering into a formal disciplinary process over the course of the last 24 months is 41 in total which is very low for a trust of our size.

Positive steps are taking place to overhaul the trust disciplinary policy, working in partnership with the BAME network with the aim of introducing a moderating decision tool, including BAME representatives. This will underpin the importance of transparency and consistency.

Indicator 4: Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff

The number of BAME staff accessing continuous professional development (CPD) is 32% (41% in 18/19) compare to White staff 63% (55% in 18/19). The likelihood of White staff when compared to BAME is 0.94 (*Any score less than 1.00 is seen as a positive*).

It is likely that the onset of COVID-19 at the latter end of this reporting period will have had an impact on this data, as training providers had started to reduce the number of training activities being offered.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

BAME staff experiencing bullying, harassment and abuse from patients decreased to 28.1% (31.1% in 2018) compared to 26.8% for White staff in both years. The national average is 29.9% for BAME staff (staff survey results).

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

BAME staff experiencing harassment, bullying and abuse from staff or colleagues increased slightly to 31.1% (29.6% in 2018) when compared to an increase of 29.2% for White staff (26.8% in 2018). BAME national average is 28.8% (staff survey results).

Prior to the onset of COVID-19, the people team had worked on a staff awareness issue "In My Shoes", an exercise teams can use to promote respect for each other – one of

the core trust values. The people team will consider how this tool can be utilised by staff which is compliant with COVID-19 safety guidance.

Indicator 7: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

BAME staff believing that the trust provides equal opportunities and career progression remains stable at 72.2% when compared to 71.7% in 2018 compared to 86.1% for White staff (86.8% in 2018). BAME national average is 74.4% (staff survey results).

Indicator 8: Percentage of staff experienced discrimination at work from manager/team leader or other colleagues in last 12 months

The number of BAME staff who reported feeling discriminated at work from managers or colleagues has decreased slightly from 16.3% in 2017 to 14.1% in 2019. The BAME national average is 13.8% (staff survey results).

Indicator 9: Percentage difference between PAHT board voting membership and its overall workforce

This year the trust has a voting board member who identifies from a BAME background. This indicates an increase of 8.3% compared to 0% in 18/19.

Recommendations

Indicators	Actions	Lead	Timescale
1	To review the current disciplinary policy and process to include a best-practice panel-led approach to decision-making providing a consistency to what allegations of misconduct require progression to a formal disciplinary process.	Strategic HR business lead	By March 2021
2	To review the current recruitment process within the trust to ensure recruitment panels are promoting equality, diversity and inclusion representation. The review should include providing recruitment and selection training for managers and guidance on panel composition including EDI representation and/or people representatives.	Head of recruitment	By Jan 2021
3	To review the process for accessing CPD funded courses to ensure it is accessible to all staff; ensuring the process for distribution and allocation of funded CPD courses is managed	AD – training and development lead	By Jan 2021

	consistently and by a diverse decision-making panel.		
4	The trust is committed to recruiting two clinical FSUG and will work with the BAME network to encourage applications from BAME staff.	CEO/trust board	By Jan 2021
5	The trust is committed to appointing a senior role with responsibility for progressing with inclusion initiatives for staff and patients.	CEO/people director	By Jan 2021
6	The trust will support developing and training dignity at work anti-bullying and harassment champions to provide awareness and support regarding dignity at work and work with managers and the people team to identify and resolve issues of bullying and harassment.	CEO/people director	By Jan 2021
7	To develop regular recruitment monitoring data reports (e.g. numbers of candidates applying, shortlisted, interviewed, offered, withdrawn) by protected characteristic, which is reviewed on a regular basis, to identify any potential inclusion obstacles within our recruitment processes.	People systems/head of recruitment	By Dec 2020

[APPENDIX 1] Analysis of WRES standard metric data

Indicator 1 – Staff profile

WRES indicator no.	WRES report March 2019	WRES report March 2020
Percentage of BAME Staff employed within the trust	27%	30%
Proportion of staff who have self-reported their ethnicity	94%	94%

1.Headcount and percentage of non-clinical staff in each pay band AFC Band 1-9 and VSM

	2019				2020			
	White		BAME		White		BAME	
Band 1	43	83%	9	17%	31	76%	6	15%
Band 2	328	88%	36	10%	329	82%	40	10%



Band 3	117	73%	6	4%	116	84%	13	9%
Band 4	159	92%	8	5%	172	94%	5	3%
Band 5	55	82%	6	9%	63	84%	7	9%
Band 6	55	81%	9	13%	49	79%	11	18%
Band 7	29	73%	9	23%	48	77%	12	19%
Band 8a	27	90%	3	10%	27	79%	5	15%
Band 8b	15	75%	4	20%	24	89%	3	11%
Band 8c	7	88%	1	13%	9	69%	3	23%
Band 8d	10	100%	0	0%	12	100%	0	0%
Band 9	4	100%	0	0%	5	100%	0	0%
VSM	9	90%	1	10%	8	89%	1	11%

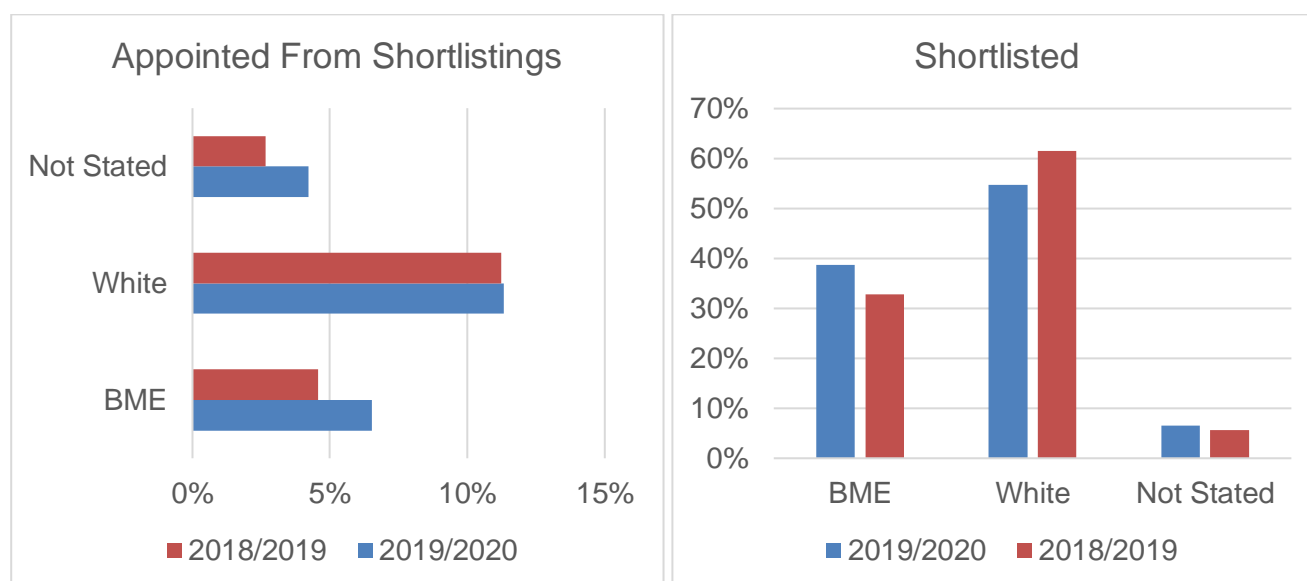
Headcount and percentage of clinical staff in each pay band AFC Band 1-9 and VSM

	2019				2020			
	White		BAME		White		BAME	
Band 1	0	0%	0	0%	0	0%	0	0%
Band 2	330	81%	77	19%	328	82%	71	18%
Band 3	158	79%	23	12%	147	80%	22	12%
Band 4	73	70%	24	23%	75	61%	42	34%
Band 5	207	50%	204	49%	196	36%	339	63%
Band 6	305	67%	134	29%	302	63%	147	31%
Band 7	184	64%	84	29%	188	66%	81	28%
Band 8a	64	69%	15	16%	62	65%	21	22%
Band 8b	21	81%	1	4%	22	71%	3	10%
Band 8c	7	70%	1	10%	7	70%	1	10%
Band 8d	7	88%	1	13%	7	88%	1	13%
Band 9	0	0%	0	0%	0	0%	0	0%
VSM	0	0%	0	0%	0	0%	0	0%

Percentage of medical and dental staff

Medical & Dental	142	33%	252	58%	145	30%	282	59%
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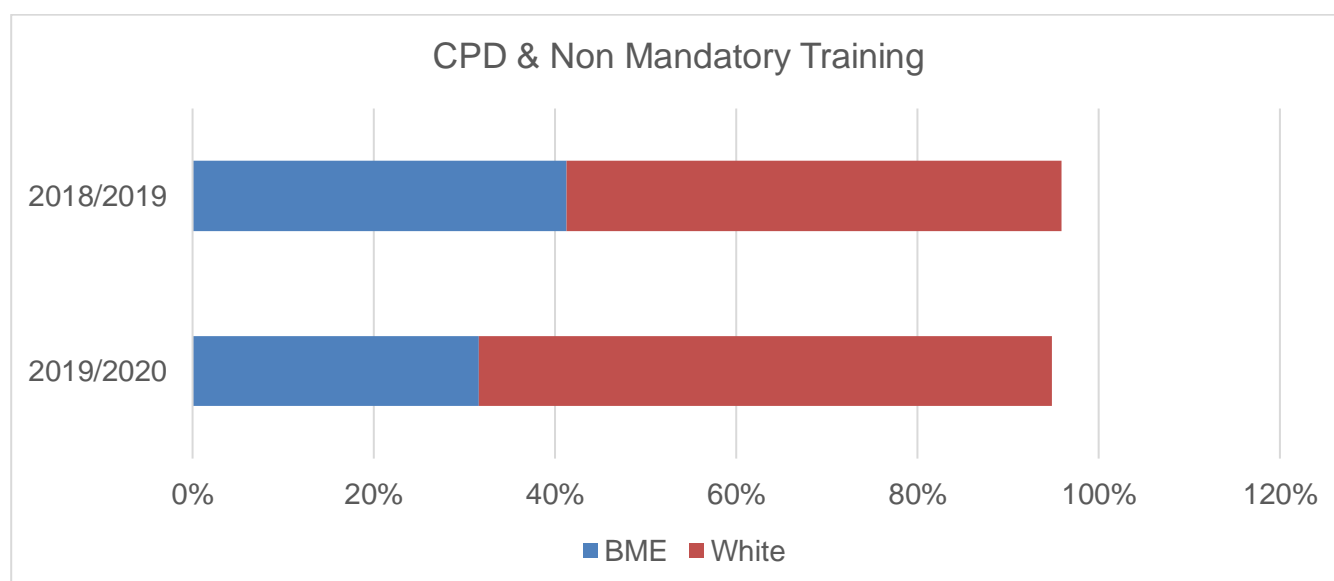
Indicator 2 – Recruitment shortlisting and appointed from shortlisting data by ethnicity



Indicator 3 - Relative likelihood of BAME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to white staff (two years rolling average)

	BAME	White	Not Stated
2019/2020	10	11	3
2018/2019	2	13	2

Indicator 4 - Percentage of staff that access CPD and non-mandatory training by ethnicity



	BAME	White	Not Stated
2019/2020	31.61%	63.22%	5.18%

2018/2019	41.24%	54.64%	4.12%
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Indicator 5 – 8 Data from the NHS Staff Survey

		2017	2018	2019
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	29.6%	26.8%	26.8%
	BAME	28.5%	35.1%	28.1%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24.9%	26.8%	29.2%
	BAME	28.5%	29.6%	31.1%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	84.8%	86.8%	86.1%
	BAME	70.7%	71.7%	72.2%
Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	White	7.0%	6.5%	6.5%
	BAME	16.3%	12.5%	14.1%

Indicator 9 Voting members of the board by ethnicity

	BAME	White	Not stated
2019/2020	8.3%	83.3%	8.3%
2018/2019	0%	100%	0%