

Agenda Item

Report to: Board of Directors

Date: 14th of June 2018

Report by: Bob Champion, Executive Director of Workforce and Organisational Development

Subject: Workforce Race Equality Standards – Annual Update

Purpose of the Report

The Workforce Race Equality Standards are a mandatory requirement for NHS providing services to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

Executive Summary

The report summarises the 9 metrics of the indicators which give a breakdown of the differences between the treatment and experience of white and BME staff.

The Workforce Race Equality Standards indicate improvements for the first time for ethnic minority staff in 8 standards out of the 9 standards. The core work of the standards is captured in the Ethnic Minority Staff Network Strategy and the work of the EMN ambassadors across the Trust. The Trust should celebrate this success and keep the momentum going.

National NHS Survey Indicators

Last year, the response rate from BME Staff was 22%, compared to 34.2% in 2017. The response rate is reflective of the staff group by ethnicity in NELFT. The overall BME staff in NELFT represents 36.9% compared to 60.6% of White groups by ethnicity.

Indicator Type	WRES Indicator	Metric Description	2016	2017	Direction	2017 National
			Score	Score		
W O R K F O R C E	2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	3.12	1.59	▼	1.57
	3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	2.02	1.72	▼	1.37
	4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	0.81	0.82	▲	1.22
S T A F F S U R V E Y	5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	30.1%	29.8%	▼	28.0%
	6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	27.8%	19.5%	▼	23.7%
	7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	73.5%	80.7%	▲	85.5%
	8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?b) Manager/team	14.7%	10.6%	▼	12.6%
BOARD	9	Percentage of BME Board membership	0.0%	17.6%	▲	7.0%

Financial Implications

The Equality and Diversity delivers a range of services and functions in relation to operational service delivery and training, with established budget allocations. This year, funds were allocated to deliver the Reverse Mentoring programme.

Risk Implications

Unsatisfactory performance in providing services and employment will be a risk to reputation and leave the trust open to legal challenges. The trust is also required to demonstrate that all staff have access to provision of services, and are not discriminated because of their protected characteristic.

Equality and Diversity

There is evidence to suggest a direct link to equality and diversity embedded within every level of the organisation to better outcomes for both staff and patients. The organisation that embraces equality and diversity is seen by the public and patients, as one that addresses their needs and as an inclusive one.

Action Required

The members of the Board are asked to receive the report for information and to endorse the recommendations made.

Bob Champion

Executive Director of Workforce and Organisational Development

Workforce Race Equality Standard

This report gives a breakdown of compliance figures and trends from 2013 to 2017. The breakdown of the 9 Workforce Race Equality Indicators by % are as follows:

- 1) % of BME Staff in Bands 8 – 9 compared with the % of BME (Black and minority ethnicity) staff in the overall workforce. The number of BME staff at band 8 – 9 has dropped to 27.6% compared to 2016 with 39.2%. Much of the improvement in having more senior posts is due to the development and implementation of the EMN strategy. One of the action plan in having a member of the EMN sitting on interview panels for Band 8 posts. However, there are still concerns that this is not consistent across all directorates.

	2013	2014	2015	2016	2017
BME Staff	18.4%	19.4%	25.6%	39.2%	27.6%
White Staff	81.5%	83.6%	74.4%	60.8%	72.0%

Race	Count	%
White	3642	60.6
BME	2218	36.9
Not stated	149	2.5
	6009	

- 2) % of BME staff being appointed from shortlisting compared to White staff. 59.1% of BME staff were shortlisted compared to 40.9% of White groups. This has increased when compared to 2016 at 57.1%. BME Staff appointed has also increased to 51% compared to White groups at 48.7%. Again this shows considerable increase from 40.9% last year.

		2013	2014	2015	2016	2017
Shortlisted	BME Staff	52%	55.6%	59.2%	57.1%	59.1%
	White Staff	48%	43.3%	40.8%	36.8%	40.9%
Appointed	BME Staff	37%	41.0%	38.7%	40.9%	51.3%
	White Staff	63%	58.9%	63.1%	41.9%	48.7%

- 3) % of BME staff entering the formal disciplinary process (currently waiting data from HR)

	2013	2014	2015	2016	2017
BME Staff	52.8%	60%	35.3%	50%	
White Staff	47.2%	40%	64.7%	50%	

- 4) % of BME staff accessing non-mandatory training and CPD compared to white staff

In 2014 we put systems in place to record ethnicity of those applying and attending CPD training. In 2017, the % of those attending from BME groups was 47.8% compared to 40.9% in 2016 and 39% in 2015, compared to 52% of White Groups in 2017.

	All Training (including Mandatory Training 2014)	2015	2016	2017
BME Staff	31.6%	39.7%	40.9%	47.8%
White Staff	63.6%	60.3%	51.1%	52.2%

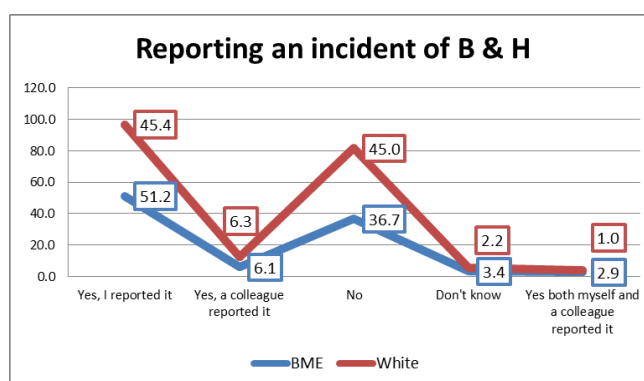
- 5) % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (KF25) (Staff Survey Results) The difference is 6% for BME staff when compared to white staff reporting experiencing harassment from patients. The % has remained the same for BME staff, and reduced by 4% for White staff.

	2014	2015	2016	2017
BME Staff	16.3%	36%	30%	30.1%
White Staff	16.3%	32%	28%	24.2%

- 6) % of staff experiencing harassment, bullying or abuse from staff in last 12 months (KF26). The % of BME staff reporting harassment from staff had increased in 2016 when compared to 2015, however, for the % in 2017 has decreased to 15.9% for BME staff and decreased for White groups by 12.1%.

	2014	2015	2016	2017
BME Staff	49.9%	22%	28%	15.9%
White Staff	39.8%	17%	21%	12.1%

9.9% of BME Staff and 8.6% of White staff report bullying and harassment from their managers.



36.7% of BME staff and 45% of White Staff did not report the incidents of bullying and harassment, and hence the low number of formally recorded incidents for B & H.

- 7) % believing that trust provides equal opportunities for career progression or promotion (KF21). The % of BME staff believing the trust provides an equality opportunity shows an increase with 81% compared to 74% in 2016. However, the % of white staff shows a slight decrease of 1% when compared to 2016 with 86%.

	2014	2015	2016	2017
BME Staff	37.8%	71%	74%	81%
White Staff	56.7%	87%	87%	86%

- 8) In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues? The % of BME % shows a decrease from 15% to 10.6% when compared to 2016, and a decrease of 3% for White staff group. Discrimination on the grounds of race has been the highest for BME staff from both patients and staff.

	2014	2015	2016	2017
BME Staff	24.3%	16%	15%	10.6%
White Staff	3%	9%	7%	4.6%

9) Do the boards broadly representative of the populations they serve:

We have made progress in recruiting two Non-Executive directors to the Board who are from a BME background.

Recommendations

- a) The focus last year was for the EMN ambassadors to carry out a themed review of the disciplinary and grievance cases, particularly focussing on outcomes. This is still outstanding.
- b) AN EMN conference is planned for November 2018.
- c) The three key objectives for the implementation of the EMN Strategy in 2018/19 are:
 - a. Develop a fair and transparent process for internal secondments and interim positions.
 - b. Develop business cases for the development of a leadership training course for Bands 6 & 7 to meet the matrix for the CPD development and BME staff at Bands 8 and above.
 - c. Develop and implement a series of workshops, which will impact on the reduction of bullying and harassment cases by exploring behaviours linked to the values of the organisation.

Harjit K Bansal, Equality and Diversity Manager
&
Wellington Makala, EMN Ambassador

WORKFORCE RACE EQUALITY STANDARDS

WRES Standard		2013		2014		2015		2016		2017	
		BME %	White %	BME %	White %	BME %	White %	BME %	White %	BME %	White%
1	% of BME Staff in Bands 8 – 9 in the overall workforce	18.4	81.5	19.4	83.6	25.6 ↑	74.4	39.2 ↑	60.8%	26 ↓	74
2	% of BME staff being shortlisted	52	48	55.6	43.3	59.2 ↑	40.8	57.1↓	36.8	60.8 ↑	39
	Appointed	37	63	41	58.9	38.7 ↓	63.1	40.9↑	41.9	49.4 ↑	50.6
3	% of BME staff entering formal disciplinary process	52.8	47.2	60	40	35.3 ↓	64.7	50↑	50	50 <=>	50
4	% of BME staff accessing non-mandatory training and CPD	No data	No data	31.6	63.6	39.7 ↑	60.3	40.9 ↑	51.1	47.8	52.2
5	% of staff experiencing harassment, bullying or abuse from PATIENTS, relatives or the public in the last 12 months (KF18)	No data	No data	16.3	16.3	36 ↑	32	30↓	28	30.1 ↑	24.2
6	% of staff experiencing harassment, bullying or abuse FROM STAFF in the last 12 months (KF19)			49.9	39.8	22 ↓	17	28↑	21	15.9 ↓	12.1
7	% believing the trust provides equal opportunities for career progression (KF27)			37.8	56.7	71 ↑	87	74↑	87	81 ↑	86
8	In the last 12 months, personally experienced discrimination at work from manager/team leader or colleague			24.3	3	16 ↓	9	15↓	7	10.6 ↓	4.9
9	Do the boards broadly represent the populations they serve			0	100	0	100	=		35.7 ↑	64.3