7. Workforce Race Equality Scheme (WRES)

End of Year Report

1. BACKGROUND

This standard became mandatory for all NHS Trusts in April 2015, with Trusts being required to publish their data by July 1st 2015. The aim of the standard is to help Trusts to identify where Black and Minority Ethnic (BME) staff experience is less positive than their white colleagues, using 9 key metrics. The metrics relate to issues such as:

- Ethnicity of senior managers in comparison to the staff profile as a whole and the population the hospital serves.
- Access to non-mandatory training
- Staff views about equality of opportunity for career progression
- Likelihood of recruitment from shortlisting

All NHS Trusts are required to place more focus on the experiences of BME staff at work. There are some specific measures which Trusts are required to report on regarding BME Staff experiences in the Staff survey, access to training, disciplinaries and access to jobs. As required the Trust looked at this activity to see if there are any differences between the experience and treatment of white staff and black minority ethnic staff. The Trust completed the data analysis required by the standard and this was published last year.

A number of issues were highlighted by the Trust’s data analysis. These are shown below:

- The Board has greater representation of BME staff than the local population
- Harassment, bullying and abuse are experienced by both white and BME staff, with no significant difference in levels. However, it is still important that this should be reduced, for all staff, but specifically in this instance BME staff, and therefore actions have been identified to make improvements for all staff.
- Whilst the position has improved significantly since the 2013 data, BME staff are still less likely to feel that the Trust provides equal opportunities for career progression or promotion.
- BME staff are more likely than white staff to access non-mandatory training
- The Trust workforce includes 18% BME staff whereas the senior management team contains 8% BME staff.
- BME staff are 1.5 times more likely to go through a formal disciplinary investigation than white staff.
- Experiences of discrimination from managers/team leaders or other colleagues are more common among BME staff than among white staff.

In consideration of the above, a number of potential actions were identified and an action plan was developed and is published on our website, this plan has been implemented over the year, with the aim of seeing improvements in the metrics for 2016.
2. PROGRESS ACHIEVED

The WRES metrics have been recalculated as at 31st March 2016, and these are highlighted in this report and on the updated action plan. Appendix 1.

The action plan identifies progress achieved to date and areas for further action.

3. WRES INDICATORS

The following identifies the recalculated metrics along with supporting narrative.

1. Percentage of BME staff in Bands 8-9 and Very Senior Managers (VSM) (including executive Board Members and senior medical staff) compared with the percentage of BME staff in the overall workforce

<table>
<thead>
<tr>
<th>Year</th>
<th>BME Staff in Workforce</th>
<th>Bands 8-9</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>18%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>2016</td>
<td>19%</td>
<td>9%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Although the difference has remained the same, at 10%, the amount of BME staff has risen by 1%, both in the overall workforce and in bands 8-9.

Generally, BME staff are more heavily represented in bands 7 and below with a peak in band 5, which may be explained by the number of band 5 staff nurses who have been recruited via overseas campaigns in the past from countries such as India and the Philippines, and increased mobility of the workforce. Representation of BME staff begins to fall at band 8a.

The difference between BME and White staff has remained the same over 12 months, therefore, going forward it is a priority to identify any bottlenecks within the organisation that prevent progression to higher bands.

2. Relative Likelihood of BME staff being appointed from shortlisting compared to that of white staff being recruited from shortlisting across all posts

2015 – white staff have 1.25 times greater likelihood of being appointed than BME staff

2016 - white staff have 1.4 times greater likelihood of being appointed than BME staff

The ratio of staff being shortlisted from application is not used as an indicator within the Standard, however it is helpful to be aware of this figure. The figures show that white applicants are 1.12 times more likely to be shortlisted for interview than BME staff. It is important to note that hiring managers undertaking shortlisting do not have access to candidates’ personal information such as name or ethnicity as all applications contain only the essential and relevant information required to assess a candidate’s suitability for the post for which they have applied. Therefore the reasons for the greater likelihood of white applicants being shortlisted are less likely to be ascribed to conscious or unconscious bias.
Once shortlisting has been completed, white applicants are 1.4 times more likely to be appointed to the role than BME candidates. As all recruitment processes at the Trust involve a face to face interview, this is the stage at which discrimination or unconscious bias may become a factor, although it is likely that there are multiple factors which have an influence on this.

3. Relative Likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

2015 - 1.5 times greater
2016 – 1.2 times greater

This data evidences that BME staff are 1.2 times more likely to enter the disciplinary process than white staff. However, it should be noted that this is based on relatively few cases compared to the workforce as a whole, which may skew the data.

The likelihood for BME staff has decreased over the last 12 months, which may indicate that processes are being applied fairly and consistently. However, we still need to address the difference to work towards reducing the difference still further.

4. Relative Likelihood of BME staff accessing non mandatory training and CPD compared to white staff

2015 – BME staff are 1.2 times more likely
2016 – BME staff are 1.01 times more likely

As not all training courses that staff attend are recorded on the ilearn system as yet, the data is taken from the NHS Staff Survey, where staff were asked if they had accessed non-mandatory training over the last 12 months.

The data shows that the gap between BME and White staff has reduced, and both groups are reporting very similar levels of accessing training.

The main area to address is to develop and utilise our internal reporting systems so that it can record all training accessed along with ethnicity information, to ensure that our training data is robust for all training.

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

2013 survey – white staff – 30%
BME staff – 33%
2014 survey – white staff – 30%
BME staff – 30%

2015 survey – white staff – 30%

BME staff – 27%

30% of white staff have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, compared with 27% of BME staff. Although the white staff percentage has remained the same over the last 3 years, BME staff have seen a reduction of 3% over the last year, which is very encouraging.

However the fact that almost a third of our staff have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months indicates that we still need to do more as a Trust to encourage reporting, address incidents when they occur, support staff who have experienced this and prevent future incidents from happening.

6. KF26 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

2013 – white staff – 25%

BME staff – 29%

2014 - white staff – 27%

BME staff – 30%

2015 - white staff – 24%

BME staff – 27%

24% of white staff experienced harassment, bullying or abuse from staff (which includes managers, team leaders and other colleagues) in the past 12 months, whereas 27% of BME respondents stated that they had. This shows a 3% reduction in one year.

Whilst this shows a slight differential, this is not a statistically significant difference and when drilling down into the data covering the frequency of incidents of harassment, bullying or abuse, there is no significant difference in experience between BME staff and white staff.

The fact remains that just under a third of staff feel that they have been harassed, bullied or subject to abuse from their colleagues, which indicates a need for further action on the part of the Trust.
7. **KF27: Percentage believing that the Trust provides equal opportunities for career progression or promotion.**

2013 - BME staff are 2.4 times more likely than white staff to feel that the Trust does not provide equal opportunities

2014 - BME staff are 1.73 times more likely than white staff to feel that the Trust does not provide equal opportunities

2015 - BME staff are 2.1 times more likely than white staff to feel that the Trust does not provide equal opportunities

86% of white staff responded that they believed that the Trust provides equal opportunities for career progression or promotion, compared with 70% of BME staff. This means that 14% of white staff do not believe that the Trust provides equal opportunities for career progression or promotion, compared with 30% of BME staff.

Therefore, using the calculation in the standard, 30/14 = 2.1, this shows a significant difference, with BME staff being just over twice as likely to feel that there is not equality of opportunity in the trust. This is an indicator that the Trust will want better to understand and to improve.

8. **Q17b: In the last 12 months have you personally experienced discrimination at work from any of the following - Manager/team leader or other colleagues**

2014 – BME staff – 17%

White staff – 8%

2015 – BME staff – 18%

White staff – 9%

18% of BME respondents stated that they had experienced discrimination at work in the past 12 months. With only 9% of white respondents reporting the same experience, it is clear that BME staff are significantly more likely to experience discrimination at work from other staff.

There are a number of staff in the Trust who feel that they have been discriminated against and that this continues to need to be addressed. The Trust needs a better understanding of the nature of discrimination experienced in order to identify appropriate actions which will address the underlying issues.

9. **Boards are expected to be broadly representative of the population they serve.**

2015 – Board BME staff – 15%

BME Population – 5.72%
2016 – Board BME staff – 15%

BME Population – 5.72%

Under the Workforce Race Equality Standard guidance, “broadly representative” means that the ethnicity (BME/White) of the Board is expected to be similar to that of the community served. This does not mean there must be a mathematically identical ethnic composition within each Board to that of the population served.

With BME staff making up 15% of the Board and with 5.72% of the local population being BME, the board is slightly over-representative in terms of BME membership, however, this has remained constant over the last 12 months. This is not an excessive difference and overall would be considered to be broadly representative of the population served. There is also parity in terms of Executive and Non-executive Directors.

Therefore at present there are no significant issues with under-representation of BME staff at Board Level, however the Trust would not wish to become complacent and should continue to monitor the position and ensure that potential BME board members of the future have equal access to development which will ensure that the Board remains representative.

4. **NEXT STEPS**

Following analysis of the end of year data, a draft action plan has been developed to address the areas for improvement. This will need to be monitored by the EDIC throughout the year.