

# WORKFORCE RACE EQUALITY STANDARD

## 2019/2020

making a

difference

together

	1. Background narrative	
	a. Any issues of completeness of data	
	b. Any matters relating to reliability of comparisons with previous years	
	2. Total numbers of staff	
	a. Employed within this organisation at the date of the report	
	7049 (data from 31 <sup>st</sup> March 2020)	
b. Proportion of BME staff employed within this organisation at the date of the report		
4%		
3. Self-reporting		
a. The proportion of total staff who have self-reported their ethnicity		
98.9%		

	b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity	
	No	
	c. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity	
	The level of self-reporting is very high.	
	4. Workforce data	
	a. What period does the organisation's workforce data refer to?	
	Data as of 31 <sup>st</sup> March 2020	
	5. Are there any other factors or data which should be taken into consideration in assessing progress?	
	6. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.	

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	Indicator.	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective	Target date and person responsible
	For each of these four workforce indicators, compare the data for White and BME staff.					
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Please see appendix 1 at the end of the document for 2020 data.	Please see appendix 1 at the end of the document for 2019 data.	The percentage of BAME in the trust is affected by the large numbers of medical staff who are from BAME backgrounds. There are no BAME staff in bands 8c, 8d and 9. There has been an increase in the percentage of BAME staff in bands 5, 6 and 7.	<p>Continue with the reverse mentoring programme and undertake an evaluation.</p> <p>Identify mentors and mentees for a second reverse mentoring programme.</p> <p>Run and review a third BAME leadership programme, this will include coaching sessions for all participants.</p> <p>Evaluate cohort one and two of the BAME leadership programmes.</p>	<p>MB SJ LC AH Q2 21/22</p> <p>MB SJ LC AH Q4 20/21</p> <p>AW SJ Q1 21/22</p> <p>AW Q3 20/21</p>

					Promote national BAME leadership programmes to BAME staff.	SJ AH LC ongoing
2.	Relative likelihood of staff being appointed from shortlisting across all posts.	White people are 1.56 times more likely to be appointed from shortlisting compared to BAME people.	White people are 1.7 times more likely to be appointed from shortlisting compared to BAME people.	There has been a decrease in the likelihood of white staff being appointed. However white people are more likely to be appointed than BAME people.	Develop a multi-disciplinary working task group, including HR, clinical staff and the KPO team. With the outcome to ensure that people employed in the Trust reflect local populations.  Introduce the reporting of quarterly recruitment information that will be shared with services that will highlight this indicator information at locality/corporate directorate level.	SJ LC AH Locality EDHR leads Q4 20/21  multi-disciplinary working task group Q4 20/21
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from last two year rolling average of the current year and the previous year.	BAME staff are 0.81 times more likely to enter the formal disciplinary process than white staff (this means they are less likely to enter disciplinary processes.)	BAME staff are 1.62 times more likely to enter the formal disciplinary process than white staff.	There has been some good progress with this indicator.	HR to continue to involve the Equality & Diversity and Human Rights team when a BAME staff member is potentially entering the formal disciplinary or capability process.	LH LC ongoing

4.	Relative likelihood of staff accessing non-mandatory training and CPD.	White staff are 1.1 times more likely to access non-mandatory training and CPD compared to BAME staff.	White staff are 1.3 more likely to access non-mandatory training and CPD compared to BAME staff.	As in last year the information for this indicator has been taken from a response to a question in the staff FFT as the trust has no other way of recording this information. The results show that white staff are slightly more likely to access non-mandatory training and CPD compared to BAME staff		
	National NHS Staff Survey indicators (or equivalent). For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BAME staff.</u>					
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 29% BAME: 32%	White: 27% BAME: 32%	The gap between white and BAME staff has reduced.  However the trust is still concerned at the high levels of all staff who experience harassment, bullying or abuse from patients, relatives or the public	Develop and implement an anti-discrimination campaign, which will include a poster campaign to highlight the issue of verbal abuse to staff from service users, relatives, carers and the general public.  Analyse the staff survey information looking at	AH Communications Team Q1 21/22  LC KJ Q1 21/22

					<p>different ethnicities, localities and job specialities.</p> <p>EDHR Locality Leads to promote the procedure for addressing verbal aggression towards staff by patients, carers and relatives</p> <p>Evaluate the procedure for addressing verbal aggression towards staff by patients, carers and relatives using a survey to those who have been involved in verbal abuse incidents.</p>	<p>EDHR Locality Leads ongoing</p> <p>SJ Q3 20/21</p>
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	White: 21% BAME: 25%	White: 20% BAME: 24%	The gap between BAME and white staff's experience of bullying, harassment and abuse has remained the same from 2018/19; There is still a 4% difference.	<p>Develop anti-discrimination training sessions on how to address discrimination, bullying and abuse aimed at all staff.</p> <p>Analyse the staff survey information looking at different ethnicities, localities and job specialities.</p>	<p>LC Q4 20/21</p> <p>LC KJ Q1 21/22</p>

					<p>Deliver anti-discrimination training to the Dignity at Work Champions.</p> <p>Evaluate BAME Dignity at Work Champions.</p> <p>Develop locality based action plans to address discrimination.</p>	<p>LC Q2 21/22</p> <p>NR Q1 21/22</p> <p>EDHR Locality Leads Q3 20/21</p>
7.	KF 21. Percentage believing that Trust provides equal opportunities for career progression or promotion.	White: 89% BAME: 85%	White: 91% BAME: 81%	The gap has reduced from 10% to 4% difference between white staff and BAME staff.	Actions in indicator 1 will aim to address the differences in this indicator.	



8.	<p>Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.</p>	<p>White: 5% BAME: 14%</p>	<p>White: 5% BAME: 7%</p>	<p>There has been an increase in how BAME staff report from 2018/19 which means this year there is a 9% difference in how white staff report compare to BAME staff.</p>	<p>Review the Equality &amp; Diversity and Human Rights information within the leadership and management training.</p> <p>Develop locality based action plans to address discrimination.</p> <p>Develop anti-discrimination training</p> <p>Undertake a review of BAME staff engagement, seeking views on how BAME staff would like to engage with the organisation on key issues including discrimination.</p>	<p>AW SJ Q3 20/21</p> <p>EDHR locality leads Q3 20/21</p> <p>LC Q4 20/21</p> <p>SJ Q3 20/21</p>
	<p>Board representation indicator: <u>For this indicator, compare the difference for White and BME staff.</u></p>					
9.	<p>Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive</p>	<p>Percentage difference between organisations boards voting membership and its overall workforce is + 11%</p>	<p>Percentage difference between organisations boards voting membership and its overall workforce is + 4%</p>	<p>There have been changes to the voting and executive membership of the Board.</p>		

	membership and its overall workforce	Percentage difference between organisations board executive membership and its overall workforce is + 10%	Percentage difference between organisations board executive membership and its overall workforce is + 8.5%			
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**APPENDIX 1**

**DETAILED STAFF BREAKDOWN RACE 31<sup>st</sup> March 2020**

	Clinical Staff %		
Band	White	BAME	Not Declared
1-4	96.8%	2.9%	0.3%
5-7	94.9%	3.7%	1.4%
8ab	96.9%	3.1%	0%
8cd	100%	0%	0%
9	100%	0%	0%
VSM	100%	0%	0%
Medics	54.9%	41.1%	4%
	Non-clinical staff %		
Band	White	BAME	Not Declared
1-4	97.7%	1.3%	1%
5-7	96.8%	2.7%	0.5%
8ab	96.7%	2.2%	1.1%
8cd	100%	0%	0%
9	0	0	0
VSM	95%	5%	0%

**DETAILED STAFF BREAKDOWN RACE 31<sup>st</sup> March 2019**

	Clinical Staff %		
Band	White	BAME	Not Declared
1-4	97%	2%	1%
5-7	96%	3.4%	0.6%
8ab	96.8%	2.9%	0.3%
8cd	99%	1%	0%
9	100%	0%	0%
VSM	0%	0%	0%
Medics	57.7%	40.8%	1.5%
	Non-clinical staff %		
Band	White	BAME	Not Declared
1-4	98%	1%	1%
5-7	96%	2%	2%
8ab	97%	3%	0%
8cd	100%	0%	0%
9	0%	0%	0%
VSM	100%	0%	0%