

**Trust Board Meeting in Public: Wednesday 14 November 2018**  
**TB2018.113**

<b>Title</b>	<b>Workforce Race Equality Standard Report 2018</b>
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<b>Status</b>	For information
<b>History</b>	Workforce Race Equality Standard Data Report 2018 Equality, Diversity and Inclusion Annual Report 2017/18 Workforce Race Equality Standard Report 2017

<b>Board Lead(s)</b>	John Drew, Director of Improvement and Culture			
<b>Key purpose</b>	<b>Strategy</b>	<b>Assurance</b>	Policy	Performance

## Executive Summary

<p>1. The purpose of this report is to:</p> <ul style="list-style-type: none"><li>• demonstrate compliance with the Workforce Race Equality Standard (WRES)</li><li>• detail the Trust's data with regard to the nine WRES metrics</li><li>• provide a recommended action plan to improve performance on WRES and BME staff experience.</li></ul>
<p>2. Data for the nine WRES metrics has been reported and the following has been highlighted:</p> <ul style="list-style-type: none"><li>• representation of BME staff has decreased across the Trust by 1.9% overall. The largest significant decreases are in the Non-consultant career grade and at VSM level</li><li>• there has been an increase in relative likelihood of BME staff undergoing formal disciplinary procedures</li><li>• across the Trust there has been an increase in those experiencing bullying, harassment and discrimination from all sources. BME staff are disproportionately affected by this.</li></ul>
<p>3. Alongside the metrics, consultation with BME staff took place to understand their experience of working for the Trust. Some key themes from this consultation include:</p> <ul style="list-style-type: none"><li>• there is a strong perception of favouritism within the Trust which disadvantages BME staff in terms of recruitment and career development</li><li>• there is a perception that Trust leadership lack engagement with the race equality agenda; the lack of diversity at this level contributes to this perception</li><li>• there is an inconsistent approach by managers across the Trust to supporting BME staff.</li></ul>
<p>4. A recommended action plan (<b>Appendix 1</b>) has been produced with an aim to improve performance on WRES metrics and improve BME staff experience.</p>
<p>5. <b>Recommendations</b></p> <p>The Board is asked to:</p> <ul style="list-style-type: none"><li>• accept and note this report</li><li>• discuss the recommended action plan, including a discussion around implementation of the plan and suggesting actions not currently included within the plan</li><li>• commit to supporting the recommended action plan</li><li>• discuss the recommendation that a member of Board sponsors the Race Equality Action Group.</li></ul>

## Workforce Race Equality Standard 2017 Report

### 1. Purpose

- 1.1. This report has been created in line with the Workforce Race Equality Standard (WRES) in order to demonstrate compliance and advance the inclusion of Black & Minority Ethnic (BME) staff within the Trust.
- 1.2. This report aims to:
  - 1.2.1. Detail the Trust's data with regard to the nine WRES metrics;
  - 1.2.2. Detail the findings of consultation with BME staff;
  - 1.2.3. Provide a recommended action plan to improve performance on WRES and BME staff experience.

### 2. Background

- 2.1. The WRES was introduced as part of the NHS Standard Contract in April 2015 to ensure that employees from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- 2.2. WRES consists of nine metrics which may highlight areas in which BME staff are unfairly treated. Trusts must report on the metrics annually and produce, and implement, an action plan to address any disparities in the metrics.
- 2.3. The Trust successfully implemented the WRES in 2015 and has been reporting on the WRES metrics annually since then. Previous WRES submissions can be found on the Trust's external website.
- 2.4. WRES requires data to be submitted to them in early August annually which was met, this data was presented to TME in a report at the end of August.
- 2.5. This report is a follow-up to the data report, and includes an analysis of the metrics and details the findings of the consultation with BME staff with a recommended action plan produced as a result of this.

### 3. Research

- 3.1. Data to report on the nine WRES metrics was received from NHS England and verified using the Trust's:
  - 3.1.1. Electronic staff record (ESR) (metrics 1,2 & 9);
  - 3.1.2. Electronic learning management system (eLMS) (metric 4);
  - 3.1.3. Employee relations case tracker (metric 3) and;
  - 3.1.4. NHS Staff Survey results 2017 (metrics 5,6,7 & 8).
- 3.2. Whilst data provided for the metrics is generally deemed to be accurate, it should be noted that for 9.81% of the workforce we have no recorded ethnicity data. This could mean that some of the metrics are not wholly representative of the treatment of BME staff, however with over 90% declaring, it is likely to be a strong indicator of what is

happening. There is currently work planned to increase staff disclosure of protected characteristics.

- 3.3. There are some other concerns with data accuracy. For Metric 3 (relative likelihood of entering a formal disciplinary process) data is now taken from the Trust's employee relations case tracker. However, there are concerns with how effectively data is captured and not all disciplinary cases may be recorded on it reducing accuracy of this metric. In addition, there have been changes in the way cases have been recorded and in previous years other formal cases such as sickness absence would have been included within our reporting for this metric, reducing the Trust's ability to compare the metric with previous years. This is now being addressed by the HR team to ensure completeness and consistency in recording employee relations cases. There is also a concern with Metric 4 (relative likelihood of accessing non-mandatory training) in that it is recognised that not all external training opportunities are recorded on eLMS so would not be captured within the Trust's data. This is partly due to the difficulties in the utilisation of the current system, and the licence is up for renewal next year.
- 3.4. Another concern is that four out of nine of the metrics (on bullying, harassment, discrimination and perceptions that the Trust acts fairly regarding career progression) come from the 2017 Staff Survey; therefore by the time this report is published the data is no longer contemporary.
- 3.5. As part of the research for this report, consultation was held with BME staff to identify potential reasons as to why gaps are present in the WRES metrics, understand BME staff experience, and enable BME staff to suggest specific actions they would like the Trust to take to improve their experience.
- 3.6. This consultation consisted of a series of Listening Events held across the Trust throughout August and September, as well as an opportunity for staff to feed in remotely via a survey.
- 3.7. Overall, 41 BME members of staff engaged with the consultation process; this is an improvement on the consultation held for last years' WRES report where only 16 BME members of staff engaged.
- 3.8. Further analysis was also undertaken to better understand root causes of issues and potential actions the Trust could take to mitigate these. This involved use of Trust data available from ESR, Staff Survey 2017, as well as information from scientific literature and case studies from other organisations.

#### 4. WRES Metrics 2017

Below is the Trust's data (based on collection from 31<sup>st</sup> March 2018) for each of the nine metrics, with comparisons to the 2017 WRES submission. These metrics were submitted to NHS England by the deadline of 10<sup>th</sup> August 2018.

#### Metric 1. Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce

Table 1: Percentage of staff in each of the AfC Bands for 2017 and 2018. Difference between the two is shown with green indicating a positive difference from 2017 to 2018 and red indicating a negative difference. Headcount within each band for 2018 has also been given.

AfC Pay Band		BME % 2017	BME % 2018	Difference	Headcount
Under Band 1		33.3%	16.0%	-17.3%	25
Band 1		13.8%	16.7%	2.9%	30
Band 2		25.4%	23.0%	-2.4%	1624
Band 3		14.7%	14.1%	-0.6%	1187
Band 4		15.7%	13.8%	-1.9%	1038
Band 5		22.8%	21.0%	-1.8%	2441
Band 6		19.1%	17.4%	-1.7%	2253
Band 7		11.1%	8.4%	-2.7%	1310
Band 8a		8.8%	7.0%	-1.8%	358
Band 8b		4.9%	4.7%	-0.2%	150
Band 8c		5.0%	1.2%	-3.8%	82
Band 8d		6.9%	7.7%	0.8%	26
Band 9		0.0%	0.0%	0.0%	13
VSM		9.1%	2.6%	-6.5%	38
MEDICAL & DENTAL	Consultant	21.5%	19.3%	-2.2%	822
	Non-consultant career grade	26.9%	17.6%	-9.3%	74
	Trainee Grades	26.6%	26.4%	-0.2%	1164
<b>Trust Average</b>		<b>19.5%</b>	<b>17.6%</b>	<b>-1.9%</b>	<b>12635</b>

- 4.1. Overall, there has been a decrease in the representation of BME staff within the Trust falling from 19.5% to 17.6%
- 4.2. This decrease in representation can be seen across most of the AfC Bands, with the large decreases seen at Non-Consultant Career Grade, VSM, Band 8c and Under Band 1. It should be noted that whilst the largest difference is seen at Under Band 1, this band has a very small number of staff, so a few staff have a large impact on the figures.
- 4.3. When looking at the two Bandings that the proportional of BME staff has increased, it can be seen that for Band 8d this was not due to more BME at that band (this figure has remained the same) but due to a decrease in the number of white staff.

**Metric 2. Relative Likelihood of staff being appointed from shortlisting across all posts.**

4.4. The metrics show that white applicants are 1.62 times more likely to be appointed from shortlisting than BME applicants. This is slightly down from the 1.70 times likelihood reported last year.

**Metric 3. Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**

4.5. This year's metrics show an increase in relative likelihood of BME staff entering the formal disciplinary process from 1.19 to 1.42. As noted previously, there are concerns about the robustness of data held by the Trust on this metric as well as on the comparability of the metric with previous years, so this increase may not be representative of what is actually happening in practice. Concerns about data are being addressed by the HR team to ensure completeness and consistency in recording employee relations cases.

**Metric 4. Relative likelihood of staff accessing non-mandatory training and CPD.**

4.6. The relative likelihood of BME staff accessing non-mandatory training and CPD is 0.99, a slight reduction of 1.04 reported last year. On the basis of these figures it seems that BME and white staff have very similar access to non-mandatory training and CPD, however further investigation of this is required because, as mentioned previously, not all external training opportunities are recorded on eLMS.

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

Table 2: Percentage of white and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public; Staff Survey 2016 & 2017.

2017		2018	
White	BME	White	BME
21.97%	23.38%	26.42%	25.63%

4.7. Unlike the previous year, white staff now report slightly higher levels of harassment from patients, relatives and the public than BME staff. For both white and BME staff, there has been an increase with a larger increase being seen for white staff (4.45% as opposed to 2.25%).

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

Table 3: Percentage of white and BME staff experiencing harassment, bullying or abuse from staff; Staff Survey 2016 & 2017

2017		2018	
White	BME	White	BME
21.07%	25.97%	27.23%	32.25%

4.8. This year, there has again been an increase of around 6% in the percentage of staff who report experiencing bullying or harassment from other staff in the staff survey.

This is consistent across both white and BME staff, and shows that the prevalence of bullying and harassment is Trust-wide; although BME staff are disproportionately affected with reported rates being 5% higher for both 2017 and 2018.

### **Metric 7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.**

Table 4: Percentage of white and BME staff believing that the Trust provides equal opportunities for career progression or promotion; Staff Survey 2016 & 2017.

2017		2018	
White	BME	White	BME
87.50%	69.81%	85.18%	71.30%

4.9. 71.30% of BME staff believe that the Trust provides equal opportunities for career progression. This is much lower than the perception of white staff, where 85.18% believe this to be the case. The Trust is performing slightly better on this metric than the previous year, but it remains a significant concern given the extent of the reported gap (14%).

### **Metric 8. Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months.**

Table 5: Percentage of white and BME staff experiencing discrimination at work from a manager, team leader or other colleague; Staff Survey 2016 & 2017.

2017		2018	
White	BME	White	BME
6.25%	10.26%	7.31%	17.06%

4.10. For both white and BME staff there has been an increase in discrimination reported in the staff survey since last year, however the increase for BME staff is significantly higher at a 6.8% increase as opposed to a 1.06% increase for white staff, leading to a nearly 10% gap between BME and white staff.

### **Metric 9. Percentage difference between the organisation's Board voting membership and its overall workforce.**

4.11. Similarly to last year, none of the Trust Board members are BME, therefore the percentage difference is 17.6%. In order for the Trust Board to be aligned to the overall workforce, there would be a requirement for 3 of its 15 members to be BME.

## **5. Summary of work undertaken 2017/18**

5.1. Following on from the WRES report produced November 2017, a number of actions have been undertaken which aim to have a positive impact on the WRES metrics. These include:

- 5.1.1. The introduction of recruitment training for managers, with a section on inclusive recruitment and unconscious bias. This also provides guidance on the make-up of interview panels and on how to give feedback to candidates. Key staff groups have been identified to receive this training and they will be targeted over the next year.

- 5.1.2. The delivery of understanding unconscious bias training across the Trust.
  - 5.1.3. A refresh of the old bullying and harassment procedure into the Respect and Dignity at Work procedure to deal with issues of bullying and harassment. This included the introduction of Respect and Dignity Ambassadors; staff volunteers who support colleagues in issues of bullying and harassment.
  - 5.1.4. A review of the Secondment and Acting Up procedure to ensure that it is applied fairly and that staff are able to access those opportunities fairly.
  - 5.1.5. Increased promotion of development opportunities for BME staff through Trust communications.
  - 5.1.6. Developing the process used to find and recruit candidates at Board level to increase diversity.
  - 5.1.7. Embedding of inclusive practices and equality and diversity within other Trust training opportunities such as the Respect and Dignity at Work training and the Leadership training.
  - 5.1.8. Holding events that promote diversity, such as an Eid event in September 2018 and a Black History Month event in October 2018.
- 5.2. It should be noted, that due to the requirement to use 31<sup>st</sup> March as a snapshot date for WRES, the impact of any actions undertaken are unlikely to be seen within the metrics reported for 2018.
- 5.3. From the Workforce Race Equality Action Plan 2017/18 there are a number of actions that are outstanding. A number of factors have resulted in difficulty achieving these, such as staffing changes within the workforce directorate and lack of capacity within the area of workforce equality, diversity and inclusion. These actions include:
- 5.3.1. Introduction of observers for interviews Band 8a and above;
  - 5.3.2. Introduction of a formal shadowing scheme;
  - 5.3.3. Introduction of a BME mentoring scheme;
  - 5.3.4. Creation of case studies highlighting BME role models within the Trust;
  - 5.3.5. Investigation of applications to the Trust to identify why BME applicants are less likely to be shortlisted.
- 5.4. Following feedback from BME staff, these actions will be carried over into the Workforce Race Equality Action Plan 2018/19.

## **6. Analysis**

- 6.1. Discussion of the metrics and consultation will take place under four theme areas which relate to different WRES metrics:
- 6.1.1. Recruitment and Staff Development (WRES Metrics 1, 2, 4 & 7)
  - 6.1.2. Disciplinary Action (WRES Metric 3)
  - 6.1.3. Bullying, Harassment and Discrimination (WRES Metrics 5, 6 & 8)



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#### 6.1.4. Board Representation and Culture (WRES Metric 9)

6.2. These theme areas are consistent with those used in the national WRES report allowing for easier comparison.

#### **Recruitment and Staff Development (WRES Metrics 1, 2, 4 & 7)**

6.3. One of the key discussion points under this theme was the perception of favouritism. It was strongly felt by many BME staff involved in the consultation that development opportunities (including secondments and access to training) and new roles were frequently offered by managers to those they had a stronger relationship with. One BME member of staff spoke about how they would ask people in the Trust on higher bands for advice on career progression and the response they would often receive is that you should “know the right people”.

6.4. This issue of favouritism has been highlighted within previous WRES reports and as such action is already underway to mitigate this. The formalisation of secondment and acting up opportunities, as well as the introduction of the recruitment training should have an impact over time. In addition, actions within the Trust’s Equality, Diversity and Inclusion Action plan that have come from other reports will have a positive impact, such as the introduction of a scoring matrix for interview that will enable recruitment decisions to be made on a more objective basis. It is important that these changes are more widely promoted however to demonstrate that action is being taken and to improve perceptions amongst BME staff over fairness.

6.5. Another potential issue regarding recruitment was recognition of overseas qualifications; especially non-clinical qualifications. It was felt that some recruiting managers had little understanding of what some overseas qualifications were equivalent to in the UK, thereby making the decision that an applicant was not qualified or did not have the necessary skills to do the role. A mapping exercise of overseas qualifications is to be conducted so managers have an understanding of what they are equivalent to in the UK to help ensure this does not disadvantage applicants with those qualifications.

6.6. Despite Metric 4 showing an almost equal relative likelihood of accessing non-mandatory training between BME and White staff, there was a perception that many training opportunities were disproportionately given to White staff; especially with regard to external opportunities. BME staff spoke about how they felt they were often turned down in requests to do Masters and other training courses, although their white colleagues were able to do so. The Trust figure for Metric 4 comes from eLMS; the inability of the Trust to accurately capture the uptake of external training courses through the current system means there can be no assurance that this is not the case. With the consideration of a new learning management system, the ability to capture and report on access to external training courses must be considered.

6.7. In addition, with the introduction of Values Based Appraisals, the identification of suitable training and development opportunities for all staff should improve and this should have a positive impact for BME staff; it would be worthwhile evaluating the impact of these new appraisals for BME staff through their implementation.

- 6.8. Consultation with BME staff also highlighted concerns about retention, seeing as Metric 1 showed a decrease in the proportion of BME staff within the Trust. Some of this decrease in proportion of BME staff is likely due to governmental immigration restrictions; this especially has an impact on bandings such as the 'non-medical career grade' where the Trust has traditionally recruited to from overseas. Despite this, it was felt that retention of BME staff should be analysed to identify whether the rate of retention is comparable to white staff. In addition, it was suggested that the Trust use stay and exit interviews as a tool to gain feedback from BME staff on their experience; this would enable action to be taken that could improve BME staff experience.
- 6.9. Some people had perceptions that the job banding and pay on appointment process was unfair and felt that it was disproportionately impacting them as BME staff. Some staff cited new members of staff being brought in on the same band, but being put many spine points higher than them despite having relatively no more previous NHS experience. Some also talked about how they felt jobs were not always consistently banded with some feeling that managers were able to change the banding of the job by just changing how the job description was written without any actual change to role. Both the Pay on Appointment and Job Evaluation Procedures are due for review so those reviews can be utilised to ensure that the processes are done fairly.
- 6.10. It should be noted, that there were a small proportion of BME staff who came forward to say they have had a very positive experience of career progression within the Trust and they felt that they had not been treated any differently on the basis of their race. This highlights that there may be some inconsistency within the Trust on how managers support BME staff to develop and progress, although the actions suggested should encourage greater objectivity in decision making and support managers in this.

### **Disciplinary Action (WRES Metric 3)**

- 6.11. This year, Metric 3 showed an increase in relative likelihood of BME staff entering a formal disciplinary process. Whilst there are some issues surrounding the accuracy of this figure, through the consultation BME staff expressed a distrust of this process and wanted action to be taken to ensure that BME staff were being treated equitably.
- 6.12. It was felt that cultural differences were a potential reason for BME staff undergoing formal disciplinary at a higher rate. It was also discussed that managers may be quicker to enter a formal disciplinary process with BME staff due to fears of being labelled a racist if they undertook action informally; so the formal route enables these managers to feel more assured as they would have greater support through the process.
- 6.13. BME staff also expressed some concern over the lack of diversity within HR as a potential factor. It was felt that they might be lacking cultural awareness or may harbour some unconscious bias and so, despite recognising they are aiming to help, may be unintentionally contributing to inequalities.

- 6.14. One initiative that has shown improvement in other Trusts is the RCN's Cultural Ambassadors Scheme<sup>1</sup>. This is a scheme that trains up BME staff volunteers to observe the formal disciplinary process and highlight any concerns around unconscious bias or potential cultural differences. Through this, it will increase trust in the process, help ensure BME staff have a fairer experience of the disciplinary process and increase understanding across the Trust. This should contribute to a reduction in the relative likelihood of BME staff entering the disciplinary process.
- 6.15. The Cultural Ambassadors Scheme can also be used to help achieve one of the outstanding actions from last year; the observers for interviews Band 8a and above. The training delivered to the Ambassadors will be easily transferable to the recruitment process. Implementation of this scheme is therefore recommended.
- 6.16. A paper detailing how the Cultural Ambassadors Programme may be implemented will be presented to Trust Management Executive.

### **Bullying, Harassment and Discrimination (WRES Metrics 5, 6 & 8)**

- 6.17. The Staff Survey 2017 has shown that, across the Trust as a whole, bullying and harassment has increased although BME staff generally experience this at a higher rate than white staff. Where this is not true is Metric 5 where white staff reported experiencing greater bullying and harassment from patients, relatives and the public.

Table 6: Percentage of white staff groups experiencing harassment, bullying or abuse from patients, relatives or the public; Staff Survey 2016 & 2017.

Year	White British	White Irish	Any other White Background
2016	23%	30%	30%
2017	25%	41%	33%
Difference	+2%	+11%	+3%

- 6.18. Looking at the breakdown of the white staff grouping however it can be seen that White British staff are those reporting the lowest levels of bullying and harassment from patients, relatives and the public. They also have the smallest increase over the years. As non-British staff, the two other white groups potentially face many of the same respect and dignity issues that BME staff face which has contributed to the overall increase of white staff experiencing bullying and harassment. It is expected that any work done to reduce bullying and harassment of BME staff will also have a positive impact on these groups, however they will be monitored to ensure this happens.
- 6.19. Some members of staff felt the higher rate of bullying and harassment was down to some BME staff having poorer English language skills, or strong accents (which may also be impacting the non-British white staff groups). It was felt that often people made unfair assumptions about their intelligence or capability on the basis of this and this has led to both respect and dignity issues, and issues regarding career progression within the Trust. Whilst BME staff ideally wished for a change in attitude from colleagues and patients, it was recognised that this be something that would need to be achieved over a long period of time. As a result, some BME staff felt that if

<sup>1</sup> RCN (2016) <https://www.rcn.org.uk/news-and-events/news/hrm-award>

the Trust provided English lessons for staff who wanted them, this may have a beneficial impact in the short-term. One potential provider for these English language courses are Unison, who are able to deliver short-courses for staff on a variety of subjects and this should be considered as it would minimise the cost to the Trust. Through providing this course it may also improve the career development of BME staff and others who access it.

- 6.20. Reports of managerial support when it came to issues of bullying, harassment and discrimination were inconsistent. Some members of staff spoke of very positive experiences, where they felt they were treated with dignity and respect and whenever an issue arose, the manager supported them to deal with it promptly. However other members of staff had very poor experiences.
- 6.21. Many of those with poor experiences spoke of how when they experienced issues when it came to raising concerns. Despite BME staff raising their concerns more frequently, with 44% of BME staff reporting their last experience of bullying and harassment as opposed to 38% of white staff, it was felt that their concerns were not being effectively dealt with.<sup>2</sup> Some BME staff spoke of how managers discouraged them from making use of the relevant procedures of addressing concerns, which had resulted in issues not being dealt with and creating an uncomfortable, and sometimes hostile, environment for BME staff. The work of the Freedom to Speak Up Guardian should aim to help resolve this, however some BME staff were unaware of their existence or felt like even if they did raise it with someone else that they would be victimised by their manager or colleagues.
- 6.22. One way to better support BME staff in this regard would be the use of regular forums where BME staff could come and discuss issues they face with other BME staff; these could be run by the Race Equality Action Group. Through the Listening Events attendees expressed how it was useful to have a space where they can talk about their experiences and that they wanted them to continue on a regular basis. With these forums action might not be able to be taken on individual cases, however themes could be drawn from those discussions which could be fed through to the Freedom to Speak Up Guardian and the Workforce EDI Lead enabling preventative action to be taken.
- 6.23. The forums will also enable discussion on other topics or issues impacting BME staff experience so feedback from the forums would potentially enable a positive impact across other WRES metrics.
- 6.24. The recent introduction of Respect and Dignity Ambassadors within the Trust provides another potential support for BME staff with regard to issues of bullying, harassment and discrimination. The current Respect and Dignity Ambassador pool is quite diverse and reflects the make-up of the Trust; however there is scope to increase understanding of race equality and the specific issues BME people so that they can more effectively support BME staff. A workshop with the Race Equality Action Group or perhaps other BME staff could achieve this for the Ambassadors.

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<sup>2</sup> NHS Staff Survey 2017

6.25. In addition to the suggested actions under this theme, there is Trust-wide work that is currently planned to reduce bullying and harassment across the Trust, including the development of the Respect and Dignity at Work Strategy. This strategy will consider equality and the needs of different protected characteristic groups through its development to ensure it appropriately supports all staff within the Trust.

### **Board Representation and Culture (WRES Metric 9)**

6.26. The lack of BME representation at Board level, or even within other senior positions within the Trust, was a key discussion point with many of the BME staff who partook in the consultation. There was concern around how little understanding there was of the issues that BME staff face which has led to a seemingly slow progression on the race equality agenda.

6.27. Over the past year there has been activity to increase the diversity of the Trust Board, with instructions to the external recruitment agency to increase efforts to reach a diverse pool of applicants. This has resulted in an increase of BME candidates for recent non-executive director positions, although this has not resulted in any BME appointments. In addition, the Trust has recently recruited a new Medical Director who is BME which will have a positive impact on next year's metrics and may help to change perceptions of the Board with regard to this.

6.28. Despite this, BME staff feel that the Trust leadership should do more to engage with them and show greater visibility on the subject. One way of doing this is having a Board sponsor for the Trust's Race Equality Action Group; they would be expected to occasionally attend meetings of the group and help to ensure that issues concerning race equality are raised at Board level. Many reports note that by enabling BME staff to have a direct line to the Board, through a staff network or other inclusion group, it allows for greater advancement of race equality.<sup>3</sup>

6.29. Another initiative that was suggested during the consultation was reverse mentoring. Reverse mentoring involves the matching of a senior member of staff with a more junior BME member of staff, where the BME member of staff will provide mentorship on the topic of race equality, providing insight into BME staff experience. Reverse mentoring has been utilised by some Trusts where it has demonstrated a positive impact and it is also an intervention recommended by NHS England.<sup>45</sup>

6.30. Throughout the other themes, the inconsistency of approach of managers in supporting staff was mentioned, highlighting a potential cultural issue within the Trust. One of the suggestions to help manage this was the introduction of a "Managers' Charter".

6.31. The Managers' Charter would be a short document that clearly sets out the Trust's expectations of its managers enabling greater consistency in approach by managers to support staff. In addition, it would allow for greater accountability where that

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<sup>3</sup> NHS England (2017) *Enabling BME Nurse and Midwife Progression into Senior Leadership Positions*.

<sup>4</sup> Nursing Times (2016) <https://www.nursingtimes.net/news/workforce/nursing-director-reverse-mentored-by-bme-staff/7004555.article>

<sup>5</sup> NHS England (2017) *Enabling BME Nurse and Midwife Progression into Senior Leadership Positions*.

charter is not followed; helping to prevent issues mentioned previously in this report such as where staff have been discouraged from raising concerns around bullying and harassment.

## 7. Analysis Summary

7.1. Analysis of the WRES metrics has brought up a number of findings which can be summarised as follows:

- 7.1.1. BME staff feel that 'favouritism' negatively impacts them when it comes to recruitment and development opportunities;
- 7.1.2. External training opportunities poorly captured by the Trust leading to concerns with the robustness of Trust data;
- 7.1.3. There is a lack of trust from BME staff when it comes to the disciplinary process;
- 7.1.4. Managers are inconsistent when it comes to supporting BME staff with both good and bad practice identified;
- 7.1.5. There is a perception that the Trust Board lack engagement with the race equality agenda;
- 7.1.6. Despite efforts to increase diversity at Board level, success has been limited;
- 7.1.7. There are concerns around engagement of BME staff, where they wish to engage but are fearful of victimisation.

7.2. Recommendations have been suggested to mitigate the findings of the analysis and these have been translated into an action plan: **Appendix 1**.

## 8. Workforce Race Equality Action Plan 2018/19

8.1. Analysis of the metrics and feedback from BME staff has been used to develop a recommended action plan. This action plan is detailed in **Appendix 1**.

8.2. This action plan details the key actions and campaigns that will be undertaken in order to improve Workforce Race Equality for the forthcoming year. Some actions within the plan will potentially highlight further actions that can be taken. As such, it should be recognised that the action plan is a live document that will be updated as new information comes to light or in line with best practice.

8.3. This action plan will be incorporated into the Trust's Equality Diversity and Inclusion Action Plan. Progress against which is monitored on a bimonthly basis by the Equality, Diversity and Inclusion Steering Group. The Trust Board is ultimately responsible for ensuring completion of this action plan.

## **9. Recommendations**

9.1. The Board is asked to:

- 9.1.1. Accept and note this report;
- 9.1.2. Discuss the recommended action plan, including a discussion around implementation of the plan and suggesting actions not currently included within the plan;
- 9.1.3. Commit to supporting the recommended action plan;
- 9.1.4. Discuss the recommendation that a member of Board sponsors the Race Equality Action Group.

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### **Main Contributors**

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### Appendix 1: Workforce Race Equality Action Plan September 2017 to August 2018

The following is a high-level action plan detailing key actions, campaigns and work that will be undertaken across the Trust over 2018/19. These actions will be incorporated into the Trust's EDI Action Plan.

Action	Relationship to Metric	Lead	Due	Success Measure
Introduce a formal shadowing scheme.	WRES 7	Head of Resourcing	March 2019	Uptake of shadowing scheme by protected characteristic Feedback from those utilising the shadowing with regular follow-up Improvement on WRES metric 7
Develop a BME mentoring programme.	WRES 4 & 7	Workforce EDI Lead, Leadership and Development Manager	July 2019	Uptake of mentoring programme by protected characteristic Feedback from those utilising the mentoring with regular follow-up Improvement on WRES metric 7
Investigate a sample of applications to the Trust to determine other potential reasons disparities in shortlisting might exist.	WRES 1 & 2	Workforce EDI Lead, Head of Resourcing	December 2018	Investigation undertaken with actions produced as a result; impact will be measured for individual actions.
Hold regular forums for BME staff to give feedback and discuss BME staff experience	All WRES metrics	Workforce EDI Lead, Race Equality Action Group	Ongoing	Attendance at meetings to be measured Feedback gathered from those attending



Pilot a reverse mentoring programme.	WRES 9	Workforce EDI Lead	July 2019	Feedback gathered from those partaking in the pilot with a review afterwards. If evaluated well, increase scope of programme to more senior leaders.
Identify a Board Sponsor for the Race Equality Action Group	WRES 9	Trust Board	January 2019	Board sponsor identified.
Analyse and compare the retention rates between BME and white staff.	WRES 1	Workforce EDI Lead, Workforce Information Team	March 2019	Analysis undertaken and actions potentially created as a result. Actions will have impact measured on an individual basis.
Utilise exit and stay interviews to gain feedback on BME staff experience and use the information to develop the WRES action plan.	WRES 1	Head of Resourcing	Ongoing	Review to be undertaken on feedback on regular basis as part of WRES reporting and feed into development of action plan.
Deliver training on race equality to Respect and Dignity Ambassadors	WRES 5, 6 & 8	Workforce EDI Lead	January 2019	Feedback from BME staff using ambassadors to be reviewed.
Provide English lessons for staff	WRES 5, 6, 7 & 8	Workforce EDI Lead	Ongoing	Feedback to be gathered from those accessing course. Numbers of those utilising course to be measured. Improvement on WRES metric 7.
Feed into the upcoming procurement of a new learning management system to enable capture of external training opportunities.	WRES 4 & 7	Head of OD and L&D	February 2019	Able to see impact on WRES metric 4; if disparities noted over time then action to be taken.
Conduct a mapping exercise of overseas qualifications, matching them to recognised equivalents and communicate this to recruiting managers.	WRES 2	Head of Resourcing	January 2019	Improvement on WRES metric 2

Develop and implement a managers' charter	WRES 5, 6 & 8	To be discussed.	July 2019	Number of managers who have signed up to charter to be reported.  Review to be undertaken a year after implementation to determine effectiveness.  Potential improvement on WRES metrics 5, 6 & 8
Introduce the Cultural Ambassadors Programme; utilising the programme both for disciplinary and for interviews Band 8a and above.	WRES 2 & 3	Workforce EDI Lead	March 2019	Improvements on WRES metrics 2 & 3  Feedback to be sought from those involved in cases where Cultural Ambassadors Present
Feed into upcoming review of job evaluation procedure to ensure fair and equitable use.	WRES 7	Job Evaluation Procedure Holder	December 2018	Procedure updated, monitoring on implementation to be undertaken.
Feed into upcoming review of pay on appointment procedure to ensure fair and equitable use.	WRES 7	Pay on Appointment Procedure Holder	December 2018	Procedure updated, monitoring on implementation to be undertaken.
Evaluate implementation of Values Based Appraisals for BME staff	WRES 4 & 7	Head of OD and L&D	July 2019	Feedback from BME staff sought on implementation.  Relative appraisal rates for BME and white staff to be equal.  Improvement of WRES metric 7.