Workforce Race Equality Standard (WRES) Report 2017/18

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Foreword Adrian Belton - Chair

"At Stockport NHS Foundation Trust we are committed to ensuring everyone is treated fairly and with respect and there are opportunities for staff to flourish and reach their full potential. We continue to ensure that our organisation is reflective of the communities we serve, at all levels, and our environment has a culture of openness, compassion and inclusiveness.

We are proud to commit to the Workforce Race Equality Standard (WRES) and improve experiences and opportunities for our Black, Asian & Minority Ethnic (BAME) staff. We have demonstrated this commitment through:

- Setting up of a WRES steering group chaired by myself, to ensure monitoring and progress of the data and actions as well as a scrutiny role
- To aspire become a leading national inspiration on WRES
- An increasing investment in opportunities for training and development programmes for BAME staff including Leadership programmes
- Identifying a Race Equality Board sponsor
- Organisational support for the BAME staff network

As a result of this commitment and focus, we are seeing continued progress against our WRES data, in particular indicators 2, 3, & 4, where the data now shows there is no difference between experiences of BME and white staff.
Although we have made some good progress we know we still have work to do to continue to progress on our journey to excellence around Workforce race equality.

Foreword Adrian Belton - Chair

Introduction

In 2014, NHS England introduced the Workforce Race Equality Standard (WRES) to ensure employees from Black Asian and Minority Ethnic (BAME) backgrounds
have equal access to career opportunities and receive fair treatment in the workplace.

The WRES requires organisations to demonstrate progress against nine workforce race equality indicators. The indicators focus on representation and differences between the experience and treatment of White and BME staff, as well as Board level representation.

The WRES is included in the NHS standard contract for NHS providers and is part of the CQC regulatory inspection framework under the 'Well Led' domain.

Research and evidence strongly suggests that less favourable treatment of BAME staff in the NHS and poorer experience or opportunities, has significant impact on the efficient and effective running of organisations and adversely impacts the quality of care received by all patients.

Background

The total Number of staff employed by Stockport NHS Foundation Trust is 5354. The percentage of BME staff is recorded at 13. 96%. This is significantly higher than the local population (8%) and is most likely due to the high number of BME staff in clinical roles.
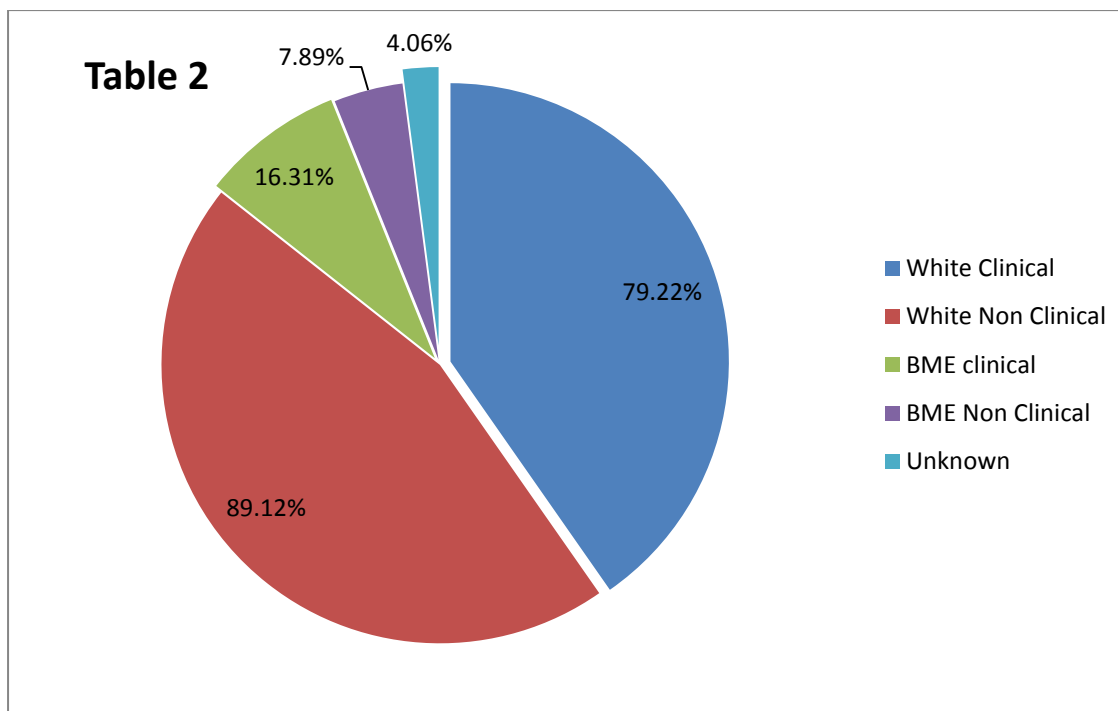
The percentage of staff reporting their ethnicity is 96.4%. We have seen a steady increase in self-reporting of ethnicity over the last few years. This has been due to focused interventions on improving equality monitoring of our workforce.

This report provides data against each WRES indicator and describes some high level initiatives that have been implemented to improve the experiences of BME staff and help reduce the gap between white and BME staff. There is a more detailed action plan to accompany this report.

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Indicator 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

Table 1 Staff by banding

AFC Pay Band	Total Clinical BME staff	Total Clinical White staff	Total Clinical Unknown	Clinical BME staff as % of Payband	Total Non-Clinical BME staff	Total Non-Clinical White staff	Total Non-Clinical Unknown	Non-Clinical BME staff as % of Payband
Ad Hoc		10		0.00%	1	13		4.17%
1		10		0.00%	55	198	11	20.07%
2	152	556	37	13.11%	24	378	12	2.07%
3	13	178	7	2.86%	13	238	5	2.86%
4	12	145	3	3.21%	6	204	4	1.60%
5	181	756	81	16.31%	5	86	1	0.45%
6	57	675	14	7.09%	4	51	3	0.50%
7	16	357	9	3.73%	4	40	3	0.93%
8a	6	105	3	4.08%	1	32		0.68%
8b	2	17	1	3.39%	2	37		3.39%
8c	1	7		7.14%		6		0.00%
8d		3		0.00%		10	1	0.00%
9		1		0.00%				0.00%
Medical	178	181	14	47.72%				0.00%
VSM				0.00%	1	17	4	4.55%
% BME staff in overall workforce 13.96%								

Table 2

- White Clinical: 79.22%
- White Non Clinical: 89.12%
- BME clinical: 16.31%
- BME Non Clinical: 7.89%
- Unknown: 4.06%

What is the data telling us?

Our data show s that the percentage of BME staff in every pay band is lower than the Trust BME average of 13.96% % with the exception of band 1 (Non-clinical) & band 5 (Clinical) .
At these bands we are seeing significant over –representation on BME staff.
There is an absence of BME staff at Band 8C and above (Non clinical) and Band D and above (Clinical). There is no BME representation at VSM (Clinical) and is 4.5% (non-clinical) which is much lower than the trust average.

Table 2 shows representation of BME and White staff in clinical and non-clinical roles. As the table illustrates we have an over –representation of BME clinical staff (16.31%) compared to the overall percentage.

What we are doing?

- Data produced for each Business Group so Directors understand position within their own areas
- Encouraging BME staff take up leadership and development opportunities internal and external
- Encouraging acting up and secondment opportunities to be offered to BME staff
- Having BME staff on recruitment panels
- Re-launching of the Reciprocal Mentoring Programme
- Recruitment audit to look at 8a post and identify why BME candidates were not shortlisted.
- Targeted work with Band 5 Nurses to encourage to apply for Band 6 roles

Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

What is the data telling us?

Our data tells us that there is no difference between the likelihood of white and BME staff being appointed from shortlisting across all posts. This has shown year on year improvement and we are continuing to help maintain this.

What we are doing?

- Unconscious Bias training for managers.
- Equality Diversity and Inclusion training
- Diverse Recruitment Panels

Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff is 0.73, which shows there is no difference. This indicator has seen improvement year on year.

What we are doing?

- Encouraging cultures of open conversations with staff and encouraging local resolutions
- Training to staff and managers across the trust on EDI
- The Trust's Cultural ambassadors have been utilised as a source of listening and advising
- The BAME staff network has been re-launched and the chairs of the network have been active is supporting staff who may have traditionally gone down a formal route
- We have recruited Equality advocates across the trust

Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD
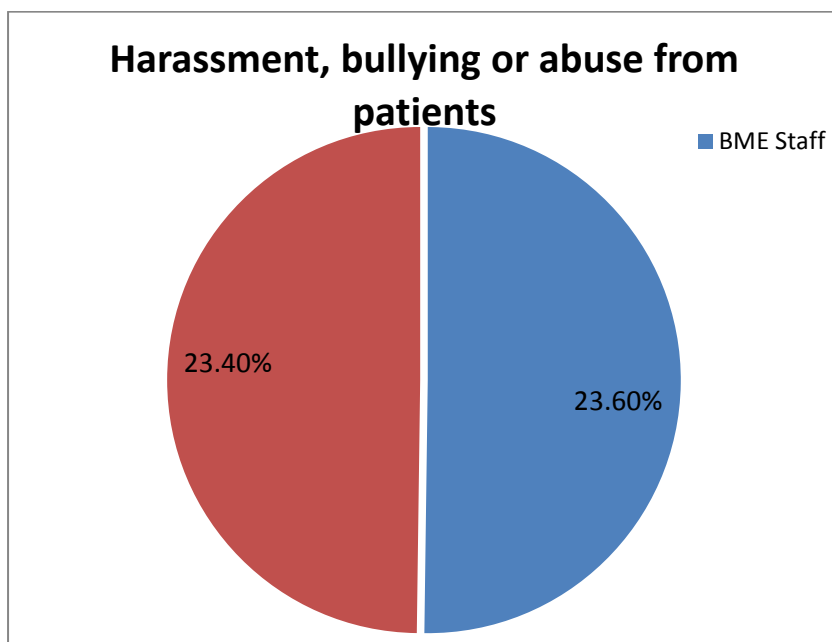
What is the data telling us?

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is **0.94.** Likelihood is the same

What are we doing?

- Raising awareness of WRES data
- Ensure fair and standard process of requesting training
- Ensure E&D monitoring across all key programmes
- Encouraging BME staff to access the NHS Leadership Academy programmes e.g. Stepping Up Programme, which is aimed at BME staff.

Indicator 5 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Harassment, bullying or abuse from patients

- BME Staff

23.40%   23.60%

What is the data telling us?

Our data shows that the gap between BME staff and white staff experiencing bullying , harassment or abuse from patients has reduced from the previous year and there is no significant difference between staff.

What we are doing?

- Continue to promote a respectful and zero tolerance to bullying culture
- Anti-bullying campaigns

Indicator 6 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Staff experience harassment, bullying or abuse in the last 12 Months

- 21.60% White
- 27.20% BME

What is the data telling us?

The data shows a slight increase for both white and BME staff experiencing harassment bullying or abuse from staff in the last 12 months. This means the gap has increased between White staff (21.6%) and BME staff is (27.2)

What we are doing?

- Promoting a and zero tolerance to bullying culture
- Anti-bullying campaigns across the Trust
- Introducing a Listeners role to provide a safe space for staff to talk about issues
- Working with the Freedom to Speak Up Guardian to identify areas we can do targeted interventions

Indicator 7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Equal opportunities for career progression or promotion provided by the Trust
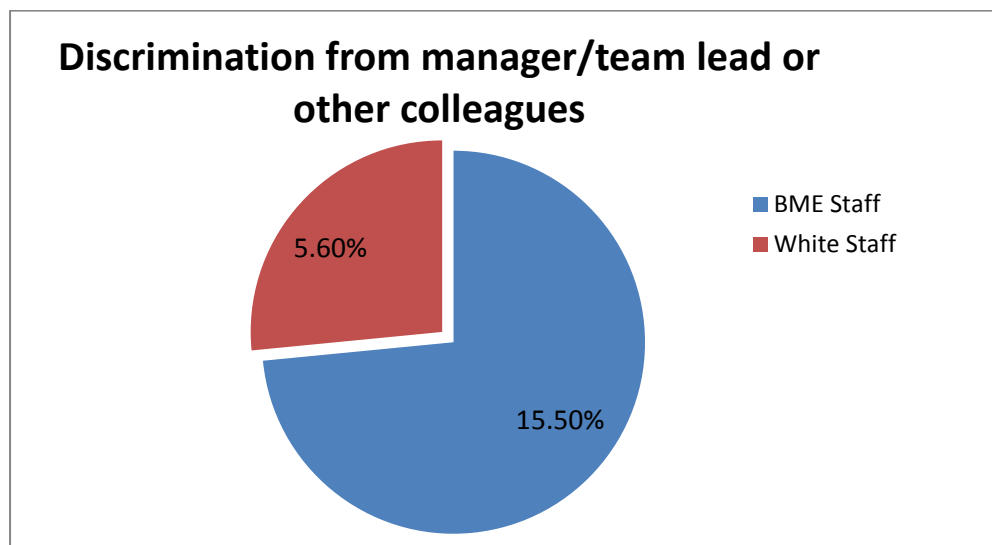

- BME Staff
- White Staff

73.90%

84.70%
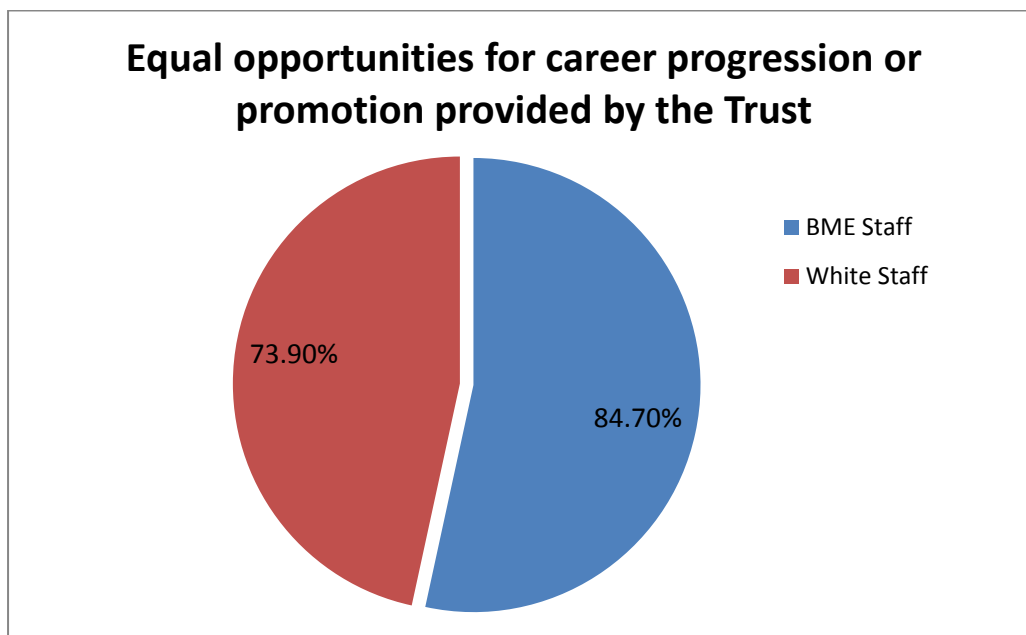
What is the data telling us?

The data shows there is a significant difference between White (84.7) and BME staff (73.9) believing the Trust provides equal opportunities for career progression and promotion. This has shown a decrease for White staff and stayed approximately the same for BME staff from the previous year.

What we are doing?

- Engagement with the BAME staff Network to identify any barriers to career progression

- Acting up and secondment opportunities are promoted to BME staff through positive action
- Career Progression workshops for BME staff

Indicator 8 - in the last 12 month have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

Discrimination from manager/team lead or other colleagues

- BME Staff
- White Staff

5.60%

15.50%

What is the data telling us?

The data shows an increase for white staff and a decrease for BME staff. Although the gap is still showing a 10% difference between white and BME staff.

What we are doing?

- Promoting a and zero tolerance to bullying culture
- Anti-bullying campaigns across the Trust
- Introducing a Listeners role to provide a safe space for staff to talk about issues
- Working with the Freedom to Speak Up Guardian to identify areas we can do targeted interventions
- Engaging with staff via the BAME staff Network

Indicator 9 – Percentage difference between the organisations' Board voting membership and its overall workforce

Difference between the Organisation Board voting membership

- BME
- White
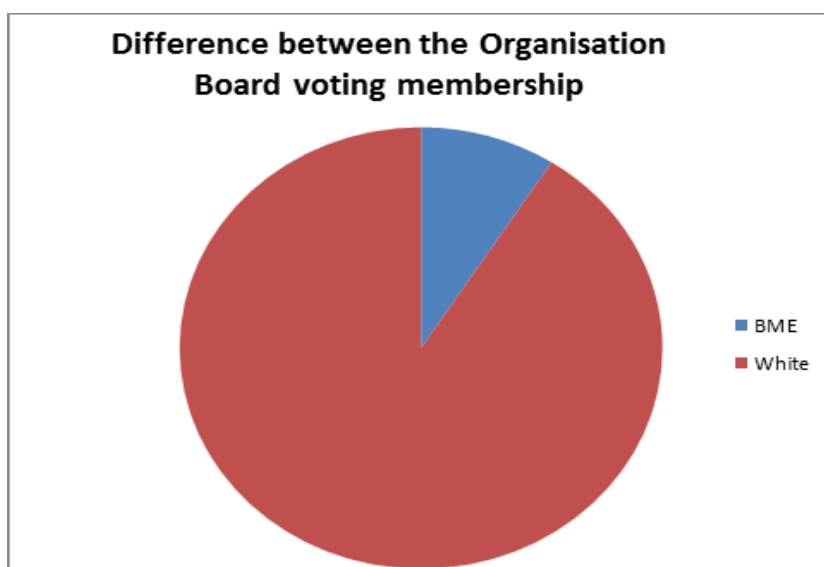
What is the data telling us?

There is one person on the Board from a BME background. This is same as the previous year.

What we are doing?

- Continue to monitor the diversity of the Board
- Continue to ensure that any Board recruitment draws a diverse set of candidates
- EDI Board development sessions to raise awareness

Appendix 1 **WRES Indicators 2016-18**

Indicator Type	WRES Indicator	Metric Description	2016 Score	2017 Score	2018 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	1.62	1.52	0.98
	3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	2.21	1.76	0.73
	4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	1	not collected	0.94
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.	White 25% BME15%	White 21% BME 23.6%	White 23.6% BME 23.4%
	6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 20% BME 36%	White 20% BME 25.2%	White 21.6% BME 27.2%
	7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 92% BME -	White 86.6 BME 73.5	White 84.7% BME 73.9%
	8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?b) Manager/team	White 3%	White 4.2% BME 18.7%	White 5.6% BME 15.5%
BOARD	9	Percentage of BME Board membership	0	7.1	9.1