THE WALTON CENTRE NHS FOUNDATION TRUST

Workforce Race Equality Standard Findings and Actions

Trust Board

2017

1. Background

The WRES requires Trusts to demonstrate progress against nine indicators of workforce race equality. The indicators focus upon Board level representation and differences between the experience and treatment of White and BME staff. In addition to producing and publishing the WRES PDF template and action plan on the Trust website and intranet, this year we have also been required to submit a return via the Unify 2 system to enable further comparisons to be made between Trusts.

This is the second year providing information in the revised format allowing for more consistent data and comparison. The reporting period covers 01 April 2016 to 31 March 2017.

2. Findings

As at 31 March 2017 there were 1408 staff members employed within the organisation. Of this, the proportion of BME staff employed is 9%, this compares to 8.4% as at 31 March 2016. This is drawn from the proportion of staff who have self–reported their ethnicity which is 98.6%, a slight increase from 98.5% last year. For the indicators relating to the findings of the staff survey only 39 BME staff responded compared to 22 in 2016 , whilst this is an improvement, this only equates to 33% of our BME workforce.

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The following is an extract from the PDR reporting template which must be published on the Trust website.

Indicator	Findings		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
	2016	2017		
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.	See separate hand-out	See separate hand-out	The highest proportion of BME staff is within the medical workforce followed by band 5 clinical staff. There are 3 BME staff at Band 7 and above compared to 0 in the previous year. For non-clinical roles there has been a small increase in band 6's and a small decrease in Band 5's. This shows a mixed picture. The increase in BME staff on the higher Bands, though small in number, is significant and encouraging for the Trust given the previous extremely low baseline. Despite the small decrease in BME staff numbers at Band 5, the overall figures do show that positive movement is achievable regarding this indicator, which should add impetus to the Trust's further proposed actions.	Actions completed: – ED&I Strategy Refresh – consultation with all staff – Board level lead identified – 30+ ED&I champions in place with role descriptor agreed – Extended steering group Further proposed actions: – Further exploration is needed to understand any barriers staff feel they face when applying for more senior positions or the reasons why they do not apply. Signed up to RCN Cultural Ambassadors programme – Explore introduction of an initiative whereby there must be a BME member of staff on any appointing panel. This could commence with senior posts and clinical roles before being rolled out. However, appreciation must be given to the limited number of BME staff available to do this. – Continue to monitor this indicator.

2) Relative likelihood of staff being appointed from shortlisting across all posts.	Relative likelihood of White staff being appointed from shortlisting compared to BME staff = 1.13 times greater	Relative likelihood of White staff being appointed from shortlisting compared to BME staff = 1.51 times greater	A deterioration for this indicator; White staff are still more likely to be appointed from shortlisting than BME staff. Feedback from the BME staff network on this indicator did identify some concern. In relation to promotions, it was felt that in some previous recruitment episodes less experienced White applicants had been appointed over more experienced BME staff. It was also raised that when staff have gone for a promotion, the quality of feedback has not been great and after being unsuccessful a couple of times they give up applying for future opportunities. A point was made about the assessment process being unfair as it is purely based on an interview and does not take into account practical skills. It was said that this may indirectly disadvantages BME staff whose first language may not be English and therefore response to interview questions may not be as coherent as White applicants. It is not clear that this is in fact the case. In contrast, it should also be noted that a couple of attendees, including medical colleagues, stated that they had had a positive experience of the recruitment process with the Walton Centre, including against other White colleagues. There is no indication that this deterioration is due to any significantly adverse changes in the recruitment process over the last year. This figure is more likely to be the result of random fluctuations around a relatively disappointing	Actions completed: – ED&I Strategy Refresh – consultation with all staff – 30+ ED&I champions in place with role descriptor agreed – Board level lead identified – Extended steering group – E&D Policy uploaded to all adverts on NHS jobs to highlight equal opportunity expectations. – Coaching programme includes BME staff to further support staff. – Reciprocal Mentoring programme Further proposed actions: – Additional E&D training module will be mandatory for all recruiting managers, in addition to the basic module. – Explore introduction of an initiative whereby there must be a BME member of staff on any appointing panel (as above). – Explore additional advertising to reach BME groups – Continue to monitor

			baseline figure. This vindicates the Trust in undertaking a broad range of measures to improve regarding this indicator.	
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 a two year rolling average of the current year and the previous year.	Relative likelihood of BME staff entering the formal disciplinary processes compared to White staff = 1.98 times greater	Relative likelihood of BME staff entering the formal disciplinary processes compared to White staff = 2.26 times greater	Deterioration with BME staff being more likely to enter formal disciplinary processes than White staff. However, analysis of these BME cases has shown that there are comparison cases for White staff for each, with the same outcome being given. So, there is no indication that the formal disciplinary process is unfair once triggered, rather, it would indicate that there is a need for the Trust to gain a better understanding of the reasons for the differential in the rates of BME staff entering the formal disciplinary process. The further proposed actions should provide relevant insight in this regard.	Actions completed: – ED&I Strategy Refresh – consultation with all staff – 30+ ED&I champions in place with role descriptor agreed – Extended steering group – Board level lead identified Further proposed actions: – Seek further feedback from BME staff. – Participation in RCN Cultural Ambassador programme – training commences 2018 – Continue to monitor
4) Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 0.66 times greater	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 0.40 times greater	There has been further improvement in this year's figure. Last year there was a lot of feedback from the BME staff network on this indicator. Several staff shared experiences of when they have repeatedly requested to go on certain courses but continually been denied the opportunity whilst other White colleagues and new starters seem to have been given this opportunity. It was expressed that it feels like BME staff have to work harder and push more to be able to get the same opportunities which are offered and encouraged to White staff. It was noted that there is not enough transparency around who is	Actions completed: – ED&I Strategy Refresh – consultation with all staff – Board level lead identified – 30+ ED&I champions in place with role descriptor agreed – Extended steering group – Coaching programme includes BME staff to further support staff. – Aspirational interviews with Deputy Dir. OD to explore training / progression options – Reciprocal Mentoring pilot programme completed – Communicated external training

			allocated what courses within departments. Examples were also shared where mentoring qualifications have not been utilised despite this being raised to managers and ward PEF's on multiple occasions. It is worth noting that the BME staff who raised these concerns also mainly work permanent nights. Whilst it is encouraging that the figures are moving in the right direction regarding this indicator, there is clearly much that the Trust is keen to do to build the momentum and improve further in relation BME staff accessing non-mandatory training.	programme opportunities to BME staff e.g. stepping up programme, ready now programme and unconscious bias training Further proposed actions: – Continue with Reciprocal Mentoring programme – Continued communication of external training programme opportunities – Seek further feedback from BME staff – Department managers being asked to make 2016/17 TNA visible within their area. – Continue to monitor
5) KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White – 23.47% BME – 36.36%	White – 26.43% BME – 37.84%	This indicator is a concern for the Trust in relation to all ethnic groups as it has increased for white and BME staff Feedback from the BME staff network acknowledged that the Walton Centre is a good place to work and staff did not have many concerns regarding discrimination. Some previous experiences were shared where inappropriate/unacceptable 'jokes' had been made towards staff. Attendees were asked if they would feel comfortable raising this should it occur now. Most members felt they would however it was acknowledged that other staff may not. There are fluctuating and often negative debates and attitudes at large in society as a whole regarding race and ethnicity. Unfortunately, the	Actions completed: – ED&I Strategy Refresh – consultation with all staff – Board level lead identified – 30+ ED&I champions in place with role descriptor agreed – Extended steering group – Freedom to speak up guardian appointed and drop in sessions arranged – Berwick session around raising concerns – Listening week concentrated on what makes staff leave/stay – Increased communication around encouraging incident reporting – Full staff survey this year to ensure fully representative data collection.

			Trust cannot not fully insulate itself from that wider societal context. This wider context most likely accounts for much of the significant difference in the experience of our BME staff in regard to this indicator. There are, however, many actions the Trust can and is doing to better understand the issues and minimise the risk to our BME staff and help to close the gap relating to this indicator.	– Increased use of zero tolerance policy and warnings issued to patients/relatives – Approval obtained for dedicated violence and aggression officer Further proposed actions: – Gain further feedback from BME staff and explore with them what interventions the Trust can put in place to better support BME staff in this area. – Working with Hate Crime Unit to support staff in reporting incidents – Continue to monitor
6) KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White – 19.05% BME – 9.09%	White – 17.88% BME – 28.95%	It is extremely disappointing to see that this indicator has tripled for BME staff. This appears to be too great a deterioration to attribute to a statistical variation. It warrants further exploration to understand and reverse this deterioration. The relevant measure is included in the proposed actions.	Actions completed: – ED&I Strategy Refresh – consultation with all staff – Board level lead identified – 30+ ED&I champions in place with role descriptor agreed – Extended steering group – Freedom to speak up guardian appointed and drop in sessions arranged – Equality email set up for reporting where staff do not feel comfortable raising to their manager/within their department – Berwick session around raising concerns – Listening week concentrated on what makes staff leave/stay – Increased communication around

				encouraging incident reporting – Full staff survey this year to ensure fully representative data collection. – E&D training is now mandatory for all staff, helping to raise awareness – Signed up to Tackling Bullying in the NHS campaign Further proposed actions: – Amend induction to explicitly outline Trust values, culture and expectations in Executive introduction to highlight importance – Gain further feedback from BME staff and explore with them what interventions the Trust can put in place to better support BME staff in this area. – Berwick session planned in conjunction with staff side colleagues following feedback from listening events
7) KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White – 87.84% BME – 88.89%	White – 90.15% BME – 68.18% .	Last year we were 1 of only 6 Acute Trusts to have a higher percentage of BME staff believing their organisation offered equal opportunities for career progression. It is, therefore, very concerning to see that there has been a significant deterioration in respect of this indicator. Many relevant actions have been completed but it will take time for their full impact to be felt and close monitoring is advised.	Actions completed: – ED&I Strategy Refresh – consultation with all staff – 30+ ED&I champions in place with role descriptor agreed – Extended steering group – Listening week concentrated on what makes staff leave/stay – Full staff survey this year to ensure fully representative data collection – E&D training is now mandatory for all staff, helping to raise awareness

				– Improvements made to appraisal process to allow more meaningful dialogue – Coaching programme includes BME staff to support staff – Reciprocal Mentoring pilot programme completed Further proposed actions: – Consider offering interview skills training – Continue to monitor
8) Q17. In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues	White – 4.81% BME – 13.64%	White – 3.69% BME – 18.42%	Last year 81% of Acute Trusts reported a higher percentage for BME staff, of which we were one, although our difference was minimal compared to many Trusts. It is concerning therefore, that whilst the percentage for White staff has remained consistent for the third year running; there has been a notable increase in the percentage for BME staff this year. This is worrying given that no cases involving discrimination, as either a primary or secondary factor, have been reported. This suggests staff may still not feel able to raise such issues.	Actions completed: – ED&I Strategy Refresh – consultation with all staff – 30+ ED&I champions in place with role descriptor agreed – Extended steering group – Freedom to speak up guardian appointed and drop in sessions arranged – Berwick session around raising concerns – Listening week concentrated on what makes staff leave/stay – Full staff survey this year to ensure fully representative data collection – E&D training is now mandatory for all staff, helping to raise awareness – Signed up to Tackling Bullying in the NHS campaign Further proposed actions:

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9) Percentage difference between the organisations' Board voting membership and its overall workforce.	-8.5%	-8.3%	Change is due to changes in overall workforce number not changes to Board composition. As the Trust Board is still 100% White there is still no improvement on this indicator.	Further proposed actions: – Consideration should be given to the lack of diversity when reviewing Non-Executive terms of office or appointing new members, with the consideration of seeking BME candidates. – A BME member of staff should sit on any executive or non-executive appointing panel.