

## Executive Board

<b>Date</b>	11 <sup>th</sup> September 2018
<b>Item No</b>	<i>This will be updated by the person who leads on paper distribution</i>
<b>Paper Title</b>	Workforce Race Equality Scheme Action Plan
<b>Director</b>	Victoria Bishop, Acting Director of HR
<b>Report for</b>	Approval
<b>Discussed to date and next steps</b>	The contents of this report including the action plan have been discussed and agreed with the BME Equality Network Lead. Once approved, the plan will be published on our website and a project plan will be developed to take the respective work streams forward.
<b>Purpose of the paper</b>	Almost one in five staff in the NHS from a BME background and yet we know that they do not always get equal treatment and the same opportunities as our white staff. The WRES allows us to self-assess on and understand the specific challenges that we face in ensuring all staff are treated equally and are supported to fulfil their full potential. This report provides a summary of key metrics from the 2017/2018 submission. The Board is asked to review the action plan which has been developed to address inequalities within the workplace for our BME staff
<b>How does this proposal meet our values?</b>	Ensuring that we are treating BME staff in the same way as other staff groups is key to equity and fairness and goes to the heart of our values
<b>Health/Social Impact – Contribution to our objectives</b>	Ensuring that we have a high caliber, stable, well trained and motivated workforce is key to providing caring, responsive, safe, effective and well led services
<b>Risk Assessments &amp; Mitigations</b>	Risks have been identified in relation to the number of BME staff subject to the disciplinary process, the decline in the number of BME staff being appointed to roles, and the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last twelve months. The draft action plans seeks to mitigate these risks.
<b>Outcome of Equality Analysis</b>	This report is in itself an equality analysis in relation to key metrics for BME staff.
<b>Financial Implications</b>	There are no direct financial implications associated with this report
<b>What outcome to you require from the Board?</b>	To approve the draft action plan
<b>History</b>	N/A

**Executive Summary** This report provides the annual submission of data in relation to the Workforce Race Equality Scheme and a draft action plan to address the shortfalls in the employment experience of our BME staff.

### Positive Findings

We improved our scores in all aspects of the survey in 2017/18  
 The BME network and HR have been engaged over the last year through the people before process exercise and are jointly committed to improving the employment experience of BME staff.  
 The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months decreased by nearly 4%

**Areas for Improvement**

BME staff are more likely to enter the formal disciplinary process and less likely to be appointed than white staff. The experience of our BME staff at work is less positive than for white staff

**Has an equality impact assessment form been completed?**

No

## **Workforce Race Equality Scheme Action Plan September 2018**

---

### **1. Introduction**

The purpose of this report is to provide the data for 2017/18 on metrics which relate to the employment of BME staff. This provides a context for the draft action plan attached as appendix one.

For comparative purposes the data for 2016/17 has also been provided

### **2. Recruitment**

The relative likelihood of BME staff being appointed improved in 2017/18. We have delivered recruitment training which includes equality and diversity and unconscious bias to an additional 46 managers this year.

2016/2017 - Relative likelihood of white staff being appointed compared to BME staff = 1.53

2017/2018 – Relative likelihood of white staff being appointed compared to BME staff = 1.24

### **3. Disciplinary**

We have worked closely with the BME network in the last two years to try to ensure that we put people before process when allegations are made that lead to a disciplinary investigation. We now undertake a systematic review of any allegation before it proceeds to a formal disciplinary investigation. This process uncovered 7 cases that should not have been put forward into the formal process. As the review was implemented mid-year we have not seen full year benefits and the numbers erroneously investigated are included in the figures below (although the investigations were subsequently referred into an informal process). The number of disciplinary cases reduced in 2017/18 but unfortunately our BME colleagues were over 5 times more likely to enter the formal disciplinary process.

2016/2017 – relative likelihood of BME staff entering the formal disciplinary process compared to white staff = 7.31

2017/2018 – relative likelihood of BME staff entering the formal disciplinary process compared to white staff = 5.21

### **4. Number of staff accessing non-mandatory training**

The relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is 0.38 in 2017/18. We were unable to supply this information for 2016/17 on the basis that when CPD monies were devolved to divisions, a central log was not held of applications and their success in securing funding. Staff accessing non-mandatory training does not appear to be an area for concern.

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

The number of BME staff reporting this in the last staff survey decreased by almost 5% and are back to the levels in 2015/16. However, we have recognised that this number is too high and are currently working on a “Respect” Poster campaign which will be published shortly.

2016/17 White	2016/17 BME	2017/18 White	2017/18 BME
26.85	38.18	27.02	33.44

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

The number of BME staff reporting this in the last staff survey decreased by over 1% following a decrease of almost 4% from 2015/16 to 2016/17.

2016/17 White	2016/17 BME	2017/18 White	2017/18 BME
16.9	20.62	16.13	19.35

**7. % of staff believing that our Trust provides equal opportunities for career progression and promotion**

There have been small improvements this year, but less BME staff than White staff believe there are equal opportunities for career progression. This is a theme that the BME network tell us that they hear from staff.

2016/17 White	2016/17 BME	2017/18 White	2017/18 BME
90.3	81.01	90.53	81.91

**8. % of staff who have personally experienced discrimination at work from Manager/Team Leaders or other colleagues**

The figures have deteriorated for white staff have remained relatively stable but BME staff continue to be more likely to feel that they have been discriminated against.

2016/17 White	2016/17 BME	2017/18 White	2017/18 BME
4.49	10.51	5.84	9.94

## 9. Voting Board Members

Our Trust has a number of Board members from a BME background but whilst they are not currently proportionate to the number of BME staff in our Trust, they are improved from last year.

	2016/17 BME	2017/18 White	2017/18 BME	2017/18 BME
Total Board Members - % by ethnicity	86.4	13.6	76.9	23.1
Voting Board Members - % by ethnicity	91.7	8.3	76.9	23.1
Non-Voting Board Members - % by ethnicity	80	20		
Executive Board Members - % by ethnicity	80	20	77.8	22.2
Non-Executive Board Members - % by ethnicity	88.2	11.8	75	25
Overall Workforce - % by ethnicity	70.4	28.9	72.5	26.7
Difference (total Board to overall workforce)	15.9	-15.3	4.4	-3.6

## 11. Action Plan

The data provided in this report has been reviewed by the BME network and representatives from HR. An has been developed to outline initiatives to improve the experience at work for our BME colleagues. This is attached as appendix one.

---

Liz Case-Green  
Employment Services Manager  
September 2018