

Report to	Date
Board of Directors	29 September 2020

Our Workforce Race Equality Standard

Executive Summary

This report presents the emerging data from the recent workforce race equality standard submission and sets out an analysis over a five year period.

The report identifies that:

- Little has changed in our organisation over the last five years in terms of the statistics and experience.
- Organisationally we have become a bit more diverse, but only for our lowest graded roles.
- BAME staff are more likely to be appointed following shortlisting, but in reality this again is for our non-clinical roles and for positions with the lowest grades.
- Access to continuing professional development for BAME staff has decreased this year.
- Care and attention must continue surrounding use of formal disciplinary processes.
- Perception about fairness in recruitment has not got any better, if anything it is likely to be a truer reflection of feeling.
- Bullying and harassment occurring from staff remains and we need to do more to identify ways that staff can confidently report this for it to be investigated and addressed.
- Finally, more is needed to address the experience of discrimination which is notably higher for BAME staff.

Recommendation to the Board

Members of the board of directors are asked to discuss this paper.

Trust strategic objectives supported by this paper

People

Author	Responsible Executive Director
Director of Human Resources and Corporate Governance	Director of Human Resources and Corporate Governance

Our Workforce Race Equality Standard

1. Introduction

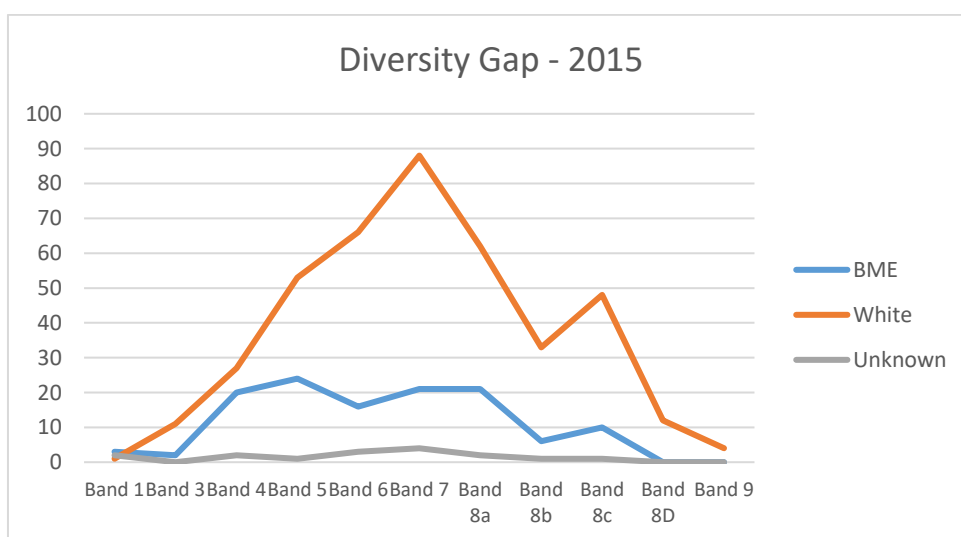
- 1.1. In 2015 NHS England introduced the workforce race equality standard to demonstrate to organisations the differences in composition and experience of staff from ethnic minority backgrounds compared to white.
- 1.2. The statistical collection tool was informed by the report Snowy White Peaks of the NHS, a critical report that showed how diversity across the health service had diminished over ten years.
- 1.3. Within our own organisation we have had issues surrounding race diversity for many years. This report provides the data for the most recent WRES submission and sets out the trend over the last five years.

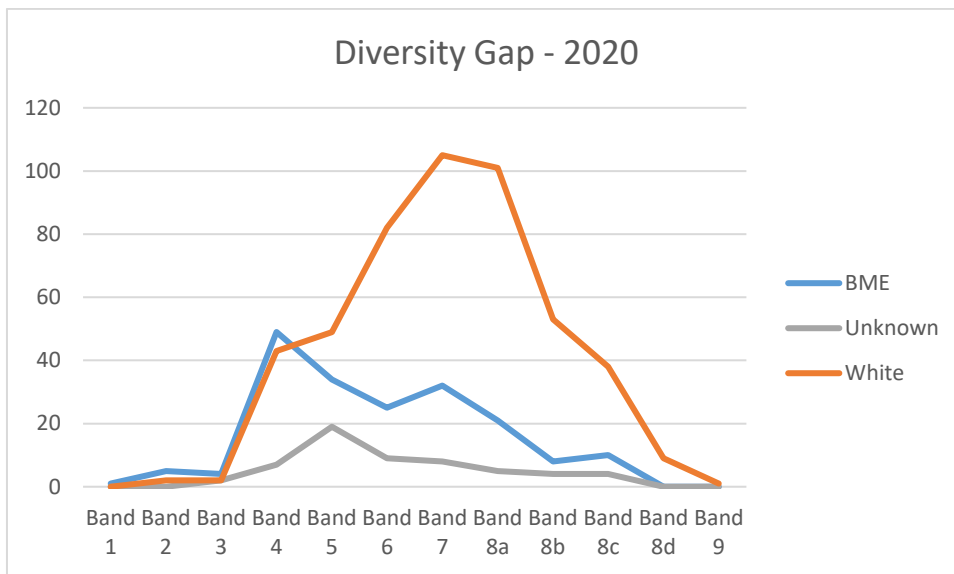
2. Understand our diversity gaps

- 2.1. Between 2015 and 2020 there has been an increase in diversity as a whole, in the last five years our black, asian and minority ethnic (BAME) workforce has increased by 3.21%.

	2016	2020
BAME Workforce	22.61%	25.82%
White Workforce	74.45%	66.26%

- 2.2. The following charts set out headcount distribution of diversity by pay band when the WRES commenced in 2015 and our most recent data.





2.3. What is particularly notable is where diversity has increased. It's principally within our lowest graded roles – bands 1 – 5. These will all be non-clinical roles often corporate services or clinical administrative positions. Further, if we look at the trend at grades 6 – 9, it is clearly visible the trend has not changed much.

2.4. One of the aims of the WRES was to increase diversity in roles graded band 8a and above, the table below sets out what the statistics are showing us.

	2016	2020
BAME workforce	18.88%	16.18%
White workforce	81.12%	83.82%

2.5. When considering the above data, the vast majority of roles graded at band 8a and above are within our clinical and education services. Based on our organisational design we employ a high proportion of psychological therapy practitioners, with the vast majority being clinical psychologists.

2.6. As an organisation we know that the access pathway to qualifying psychology training programmes are not only highly competitive but they also require individuals to be able to gain work experience, either unpaid or at very low pay rates, for a number of years before they can reasonably be in a position to secure a place. Herein lies a long standing issue about achieving more diversity in our organisation and a prompt for us to think more about how we influence the wider system and secondly how we design our services as we move forward in to the future.

3. Diversity within our executive team and board of directors

3.1. The below table sets out the diversity representation of our very senior manager (VSM) position. Our VSMs are individuals whose remuneration is disclosable in the annual report and accounts.

	2016	2020
BAME VSMs	5.88%	27.78%
White VSMs	94.12%	72.22%

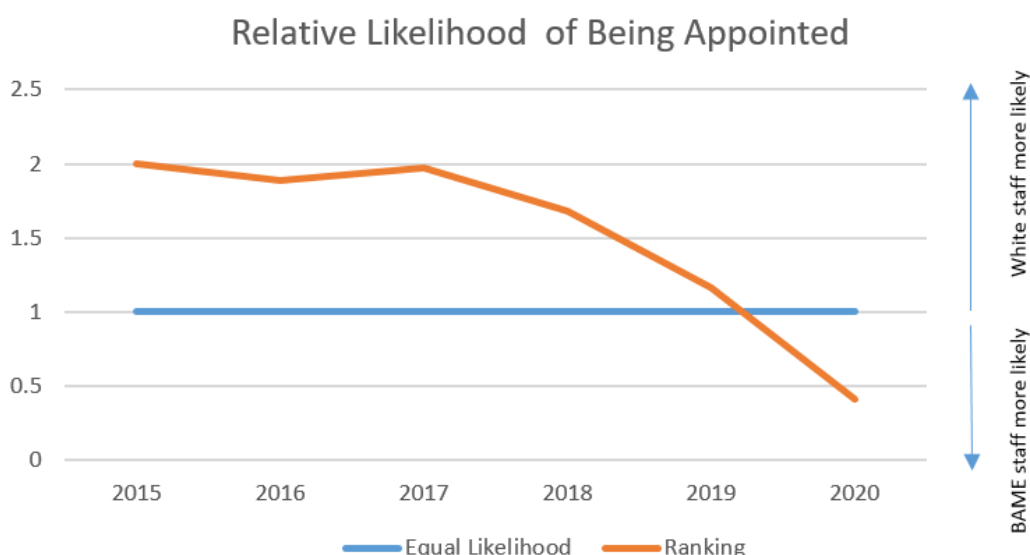
3.2. There has been some positive improvement in diversity across our most senior positions in the organisation which has occurred when vacancies have arisen.

3.3. The Trust for the last three years has engaged with the NHS England and NHS Improvement NExT directors programme which places associate non-executive directors from underrepresented backgrounds on to Trust boards.

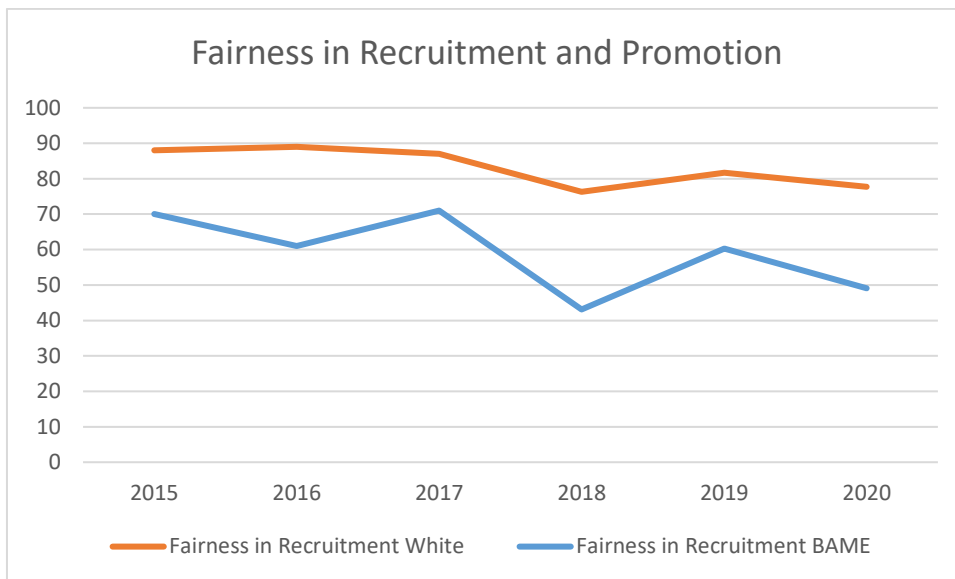
4. Recruitment and Promotion

4.1. When the WRES commenced we learned that white people were two times more likely to be appointed, following shortlisting. Now, in 2020 that statistic has changed and BAME staff are more likely than white staff to be appointed.

4.2. When considering this, it is important to look at the diversity change in the organisation. What this metric is being driven by is an increasing level of diversity in our lower graded roles in the organisation, the reality remains that BAME staff remain less likely to get roles in grades 8a and above.



4.3. One of the other indicators surrounding recruitment in the WRES is staff's perception about our recruitment and selection processes being fair. The chart below is an extract from our most recent NHS staff survey.

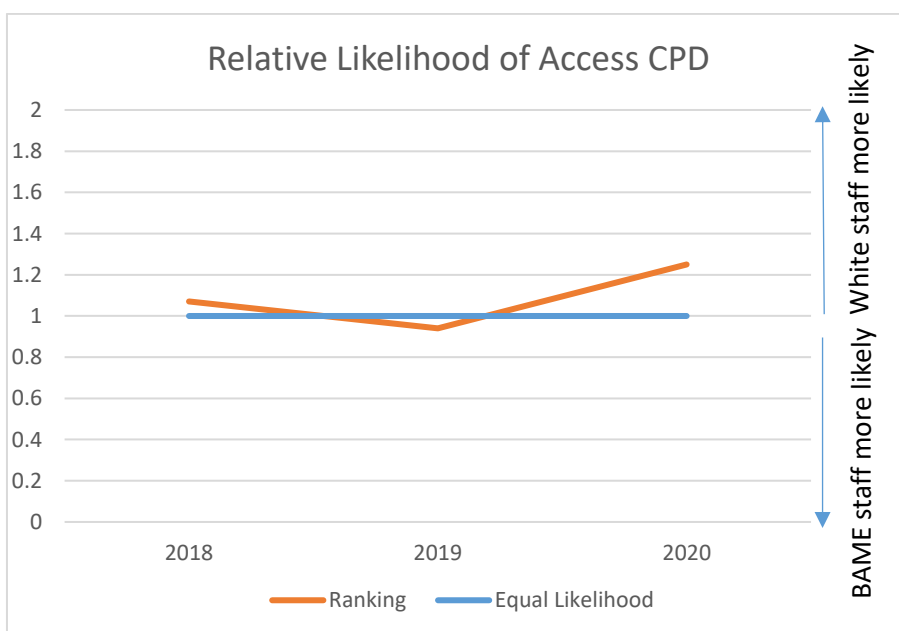


4.4. Prior to 2017 the Trust did have low response rates to the annual survey. What we have seen in the last four years is an increasing level of honesty from our workforce and overall this indicator has got worse and has shown little signs of changing.

5. Development

5.1. Members of the board of directors will be aware that prior to 2018 the Trust's education, learning and development data for staff was managed via manual systems and thus present us with a challenge in reporting.

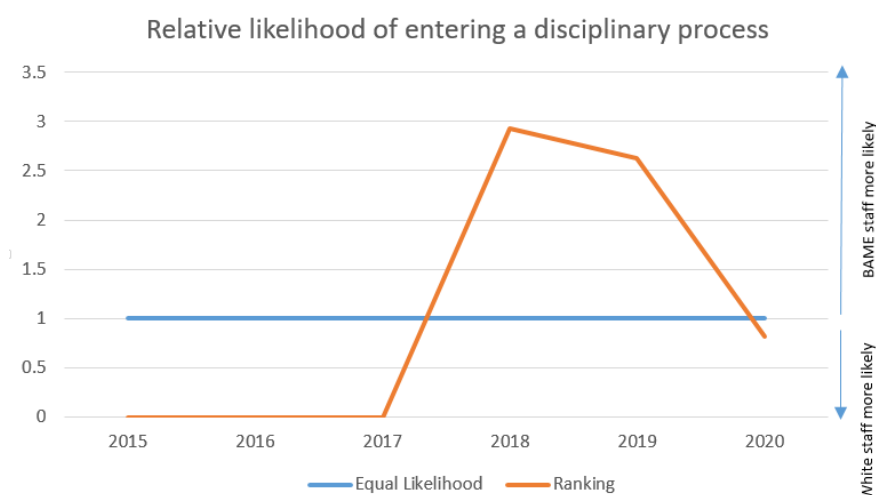
5.2. The chart below provides the data of relative likelihood for BAME staff access non-mandatory training development during the periods where we have reliable data.



5.3. In 2018 we made a significant investment in development, what is concerning is that the likelihood of BAME staff accessing development has decreased in the most recent year.

6. Likelihood of entering a formal disciplinary

6.1. The below table shows the relative likelihood of BAME staff being involved in a formal disciplinary process. Formal is where a matter is referred to formal investigation because there is initial evidence that suggests misconduct has happened.



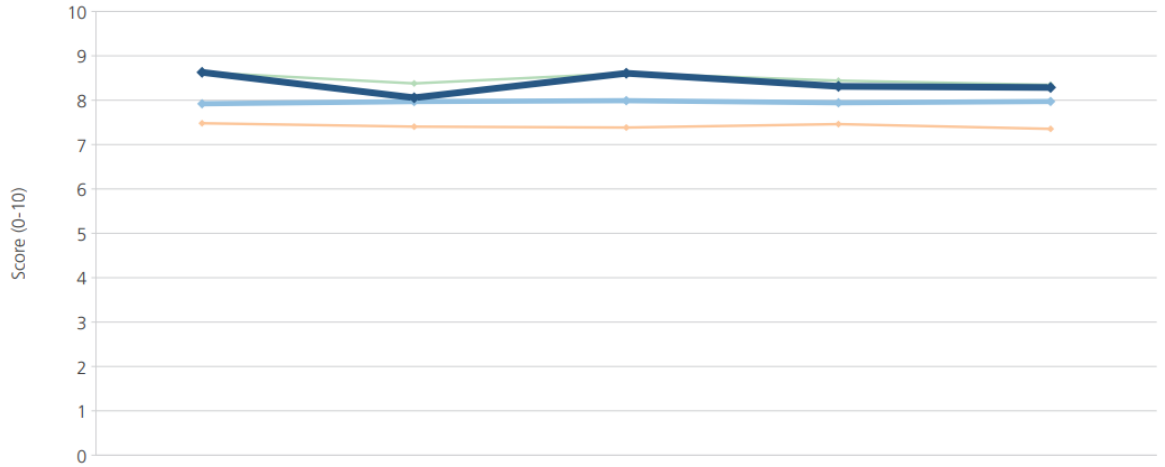
6.2. The board will clearly notice that prior to 2018 there were no instances of formal disciplinary action having taken place. This was the case for both white and BAME staff.

6.3. In 2018 and 2019 there was a very noticeable increase in the likelihood of BAME staff entering formal disciplinary processes and when this became apparent a case review was undertaken by the director of human resources and corporate governance, the chair of staff side and the race diversity champion. Through that review it was noted that for all of the conduct cases, the route pursued was for the right reasons.

6.4. The trend has abated in 2020 but this will continue to be an area of focus to ensure that decisions to enter into formal processes are only done so where informal routes of raising the issues have been used and resulted in no improvement or where they are of a gross and serious nature that warrants it. In all cases, employee relations activity is discussed with the director of human resources and corporate governance and also the chair of staff side before processes are started.

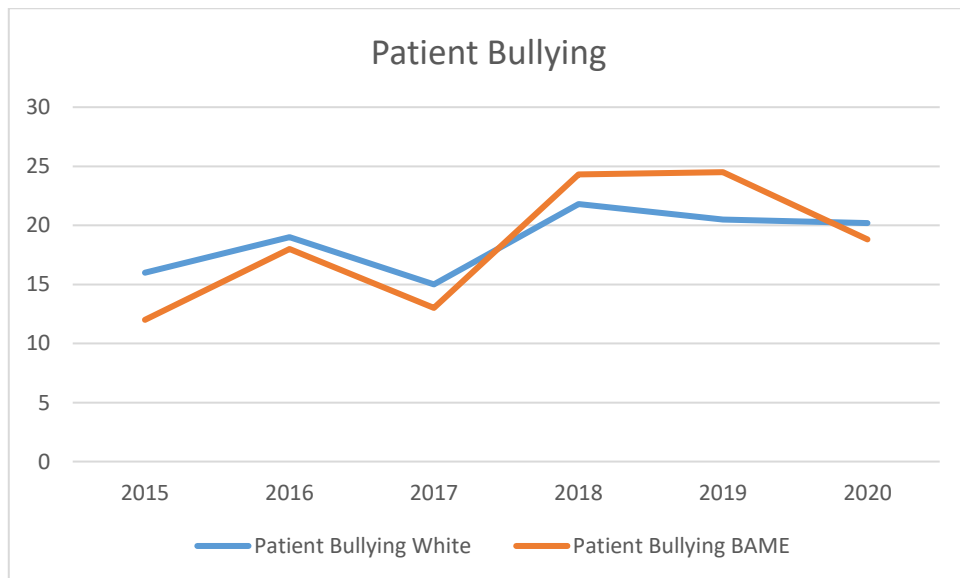
7. Bullying, harassment and discrimination

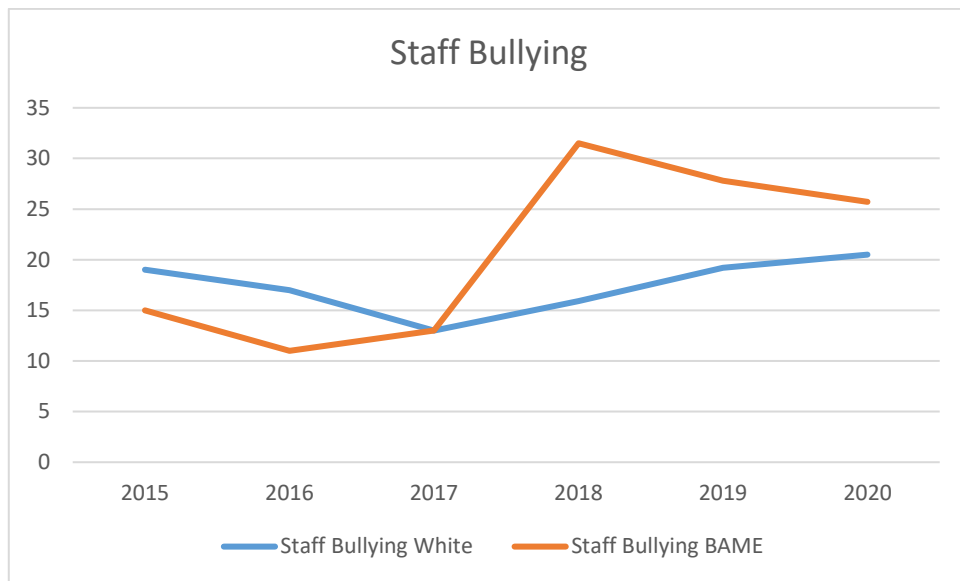
7.1. Bullying and harassment within our Trust is significantly lower than other NHS organisations. But it still happens and that, as all agree, is not acceptable.



	2015	2016	2017	2018	2019
Best	8.6	8.4	8.6	8.4	8.3
Your org	8.6	8.1	8.6	8.3	8.3
Average	7.9	8.0	8.0	7.9	8.0
Worst	7.5	7.4	7.4	7.5	7.4
Responses	246	303	337	379	432

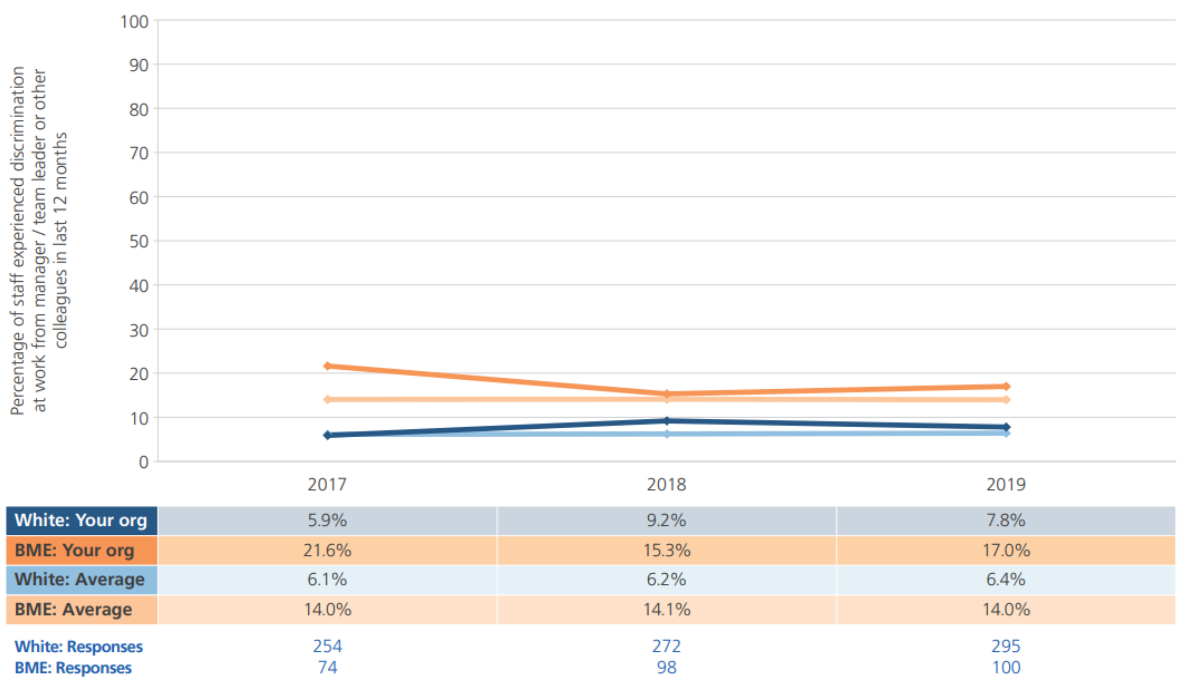
7.2. When we look more carefully at the WRES data we see a picture that is less positive. The charts below break down the experiences of bullying when split by BAME staff and white staff.





7.3. Any member of staff experiencing bullying or harassment is not acceptable and will need to be a continuing focus for the Trust in terms of how these issues can be raised and dealt with.

7.4. Lastly, the other indicator that staff survey focuses on is around the experience of discrimination. The chart below shows a three year trend where the method of recording this data has been consistent.



7.5. What is notable here is that the experience of discrimination within the organisation did decline in 2018 but it is showing signs of going back up.

8. Analysis

8.1. Having now had the opportunity to reflect on the data, the key themes are that:

- Little has changed in our organisation over the last five years in terms of the statistics and experience.
- Organisationally we have become a bit more diverse, but only for our lowest graded roles.
- BAME staff are more likely to be appointed following shortlisting, but in reality this again is for our non-clinical roles and for positions with the lowest grades.
- Access to continuing professional development for BAME staff has decreased this year.
- Care and attention must continue surrounding use of formal disciplinary processes.
- Perception about fairness in recruitment has not got any better, if anything it is likely to be a truer reflection of feeling.
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- Finally, more is needed to address the experience of discrimination which is notably higher for BAME staff.

8.2. The above messages are disappointing and a further call for us as a board and every individual within the organisation to act to address this.

9. Conclusions and Recommendations

9.1.1. Members of the board of directors are asked to note and discuss this paper, specifically focusing on the messaging from the analysis and to identify the key priorities for our upcoming race equality strategy which will be debated in seminar in October and brought forward for ratification in November.

Craig de Sousa
**Director of Human Resources and
Corporate Governance**