

Trust Board Meeting

2 July 2015

Paper Reference:	TB(15-16) 99
Report Title:	Workforce Race Equality Standard
Executive Summary:	<p>This paper provides the Trust's metrics against the nine indicators within the Workforce Race Equality Standard (WRES). It also provides analysis of the metrics and outlines actions to address the gaps between the experience of BME and White staff.</p> <p>The Trust's metrics for the WRES show that BME staff' experience of working at South West London and St George's Mental Health NHS Trust reflects that of the wider NHS. This shows that while the workforce is representative of the local community, this is not the case across all grades and that BME staff are less represented at more senior levels – above Band 7. This report is an appendix to the <i>Workforce Profile Report</i>, which provides more comprehensive information on the whole workforce across all protected characteristics.</p>
Action Required:	For noting
Link to Strategic Objectives:	<p>Quality and Value: We will provide consistent, high quality, safe services that represent value for money</p> <p>Co-production: We will have reciprocal relationships which value service users, carers, staff and the community as co-producers of services</p> <p>Leadership and talent: We will develop leadership and talent throughout the organisation</p>
Risks:	Failure to address the gaps between the experience of BME and White staff in the Trust may adversely affect our ability to attract, recruit and retain high calibre staff.
Quality Impact:	Evidence shows a direct link between the experience of BME staff and the quality of services provided.
Resource Implications:	The actions identified will be delivered within existing resources
Legal/Regulatory Implications:	Annual publication of the WRES is a contractual requirement of NHS providers. The WRES also supports the Trust's responsibilities under the Public Sector Equality Duty.
Equalities Impact:	The report shows a gap between the experience of White and BME staff.
Groups Consulted:	None – the report highlights the need for engagement with Staff Side and Evolve in agreeing and implementing actions arising from the report.
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Workforce Race Equality Standard

Document Control Summary

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0.1	16 th June 2015	draft	Shared with Director: HR, OD and Workforce Transformation for comments
0.2			

Executive Summary

This paper provides the Trust's metrics against the nine indicators within the Workforce Race Equality Standard (WRES). It also provides analysis of the metrics and outlines actions to address the gaps between the experience of BME and White staff.

The Trust's metrics for the WRES show that BME staff' experience of working at South West London and St George's Mental Health NHS Trust reflects that of the wider NHS. This shows that while the workforce is representative of the local community, this is not the case across all grades and that BME staff are less represented at more senior levels – above Band 7. The Annual Workforce Report also on the Agenda provides more comprehensive information on the whole workforce across all protected characteristics.

1. Introduction

The Equality Act 2010 introduced a 'General' public sector equality duty, which states that public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those that do not.
- Foster good relations between people who share a protected characteristic and those that do not.

The NHS Constitution includes a duty "not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation", whilst the following form part of the Trust's values:

- Respect: Encouraging diverse perspectives and views
- Fairness: Treating people as we would like to be treated ourselves

Recent research has shown that BME staff do not fare as well as white staff within the NHS:

"Evidence shows that if you are from a black and minority ethnic background you are less likely to be appointed once shortlisted, less likely to be selected for training and development programmes, more likely to experience harassment, bullying and abuse, and more likely to be disciplined and dismissed" (NHS Providers, 2014)

Within London, it has also been found that the proportion of Trust Board members from a BME background (8%) is disproportionately low, when compared with the overall proportion of NHS staff from a BME background (41%) (Kline, 2014).

Evidence also shows a clear link between the proportion of BME staff reporting discrimination at work and levels of patient satisfaction:

"the greater the proportion of staff from a black or minority ethnic background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction" (West et al, 2011).

The WRES is included within the 2015/16 NHS Standard Contract as part of a concerted effort to ensure that all NHS staff are treated fairly and that the NHS is making best use of the diverse talents and experiences of its workforce. From April 2016, the CQC will consider Trust's evidence from the WRES as part of their inspections of trusts, within the Well-led domain.

The WRES includes the following indicators:

Workforce indicators	
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White

	staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff
National NHS Staff Survey Findings:	
For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question	
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
Boards:	
Does the Board meet the requirement on Board membership in 9	
9	Boards are expected to be broadly representative of the population they serve.

For 2015/16, all Trusts are required to publish their initial metrics for these standards by July 2015. It is anticipated that the WRES will highlight any differences between the experience and treatment of White staff and BME staff, and encourage and support trusts to develop strategies and actions to reduce those differences:

“Organisations will be expected to do what the best ones already do, to scrutinise and understand the data and act on it, and then work towards a level playing field where the treatment of staff is not unfairly affected by their ethnicity” (NHS England, 2015a)

Work is also underway to consider how the data can be benchmarked nationally. From April 2016, the CQC will consider Trust’s evidence from the WRES in their inspections of trusts, as part of the Well-led domain. Following publication of all trust’s WRES metrics, analysis will be undertaken to consider how the Trust benchmarks with similar organisations, and to learn lessons from trusts who perform better against specific indicators. NHS England has stated that central bodies will not set local targets for organisations, though will expect them to *“demonstrate measurable progress year on year”* and that failure to do so will be a breach of the NHS Standard Contract (2015a).

The data presented below has been collected in accordance with the technical guidance published in March 2015 (NHS England 2015). The Trust has historically collected data for the majority of the indicators, though where new data collection processes are required, systems have been put in place to ensure that full data will be available for 2015/16.

Following the commitment by the Board to implement the Equality Delivery Scheme to develop Trust’s Equality and Diversity Strategy (June 2015), an Equality and Diversity Steering Group will be established to oversee the collection and evaluation of evidence and make recommendations for action. This Group will support the Equality and Diversity Lead to implement actions identified from the WRES, as well as the Equality Delivery System (EDS2) and themes arising directly from Patient Experience. It will also support the delivery of actions to address issues arising from the 2014 Staff Survey results, as reported to the Board in April 2015. Engagement with BME staff, Evolve and Staff Side colleagues will be essential to achieving progress in the WRES.

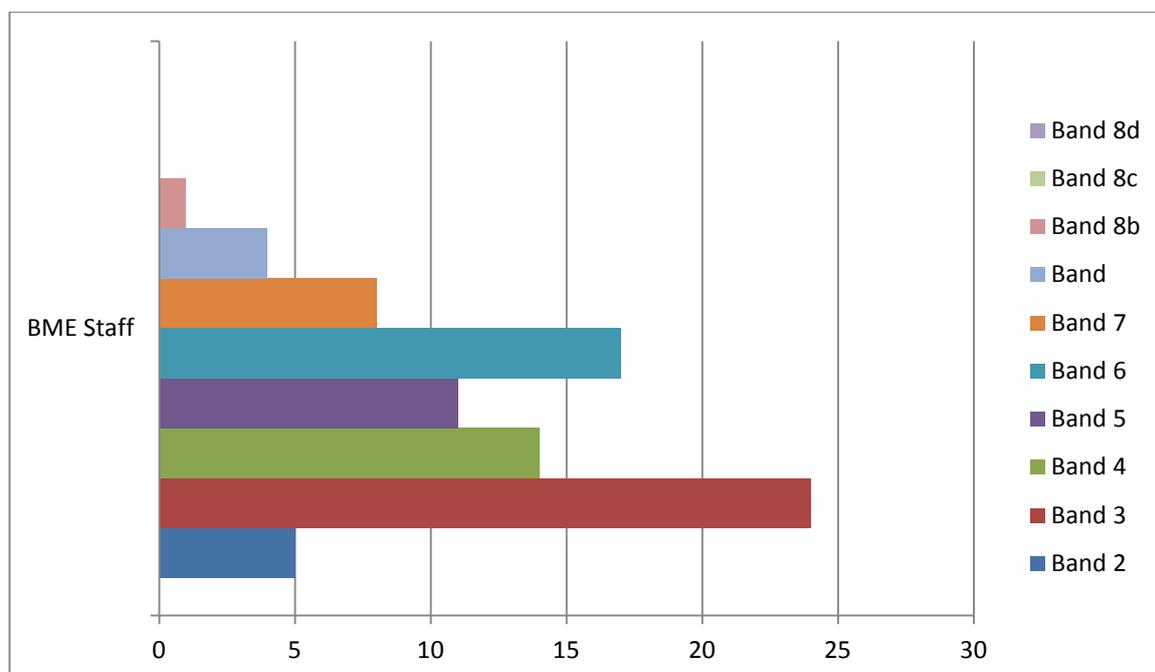
2. The Trust and the WRES indicators

1. Percentage of BME staff in Bands 8 – 9, VSM (including members and senior medical staff – i.e. Consultants with managerial responsibility) compared with the percentage of BME staff in the overall workforce

The proportion of BME staff within Bands 8 – 9 and Very Senior Manager posts does not reflect the proportion of BME staff in the overall workforce of the Trust:

Percentage of BME staff in Bands 8 – 9, VSM (including members and senior medical staff) compared with the percentage of BME staff in the overall workforce	Bands 8 – 9 and VSM %	Overall workforce %
	17.4%	44.5

Further analysis of the data suggests that there is a greater proportion of BME staff within Bands 6 and 7 posts and that with targeted development opportunities a talent pool of candidates for more senior posts is developing. The table below summarises the proportion of BME staff against each Agenda for Change banding:



Through Evolve (the Trust's staff diversity network) the Trust also provides an annual mentoring programme for staff who wish to consider and progress options for career and professional development.

The Trust has commissioned an accredited Management Programme – 'Open Doors' – which is available for Band 7 staff to develop management skills. This programme will be repeated again this year.

NHS Leadership Academy have supported a Front line nursing leadership development programme for Band 6/7 Nurses in 2015 (the first cohort was made up of 25 nurses).

As outlined in Indicators 2 and 4, work is also underway to develop the Trust's recruitment processes and improve access to training and development opportunities.

Actions:

1. Continue to provide a mentoring programme for staff (ongoing)
2. Continue to provide the 'Open Doors' programme (October 2015)
3. Develop leadership development opportunities comparable to the Leadership Academy Front line programme.

2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts

Trust data shows that the relative likelihood of White staff being appointed from shortlisting compared to BME staff is **2.2 times greater**.

	White staff	BME staff
Shortlisted	408	527
Appointed	80	47
Ratio shortlisting/appointed	0.2	0.09

This supports the findings of the Trust's Staff Survey results (see indicator 7 below) and feedback from staff via Listening into Action (the Trust's staff engagement programme).

Work is already underway to ensure that the Trust's recruitment processes are objective and fair for all applicants. In particular the Trust has invested in the TRAC recruitment model which means that more meaningful information on reasons for candidates not being shortlisted can be collected. Training in values based recruitment developed by the NSPCC has been piloted. Further Recruitment training for managers is planned, outlining the responsibilities of recruiting managers with regards to equal opportunities and employment legislation. Whilst the training is rolled out, it will initially be a requirement that only managers who have completed the training are able to chair recruitment and interview panels.

The Trust has purchased a suite of online assessment tools for use in recruitment. These validated tools enable a greater level of objectivity within the recruitment and assessment processes, and will support the Trust's move towards values based recruitment.

Over the last 18 months, the Trust has introduced 'Pooled Recruitment' for high volume posts such as Nursing and Recovery and Support Workers. This process means that staff apply for generic posts and are assessed through interview and assessment centres, before being matched to a Team or Ward. This means that more consistent competency based selection is taking place. Team or Ward Managers participate in the assessment process. Plans are in place to extend Pooled Recruitment to other high volume areas, such as Improving Access to Psychological Therapies (IAPT) and administration posts.

Actions:

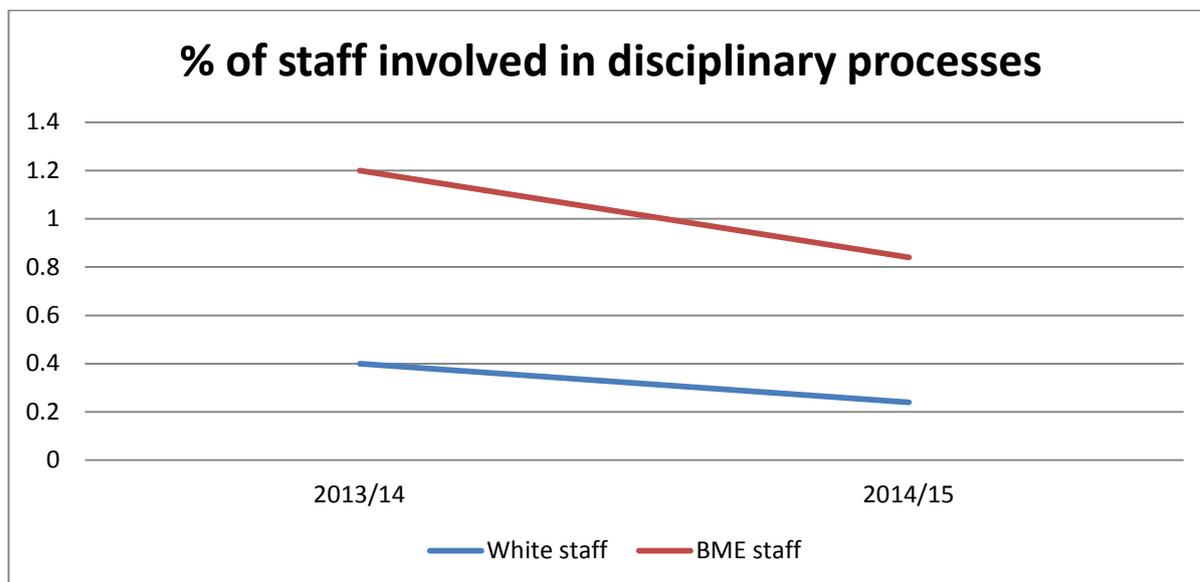
1. Implement Recruitment Training for Managers (October 2015)
2. Extend use of online assessment tools within recruitment process (ongoing)
3. Extend Pooled Recruitment to other high volume areas (September 2015)

3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into formal investigation

Trust data shows that BME staff are **3.75 times** more likely to enter formal disciplinary proceedings than White staff.

Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	White staff	BME staff
	0.01428	0.053286

This is based on a small sample and the level of disciplinary investigations has significantly decreased over the last 2 years – with alternative approaches to mediation and team building being used instead. It is also the case that the proportion of BME staff involved in disciplinary processes has reduced at a greater rate than for White staff, and the Trust aims to continue with this trend.



This over representation of BME staff within disciplinary proceedings is a London wide issue, and is the focus of a work stream for the London HR Directors Network, to identify the underlying reasons for this and to agree a consistent approach to address these.

Research indicates that there is evidence regarding the impact of unconscious bias on the management of staff with protected characteristics, whilst it has also been suggested that within the NHS, managers are less confident in informally addressing potential disciplinary issues with BME staff than with White staff (Archibong and Darr, 2010).

Following receipt of the Trust's 2014 Staff Survey results, in which staff' perception of discrimination was highlighted in a number of areas, it was agreed to acknowledge these issues with staff as part of the Trust wide *Listening into Action* Staff Conversations, hosted by the Chief Executive. The 2015 Conversations will focus on the Trust's values and on agreeing the behaviours all staff should both display and expect from others working in the organization. Following these Conversations, rights and responsibilities of all staff will be developed, against which all staff will be expected to comply.

The Trust is commissioning Unconscious Bias training, which will initially be aimed at the Board, managers and leaders across the organization. Training and support will also be provided for managers with regards to the implementation of Disciplinary Processes. Positive People Management training equips managers with the skills to intervene at an early stage which resolves problems at an early stage and prevents escalation.

Actions:

1. Development of a schedule of behaviours which reflect the Trust's values (September 2015)
2. The Trust will continue to be involved in the London HR Directors work on Unconscious Bias and implement actions and learning that arise (ongoing)
3. Deliver Unconscious Bias training for managers and leaders (October 2015)
4. Provide rolling programme of support and training for managers regarding the Disciplinary Policy (ongoing)

4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff

The Trust has not historically collected this data, as this functionality was not available on its Learning Management System (LMS), and so metrics for 2014/15, and so for this indicator are not available. A new LMS has subsequently been procured and launched and systems have

been established to ensure that accurate data is collected for 2015/16. Reference to the WRES is made within the Trust's revised Training and Development Policy.

Data from the Trust's 2014 Staff Survey results, however, show the following for Key Finding 6:

KF6. % receiving job-relevant training, learning or development in last 12 months	White staff	BME Staff
	83	86

Whilst this does not explicitly define the training as non-mandatory or CPD, it does provide some assurance that there is a perceived equity between BME and White staff reporting receiving training and development opportunities.

In 2015/16, the Trust will launch a competency based 'Learners' Pathway', identifying the core and advanced competences for roles within different care pathways and provide training and development to enable staff to achieve those competences. This will be linked to a revised Performance and Development Review process, which will also include a focus on values and talent management. The learner's pathway will also cover managerial roles.

During 2015/17 the Trust will begin work with the Kings Fund on Collective Leadership. This programme has been developed with Professor Michael West and takes account of his work in relation to staff attitudes and engagement. This work will result in a long term leadership strategy that will address equality and diversity. The Board Development programme complements the work on collective leadership.

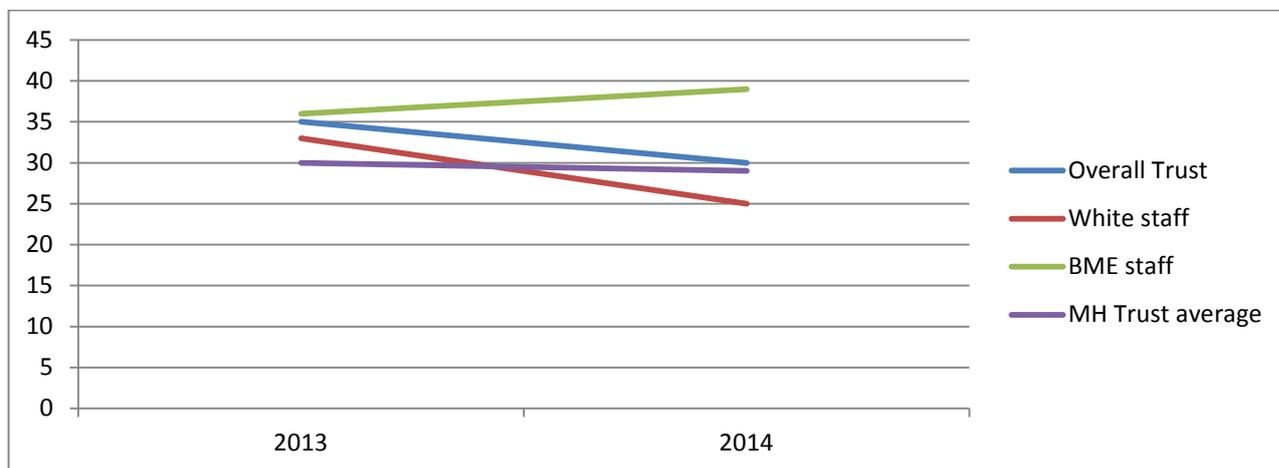
Actions:

1. Recording of protected characteristics within training application process (commenced April 2015)
2. Implementation of Learners Pathway (October 2015)
3. Implementation of revised PADR process (September 2015)
4. Implement Collective Leadership programme over 2015-2017

5. Staff Survey Key Finding 18: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

The Trust's overall score for this key finding has improved significantly between 2013 and 2014. However, it is a significant concern that whilst the experience of White staff experiencing harassment, bullying or abuse from patients, relatives or the public has improved, the experience of BME staff is not only worse than that of white staff, but has also deteriorated between 2013 and 2014:

Key Finding 18: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months				
	MH Trust average %	Overall Trust %	White staff %	BME staff %
2013	30	35	33	36
2014	29	30	25	39



As part of the Trust's response to the 2014 Staff Survey results, work is planned to address a corresponding concern regarding the numbers of staff reporting physical violence from patients, relatives or the public. This will be led by the Director of Nursing and Quality, supported by the Head of Security and the Staff Health and Wellbeing Lead.

The Trust's Equality and Diversity Group will also engage with *Evolve* – the Trust's staff led diversity group – to consider ways in which these issues can be best addressed, as well as identify ways in which the Trust can support the work and development of this group.

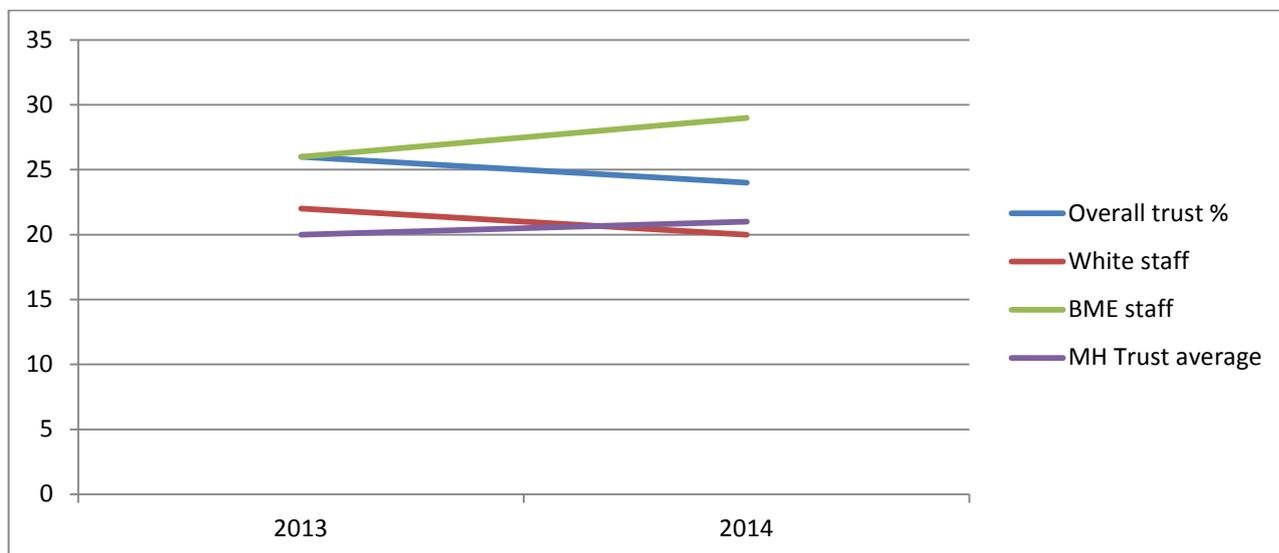
Actions:

1. Agree a campaign to address violence, bullying and harassment of staff by patients, relatives and the public (August 2015)
2. Agree with Evolve additional support that the Trust can offer which may be of benefit (September 2015)
3. Equality and Diversity Group to engage with Evolve to agree other actions to address bullying and harassment of BME staff (September 2015)

6. Staff Survey Key Finding 19: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

The Trust's Staff Survey results show that – unlike White staff – BME staff are experiencing an increase in harassment, bullying or abuse from staff.

Key Finding 19: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months				
	MH Trust average %	Overall Trust %	White staff %	BME staff %
2013	20	26	22	26
2014	21	24	20	29



These findings are even more significant when considered alongside the Trust’s results for Key Finding 17: *Staff experiencing physical violence from staff in the last 12 months*, for which the Trust is in the bottom 20% of mental health trusts, and which shows that BME staff are significantly more likely to experience violence than White staff:

Key Finding 17: Staff experiencing physical violence from staff in the last 12 months				
	MH Trust average %	Overall Trust %	White staff %	BME staff %
2013	4	5	2	8
2014	3	7	3	12

There have been very few reports of violence from staff to the Trust, or to our Staff Side partners, and for the Trust to understand the causes of these results, more information is required. Following the conclusion of the Department of Health’s consultation on Freedom to Speak Up, the Trust will develop and implement structures to further encourage staff to raise concerns *and* to support staff when they do.

It is anticipated that the work described above to agree the behaviours expected of all staff will also help to address this. The Trust’s planned response to the 2014 Staff Survey results includes a ‘Zero Tolerance’ campaign, aimed at sending a clear signal to staff.

It has been identified within the Trust that at times, performance management can be perceived as bullying behaviour. In response to this, in 2014 the Trust commissioned ‘Positive People Management’ training, which aims to provide managers with the skills to have difficult conversations and to manage performance in a constructive and supportive manner. This programme – which uses ‘forum theatre’ - is being repeated this year.

Actions:

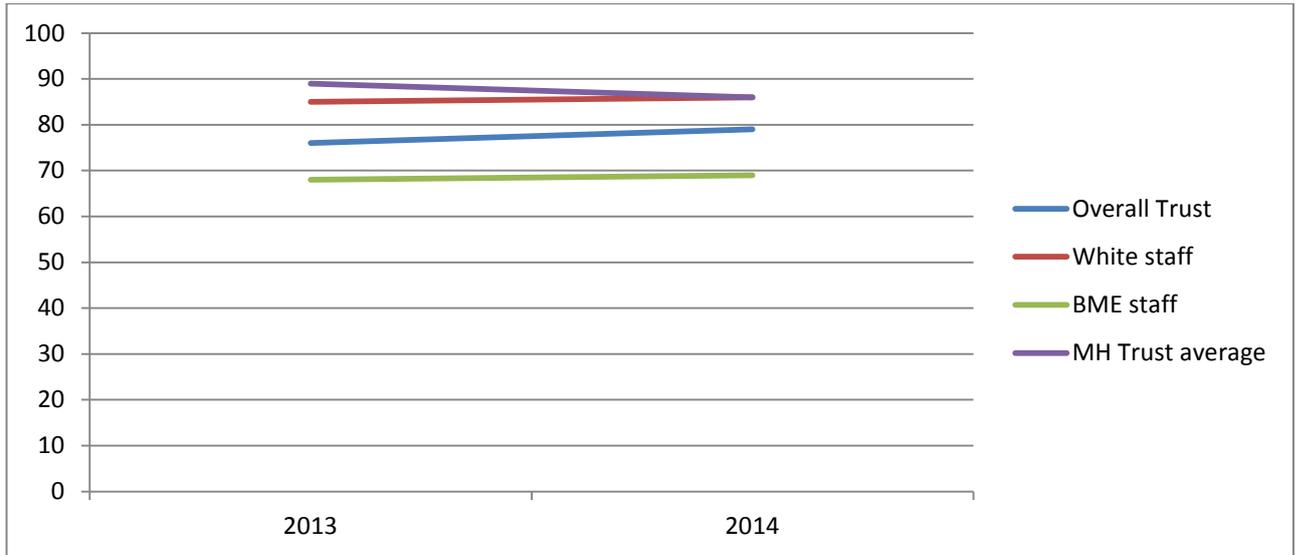
1. Implement action plan to support the recommendations of Freedom to Speak Up following conclusion of Department of Health consultation (September 2015)
2. Zero tolerance campaign regarding violence in the workplace (August 2015)
3. Repeat Positive People Management programme (June 2015)

7. Staff Survey Key Finding 27: Percentage believing that trust provides equal opportunities for career progression or promotion

BME staff working for the Trust are less likely to believe that the organization provides equal opportunities than White staff:

Key Finding 27: Percentage believing that trust provides equal opportunities for career progression or promotion
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	MH Trust average %	Overall Trust %	White staff %	BME staff %
2013	89	76	85	68
2014	86	79	86	69

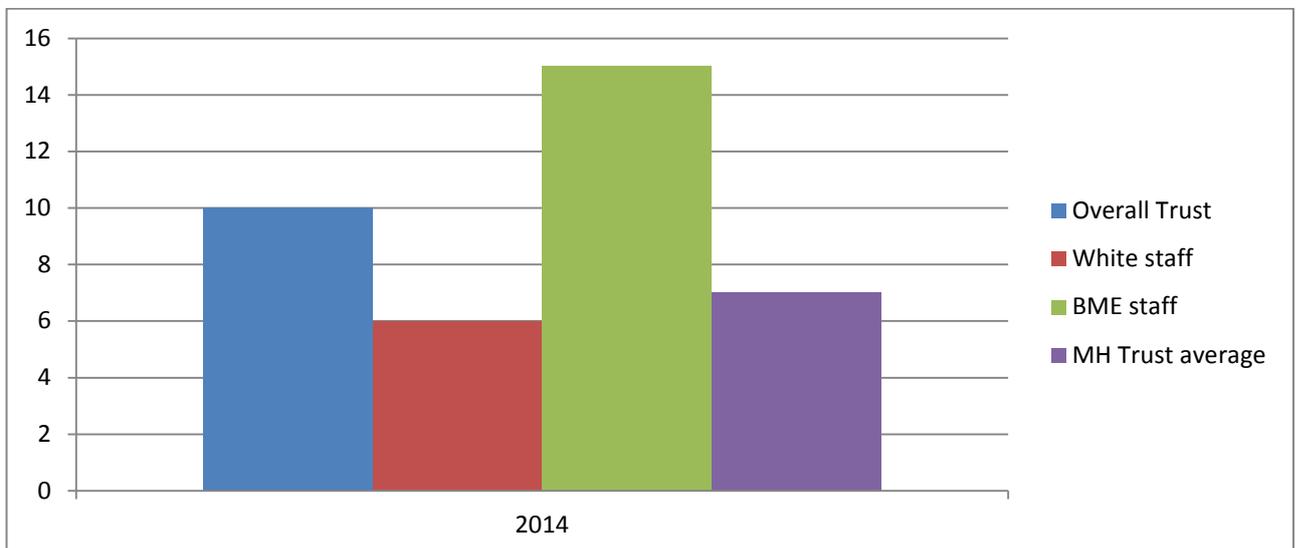


BME staff' perception of equal opportunities in the Trust are supported by the findings in indicator 2 ('relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts'), and reinforce the need to implement the actions described above to address this.

**8. Staff Survey Question 23: In the last 12 months have you personally experienced discrimination at work from any of the following:
b) Manager/team leader or other colleague**

In 2014, BME staff working for the Trust were more than twice as likely to report experiencing discrimination at work from colleagues or managers:

Key Finding 23: In the last 12 months have you personally experienced discrimination at work from any of the following: b) Manager/team leader or other colleague				
	MH Trust average %	Overall Trust %	White staff %	BME staff %
2014	7	10	6	15



The Trust has received a relatively small number of formal allegations of discrimination in 2014/15, which suggests that BME staff may not feel confident that their concerns will be responded to in an appropriate manner.

In addition to the work planned to develop a schedule of behaviours expected of all staff and to implement the Freedom to Speak Up recommendations, the Trust will work closely with Evolve and Staff side colleagues to gain a better understanding of the issues facing staff, and agree in partnership actions to address these issues.

Actions:

1. Work with BME staff Evolve and Staff side (via Listening into Action) to gain an understanding of the discrimination faced by BME staff and agree actions to address these. (October 2015)

9. Boards are expected to be broadly representative of the population they serve

The Trust Board is not currently considered to be broadly representative of the population we serve:

BME composition of Trust Board	9%
BME composition of South West London*	24.8%

* Data taken from 2011 Census. The Trust also provides services on a national and regional basis, though as per the technical guidance, comparison is made with the geographical area the Trust covers: Kingston, Merton, Wandsworth, Sutton and Richmond.

The Trust Board has undergone a number of changes within the last two years, and the Trust Development Agency has formed part of the recruitment panels for new posts. In 2015, the Trust successively applied for funding to deliver inclusion training for the Board, as part of its development. This will focus on developing inclusion using a human rights approach and the associated responsibilities at Board and several senior levels of management within the Trust. The project will be based on concepts currently delivered through the Capital People – Boards programme although the agenda will be revised so that it fits with the full breadth of challenges currently experienced in delivery of mental health services.

Actions:

1. Deliver Inclusion Programme for Trust Board (September 2015)
2. When the Trust becomes a Foundation Trust then Governors will be responsible for the appointment of Non-Executives and a programme of induction, including recruitment and selection training will be put in place. (after August 2015)

3. Conclusion

The Trust has a considerable amount of work to undertake to ensure that BME staff working in the organization are treated as fairly and equitably as White staff. Key to this work will be engaging with BME staff, Evolve and Staff side to identify root causes for the metrics described above and to agree actions which the Trust can take to address these. Board leadership and commitment to the change required is essential to ensuring that progress is made.

4. Summary of actions

Action	Lead	Date Due
Analysis of WRES metrics of similar organisations to enable benchmarking	Equality and Diversity Lead	September 2015
Continue to provide a mentoring programme for staff	Equality and Diversity Lead	ongoing
Continue to provide the 'Open Doors' programme	Training Manager	October 2015
Develop leadership development opportunities comparable to the Leadership Academy Front line programme	Assistant Director: OD and Leadership	October 2015

Implement Recruitment Training for Managers	Recruitment Manager	October 2015
Extend use of online assessment tools within recruitment process	Recruitment Manager	ongoing
Extend Pooled Recruitment to other high volume areas	Recruitment Manager	October 2015
Development of a schedule of behaviours which reflect the Trust's values	Assistant Director: Education & Workforce Development	September 2015
The Trust will continue to be involved in the London HR Directors work on Unconscious Bias and implement actions and learning that arise	Director: HR, OD & Workforce Transformation	ongoing
Deliver Unconscious Bias training for managers and leaders	Training Manager & Equality and Diversity Lead	October 2015
Provide rolling programme of support and training for managers regarding the Disciplinary Policy	Assistant Director: Employee Relations	ongoing
Recording of protected characteristics within training application process	Training Manager	Commenced April 2015
Implementation of Learners Pathway	Training Manager	October 2015
Implementation of revised PADR process	Assistant Director: OD and Leadership	September 2015
Implement Collective Leadership programme over 2015-2017	Assistant Director: OD and Leadership	July 2015
Agree a campaign to address violence, bullying and harassment of staff by patients, relatives and the public	Head of Security & Staff Health and Wellbeing Lead	August 2015
Agree with Evolve additional support that the Trust can offer which may be of benefit	Assistant Director: Education & Workforce Development	September 2015
Equality and Diversity Group to engage with Evolve to agree other actions to address bullying and harassment of BME staff	Equality and Diversity Lead	September 2015
Implement action plan to support the recommendations of Freedom to Speak Up following conclusion of Department of Health consultation	Assistant Director: Education & Workforce Development	September 2015
Zero tolerance campaign regarding violence in the workplace	Head of Security & Staff Health and Wellbeing Lead	August 2015
Repeat Positive People Management programme	Training Manager	June 2015 (complete)
Work with Evolve and Staff side to gain an understanding of the discrimination faced by BME staff and agree actions to address these	Equality and Diversity Lead	October 2015
Deliver Inclusion Programme for Trust Board	Assistant Director: OD and Leadership	September 2015
When the Trust becomes a Foundation Trust then Governors will be responsible for the appointment of Non-Executives and a programme of induction, including recruitment and selection training will be put in place.	Trust Chair Director: HR, OD & Workforce Transformation	After August 2015

9. References

Archibong U. and Darr A. (2010), *The involvement of Black and Minority Ethnic staff in NHS disciplinary proceedings*, University of Bradford and NHS Employers

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NHS Providers (2014), *Leading by example: the race opportunity for NHS provider boards*, NHS Providers

West M. et al (2011), *NHS staff management and health service quality: results from the NHS Staff Survey and related data*, Lancaster University