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Workforce Race Equality Standard Report 2020

**Workforce Race Equality Standard**

1. **Introduction**

Evidence shows that a motivated and inclusive workforce results in better patient care and increased patient satisfaction and safety. The Workforce Race Equality Standard (WRES) is a set of 10 indicators that are used to measure workforce race equality and has been mandated through the NHS standard contract since 2015-16. The metrics for indicators 1 – 4 are taken from ESR data, 5 – 8 from the NHS staff survey results and metric 9 from Trust Board.

The intention is that all NHS organisations should demonstrate progress on the WRES indicators year on year.

**Key findings from 2020 WRES data**

1. **Workforce**

All workforce data has been taken from the ESR records dated 1st April 2019 to 31st March 2020. The data covers staff categorised under the Agenda for Change. There were 3638 members of staff, of which 9.2% were from a BAME background. This figure is less than our local demographic BAME communities. The BAME population in Southampton and Portsmouth are 14.2% and 11.7% respectively.

There is a higher percentage of BAME staff in band 2 and 3 non-clinical roles. There are very few BAME staff at senior levels with only one BAME staff member in a 8D clinical role and one BAME staff member in an 8D non-clinical role at the time the data was collated, with no BAME staff in a band 9 or VSM role.

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| --- | --- |
| **2019** | **2020** |
| **White staff** | **BAME staff** | **Ethnicity Unknown** | **White staff** | **BAME staff** | **Ethnicity Unknown** |
| 91% | 8% | 0.9% | 90% | 9.2% | 0.8% |

Table 1a. Ethnicity of staff

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clinical | White | BAME | Non-Clinical | White | BAME |
| Under band 1 | 0% | 0% | **Under Band 1** | 0% | 0% |
| 1 | 0.07% (3) | 0% | **1** | 0.4% (17) | 0.02% (1) |
| 2 | 3.2% (137) | 0.62% (26) | **2** | 6.1% (255) | 0.8% (34) |
| 3 | 7.9% (333) | 0.57% (24) | **3** | 7.5% (314) | 0.5% (19) |
| 4 | 4.2% (177) | 0.3% (14) | **4** | 2.3% (97) | 0.1% (6) |
| 5 | 8.3% (347) | 1.4% (59) | **5** | 2.4% (98) | 0.19% (8) |
| 6 | 15.1% (630) | 1% (44) | **6** | 1.3% (53) | 0.1% (6) |
| 7 | 8.6% (361) | 0.5% (21) | **7** | 1.3% (56) | 0.04% (2) |
| 8a | 3.14% (131) | 0.16% (7) | **8a** | 0.8% (35) | 0.04% (2) |
| 8b | 1% (42) | 0.04%(2) | **8b** | 0.4% (20) | 0.04% (2) |
| 8c | 0.2% (9) | 0.02% (1) | **8c** | 0.3% (12) | 0% |
| 8d | 0.2% (9) | 0.02% (1) | **8d** | 0.3% (13) | 0.02% (1) |
| 9 | 0.02% (1) | 0% | **9** | 0.04% (2) | 0% |
| VSM | 0.02% (1) | 0% | **VSM** | 0.04% (2) | 0% |
| Medical | **White** | **BAME** |
| Consultants | 0.84% (35) | 0.4% (20) |
| *Of which senior medical manager* | 0% | 0% |
| Non consultant career grade | 1.3% (50) | 0.04% (21) |
|  |  |  |
| Trainee Grades | 0.38% (16) | 0.2% (7) |
| Other | 0.4% (15) | 0.1% (6) |

Table 1b. Breakdown of staff banding and ethnicity

Solent intends to focus on increasing BAME senior leaders, encouraging existing BAME staff to progress in their NHS careers and identifying whether there are barriers with progression. There are already plans in place to offer coaching sessions to BAME staff.

A session with the local radio station Unity101 is being scheduled and will feature a section on recruitment and community engagement. As part of this broadcast we are planning to ensure BAME staff highlight the benefits of working at Solent, and how the Trust is striving to improve on diversity and inclusion.

Close working partnership with the HR & OD team and Diversity and Inclusion. Currently, when policies are revised they will be circulated for further consultation with all four staff resource groups; BAME, LGBT+, multifaith and disability.

**2.1 Shortlisting**

The relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 1.40, compared to last year’s figure of 1.35. This shows that the gap has increased, albeit by an a small percentage.

**2.2 Formal Disciplinary Process**

The data shows that BAME staff are slightly more likely to be entered into the formal disciplinary process that white staff (1.80% compared to 1.16%). Although this is a slight decrease from last year (relative likelihood for BAME staff 1.5 this year compared to 2.14), in reality it only acounts for a decrease of one member of BAME staff. The data shows that BAME staff are still more likely to be entered into the formal disciplinary process.

|  |  |
| --- | --- |
| **2019** | **2020** |
| **White staff** | **BAME staff** | **Ethnicity Unknown** | **White staff** | **BAME staff** | **Ethnicity Unknown** |
| 37 | 7 | 1 | 38 | 6 | 0 |

Table 2 Breakdown of staff entered into formal disciplinary process by ethnicity.

Further work is required to ascertain whether there are any service lines that are entering staff disproportionately into the formal disciplinary process and if this is the case investigate further. On a wider scale HR Consultancy were planning to review the entire formal disciplinary process, which will be led by the AD for People and OD.

**2.3 Non Mandatory Training and CPD**

WRES data for this year shows that there has been an increase in white staff accessing non-mandatory training and CPD compared to BAME staff. 50.95% of white staff accessed these opportunities compared to 41.63% of BAME staff. This shows limited progress from 2019 data where the relative likelihood of BAME staff accessing mandatory training and CPD was 0.64 compared to this years figure of 1.22. Although this is only a slight change it needs to be addressed before it further deteriorates.

**2.4 Harassment, bullying and abuse**

The number of BAME staff facing abuse from patients, relatives or the pubic has decreased from 31.2% in 2018 to 25.5%. This number is also under the national median for combined mental health/learning disability and community mental health Trusts which stands at 33.5%. 18.2% of BAME staff experienced harassment, bullying and abuse from staff in the last 12 months. This is a minimal decrease from 2019, but still under the national median of 24.5%.

|  |  |
| --- | --- |
| **2018** | **2019** |
| **White staff** | **National median for white staff** | **BAME staff** | **National median for BAME staff** | **White staff** | **National median for white staff** | **BAME staff** | **National median for BAME staff** |
| 22.3% | 25.8% | 30.3% | 31.2% | 20.4% | 25.4% | 25.5% | 33.5% |

**Table 3 Percentage of harassment, bullying and abuse faced by staff by patients**

|  |  |
| --- | --- |
| **2018** | **2019** |
| **White staff** | **National median for white staff** | **BAME staff** | **National median for BAME staff** | **White staff** | **National median for white staff** | **BAME staff** | **National median for BAME staff** |
| 15.2% | 21% | 19.8% | 25.7% | 14.4% | 20.2% | 18.2% | 24.5% |

**Table 4 Percentage of staff experiencing harassment, bullying and abuse by staff**

Although slight progress has been made it is evident that there is still a long way to go, especially as there will be staff who do not disclose harrasment and abuse. The BAME resource group has significantly increased its membership and is a safe space for staff to share their experiences and to support escalatation of issues. Solent has recently employed a hate crime specialist who is working on a multi-stakeholder project to improve the recording of hate crime, discrimination and harrassment within the Trust, identify best practice and develop a robust action plan with tangible outcomes.

**2.5 Career progression or promotion**

The percentage of BAME staff that do not feel that they have equal opportunies for career progression or promotion in comparison to white staff is well above the national median.

|  |  |
| --- | --- |
| **2018** | **2019** |
| **White staff** | **National median for white staff** | **BAME staff** | **National median for BAME staff** | **White staff** | **National median for white staff** | **BAME staff** | **National median for BAME staff** |
| 91.6% | 87.5% | 79.5% | 75.7% | 92.6% | 87.2% | 82.4% | 71.8% |

**Table 5 Percentage of staff who believe that the Trust provides equal opportunities for career progression or promotion**

The Trust is working hard to ensure that training and job opportunities are disseminated to all staff resource groups. A pilot programme has recently commenced where members of the staff resource group have the opportunity to sit on diversity and inclusion panels at the assessment centre for senior roles, therefore giving staff the opportunity to develop their skill set and increase their confidence.

**2.6 Discrimination at work**

Limited progress has been made on this metric and BAME staff are more than twice as likely to be discriminated by their manager/team leader or colleague than white staff.

|  |  |
| --- | --- |
| **2018** | **2019** |
| **White staff** | **National median for white staff** | **BAME staff** | **National median for BAME staff** | **White staff** | **National median for white staff** | **BAME staff** | **National median for BAME staff** |
| 4.3% | 5.7% | 9.2% | 12.6% | 4.2% | 5.5% | 9.5% | 13.2% |

**Table 6 Amount of staff experiencing discrimination at work from manager/team leader or other colleagues**

The BAME resource group is a safe space for people to share their experiences and learn from others. The Occupational Health Team are working on a Solent digital journal that will allow staff to write about their lived experiences including race. It is hoped that sharing experiences widely will give people to confidence to challenge and educate other. Ongoing promotion of Freedom to Speak Up for BAME staff continues, which enable staff the opportunity to raise concerns in a confidential and safe enviroment.

**2.7 Board Membership**

The Trust has 13 Board member, 2 of which are from a BAME background. Out of the 11 voting Board members 2 are BAME. Last year’s data shows that there was only 1 Board member from a BAME background.

|  |  |
| --- | --- |
| **2019** | **2020** |
| **White Board Members** | **BAME Board Members** | **White Board Members** | **BAME Board Members** |
| 91.7% | 8.3% | 84.6% | 15.4% |

**Table 7 Ethnicity of Board membership**

Board diversity is important in order to avoid group think, it allows more nuanced discussions. Solent is proud to have its Chief Nurse as its Board level non-BAME champion to provide sponsorship as recommended in the 5 ambitions of BAME Networks by NHS England (*BAME staff networks in NHS Organisations, 2020*).

The Trust Board is dedicated to improving diversity and inclusion and recently heard several BAME staff speak about their lived experience, both personal and professional as part of the Black Lives Matter Movement. The Diversity & Inclusion team has invested further to include a Solent GP seconded one day a week to the Diversity & Inclusion team to work on Covid-19 and the inpact on the BAME community.

**Summary**

**3.0 Summary**

Although progress has been made since last year there is still a lot of work to be done. As a result of this years WRES data the previous action plan has been updated (see Appendix 1). The priority areas that require focus are:

* Decreasing incidences of bullying and harassment for BAME staff
* Increasing the amount of BAME staff in senior positions as described in the Solent NHS 10 year WRES Aspirational Goals.
* Supporting BAME staff through the Covid-19 pandemic

The final objective is not specifically related to the WRES data. However, data has shown that BAME staff are disproportionatly affected by Covid-19 so it is imperative that this is included in our action plan. Solent is committed to looking after its BAME community, workforce and patients.

As part of the wider Engagement & Inclusion and HR & OD piece, work is underway to include within the strategy work that that will build on the WRES and the NHS People Plan 2020/21.

Solent’s BAME Resource Group is growing in membership, as well as supporting staff, the group will lead on accelerating progress on the WRES. In addition to this group, Solent has developed a WRES Taskforce Group, chaired by the Assistant Director of Diversity and Inclusion which is creating strategic and sustainable change across the Trust.

