

Tameside and Glossop ICFT Workforce Race Equality Standard (WRES) Report 2019 - 2020



Executive summary

The WRES standard is designed to report on representation and experience of BAME staff within the organisation, focusing on their employment such as recruitment, management, training development and opportunities.

The WRES standard was introduced to prompt an inquiry to better understand why BAME staff often receive much poorer treatment than White staff in the workplace and to facilitate the closing of those gaps.

National research and evidence strongly suggest that less favourable treatment of Black and Ethnic Minority (BAME) staff occurs in the NHS, which ultimately leads to a negative impact on the efficiency and effective running of the NHS and the quality of care received by patients.

It is important that the Trust actively monitors performance locally, to fully understand any inequality or disparity that occurs and to take the necessary actions in light of the WRES findings.

This document reports on Trust's activity between 1st April 2019 and 31st March 2020 against the WRES, in accordance with the three workforce themes: workforce diversity (indicators 1 – 4), staff experience (indicators 5 – 8) and leadership diversity (indicator 9). A copy of this report will be made published on the Trust's Website.

Key outcomes for WRES 2019 include:

Non-clinical workforce

- BAME diversity across Cluster 1 has not improved between 2018 – 2019 at 8%
- BAME diversity across Cluster 2 has declined by 2% over the last 2 years from 10% to 8%
- BAME diversity across Cluster 3 has improved from 4% to 12 % over the last 2 years
- BAME diversity across Cluster 4 has not improved between 2018 and 2019 at 4%
- Demographic reporting with regard to ethnicity is particularly high across all Clusters
- There has been a 4% increase in the White workforce across Cluster 2

Clinical workforce:

- BAME diversity across Cluster 2 has improved by 1% over the last year
- BAME diversity across Cluster 3 has improved by 3% from 11% to 14 % over the last 2 years
- BAME diversity across the Consultant workforce has increased between by 2% over the last year

- BAME diversity across senior management clinical roles has declined from 44% to 36% by 8% over the last year

Appointment after Shortlisting:

- The likelihood of white staff being appointed from shortlisting than BAME staff has increased by 0.5 times more likely, widening the disparity gap from the previous year.
- There has been a 7% decline in the appointment of BAME staff following shortlisting from 2018 to 2019 from 187 BAME staff in 2018 to 120 BAME staff in 2019
- There has been a 10% increase in the number of White staff appointed from shortlisting from 2018 to 2019 from 571 White staff in 2018 to 629 White staff in 2019

Entering a formal disciplinary:

- The likelihood of BAME staff entering a formal disciplinary has increased by almost 2 fold in comparison to their white colleagues
- The number of white staff entering the formal disciplinary process declined from 29 staff in 2018 to 15 staff in 2019. However, the number of BAME staff entering a formal disciplinary increased from 2 staff to 6 staff, resulting in a 23% increase over the last year.

Access to non-mandatory training / CPD

- In 2018, BAME staff were reported to face no disadvantage in accessing non mandatory training and CPD in comparison to the White counterparts but reported to be more likely to access this. However, in 2019, BAME staff were reported to be less likely to access non-mandatory training and CPD than their White colleagues,
- The greatest disparity faced by BAME staff is the increased levels of bullying, harassment or abuse reported to have been experienced from managers, staff and colleagues in comparison to their White colleagues of up to nearly 15%. Over the last year, there has been a closing of this gap by 3.6% in context of bullying, harassment or abuse from staff but no significant improvement in bullying, harassment or abuse from managers experienced by BAME staff.
- BAME staff have also reported to have experienced a 6.6% decline in equal opportunity to career progression from 2018 to 2019 in comparison to White colleagues who have reported a 0.2% improvement in this area.

Board diversity:

- There has been no improvement in Board level BAME diversity from 2018 to 2019.

1 Introduction

Background

The WRES standard is designed to report on representation and experience of BAME staff within the organisation, focusing on their employment such as recruitment, management, training development and opportunities.

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National research and evidence strongly suggest that less favourable treatment of Black and Ethnic Minority (BAME) staff occurs in the NHS, which ultimately leads to a negative impact on the efficiency and effective running of the NHS and the quality of care received by patients.

It is important that the Trust actively monitors performance locally, to fully understand any inequality or disparity that occurs and to take the necessary actions in light of the WRES findings.

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WRES Results

There are a total of nine indicators that makes up the WRES; split across Workforce, Staff Survey and Board Representation. These are detailed in the following table 1.

Table 1 WRES 2018/ 19	
Workforce Indicators	
1	Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: Non-Clinical staff & Clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of staff entering the formal disciplinary process

4	Relative likelihood of staff accessing non-mandatory training and CPD
National NHS Staff Survey indicators	
Comparison of responses from White and BME staff	
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? (Manager/team leader or other colleagues)
Trust Board Representation Indicator	
9	Percentage difference between the organization's Board membership and its overall workforce disaggregated: By voting membership of the Board, and By non-voting membership of the Board

2 KEY Findings: WRES metrics report

Detailed below is the organisation's WRES data which was submitted on August 2020 covering the period 1st April 2019 to March 31st 2020.

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.

(Data source: ESR).

1a. Non-clinical workforce

	BAME staff in 2019	BAME staff in 2020	Difference	White staff in 2019	White staff in 2020	Difference	Unknown/null staff in 2019	Unknown/null staff in 2020	Difference	Total staff in 2019	Total staff in 2020
	Headcount	Headcount	Headcount difference +/-	Headcount	Headcount	Headcount difference +/-	Headcount	Headcount	Headcount difference	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	76	79	+3	879	883	+4	8	8	0	963	970
Cluster 2 (Band 5 - 7)	14	12	-2	131	138	+7	1	1	0	146	151
Cluster 3 (Bands 8a - 8b)	2	6	4+	46	44	-2	1	1	0	49	51
Cluster 4 (Bands 8c - 9 & VSM)	1	1	0	21	25	+4	1	0	-1	23	26

Analysis:

- BAME diversity across Cluster 1 has not improved between 2018 – 2019 at 8%
- BAME diversity across Cluster 2 has declined by 2% over the last 2 years from 10% to 8%
- BAME diversity across Cluster 3 has improved from 4% to 12 % over the last 2 years
- BAME diversity across Cluster 4 has not improved between 2018 and 2019 at 4%
- Demographic reporting with regard to ethnicity is particularly high across all Clusters
- There has been a 4% increase in the White workforce across Cluster 2

1b. Clinical workforce

	BAME staff in 2019	BAME staff in 2020	Difference	White staff in 2019	White staff in 2020	Difference	Unknown/null staff in 2019	Unknown/null staff in 2020	Difference	Total staff in 2019	Total staff in 2020
	Headcount	Headcount	Headcount difference +/-	Headcount	Headcount	Headcount difference +/-	Headcount	Headcount	Headcount difference +/-	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	106	108	+2	822	880	+58	2	3	+1	930	991
Cluster 2 (Band 5 - 7)	217	239	+22	1252	1240	-12	9	6	-3	1478	1475
Cluster 3 (Bands 8a - 8b)	9	13	+4	75	77	+2	0	0	0	84	90

Cluster 4 (Bands 8c – 9 & VSM)	1	1	0	13	7	-6	0	0	0	14	8
Cluster 5 (Medical and Dental staff, Consultants)	78	83	+5	44	38	-8	3	4	+1	125	125
Senior Manager	4	5	+1	4	5	+1	1	4	+3	9	14
Cluster 6 (Medical and Dental staff, Non- consultant career grade)	61	71	+10	14	15	+1	1	1	0	76	87
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	30	28	-2	37	36	-1	4	3	-1	71	67
Other	4	1	-3	38	19	-19	2	1	-1	44	21

Analysis:

- BAME diversity across Cluster 2 has improved by 1% over the last year
- BAME diversity across Cluster 3 has improved by 3% from 11% to 14 % over the last 2 years
- BAME diversity across the Consultant workforce has increased between by 2% over the last year
- BAME diversity across senior management clinical roles has declined from 44% to 36% by 8% over the last year

Metric 2 – Relative likelihood of BAME staff compared to White staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

	Relative likelihood in 2019	Relative likelihood in 2020	Relative likelihood difference (+/-)
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.08	1.61	0.53+

Analysis:

- The likelihood of white staff being appointed from shortlisting than BAME staff has increased by 0.5 times more likely, widening the disparity gap from the previous year.
- There has been a 7% decline in the appointment of BAME staff following shortlisting from 2018 to 2019 from 187 BAME staff in 2018 to 120 BAME staff in 2019

- There has been a 10% increase in the number of White staff appointed from shortlisting from 2018 to 2019 from 571 White staff in 2018 to 629 White staff in 2019

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

(Data source: Trust’s HR data)

	Relative likelihood in 2018/19	Relative likelihood in 2019/20	Relative likelihood difference (+-)
Relative likelihood of BAME staff entering formal disciplinary process compared to White staff	0.39	2.15	1.76-

Analysis:

- There likelihood of BAME staff entering a formal disciplinary has increased by almost 2 fold in comparison to their white colleagues
- The number of white staff entering the formal disciplinary process declined from 29 staff in 2018 to 15 staff in 2019. However, the number of BAME staff entering a formal disciplinary increased from 2 staff to 6 staff, resulting in a 23% increase over the last year.

Metric 4 – Relative likelihood of staff White staff accessing non-mandatory training and CPD compared to BAME staff

	Relative likelihood in 2018/19	Relative likelihood in 2019/20	Relative likelihood difference (+-)
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.99	1.10	0.11+

Analysis

- In 2018, BAME staff were reported to face no disadvantage in accessing non mandatory training and CPD in comparison to the White counterparts but reported to be more likely to access this. However, in 2019, BAME staff were reported to be less likely to access non-mandatory training and CPD than their White colleagues,

Metrics 5 - 8 – Percentage of BAME staff compared to White staff experiencing harassment, bullying or abuse.

(Data source: Question 13, NHS Staff Survey)

	BAME staff responses to 2018 NHS Staff Survey	White staff responses to 2018 NHS Staff Survey	% points difference (+/-) between BAME staff and White staff responses 2018	BAME staff responses to 2019 NHS Staff Survey	White staff responses to 2019 NHS Staff Survey	% points difference (+/-) between BAME staff and White staff responses 2019
	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	25.2	25.9	0.7+	26.6	25.4	1.2+
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	37.2	23.5	13.7-	32.1	22.2	10.1-
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	74.2	87.2	13-	67.8	87.4	19.6-
Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	20.5	5.7	14.8-	20.5	5.5	15-

Analysis

- The greatest disparity faced by BAME staff is the increased levels of bullying, harassment or abuse reported to have been experienced from managers, staff and colleagues in comparison to their White colleagues of up to nearly 15%. Over the last year, there has been a closing of this gap by 3.6% in context of bullying, harassment or abuse from staff but no significant improvement in bullying, harassment or abuse from managers experienced by BAME staff.
- BAME staff have also reported to have experienced a 6.6% decline in equal opportunity to career progression from 2018 to 2019 in comparison to White colleagues who have reported a 0.2% improvement in this area.

Metric 9 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce

(Data source: NHS ESR and/or trust’s local data)

	BAME Board members in 2019	White Board members in 2019	Board members with ethnicity status unknown in 2019	% points difference (+/-) between BAME Board members and BAME staff in overall workforce	BAME Board members in 2020	White Board members in 2020	Board members with ethnicity status unknown in 2020	% points difference (+/-) Between BAME and White Board members in 2020
	Percentage (%)	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)		
Percentage difference between the organisation’s	Exec = 0	Exec = 100	Exec = 0	Total Board = 0	Exec = 0	Exec = 100	Exec = 0	Total Board = 0

Board voting membership and its organisation's overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Non-exec = 0	Non-exec = 100	Non-exec = 0	Overall workforce = 15	Non-exec = 0	Non-exec = 100	Non-exec = 0	Overall workforce = 15
	Voting = 0	Voting = 100	Voting = 0	Difference = 15	Voting = 0	Voting = 100	Voting = -	Difference = 15
	Non-voting = 0	Non-voting = 100	Non-voting = 0		Non-voting = 0	Non-voting = 100	Non-voting = 0	

Analysis:

- There has been no improvement in Board level BAME diversity from 2018 to 2019.

3 WRES action plan 2020/21

In 2019, the Trust developed its very first EDI Strategy that detailed an ambitious three year plan to improve workforce diversity, leadership diversity and the employee experience of underrepresented groups, detailing a specific focus on improved inclusivity for BAME staff. The strategy highlighted a strong commitment to achieving the following:

- Closing the disparity in poor staff experience pertaining to bullying, harassment and abuse reported by BAME staff via NHS staff
- Improving workforce diversity at all levels of the organisation
- Improving BAME diversity in Leadership

Since the publication of the strategy and following its first year of implementation, much work has been undertaken to address the disparity in the above themes and provide redress to inequalities reported to be facing BAME staff. Key highlights for 2019 – 20 have included:

- Establishment of SIREN – Staff Inclusion Race Equality Network
- Inclusive recruitment practice at advertising vacancies and application stages
- Inclusion competencies embedded into leadership talent management processes for Matron and Ward Manager roles
- Unconscious bias training embedded into recruitment training for managers

To develop on the successes of 2019 – 20, and in alignment to the NHS People Plan 2020's priorities for equality, diversity and inclusion, 2020-21 priorities for Tameside and Glossop include:

Objective	Action/s	Timescales	Lead/s	Why
Improve the experience of BAME staff	Build operational formal structure around SIREN	March 31 st 2020 – March 2021	Taira Shaffi	To provide a more formal mechanism for the voice of BAME colleagues to engage in organisational change and decision making, particularly during COVID-19 recovery
	Embed EDI support into Health and Wellbeing Conversations	September 2020 – October 2020	Emma Lewis	To ensure the diverse needs of BAME staff are addressed consideration for staff health and wellbeing, particularly during COVID 19 recovery
Build management capability and competence for inclusive leadership	Develop and embed inclusion competencies into the / Matron Ward Manager competency framework	March 31 st 2020 – September 2020	Tracy Campbell Kevin P Evans	To support managers to create an inclusive culture for BAME staff To support managers to recruit and retain BAME staff with confidence to build diversity into high performing teams
Build inclusive recruitment practice	Introduce diverse panels for selection	September 2020 – March 21	Taira Shaffi	To address any bias in selection processes that present barriers to the recruitment and promotion of BAME staff
Diversify Board level leadership	Build inclusive practice into the recruitment process for forthcoming Board vacancies	August 2020	Amanda Bromley	To diversify Board leadership in service of improved diversity at the top

4 Conclusion

Achieving equality, diversity and inclusion for our BAME workforce is a critical priority for T&G ICFT to a) attract, recruit and retain the best talent and b) to enrich the design and delivery of patient care provision with the lived experience of diversity. We are on an exciting journey to ensure our staff reflect the communities we serve so that we are able to best translate the needs of our population through our staff into the way we provide our services, for improved effectiveness and quality of care. We have a continued commitment to improving the staff experience of our BAME workforce and in service of the NHS People Plan, August 2020, turning up the dial on equality of opportunity and access to recruitment and selection and improved staff experience for 2020- 2021.

