

Isle of Wight NHS Trust

Workplace Race Equality Standard Report

September 2016



Workforce Race Equality Standard (WRES)

Reporting for July 2016

1. Introduction

The NHS Equality and Diversity Council agreed in July 2014 that action across the NHS needs to be taken to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The move followed recent reports which have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

The WRES comes into force on the 1st April 2015, this is our 2nd annual submission.

2. The metrics

There are nine metrics. Four of the metrics are specifically on workforce data and four of the metrics are based on data derived from the national NHS Staff Survey indicators. The latter will highlight any differences between the experience and treatment of White staff and BME staff in the NHS, with a view to closing the gaps highlighted by those metrics. The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve.

The CQC will take this into account within the 'Well Led' domain.

3. Results

3.1. For each of these four workforce indicators, the Standard compares the metrics for white and BME staff.

WRES 1. Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce.

Total Workforce	Headcount	%
BME	283	8.31%
White British	3119	91.68%

Managers 8-9 & VSM	Headcount	%
BME	1	1.20%
White British	83	98.80%

WRES 2.

Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts.

	Shortlisted	Appointed	Ratio
BME	15	2	0.13
White British	171	11	0.06

Therefore, the likelihood of White people being appointed from shortlisting compared with BME people is 0.48

WRES 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 investigation¹

	Number
BME	2
White British	10

WRES 4.

Relative likelihood of BME staff accessing non-mandatory training and CPD, compared with White staff.

Total Workforce	Headcount	Number of staff accessing non mandatory training and CPD
BME	283	190 (67%)
White British	3119	2325 (74.54%)

3.2. NHS Staff Survey Findings

For each of these five staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff.

For the purpose of this report, the results from the Staff Survey for the Acute Trust, Mental Health and the Ambulance Service have been combined.

WRES 5.

What percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months?

¹ This indicator is based on data from a two year rolling average of the current year and the previous year

Incidences - White Employees	Incidences - BME employees
36%	29%

Of those white employee's 24 (5%) have experienced being harassed, bullied or abused more than 10 occasions.

WRES 6.

What percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Incidence - White Employees	Incidences - BME employees
26%	27%

In 2015 44% of BME staff experienced bullying, harassment or abuse from a colleague, therefore is a significant improvement

WRES 7.

What percentage of staff believes the trust provides equal opportunities for career progression or promotion?

White Employees	BME employees
82%	76%

Since our initial report in 2015 the a greater proportion of BME staff believe the Trust provides equal opportunities for career progression, whereas, few white employees felt the Trust did.

WRES 8.

In the last 12 months have you personally experienced discrimination at work from any of a colleague or manager/team leader?

White Employees	BME employees
8%	16%

Both groups of staff report less incidence of discrimination for a colleague or manager during the past 12 months.

WRES 9. Board Membership

- i. Boards are expected to be broadly representative of the population they serve.
- ii. The population of the Isle of Wight is predominately white (94.8%)

	IOW Ethnicity % (ONS Data)	IOW NHS Trust Board %
BME	5.2	0
White British	94.8	100

4. Review of 2015 Action Plan

WRES Indicator	Action	Progress as at 31 st August 2016	Rating
1	With BME Network, identify barriers to career progression within the Trust.	A BME staff network was established with very low take up rates	
2	Establish Manager Equality and Diversity Training which will include the impact of Unconscious Bias	Completed.	
4	Review systems and processes for recording non-mandatory training by ethnic group	Not progressed	
5 and 6	Compare staff survey responses with reported incidences (formal and informal) of bullying and harassment	Partially completed. Revised appraisal documentation focuses on behaviours and values	
7	Consider commissioning cultural awareness and unconscious bias training	Not progressed	
8	Work with Staff Survey Action Group	Senior HR Manager is a member of the Staff Experience Group	
9	Take positive action whenever the next Board vacancy arises.	To make the Trust Board more representative of the population we serve.	

5. Action Plan for 2016/17

WRES Indicator	Action	Desired Outcome	Timescales
1	Working through the Staff Experience Group BM identify barriers to career progression within the Trust.	Greater proportion of BME staff in senior posts ²	31 st March 2016
4	Review systems and processes	All non-mandatory training is be captured by Education, Training and Development	31 st Dec 2016
	Further analysis of data	To establish if any applications made by BME staff were rejected and why.	
	Take positive action promoting CPD activities are open to all	The proportion of BME staff accessing non-mandatory CPD is equal to white staff members.	
5 and 6	Compare staff survey responses with reported incidences (formal and informal) of bullying and harassment	Better understanding of data Put in place appropriate support mechanism and training	31 st December 2016
7	Consider commissioning cultural awareness and unconscious bias training	To that BME employees feel confident that the will not be discriminated against when seeking career development opportunities. Roll out unconscious bias training with recruitment managers and clinicians will make them more aware of their personal bias and how it influences their decision-making.	31 st March 2016

6. The report was approved by the HR and OD Performance Group (an Exec Led sub-committee of the Trust Board) on 12th September 2016.

Liz Nials
Senior HR Manager
1st September 2016

² As defined in WRES Technical Guidance