NHS
Camden and Islington
NHS Foundation Trust

Report to:	**Trust Executive**
Paper number:	
Report for:	**Approval**
Date:	**19th September 2018**
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Report of:	**Sally Quinn, Director of Human Resources & Organisational Director**
Fol status:	**Report can be made public**

Strategic Aims Supported:	*Early and effective Intervention / Helping People to live well / Research and innovation*
Cultural Pillar Supported:	*We value each other / We Keep things simple/We are connected/ are empowered*

Title: Workforce Race Equality Standard (WRES) 2017- 2018 Report and Action Plan

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Executive Summary

The NHS WRES was launched in April 2015, with all NHS organisations being required to publish data on an annual basis from the previous financial year and an action plan for the current year.

The Workforce Race Equality Scheme (WRES) action plan has been developed to ensure we focus on actions that will make a real difference to the experiences and treatment of Black and Minority Ethnic (BME) staff working within Camden and Islington NHS Foundation Trust (C&I). The standard requires NHS organisations to collect baseline information on nine indicators of workforce equality for ethnic minority staff, including representation on Boards and to publish annual updates on these metrics. Organisations that fail to make progress on these metrics will be in breach of the NHS standard contract and this will affect whether regulators judge them to be "well led."

C&I WRES Key Findings for 2017

Camden and Islington NHS Foundation Trust has undertaken a number of developments that have had a significant impact on WRES Key Findings (see WRES Report 2017/2018 **Appendix 1**).

Standard 1: Percentage of BME staff by band separated by clinical & non-clinical staff.
Less BME staff employed at Band 7 and above - than white staff

Standard 2: Relative likelihood of white staff being appointed from shortlisting
Less BME staff being appointed from shortlisting - than white staff

Standard 3: Relative likelihood of BME staff entering the formal disciplinary process
BME staff less likely to enter the formal disciplinary process - than white staff

Standard 4: Relative likelihood of white staff accessing non-mandatory training
White staff less likely to access non-mandatory training – than BME staff

Standard 5: **Percentage of staff experiencing bullying, harassment or abuse from patents,**
(Staff Survey **relatives or the public in the last year**
KF 25 Data) BME staff more likely to experience bullying, harassment or abuse from patents, relatives or the public in the last year – than white staff

Standard 6: **Percentage of staff experiencing bullying, harassment or abuse from staff in**
(Staff Survey **the last year**
KF 26 Data) BME staff more likely to experiencing bullying, harassment or abuse from staff in the last year – than white staff

Standard 7: **Percentage of staff believing that the Trust provides equal opportunities for**
(Staff Survey **career progression or promotion**
KF 21Data) BME staff less likely to believe that the Trust provides equal opportunities for career progression or promotion – than white staff

Standard 8: **In the last year have you personally experienced discrimination at work from**
(Staff Survey **your manager, team leader of other colleagues**
Q17 Data) BME staff more likely to have personally experienced discrimination at work from your manager, team leader of other colleagues – than white staff

Standard 9: **Percentage difference between the C&I Board voting membership and its overall workforce**
BME less representation between the C&I Board voting membership and its overall workforce (-25.4%)

It has been proposed that the Action Plan 2018/19 (see **Appendix 2)** will focus on 5 key areas which have consistently shown a disproportionate experience for the **43.6%** of BME colleagues across the Trust. This will be in addition to the required data of staff employed at 31st March 2019 for the national WRES process. This will enable a more detailed picture of the experience of BME colleagues and enable a more informed plan of action to be completed. It is expected that this will consider a 5 year + view to establish a more fundamental approach to improving staff experience within the Trust.

The information below details the continued actions to address key areas:

1. **Representation of BME staff at higher bands**
2. **Recruitment process**
3. **Experience of bullying and harassment of BME colleagues by people using services, carers or public**
4. **Experience of bullying and harassment of BME colleagues by managers/colleagues**
5. **Representation of the Board**

The work in relation to the Our Staff First Strategy (early resolution and mediation service) has significantly reduced the number of disciplinary cases taken against BME staff from across the Trust. With this in mind, it has been agreed that this will not be a priority for action for this interim plan of action but will be looked at for an annual analysis as a part of the **Pan London WRES 3 Indicator: Improving Equalities Outcomes Project**

Our Staff First Strategy 2018/2019 has been reviewed and refreshed; to retain and develop our staff. It includes a series of interventions:

1. **Career Clinics and Careers Library:** monthly mobile Career Clinics across all sites giving staff the opportunity to informally discuss internal development or career opportunities available to them. A Careers Library has also been created in the HR & OD department for all staff to access and use.
2. **Flexible Working Policy:** a Flexible Working policy has been agreed and will be rolled out across the Trust 2018/2019. The Trust will widen access to available flexible working options by going over and above the current employment legislation that requires one to have 26 weeks qualifying period prior to putting in a request for flexible working.
3. **Themed HR & OD Roadshows:** themed HR & OD Roadshows run on a regular basis at St Pancras and Highgate Mental Health Centre offering staff the opportunity to seek advice and

information on specific "Hot Topics" such as working flexibly, the impact of Brexit, bullying and harassment, coaching & mentoring, apprenticeships, leadership development and appraisals.

4. **Internal Promotion:** advertise our Band 3 and above vacancies internally for 2 weeks before recruiting from an external pool; however this will not apply to core posts that have been classified by the Home Office as being on the shortage occupation list e.g. Nursing and Social workers. Encourage and support our staff in applying for internal promotion by offering application and interview skills training, this will be available via eLearning and face to face sessions. When a promotion opportunity is available the Resourcing team will inform staff via the weekly Candi Bulletin.

   In addition, the Resourcing team will keep a log of all candidates interviewed and deemed appointable as informed by the interviewing panel and when similar posts become available within 6 months of the interview date, these candidates will be notified and managers advised to slot them in.

5. **BME Specific Positive Action:** Our Workforce Race Equality Standard data shows us that a disproportionately low number of BME staff being appointed to Band 8a and above roles. We will,
   - Provide unconscious bias training to recruiting managers with 100% trained by 31st March 2019, further roll this training out to all staff
   - Members of the Senior Leadership team and Executive directors mentoring two C&I at least one of whom should be BME
   - Provide mediation
   - Ensure there is a BME representative on the interview panel for posts Band 8a and above; to support this initiative a number of BME staff have been trained to sit on interview panels. To encourage attendance at interview panels, the Deputy Chief Operating Officer will act as the escalation point where there are competing interests.

6. **New Starters Buddying Programme:** Each new starter will be offered the opportunity at induction to be aligned to a buddy from the SLT team who will meet with them and offer phone support as appropriate during their first year of employment. Each buddy will be issued with a Goody Bag and the pair is encouraged to have informal and relaxed conversations about our new member of staff's experience at C & I and to support with integration into the organisation.

7. **Internal Transfers:** To improve retention, the Trust has put in place the internal transfer initiative for band 5 and band 6 nurses. This initiative allows existing staff to move to a different area within the organisation seamlessly and without going through the full recruitment process.

8. **Reducing formal Employee Relations (ER) procedures:** the Employee Relations team will report the number of calls they receive relating to disciplinaries or grievances against BME staff to establish whether managers are progressing allegations to a formal stage of the policy without addressing the issues informally.

   In addition, our ER team will coach managers and offer them support and advice on how to address any concerns. Our ER team will also support BME staff who believe they are being managed formally without having explored informal resolution options. Reporting to each Division will be quarterly; reporting will also go to the Trust Board quarterly and also shared through our JNCC, Network for Change as well as being published on the intranet.

9. **Our Networks:** The networks must agree their dates, times and locations as far in advance as possible and relay these to all network members.
   - If members wish to attend meetings and these dates/times fall within working time should notify this request to their manager with at least one month's notice
   - Within reason managers should ensure that any of their staff wanting to attend a staff network meeting should have protected time to do so.
   - If any member of staff involved in a network takes up any form of network duty that requires some administration time within reason managers should allow that member of staff an allocated of protected admin time for network duties.

> ➤ From time to time network members may need protected time to support a colleague or promote equality and inclusion, Managers should with forward notice be able to support their staff who wish to be involved.

In addition to the above initiatives,

- **Anti-Bullying and Harassment Ambassadors Initiative:** The Ambassadors will provide guidance and assistance on the prevention and/or remedy of bullying and harassment. The key part of this role will be to signpost colleagues to existing services and policies that are in place.

How we will measure our success?

Our success will be shown through various different workforce Key Performance Indicators (KPIs):

- ➤ >15% of our 8a and above leaders will be BME by end 2018/19, this KPI should be reviewed an increased to 20% this year and to 23% 2019/2020.
- ➤ We will work to increase the percentage of BME staff who are successful in internal role progression – no current KPI current level is approximately 20% aim to be >30% by end of 2018/2019
- ➤ Q16 Staff Survey on career progression regardless of protected characteristic between 2016 and 2017 the result has dropped 3.3% to 75.7%, the KPI for 2018 is proposed at 80%.
- ➤ Trust specific staff survey question on knowledge of staff networks to be included with an expectation that >70% of staff are aware of the networks and how to join them.

Next Steps

We will continue to move forward and develop the actions set out in the action plan and monitor on an on-going basis through Trust quarterly Equality, Diversity & Inclusion Committee meetings.

Recommendation to the Board

The Committee is requested to:

RECEIVE and ACCEPT the contents of this report to be published on the Trust website and submitted to NHS England.

Risk Implications

Risks are currently covered in the Risk Register

Finance Implications

N/A

Equality and Diversity Impact /Equality Impact Analysis

This is not required in the context of this report as it represent core elements of the E&D agenda

WORKFORCE RACE EQUALITY STANDARD ACTION PLAN 2018-19

		WRES Indicator	Outcome	Lead	Supported by	Actions
Standard 1		Data of staff within clinical and non clinical bands	Improve representation of BME staff at Band 6 and above Encourage accountability	E,D&I Lead/WRES Expert Divisional Directors	L&D Lead and Recruitment Lead Comms	Complete and report to C&I and Equality, Diversity and Inclusion Committee of analysis of Our Staff First 1. **Career Clinics** 2. **Flexible Working Policy** 3. **Themed HR & OD Roadshows** 4. **Internal Promotion** 5. **BME Specific Positive Action** 6. **New Starters Buddying Programme** 7. **Internal Transfers** 8. **Reducing Formal Employee Relations** 9. **Our Networks** Relevant division to account for interview outcomes whilst considering what continuous improvement methods might assist in improving/changing patterns of appointment and promotion
				L&D Lead	Recruitment Lead	Implement the first wave reciprocal mentoring for BME staff. Develop processes to enable this to be continued as a part of the coaching and mentoring offer across the Trust. Report to the Equality, Diversity and

					Inclusion Committee.
			E,D&I Lead/WRES Lead	HR Lead	Complete an analysis and report to Equality, Diversity and Inclusion Committee of Our Staff First detailing the process of ensuring the BME Specific Positive Action for BME staff across the Trust.
			E,D&I Lead/WRES Expert	L&D Lead	Identify the process within the L&D governance/reporting framework to analyse the equality of access to and learning opportunities within C&I for BME staff, including: 1. Analysis of take up 2. BME Specific Positive Action taken to inform and support BME staff of opportunities.
Standard 2	Relative likelihood of White staff being appointed from shortlisting (compared to that of BME staff being recruited from shortlisting across all posts)	Reduce the differential experience data between BME staff and white staff Staff are 1.96 % more likely to be appointed if white	HR&OD Lead	Recruitment Lead WRES Expert/E,D&I Lead	Create part-time WRES Expert post, who will take responsibility for: 1. Chairing the WRES Task and Finish Group 2. WRES data re: recruitment inclusion of BME Specific Positive Action 3. Explore BME Specific Positive Action practice within training for recruiting managers 4. Inclusion of unconscious bias training and implicit test 5. Internal monitoring of recruitment, secondment, 'job shadowing' and 'acting up' decisions 6. Internal monitoring of formal disciplinary decisions Explore the use of the 'tie break system', as included in the Equality Act 2010 (this can be used when there are two or more equally qualified candidates, with selection based on a demographic characteristic sex, race or ethnicity, disability, etc).

					Explore the use of the USA "Rooney rule".
			L&D Lead	Recruitment Lead	To identify key actions to put into place: 1. Non-discriminatory practice within training 2. Unconscious bias training and test for recruiters. 3. External analysis of decision making process after recruitment. 4. BME representation on interview panel 5. Set KPI's to monitor progress
			Training Manager	E,D&I Lead/WRES Expert	Analysis of apprentice recruitment by ethnicity and identify BME Specific Positive Action where needed. Report to C&I and Equality, Diversity and Inclusion Committee.
			Recruitment Lead		To update NHS Jobs information to include BME Specific Positive Action for BME staff.
Standard 5	Percentage of staff experiencing bullying, harassment or abuse from patients, relatives or the public in the last year	Encourage and promote zero tolerance towards all, bullying or abuse BME 36.17% White 33.36%	E,D&I Lead/WRES Lead	Divisional HRBPs Comms	Implementing best practice advice received from WRES Expert Anti-Bullying and Harassment Ambassadors Promote NfC (BME) Staff Network Structured roll out of the mediation support service and wide publicity of the availability of this service The Trust continues to promote zero tolerance but is mindful of the patients we care for have physical and severe/enduring mental health needs and we also have patients in secure/forensic units. Carrying out pulse surveys via Questback, ahead of 2018 national staff survey Promote Our Staff First Strategy. The Trust needs to consider a review of the data

					from Datix, in order to understand the themes/context for learning points to be addressed
			E,D&I Lead	Divisional HRBP	Improve recording of harassment bullying or experienced by staff Anti-Bullying and Harassment Ambassadors Initiative
			E,D&I Lead	Divisional ER	To support BME staff network and all staff networks by: 1. Develop Trust Staff Network Guidance - supporting staff to attend. 2. Board champions 3. Assign Divisional ER to be contact for network/s
			E,D&I Lead/WRES Expert	Divisional HRBP	To work with NfC Staff Network (BME) to review the process by which the Trust supports people who are experiencing or who are more likely to experience discrimination at work and identify BME Specific Positive Actions.
Standard 6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last year (manager/team leader or other colleagues)	Encourage and promote zero tolerance towards all, discrimination BME 13.4% White 5.8%	E,D&I Lead/ WRES Expert	Divisional HRBP Comms	Implementing best practice advice received from WRES Expert Training Anti-Bullying and Harassment Ambassadors Promote NfC (BME) Staff Network Structured roll out of the mediation support service and wide publicity of the availability of this service Carrying out pulse surveys via Questback, ahead of 2018 national staff survey Promote Our Staff First Strategy Proactively addressing issues arising from Exit Questionnaires to take corrective action if required

					To complete an analysis of work across the Trust to support staff experiencing bullying and harassment in Division. The Trust will continue to monitor the findings from the NHS National Staff Survey and the HR Governance Report to inform any future objectives for the Equality, Diversity & Inclusion Annual Report.
			ED&I Lead	Divisional ER	To support BME staff network (and all staff networks) by: 1. Develop Trust Staff Network Guidance - supporting staff to attend. 2. Board champions 3. Assign Divisional ER to be contact for network/s
			Divisional ER	E,D&I Lead	To work with staff networks to review the process by which the Trust supports people who are experiencing or who are more likely to experience discrimination at work and identify positive actions.
Standard 9	Percentage difference between C&I Board voting membership and its overall workforce.	To improve the representation of BME people on the Board of directors. To increase the number of BME people with voting rights on the Board of directors. (-25.4%)	Recruitment Lead	E,D&I Lead/WRES Expert	To ensure clarity in Board recruitment processes that indicates the BME Specific Positive Action has been taken Explore setting up a Board Apprenticeship Scheme Explore alternative avenues to attract BME Board directors All Board members to pledge (9 PCs) commitment to Equality, Diversity and Inclusion on an annual basis.