

# Workforce Race Equality Standard



## REPORTING TEMPLATE

Template for completion

### Name of provider organisation

Blackpool teaching Hospitals

### Date of report: month/year

April

2015

### Name and title of Board lead for the Workforce Race Equality Standard

Marie Thompson Director of Nursing

### Name and contact details of lead manager compiling this report

Tina Daniels 01253 957375

### Names of commissioners this report has been sent to

Blackpool CCG; Fylde and Wyre CCG; North Lancashire CCG

### Name and contact details of co-ordinating commissioner this report has been sent to

NHS England

### Unique URL link on which this report will be found (to be added after submission)

<http://www.bfwh.nhs.uk/about/equality/default.asp>

### This report has been signed off by on behalf of the Board on (insert name and date)

Marie Thompson, Director of Nursing and Quality on Wednesday 1st July 2015

# Report on the WRES indicators

## 1. Background narrative

### a. Any issues of completeness of data

The question has been raised around indicator 5 and 7 with Picker as to whether they came across any reliability issues and awaiting confirmation from their Co-ordination Centre.

The Trust endeavours to promote and develop staff surveys to reflect indicator 5-8 year on year.

### b. Any matters relating to reliability of comparisons with previous years

As this is the first year this standard has been reported on we have no historical data comparisons to comment on.

## 2. Total numbers of staff

### a. Employed within this organisation at the date of the report

6442

### b. Proportion of BME staff employed within this organisation at the date of the report

409

## Report on the WRES indicators, continued

### 3. Self reporting

#### a. The proportion of total staff who have self-reported their ethnicity

Ethnicity data is collected as part of a supplementary and non-compulsory page during the recruitment process, so this could be assumed as be 

#### b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

Non to report on at this stage, as this is the first year of reporting.

#### c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

A data cleansing exercise was carried a few years ago to encourage staff to complete any missing data. ESR self serve will be rolled out shortly 

### 4. Workforce data

#### a. What period does the organisation's workforce data refer to?

1st April 2014 to 31st March 2015

## Report on the WRES indicators, continued

### 5. Workforce Race Equality Indicators

For ease of analysis, as a guide we suggest a maximum of 150 words per indicator.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	<b>For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.</b>				
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	3.8% BME staff in Bands 8-9 and VSM Compared to <b>+</b>	n/a	There are fewer BME staff at Bands 8-9 and VSM compared to the overall number of BME staff in the workforce. Although at Board level it is representative of the community the Trust serves <b>+</b>	1. Consider stretch targets for BME representation at Bands8-9 to address any disproportion of BME staff. <b>+</b> 2. Consider reverse mentoring scheme i.e. <b>+</b>
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	S/LIST White 10109 BME 3085 <b>+</b>	n/a	Relative likelihood of White staff being appointed from shortlisting compared to BME is 0.024 greater <b>+</b>	1. Auditing will be linked to our quarterly E&D reports and any changes will be reported and actions taken <b>+</b>
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* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.	2014/15 W/FORCE White 6033 BME 409	2013/14 W/FORCE White 6033 BME 409	2013/14 - the relative likelihood of BME staff entering formal disciplinary process compared to White staff in 2014 = 1.125  2014/15 - the relative likelihood of BME staff entering the formal disciplinary process compared to White staff in 2015 = 2.57 <b>+</b>	1. Identify whether there are any common themes across disciplinary cases involving BME staff. 2. Meetings with BME groups to gain understanding of the data and identify any possible issues with procedures. 3. Identify whether there are any significant differences between the ethnicity of staff entering <b>+</b>
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	W/FORCE White 6033 <b>+</b>	n/a	Relative likelihood of BME staff accessing non mandatory training as opposed to White staff is <b>+</b>	1. Ensure robust systems for collating and analysing data. <b>+</b>

## Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	<b>For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.</b>				
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White 33% BME 37%	White 29% BME 24%	The return rate for the survey is: 2013 overall return rate = 47% Breakdown is: <span style="float: right;">+</span>	1. Improve return rate for staff survey 2015 to improve validity of data. 2. Breakdown data by department/profession if <span style="float: right;">+</span>
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 20% BME 41%	White 21% BME 19%	Between the 2013/14 survey and the 2014/15 survey results there has been a dramatic <span style="float: right;">+</span>	1. Engage with BME staff to better understand the staff survey results e.g. survey monkey. <span style="float: right;">+</span>
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White 89% BME 75%	White 91% BME 85%	The results for White staff believing the Trust provides equal opportunities has increased by 2% <span style="float: right;">+</span>	1. Engage with BME staff to gain better understanding of staff survey results e.g. survey <span style="float: right;">+</span>
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	White 4% BME 10%	White 19% BME *	To preserve the anonymity of staff, a score is replaced with a star if the group in question contributed fewer than 11 responses to that score. Only 3 BME staff completed this question. <span style="float: right;">+</span>	1. Analyze cases to identify any common themes/issues or hot spots. 2. Identify corrective action to be taken as a result of the feedback on cases e.g. E&D and <span style="float: right;">+</span>
	<b>Does the Board meet the requirement on Board membership in 9?</b>				
9	Boards are expected to be broadly representative of the population they serve	Exec Board White 71.43 <span style="float: right;">+</span>	n/a	There is no BME representation on the Board. <span style="float: right;">+</span>	1. review Non-Exec terms of office or when appointing new members taking note of the lack <span style="float: right;">+</span>

**Note 1.** All provider organisations to whom the NHS Standard Contract applies are required to conduct staff surveys though those surveys for organisations that are not NHS Trusts may not follow the format of the NHS Staff Survey

**Note 2.** Please refer to the Technical Guidance for clarification on the precise means of each indicator.

## Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain.”

Consideration should be given to the data for the ethnicity of the Fylde Coast population which is 95.9% White British and 4.1% BME. As the current figures stand, the Trust is representative of the community it serves.

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

Having just completed the Trust's EDS2 consultation and grading event, any actions arising from the grading will be reviewed alongside the WRES recommendations to ensure proposed actions are complementary, relevant and workable.