

# Workforce Race Equality Standard

## REPORTING TEMPLATE

**Name of provider organisation**

Blackpool Teaching Hospitals

**Date of report: month/year**

July 2017

**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 Equality and Diversity Lead 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)**

## Report on the WRES indicators

### 1. Background narrative

#### a. Any issues of completeness of data

The Trust hosts Trinity Hospice and the North West Leadership Academy on VPD 382 which are excluded from the Trust data that follows as these are entirely separate organisations to BTH. The Trust endeavours to promote and develop staff surveys to reflect indicator 5-8 year on year.

At the beginning of this financial year 2017-18 the Trust's Estates Department was moved to create a separate company trading as Atlas. The figures include staff from Estates/Atlas for consistency as they will have to be included for other reports.

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

### 2. Total numbers of staff

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

6988

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

450, 6.44%

### **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 being all 'self-reported'.

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

We continue to actively roll out the ESR self service module allowing individuals to access and amend their own record and so improving our self reporting. This also gives staff that have worked for the Trust for a long period of time that may not reported initially the opportunity to add in their details.

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

We will continue to run the self-service awareness and advice sessions to improve access to this for all employees.

### **4. Workforce data**

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

1st April 2016 to 31st March 2017 or as at 31st March 2017 for data extracted from ESR.

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>				
<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</b>	2016/17 Overall Workforce BME 6.44%  Clinical Bands 1-4 White 90.6% BME 5.1%  Bands 5-7 White 89.8% BME 6.2%  Bands 8-9 White 93.7% BME 4.2%  VSM White 66.7% BME 0.0%  Med&Dental White 35.7% BME 33.0%	4.2% BME staff in Bands 8-9 and VSM compared to 6.44% BME in the overall workforce.	<p>The largest number of BME staff in the AfC bands are in Clinical Band 5, the same as last year. The percentage of BME staff at VSM level is zero, although almost a quarter of VSM have not disclosed their details.</p> <p>There is a slight increase in the number of BME staff employed by the Trust up from 413 (6.1%) to 450 (6.44%)</p> <p><b>Although this is a small increase of 0.4% in BME staff in Band 8-9, this is a positive move.</b></p> <p><b>6.2% BME in Clinical bands 5-7, with 3.1% BME in non-clinical bands 5-7. This has not previously been reported separately as a group but shows a positive move for BME staff in these bands.</b></p> <p><b>6.08% of staff had not declared their ethnicity.</b></p>	<ol style="list-style-type: none"> <li>Consider stretch targets for BME representation at Bands 8-9 to address any disproportion of BME staff.</li> <li>Consider reverse mentoring scheme i.e. BME staff mentors a member of the senior team.</li> <li>Succession planning and corresponding processes have been embedded into appraisals for all staff which includes positive action for all board and senior positions.</li> <li>Talent monitoring has been commenced for staff at Bands 8a to identify potential career advancement to Executive Directors and VSM.</li> </ol>

	Non-Clinical Bands 1-4 White 90.6% BME 1.8%  Bands 5-7 White 91.8% BME 3.1%  Bands 8-9 White 93.2% BME 2.9%  VSM White 66.7% BME 0.0%			
<b>2.</b> Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	2016/17 S/LIST  White 5184 BME 1636  APPTD White 818 BME 287  RATIO White 0.16 BME 0.18	2015/16 S/LIST  White 5429 BME 1050  APPTD White 1307 BME 201  RATIO White 0.24 BME 0.19	Relative likelihood of BME staff being appointed from shortlisting compared to White is 0.02 greater. This is a small increase for BME applicants being appointed. There is a decrease of 0.08 for White appointees.	<ol style="list-style-type: none"> <li>1. Auditing will be linked to our quarterly E&amp;D reports and any changes will be reported and actions taken.</li> <li>2. Review reasons for non-appointment/appointment of BME applicants</li> <li>3. Investigate if any difference between professions in relation to the success of BME applicants.</li> <li>4. Identify if there are any barriers preventing BME applicants attending interview.</li> <li>5. E&amp;D training, to include unconscious bias for interview panels.</li> <li>6. Link in with engagement events with local BME communities to encourage applications.</li> <li>7. Review wording on adverts for Band 8-9 and VSM to include clear statement encouraging applicants from BME backgrounds to apply.</li> </ol>

<p><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*</b></p> <p>*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.</p>	<p>2016/17 W/FORCE White 6636 BME 502 N/A 843</p> <p>Likelihood of BME entering disciplinary process is 0.19%.</p> <p>Likelihood of White entering disciplinary process is 0.5%</p>	<p>2015/16 W/FORCE White 6103 BME 413</p> <p>Two year average of cases White 24.5 BME 1</p> <p>Ratio White 0.004 BME 0.002</p>	<p>There were 35 formal disciplinary cases in 2016/17 (34 White, 1 BME). In 2015/16 there were 16 formal disciplinary cases (16 White, 0 BME).</p> <p>The two year rolling averages as at 31 March 2017 are 25 White and 0.5 BME. As at 31 March 2016 the two year rolling average was 24.5 White and 1 BME.</p> <p>There is no indication that BME employees are more likely to enter the disciplinary process than White employees.</p>	<p>None required at present. There is no evidence to suggest that BME employees are more likely to enter the disciplinary process than White employees.</p> <p>Disciplinary cases will continue to be monitored as part of the HR/employee relations monitoring process.</p>
<p><b>4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff</b></p>	<p>2016/17 W/FORCE White 5184 BME 1636</p> <p>TRAINING White 2129 BME 171</p> <p>Ratio Accessed White 2.43 BME 9.57</p> <p>CPD White 222 BME 26</p>	<p>2015/16 W/FORCE White 6103 BME 413</p> <p>TRAINING White 2031 BME 124</p> <p>Ratio Accessed White 0.33 BME 0.30</p>	<p>The training records held in the Trust's Learning Management System show that a total of 2430 staff accessed non-mandatory training in the 2016/17 year. Of these 171 (7.04%) were from a BME background, 2129 (87.61%) were white; 80 (3.29%) were undefined and 50 (2.06%) had not stated their ethnicity.</p> <p>This shows an increase of 1.58% in the number of BME staff accessing non-mandatory training with a reduction of 1.82% in the number of White staff in 2016/17 compared with 2015/16.</p>	<ol style="list-style-type: none"> <li>1. Ensure robust systems for collating and analysing data.</li> <li>2. Encourage BME staff onto the coaching programme.</li> <li>3. Ensure Appraisal system has been Equality Impact assessed to be culturally sensitive.</li> <li>4. Use positive action to encourage BME staff onto NW Leadership Academy regional and national programmes.</li> <li>5. Monitoring will continue to check the numbers of BME staff accessing non-mandatory training. Any changes will be investigated and relevant actions taken.</li> </ol>

			For CPD training 26 (0.4%) were from a BME background, 222 (3.4%) were white; and 3 (0.05%) had not stated their ethnicity.	
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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
For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.				
5. KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White 25% BME 27%	White 26% BME 45%	This year's results show a significant improvement against this measure. The response rate from BME staff represents 118 staff and therefore the data obtained may be lacking in validity. However this represents 5% of the survey respondents which is comparable with the percentage of the organisation from a BME background.	<p>The reduction from 45% to 27% implies the zero tolerance policy is having a positive impact.</p> <ol style="list-style-type: none"> <li>1. Continue to monitor via the This will be discussed at the Great Place to Work action plan</li> <li>2. Additional diagnostics will be undertaken to identify factors leading to these results and subsequent actions identified to address these issues.</li> </ol>
6. KF 19. Percentage of staff experiencing	White 25% BME 36%	White 25% BME 31%	While figures show no change for White staff from last year, it shows an	1. Continue to monitor via the action plan. This will be discussed at the Great Place to

harassment, bullying or abuse from staff in last 12 months			increase of 5% for BME staff. The response rate from BME staff represents approximately 118 staff and therefore the data obtained may be lacking in validity. However this represents 5% of the survey respondents which is comparable with the percentage of the organisation from a BME background.	Work 2. Training for Freedom to Speak Up Ambassadors 3. Recruit to the Freedom to Speak Up Guardian role. 4. Additional analyses will take place to establish how and where this is happening. 5. All in house leadership programmes and Equality and Diversity training include training on bullying and harassment.
<b>7. KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion.</b>	White 85% BME 69%	White 88% BME 73%	This figure is worse than last year with more BME staff reporting a worsening of equal opportunities for promotion or career progression. There is also a slight reduction for White staff who feel there is also less of an opportunity. The response rate from BME staff represents approximately 118 staff and therefore the data obtained may be lacking in validity. However this represents 5% of the survey respondents which is comparable with the percentage of the organisation from a BME background.	1. Actions to ensure that a relative proportion of staff attending the Senior Collaborative Leadership Programme are from BME backgrounds are in place. Participants on this programme are those identified in the Trust's succession planning and talent management process. A number of senior leadership roles have been filled by participants from BME backgrounds.
<b>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</b>	White 7% BME 19%	White 6% BME 19%	Although this figure remains the same as last year, BME staff experience a higher level of discrimination than White staff. The response rate from BME staff represents approximately 118 staff and therefore the data obtained may be lacking in validity. However this represents 5% of the survey respondents which is	1. Further analysis of the data is being undertaken to establish where these issues are occurring. 2. A breakdown of the type of discrimination is also being undertaken.

			comparable with the percentage of the organisation from a BME background.	
<b>Does the Board meet the requirement on Board membership in 9?</b>				
<b>9.</b> Boards are expected to be broadly representative of the population they serve	Members BME 0.0%  Overall Workforce BME 6.44%	Exec Board White 71.43 with 28.57% not stated  Non-Execs White 28.57 Undefined 42.86 not stated 28.57	<p>There has been no change in BME representation on the Board during the past 12 months. Work will continue to engage with members of local BME communities.</p> <p>For the recent advertising of the Non-Executive vacancies various local groups were contacted to promote the vacancies and encourage applications; groups include Chinese, Polish, Hindu Society (Indian community), Islamic (Asian community), African Caribbean Society.</p> <p>An existing NED offered to be a point of contact for any applicants wishing to discuss the role.</p>	<ol style="list-style-type: none"> <li>1. Review Non-Exec terms of office or when appointing new members taking note of the lack of diversity at senior level.</li> <li>2. Take positive action to encourage diverse applicants and declaration of status.</li> </ol>

## Report on the WRES indicators, continued

### **6. Are there any other factors or data which should be taken into consideration in assessing progress?**

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. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.**

The Trust's EDS2 consultation and grading event was held in March 2017, any actions arising from the grading will be reviewed alongside the WRES recommendations to ensure proposed actions are complementary, relevant and workable.