

Equality Diversity and Inclusion Implementation Committee

8<sup>th</sup> May 2018

Workforce Race Equality Standard 1 April 2017 – 31 March 2018 - in word

<b>Report Prepared By:</b>	Tina Daniels		
<b>Contact Details:</b>	57375		
<b>Date of Report:</b>	May 2018		
<b>Purpose of Report:</b>			
To monitor the ethnicity of the Trust's staff to ensure process and procedures are fair to all.			
1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	
For information	For Discussion	For Approval	
<b>Recommendations:</b>			
Continue monitoring and reporting to identify any ongoing trends or problems for BAME staff in accessing training or promotional opportunities; Promote local, regional and national training schemes for BAME staff; Support BAME staff to attend training schemes.			
<b>Sensitivity Level:</b>			
1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	
Not sensitive: For immediate publication	Sensitive in part: Consider redaction prior to release	Wholly sensitive: Consider applicable exemption	

### **Purpose of paper**

To provide an annual report which can be benchmarked against the Trust's own work to promote career opportunities for Black, Asian and Minority Ethnic (BAME) staff, and with that of other Trusts both locally and nationally.

### **Background**

This is a NHS Employers initiative to assist Trust's in identifying problems in processes and procedures in the career progression of BAME staff across all levels of the organisation.

### **Current position**

The Trust is representative of the community it serves, with the population being 96.7% White British and 3.3% BAME and staff being 86.19% White British and 6.88% BAME with 6.93% unknown. The local population figures have altered slightly since last year with a reduction in the BAME group by 0.8% and an increase of 0.8% for White British.

### **Key issues**

No BAME representation at Board and Non-Executive level.  
Low return rate for the staff survey may bring into question the reliability of the results.

### **Actions**

- Monitor and compare reports to identify any ongoing problems for career progression or accessing training opportunities for our BAME staff.

### **Recommendations**

- Continue monitoring and reporting to identify any ongoing trends or problems for BAME staff in accessing training or promotional opportunities;
- Promote local, regional and national training schemes for BAME staff;
- Support BAME staff to attend training schemes.

# Workforce Race Equality Standard

## REPORTING TEMPLATE

**Name of provider organisation**

Blackpool Teaching Hospitals

**Date of report: month/year**

May 2018

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

Marie Thompson Director of Nursing and Quality

**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)**

Marie Thompson Director of Nursing and Quality July 2018

## 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 the 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**

None identified at this time

### 2. Total numbers of staff

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

6997

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

486, 6.95%

### 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 2017 to 31st March 2018 or as at 31st March 2018 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 BAME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BAME staff in the overall workforce</b>	2017/18 Overall Workforce BAME 6.95%  Clinical Bands 1-4 White 89.4% BAME 5.1%  Bands 5-7 White 88.5% BAME 6.6%  Bands 8-9 White 92.6% BAME 4.9%  VSM White 83.3% BAME 0.0%  Med&Dental White 34.8% BAME 34.1%  Non-Clinical	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%  Non-Clinical	<p>The largest number of BAME staff are in AfC Clinical Band 5, the same as previous years. The percentage of BAME staff at VSM level is zero, although almost a quarter of VSM have not disclosed their details. There is a slight increase in the number of BAME staff employed by the Trust up from 450 (6.44%) to 486 (6.95%)</p> <p>4.9% BAME staff in Bands 8-9 and VSM 0.0% compared to 6.95% BME in the overall workforce.</p> <p><b>There is a further small increase this year from last year of 0.7% in BAME staff in Band 8-9, this is a positive move. 6.2% BAME in Clinical bands 5-7, with 3% BAME in non-clinical bands 5-7. This has not previously been reported separately as a group but shows a positive move for BAME staff in these bands. 6.93% of staff have not declared</b></p>	<ol style="list-style-type: none"> <li>1. Consider stretch targets for BAME representation at Bands 8-9 to address any disproportion of BAME staff.</li> <li>2. Consider reverse mentoring scheme i.e. BAME staff mentors a member of the senior team.</li> <li>3. 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>4. Talent monitoring has been commenced for staff at Bands 8a to identify potential career advancement to Executive Directors and VSM.</li> </ol>

	Bands 1-4 White 91.2% BAME 2.4%  Bands 5-7 White 92.2% BAME 3.0%  Bands 8-9 White 92.6% BAME 2.1%  VSM White 63.6% BAME 0.0%	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>their ethnicity.</b>	
<b>2. Relative likelihood of BAME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.</b>	2017/18 S/LIST  White 5483 BAME 1126  APPTD White 1125 BAME 283  RATIO White 0.20 BAME 0.25	2016/17 S/LIST  White 5184 BAME 1636  APPTD White 818 BAME 287  RATIO White 0.16 BAME 0.18	Relative likelihood of BAME staff being appointed from shortlisting compared to White is 0.05 greater. This is a small increase of 0.07 for BAME applicants being appointed. Overall there has been an increase for both groups, with BAME having the biggest increase.	<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 BAME applicants</li> <li>3. Investigate if any difference between professions in relation to the success of BAME applicants.</li> <li>4. Identify if there are any barriers preventing BAME 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 BAME communities to encourage applications.</li> <li>7. Review wording on adverts for Band 8-9 and VSM to include clear statement encouraging applicants from BAME backgrounds to apply.</li> </ol>

<p><b>3. Relative likelihood of BAME 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>2017/18 W/FORCE White 6028 BAME 486 N/A 483</p> <p>Likelihood of BAME entering disciplinary process is 0.13%</p> <p>Likelihood of White entering disciplinary process is 0.86%</p>	<p>2016/17 W/FORCE White 6636 BAME 502 N/A 843</p> <p>Likelihood of BAME entering disciplinary process is 0.19%.</p> <p>Likelihood of White entering disciplinary process is 0.5%</p>	<p>There were 30 Formal disciplinary cases in 2017/18 (26 White and 4 BAME).</p> <p>There were 30 formal disciplinary cases in 2016/17 (28 White, 2 BAME).</p> <p>The two year rolling averages as at 31 March 2018 are 27 White and 0.1 BAME. As at 31 March 2017 the two year rolling average was 25 White and 0.5 BAME.</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 BAME 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 BAME staff accessing non-mandatory training and CPD as compared to White staff</b></p>	<p>2017/18 W/FORCE White 6028 BAME 486 Not Stated 483</p> <p>TRAINING White 2180 BAME 156</p>	<p>2016/17 W/FORCE White 5184 BAME 1636</p> <p>TRAINING White 2129 BAME 171</p>	<p>The training records held in the Trust's Learning Management System show that a total of 2336 staff accessed non-mandatory training in the 2017/18 year. Of these 156 (7.15%) were from a BAME background, 2180 (93.33%) were white; 32 (1.37%) were undefined and 127 (5.44%) had not stated their ethnicity.</p> <p>This shows a slight increase of 0.11% in the number of BAME staff accessing non-mandatory training and an increase of 5.72% in the</p>	<ol style="list-style-type: none"> <li>1. Ensure robust systems for collating and analysing data.</li> <li>2. Encourage BAME staff on to 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 BAME staff onto NW Leadership Academy regional and national programmes.</li> <li>5. Monitoring will continue to check the numbers of BAME staff accessing non-mandatory training. Any changes will be investigated and relevant actions taken.</li> </ol>



	CPD White 224 BAME 26  Ratio Accessed White 0.36 BAME 0.32	CPD White 222 BAME 26  Ratio Accessed White 0.41 BAME 0.10	number of White staff in 2017/18 compared with 2016/17.  The 2017/18 CPD data has stayed consistent over the last year, showing 26 (10.16%) are from a BAME background, 224 (87.5%) from a white background and 6 (2.34%) have not stated their ethnicity. ( <i>% are worked out from the total number of staff who accessed CPD training</i> )	
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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	White 25% BAME 28%	White 25% BAME 27%	The figure for 2017/18 is slightly worse than last year. The response rate from BAME staff represents 109 staff and therefore the data obtained might be lacking in validity. However, this	The reduction from 45% to 27% implies the zero tolerance policy is having a positive impact.  1. Continue to monitor via the This will be

the public in last 12 months			represents 5% of the survey respondents which is comparable with the percentage of the organisation from a BAME background. The figure is also less than the average (median) for other combined acute and community Trusts (26%).	discussed at the Great Place to Work action plan 2. Additional diagnostics will be undertaken to identify factors leading to these results and subsequent actions identified to address these issues.
<b>6. KF 19.</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 24% BAME 30%	White 25% BAME 36%	Both figures show a reduction in staff experiencing harassment etc. from staff in the last twelve months. The reduction is more significant for staff from a BAME background. The response rate from BAME staff represents approximately 109 staff and therefore the data obtained may be lacking validity. However this represents 5% of the survey respondents which is comparable with the percentage of the organisation from a BAME background.	<ol style="list-style-type: none"> <li>1. Continue to monitor via the action plan. This will be discussed at the Great Place to Work</li> <li>2. Training for Freedom to Speak Up Ambassadors</li> <li>3. Recruit to the Freedom to Speak Up Guardian role.</li> <li>4. Additional analyses will take place to establish how and where this is happening.</li> <li>5. All in house leadership programmes and Equality and Diversity training include training on bullying and harassment.</li> </ol>
<b>7. KF 27.</b> Percentage believing that trust provides equal opportunities for career progression or promotion.	White 86% BAME 81%	White 85% BAME 69%	This figure has significantly improved since 2016 with 81% of staff stating that they believe the Trust provides equal opportunities for career progression compared to 69% in 2016. The response rate from BAME staff represents approximately 109 staff and therefore the data obtained may be lacking validity. However this represents 5% of the survey respondents which is comparable with the percentage of the organisation from a BAME background. The figure is also significantly higher	<ol style="list-style-type: none"> <li>1. Actions to ensure that a relative proportion of staff attending the Senior Collaborative Leadership Programme are from BAME 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 BAME backgrounds.</li> </ol>

			than the average (median) for other combined acute and community Trusts (73%).	
<p><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></p>	<p>White 6% BAME 14%</p>	<p>White 7% BAME 19%</p>	<p>The figure has significantly reduced in the last twelve months BAME staff. However, BAME staff still experience a higher level of discrimination than White staff.</p> <p>The response rate from BAME staff represents approximately 109 staff and therefore the data obtained may be lacking validity. However this represents 5% of the survey respondents which is comparable with the percentage of the organisation from a BAME background.</p>	<p>1. Further analysis of the data is being undertaken to establish where these issues are occurring.</p> <p>2. A breakdown of the type of discrimination is also being undertaken.</p>
<p><b>Does the Board meet the requirement on Board membership in 9?</b></p>				
<p><b>9. Boards are expected to be broadly representative of the population they serve</b></p>	<p>Members BAME 0.0%</p> <p>Overall Workforce BAME 6.95%</p>	<p>Exec Board White 71.43 with 28.57% not stated</p> <p>Non-Execs White 28.57</p> <p>Undefined 42.86</p> <p>not stated 28.57</p>	<p>There has been no change in BAME representation on the Board during the past twelve months. Work will continue to engage with members of local BAME 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</p>	<p>1. Review Non-Exec terms of office or when appointing new members taking note of the lack of diversity at senior level.</p> <p>2. Take positive action to encourage diverse applicants and declaration of status.</p>

			Society. An existing NED has offered to be a point of contact for any applicants wishing to discuss the role.	
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## 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 96.7% White British and 3.3% BAME, which has changed from 95.9% White British and 4.1% BAME since the last report. 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.**

**[www.bfwh.nhs.uk/wp-content/uploads/2018/06/WRES-Indictators-Action-Plan-2018-19.pdf](http://www.bfwh.nhs.uk/wp-content/uploads/2018/06/WRES-Indictators-Action-Plan-2018-19.pdf)**

The Trust's Staff EDS2 consultation and grading event was held in March 2018, any actions arising from the grading will be reviewed alongside the WRES recommendations to ensure proposed actions are complementary, relevant and workable.