

Equality Diversity and Inclusion Implementation Committee

May 2019

Workforce Race Equality Standard 1 April 2019 – 31 March 2020

Report Prepared By:	Tina Daniels		
Contact Details:	57375		
Date of Report:	May 2019		
Purpose of Report:			
To monitor data on the ethnicity of the Trust's staff to ensure recruitment, promotion, and career development 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	
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.			
Sensitivity Level:			
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 an 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 85.09% White British and 7.56% BAME with 7.13% unknown. The figures have altered slightly with a increase in the BAME group by 0.68%, unknown group by 0.2% and a decrease of 1.1% 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 2019

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.

On 1 October 2018 250 members of staff were transferred to UHMB Trust which will have an impact on this year's reporting figures.

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

6719

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

7.56%

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 2018 to 31st March 2019 or as at 31st March 2019 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
For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.				
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	2018/19 Overall Workforce BAME 7.56% Clinical Bands 1-4 White 88.4% BAME 5.9% Bands 5-7 White 85.6% BAME 7.4% Bands 8-9 White 90.0% BAME 4.3% VSM White 77.8% BAME 0.0% Med&Dental White 32.3% BAME 33.4% Non-Clinical Bands 1-4	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 Bands 1-4	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 third of VSM have not disclosed their details. There is a slight increase in the number of BAME staff employed by the Trust up from 486 (6.95%) to 508 (7.56%).	<ol style="list-style-type: none"> 1. Consider stretch targets for BAME representation at Bands 8-9 to address any disproportion of BAME staff. 2. Consider reverse mentoring scheme i.e. BAME staff mentors a member of the senior team. 3. Succession planning and corresponding processes have been embedded into appraisals for all staff which includes positive action for all board and senior positions. 4. Talent monitoring has been commenced for staff at Bands 8a to identify potential career advancement to Executive Directors and VSM.

	White 91.4% BAME 2.5% Bands 5-7 White 92.6% BAME 2.0% Bands 8-9 White 88.9% BAME 4.6% VSM White 71.4% BAME 0.0%	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%		
2. Relative likelihood of BAME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	2018/19 S/LIST White 4549 BAME 1223 APPTD White 978 BAME 230 RATIO White 0.21 BAME 0.23	2017/18 S/LIST White 5483 BAME 1126 APPTD White 1125 BAME 283 RATIO White 0.20 BAME 0.25	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.	1. Auditing will be linked to our quarterly E&D reports and any changes will be reported and actions taken. 2. Review reasons for non-appointment/appointment of BAME applicants 3. Investigate if any difference between professions in relation to the success of BAME applicants. 4. Identify if there are any barriers preventing BAME applicants attending interview. 5. E&D training, to include unconscious bias for interview panels. 6. Link in with engagement events with local BAME communities to encourage applications. 7. Review wording on adverts for Band 8-9 and VSM to include clear statement encouraging applicants from BAME backgrounds to apply.
3. Relative likelihood of BAME staff entering the	2018/19 W/FORCE	2017/18 W/FORCE	There were 163 Formal disciplinary cases in 2018/19 (131 White, 22	None required at present. There is no evidence to suggest that BAME employees

<p>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.</p>	<p>White 5662 BAME 508 N/A 561</p> <p>Likelihood of White entering disciplinary process is 2.3%</p> <p>Likelihood of BAME entering disciplinary process is 4.3%</p> <p>Likelihood of N/A entering disciplinary process is 1.7%</p>	<p>White 6028 BAME 486 N/A 483</p> <p>Likelihood of White entering disciplinary process is 0.86%</p> <p>Likelihood of BAME entering disciplinary process is 0.13%</p>	<p>BAME and 10 none stated)).</p> <p>There were 30 formal disciplinary cases in 2017/18 (26 White, 4 BAME).</p> <p>This significant increase was predominantly due to a complex case in one area that required multiple investigations.</p> <p>There is no indication that BAME employees are more likely to enter the disciplinary process than White employees and evidence from individual cases does show that race is not a factor or feature of the cases.</p> <p>Over the rolling 2 years the likelihood of White entering disciplinary process is 1.3% and BAME 2.6% however this is a skewed position based upon abnormal activity identified in one area in 2018/19</p>	<p>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>4. Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff</p>	<p>2018/19 W/FORCE White 5654 BAME 508 Not Stated 557</p> <p>TRAINING White 1803</p>	<p>2017/18 W/FORCE White 6028 BAME 486 Not Stated 483</p> <p>TRAINING White 2180</p>	<p>The training records held in the Trust's Learning Management System show that a total of 2119 staff accessed non-mandatory training in the 2018/19 financial year. Of these 165 (7.79%) were from a BAME background, 1803 (85.09%) were white; 151 (7.13%) were undefined or had not stated their</p>	<ol style="list-style-type: none"> 1. Ensure robust systems for collating and analysing data. 2. Encourage BAME staff on to the coaching programme. 3. Ensure Appraisal system has been Equality Impact assessed to be culturally sensitive. 4. Use positive action to encourage BAME staff onto NW Leadership Academy regional and national programmes.

	BAME 165	BAME 156 CPD White 224 BAME 26 Ratio Accessed White 0.36 BAME 0.32	ethnicity. This shows an increase of 1.53% in the number of BAME staff accessing non-mandatory training and a decrease of 2.29% in the number of White staff in 2018/19 compared with 2017/18. 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>)	5. Monitoring will continue to check the numbers of BAME staff accessing non-mandatory training. Any changes will be investigated and relevant actions taken.
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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. WRES Indicator 5 (Q13a). Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White 27% BAME 38%	White 25% BAME 28%	The figure for 2018/19 is significantly worse with an increase of 10% on last year. The response rate from BAME staff represents 150 staff and therefore the data obtained might be lacking in validity. However, this represents 7% of the survey respondents which is comparable with the percentage of the organisation from a BAME background. The figure is significantly more than the average (median) for other combined acute and community Trusts (27%).	<ol style="list-style-type: none"> 1. Continue to monitor via the action plan. This will be discussed at the Great Place to Work. 2. Additional diagnostics will be undertaken to identify factors leading to these results and subsequent actions identified to address these issues.
6. WRES Indicator 6 (Q13c). Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 27% BAME 36%	White 24% BAME 30%	Both figures show an increase in staff experiencing harassment etc. from staff in the last twelve months. The increase is more significant for staff from a BAME background. The response rate from BAME staff represents approximately 149 staff and therefore the data obtained may be lacking validity. However this represents 6% of the survey respondents which is comparable with	<ol style="list-style-type: none"> 1. Continue to monitor via the action plan. This will be discussed at the Great Place to Work. 2. Continue to identify and train additional Freedom to Speak Up Ambassadors. 3. 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.

			the percentage of the organisation from a BAME background. The figure is more than the average (median) for other combined acute and community Trusts (30%).	
<p>7. WRES Indicator 7 (Q14). Percentage believing that trust provides equal opportunities for career progression or promotion.</p>	<p>White 84% BAME 77%</p>	<p>White 86% BAME 81%</p>	<p>This figure has decreased since 2017/18 with 77% of staff stating that they believe the Trust provides equal opportunities for career progression compared to 81% in 2017. The response rate from BAME staff represents approximately 105 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>The figure is also higher than the average (median) for other combined acute and community Trusts (74%).</p>	<p>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.</p>
<p>8. WRES Indicator 8 (Q15b). In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues</p>	<p>White 7% BAME 16%</p>	<p>White 7% BAME 14%</p>	<p>The figure has increased in the last twelve months for 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 151 staff and therefore the data obtained may be lacking validity. However this represents 6% of the survey respondents which is comparable with the percentage of the organisation from a BAME background. The figure is also higher than the average (median) for</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>

			other combined acute and community Trusts (15%).	
Does the Board meet the requirement on Board membership in 9?				
9. Boards are expected to be broadly representative of the population they serve	BAME 0.0% White 69.23% Not Stated 30.77% Overall Workforce BAME 7.56%	Members BAME 0.0% Not stated Non-Execs White BAME Undefined Not Stated Overall Workforce BAME	There has been no change in BAME representation on the Board during the past twelve months.	1. Review Non-Exec terms of office or when appointing new members taking note of the lack of diversity at senior level. 2. Take positive action to encourage diverse applicants and declaration of status.

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 from 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

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.