

# Workforce Race Equality Standard

## REPORTING TEMPLATE

**Name of provider organisation**

Blackpool Teaching Hospitals

**Date of report: month/year**

July 2022

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

Louise Ludgrove, Director of People and Culture

**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**

Lancashire and South Cumbria Integrated Care Board

**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)**

Louise Ludgrove, Director of People and Culture

# 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.

### 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

7995

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

1116 – 14.03%

## 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 it 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. A notification is sent via the Trust's Communications team on a regular basis reminding staff to update their information on ESR particularly in respect of the protected characteristics.

**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.

As a result of the stringent work carried out by the Trust in relation to Risk Assessments (RAs), a greater number of BME staff than recorded on ESR, including at very senior manager level, have been identified (ESR-596; RAs-668). Steps are being taken to update ESR, with the permission of the staff concerned, and the increase in BME staff will be reflected in next year's WRES report.

**4. Workforce data**

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

1st April 2021 to 31st March 2022 or as of 31st March 2022 for data extracted from ESR.

<b>Indicator</b>	<b>Data for reporting year 2021/22</b>	<b>Data for previous year 2020/21</b>	<b>Narrative – the implications of the data and any additional background explanatory narrative</b>	<b>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective</b>
<b>For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.</b>				
<p>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</p>	<p>2021/22 Overall Workforce BME 14.03%</p> <p>Clinical Bands 1-4 White 87% BME 8.3%</p> <p>Bands 5-7 White 75.4% BME 19.5%</p> <p>Bands 8-9 White 89.5% BME 7.1%</p> <p>VSM White 87.5% BME 12.5%</p> <p>Med&amp;Dental</p>	<p>2020/21 Overall Workforce BME 12.40%</p> <p>Clinical Bands 1-4 White 79.7% BME 15.4%</p> <p>Bands 5-7 White 84.1% BME 11.2%</p> <p>Bands 8-9 White 90.3% BME 6.6%</p> <p>VSM White 66.7% BME 16.7%</p> <p>Med&amp;Dental</p>	<p>The largest number of BME staff are in AfC Clinical Band 5, the same as previous years.</p> <p>There is an increase overall in the number of BME staff employed by the Trust up from 943 (12.40%) to 1116 (14.03%).</p>	<ol style="list-style-type: none"> <li>1. Consider stretch targets for BME representation at Bands 8-9 to address any disproportion of BME staff.</li> <li>2. Consider reverse mentoring scheme i.e. BME 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>

	<p>White 29.3% BME 40.9%</p> <p>Non-Clinical Bands 1-4 White 92.4% BME 3.5%</p> <p>Bands 5-7 White 91.8% BME 4.6%</p> <p>Bands 8-9 White 91.6% BME 3.9%</p> <p>VSM White 71.4% BME 7.1%</p>	<p>White 29.3% BME 39.3%</p> <p>Non-Clinical Bands 1-4 White 93.2% BME 3.6%</p> <p>Bands 5-7 White 94.6% BME 3.7%</p> <p>Bands 8-9 White 89.2% BME 5.0%</p> <p>VSM White 50.0% BME 10.0%</p>		
<p><b>2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.</b></p>	<p>2021/22 S/LIST White: 2372 BME: 753</p> <p>APPTD White: 1486 BME: 254</p> <p>White: 51.1% BME: 82.5%</p>	<p>2020/21 S/LIST White: 4628 BME: 1134</p> <p>APPTD White: 1329 BME: 160</p> <p>White: 28.7% BME: 4.1%</p>	<p>Relative likelihood of BME staff being appointed from shortlisting compared to White is less. This is a small increase since the last report for BME applicants being appointed.</p>	<p>1. Auditing will be linked to our quarterly E&amp;D reports and any changes will be reported and actions taken. 2. Review reasons for non-appointment/appointment of BME applicants 3. Investigate if any difference between professions in relation to the success of BME applicants. 4. Identify if there are any barriers preventing BME applicants attending interview. 5. E&amp;D training, to include unconscious bias for interview panels. 6. Link in with engagement events with local BME communities to encourage applications. 7. Review wording on adverts for Band 8-9 and VSM to include clear statement</p>

				encouraging applicants from BME backgrounds to apply.
<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>2021/22 W/FORCE</p> <p>White 5902 BME 1116 Not Stated 937</p>	<p>2020/21 W/FORCE</p> <p>White 6189 BME 943 Not Stated 471</p>	<p>There was a total of 50 Disciplinary cases in 2020/2021 (3 BME, 20 non-disclosed, and 27 White)</p> <p>There was a total of 48 Disciplinary cases in 2021/22 (5 BME, 16 non-disclosed and 27 white).</p> <p>There is no indication that BME 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>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>2021/22 W/FORCE</p> <p>White 5902 BME 1116 Not Stated 937</p> <p>TRAINING White 633 (88.41%) BME 48 (6.70%) Not Stated 43 (4.75%)</p>	<p>2020/21 W/FORCE</p> <p>White 6189 BME 943 Not Stated 471</p> <p>TRAINING White 2886 (79.70%) BME 542 (14.97%) Not Stated 193 (5.33%)</p>	<p>The training records held in the Trust's Learning Management System show that a total of 724 staff accessed non-mandatory training in the 2021/22 financial year. Of these 48 (6.70%) were from a BME background, 633 (88.41%) were white; 43 (4.75%) were undefined or had not stated their ethnicity on ESR.</p> <p>This shows a decrease of 8.27% in the number of BME staff accessing non-mandatory training and an</p>	<ol style="list-style-type: none"> <li>1. Ensure robust systems for collating and analysing data.</li> <li>2. Encourage BME 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 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>

			increase of 8.71% in the number of White staff in 2021/22 compared with 2020/21.	
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Indicator	Data for reporting year 2021/22	Data for previous year 2020/21	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
<p><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></p>				
<p><b>5. WRES Indicator 5 (Q13a).</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p> <p>n = number of responses</p>	<p>White 23% (n 3410)</p> <p>BME 25.9% (n 513)</p>	<p>White 28% (n 3066)</p> <p>BME 28% (n 280)</p>	<p>This figure has reduced among all staff groups year on year. There has been a small reduction of 0.7% for BME staff to 25.9% which is below the national average of 28.8%.</p> <p>White staff also reported a decrease of 3.7% year on year to 23% which is below the national average of 25.4%</p>	<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 and the new Employee Engagement Sponsor Group (when established post COVID-19)</li> <li>2. BME Big Conversation session originally arranged for 30/3/20; placed on hold due to COVID-19 pandemic. This will be rearranged post COVID-19</li> <li>3. National WRES Lead approached to deliver a Board Development session in April 20; this has been postponed due to COVID-19</li> <li>4. Additional diagnostics will be undertaken to identify factors leading to these results and subsequent actions identified to address these issues</li> </ol>
<p><b>6. WRES Indicator 6 (Q13c).</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p>	<p>White 20.9 % (n 3414)</p> <p>BME 27.4% (n 514)</p>	<p>White 20 % (n 3066)</p> <p>BME 22% (n 280)</p>	<p>The figure for 2021/22 shows a 4% decrease for white staff and 0.7% increase for BME staff year on year. At 20.9% White staff are now reporting lower levels than the national average of 24.4%; while the experience of BME</p>	<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 and the new Employee Engagement Sponsor Group (when established post COVID-19)</li> <li>2. BME Big Conversation session originally arranged for 30/3/20; placed on hold due</li> </ol>



			staff at 27.4% is slightly better than the national average of 28.5%.	<p>to COVID-19 pandemic. This will be rearranged post COVID-19</p> <ol style="list-style-type: none"> <li>3. National WRES Lead approached to deliver a Board Development session in April 20; this was postponed due to COVID-19 and will be rescheduled.</li> <li>4. Continue to identify and train additional Freedom to Speak Up Ambassadors</li> <li>5. All in house leadership programmes and Equality and Diversity training include training on bullying and harassment</li> </ol>
<b>7. WRES Indicator 7 (Q14).</b> Percentage believing that trust provides equal opportunities for career progression or promotion.	<p>White 63.9% (n 3507)</p> <p>BME 49.9% (n 531)</p>	<p>White 89% (n 3066)</p> <p>BME 79% (n 280)</p>	<p>This figure has decreased in 2021/22 with 49.9% of BME staff stating that they believe the Trust provides equal opportunities for career progression compared to 53.1% in 2020. The gap between White and BME staff for this indicator has increased between 2020/21 and 2021/22 to 14%.</p>	<ol style="list-style-type: none"> <li>1. Actions to ensure that a relative proportion of staff attending the Senior Collaborative Leadership Programme (SCLP) 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.</li> <li>2. The Trust is part of the NWLA Reciprocal Mentoring For Inclusion Programme which runs for 18 months and due to start about September 2021. Preparations are taking place to select mentors and mentees and provide relevant guidance for the programme.</li> </ol>
<b>8. WRES Indicator 8 (Q15b).</b> In the last 12 months have you personally experienced discrimination at work	<p>White 6.3% (n 3533)</p> <p>BME 18.6% (n 526)</p>	<p>White 6% (n 3066)</p> <p>BME 17% (n 280)</p>	<p>BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers. 18.6% of BME staff reported personally experiencing discrimination at work from staff in the</p>	<ol style="list-style-type: none"> <li>1. Further analysis of the data is being undertaken to establish where these issues are occurring</li> <li>2. A breakdown of the type of discrimination is also being undertaken</li> </ol>

<p>from any of the following? b) Manager/team leader or other colleagues</p>			<p>last 2 months compared to 6.3% of White staff. There was a 5.1% increase between 2020/21 &amp; 2021/22. When compared to the national average BTH data is above the national average of 17.3% for BME but below the average of 6.7% for White staff working in Acute and Acute and Community Trusts.</p>	
<p><b>Does the Board meet the requirement on Board membership in 9?</b></p>	<p><b>Data for Reporting Year 2021/22</b></p>	<p><b>Data for Reporting Year 2020/21</b></p>		
<p>9. Boards are expected to be broadly representative of the population they serve</p>	<p>BME 13.33%</p> <p>White 80.00%</p> <p>Not Stated 6.67%</p> <p>Overall Workforce BME 14.09%</p>	<p>BME 1.0%</p> <p>White 68.23%</p> <p>Not Stated 30.77%</p> <p>Overall Workforce BME 12.40%</p>	<p>The Board has two members from a BME background. An increase can be seen in the number of VSM who have declared their ethnicity from the previous report.</p>	<p>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.</p>

## 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% BME, which has remained the same 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/2022/06/WRES-Indictators-Action-Plan-2022.pdf](http://www.bfwh.nhs.uk/wp-content/uploads/2022/06/WRES-Indictators-Action-Plan-2022.pdf)**

The Trust's Staff EDS2 consultation and grading event was held in March and May 2022. There will be an update of actions arising from the grading in 2022 and will be reviewed alongside the WRES recommendations to ensure proposed actions are complementary, relevant and workable.