Response ID ANON-R99M-8JDH-X

Submitted to Workforce Race Equality Standard (WRES) reporting template
Submitted on 2017-07-27 11:40:42

Introduction

1 Name of organisation

Name of organisation:
Bradford Teaching Hospitals NHS Foundation Trust

2 Date of report

Month/Year:
July 2017

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

Name and title of Board lead for the Workforce Race Equality Standard:
Professor Clive Kay

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:
Lorraine Cameron
Head of Equality and Diversity
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5 Names of commissioners this report has been sent to

Complete as applicable:
Helen.Farmer@awcccg.nhs.uk
kevin.peters@nhs.net

Workforce Race Equality Standard reporting template

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

Complete as applicable:
Helen Farmer
Deputy Director of Contracting
Douglas Mill
Bowling Old Lane
Bradford
BD5 7JR
Office: 01274 237679 / 01274 237704
Mobile: 07932 946494
Email: Helen.Farmer@awcccg.nhs.uk

7 Unique URL link on which this report and associated Action Plan will be found

Unique URL link on which this Report and associated Action Plan will be found:
http://www.bradfordhospitals.nhs.uk/about/equality-and-diversity

8 This report has been signed off by on behalf of the board on

Name:
Professor Clive Kay

Date:
27 July 2017
Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:
The data is relatively complete. This report only records the non-mandatory CPD data. We continue however to be challenged in relation to identifying the numbers of staff who receive coaching and/or mentoring (formal and informal).

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:
Access to Non-mandatory training. We have pared back what we include in this dataset to only include information through our education department non-mandatory training as on reflection the numbers appear to be unreliable (and was not reported by the WRES team as part of the outcome of 2016 WRES data).

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total number of staff employed within this organisation at the date of the report:
5896

12 Proportion of BME staff employed within this organisation at the date of the report?

Proportion of BME staff employed within this organisation at the date of the report:
1611 (28.05%)

13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self-reported their ethnicity:
100% have self-reported their ethnicity. 97.42% of staff define their ethnicity. We have 152 staff who have chosen "not stated".

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:
We are currently ranked joint 1st in the country for our data quality which includes ethnicity, this means we don’t have any staff that we don’t hold an ethnicity for (some staff have actively stated: "not state").
Most staff currently have access through ESR Self Service to view and update their Ethnicity, all new starters have to put an ethnicity on their NHS jobs application form (“Not State” is an option though) – this data then transfers into ESR so we are capturing it for all new starters.

15 Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity?

Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity:
There is a new version of ESR which we are rolling out over summer/autumn 2017. With this we will be giving access to Employee Self Service to all staff therefore in future all staff in the Trust will be able to view and update their Ethnicity directly on ESR.

Workforce data

16 What period does the organisation’s workforce data refer to?

What period does the organisation’s workforce data refer to?:
1 April 2016 to 31 March 2017 (1 April 2015 to 31 March 2017 for Indicator 3)

Workforce Race Equality Indicators

17 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Data for reporting year:
Non-clinical Staff:
White BME
Band 1 55.96 44.04
Band 2 72.73 27.27
Band 3 74.10 25.90
Band 4 83.21 16.79
Band 5 75.84 24.16
<table>
<thead>
<tr>
<th>Band 6</th>
<th>77.22</th>
<th>22.78</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 7</td>
<td>84.62</td>
<td>15.38</td>
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<tr>
<td>Band 8a</td>
<td>77.78</td>
<td>22.22</td>
</tr>
<tr>
<td>Band 8b</td>
<td>90.00</td>
<td>10.00</td>
</tr>
<tr>
<td>Band 8c</td>
<td>91.67</td>
<td>8.33</td>
</tr>
<tr>
<td>Band 8d</td>
<td>100.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Band 9</td>
<td>100.00</td>
<td>0.00</td>
</tr>
<tr>
<td>VSM</td>
<td>100.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Clinical Staff:**

- **White BME**
  - Band 1: 0.00 100.00
  - Band 2: 63.62 36.38
  - Band 3: 79.12 20.88
  - Band 4: 76.77 23.23
  - Band 5: 61.09 38.91
  - Band 6: 82.89 17.11
  - Band 7: 90.48 9.52
  - Band 8a: 90.40 9.60
  - Band 8b: 96.77 3.23
  - Band 8c: 89.47 10.53
  - Band 8d: 100.00 0.00
  - Band 9: 100.00 0.00
  - VSM: 100.00 0.00
  - Cons: 70.58 29.42
  - Senior: 86.67 13.33
  - Career: 53.19 46.18
  - Trainee: 56.11 43.89

**Data for previous year:**

*2016: Non-clinical Staff:*

- **White BME**
  - Band 1: 55.48 44.52
  - Band 2: 75.13 24.87
  - Band 3: 74.13 25.87
  - Band 4: 86.17 13.83
  - Band 5: 77.54 22.46
  - Band 6: 80.25 19.75
  - Band 7: 82.98 17.02
  - Band 8a: 83.78 16.22
  - Band 8b: 91.89 8.11
  - Band 8c: 85.71 14.29
  - Band 8d: 100.00 0.00
  - Band 9: 100.00 0.00
  - VSM: 100.00 0.00

*2016: Clinical Staff:*

- **White BME**
  - Band 1: 0.00 0.00
  - Band 2: 67.86 32.14
  - Band 3: 81.21 18.79
  - Band 4: 81.52 18.48
  - Band 5: 61.50 38.50
  - Band 6: 84.52 15.48
  - Band 7: 90.95 9.05
  - Band 8a: 90.35 9.65
  - Band 8b: 93.75 6.25
  - Band 8c: 94.12 5.88
  - Band 8d: 100.00 0.00
  - Band 9: 100.00 0.00
  - VSM: 85.71 14.29
  - Cons: 72.14 27.86
  - Senior: 82.35 17.65
  - Career: 52.38 47.62
  - Trainee: 56.44 43.56

**The implications of the data and any additional background explanatory narrative:**

Our overall percentage of BME staff is 28.05%. This is an increase of 1.29% since our last WRES report was produced, which encouragingly puts us ahead of our...
trajectory for overall staff numbers reflecting the ethnic diversity of our local population (35% by 2025). The figures indicate that there is a real drop-off in BME representation from both non-clinical and clinical staff at Band 6+.

Among medical and dental staff, there are fewer BME senior consultants.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We agreed to set a 35% employment target for employing BME people by 2025. We will be working with Divisions where there are large numbers of BME who are “stuck” on Bands 5 and 6. We are also focusing on nursing bands, aiming to increase the opportunities for BME nurses to gain experience and progress from Band 5 to 6, 6 to 7 and 7 to 8+. The Chief Nurse has instigated mentoring opportunities and project work with individual BME nurses and midwives who are ready for promotion, which has already seen some success. We are also participating in the Moving Forward programme for the second year, which aims to provide BME staff at Bands 5&6 with the tools and confidence to move on to more senior roles. We are also encouraging more senior BME staff who are considering Director roles, to apply for the Health Education England Nye Bevan programme.

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:
2016-17 White BME
Shortlisted 2325 1992
Appointed 1992 358
Likelihood 1.23

Data for previous year:
2015-16 White BME
Shortlisted 2582 1843
Appointed 702 384
Likelihood 1.30

The implications of the data and any additional background explanatory narrative:
White people have a 1 in 4 chance whereas BME people have a 1 in 6 chance. This has worsened from last year when we reported that 1 in 5 BME people were appointed.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
We have a breakdown of the chances of appointment by Division and Department. The Director of HR and the Head of Equality and Diversity, will discuss the disparity with Divisions through performance meetings. If the widening trend continues, we will need to consider what further action is required to reduce the disparity.

This indicator links to our Equality Objective to have a workforce reflective of the local population by 2025, which in turn links to 3.1 of EDS2

19 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.

Data for reporting year:
2015-17 White BME
Workforce 4133 1611
Disciplinary 93 35
Likelihood 0.92

Data for previous year:
2014-16 White BME
Workforce 4125 1510
Disciplinary 77 30
Likelihood 1.02

The implications of the data and any additional background explanatory narrative:
A total of 135 staff entered the disciplinary process between April 2015 and March 2017, of whom we know the ethnicity of 133. 98 white and 35 BME staff entered the process in the past two years. 26.3% were from BME backgrounds, which indicate that BME staff are less likely (0.92) to be disciplined than white staff. This is an improved position on last year.

Whilst total numbers are small, there is a disproportionately high number of BME staff entering disciplinary processes in the Women and Children’s Division.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Human Resource Department to review the process for initiating formal disciplinary investigations in Women and Children’s Division. The action outlined here links to our corporate Equality Objective to implement the WRES.

20 Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year:
2016-17 White BME
Workforce 4133 1611
CPD 1813 692
Likelihood 1.02

Data for previous year:
2015-16 White BME
Workforce 4125 1510
CPD 5929 4122
Likelihood 0.53

The implications of the data and any additional background explanatory narrative:
We have pared back what we include in this dataset to only include information through our education department non-mandatory training as on reflection the numbers appear to be unreliable (and was not reported by the WRES team as part of the outcome of 2016 WRES data).

We carried out a whole nurse and midwifery survey which will help us to understand the comparative levels of training and qualification of white and BME staff and determine whether level of training is a factor in the lack of BME nurses and midwives progressing through the pay bands.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
We are in the process of devising an action plan from the outcome of the survey which will include action around access to non-mandatory training.

Action outlined here links to requirement 3.3 of EDS 2 and our corporate Equality Objective to implement the WRES.

Workforce Race Equality Indicators

21  KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:
33.99%
BME:
29.07%

White:
31.72%
BME:
48.39

The implications of the data and any additional background explanatory narrative:
Following last years’ staff survey data and reporting for the WRES, a whole BME staff electronic staff survey was undertaken. This was followed up by a series of workshops facilitated by the BME staff network.

Regarding experiencing harassment, bullying or abuse from patients and the public, there is low reporting due to the perception that nothing happens if it is reported and that the Trust does not take the issues seriously.

We have devised an action plan to take forward the recommendations from the survey and workshops. We have an action plan that specifically focuses and responds to issues raised through the staff survey.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Hate Crime reporting: Addressing the perception that staff do not report harassment, bullying or abuse because they believe nothing ever changes. Our existing reporting systems do not enable us to identify whether we have a significant issue around hate crime. We can improve reporting and increase the confidence that action is being taken by introducing Hate Crime and Hate Incident reporting. This will demonstrate to our staff that we are taking their concerns seriously. We will involve the police and Criminal Prosecution Service when we think incidents warrant it. The Head of Equality and Diversity and the Security Management Specialist will develop protocols and processes to support this. In this way we will be able to determine the level of incidence, raise awareness and increase confidence among staff that the Trust is taking action as appropriate on the reporting of hate incidents and hate crime.

23  KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

White:
88.17
BME:
80.00

White:
94.22
BME:
77.78

The implications of the data and any additional background explanatory narrative:
See 21. above

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
We hope, through the development of the advocate role to identify were particular barriers to career progression exists for staff. If barriers continue and progress
is not made, we will look at reviewing the composition of interview panels.

**24 Q17. 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: 6.10

BME: 17.05

White: 4.93

BME: 23.73

The implications of the data and any additional background explanatory narrative:

See 21. above

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:**

Targeted intervention with “hotspot” areas: The advocate link between managers and staff, along with other intelligence, will raise “hotspot” areas, enabling targeted action to be undertaken. The Head of Equality and Diversity will provide tools to address unhealthy work culture, ensuring managers are aware of the particular difficulties in their own work areas and their responsibilities to challenge inappropriate behaviour and practice. This would overhaul the current “broad brush” approach where there is difficulty in identifying tangible action and areas where there are particular difficulties.

**22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

White: 24.01%

BME: 27.91%

White: 26.20%

BME: 33.87%

The implications of the data and any additional background explanatory narrative:

As 21. above

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:**

Divisional/Department Advocates: With regard to the concerns about staff harassment and bullying, career progression and workplace culture. The harassment and bullying policy is being reviewed. We have looked at improvements in this area in other Trusts. Hull & East Yorkshire Hospitals NHS Trust had a widespread bullying culture. In the 2014 National Survey, the trust’s score was in the worst 20 per cent of acute trust’s nationally for staff engagement. Following their improvement work the overall score moved to the national average. The problems of bullying were tackled by a number of measures including:

- staff led improvement and decision making devolved to the lowest level where possible
- Reporting of bullying was make easier for staff
- Supporting and promoting staff-led improvement.

We are developing Divisional/Departmental “staff advocates”. These advocates will be members of staff who can be approached by those who have concerns which might include:

- Discrimination
- Harassment and bullying
- Barriers to career development
- Recruitment practices
- Unhealthy work culture
- Anything else that makes working life difficult.

The aim is give our staff confidence that there is an advocate they can go to, in order to seek help or support for their concerns. Advocates will report to a lead staff advocate for each division who, along with the Staff Engagement Manager, will raise any concerns with the Divisional triumvirate (or senior leaders in departments). The advocates can raise concerns on behalf of staff.

**Workforce Race Equality Indicators**

**25 Percentage difference between the organisations’ Board voting membership and its overall workforce.**
White: 11.2%

BME: -8.6%

White: 3.3%

BME: -3.3%

The implications of the data and any additional background explanatory narrative:
The BME Chair of the Board of Directors resigned during 2016 to take up additional duties in the House of Lords and the Commonwealth. This resulted in a reduction in the overall number of BME members on the Board of Directors.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
To review every appointment as it arises and seek to ensure that we continue to strive to have a Board of Directors that reflects the diversity of the local population.

Search panels receive equality and diversity briefings for each new appointment.

This indicator links to objective 4 of the EDS2 and our corporate Equality Objective to have a workforce and leadership that represents the make up of the local population.

26 Are there any other factors or data which should be taken into consideration in assessing progress?

Are there any other factors or data which should be taken into consideration in assessing progress?:
None not already highlighted above

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation’s website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

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 action plan can be found here:
http://www.bradfordhospitals.nhs.uk/about/equality-and-diversity