

## Workforce Race Equality Standard Action Plan 2017-18

	Indicator	Narrative/Findings	Action taken/planned	Who	When
1.	<p>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.</p>	<p>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 for both non-clinical and clinical staff at Band 6+.</p> <p>Among medical and dental staff, there are fewer BME senior consultants.</p>	<p>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&amp;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.</p>	LC	Ongoing
2.	<p>Relative likelihood of staff being appointed from shortlisting across all posts.</p>	<p>In 2015, white staff had a 1 in 4 chance of being appointed from shortlist compared to 1 in 6 for BME. In 2016, the position for white staff remained roughly the same but BME staff had a 1 in 5 chance of being appointed. This is an improving picture.</p>	As above.	LC	Ongoing
3.	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by</p>	<p>A total of 131 staff entered the disciplinary process between April</p>	<p>Divisions will review their disciplinary processes where there is over-</p>	LC/ DGMs	Ongoing

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	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.	2014 and March 2016. There has been an increase in the number of BME staff who have entered the disciplinary process. This is a slightly worse picture for BME staff.	representation of BME staff.		
4.	Relative likelihood of staff accessing non-mandatory training and CPD.	For the second year BME staff are more likely to access non-mandatory training. For the first time, we have been able to include the data for access to university courses. BME staff make up 41% of staff supported through university, which is higher than the 26.8% of staff.	The whole nurse and midwife survey will help us to understand the comparative levels of qualifications of white and BME staff and determine whether level of qualifications is a factor in the lack of BME nurses and midwives progressing through the pay bands. We will determine any action that is required as a result of findings.	LC	Mar 17
			We are currently supporting seven BME staff to undertake a personal development programme in conjunction with Bradford District Care Foundation Trust.	LC	Mar 17
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	There has been a large increase in the numbers of both white and BME staff who experience harassment, bullying or abuse from patients. However, the almost half of all BME respondents who report such abuse is very concerning.	We are planning between 4-6 workshops for BME staff to come together to identify problem areas and suggest activity the Trust can take to reduce this worrying increase. These workshops will be led by members of the BME staff network and will be supported by the Staff Experience Lead.	LC / BMEN/ KB	Dec 16
			We are also carrying out a survey of all circa 1500 BME staff to seek their views of all four of these staff survey indicators, seeking views on the disparity and action required to improve this.	LC	Dec 16

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6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	Again, there is an increase in the numbers of both white and BME staff who experience harassment, bullying or abuse from staff.	Action planned is as above under 5.	LC	Dec 16
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	Across both white and BME staff, there has been an increase in those who believe the trust provides equal opportunities for career progression and promotion. However, the gap between BME staff and white staff who believe this has widened.	Action planned as above, 5. and the actions around the nurse and midwifery survey will help us identify actions required to reduce this gap.	LC	Dec 16
8.	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	There has been a reduction of white staff who experienced discrimination at work but a large rise for BME staff.	Actions as described in 7. above.	LC	Dec 16
9.	Percentage difference between the organisations' Board voting membership and its overall workforce.	This indicator has changed for 2016 and focuses on comparing the representativeness of the board compared to the workforce. Our Board has committed to reflecting the difference between the board and the local population. The Board of Directors is currently recruiting to a new Chair. The Search Committee has received a briefing on the importance of having a Board that reflects the local population.	Whilst the Board has made a huge amount of progress on this indicator, the Trust is committed to maintaining its Board membership to reflect the diverse makeup of the local population and the workforce. When vacancies arise, the search committee receive a briefing on the importance of having a representative board.	LC	Ongoing

Initials	Meaning
BMEN	Black and Minority Ethnic Network
DGMs	Divisional General Managers
LC	Lorraine Cameron, Head of Equality and Diversity
KB	Kym Brearley, Staff Experience Lead

Lorraine Cameron

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