

Response ID ANON-R89M-8JFW-F

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2017-09-27 16:30:17**

Introduction

1 Name of organisation

Name of organisation:

Berkshire Healthcare NHS Foundation Trust

2 Date of report

Month/Year:

September 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 :

Bev Searle, Director of Corporate Affairs

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Louella Johnson Director of Human Resources, louella.johnson@berkshire.nhs.uk; 01344415619; 07789944218

5 Names of commissioners this report has been sent to

Complete as applicable::

n/a

Workforce Race Equality Standard reporting template

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

Complete as applicable.:

n/a

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:

<https://www.berkshirehealthcare.nhs.uk/about-us/equality-and-diversity/>

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

Name::

Bev Searle Director of Corporate Affairs

Date::

September 26 2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

None

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

We re-worked and updated the figure for question 19 - relative likelihood of staff entering the formal disciplinary process - to show two years rolling figures since the last report. NHS England WRES team has been notified of the changes and will amend the UNIFY template to reflect the change.

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:

4288

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:

21%

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

The proportion of total staff who have self-reported their ethnicity:

95.8%

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:

On 2/5/2017, an All-Staff email headed 'the Equality and Diversity of our staff is important to us' was sent by the Director of Corporate Affairs encouraging all staff to use ESR Self Service to update their personal details, specifically around diversity data

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:

At the session on Equality and Inclusion Awareness delivered at the monthly induction of new starters, the Equality HR Manager presenting, will encourage attendees to use ESR Employee Self Service to complete their diversity details.

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 – 31 March 2017

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:

CLINICAL Staff

Under Band 1

BME 0%

White 28.6%

Band 1 BME 0%

White 0%

Band 2

BME 32.2%

White 63.8%

Band 3

BME 21.4%

White 76.9%

Band 4

BME 18.3%

White 78.6%

Band 5

BME 30.4%

White 65%

Band 6

BME 19.6%

White 77.6%

Band 7

BME 16.7%

White 80.2%

Band 8a

BME 13.9%

White 84.2%

Band 8b

BME 9.2%

White 89.2%

Band 8c
BME 18.5%
White 77.8%
Band 8d
BME 9.1%
White 90.9%
Band 9
BME 0%
White 100%
VSM
BME 100.0%
White 0.0%
Consultant
BME 47.6%
White 42.9%
Non Consultant Career Grade
BME 31%
White 57.1%
Consultant
BME 47.6%
White 42.9%
M&D Other
BME 90%
White 10%

NON-CLINICAL staff

Under Band 1
BME 0%
White 37.5%
Band 1
BME 31.1%
White 64.4%
Band 2
BME 8.7%
White 87.3%
Band 3
BME 17.6%
White 79.5%
Band 4
BME 20.2%
White 75.4%
Band 5
BME 11.6%
White 82.1%
Band 6
BME 30.8%
White 68.2%
Band 7
BME 23.6%
White 75%
Band 8a
BME 11.5%
White 80.8%
Band 8b
BME 10.3%
White 75.9%
Band 8c
BME 0%
White 95.5%
Band 8d
BME 5.9%
White 88.2%
Band 9
BME 33.3%
White 33.3%
VSM
BME 12,5%
White 62.5%

Data for previous year:

CLINICAL Staff

Under Band 1 BME 11.1% White 44.4%

Band 2

BME 30.4%

White 63.5%

Band 3

BME 20.4%

White 77.2%

Band 4

BME 14.3%

White 83.1%

Band 5

BME 30.5%

White 65.7%

Band 6

BME 19.2%

White 78.0%

Band 7

BME 12.2%

White 84.6%

Band 8a

BME 13.9%

White 85.4%

Band 8b

BME 10.1%

White 85.5%

Band 8c

BME 21.7%

White 74.0%

Band 8d

BME 0.0%

White 100.0%

Band 9

BME 0.0%

White 100.0%

VSM

BME 100.0%

White 0.0%

Consultant

BME 48.2%

White 44.7%

Non Consultant Career Grade

BME 42.1%

White 42.1%

M&D Trainee

BME 35.7%

White 39.3%

M&D Other

BME 29.6%

White 51.9%

NON-CLINICAL staff

Under Band 1

BME 12.5%

White 50.0%

Band 1

BME 25.6%

White 69.8%

Band 2

BME 11.4%

White 71.6%

Band 3

BME 15.6%

White 80.2%

Band 4

BME 18.1%

White 77.4%
Band 5
BME 10.0%
White 82.7%
Band 6
BME 33.0%
White 62.9%
Band 7
BME 15.7%
White 82.9%
Band 8a
BME 8.1%
White 89.2%
Band 8b
BME 4.2%
White 91.7%
Band 8c
BME 5.3%
White 94.7%
Band 8d
BME 0.0%
White 100.0%
Band 9
BME 16.7%
White 50.0%
VSM
BME 16.67%
White 83.33%

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

Clinical Staff: There has been a positive increase in BAME staff in clinical posts in the higher bands (Band 7, 8A and 8D) The increase in the percentage of BAME staff in 'feeder' groups (Bands 4, 5 and 6) is also encouraging. Both will help achieve our strategic equality objective of bringing BAME representation in line with BAME representation in Berkshire and the Trust as a whole. Note: Bands 8C, 8D and 9 have low numbers of staff.

Non-Clinical staff: the percentage of BAME staff in Bands 7 and 8A are up; Bands 8B, 8C, 8D and 9 are smaller populations, but the trends are positive. The feeder groups (Bands 4, 5 and 6) show no real increase or have decreased slightly.

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

Please see Section 27 for more information about the WRES Action Plan.

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

Data for reporting year:

BME 0.222
White 0.204

Data for previous year:

BME 0.110
White 0.160

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

BME staff were more likely to be appointed than white staff. In 2016/17, a white staff member is 0.92 times more likely to be appointed than a BME staff member. In 2015/16, a white staff member was 1.454 times more likely to be appointed than a BME member of staff. This improvement can be attributed to better HR processes and the effect of our unconscious bias and value base training for all our managers

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

Please see Section 27 for more information about the WRES Action Plan.

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:

BME 0.0133
White 0.0100

Data for previous year:

BME 0.0162
White 0.0136

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

A BME member of staff was more than 1.33 times more likely to enter the formal disciplinary process. This is a reversal of an improving trend over the last three years. In 2015/16 a BME member of staff was 1.19 times more likely to enter the formal disciplinary process.

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

Please see Section 27 for more information about the WRES Action Plan.

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

Data for reporting year:

BME 0.106

White 0.143

Data for previous year:

BME 0.123

White 0.174

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

A white member of staff was 1.35 times more likely to access non-mandatory training and CPD. This is a continuation of a trend of improvement for BME staff. In 2015/16 a white member of staff was 1.41 times more likely to access and in 2014/15 it was 1.43 times more likely to access

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

Please see Section 27 for more information about the WRES Action Plan.

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:

White 21.94%

BME:

BME 26.77%

White:

White 23.09%

BME:

BME 25.11%

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

There was an increase in the percentage of BME staff experiencing harassment, bullying and abuse from patients, relatives or the public. This is a reversal of an improving trend to the National Staff Survey (NSS) 2015 - 25%; NSS 2014 - 32%; and NSS 2013 - 35%

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

Please see Section 27 for more information about the WRES Action Plan.

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

White:

White 89.99%

BME:

Black 68.02%

White:

White 90.76%

BME:

BME 73.86%

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

There was a 6% decrease in the percentage of BME staff who believed that the trust provided equal opportunity for career development and promotion, down from 74% to 68.02%. The percentage for white staff was down 1% from 91% to 90%. We performed worse against the national average for BAME staff (74%) and Combined Mental Health and Community trusts (76%). The gap in the experiences / perceptions of white and BAME staff widened from 16 per cent to 22.

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

Please see Section 27 for more information about the WRES Action Plan.

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:

White 5.34%

BME:

BME 17.26%

White:

White 5.09%

BME:

BME 13.76%

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

The percentage of staff who personally believed that they experienced discrimination from a manager, team leader or colleague increased from 14% to 17.26%. This represents a worsening trend, with implications for staff morale and potentially service quality.

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

Please see Section 27 for more information about the WRES Action Plan.

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

White:

White 18.13%

BME:

BME 25.73%

White:

White 18.56%

BME:

BME 26.94%

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

BME staff experiencing harassment, bullying and abuse from staff was 25.73% a decrease from last year (26.94%). For a white member of staff the percentage was 18.13% down from 18.56%.

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

Please see Section 27 for more information about the WRES Action Plan.

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:

White 9.9%

BME:

BME -5.7%

White:

White 7.8%

BME:

BME -3.1%

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

The percentage difference between the organisations' BME Board voting membership and its overall BME workforce is greater (worse) this year than last year by 2.6 percentage points.

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

We will continue to train those involved in the appointment of Board voting members in unconscious bias training and values based training; and to review where and how we advertise for Board posts

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

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 Trust will continue to implement its Equality Employment Programme (EEP) which addresses our strategic equality objectives for 2016-2020, the WRES objectives and the EDS2 employment objectives. EEP is aimed at making recruitment fairer; supporting and enabling career progression; reducing bullying and harassment; reducing unconscious bias in disciplinary case management; improving the health and wellbeing experience of disabled staff; and promoting inclusivity and valuing diversity. The EEP-WRES related work-streams are set out in an Appendix to this report - link provided below.

We will implement the Making it Right pilot (a key delivery mechanism for the EEP) from October through to December 2017. Making it Right is an internal development centre for BAME staff, which is aimed at: developing participants' mind-set, know-how and skills, enabling them to: communicate in a range of professional settings; compete effectively for jobs; and feel empowered to conduct themselves constructively when faced with discrimination or conflict at work.

Also through the EEP, in the last 12 months, the Trust has introduced, piloted or are scheduled to pilot the following:

1. Training our trainers (delivering statutory, mandatory and management programmes) and 300 managers in how to recognise and avoid unconscious bias. This will continue.
2. Including BAME representation in the shortlisting and interviews for all posts Band 7 and above. A pilot will be run in October 2017.
3. Running an Enhanced Application and Interview Skills Workshop. This was developed and satisfactorily tested in July 2017. The workshop will be one of the four workshops in the Making it Right internal development centre being piloted in Quarter 3.
4. Introducing involvement of a senior BAME manager to observe the fairness of the HR case management process involving a BAME member of staff. (January 2017).
5. Mediation in employee relations issues: the BAME staff network are working with the Equality HR Manager and HR Team to develop the process and protocols for using mediation to resolve employee relations issues and avoid formal HR case management.
6. Mediation and Investigation Officer training for BAME Staff Network members. Once trained the Network can nominate individuals to mediate or scrutinise the investigation process involving BAME staff for fairness.
7. Currently user testing a new system for staff to apply for continuous professional development (CPD), which is seen as key to personal and career development. The system will allow us to monitor the protected characteristics of applicants, those shortlisted by their managers for CPD and those who are successful in having their application approved by the Learning and Development teams.

Please copy and paste the URL below into your search bar to access the Equality Employment Programme - WRES related workstreams on our website
<https://www.berkshirehealthcare.nhs.uk/media/168512/wres-action-plan-EEP-WRES-related-workstreams.pdf>

