

Response ID ANON-R89M-8J8P-T

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2018-09-27 16:09:40**

Introduction

1 Name of organisation

Name of organisation:

Berkshire Healthcare NHS Foundation Trust

2 Date of report

Month/Year:

September 2018

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:

Nolan Victory

Equality HR Manager

Berkshire Healthcare NHS Trust

Nolan.victory@berkshire.nhs.uk

5 Names of commissioners this report has been sent to

Complete as applicable::

NHS Berkshire West Clinical Commissioning Group (CCG)

East Berkshire Clinical Commissioning Group

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/diversity-and-inclusion/>

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

Name::

Bev Searle, Director of Corporate Affairs

Date::

26 September 2018

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 have cross checked and updated data on the ethnicity of the Trust's Board members.

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:

4304

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:

22.6%

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

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

95.4%

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:

Global email from Director of Corporate Affairs sent to all staff encouraging them to use ESR self service to update their personal details around diversity

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:

Staff are being encouraged at induction to use ESR 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?:

1st April 2017 to 31st March 2018 (2017-2018)

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

Band 1 BME 0%

White 0%

2 BME 39.8%

White 57.1%

3 BME 23.2%

White 74.6%

4 BME 18.9%

White 79.2%

5 BME 32.8%

White 61.6%

6 BME 21.3%

White 76.2%

7 BME 20.0%

White 77.4%

8A BME 14.9%

White 83.9%

8B BME 9.2%

White 89.2%

8C BME < 6

White 85.0%

8D BME < 6

White 94.4%

9 BME < 6 based on headcount

White 100%

VSM BME1

Consultant BME 45.33%

Dentist 35% Junior Doctors BME 29.23%

NON-CLINICAL

Under 1 BME 0%

White 37.5%

1 BME 31.1%

White 64.4%

2 BME 8.7%

White 87.3%

3 BME 17.6%

White 79.5%

4 BME 20.2%

White 75.4%

5 BME 11.6%

White 82.1%

6 BME 30.8%

White 68.2%

7 BME 23.6%

White 75%

8A BME 11.5%

White 80.8%

8B BME 10.3%

White 75.9%

8C BME 0%

White 95.5%

8D BME 5.9%

White 88.2%

9 BME 0%

VSM BME 0%

White 100%

Data for previous year:

CLINICAL

Under 1 BME 0%

White 28.6%

1 BME 0%

White 0%

2 BME 32.2%

White 63.8%

3 BME 21.4%

White 76.9%

4 BME 18.3%

White 78.6%

5 BME 30.4%

White 65%

6 BME 19.6%

White 77.6%

7 BME 16.7%

White 80.2%

8A BME 13.9%

White 84.2%

8B BME 9.2%

White 89.2%

8C BME 18.5%

White 77.8%

8D BME 9.1%

White 90.9%

9 BME 0%

White 0%

VSM BME 0%

White 100%

Consultant BME 47.6%

White 42.9%

Non consultant (career grade) BME 31%

White 57.1%

M&D other BME 90%

White 10%

NON-CLINICAL

Under 1 BME 12.5%

White 50.0%

1 BME 25.6%
White 69.8%
2 BME 11.4%
White 71.6%
3 BME 15.6%
White 80.2%
4 BME 18.1%
White 77.4%
5 BME 10.0%
White 82.7%
6 BME 33.3%
White 62.9%
7 BME 15.7%
White 82.9%
8A BME 8.1%
White 89.2%
8B BME 4.2%
White 91.7%
8C BME 5.3%
White 94.7%
8D BME 0.0%
White 100.0%
9 BME 16.7%
White 50.0%
VSM BME 16.6% White 83.3%

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

There were increases in BME staff in clinical roles bands 1-7. Of note is the 21.6% in bands 6 just over the 20% set in our Equality and Diversity (E&D) strategy but slightly lower than our 22.6% overall BME staff. We have also hit the target of 20% of staff in band 7 in accordance with our E&D strategy. The number of BME staff in the higher bands 8 and above continues to remain static. For non-clinical staff the picture was mixed. There were decreases in BME staff in bands 1 (27.7%), band 6 (29.7% down from 30.8%) and 7 (21.9% down from 23.6%). These figures are concerning since we are not achieving our E&D target of 20%. It should be noted there were increases in bands 8a (13.8% up from 11.5%) and band 8b 19.4% up from 10%.

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

The Board has approved a WRES action plan and business case to support the action plan which would run for 2 years. The WRES Action Plan is embedded in the Equality Employment Plan. See URL:

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

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

Data for reporting year:

BME 0.75
White 1.33

Data for previous year:

BME 0.110
White 0.160

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

A White applicant was 1.33 times more likely to be appointed than a BME applicant. This is a reversal of last year when a BME member of staff was 1.11 times more likely to be appointed. We are in the second year of our Equality Employment Programme (EEP) and there is a specific work-stream that focuses on recruitment and retention of BME applicants and staff.

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

The Board has approved a WRES action plan and a business case which would run for 2 years. The WRES Action Plan is embedded in the Equality Employment Plan and is in the first year of implementation.

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 1.85
White 0.54

Data for previous year:

BME 0.023
White 0.018

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

A BME staff was 1.85 times more likely to enter the disciplinary process. This is an increase from last year when a BME member of staff was 1.33 time more likely to enter the disciplinary process. We are working with the BME Staff Network and other stakeholders to design an intervention programme that would specifically target this problem.

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

The Board has approved a WRES action plan and a business case which would run for 2 years. The WRES Action Plan is embedded in the Equality Employment Plan and is in the first year of implementation.

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

Data for reporting year:

BME 1.11

White 0.90

Data for previous year:

BME 0.119

White 0.156

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

A BME staff was 1.11 times more likely to access non-mandatory training than a White member of staff. This is an improvement of last year when a White member of staff was 1.35 times more likely to access non-mandatory training. We now have in place an on-line application system that monitor the access of staff to CPD training for all staff.

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

The Board has approved a WRES action plan and a business case which would run for 2 years. The WRES Action Plan is embedded in the Equality Employment Plan and is in the first year of implementation.

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:

22%

BME:

27%

White:

23%

BME:

27%

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

The percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months remained the same (27%). Although this is not an improvement from last year score we are hopeful this represents some stability for this indicator which we can improve upon.

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

There is a specific work-stream in the EEP that is doing a deep dive on bullying and harassment and there are targeted actions in the WRES action plan to deal with all form of discrimination.

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

White:

89%

BME:

74%

White:

91%

BME:

68%

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

There was a 6% increase in BME staff who felt the Trust provide equal opportunities for career progression or promotion. We attribute this success to the positive intervention programme called Making It Right which support the development and progression of BME staff that we are currently implementing.

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

The Board has approved a WRES action plan and business case to support the action plan which would run for 2 years. The WRES Action Plan is embedded in the Equality Employment Plan. The Making It Right programme has been piloted and evaluated and is currently being rolled out to all BME staff bands 5-7.

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:

7%

BME:

11%

White:

5%

BME:

17%

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

There was a 6% decrease in BME staff experiencing discrimination at work from their manager, team leader or colleagues. This decrease can be attributed to the actions contained in WRES action plan to support a zero tolerance approach to discrimination .

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

There is a specific work-stream in the EEP that is doing a deep dive on bullying and harassment and there are targeted actions in the WRES action plan to deal with all form of discrimination.

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

White:

18%

BME:

21%

White:

19%

BME:

27%

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

There was a 6% decrease of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months. We attribute this success to action contained in the WRES action plan that is providing a zero tolerance approach to all from of discrimination.

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

There is a specific work-stream in the EEP that is doing a deep dive on bullying and harassment and there are targeted actions in the WRES action plan to deal with all form of discriminations.

Workforce Race Equality Indicators

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

White:

White 84.6%

Executive Board:

White 83.3%

Non-executive Board:

White 85.7%

BME:

BME 15.4%

Executive Board:

BME 16.7%

Non-executive Board:

BME 14.3%

White:

White 84.6%

BME:

BME 15.4%

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

BME staff makes up 22.6% of workforce resulting in shortfall of -7.2% BME representation on the Board

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

The Board had undergone ED&I training and there are plans for the Board to be reversed mentored by the executive of the BME staff network.

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 Board has approved a WRES action plan which would run for 2 years and a business case to support the actions, The WRES Action Plan is embedded in the Equality Employment Plan. An URL link would be created when this template is submitted to NHS England and published on the Trust's website.

Progress in implementing the Equality Employment Plan (EEP) and Workforce Race Equality Standard (WRES) related work streams :- The EEP is seeking to bring about a sustained change in attitudes and behaviours using interventions that will develop and empower BME staff, as well as increase the competence of managers. As with our other organisational development initiatives, implementation and realisation of the benefits will take time. This year we are in a much better place than 12 months ago with an action plan informed by best practice. The MIR programme has been piloted and evaluated and the Executive has approved a business case for the roll out of the programme. MIR is made up of four one day workshops which are aimed at developing participants' attitude, knowledge 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. MIR is still in its infancy but we can report that more than a third (8) of MIR graduates have already secured promotion and others have been seconded to higher positions. All of them attribute their success to the intensive support they were given in the MIR programme. In addition to the MIR programme there has been a number of Human Resources initiatives to improve HR management and practice:

A pilot to Include BME representation in the shortlisting and interviews for all posts at Band 7 and above. Thirty (30) members of staff from the BME Network have been trained in Values Based Recruitment (VBR) and Unconscious bias (UB) recruitment. These staff will form the pool of BME staff requested to shortlist and interviews for all bands 7 and above posts. The diverse interview panel will be piloted in the children services from October 2018 and then evaluated with the view to rolling it out across the Trust from January 2018.

Enhanced Application and Interview Skills Workshop: This was developed and satisfactorily tested in July 2017 and now forms part of the MIR workshop.

Involvement of a senior BME manager in HR case management: There are plans to review this initiative in line with the RCN cultural Ambassador programme.

Work is being undertaken to see how the RCN Cultural Ambassador programme could be piloted. Indicator 3 is a critical issue and staff, managers, the Joint Staff Consultative Committee and Staff Networks are working hard to find ways of tackling this issue. Mediation in employee relations issues: The BME staff network is working with the Equality HR Manager and HR Operational Managers to develop the process and protocols for using mediation to resolve employee relations issues and avoid formal HR case management. Training for five HR Business Partners and eight BME Staff has taken place.

Training for BME Network members to be mediation and investigation officers: This is aimed at increasing the diversity of our pool of investigating officers. Once trained, individuals can be nominated by the BME Network to help mediate or support the fairness of the investigation process where a BME member of staff is involved.

Unconscious Bias (UB) training: Since January 2017, we have been implementing UB training. We have trained trainers who deliver statutory, mandatory and core management training, in how to avoid UB in their training materials and delivery. They have reviewed and amended their courses accordingly, adding a UB section as necessary. This review has included Leadership programmes such as Excellent Manager, Essential Knowledge for New Managers, Values Based Recruitment and HR case management and investigations.

Continuous Professional Development (CPD): An online application system has been implemented that monitor the access of staff to CPD training. The system improves the current arrangements by allowing Learning and Development to more readily monitor the protected characteristics of applicants who are shortlisted and approved and whose applications are not approved. The system allows applicants who are seeking CPDs courses to complete their application online.

Mentoring and coaching skills training: Working with the BME staff network, the Training and OD team have been expanding the number and diversity of the pool of mentors available, encouraging staff from across the Trust to register and enrolled for the MIR specific mentoring and coaching training. The feedback of the mentoring of BME staff on the MIR programme has been very positive and is important to the success of the programme.

URL:

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