

Response ID ANON-R89M-8JJA-W

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2019-09-26 18:27:27**

Introduction

1 Name of organisation

Name of organisation:

Berkshire Healthcare NHS Foundation Trust

2 Date of report

Month/Year:

09/2019

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:

Bev Searle, Director of Corporate Affairs

bev.searle@berkshire.nhs.uk

Berkshire Healthcare NHS Foundation Trust

Fitzwilliam House, Skimped Hill Lane, Bracknell,

Berkshire, RG12 1BQ. | Tel: 01344 415619

5 Names of commissioners this report has been sent to

Complete as applicable::

East Berkshire Clinical Commissioning Group

Berkshire West 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.:

East Berkshire Clinical Commissioning Group

King Edward VII Hospital

St Leonards Road

Windsor

SL4 3DP

email: eastberksccg.enquiries@nhs.net

NHS Berkshire West Clinical Commissioning Group (CCG)

57-59 Bath Road Reading

Berkshire

RG30 2BA

Email: bwccg.enquiries@nhs.net

NB Our WRES Board report has been sent to CCGs through a document portal by our Head of Contracting, in line with local arrangements,

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:

www.berkshirehealthcare.nhs.uk/about-us/key-documents/reports-policies-and-procedures/

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

Name::

Bev Searle

Date::

10th September 2019

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

Data is complete.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

Our data shows that a white member of staff was 1.27 times more likely to be shortlisted and appointed than a BME member of staff in 2018/19. We have seen a gradually improving trend in this indicator over the last four years, and as a result of the work carried out this year, have a much better understanding of our data. Internal and external applicants are now included in our analysis, which was not previously the case. Our Board report includes a table which shows the change in this indicator since 2015/16, and includes a likelihood of 1.23 for 2018/19 which excludes internal applicants, so that a like for like comparison with previous years is possible.

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:

4341

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:

23%

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

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

95%

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:

Yes, email communication to all staff to highlight the importance of completing /updating their Electronic Staff Record data on ESR self service.

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:

Yes, we plan to follow this up in early 2020, and are currently in discussion with our staff networks about additional appropriate action to take about declaration of physical disability and sexual orientation

Workforce data

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

What period does the organisation's workforce data refer to?:

Data refers to the position as at 31st March 2019 and for the previous year as at 31st March 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%

Band 2

BME - 48.8%

White - 46.4%

Band 3

BME - 23.5%

White - 73%

Band 4

BME - 17.1%

White - 77.9%
Band 5
BME - 30.8%
White - 62.5%
Band 6
BME - 22.2%
White - 73.5%
Band 7
BME - 21.7%
White - 75.8%
Band 8a
BME - 17%
White - 79.9%
Band 8b
BME - 10.2%
White - 89.8%
Band 8c
BME - 13%
White - 78.3%
Band 8d
BME - 0%
White - 100%
Band 9
BME - 0%
White - 0%

NON CLINICAL STAFF

Band 1
BME - 28.9%
White - 63.2%
Band 2
BME - 12.3%
White - 82.3%
Band 3
BME - 16.1%
White - 82%
Band 4
BME - 22%
White - 72.6%
Band 5
BME - 18.8%
White - 75%
Band 6
BME - 23.4%
White - 73.4%
Band 7
BME - 29.4%
White - 63.5%
Band 8a
BME - 14.7%
White - 80.9%
Band 8b
BME - 6.3%
White - 87.5%
Band 8c
BME - 19.4%
White - 80.6%
Band 8d
BME - 20%
White - 60%
Band 9
BME - 25%
White - 50%

VSM
BME - 0%
White - 100%
BOARD
BME - 15.4%

White - 84.6%

Data for previous year:

CLINICAL STAFF

Band 1

BME - 0%

White - 0%

Band 2

BME - 39.8%

White - 57.1%

Band 3

BME - 23.2%

White - 74.6%

Band 4

BME - 18.9%

White - 79.2%

Band 5

BME - 32.8%

White - 61.6%

Band 6

BME - 21.3%

White - 76.2%

Band 7

BME - 20%

White - 77.4%

Band 8a

BME - 14.9%

White - 83.9%

Band 8b

BME - 9.2%

White - 89.2%

Band 8c

BME - <6

White - 85%

Band 8d

BME - <6

White - 94.4%

Band 9

BME - 0%

White - 100%

NON CLINICAL STAFF

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 - 0%
White - 0%

VSM
BME - 0%
White - 100%

BOARD
BME - 15.4%
White - 84.6%

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

- The largest numbers of BME staff are employed in bands 1 -7, with under-representation in relation to the Berkshire BME population starting at band 8a.
- We have maintained achievement of our target of 20% BME staff employed in bands 5-7, which we also met last year.
- BME staff employed in non-clinical roles at band 5 is 18.8%, and is an increase from the 11.6% reported last year.
- We have seen a decrease in BME staff employed in non-clinical roles at bands 6, 7 and 8b in comparison to last year, but an increase in bands 8c and 8d.
- Although the 17% of BME staff employed in clinical roles at Band 8a is not yet at our 20% target, this is an improvement on the 14.9% we reported last year.
- There are very limited changes in the percentages of BME staff employed in clinical roles at bands 8b and above, which given the smaller numbers of staff included, are not statistically significant.

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

Our Making it Right (MIR) programme is aimed at supporting the development of our band 5-7 BME staff, and we have now started cohort 4, with a good proportion of band 6 and 7 participants. However, we recognise that we also need to combine internal development opportunities with external recruitment of BME staff in order to achieve our ambition. We will review the work undertaken by other organisations to identify what additional steps could be taken to have the greatest impact, and discuss these with our BAME Network, our managers and leaders and our Joint Staff Consultative Committee. Although our current Equality and Inclusion Strategy target is to achieve 20% BME staff in bands 7 and above, we are aware that this reflects the 2011 census for Berkshire as a whole. The population has increased since then, and the percentage of people from BME backgrounds varies considerably across the county. Both of these factors will be taken into account when preparing the refresh of our strategy planned for April 2020. As part of our work to better understand our WRES data over time, we have undertaken some more detailed analysis of previous submissions for comparison purposes. This has identified some important points which are reflected in our results for WRES indicators 2 to 9 reported to our Trust Board. Comparisons between our results and those of other trusts were included, based on information provided in the NHS England WRES report published in January 2019.

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

Data for reporting year:

Likelihood of a white member of staff being appointed from shortlisting - 1.27

Data for previous year:

Likelihood of a white member of staff being appointed from shortlisting -1.33

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

We have seen a gradually improving trend in this indicator over the last four years, and as a result of the work carried out this year, have a much better understanding of our data. Internal and external applicants are now included in our analysis, which was not previously the case.

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

Our aim is to eliminate the gap between BME and white staff in the likelihood of appointment from shortlisting. Our Making it Right Programme includes workshops aimed at supporting individuals in job applications, and mentorship to enable individuals to identify and act on their own career aspirations. Our Making it Right for Managers initiative has been piloted this year, and this has enabled senior managers to better understand our data and also hear personal stories. Our Essential Skills for Managers and Excellent Managers Programme both include equality and inclusion issues. We will undertake further work this year with our staff network, JSCC, HR leads and Operational Leaders to confirm further steps to eliminate the gap in likelihood of appointment from shortlisting between BME and white staff.

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:

Relative likelihood of a BME member of staff entering the formal disciplinary process - 1.27

Data for previous year:

Relative likelihood of a BME member of staff entering the formal disciplinary process - 1.85

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

This data is still being checked against ESR data submitted in our WRES in years prior to the previous year, to enable us to understand longer term trends.

However, we have established processes for Executive reporting of HR casework by protected characteristic. Our figure is slightly above the national average of 1.24 included in the national WRES report in 2018.

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

We are taking forward work as part of our action plan to achieve improvement in this area, with the aim of achieving parity between white and BME staff, while working to minimise the need for formal processes in general.

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

Data for reporting year:

The relative likelihood of a white member of staff accessing non-mandatory training and CPD was 0.97

Data for previous year:

The relative likelihood of a white member of staff accessing non-mandatory training and CPD was 0.90

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

Our data shows that the likelihood of accessing non-mandatory training and CPD is close to parity. We know that nationally, the data for this indicator improved in 2018 and fell within the non-adverse range of 0.8 to 1.2.

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

We have established a system that enables us to monitor requests for training electronically, and whether the requests were approved or not, and have shared our results. We do recognise that staff survey results still indicate a perception that equality of opportunity is not where it needs to be, and therefore will continue to work on our communications to enable staff to understand the evidence about this.

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:

22.5%

BME:

31.2%.

White:

21.7%

BME:

26.5%

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

This data is a real concern for us, as the figure for BME staff is significantly higher than the response from white colleagues at 22.5%. Although the percentage of white staff experiencing bullying, harassment or abuse has increased from last year, the increase for BME staff was much greater, given 26.5% reported in the previous year.

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

Reducing bullying and harassment is a big priority for us, and has also been prioritised by our BAME staff network as an area for action in 2019/20.

Our annual plan on a page for 2019/20 includes the statement "We will promote an inclusive and compassionate culture, with zero tolerance of aggression, bullying and exclusion, and reduce assaults on staff by 20%"

A video has been produced for use in internal training and staff events, and posters will be used in staff and patient areas to provide a clear message that bullying and harassment is unacceptable, and to encourage staff to address incidents and follow them up appropriately.

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

White:

20%

BME:

26.2%

White:

18.2%

BME:

20.9%

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

This data is a real concern for us, as the figure for BME staff is significantly higher than the response from white colleagues, and as for bullying, harassment and abuse from patients, relatives or the public, the rate of increase is higher for BME staff. Although we have been working to raise awareness and encourage reporting, it is not possible to know whether the higher numbers are because of increased reporting, increased incidence or a combination of both.

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

Reducing bullying and harassment from staff is arguably more under our own influence than that exhibited by members of the public, and therefore we are prioritising the continued implementation of our Making It Right initiative. We have now started cohort 4 for our BAME staff, and will developing our approach for disabled staff this year, followed by our LGBT staff. Making it Right continues to include content to enable staff to identify and address bullying and harassment, and highlight the support that is available within the organisation. This year, we have also piloted Making It Right for Managers, which includes raising managers' awareness of the experience of staff with protected characteristics. Feedback has indicated that the most valuable learning was gained from hearing about people's experience, rather than simply presenting data.

Our Freedom to Speak Up Guardian has made good links with our staff networks, and our Freedom to Speak Up champions are a diverse group based at a number of trust locations.

We recognise how serious an impact that bullying, harassment and abuse can have on individuals, and therefore will continue our work to ensure that our training for managers includes best practice content regarding reducing bullying and harassment.

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

White:

89.2%

BME:

68.4%

White:

89.3%

BME:

74.4%

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

It is disappointing to see a reduction in the percentage of BME staff believing that there are equal opportunities for career progression or promotion within the Trust. However, we are committed to continuing with our work to ensure equity of opportunity and recognise that this commitment needs to be long term, and demonstrate consistent positive results for perceptions to change.

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

We have taken action to introduce a process which enables training applications and decisions to support or decline these to be monitored centrally, and will review this process during the coming year to identify its impact and any amendments required.

We will also publicise the equality of access to non-mandatory training and CPD, specific opportunities that have been taken up by our BAME staff, the achievements gained by individuals as well as the increasing numbers of BME staff in higher bands.

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:

6.8%

BME:

16.9%

White:

6.5%

BME:

11.1%

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

We are concerned to see the increase in this indicator and will continue to work to reduce this. As with bullying, harassment and abuse, we are encouraging staff to recognise and report discrimination.

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

Our work to reduce discrimination is focussed on:

- Leadership behaviour
- Provision of good quality management training
- Communications
- Use of reliable and robust data – to understand the experiences of our staff and proactively using data to address areas of concern

Workforce Race Equality Indicators

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

White:

84.6%

BME:

15.4%.

White:

84.6%

BME:

15.4%

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

There is a shortfall of 7.2% BME Board representation in comparison to the workforce.

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

We have prioritised action to increase the percentage of BME staff in senior bands, which will ultimately impact at Trust Board level. Our Talent Management process includes a review of equality impact. Recruitment of Non-Executive Directors includes action to encourage a diverse range of applicants.

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?:

No

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.:

www.berkshirehealthcare.nhs.uk/about-us/key-documents/reports-policies-and-procedures/