Response ID ANON-R89M-8JEX-F

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2018-08-10 13:01:52**

Introduction

1 Name of organisation

Name of organisation:
Barking, Havering and Redbridge University Hospitals NHS Trust

2 Date of report

Month/Year:
May 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 :
Deborah Tarrant, Director of People and OD

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:
Claire O'Toole
Head of Inclusion
Email: claire.o'toole@bhrhospitals.nhs.uk
Telephone: 01708 435000 extension 2052

5 Names of commissioners this report has been sent to

Complete as applicable::
Dr Jagan John, Chair, Barking and Dagenham Clinical Commissioning Group
Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group
Dr Anil Mehta, Chair, Redbridge 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.:
Not applicable.

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.bhrhospitals.nhs.uk/equality-and-diversity

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

Name::
Deborah Tarrant, Director of People and OD

Date::
10 August 2018

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:
No.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:
No.

Self reporting

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

Total nuber of staff employed within this organisation at the date of the report:
6557

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:
46%

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

The proportion of total staff who have self–reported their ethnicity:
99%

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 consider our level of self reporting to be very good. This has increased slightly from 98% in 2017.

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:
Please see response to question 14 above.

Workforce data

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

What period does the organisation’s workforce data refer to?:
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:
Non clinical White BME
Staff group Number % Number %
Band 1 3 60.00% 2 40.00%
Band 2 104 71.72% 39 26.90%
Band 3 312 76.10% 93 22.68%
Band 4 323 80.15% 76 18.86%
Band 5 113 70.63% 47 29.38%
Band 6 66 71.74% 26 28.26%
Band 7 48 59.26% 33 40.74%
Band 8 91 67.41% 43 31.85%
Band 9 13 86.67% 2 13.33%
VSM 20 80.00% 4 16.00%
Grand Total 1093 74.30% 365 24.81%

Clinical White BME
Staff group Number % Number %
Band 2 429 49.42% 432 49.77%
Band 3 176 57.89% 128 42.11%
Band 4 83 75.45% 27 24.55%
Band 5 335 37.94% 543 61.49%
Band 6 484 42.72% 638 56.31%
Band 7 374 58.53% 253 39.59%
Band 8 176 66.92% 85 32.32%
Band 9 9 75.00% 3 25.00%
M&D 313 35.85% 531 60.82%
VSM 1 100.00% 0 0.00%
Grand Total 2380 46.80% 2640 51.91%

Data for previous year:
Non clinical White BME
Staff group Number % Number %
Band 1 3 60.00% 2 40.00%
Band 2 130 75.00% 39 23.00%
Band 3 286 78.00% 78 21.00%
Band 4 318 82.00% 65 17.00%
Band 5 111 73.00% 42 27.00%
Band 6 54 68.00% 26 33.00%
Band 7 45 66.00% 23 34.00%
Band 8 87 67.00% 41 32.00%
Band 9 10 83.00% 2 17.00%
VSM 17 81.00% 2 10.00%
Grand Total 989 77.00% 279 22.00%

Clinical White BME
Staff Group Number % Number %
Band 2 449 53.00% 387 46.00%
Band 3 167 60.00% 110 40.00%
Band 4 70 69.00% 32 31.00%
Band 5 416 45.00% 504 54.00%
Band 6 475 43.00% 610 56.00%
Band 7 374 62.00% 216 36.00%
Band 8 158 64.00% 86 35.00%
Band 9 10 77.00% 3 23.00%
Non Consultant
Medical grades 336 35.00% 556 59.00%
Consultant 125 38.00% 200 62.00%
Grand Total 2780 100.00% 2704 100.00%

The implications of the data and any additional background explanatory narrative:
In our non clinical staff groups between 2017 and 2018 we have seen an increase in BME workforce at bands 2, 4 and 5. We have increased the number of posts at band 7 and there has been a significant, 6%, increase in the number of BME staff in this band, making it more representative.

At bands 8 and 9 white staff remain over represented. At Very Senior Manager level an increase in establishment has also benefitted BME colleagues with an improvement, 6%, in their representation at this level. BME colleagues however, remain under represented at this level.

In clinical groups, there has been an increase in establishment at bands 2, 4 and 7 with an increase in BME representation at these levels. BME staff remain under represented at bands 8 and above.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
It is clear from our current and previous analysis we still have much to do to improve BME representation at senior levels. During 2017/18 we continued to hear the voice of our BME colleagues and initiated some key projects as enablers of this.

A highlight of 2018 has been the progress of our two “Improvement Through Inclusion” projects:

• making recruitment processes more inclusive: identify bespoke local initiatives to improve inclusion through our internal improvement programme
• realising and promoting BME talent: exploring innovative Talent Management approaches locally with a pilot scheme for BME staff and sharing pan London approaches through a Community of Practice

Both projects are in response to dominant themes that have emerged through open conversations with staff over a number of months on the need to make our recruitment more inclusive and support our BME talent. These priorities have been further driven by our previous WRES and Staff Survey analysis, particularly free text comments provided as part of the survey.

Both projects will conclude in October and we are determined they will deliver a step change in associated processes and approaches to better enable and support BME progression.

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

Data for reporting year:
For all applicants white staff are 1.64 times more likely to be appointed than BME applicants.

Data for previous year:
For all applicants white staff were 2.11 times more likely to be shortlisted than BME applicants.

The implications of the data and any additional background explanatory narrative:
There is an improvement between years. However, this appears to be attributable to BME staff benefitting from increases in the establishment as detailed above.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
We will continue to work to address this imbalance as we progress and consolidate our "Improvement Through Inclusion" projects.

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 staff were 2.4 times more likely to enter a formal disciplinary process than white colleagues.

Data for previous year:
BME staff were 0.94 times more likely to enter a formal disciplinary process. This was an improvement on 2016 which was 1.2. Between 2016 and 2017 the number of cases reduced.

The implications of the data and any additional background explanatory narrative:
This is a worryingly negative trend despite the overall number of formal disciplinary processes reducing from 72 in 2016/17 to 40 in 2017/18. BME staff have not benefitted from a reduction in the number of cases.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
As a matter of urgency we will do a deep dive into this finding with a view to making recommendations based on evidence based approaches for interventions that help address this and ensure more inclusive ways of working and responding to concerns.

For example, research acknowledges the informal stage of the disciplinary process is critical in sorting out minor issues and that some managers were hindered in this process by a lack of confidence in applying informal strategies with BME staff. We will act to grow confidence and capability to address this locally including the management of a diverse workforce as a precursor and meaningful alternative to application of formal policy.

We have implemented a new more inclusive approach to addressing concerns based on restorative practice and will consider if a complimentary approach could meet this need.

We are supporting a Pan London Equalities Lead project "Improving equalities outcomes through better practices WRES". This is specifically looking into the incidence of BME staff in disciplinary processes.

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

Data for reporting year:
White staff were 1.61 times more likely to access non mandatory training and CPD.

Data for previous year:
White staff were 0.88 times more likely to access non mandatory training and CPD.

The implications of the data and any additional background explanatory narrative:
This is a worryingly negative trend. We know from our annual NHS Staff Survey findings BME staff are less likely to agree the Trust provides equal opportunities for career progression and promotion.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
We will promote BME specific supported development opportunities such as the Mary Seacole Programme. We supported two staff to complete this in 2017/18 and will support another two staff in 2018/19.

With regards to other training and CPD we will ensure our training, as referred to above, includes the importance of fairness and consistency when agreeing study leave. We will ensure our training messages demonstrate our commitment to supporting staff and promoting a culture that supports and acts on diversity and inclusion.

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:
30%.

BME:
28%

White:
28%.

BME:
32%.

The implications of the data and any additional background explanatory narrative:
Experience has improved for BME staff and deteriorated for white.The annual NHS Staff Survey identified this as a national issue with levels rising from 15% in 2016 to 15.2% in 2017, the highest this indicator has been in the past five years. Our scores are significantly poorer.

In the Staff Survey we scored worse than average for this key finding in 2017. An initial benchmarking of our finding with other London Trusts would suggest levels are much higher than nationally across the capital with no London Trusts scoring above average.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Our Conflict resolution training is a four hour class room based course supporting front line staff to recognise different aspects of conflict together with methods of avoiding and resolving this. Staff are required to complete an e-learning refresher module every three years.

Supporting our staff to reduce incidents of harassment, bullying and abuse will be a key strand of our approach in 2018/19. We will collaborate with our Education and Health and Safety teams to identify appropriate actions and campaigns. Our approach needs to have two strands - promotion of zero tolerance through a campaign such as "Don't Choose to Abuse" and ensuring our staff are trained and supported to deal with conflict.

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

White:
81%.

BME:
68%.

White:
83%.

BME:
71%.

The implications of the data and any additional background explanatory narrative:
This figure has deteriorated for both staff groups. We score poorly on this relative to acute Trusts and have done so over a number of years.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Our two "Improvement Through Inclusion" projects are key to addressing this poor finding. Ideas and actions arising from this are now being developed for implementation in year.

As we have developed and grown our internal capacity for coaching and mentoring we have been mindful to communicate this to BME staff and encourage their take up of these opportunities.

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:
9%.

BME:
20%.

White:
8%.

BME:
16%.

The implications of the data and any additional background explanatory narrative:
BME staff remain twice as likely to experience discrimination at work from managers/team leaders or other colleagues.

The position has deteriorated significantly for BME colleagues.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
A stated aim of our OD approach is to ensure we train and develop line managers with sensitivity to equality, diversity and inclusion. In 2017/18 we co-continued to deliver equality, diversity and inclusion themed modules on our leadership and development programmes.

These modules are also included on our aspiring and new managers programme, Elements. A session is also delivered on our volunteers induction.

EDI continues to be referenced in training programmes from our “Get On” band 2 to 6 development programme through to Horizons and Dynamics for our senior leaders. We have also designed and deliver masterclasses on “Understanding diversity and how to unlock your potential and that of your teams”.

In 2017 we incorporated unconscious bias into our Personal Performance Review training.

Training in equality diversity and inclusion is mandatory for all staff. Our mandatory compliance rate is 90%.

We also offer bespoke training when requested.

In 2018/19 we will refresh our training and orientate this more to individual goal setting as a prompt to change behaviours.

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

White:
28%.

BME:
31%

White:
28%.

BME:
32%.

The implications of the data and any additional background explanatory narrative:
There is no statistically significant change to the data with the result poor experience remains high.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Throughout 2017/18 we have had a focus on dignity at work as a specific strand of our EDI approach. In July 2017 we held our first Dignity at Work month. The aim of the month is to ensure staff can share experiences and also propose solutions as we co design with them our approach to making our hospitals places to work where dignity is respected and acted on at all times.

Following this we worked in partnership with Staff Side colleagues and our mediators to discuss, agree and implement in January 2018 a new approach to dealing with concerns about behaviour in the workplace. This is based on restorative practice and is designed to be:

• more inclusive
• less adversarial
• quicker
• engaging and positive with outcomes that support sustained behavioural change

The restorative approach is now being successfully used.

During the month we also promoted NHS Employers Personal Fair and Diverse Champions initiative. We now have 50 grass roots champions who are a source of support for colleagues and can inform them of appropriate routes for addressing concerns.

We repeated Dignity at Work month in June 2018.

We launched our Leaders’ Agreement in November 2017. This sets out the behaviours we expect from all our leaders and are those that represent dignity, respect and inclusion in the workplace. It is a standard created to facilitate change in our existing culture so all have the power to make the improvements that matter most to our patients and staff.

Dignity at work will be a key strand of our Equality Diversity and Inclusion Strategy. This is currently in development and will be agreed in year.

Workforce Race Equality Indicators

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

White:
27%.

BME:
-26%.

White:
24%.

BME:
-19%.

The implications of the data and any additional background explanatory narrative:
BME representation at Board level has reduced between years due to turnover.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
As part of our Inclusive Recruitment project we have made a case for BME representation on senior panels. We are currently working on a Standard Operating Procedure to confirm how this will be done. This approach will be applied when we shortly recruit to our Director of Finance post.

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?:
Powerful conversations with BME colleagues have been fundamental to our progress and improvement in the areas of equality, diversity and inclusion. These have, and will continue, to shape our hospitals as places to receive care and work.

On the 20 April 2018 we welcomed Yvonne Coghill, Director of the national WRES Implementation Team, to our Trust to deliver a workshop. Joined by 15 staff a powerful and thought provoking presentation was followed by a robust discussion. Yvonne challenged us, on the basis of our own WRES analysis, to act decisively to improve BME staff experience and in turn the care of our diverse patients.

Tom Moore, Director of IM&T represented our senior leaders and subsequently fed back to the Chief Executive and his team. Actions to meet this challenge will be detailed in our WRES Action Plan 2018.

We have asked Yvonne to do a development session with our Board and dates are being explored for this.

We will be part of the next cohort of WRES Experts and will ensure we utilize this opportunity to address BME staff experience.

Our People's Calendar celebrates the cultural, religious and spiritual events that are important to our people throughout the year. Our recent celebrations have included Ramadan, Diwali and Rosh Hashanah.

We celebrated NHS Equality Diversity and Human Rights Week in May 2018. Our focus during the week was on developing an Equality Diversity and Inclusion Strategy.

Engagement opportunities during EDI week enabled us to collaborate and co-design a Strategy with our staff. A workshop was held with Brap consultants on "The conditions that need to be present to enable equality, diversity and inclusion to thrive".

A round table was also held with our Chief Executive, to discuss the reasons for and content of a strategy.

Creating a strategy recognises that we understand, and appreciate, the ethical and business reasons, as detailed above, for being hospitals that celebrate diversity and act on inclusion. The strategy is in draft form and will be ratified in year. A strategic focus, developed in collaboration with our staff will:

• ensure we are proactive rather than reactive
• enable us to identify the priorities for action and focus that matter most to our staff
• ensure we have a clear direction of travel
• ensure our resources and energy are used to achieve and maintain improvements
• enable us to bring external expertise into our hospitals to support us
• ensure our approach is sustained and embedded

The Strategy is currently at the stakeholder engagement stage and will be ratified later in the year.

During NHS Employers Equality Diversity and Inclusion Week we were delighted to be confirmed as one of 40 Trusts selected to be an NHS Employers Diversity and Inclusion Partner. This national programme supports participating trusts to progress and develop their equality performance over a period of 12 months, and is closely aligned to the Equality Delivery System (EDS2). This will help us on our journey to be truly inclusive hospitals and improve BME staff experience.

We planned and delivered a joint conference themed on equality, diversity and inclusion with our colleagues at NELFT in June 2018. We arranged this to follow NHS Equality Diversity and Human Rights Week 2018 to provide a collaborative platform to involve and engage people across our organisations.

The conference was open to all our people - staff, volunteers, patient representatives and stakeholders. We wanted to create a space to bring people together and consider the importance of diversity and inclusion to us as health care providers and large employers.

The conference highlighted the importance of equality and diversity in everything we do, fundamental to our mutual goals to be fair, inclusive and responsive to individual need in the services we provide and how we support our staff and volunteers.

The conference Chair was Paul Deemer, Head of Diversity and Inclusion at NHS Employers. One of the activities invited those present to share what the NHS

means to them in its 70th year. Paul created a poem from the contributions and included this line:

“The NHS gave me a home when I came from abroad seeking a new start”.

Our BME Network is well established and members initiate and deliver supporting actions and ideas across the whole of the WRES agenda.

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.:
file:///C:/Users/o'toolecl/Downloads/WRES-Action-Plan-2017.pdf