Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Barking Havering and Redbridge University Hospitals NHS Trust

Date of report: month/year

July 2017

Name and title of Board lead for the Workforce Race Equality Standard

Anne Robson, Interim Executive Director of People and OD

Name and contact details of lead manager compiling this report

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Names of commissioners this report has been sent to (complete as applicable)

Barking and Dagenham, Havering and Redbridge

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Conor Burke, Chief Officer Barking and Dagenham, Havering and Redbridge CCG: email conor.burke@nhs.net: telephone 0208 925205.

Unique URL link on which this Report and associated Action Plan will be found

To be added by Communications at time of publication.

This report has been signed off by on behalf of the Board on (insert name and date)

This will be signed off by the Chief Executive at our October 2017 Board meeting.

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

No. Some of our detailed analysis is contained in our accompanying Action Plan for 2017/18.

b. Any matters relating to reliability of comparisons with previous years

No. We have had turnover in our voting Board members since last year which is reflected in indicator 9.

2. Total numbers of staff

a. Employed within this organisation at the date of the report

6457.

b. Proportion of BME staff employed within this organisation at the date of the report

44%.

3. Self reporting

a. The proportion of total staff who have self–reported their ethnicity

98%.

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

The number of staff self reporting their ethnicity is high.

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

No steps are planned as the number self reporting is acceptably high.

4. Workforce data

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

May 2017.

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, compare the data for White and BME staff				
1	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.	The detailed breakdown by band is contained in our WRES Action Plan 2017/18.	The detailed breakdown by band was contained in our WRES Action Plan 2016/17.	BME staff are under and over represented in different bands inconsistently with their 44% representation in the overall workforce.	Review our marketing and communications profile to ensure these reflect our commitment to diversity and inclusion. Comprehensively audit of recruitment practice against policy. Explore and agree ways to remove unconscious bias from the recruitment process. Provide managers with practical training and
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Non clinical posts: white staff 2.1 times for likely to be appointed. Clinical posts white staff 1.46 times more likely to be appointed	White staff were 1.9 times more likely to be shortlisted.	This has deteriorated.	Our response to this links into the above.
3	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.	BME staff were 0.94 times more likely to enter a formal disciplinary process.	BME staff were 1.2 times more likely to enter a formal disciplinary process.	This has improved.	In 20916/17 we scoped and received training in a new approach to addressing concerns of both staff and managers in the workplace. This is a new and innovative approach based on restorative practice that also has the potential to improve engagement and positively influence our culture. We will deliver this in 2017/18.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	White staff were 1.13 times more likely to access non mandatory training and CPD.	For clinical staff this was 0.214. For non clinical staff this was 1.395.	This has improved.	We have a specific target to improve release especially for attendance at BME Network and relevant courses of study such as NHS Leadership Programmes, Stepping Up, Ready Now and Mary Seacole.

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 28% BME 32%	White 33% BME 32%	The experience of white staff has improved but remained the same for BME. Our responses are however worse than the average for acute Trusts in 2016.	Dignity at work is a new and specific theme as part of our overall OD programme. July 2017 was Dignity at Work month in our hospitals and kick started a conversation with staff to address this and the following finding.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 28% BME 32%	White 31% BME 31%	The experience of white staff has improved but deteriorated for BME. Our responses are however amongst the worst 20% for acute Trusts in 2016.	Please see above.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 83% BME 71%	White 82% BME 64%	The belief of white and BME staff has improved. Our responses are however amongst the worst 20% for acute Trusts in 2016.	This is an ongoing and significant theme for all staff but BME staff report a significantly lower level of belief. We are exploring the possibility of targetted internal recruitment to posts.
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	White 8% BME 16%	White 9% BME 18%	The experience of white and BME staff has improved. Our responses are however worse than the average for acute Trusts in 2016.	Dignity at work is a key theme in our overall Equality Diversity and Inclusion plans for 2017. We have started this by making July 2017 Dignity at Work month in our hospitals, engaging with our staff to co-design actions and responses to
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	- 19%	- 2%.	The difference in this data is due to turnover amongst this group.	We have a specific new action which is to engage search agencies to identify BME candidates for NED and Executive positions.

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

As part of NHS Equality Diversity and Human Rights week 2016 we held a series of conversations for our staff with the aim of hearing our BME staff voice. As a result we subsequently created and Equality Diversity and Inclusion Steering Group and BME Network. These are strong indications of our progress and both have contributed to our 2017/18 WRES action plan and will assess progress against this.

7. 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.

We have a detailed action which will be presented for approval to our Board on the 4 October 2017. This compares our analysis to 2016 and 2015, gives the context for our actions and details these.

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