Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

TRUST BOARD
Wednesday 28 September 2016

Details of the Paper

Title	Workforce Race Equality Standard
Responsible Director	Ian Anderson
Purpose of the paper	The Board is asked to note the forthcoming publication of • the Trust's Workforce Race Equality Standard (WRES) for 2015-16 • the Trust's WRES action plan that has been developed for 2016-17
Action / decision required (e.g., approve, support, endorse)	The Board is asked to note the report.

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	***Financial Performance***	***Operational Performance***	***Strategy***	***Workforce performance***	*New or elevated risk*
Legal	*Regulatory/ Compliance*	***Public Engagement /Reputation***	***Equality & Diversity***	*Partnership Working*	*Information Technology / Property Services*

ANNUAL OBJECTIVE	
Trust Corporate Objectives • Well led and actively engaged staff • Recruit an appropriately skilled, permanent workforce • Focus on training & development	
Please summarise the potential benefit or value arising from this paper:	
RISK	
Are there any specific risks associated with this paper? If so, please summarise here.	11a - There is a risk to delivering organisational objectives if we do have not the right number and calibre of staff. 11b - If staff are not actively engaged with organisational goals there is a risk that these objectives will not be delivered. 12a - If we do not develop and nurture skilled leadership there is a risk that staff engagement will be impacted in a negative way and that other corporate objectives will not be achieved 13a - There is a risk that we will not deliver the highest quality care if we do not embed Trust values and behaviours and do not sufficiently engage with staff to deliver this.
	Financial Risk:
LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY	
Which CQC standard/s does this paper relate to?	*(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: Bridget O'Kelly	
Presenter of Paper: Ian Anderson	
Other committees / groups where this paper / item has been considered:	
Date of Paper: 19 September 2016	

WORKFORCE RACE EQUALITY STANDARD (WRES)

1. Introduction and Summary

The NHS WRES was launched in April 2015, with all NHS organisations being required to publish data on an annual basis from the previous financial year and a corresponding detailed action plan for the current year.

The Trust WRES template for f/y 2015-16 and our action plan for f/y 2016-17 are included in the Appendices of this paper.

2. Background

An update on the Trust's progress against the WRES and an outline of actions taken in 2015-16 was presented to the Board in July (Personal, fair and diverse annual review and update for 2015-16). For ease of reference, the key points are also included in this paper.

The NHS WRES was launched in April 2015, with all NHS organisations being required to publish data from the previous financial year. Trusts are measured against nine specific workforce related indicators and then benchmarked via a national reporting template – the inaugural report (of 2014-15 data, which includes the 2014 NHS national staff survey) was published on 2 June 2016 and is available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/WRES-Data-Analysis-Report.pdf

This year, there have been a few changes to the process and content of the WRES. We are required to send to the WRES team at NHS England our raw data by 1 August 2016 (which has been completed); we are then required to complete and publish on our Trust website a WRES template and Trust WRES action plan. There are also two changes in the workforce indicators from last year:

- Indicator 1 now asks for the percentage of BME staff in each of the Agenda for Change bands and VSM (including executive Board members), as opposed to just in bands 8a-9 and VSM. The purpose of this change is to help organisations identify career progression blockages that surface within the bands 1-7, in addition to potential blockages within the senior management bands.
- Indicator 9 now requires the percentage difference between the organisation's BME board voting membership and its overall BME workforce. The previous indicator 9 focused upon comparison of Boards' BME representation with the BME population served. This change highlights the importance of accurate and full recording of Board members' equality monitoring information."

3. WRES findings for 2015-16

The Trust's completed WRES template set is included at Appendix 1.

Key points from our analysis of the workforce data are:

- The likelihood of BME and White staff accessing of non-mandatory education and training by BME staff is almost the same and this is the same across all grade boundaries.
- The percentage of BME staff in Bands 8-9 at 12% is significantly lower than the percentage of BME staff in the total workforce (21%) and lower than the percentage of BME staff in all Agenda for Change bands (18%).
- The likelihood of white shortlisted applicants who attended interview being appointed to posts is more than two times greater than BME shortlisted applicants. These figures have deteriorated in comparison from last year. Further analysis is on-going.
- The relative likelihood of BME staff entering the formal disciplinary process compared to that of white staff is one and a half times higher than white staff. This is a small improvement from last year; however, we will undertake further analysis of the data and put in place interventions as appropriate with the aim of redressing this imbalance.

Some of the key findings (relating to the staff survey indicators) from the inaugural national report (in italics), are set out in the table below alongside a comparison of our own findings from the 2014 and 2015 NHS staff surveys:

"NHS Staff Survey responses from BME staff were, in a significant number of cases, too small to report. In some cases, given the demographics of the trust or the locality served, this was surprising. NHS trusts are strongly recommended to carry out the survey using full rather than small staff samples." The Trust is leading this best practice - we surveyed all staff in 2015 and will do so again in 2016.
"Higher percentages of BME staff report the experience of harassment, bullying or abuse from staff, than White staff, regardless of trust type or geographical region. Community provider and ambulance trusts are more likely to report this pattern." The Trust's 2014 staff survey results were better than the overall national position; we were in a minority of Trusts that reported a smaller percentage of BME staff than white staff reporting harassment, bullying or abuse from staff (25% and 27% respectively). Our 2015 results showed a small improvement in these figures - 24% of BME staff and 25% of white staff reporting harassment, bullying or abuse from staff. It's also worth noting that this figure was 2% lower for BME staff (and therefore better) than the national average for our comparator Trusts; however it was 1% higher for White staff.
"BME staff are generally less likely than White staff to report the belief that the trust provides equal opportunities for career progression or promotion. This pattern is strikingly widespread regardless of type of trust or geographical location." Our 2014 results are the same as this national position, with fewer BME staff (69%) than white staff (87%) believing that the Trust provides equal opportunities for career progression or promotion. Our 2015 results showed a very small improvement; however, our results for BME staff were lower than the average for our comparator Trusts and there was a greater difference in the responses of BME and White staff. 70% of BME staff and 91% of white staff reported that they believe that the Trust provides equal opportunities for career progression or promotion. We started work to address this in 2015-16 (see below) and following the publication of the 2015 staff survey results, the Board agreed to this issue being a Trust priority for 2016-17.
"BME staff are more likely to report they are experiencing discrimination at work from a manager, team leader or other colleague compared to White staff, regardless of trust type or geographical location." Our 2014 results reflect this national position. 18% of BME staff and 8% of white staff reported discrimination at work from manager/team leader or other colleague. Our 2015 results showed some improvement and the Trust results were in line with national average for comparator Trusts, with 13% of BME staff and 5% of white staff (5%) reporting discrimination at work from manager/team leader or other colleague. We started work to address this in 2015-16 (see below) and will continue to put in place actions to address this in 2016-17.
"Community provider trusts and mental health and learning disability trusts generally report a higher percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public when compared to White staff." Our 2014 results showed no difference in the experiences of BME and White staff, with 29% of both groups reporting harassment, bullying or abuse from patients, relatives or the public. In 2015, our overall results deteriorated and a difference emerged in the reported experiences of white and BME staff was reported; 30% of white staff and 32% of BME staff reported harassment, bullying or abuse from patients, relatives or the public.

4. Action plan for 2016-17

A detailed action plan is included at Appendix 2.

The plan includes a continuation of actions started in 2015-16 including:

- An on-boarding survey which involved new starters with a BME background.
- A new programme of applied equality and diversity training (focussing on unconscious bias)

It also includes new initiatives including:

- A review of the Trust appraisal process involving a wide range of staff in development stages
- The introduction of values based recruitment and subsequent training for all recruiting managers
- The development of training to support staff with the job application process

5. Next Steps

- We will continue to take forward the actions set out in the action plan and monitor on an on-going basis.
- A further update and progress paper will be submitted to the Board in 4 months.