Bradford District Care
NHS Foundation Trust

BOARD MEETING
26 October 2017

Paper Title:	Workforce Race Equality Standard Annual Report
Section:	Public or Private
Lead Director:	Sandra Knight, Director of HR & OD
Paper Author:	Lisa Wright, Head of Equality
Agenda Item:	**9**
Presented For:	Information
Paper Category:	Governance & Compliance

Executive Summary:

This report provides an update on the Workforce Race Equality Standard (WRES) following the required submission of data to NHS England on 1st August 2017. The submission of that data is part of the NHS Standard Contract requirements. NHS England specify that the data results should be shared with the NHS Trust Board and the WRES report published alongside an action plan for further development.

There have been improvements in the data over the three year period the WRES has been operating. These are; the removal of the difference in likelihood of BME[1] staff being appointed after shortlisting when compared with White staff following the introduction of Unconscious Bias Training and Management Training via Engaging Leaders and the Moving Forward Programmes suggesting a possible causal link ; a narrower gap in BME and White staff survey responses to the questions about staff experiencing abuse from patients and public, and perceptions of the Trust providing access to equal opportunities. The percentage of staff in bands 8 and 9 who are from BME backgrounds has increased by 3.71%. There have been increases in the likelihood of BME staff entering into disciplinaries when compared with White staff.

The CQC has launched guidance for NHS organisations called 'Equally Outstanding'. The document draws upon the multiple pieces of research that have found clear links between staff satisfaction with being treated with respect and experiencing equality of opportunity at work with outstanding care in organisations. This makes this work highly relevant to the Trust's aspirations to be outstanding in all that we do.

Recommendations:

That the Board

- Approves this report for publishing and submission to commissioners to meet the WRES requirement.

[1] For the purpose of this report the ethnic categories used are those in the WRES guidance. BME refers to any non-White ethnic group and is the terminology used within the WRES programme. White refers to White British, White Other and White Irish; again this is the terminology and categorisation used within the WRES programme.

- Notes that the findings have been discussed at the Quality and Safety Committee (QSC) as part of the Equality Delivery System 2 (EDS2) update in September 2017 and a set of priorities agreed.
- Notes that a revised Strategy is coming to Trust Board for approval in December 2017 this will be a broader Equalities in Employment (Diverse and Inclusive Workforce) Strategy and that this report and subsequent Board discussion will inform the strategy development process.
- Approves that updates about this work will be received at the QSC every six months as part of the EDS2 update with an annual report coming back to Trust Board in October 2018 following the 2018 WRES data submission.
- That Board members take note of the data and use it in their work when making decisions, receiving reports from services or meeting with staff across the Trust.

Governance/Audit Trail:

Meetings where this item has previously been discussed (*please mark with an X):*							
Audit Committee		**Quality & Safety Committee**	**x**	**Remuneration Committee**		**Finance, Business & Investment Committee**	
Executive Management Team	**x**	**Directors**		**Chair of Committee Meetings**		**Mental Health Legislation Committee**	
Council of Governors							

This report supports the achievement of the following strategic aims of the Trust: (*please mark those that apply with an X):*	
Consolidation of Market Share : being great in our patch	X
Manage the impacts of the whole system of reduced health and social care funding: working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services	
Secure Funding for new or expanded services	

This report supports the achievement of the following Regulatory Requirements: (*please mark those that apply with an X):*	
Safe: People who use our services are protected from abuse and avoidable harm	
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	x
Responsive: Services are organised to meet the needs of people who use our services	x
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	x
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	x
NHSI Single Oversight Framework	

Equality Impact Assessment :
This work focusses on the three general duties of the Equality Act 2010: • Enhancing equal opportunities, • Fostering good community relations between groups and; • Eliminate discrimination, harassment and victimisation. With a specific emphasis on the Race protected characteristic. The WRES in itself is collecting data for equality analysis leading to activity to eliminate negative impacts and promote positive changes.

Freedom of Information:
Publication Under Freedom of Information Act This paper has been made available under the Freedom of Information Act

Workforce Race Equality Standard – Update October 2017

1.0 Background

The Workforce Race Equality Standard (WRES) is part of the NHS Standard Contract and supports NHS organisations to be compliant with the Equality Act 2010 and the 2017 Regulations. It was launched by NHS England in July 2015. Bradford District Care Foundation Trust (BDCFT) has been publishing data against the WRES metrics annually for three years with the first year comparing data back to 2014.

The implementation of the Workforce Race Equality Standard is an Equality Objective for the Trust. The Equality Objectives run from 2016 – 2020 and are a legal requirement to have under the Public Sector Equality Duty. Services are asked to deliver equality work against those objectives depending on need in their area. In 2014 the Trust launched a BME Diversity in Employment Strategy this is being superceded by a Diverse and Inclusive Workforce Strategy which will come to Trust Board for approval in December 2017. That strategy will encompass the WRES *and* the new Workforce Disability Equality Standard, Sexual Orientation Monitoring Standard and Gender Pay Gap equality requirements launching in 2018. There will be a period of engagement and consultation on the draft strategy to ensure it meets the needs and is co-produced with stakeholders.

In 2016 the national WRES team undertook an analysis of all of the data submitted to identify trends. This has been used to benchmark BDCFT in appendix 1. The full report is available here https://www.england.nhs.uk/wp-content/uploads/2017/03/workforce-race-equality-standard-data-report-2016.pdf

This Trust Board report will be published on the BDCFT website to support compliance with the Equality Act 2010 and WRES requirements as it sets out the WRES data, activity in the previous year and priorities for the year ahead.

2.0 Summary of activity 2016 – 2017

To tackle barriers to career progression and experiences of discrimination reported in the staff survey there has been a focus on:

- Developing and delivering Unconscious Bias training as part of recruitment and selection processes.
- Embedding key messages for managers about inclusive leadership into the Engaging Leader Programme and the Management Toolkit which includes a focus on progression and appraisals, having challenging conversations and performance management.
- Development of a policy to tackle discrimination experienced by staff from patients.
- A review of the staff networks with recommendations that will strengthen their strategic links within the Trust.

To tackle under-representation of BME staff in bands 7 and above:

- Moving Forward the Development Programme for BME staff in bands 5 and 6 has continued to be delivered with this last year being the third cohort. The graduation for the programme is on 31st October 2017. Graduates of that programme have been accessing mentoring and coaching; some of that being from Board members. At least 50 percent of the graduates have been promoted or moved roles to gain more experience.

3.0 Summary of the WRES data 2017

A full breakdown of the data since 2014 along with a summary of the national picture is included for information in Appendix 1.

There have been improvements over time in a number of the key metrics. The likelihood of BME staff being appointed after shortlisting is now 0.99 in favour of BME staff indicating that the work on culture in recruitment and selection, unconscious bias and inclusive leadership has had an impact. Nationally BDCFT is performing well with the national average likelihood bias being 1.57 in favour of White staff.

The percentage of BME staff in bands 8 and 9 has increased by 3.71% to 10.4%. A detailed breakdown of this data is included in Appendix 2 for information.

The gap between BME and White staff experiencing harassment, bullying or abuse from patients, relatives or the public has reduced since 2014 from 6% more BME staff experiencing it to 0.25% in 2017. This matches the national trend with this metric.

The gap between BME and White staff believing the Trust provides equal opportunities for career progression has fallen from 23% in 2014 to 18% in 2017. It should be noted that for all staff the perception of this metric has reduced since 2014; it is significant that this has not disproportionately affected BME staff.

There has been a steady reduction from 30% in 2014 to 8% in 2017 in the gap between BME staff and White staffs reporting of experiencing discrimination at work from a manager / team leader or other colleague.

There has been a small increase in the percentage of the Board that are from a BME background. 43.5% of reporting Trusts have no BME membership on their Trust Board.

There has been little change over time in the metrics relating to BME Staff and White staff accessing non-mandatory and CPD training; the national data does not appear to have identified a specific trend in this area.

There is still a significant difference in the likelihood of BME staff entering into disciplinaries when compared with White staff with a score of 1.98. This picture is the same nationally with the likelihood score for those Trusts that responded to this question being 1.56 in 2016; 1.4 in northern Trusts, 2.5 for Community Health Trusts and 1.8 for Mental Health Trusts.

Priorities for future activity

The following actions have been discussed and agreed as part of the EDS2 update to Quality and Safety Committee in September 2017. They also make up the priorities set out in the draft Diverse and Inclusive Workforce Strategy due to come to Trust Board for discussion in December 2017. These priorities are being consulted on between now and December. Discussions from this WRES paper will inform the final development of that strategy.

Equality Objective: To implement the Workforce Race Equality Standard.

It was agreed at Trust Board in June 2017 during discussions about the BME Diversity in Employment Strategy that future work in this area would focus on changing the culture of the organisation with operational and corporate services taking the lead and ownership for the actions to improve equality and diversity outcomes supported by the HR and OD Directorate.

Priority	**Rationale**
To deliver Unconscious Bias training as a core part of the recruitment and selection process.	The training has been proven to impact on the difference that was found in appointment rate following shortlisting. The training will continue to be delivered to maintain that positive impact.
Carry out a review of disciplinaries to look for differing treatment and/or outcome of BME compared with White staff.	The WRES data has highlighted that BME staff are twice as likely to enter into formal disciplinary processes.
Review the recruitment and selection process to enhance equal opportunities and positive action.	There are opportunities through the EDS2 and the Governor Task and Finish Group to engage community partners to support the advertisement and job design process. Standardised and centralised processes in recruitment for core posts will remove opportunities for differing treatment across services. They will offer the opportunity to introduce core cultural competence and values based questions into the interview process.
Development of the Diversity and Inclusion Change Makers Programme – the Change Makers will work with teams to facilitate insight and understanding conversations about diversity and inclusion, promoting openness and progression with these issues.	The power of conversation facilitated by trained staff will enable discussions about difficult subjects and promote an open culture in teams.
Impact review and subsequent re-launch of the Moving Forward Programme.	37 staff have graduated from the programme. Some have had good career progression but some have not been able to secure development opportunities following their graduation and some have left the organisation for progression. Although the programme was formally evaluated after the first cohort that evaluation has not yet been revisited to see what long term impact it is having and if there are any barriers to change within the organisation and team that the graduates returned to.
To invite the WRES team to work with the BDCFT Trust Board on next steps in building on success and addressing	The WRES team have worked closely with Sheffield Trusts on their strategies and are offering development sessions to support

Priority	Rationale
ongoing differences in satisfaction, experience and representation of BME staff in senior posts.	with this work.
To share information and priorities with the Trust's four Business Units ensuring that service level objectives to address issues identified in services areas are established and monitored for progress and impact. Work has commenced with the IAPT teams linked to the fact that nationally BME service users are less likely to access such services and when they do, treatment outcomes tend generally to be poorer. The work with the IAPT teams will provide a model and template for use within other services supported by trained facilitators and will have implications for the skills and composition of the workforce delivering re-designed services that more closely meet the needs of a diverse population.	Providing performance information to teams will enable them to work on the workforce objectives, building priorities into their workforce planning.
To report on progress against these priorities every 6 months to the Trust's Quality and Safety Committee, annually to NHS England and annually to the Trust's commissioners.	These reporting requirements meet the requirements set out in the WRES mandate and NHS Standard Contract.

3.1 Legal and Constitutional

This work is part of the NHS Standard Contract and is of interest to commissioners and NHS England as a result of the links between staff satisfaction and quality of care; particularly of BME staff. The work addresses the General Duty of the Equality Act 2010 and the Equality Act Regulations 2017 to:

- Eliminate harassment, discrimination and victimisation of protected characteristic groups.
- Foster good community relations between groups and;
- Promote equality of opportunity.

3.2 Resource

The work is led by the Human Resources and Organisational Development Directorate by the Head of Equality with support from an Organisational Development Lead. The next phase of implementation requires services to take ownership in addressing inequalities identified within their teams through the WRES data. This work will be led via the team level Quality and Safety Governance Groups and will require leads within services to make a difference.

3.3 Quality and Compliance

To be compliant with the WRES requirements the Trust needs to submit data annually to NHS England, commissioners and to publish this information online. The data has been submitted within the timescale required; this report once approved will be published and circulated to commissioners for compliance.

4. Risk Issues Identified

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Not meeting the requirements for compliance outlined above.	Low	The Trust is in breach of the WRES requirements and the General Duties of the Equality Act 2010.	Publication is planned once the report has been to Trust Board.
Employment Tribunal claim for discrimination.		The cost of a tribunal claim financially and reputational. Plus the impact on staff morale.	The organisation is publically committed to the WRES work stream. An action plan is in place based upon the data and issues it identifies. Staff are being engaged in that work. Policies and procedures are in place for tackling discrimination.

5. Communication and Involvement

The BME Diversity in Employment Strategy is being revised and will be part of a broader Diverse and Inclusive Workforce Strategy to incorporate the Trust's priorities for delivering on this agenda. The strategy is built on priorities identified through the Board discussions, investment in plans to work with teams and services to address cultural barriers to change, EDS (2) process, consultation with staff via the staff networks and the Diversity Day event. The draft will be circulated to staff side representatives, the senior leadership team, Staff Networks and Managers to raise with their teams to ensure opportunities for further input. In future crowd sourcing will be used as a means of reaching out further to all staff for their views and ideas.

6. Monitoring and review

The ongoing monitoring of this work happens through the bi-annual EDS (2) update at Quality and Safety Committee. An annual review of progress will come to Trust Board in December 2018 once the 2018 WRES data has been produced and analysed. The objectives and actions within the current and new Strategy will be reviewed quarterly at the Workforce Transformation Steering Group.

7. Timescales/Milestones

The 2018 WRES data is required to be submitted by 1st August 2018.

Appendix 1
Workforce Race Equality Data – Trends and Benchmarking 2014 - 2017
Below is a summary of the past four years data submitted for the WRES. Some of the data is not comparable as the metric or way the calculation is done has changed.

WRES Metric	2014 data	2015 data	2016 data	2017 data	Trends and Comments	National Benchmark taken from the WRES report [2]
Percentage of BME staff in bands 8 – 9 VSM (Including Executive Board members and Senior Medical Staff) compared with the BME staff in the overall workforce.	6.76% BME 19.81% White	6.69% BME 20.61% White	**Metric changed to bands 1-9.** 18.7%	18.7% **10.40% BME band 8-9 (VSM)**	The way that this metric has been measured changed in 2016 makes the data difficult to compare. Up until 2016 the metric asked for the percentage of BME staff in bands 8 – 9 (very senior management) compared with BME staff in the overall workforce. From 2016 the metric was the Percentage of BME staff in bands 1 – 9 compared. For 2017 the figure for the previous metric bands 8 – 9 has been shown in blue for comparative purposes. This show an increase 3.71% in the percentage of staff in these bands who are from BME backgrounds. It should also be noted that the way that WRES data is collected is different to the way BDCFT collects and analyses race equality data. WRES specify that the White ethnicity category includes White British, White Other and White Irish groups. The Trust analysis has been done	Nationally, for all non-medical staff (clinical and non-clinical) as a whole, the proportion of BME staff in Bands 8a - 9 and VSM was 11.1% compared with 17.7% in the workforce as a whole; a substantial difference between the two figures. Analysis on the new ways of measuring this data has not been completed nationally as yet.

[2] WRES Report 2016 NHS England

WRES Metric	2014 data	2015 data	2016 data	2017 data	Trends and Comments	National Benchmark taken from the WRES report [2]
					including White Other and White Irish into the BME category as there is a significant European Community within Bradford.	
Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.	10:1 BME 11:1 White	8:1 BME 6:1 White	8:1 BME 6:1 White	0.99	The difference in likelihood of BME and White applicants being appointed to a post after the applicant has been shortlisted has reduced to virtually no difference. The 0.1 difference is now in favour of BME applicants. Emphasis has been placed on unconscious bias and teams have been recruiting with their service user community demographics in mind.	1.57 In 38 trusts (17%), it was more than twice as likely that white staff would be appointed from shortlisting compared to BME staff. In the north the average was 1.3, in London it was 1.8. Mental health 1.6.
Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary investigation.	41:1 BME 56:1 White	36:1 BME 44:1 White	45.1 BME 49:1 White	1.98 Previous metric method: 44:1 BME 88:1 White Last 6 months 138:1 BME 215:1 White	The way that this metric is measured has been changed making it more difficult to look at like for like trends. The difference had been reducing steadily from 15 to 8 to 4 over the past 3 years. In 2017 however the new way of measuring this shows that BME staff are almost 2 times as likely to enter into a disciplinary. When using the old method of analysis to compare like with like this again shows that the difference has increased to 44. A snapshot of the past 6 months disciplinary cases shows that for every 215 White staff 1 member would enter into a disciplinary	Of the total 238 responding NHS trusts, 14 provided data that were either incomplete or null. Two trusts provided data that were such significant outliers that it was not possible to use it with any confidence. That data significantly impacted on the average likelihood of BME staff entering the formal disciplinary process compared to white staff within the South region. For the 224 trusts analysed, the (unweighted) relative likelihood of BME staff entering the formal

WRES Metric	2014 data	2015 data	2016 data	2017 data	Trends and Comments	National Benchmark taken from the WRES report [2]
					whereas for every 138 BME staff 1 would enter into a disciplinary.	disciplinary process nationally was 1.56 in 2016, with significant variations between regions and type of trust and within regions and types of trust. In the north the likelihood was 1.4 and in Community Provider Trusts it was 2.5 and in Mental Health Trusts it was 1.8.
Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	1:1 BME 1:1 White	1:1 BME 1:1 White	1:1 BME 1:1 White	1.05	There is little difference in the likelihood of BME staff accessing training compared with White staff however the difference is in favour of White staff.	In 84 of the 162 trusts that provided reliable data, it was more likely that white staff will access non-mandatory training and CPD than BME staff. In three trusts it was the same likelihood, and in 76 trusts it was more likely that BME staff will access non-mandatory training and CPD. This suggests that broadly access to non-mandatory training and CPD is slightly better for white staff but not dramatically so.
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the	–	31% BME 25% White	30% BME 27% White	27.72% 27.97%	The gap between BME staff and White staff reporting having experienced harassment, bullying or abuse from patients, relatives or the public has reduced over the time period from 6% more BME staff having experienced it to 3% and now to 0.25.	White and BME staff are equally likely to experience harassment, bullying or abuse from patients, relatives and members of the public in the last 12 months.

WRES Metric	2014 data	2015 data	2016 data	2017 data	Trends and Comments	National Benchmark taken from the WRES report [2]
public in the past 12 months.		6% difference	3% difference	0.25% difference	It should be noted that although the percentage of BME staff experiencing this has reduced the percentage of White staff has increased by almost 3%.	
Percentage of staff experiencing harassment, bullying or abuse from staff in the past 12 months.	21% BME 17% White	23% BME 19% White	24% BME 19% White	24.16% BME 20.20% White	There has been a constant gap of 4% more BME staff experiencing harassment, abuse or discrimination from staff until 2016 year when that gap increased to 5%.	BME staff remain more likely than white staff to experience harassment, bullying or abuse from other staff though this fell very slightly last year.
	4% difference	4% difference	5% difference	3.96% difference		
Percentage believing that Trust provides equal opportunities for career progression and promotion.	70% BME 93% White	78% BME 87% White	68% BME 88% White	66.41% BME 84.64% White	In 2015 there was a significant narrowing of the gap to 9%. This is when the Moving Forward Development Programme for BME staff in bands 5 and 6 launched following the BME Diversity in the Workforce Strategy in 2014. This may contribute to this boosting in BME staffs perception. If that is not included there has been a steady reduction of 4% from the initial results in 2014. However for both groups it should be noted that staff perception of this has fallen over time; although reducing the gap is still significant.	BME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression. However, the gap between white and BME staff on this indicator fell from 14.5 percentage points in 2014 to 12.6 percentage point in 2015.
	23% difference	9% difference	20% difference	18.23%		

WRES Metric	2014 data	2015 data	2016 data	2017 data	Trends and Comments	National Benchmark taken from the WRES report [2]
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues.	41% BME 11% White	25% BME 9% White	16% BME 5% White	15.85% BME 7.52% White	There has been a steady reduction in the gap between BME staff and White staffs reporting of experiencing discrimination at work from a manager / team leader or other colleagues. In the past year this gap has only been because the number of White staff reporting this has increased.	For white staff, the percentage of staff reporting that in the last 12 months they have personally experienced discrimination at work from manager / team leader or other colleagues, decreased from 7% in 2014 to 6% in 2015. For BME staff, the percentage of staff reporting that in the last 12 months they have personally experienced discrimination at work from manager / team leader or other colleagues, fell slightly from 15% in 2014 to 14% in 2015 The overall difference between the percentage of white staff and BME staff experiencing harassment, bullying or abuse from staff in last 12 months fell slightly from -8.0 percentage points in 2014 to -7.5 percentage points in 2015.
	30 % difference	16% difference	11% difference	8% difference		
Board are expected to be broadly representative of the population they serve. Percentage of the Board that	6.25% BME	7.7% BME	8.3% BME	-10.3% BME -10.5% White	The way that this metric has been changed makes it difficult to analyse for trends. In 2017 8.3% of the Board were from a BME background and therefore the percentage has increase gradually since 2014 but is still an under-representation when compared with the population and workforce.	BME representation at board and VSM level remains significantly lower than BME representation in the overall NHS workforce and in the local communities served. 43.5% (84) of trusts reported having no BME board members

WRES Metric	2014 data	2015 data	2016 data	2017 data	Trends and Comments	National Benchmark taken from the WRES report [2]
are from a BME background. Note in 2017 the metric changed to: Percentage difference between the organisations' Board voting membership and its overall workforce.						37.3% (72) of trusts reported having one BME board member 10.9% (21) of trusts reported having two BME board members 4.7% (9) of trusts reported having three BME board members 2.6% (5) of trusts reported having four BME board members 1.0% (2) of trusts reported having five BME board members

Appendix 2

Extract from the Bi-Annual Workforce Equality Data Report published for Equality Duty Compliance on the BDCFT website June 2017