

BOARD MEETING

October 2018

Paper Title:	Workforce Race Equality Standard Annual Report
Section:	Public
Lead Director:	Sandra Knight, Director of HR and OD
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Agenda Item:	10
Presented For:	Assurance
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 by 10st August 2018. 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.

Although in the majority of cases it is small, there have been increases in the gap between White Staff and BAME staff responses and metrics in the following:

- The number of BAME staff in bands 8 – 9
- The likelihood of BAME staff being appointed after shortlisting.
- The likelihood of BAME staff entering the formal disciplinary process compared with White staff.
- Percentage of BAME staff experiencing harassment, bullying or abuse from staff in the past 12 months.
- Percentage of BAME staff that feel the Trust provides equal opportunities for career progression and promotion.
- BAME staff reporting they have personally experienced discrimination at work from a manager, team leader or other colleagues.
- BAME representation on the Trust Board.

This is obviously a worrying trend because for the past 3 years the gaps have been closing.

A series of actions have been developed within the Equality, Diversity and Inclusion Workforce Strategy, ratified in January 2018 that aims to tackle these issues and reverse the trend. These include, developing policies and training that support staff and managers in dealing with abuse, discrimination and harassment from service users and the public, implementing the findings of the review of disciplinary and grievance cases over the past two years, establishing a new Moving Forward programme that supports organisational change and building capacity, as well as personal development, working with the Aspiring Cultures Staff Network, promoting and facilitating conversations about workplace and team culture that ensure staff are able to talk about and address the issues identified in the WRES and staff survey data.

Progress will be monitored through the Quality and Safety Committee via six monthly equality updates, the Business Unit Quality and Safety Group six monthly equality updates and quarterly at the Equality, Diversity and Inclusion Strategic Reference Group.

It is proposed that reporting progress on this standard is also incorporated into the six-monthly update that Trust Board receive regarding the Equality, Diversity and Inclusion Workforce Strategy as these issues of inequality interlink with disability, gender and sexual orientation inequality.

Recommendations:

That the Board

- Approve the report for publishing and submission to commissioners.
- Note that actions relating to the data are included within the Equality, Diversity and Inclusion Workforce Strategy and approve that further updates on the WRES are reported as part of that report every six months.
- Approve the priorities set out in section 4.0.
- Note that further updates about this work will also be received at the QSC every six months as part of the EDS2.

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		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	x
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	x

evidence.	
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 :
<p>This work focusses on the three general duties of the Equality Act 2010:</p> <ul style="list-style-type: none"> • Enhancing equal opportunities, • Fostering good community relations between groups and; • Eliminate discrimination, harassment and victimisation. <p>With a specific emphasis on the Race protected characteristic, the WRES is collecting data for equality analysis leading to activity to eliminate negative impacts and promote positive changes and is included in the NHS Standard Contract.</p>

Freedom of Information:
<p>Publication Under Freedom of Information Act</p> <p>This paper has been made available under the Freedom of Information Act</p>

Workforce Race Equality Standard – Update October 2018

1.0 Background and Context

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 four years.

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 2018 the Trust refreshed the 2017 – 2017 BME Diversity in the Workforce Strategy in response to the WRES results and the Workforce Disability Standard, Sexual Orientation Monitoring Standard and Gender Pay Gap equality requirements launched in 2018. The Equality, Diversity and Inclusion Workforce Strategy was approved at Trust Board in January 2018. The strategy includes the current position for each of those equality areas and what commitments are made for the next three years to improve the Trust's performance.

The data collected was submitted via the SDCS NHS Digital database on 16th July 2018 before the 10th August 2018 deadline. This report outlines the results from that submission, the comparison and trends over the past four years and the actions that have been embedded into the Equality, Diversity and Inclusion Strategy. The intention is that this report is published as evidence. Publication is a key element of compliance with the Public Sector Duty of the Equality Act 2010.

In September 2018 the Trust Board held a workshop with the national WRES team from NHS England, a copy of the presentation has been included in the Board pack for information. That workshop provided a useful discussion forum for the Trust's current position, what has worked well and what needs to change. The outcome is that the work requires a dynamic approach which includes all the following recommendations:

1. **Increasing diverse appointments / representation** – diverse interview panels; batch interviews; targets for representation along the pipeline
2. **Improving opportunities for progression** – secondments; sponsorship; (reverse) mentoring; shadow boards
3. **Reducing disproportionate rates of disciplinary cases** – triage panel led by director with BAME representation to review potential cases
4. **Reducing bullying and harassment** – communications; demonstrable leadership and voice of leaders

The WRES team also provided a useful ten steps implementation check list and guide and a 'What Works' summary where Enablers, Operational Interventions and Cultural Transformation actions all need to be set to make prevailing change.

2.0 Summary of activity Month 2017 – September 2018

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

- Engagement, design and launch of the Equality, Diversity and Inclusion Workforce Strategy that responds to the issues the staff survey and staff focus groups have identified. Staff focus groups have been held every quarter to enable disabled, LGBT and BAME staff to share their experiences of the organisation and to inform the work of the Equality, Diversity and Inclusion Workforce Strategy.
- Quarterly risk equality report and Freedom to Speak Up meetings that identify hotspots for addressing bullying, harassment and unhealthy equality workplace cultures. Issues that have been identified have been addressed directly with the member of staff raising the concern. Issues with process, team dynamics and policy have been addressed as part of the Equality, Diversity and Inclusion Strategy Objectives; for example, the review of template letters for grievance responses for HR, training for teams that include Sharing Perspectives, the feedback has been included into the presentations about staff survey responses, a review of staff bank processes.
- Training for managers on how to identify, tackle, reduce and support staff who are experiencing bullying and harassment has been developed and delivered as part of the organisation's management and leadership programmes. This has been delivered for the Ward Managers' Programme and will be a key element of the Leadership and Management Passport. A plan is in place to set up team support groups to discuss patient abuse and support staff with resilience and managers with how to minimise this and stay compliant with the Equality Act 2010 general duty to eliminate discrimination.
- Review of Grievances and Disciplinarys over the last 2 years; discussion at HR Senior Management Team, with ward managers and at Quality Governance Groups about the findings. Template letters have been reviewed and improved to include advice for staff on discrimination. The involvement of the Head of Equality is triggered in any case that has an equality element, to support the process.
- Embedding key messages for managers about inclusive leadership into the Engaging Leader Programme, Management Toolkit, Ward Managers' Programme and forthcoming Band 7 Managers' Programme which include a focus on progression and appraisals, having challenging conversations and performance management.
- Ratification and launch of the Managing Racial and Other Types of Abuse from Service Users and the Public Policy that sets out how the Trust will handle discrimination experienced by staff from patients/carers.
- A review of the staff networks with recommendations that have strengthened strategic links within the Trust.
- Regular focus groups for staff from equality protected characteristic groups to enable open discussion about discrimination, bullying and abuse, career progression and satisfaction.
- Bullying and Harassment Officers identified and being trained.
- A third cohort of the Moving Forward programme for BAME staff in bands 5 and 6 has been delivered.

- Sharing perspectives workshops have been rolled out across the Trust and are available to support staff in teams to think about and understand better their team members' experiences. The programme is designed to promote compassion and empathy and build a culture of understanding, team support and therefore quality care.

A significant amount of focused work has taken place. Mechanisms for collecting and using qualitative and quantitative data are in place enabling the development of clear priorities. There is more awareness of the aims of the strategy to address the issues identified in the WRES. Business units have developed objectives and projects to address their performance.

As a result of this work staff may have increased belief and trust in the commitment to change and therefore feel more able to speak up and say how they feel, report incidents and dissatisfaction resulting in increase in the gap reported in the metrics. This theory will be tested as a key question through the focus groups in the next quarter.

3.0 Summary of WRES results 2018

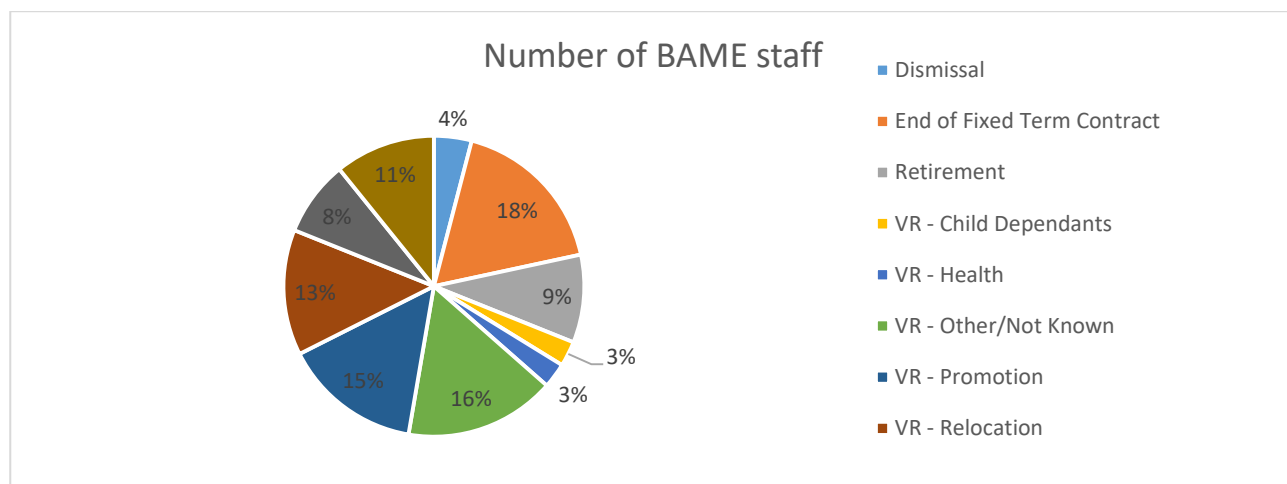
The full results including analysis of trends and national benchmarks over the past four years is included in appendix 1. Metrics 4 – 8 are taken from the 2017 staff survey results. The other data is taken from ESR and footprints.

1. The percentage of BAME staff in in the workforce has remained almost static at 19%. The percentage of BAME staff in bands 8 and 9 has dropped to below the national average (11%) from 10% in 2017 to 9% in 2018. Further analysis has been done to look at why BAME staff have been leaving the Trust and which BAME staff have been promoted. The following tables provide that information:

Promotions are identified by monitoring those individuals who have moved up a pay band, this is the only way of picking out internal promotions as it isn't something which is specifically recorded on ESR. This means that the specific number of promotions that were available is not easily identified. The best current data available is a breakdown of the total number achieving promotion broken down by band and ethnicity, please see the table below:

Row Labels	BME	Not Stated	White	Grand Total
band 2	1			1
band 3	2	1	9	12
band 4	3	1	9	13
band 5	4		12	16
band 6	11	1	22	34
band 7	7		18	25
band 8a	1		5	6
band 8b		1	1	2
band 8c			2	2
Grand Total	30	3	78	111

The graph below shows the reason for BAME staff leaving the Trust during the past 12 months.



For BAME staff in bands 7 and above the reasons for leaving were as follows:

- 1 member of staff was dismissed.
- 2 members of staff retired.
- 3 members of staff secured promotion outside the Trust.
- 1 member of staff relocated.

For Medical and Dental BAME staff the reasons for leaving were as follows:

- 11 came to the end of a fixed term contract.
- 2 moved due to relocation.

The findings of this analysis will be used to shape further actions and activity within the Equality, Diversity and Inclusion Equality Workforce Strategic Reference Group.

2. The relative likelihood of White staff being appointed from shortlisting compared to that of BAME staff being appointed from shortlisting has increased from 0.99 to 1.15. Although this has increased it is below the national average of 1.57 so there is clearly more work to be done.
3. The relative likelihood of BAME staff entering the formal disciplinary process, compared with White staff is 2.00; almost double. The national benchmark for this was 1.56 for all responding Trusts, 2.5 for Community Trusts and 1.8 for Mental Health Trusts in 2016. The review that has been undertaken to understand this trend has outlined the following detail behind that figure for BDCFT:
 - There is a 10% **over-representation** of BAME staff in disciplinary processes when compared with the workforce ethnic profile.
 - 77% of the BAME staff disciplinarys were with BAME staff working in **inpatient services** and 84% were working in **mental health services**.
 - 33% of BAME staffs disciplinarys were **temporary workers** (Staff Bank). No White staff disciplinarys were from temporary staff.
 - The White Staffs disciplinarys covered a wider range of allegation categories.

- There is little difference (1%) in the number of BAME staff and White staff entering into a disciplinary and having a **'no action' outcome**.
- The mean average **length of time** a disciplinary is live is significantly higher for White staff.
- A higher proportion of the BAME staff going through disciplinarys are in **bands 2 and 3** (62%) when compared with 40% of the White staff. This is proportionately higher than the number of staff in these bands from those ethnic groups across the organisation.

Actions have been agreed to address the above and are summarised below in section 4.0

4. The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the past 12 months was 29% of BAME respondents and 28% of White respondents.
5. The percentage of staff experiencing harassment, bullying and abuse from staff in the past 12 months is 24% for BAME staff and 20% for White staff. This is a slight broadening of the gap by 0.47%
6. The percentage of staff believing that the Trust provides equal opportunities for career progression and promotion is 66% for BAME staff respondents and 85% for White staff. The gap is 19% which is above the national 2015 benchmark of 13%.
7. The relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff is 1.04.
8. In the last 12 months 20% of BAME respondents and 7% of White staff have personally experienced discrimination at work from their manager, team or colleagues. The gap has increased by 5.5%.
9. The percentage difference between the organisation's Board voting membership and the overall workforce is -19%. The data on ESR that is required to be submitted shows that 0% of the Trust Board is from a BAME background. However 23% of Trust Board members had their ethnicity recorded as 'ethnicity unknown'. An e-mail has been sent out to Board members explaining why this demographic equality data is important and how it is used.

4.0 Priorities for future activity

The following priorities have been discussed and agreed as part of the development of the Equality, Diversity and Inclusion Workforce Strategy and the EDS2 Equality Objectives. The focus of this strategy is to reduce the inequality identified in these WRES metric reports. The aim is that the priorities below will promote an open culture to discuss and address discrimination, bullying and harassment within the workforce and offer support to staff experiencing it. The actions below will be updated further following discussion and agreement on areas to progress linked to the national WRES team's best practice recommendations when they delivered a workshop focused on our WRES performance with the Board.

The following Equality Objective provides the over-arching strategic driver to this work; To implement the Workforce Race Equality Standard. Performance towards that objective is scrutinised annually through the Equality Delivery System 2 panels held in December and 2019.

Green = complete

Amber = Ongoing

Red = Not started

Priority 2018 – 2019	Rationale	Priority 2017 – 2018
<p>Disciplinary and Grievances – Disseminate the findings of the review to mental health managers, HR managers and staff network members to address over-representation issues identified.</p> <p>Review template letters for disciplinary and grievances processes.</p> <p>Engage Head of Equality in Grievance and Disciplinary cases that include equality elements as an advisor.</p> <p>Provide information on discrimination, bullying and harassment for ‘investigating managers’.</p> <p>Produce a flow chart for staff to follow to talk about their concerns regarding inequalities and discrimination / bullying and harassment prior to a grievance process.</p> <p>To embed references to the Managing Racial and Other Types of Abuse to staff from Service User and the Public Policy into the required Conflict Resolution Policy.</p> <p>Develop training for staff and managers on how to handle discriminatory abuse using the new policies.</p>	<p>The review found that BAME staff who work in mental health; particularly inpatient settings, who are in bands 2 and 3 or temporary workers are most likely to be in disciplinary processes.</p> <p>More BAME staff raised grievances and were more likely than White staff to have them upheld.</p> <p>There are a higher number of staff coming forward and disclosing bullying and harassment as a result of the Trust discussing these issues.</p>	<p>Carry out a review of disciplinarys to look for differing treatment and/or outcome of BAME compared with White staff.</p>
<p>Circulate the data to ensure that managers are reminded of the training.</p>	<p>There has been a slight increase in the likelihood of White applicants being appointed following shortlisting compared with BAME staff.</p>	<p>To incorporate issues around bias and ‘Unconscious Bias’ training as a core part of the recruitment and selection process.</p>
<p>40 nurse advocates have been recruited to work with local schools and colleges to</p>	<p>The Trust’s diversity has decreased over the past</p>	<p>Develop activity that enhances positive action</p>

Priority 2018 – 2019	Rationale	Priority 2017 – 2018
promote BDCFT as an employer and nursing as a profession for their young people.	5 years. The aim of the work is to encourage local young people to think of the Trust and nursing as an employer and career for their future.	in recruitment.
Promote the change makers programme to staff and identify further teams to replicate the project carried out in My Wellbeing College.	A project report has been produced for the My Wellbeing College Project with a set of recommendations. Staff have been engaged in the aims of the work and they have addressed some challenging and difficult conversations and issues. A summary of the project report is included in appendix 2.	Development of the Diversity and Inclusion Change Makers Programme – the Change Makers will work with teams to facilitate conversations about diversity and inclusion, promoting openness and progression with these issues.
Impact review and subsequent re-launch of the Moving Forward Programme. Continue to promote the programme regionally and gain revenue to sustain the approach.	The review has identified that around 50% of the graduates have gone back to teams and not progressed. The programme needs to focus on addressing continual barriers to progression back in teams for these staff.	Impact review and subsequent re-launch of the Moving Forward Programme.
Carry out Ethnicity Pay Gap analysis to sit alongside the Gender Pay Gap reporting and action plan.	Ethnicity pay gap figures provide an insight into the complexity of progression issues and equality of opportunity for BAME Staff. Intersectionality ¹ is relevant and there are groups within BAME staff who are less likely	Publish the Ethnicity and Gender Pay Gap figures and benchmark the data with other comparable Trusts across the country. Including analysis of the outcome of any bonus systems identified in the process.

¹ **Intersectionality** (or intersectionalism) is the study of intersections between forms or systems of oppression, domination or discrimination. An example is black feminism, which argues that the experience of being a black woman cannot be understood in terms of being black, and of being a woman, considered independently, but must include the interactions, which frequently reinforce each other.

Priority 2018 – 2019	Rationale	Priority 2017 – 2018
	to progress and be satisfied with pay.	
<p>Deliver a campaign to increase the number of staff disclosing their demographic details on the electronic staff record. The campaign will explain what the information is used for and the importance of that work on staff satisfaction and experience.</p>	<p>As an example 37% of Trust Board members not disclosing their ethnicity has had an impact on the reliability of the WRES metric data. It is important to remind staff of why we collect this information and what it is used for.</p>	<p>Deliver a campaign to increase the number of staff disclosing their demographic details on the electronic staff record. The campaign will explain what the information is used for and the importance of that work on staff satisfaction and experience.</p>
<p>To share 2018 information and priorities with the Trust's four Business Units ensuring that service level objectives to address issues identified in the WRES are embedded into services areas are established and monitored for progress.</p> <p>To develop an Equality Dashboard which includes the WRES data, bullying and harassment indicators and grievance and disciplinary data at team level.</p>	<p>To embed further ownership of the Trusts equality objectives to support their delivery at service level.</p>	<p>To share information and priorities with the Trust's four Business Units ensuring that service level objectives to address issues identified in the WRES are embedded into services areas are established and monitored for progress.</p>
<p>To report on progress against this strategy and these WRES priorities every 6 months to the Trust's Quality and Safety Committee, annually to NHS England and annually to the Trust's commissioners.</p>	<p>The Equality Act 2010 requires that the Trust publishes information of activity and impact regularly as evidence of compliance. The reports listed support that assurance process.</p>	<p>To report on progress against this strategy and these WRES priorities every 6 months to the Trust's Quality and Safety Committee, annually to NHS England and annually to the Trust's commissioners.</p>

5. Implications

5.1 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.

5.2 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.

5.3 Quality and Compliance

The WRES report and action plan provide evidence of compliance with the Equality Act 2010 and commitment to the principles set out in the CQC ‘Equally Outstanding’ Good Practice Resource².

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.

6. 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.	Medium	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.

7. Communication and Involvement

The BME Diversity in Employment Strategy has been revised and the WRES priorities are now part of a broader Equality, Diversity and Inclusion Workforce Strategy which was

² <https://www.cqc.org.uk/publications/equally-outstanding-equality-human-rights-good-practice-resource>

ratified at Trust Board in January 2018. 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 Diversity Day events. Focus groups have been running with staff to talk about the staff survey findings and WRES data. These will continue and run alongside the Strategic Reference Group for the Equality, Diversity and Workforce Strategy Group which is Chaired by Sandra Knight Human Resources and Organisational Development Director. The Trust's communications team support this work through promotion of campaigns and advising on approaches to raising staff awareness and engagement. In future crowdsourcing will be used to strengthen engagement and actions in response to staff feedback and ideas. The role of the Trust's Aspiring Cultures Network is key in promoting the strategy, actions and feeding in staff's ideas.

8. 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 October 2019 once WRES data has been produced and analysed. The objectives and actions within the Equality, Diversity and Inclusion Workforce Strategy will be reviewed at the Equality, Diversity and Inclusion Strategic Reference Group and a six monthly update provided at Board. It is proposed that further reports on the WRES are received as part of the six monthly Equality, Diversity and Inclusion Workforce Equality Strategy Board Update.

9. Timescales/Milestones

The 2019 WRES data is required to be submitted by 1st August 2019.

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. The 2018 data is included in the grey column for ease of reference. The figure is recorded in green to reflect positive progress, amber to reflect no change and red to reflect a negative trend from the 2017 data.

WRES Metric	2014 data	2015 data	2016 data	2017 data	2018 data	Trends and Comments	National Benchmark taken from the WRES report 2017 ³
Percentage of BAME staff in bands 8 – 9 VSM (Including Executive Board members and Senior Medical Staff) compared with the BAME staff in the overall workforce.	6.76% BAME 19.81% White	6.69% BAME 20.61% White	Metric changed to bands 1-9. 18.7%	18.7%BAM E 10.40% BAME band 8-9 (VSM)	18.65% BAME 8.65% BAME band 8-9 (VSM)	This shows a decrease of 1.75% in the percentage of staff in bands 8 and 9 who are from BAME backgrounds.	BDCFT is below the 2017 benchmark. Nationally, for all non-medical staff (clinical and non-clinical) as a whole, the proportion of BAME 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.
Relative likelihood of White staff being appointed from shortlisting compared to that of BAME staff being appointed from shortlisting	10:1 BAME 11:1 White	8:1 BAME 6:1 White	8:1 BAME 6:1 White	0.99	1.15	The difference in likelihood of BAME and White applicants being appointed to a post after the applicant has been shortlisted has increased since 2017 to 1.15 in favour of White applicants.	BDCFT is above the 2017 national benchmark. 1.57 In 38 trusts (17%), it was more than twice as likely that white staff would be appointed from shortlisting

³ WRES Report 2016 NHS England

WRES Metric	2014 data	2015 data	2016 data	2017 data	2018 data	Trends and Comments	National Benchmark taken from the WRES report 2017 ³
across all posts.							compared to BAME staff. In the north the average was 1.3, in London it was 1.8. Mental health 1.6.
Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary investigation.	41:1 BAME 56:1 White	36:1 BAME 44:1 White	45.1 BAME 49:1 White	1.98 Previous metric method: 44:1 BAME 88:1 White Last 6 months 138:1 BAME 215:1 White	2.00	The way that this metric is measured was changed in 2016. BAME staff are 2 times as likely to enter into a disciplinary. A review of disciplinaries and grievances has been undertaken with some key trends identified to be addressed.	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 BAME staff entering the formal disciplinary process compared to white staff within the South region. For the 224 trusts analysed, the (unweighted) relative likelihood of BAME staff entering the formal 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

WRES Metric	2014 data	2015 data	2016 data	2017 data	2018 data	Trends and Comments	National Benchmark taken from the WRES report 2017 ³
							was 1.4 and in Community Provider Trusts it was 2.5 and in Mental Health Trusts it was 1.8.
Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff	1:1 BAME 1:1 White	1:1 BAME 1:1 White	1:1 BAME 1:1 White	1.05	1.04	There is little difference in the likelihood of BAME staff accessing training compared with White with BAME staff being more likely.	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 BAME staff. In three trusts it was the same likelihood, and in 76 trusts it was more likely that BAME 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 public in the past 12 months.	—	31% BAME 25% White	30% BAME 27% White	27.72% BME 27.97% White	28.71% BAME 28.13% White	The gap between BAME 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 BAME staff having	White and BAME staff are equally likely to experience harassment, bullying or abuse from patients, relatives and members of the public in the last 12 months.
		6% difference	3% difference	0.25% difference	0.58%		

WRES Metric	2014 data	2015 data	2016 data	2017 data	2018 data	Trends and Comments	National Benchmark taken from the WRES report 2017 ³
						experienced it to 3% and now to 0.58. The difference has increased slightly since 2017.	
Percentage of staff experiencing harassment, bullying or abuse from staff in the past 12 months.	21% BAME	23% BAME	24% BAME	24.16% BAME	24.26% BAME	There has been a constant gap of 4% more BAME staff experiencing harassment, abuse or discrimination from staff until 2016 year when that gap increased to 5% reducing again to 4.43% in 2018. There has been an increase since 2017.	BAME staff remain more likely than white staff to experience harassment, bullying or abuse from other staff though this fell very slightly last year.
	17% White	19% White	19% White	20.20% White	19.83% White		
	4% difference	4% difference	5% difference	3.96% difference	4.43% difference		
Percentage believing that Trust provides equal opportunities for career progression and promotion.	70% BAME	78% BAME	68% BAME	66.41% BAME	65.89% BAME	In 2015 there was a significant narrowing of the gap to 9%. This is when the Moving Forward Development Programme for BAME staff in bands 5 and 6 launched following the BAME Diversity in the Workforce Strategy in 2014. This may contribute to this boosting in BAME staffs perception. The gap has increased by 1.24%	BDCFT is above the national 2015 benchmark figure. BAME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression. However, the gap between white and BAME staff on this indicator fell from 14.5 percentage points in 2014 to 12.6 percentage point in
	93% White	87% White	88% White	84.64% White	85.36% White		
	23% difference	9% difference	20% difference	18.23% Difference	19.47% Difference		

WRES Metric	2014 data	2015 data	2016 data	2017 data	2018 data	Trends and Comments	National Benchmark taken from the WRES report 2017 ³
						since 2017.	2015.
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues.	41% BAME	25% BAME	16% BAME	15.85% BAME	20.10% BAME	The gap has increased in 2018.	BDCFT is above the national 2015 benchmark for White staff and below for BAME staff. 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 BAME 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
	11% White	9% White	5% White	7.52% White	6.6% White		
	30 % difference	16% difference	11% difference	8% difference	13.5% difference		

WRES Metric	2014 data	2015 data	2016 data	2017 data	2018 data	Trends and Comments	National Benchmark taken from the WRES report 2017 ³
							The overall difference between the percentage of white staff and BAME 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.
Boards are expected to be broadly representative of the population they serve. Percentage of the Board that are from a BAME background. Note in 2017 the metric changed to: Percentage difference between the organisations' Board voting	6.25% BAME	7.7% BAME	8.3% BAME	-10.3% BAME -10.5% White	-18.6% BAME -0.1% 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 BAME background. Analysis this year shows a drop in BAME representation on the Board. 23% of the Board members have 'ethnicity unknown' within their ethnicity field.	BAME representation at board and VSM level remains significantly lower than BAME representation in the overall NHS workforce and in the local communities served. 43.5% (84) of trusts reported having no BAME board members 37.3% (72) of trusts reported having one BAME board member 10.9% (21) of trusts reported having two BAME board members 4.7% (9) of trusts reported

WRES Metric	2014 data	2015 data	2016 data	2017 data	2018 data	Trends and Comments	National Benchmark taken from the WRES report 2017 ³
membership and its overall workforce.							<p>having three BAME board members</p> <p>2.6% (5) of trusts reported having four BAME board members</p> <p>1.0% (2) of trusts reported having five BAME board member</p>



Creating Solutions with You

My Wellbeing College Black Asian and Minority Ethnic Project: Improving Access Rates

Executive Summary

August 2018

Executive Summary

The Executive Management team of Bradford District Care NHS Foundation Trust commissioned a project to:

“To improve the access rates of Black, Asian and Minority Ethnic Groups to My Wellbeing College (City Team) and develop a process, with attendant documentation, that is replicable for other services in the Trust”

My Wellbeing College is a reoriented version of IAPT services (Improving Access to Psychological Therapies). IAPT is highly regulated nationally and despite the name change, My Wellbeing College is commissioned and regulated within the frameworks of IAPT services.

An external consultant was secured to bring additional expertise and capacity, working alongside a project team from within the Care Trust. The project team worked within four work streams covering:

- Data and information - reviewing existing metrics and reports and bespoke data on ethnic inequalities.
- Research – desk top research of published literature and contact with positive practice sites.
- Engagement – gathering feedback from users of MWC, City Team, previous users of the service and potential users.
- Workforce – relating to an existing Care Trust project *Sharing Perspectives*, exploring how diversity within the MWC City Team can be capitalised upon to bring advantages for service users.

Methodology

The project team allocated tasks to the work stream leads, who took responsibility for ensuring completion but worked in collaboration with project colleagues.

Much time was spent reviewing data and exploring whether existing data reporting had the potential to yield information on ethnic inequalities. Information was also gathered through activities managed in the engagement workstream such as a questionnaire for current service users and people who had recently dropped out and a brief feedback card distributed at doctors’ surgeries and at Care Trust Community services. Information was also gathered from focus groups that were held with staff and community groups. Though an attempt was made to meet with community organisations this was not successful.

The Health Promotion library that serves the Car Trust was helpful in running literature searches on ethnic inequalities in IAPT services and other talking therapies. Searches also covered help-seeking behaviour in BAME communities in the UK.

The engagement workstream, supported by the project group, designed the bespoke information-gathering tools and as discussed above, and managed the process of distribution, gathering and transferring of the documents for safe storage.

The workforce dimension of the project was explored through a facilitated workshop that focused on the ways in which ethnic and other diversity was used as an asset in the team and how positive conversations about difference were promoted and supported.

Findings and recommendations

Analysis of data was broad; however, the salient findings were as follows.

Existing datasets were not available on what an expected access rate would be and the actual City Team position in relation to this. Data did show however that people from BAME were entering the City MWC service with a higher degree of complexity compared with other teams within MWC. The GP surgery with the highest proportion of referrals had the lowest number of self-referrals. Data on those assessed as suitable for IAPT but who declined the treatment offered showed differences: this was 65.6% of White British but 86% for BAME people.

The review of research returned the following themes:

- Alternative views of illness
- Somatisation: BAME have more awareness of how they feel in their bodies but are less accurate in attributing causes to these
- Language barriers
- Fear of stigma leading to self-selecting out of services
- Unfamiliarity with services – what might be on offer
- Relationship with GPs are poorer compared with white counterparts
- Unconscious bias / discrimination of staff leading to poorer satisfaction poorer compared with white counterparts
- Long waits, perceived by people of BAME backgrounds
- Supportive networks act as a buffer to the lower likelihood of engaging with statutory services

These themes matched the kind of issues that emerged through analysis of the focus groups, team workshop and contributions of project team members based on their experience.

Information from positive practice sites indicated that the Care Trust's approach, blending other workstreams alongside data analysis was comparatively advanced. Community based link workers appeared to be an asset in increasing access elsewhere, making connections between BAME communities and IAPT services.

The significant majority of respondents to the questionnaire were positive in their description of the relationship with their therapist and the extent to which aspects of their identity were taken into account. Less positive were descriptions of waits and also the relevance of the IAPT approach to them as individuals.

The workshop with the City Team yielded much information on a rich and diverse set of perspectives and ideas which have not been capitalised upon through collective sharing. This is because of the model that locates therapists in the communities they serve, consequently the team does not routinely meet together.

The tangible product of the project is a project framework that will allow the learning to be applied and used to deliver similar projects across the Care Trust.

Recommendations

The main recommendations to emerge from the project are:

1. A phase of community engagement should commence to increase networks and trust.
2. The role of GP practices is crucial in creating awareness of MWC and a plan should be developed with practices to build on previous work, to raise the profile of MWC.
3. The models of *treatment* may benefit from a review to include case studies and exercises that are more reflective of the BAME communities.
4. The models of *service* may benefit from a review, drawing on the learning from West London cited in the research section in this report (in which link workers were appointed to bridge relationships between BAME communities and psychological services).
5. A marketing strategy targeting BAME communities should be developed to increase awareness in the community about My Wellbeing College.
6. The diversity of the workforce appears from the responses to the questionnaire to be a significant asset. This diversity can be maximised by bringing staff together to share knowledge and to explore issues of difference in a safe space, using tools such a non-violent communication.
7. EMT should consider offering a confidential management learning set or sets, for managers, on talking about difference in teams.
8. Further work should be undertaken to investigate how to create a data set on access rates at MWC, City Team level (co-terminous with the related GP practice boundaries). In particular, work on analysing actual use against the baseline of prevalence rates should be undertaken.
9. Further investigate why people who are considered suitable for the service do not take it up, perhaps through targeted follow up of this cohort.
10. The Care Trust's methodological approach is likely to provide learning for other organisations. An article based on the project should be published in a journal. This will also give profile to the Care Trust.
11. Conduct an internal exercise in consulting and testing the toolkit developed as part of this project to support other service within the Care Trust, to follow a similar methodology when taking on a project with similar aims and scope.