

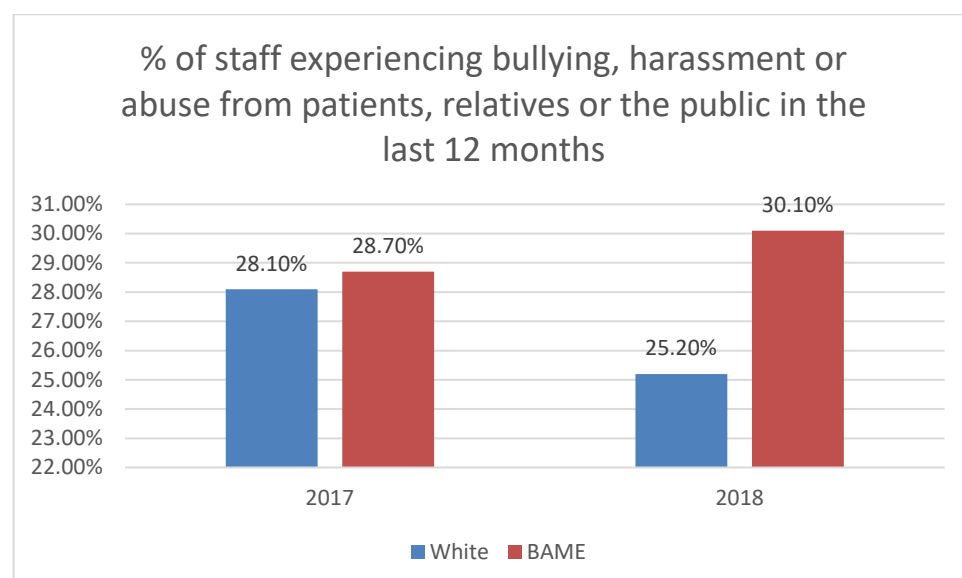
NHS Workforce Race Equality Standard (WRES)¹

Within the National WRES Programme ‘BME’ is the category that is used in the national analysis. This definition includes any staff from a Black, Asian or Dual Heritage ethnic background. It does not include staff from White ethnic Minorities for example; Eastern or Central European, Irish, Welsh or White Other Ethnic Categories. The WRES has been in place since 2014 and data is now benchmarked against all respondents and trends over time can be identified.

In December 2018 a few months after the WRES data capture there were 685 BAME staff within the organisation – bearing in mind that the BDCFT definition does include ‘White other’ categories. The survey was answered by 1272 staff (45%).

1. Staff Survey Analysis

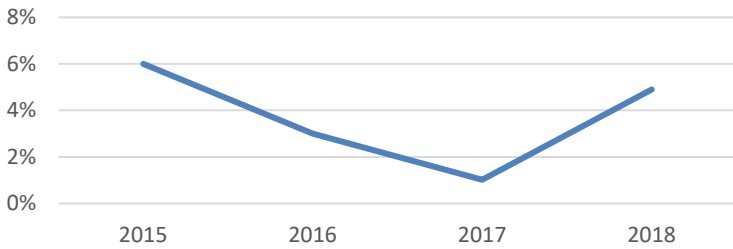
2.1 Harassment, Bullying and Abuse



There has been an increase in the number of BME staff reporting having experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months since 2017. This gap had decreased over previous years. The table below shows the trend since 2015. The Trust has implemented a policy for Managing Racial and Other Types of Abuse from Service Users, Relatives and the Public. The procedures specifies that staff should record such incidents on an IRe form. There has been publicity and discussions about the policy which may mean that staff are more likely to identify and report an experience of bullying, harassment or abuse from service users which could account for the increase. This needs to be tested out in focus groups.

¹ <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

Difference Between BME and White Staffs Responses to this question Over Time



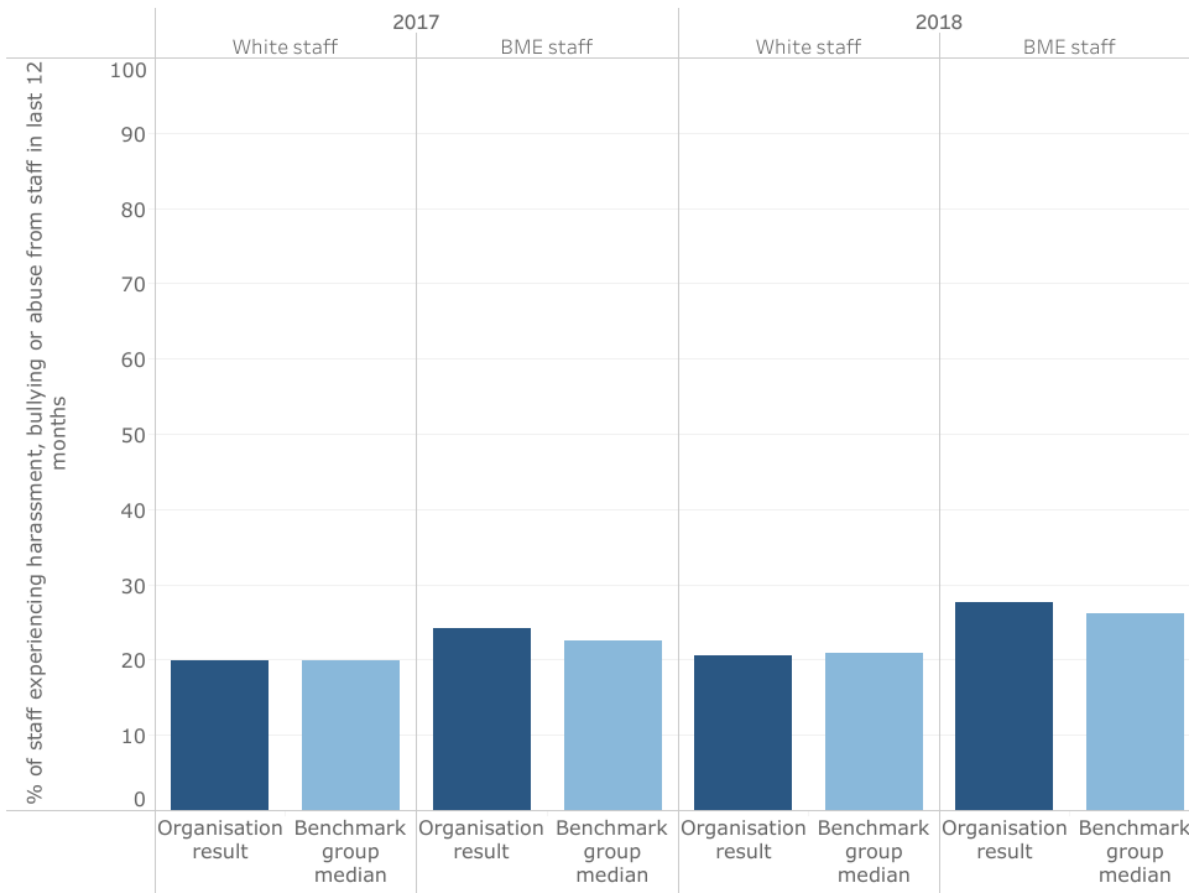
The benchmark for Trusts of a similar size and type is 5.7% difference between BME and White staffs experience of bullying, harassment or abuse from patients, relatives or members of the public this is a 3.1% increase from 2017. The gap within the Trust is 4.9% slightly under the benchmarked average.

2.2 Percentage of staff reporting that they experienced bullying, harassment or abuse from staff in the last 12 months.

Approximately 25% of BAME staff in post at the time of the survey answered this question. That means that 1 in 4 BAME staff responded.

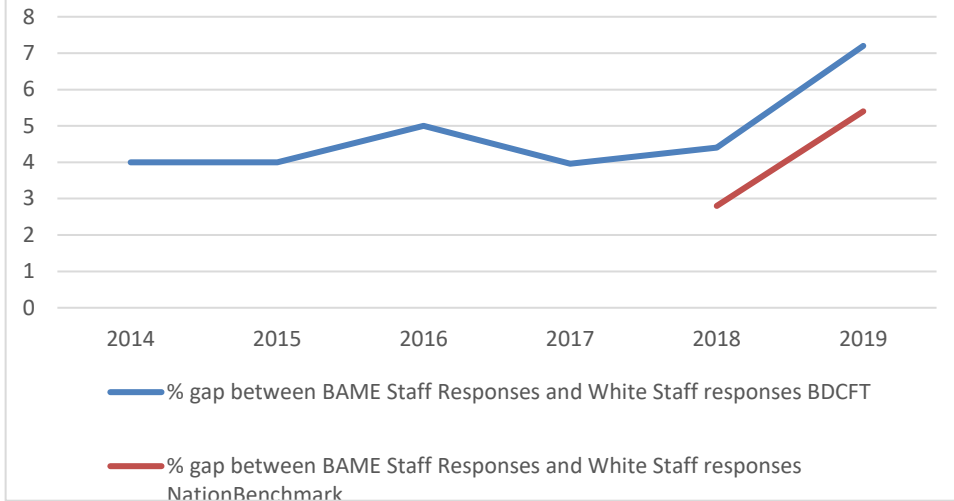
Select an organisation:
Bradford District Care NHS Foundation Trust

Select a WRES indicator:
Indicator 6 - Percentage of staff experiencing harass..



The gap between the percentage of BME staff and White staff reporting that they have experienced harassment, bullying or abuse from staff within the last 12 months has increased in 2018 to 7.2%. This is a national trend where within our benchmark the gap has increased by 5.4% in 2018. In 2017 the gaps were 4.5% for BDCFT staff respondents and 2.8% average across the benchmarked organisations.

Percentage of staff experiencing bullying, harassment or abuse from other staff



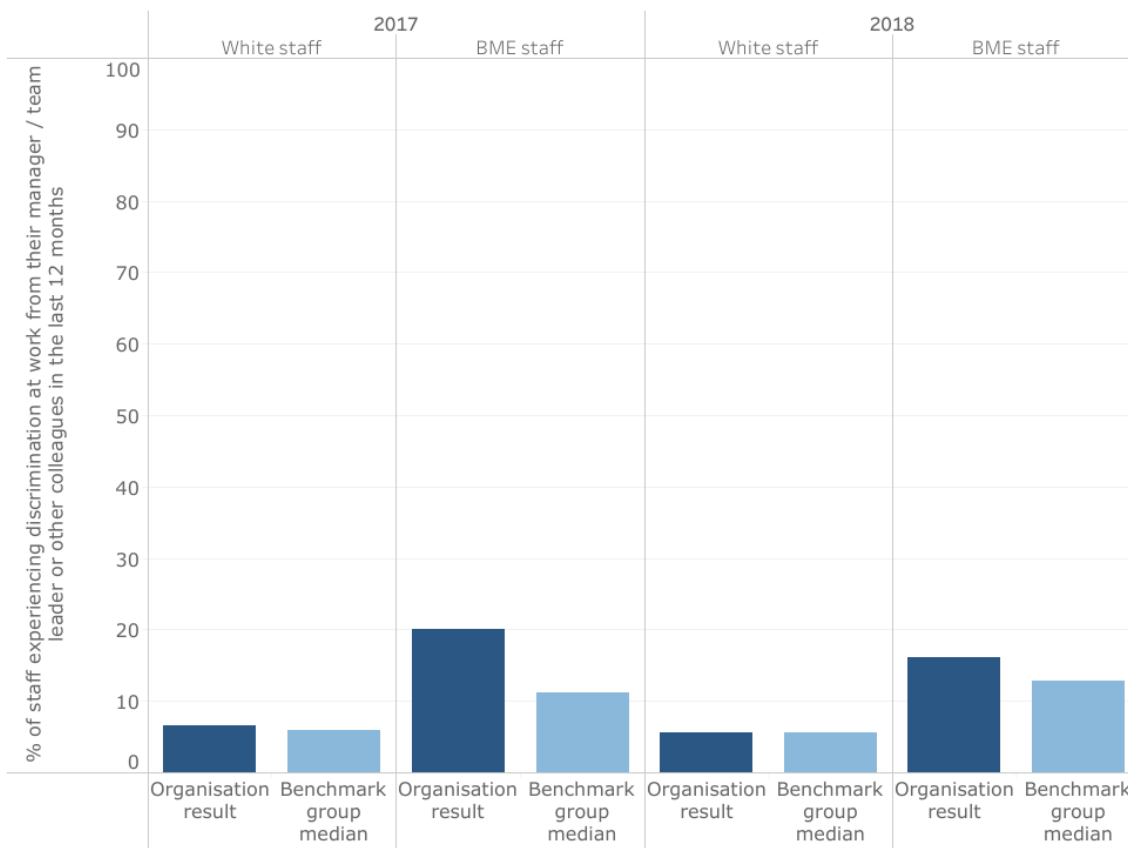
Note: The chart shows the % gap between BAME staff responses and White Staff Responses therefore the lower the gap the less inequality in experience is indicated.

2.3 Percentage of staff experiencing discrimination from managers, team leaders and other colleagues in the last 12 months

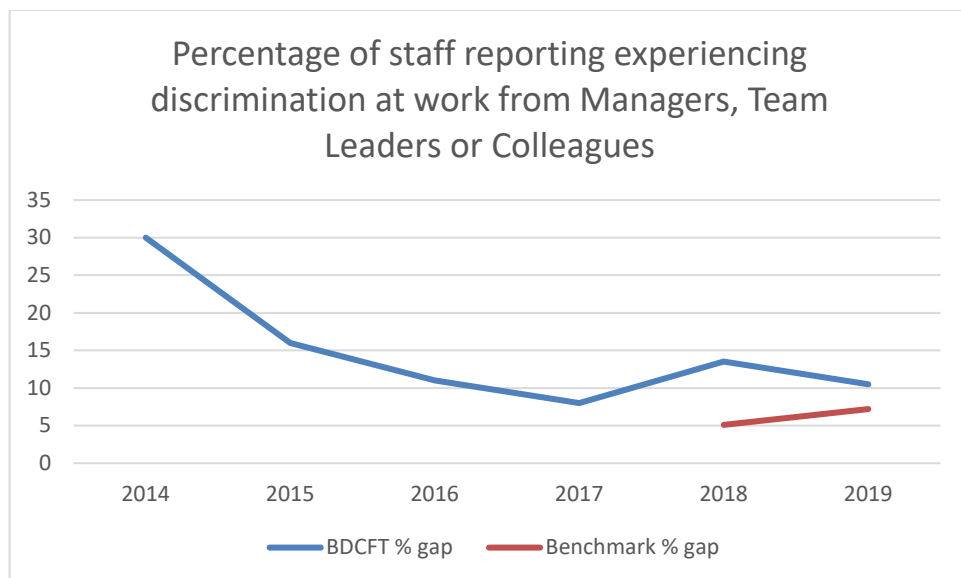
Approximately 25.4% of BAME staff (174) in post at the time of the survey answered this question or 1 in 4.

Select an organisation:
Bradford District Care NHS Foundation Trust

Select a WRES indicator:
Indicator 8 - In the last 12 months have you persona..



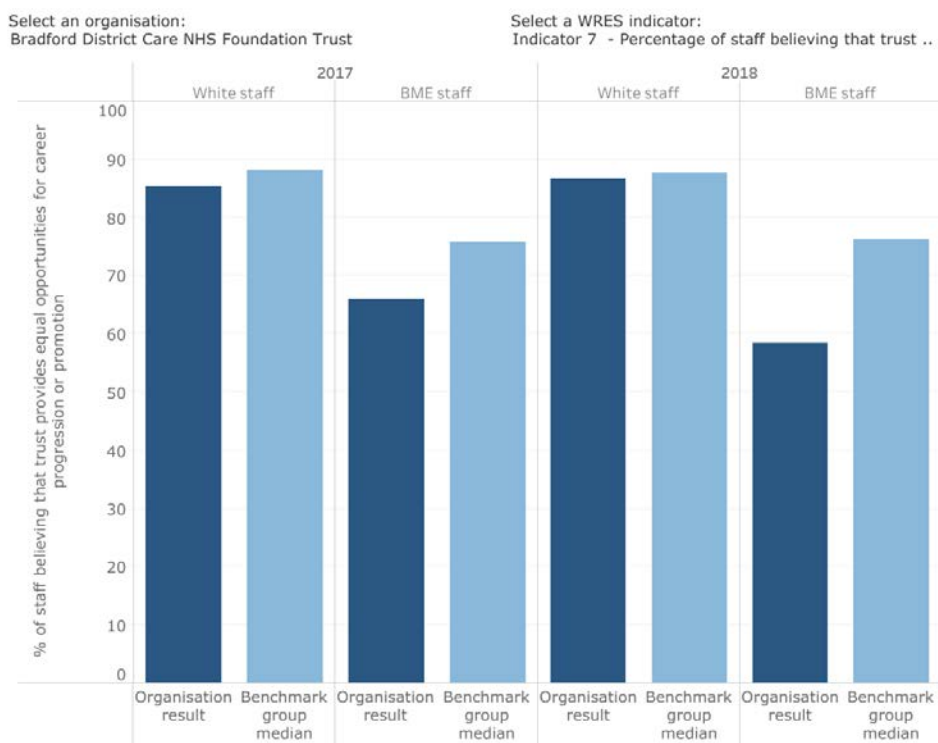
16.1% of BAME staff and 5.6% of White staff that answered the survey reported that they had experienced discrimination from a manager, team leader or colleague in the last 12 months. This is a difference of 10.5%. The national benchmark responses were 12.8% for BAME staff and 5.6% for White staff which is a difference in response by ethnic group of 7.2% meaning the Trust is 3.3% above the benchmark.



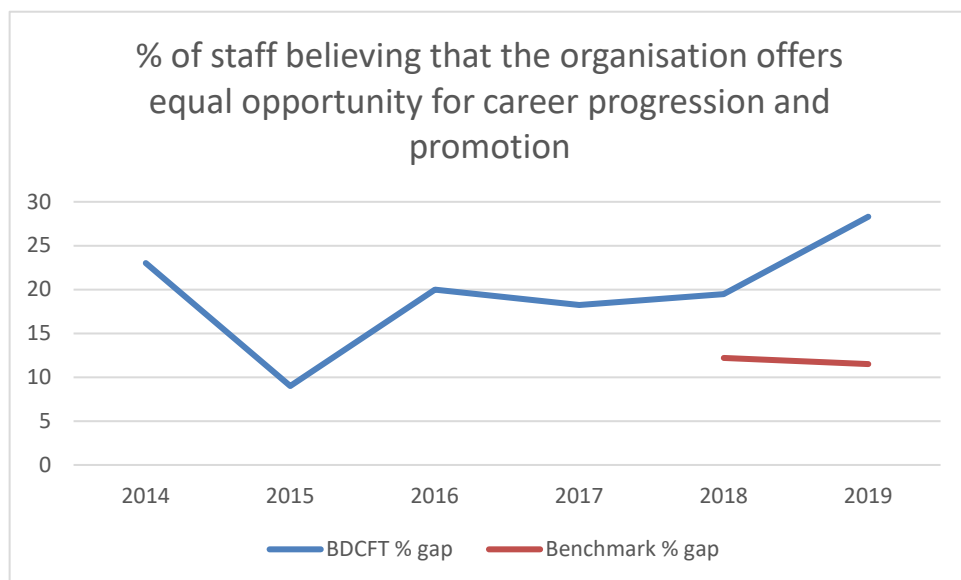
Note: The chart shows the % gap between BAME staff responses and White Staff Responses therefore the lower the gap the less inequality in experience is indicated.

2.4 Percentage of staff believing that the Trust provides equal opportunity for career progression or promotion

879 people of the 1272 respondents answered this question. 137 of those were BAME staff and 742 were White staff. That is approximately 20% of BAME staff in post at the time or 1 in 5.



58.4% of BAME staff that answered the service believe that the Trust offers equal opportunities for career progression and promotion. This is a decrease from 65.9% of BAME staff in 2018. It is also 17.8% below the benchmarked average for this group which is 76.2%. The difference between the percentage of BAME staff and White staff answering yes to this question in 2018 is 28.3%.



Note: The chart shows the % gap between BAME staff responses and White Staff Responses therefore the lower the gap the less inequality in experience is indicated.

2.5 Other WRES Indicators

Percentage of BME Staff in AfC Paybands, Medical or Dental Subgroups or Very Senior Management (including Executive Board Members) compared with the percentage of staff in the overall workforce – snapshot 31st March 2019

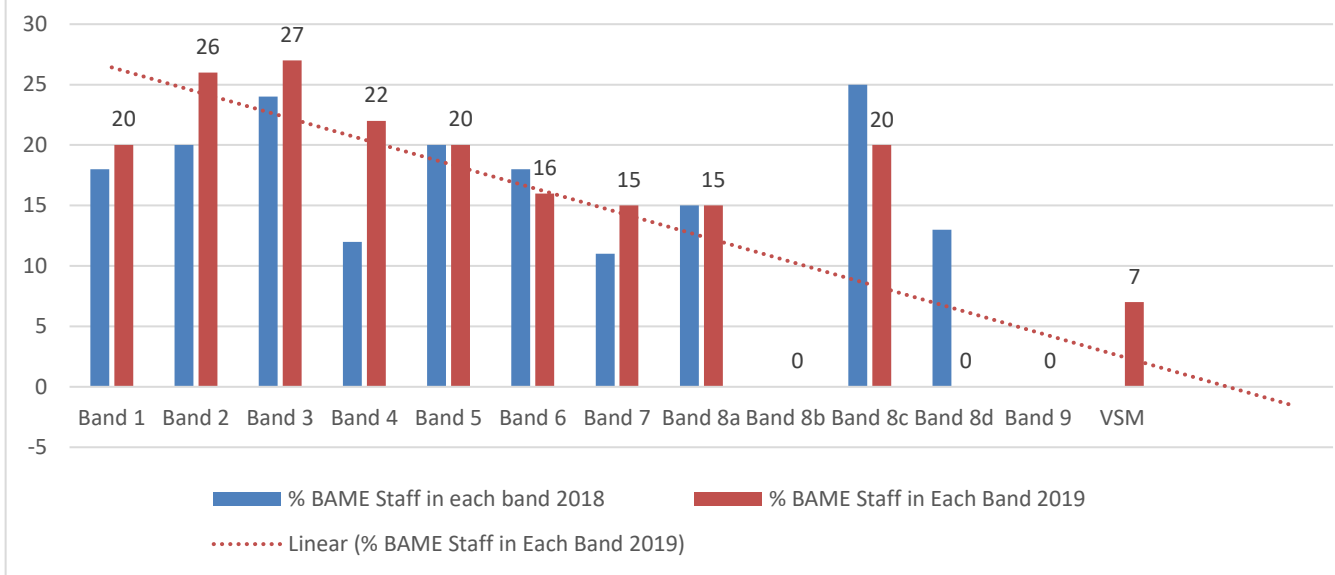
At the time of the data capture 3018 staff were employed and eligible for inclusion. 673 of those staff were from a BME background. This means that 22% of all staff are from a BME background. This is an increase from the previous years return. The graph below shows the percentage of BAME staff in each band. To be a proportionate representation we would expect there to be 22% BME staff in each pay band.

2.6 Non-Clinical

The chart below shows that band 2 and 3 has a higher than the Trust average proportion of BME staff and Band 5 is equal to the Trust average across the whole Trust. All of the other bands are under-represented.

There have been increases in the representation of BME staff in clinical roles in bands 1 to 4, band 7, 8d and very senior management since 2018. There have been decreases in representation in bands 6 and 8c and no change in bands 5, 8a, 8b and 9.

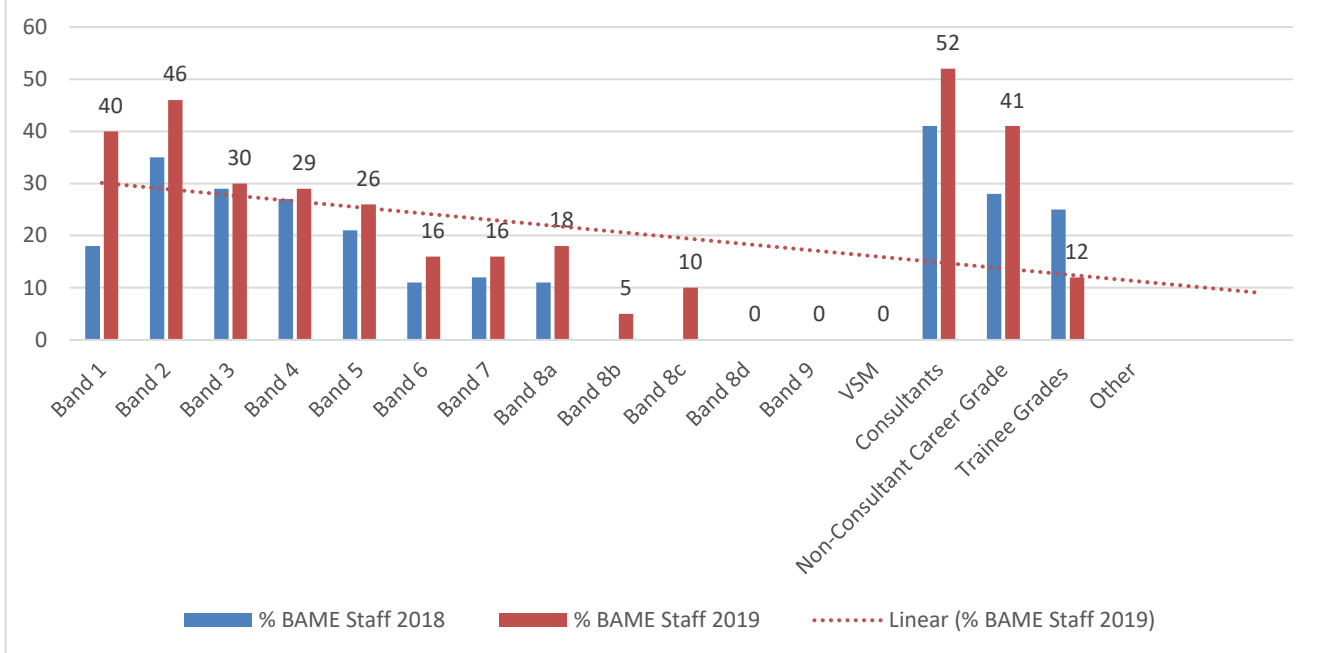
Representation of BME Staff Across the Trust 2018 and 2019



Clinical

There is an over-representation of BME staff when compared to the Trust average in bands 1, 2, 3, 4, and 5. There is also an over-representation in the Consultant and Non-Consultant Career Grades. There is an under-representation in all of the other bands and categories with no BME representation in bands 8d, 9 or very senior manager grades. All of the lower band representations have increased since 2018.

Representation of Clinical BME Staff across the Pay Bands



2.7 Relative Likelihood of Staff Being Appointed After Shortlisting

The likelihood score is 1.71 a change from 1.15 in 2018 and 0.99 in 2017. This shift indicates that BME staff are now less likely than White staff to be appointed after shortlisting and that the likelihood of that happening is increasing over time.

2.8 Relative Likelihood of BME Staff entering the formal disciplinary process when compared with White staff

The likelihood is 1.98 which is lower than 2.00 in 2018 but still means that BME staff are twice as likely to experience this.

2.9 Relative Likelihood of White Staff accessing non-mandatory training and CPD when compared with BME staff

The likelihood is 1.00 which means that there is no difference. This has changed from 2018 when the likelihood was 1.04.

2.10 The difference between the members of the Board with voting rights ethnicity and overall workforces ethnicity is -22.8%. The data that the Trust holds about the Board is not complete and so registers that no members are of a BME background.