Bridgewater
Community Healthcare
NHS Foundation Trust

NHS Workforce Race Equality Standard

2018 Report

Quality first and foremost

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Introduction

Welcome to our 2018 NHS Workforce Race Equality Standard report.

The Standard was mandated in April 2015 and requires all NHS Trusts to publish information on race equality within their organisations and to take steps to address areas of inequality identified; thereby improving future results and most importantly the real, lived experience of Black and Minority Ethnic staff.

The Standard was mandated in recognition of continuing inequality for Black and Minority Ethnic staff within the NHS despite years of initiatives to improve this. Across all indicators these members of staff continue to experience worse outcomes when compared to White staff. And evidence shows that this impacts on patients, with poor staff experience leading to poor patient experience.

The Standard focuses on nine indicators - career progression and representation at higher pay levels; recruitment; formal disciplinary processes; non-mandatory training and continuing personal development; discrimination, harassment, bullying and abuse; equal opportunities; and Board level representation. Our results for these nine indicators are detailed within this report.

This report provides the results for Bridgewater for this year, along with a brief narrative of what we found in our further analysis, and what areas for action we have identified to look at. Our final WRES actions will be added to the Equality Objectives Action Plan 2018 – 2021 following engagement and discussion with our staff.

Throughout this document we will use two abbreviations:

WRES – Workforce Race Equality Standard

BME – Black and Minority Ethnic

If you have any questions, queries or comments, please see our contact details at the end of the report.

NHS WORKFORCE RACE EQUALITY STANDARD 2018

ABOUT BRIDGEWATER

Providing NHS community health services and specialist dental services to more than 1.3 million people in North West England

Bringing care closer to home by providing services in people's homes, schools and community settings

Keeping people out of hospital and supporting them throughout their lives

AS AT 31 MARCH 2018

3005 Employing 3005 people across clinical and non-clinical roles.

93.41 More than 93% of staff self reporting their ethnicity

2.83 Percentage of Black and Minority Ethnic staff

for more info: www.bridgewater.nhs.uk

Indicator 1: Staff Pay

This indicator looks at pay, what percentage (%) of White staff and BME staff are in each of the pay bands 1 to 9, in medical and dental jobs, and very senior manager jobs (including executive board members).

These figures are compared with the overall workforce.

What we found:

The number of BME staff within the Trust remains low at 2.83% of the overall workforce, that is 85 members of staff.

There have been no significant changes in the percentage (or actual number) of BME staff in either clinical or non-clinical roles in the last 12 months.

Numbers of BME staff remain low across all pay bands:

- In non-clinical roles, for example administration and clerical jobs, the highest figures for BME staff are seen in bands 2, 3 and 6.
- In clinical roles, for example nurses, midwives, doctors and dental jobs, the highest figures for BME staff are in bands 5, 6 and 7, and within the medical and dental pay grades.

Just under a quarter (23.5%) of the Trust's BME staff are in non-clinical roles. There are no BME staff above pay band 8b in non-clinical roles, but there are 31 White members of staff.

More than a quarter (27.0%) of BME staff are in medical and dental roles, for example consultants, speciality doctors, dentists and dental officers.

Nearly half (49.4%) of all BME staff in are in clinical, (but not medical and dental) roles, for example in nursing, midwifery, physiotherapy, and other healthcare jobs.

Most members of Trust staff are paid according to the national Agenda for Change pay scales, the rest are paid in the medical and dental, or very senior manager pay grades. In the 2017 WRES there were 67 members of staff not within any of these pay scales – staff who had transferred into the Trust from other organisations. This figure has reduced in 2018 to 23 people, while we can't detail the actual numbers who are White, BME or unknown ethnicities in this report, these figures were submitted to NHS England in July 2018.

In our staff record system there are increasing numbers of 'ethnicity not known' staff.

Within the overall workforce there is a gender split of 9% male 91% female. Within BME staff we find 22.4% male and 77.6% female, of these men the majority are within clinical roles including medical and dental roles.

Similar to the picture for White staff, BME staff are predominantly in the age range of 26 – 50 years of age. A fifth are over 50 years of age, and only a tiny number are under 26. Within our most ethnically diverse boroughs, Bolton and Oldham, there is a large young BME population – in Bolton (as at Census 2011) 32% of the BME population were under 16 and a further 14% between 16 and 24 years of age; in Oldham the figures were 37% of the BME population under 16 years of age and 15.8% between 16 and 24 years old. This may be an area to consider and target in engagement and recruitment in the coming years. In these two boroughs overall the BME population is 18.1% (Bolton) and 22.5% (Oldham).

WRES Action Areas

This indicator very much ties into those related to recruitment and career progression, so the actions will target more than just Indicator 1 improvements.

The 'not known' staff records in ESR.

Workforce planning for the future:

- Targeted work aimed at bringing younger BME people into the NHS – recruitment, apprenticeships, work experience, etc.
- BME staff representation in non-clinical roles – investigate the possible reasons for low numbers - are there blockages or barriers, if so where are they, and how can we remove them.
- Career development opportunities for BME, both clinical and non-clinical - mentoring and reverse mentoring, coaching, secondment opportunities, and leadership development.

Indicator 2: Recruitment

This indicator looks at recruitment, to see how more likely White applicants are to be successful and to be appointed when compared to BME staff.

(A likelihood figure above one would show that White applicants are more likely to be appointed than BME applicants).

What we found:

In our 2018 results White staff were 1.24 times more likely to be appointed compared to BME staff.

This is a very slight improvement from 2017 when White staff were 1.3 times more likely to be appointed compared to BME staff.

The actual number of BME staff appointed fell in the last year.

Within the Agenda for Change bands there were no successful BME candidates above Band 7.

There were no successful BME candidates in very senior manager roles advertised this year.

Further analysis shows that:

- The highest numbers of actual BME staff recruited were in nursing and midwifery (NMC) roles, administrative and clerical roles, and in medical and dental roles.
- In terms of likelihood the best results for BME applicants were in administrative and clerical, and healthcare scientist posts, and the worst in additional clinical services posts.
- The gender split in recruitment is similar to that for Indicator 1, with 90.4% female and 9.6% male in successful White applicants, and 79.2% female and 20.8% male in successful BME applicants.
- The split was exactly 50/50 for successful BME applicants in full time and part time posts.

BME recruitment remains low in the Trust; just 5% of those appointed in the last 12 months were BME. Whilst this 5% is above the overall BME figures for some of our boroughs, St Helens and Halton for example, it is not representative of other areas such as Bolton and Oldham.

The small number of successful BME candidates makes analysis difficult across pay bands, staff groups etc., but the very small numbers in themselves suggest a course of action for the Trust – firstly how many BME applications do we receive and for what posts, secondly why are so few BME applicants successful, and thirdly what can be done to improve this indicator?

All recruiting mangers undergo training in the Trust, this focuses on the processes and the legal aspects of recruitment – the Equality Act for example.

WRES Action Areas

Please also see Indicator 1 for recruitment and career development.

Review of information available from NHS Jobs for BME applications to assess progress, and potential barriers to progress, through the recruitment process:

- Number of applications received.
- Assessment of which posts receive a lot of BME applications and which receive few applications, in particular comparing non-clinical and clinical adverts.
- Success rate at long-listing - Tier 2 applicants and right to work/visa issues.
- Success rate at short-listing – meeting the essential and desirable criteria.
- Success rate at interview – the scoring.

Focus group work with BME staff.

Focus group with recruiting managers.

Look at unconscious bias training options for recruiting managers.

Consideration of Tier 2 sponsorship in workforce planning.

Consider other options for advertising.

Indicator 3: Disciplinary

This indicator looks at disciplinary processes in the Trust, at how more likely BME staff are to be involved in formal disciplinary processes when compared with White staff.

(A likelihood figure above one would show that BME staff are more likely to be in formal disciplinary processes than White staff).

What we found:

Please note: Last year's submission in July 2017 contained an error in the number of staff entering formal disciplinary; this led to the Trust showing a likelihood of BME staff entering this process of 6.27 when compared to White staff. The error has been reported to the NHS WRES team, and has been updated in this report to show the correct figure of 3.83. Whilst this is still high it should be noted that the numbers for both BME and White staff are too low to report (less than 10), to avoid making information personally identifiable.

Our results in 2018 showed that our BME staff were 2.0 times more likely to enter the formal disciplinary process compared to White staff.

There was a slight improvement from the 2017 figure of 3.83.

Very low numbers of staff involved make this a difficult indicator to analyse effectively – less than 20 staff in total were in formal disciplinary processes this year. We are unable to provide actual figures within this report due to the risk of information being personally identifiable, but full information was provided in the submission to NHS England.

Of the staff becoming involved in these processes in the last 12 months 78% (including 100% of BME staff) were considered to have no case to answer following formal investigation.

The Trust has robust policy, procedure, and training in place to support HR processes such as disciplinary and grievance, and monitoring of this indicator will continue in order to identify any trends that may become apparent.

Indicator 4: Training

This indicator looks at non-mandatory training and development opportunities, and how more likely White staff are to take part in these opportunities compared to BME staff.

(A likelihood figure above one would show that White staff are more likely to take part in these opportunities than BME staff).

What we found:

Please note: Caution must be used when viewing this figure as the total for the results is the number of opportunities accessed rather than the number of staff accessing – i.e. a smaller number of BME staff may be accessing multiple opportunities rather than all BME staff accessing one opportunity.

Our 2018 results showed that White staff were 1.09 times more likely to access non-mandatory training and CPD compared to BME staff in the last year.

This is a deterioration in our results, as in 2017 White staff were 0.90 times more likely to access non-mandatory training and CPD compared to BME staff – BME staff were more likely to be taking up these opportunities.

Training and personal development opportunities are varied in the Trust and range from internally provided courses, to externally funded opportunities, and specific training for staff, including medical and dental staff.

We actively promote targeted training opportunities for BME staff, and the Trust has targeted training for particular staff groups and pay bands to aid career progression.

In 2017/18 a new style of appraisal was rolled out across the Trust. MySpace and MyPlan should give staff the chance to regularly discuss their career development options with their line managers, leading to increased support, access to further training, and increased understanding for managers of potential concerns or pressures felt by their BME staff.

There are mandatory training modules specified for each member of staff, covering areas such as infection control, safeguarding, equality, and records management. All staff are required to undertake this training at specified times, and compliance with this is reported to the Trust Board.

WRES Action Areas

Please also see Indicator 1 for recruitment and career development.

Review of recording mechanisms in learning and development opportunities.

Continued promotion of targeted opportunities for BME staff.

Indicators 5 to 8: Staff Survey

The next four indicators are all from the NHS Staff Survey, an annual survey of staff across all NHS trusts.

The survey is carried out every autumn with the results for each Trust published the following year.

Within the results the Trust is assessed against similar trusts (in our case other community trusts) to give an average figure for each indicator for comparison. In addition the results are assessed for most improved, biggest deterioration, and other indicators of staff experience.

The Trust has an internal working group looking at the annual Staff Survey, there is an action plan agreed to address the results found in the indicators, including those for WRES, these actions are detailed at the end of this section.

We have chosen to look at other local trusts as a comparison to our results in these four indicators. We have looked at the most recent results for three of our local hospital trusts (those providing acute care in our main boroughs), and three local community providers (one of which also provides mental health care services). We recognise that different types of trust can be very different, but we wanted to look in our local areas, as both staff, patients and communities are shared, and it is good to look for areas that may show good practice in improving experience and overcoming similar challenges to those we face as a provider.

Indicator 5 looks at the percentage of staff who have experienced harassment, bullying or abuse from patients, relatives or other members of the public in the last year.

What we found:

There has been a sharp deterioration in this indicator for BME staff in the last 12 months, an increase in the results of 5.99%.

Our latest Staff Survey figure for this indicator told us that 25.84% of White staff and 28.57% of BME staff had experienced these behaviours in work.

The previous figures were 28.91% for White staff and 22.58% for BME staff.

This compares to average figures for community trusts of 23% for White staff and 26% for BME staff.

Overall the Trust’s figure improved by 2% to 26% this year, but this is worse than the average of 23% for community trusts, the best being 20%.

In total 28 BME members of staff answered this question in the most recent Staff Survey. This means that eight members of BME staff were subjected to this behaviour, this is eight too many.

A look at our local trusts (all hospitals) shows mixed results:

- In two local trusts the figures for BME staff are considerably lower than ours, in one trust 10% lower and in the other 15% lower.
- Both of these trusts have seen a big improvement from the previous year's figure – a 12% improvement in one.
- At least one of these trusts has carried out regular engagement with its BME staff in recent years.
- One local trust showed very similar results to us.
- Two of these trusts have similar levels of BME respondents to the Staff Survey, and the Trust that has been undertaking active engagement with its BME staff had 124 BME staff complete the annual survey.

Acute trusts can be very different from community trusts, so we also looked at other community trusts in the region. Comparisons with these show that:

- In two of the trusts results were broadly similar to ours, but in both there had been improvements in this indicator for BME staff.
- In a third local community trust the figure for BME staff was 10% better than ours, and had improved by 22% from the previous year. Caution should however be used here as the number of BME respondents was below 20.

Our Dignity & Respect at Work, and Violence and Aggression Policies set down the Trust stance on incidences relating to these indicators and seek to protect staff from these behaviours. Our internal recording of these instances show very small numbers, so we need to understand why staff feel comfortable reporting on the annual survey, but not within the workplace. We recognised this issue in the 2016 results and actions started then to address this issue.

Work on the new Bridgewater Anti Bullying and Harassment campaign (BABAH) started last year after the 2016 survey results were received. This has involved partnership work with staffside on developing a reporting app, manager's toolkit, and awareness raising. This was launched in October 2017 so will have had little chance to impact on this indicator for this year. Work continues on BABAH and this should hopefully lead to improvements in this indicator in future years.

Indicator 6 looks at what percentage of staff have experienced harassment, bullying or abuse from other staff in the last year.

What we found:

There has been a slight improvement for BME staff in this indicator in the last year, an improvement of 4.38%.

Our latest Staff Survey figure for this indicator told us that 20.44% of White staff and 21.43% of BME staff had experienced these behaviours in work.

The previous figures were 23.60% for White staff and 25.81% for BME staff.

The average figures for community trusts were 18% for White staff and 22% for BME staff.

Overall the Trust result for this indicator is worse than the average for Community trusts, where the average is 19% and the best 15%.

In total 28 BME members of staff answered this question in the most recent Staff Survey. This means that six members of BME staff were subjected to this behaviour, still an unacceptable figure – no member of staff, either BME or White should be subjected to this behaviour from other members of staff.

A look at the results for our local hospital trusts showed us that:

- One trust's BME figure for this indicator was worse than ours and they had seen a large deterioration in this indicator over the last 12 months – however the number of BME respondents wasn't high, so caution should be used in analysis.
- One trust had a slightly higher figure than ours as a result of a 13% deterioration in this indicator for BME staff over the last 12 months – again though a small number of respondents.
- And one trust was broadly similar in both results and improvement.

For the community trusts we chose to look at as a comparison:

- One was broadly similar in results, but this followed a marked deterioration for BME staff over 12 months.
- One showed much higher results, but they have seen a huge 13% improvement. Though there was a fairly small number of BME respondents, given the difficulties this trust has faced in recent years this was a good result.
- The third trust was 3% better than us and were better than average. There was no comparison to the previous year due to very low numbers of BME respondents in both years.

As for the previous indicator, the BABAH work is looking to active address these figures and the issues they raise.

Indicator 7 looks at the percentage of staff who believe the Trust provides equal opportunities for career progression or promotion.

What we found:

This figure has remained exactly the same for BME staff for the last two years, at 93.33%, a higher figure than for White staff (87.79% this year and 90.02% last year).

The average figures for community trusts in this indicator were 90% for White staff and 76% for BME staff.

This was one of our top five ranking scores for this year's survey, and our overall figure matches the average for community trusts at 88% - the best being 92%.

When comparing our results to our local hospital trusts we can see that our figure for BME staff is considerably better.

To compare to two of the community trusts we looked at (the third had numbers too low to report), we remain better in this indicator for BME staff, but both have seen an improvement in the last year – one seeing an increase of 7% and the other of 20%.

Our Equal Opportunities Policy provides the detail of how the Trust will meet its duties under the Equality Act 2010, and in particular the three aims of the Equality Duty for public sector organisations.

While our results are good for this indicator we mustn't be complacent, White staff have shown a deterioration and we need to understand why, and there is always room to improve the BME result both in the figure we are given and in the number of staff taking part in the survey.

Indicator 8 looks at what percentage of staff have personally experienced discrimination at work from their manager or team leader, or from another member of staff.

What we found:

Our figure for BME staff was 11.11% in the most recent survey, an increase of 4.86% from the previous. For White staff the figure was 8.05%, an increase of 1.46%. This is showing deterioration for both groups over the last 12 months.

As a comparison to the average figure for community trusts, our figures were 3% below average for White staff, and 1% below average for BME staff. Overall our result was 9%, matching the national average for community trusts.

Our results for BME staff are better when compared to two of our local hospital trusts, and one of the community providers. This community trust has faced significant challenges recently though, and the result, though still higher than ours, has improved by 20%. For one of the other community providers used for comparison our figures are roughly the same, and for the third numbers were too low to report.

As mentioned in Indicator 5 the Trust has internal policies and procedures to protect staff from discrimination. There are also processes in place to ensure staff, and patients, are not subject to indirect discrimination through our provisions, criteria or practices - what we do and how we do it, or through other types of discrimination.

Actual numbers are very small in the survey, however we recognise that these are just the members of staff who chose to respond. There are also very low numbers of reports within internal systems. But this does not necessarily mean that these incidents don't happen. The BABAH work is looking to support staff in coming forward where they witness or are a victim of discrimination in the workplace.

WRES Action Areas

The action plan for the most recent Staff Survey was agreed in spring 2018, following analysis within the Trust of all indicators. The areas identified for action in relation to WRES are:

BME staff engagement

Continued work around BABAH

Indicator 9: Board

This indicator looks at our Board of Directors, and what the difference is, in percentage, compared with the workforce.

What we found:

We found there was no change in these results from the previous year. There are no BME Board members in the Trust.

As 2.8% of our staff are BME, so the difference at Board level is -2.8%.

We know that our Board of Directors ethnicity does not reflect the communities the Trust serves, and the members of the Board recognise this and work in other ways to champion equality and understand differing needs – an example is the community engagement carried out in 2017 as part of the development of our new strategy (Quality & Place).

We are also working hard within the Trust to improve diversity and community representation in other areas – through our membership and governors for example. These groups can question and hold the Trust to account where it is felt there are failings in relation to anything about the business of the organisation, including equality and inclusion.

As Board vacancies arise the Trust works to encourage BME applicants.

WRES Action Areas Summary

The following actions have been outlined within this report. More detailed information on actions for WRES will be included within our Equality Objectives 2018 – 2021 following engagement and discussion with our BME staff.

Indicator 1:

The 'not known' staff records in ESR.

Workforce planning for the future:

- Targeted work aimed at bringing younger BME people into the NHS – recruitment, apprenticeships, work experience, etc.
- BME staff representation in non-clinical roles – investigate the possible reasons for low numbers - are there blockages or barriers, if so where are they, and how can we remove them.
- Career development opportunities for BME, both clinical and non-clinical. Look at mentoring and reverse mentoring, coaching, secondment opportunities, and leadership development.

Indicator 2:

Review of information available from NHS Jobs for BME applications to assess progress, and potential barriers to progress, through the recruitment process:

- Number of applications received.
- Assessment of which posts receive a lot of BME applications and which receive few applications, in particular comparing non-clinical and clinical adverts.
- Success rate at long-listing - Tier 2 applicants and right to work/visa issues.
- Success rate at short-listing – meeting the essential and desirable criteria.
- Success rate at interview – the scoring.

Focus group work with BME staff.

Focus group with recruiting managers.

Look at unconscious bias training options for recruiting managers.

Consideration of Tier 2 sponsorship in workforce planning.

Consider other options for advertising.

Indicator 4:

Review of recording mechanisms in learning and development opportunities.

Continued promotion of targeted opportunities for BME staff.

Indicators 5 to 8:

BME staff engagement

Continued work around BABAH

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