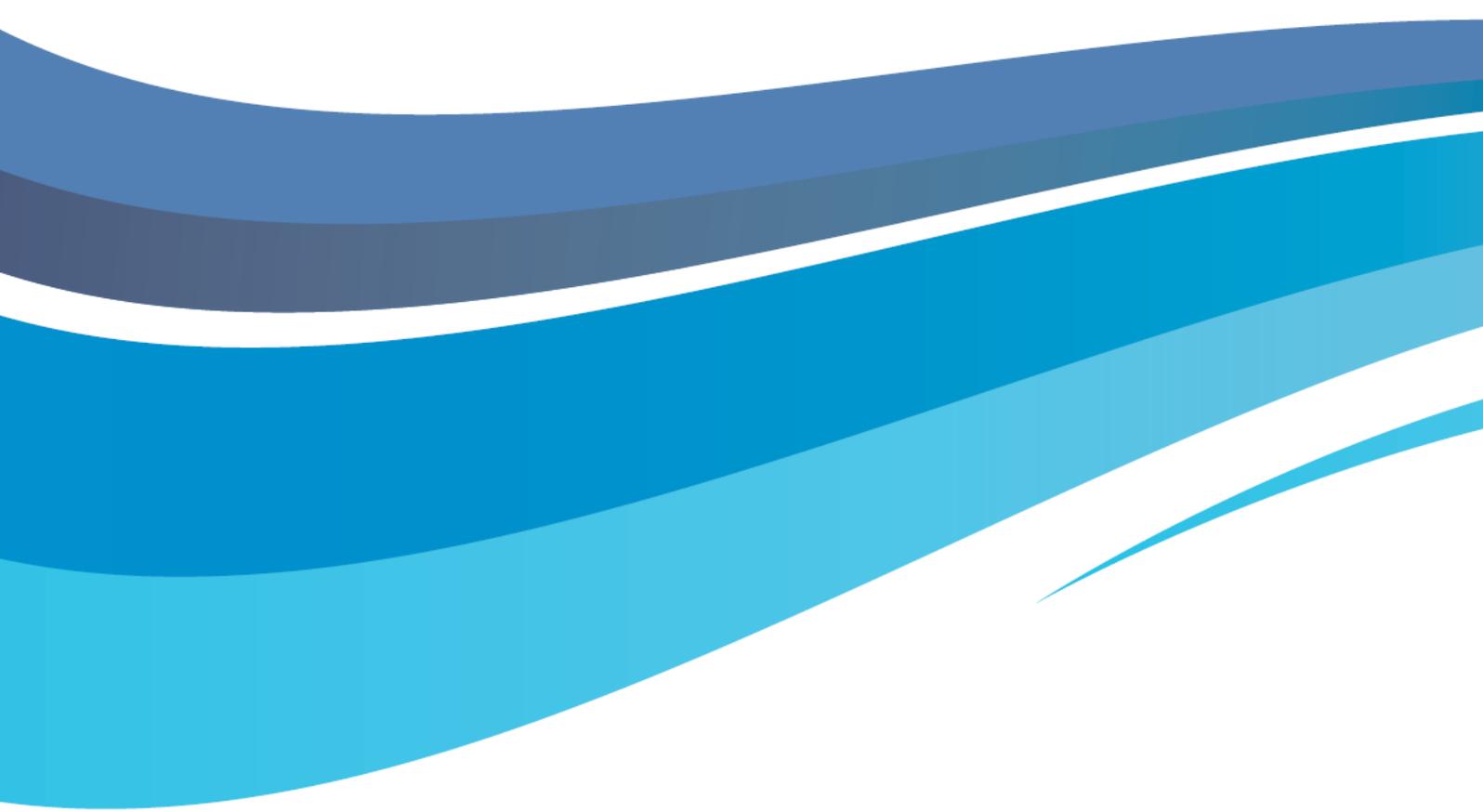




**Bridgewater
Community Healthcare**
NHS Foundation Trust

NHS Workforce Race Equality Standard

2019 Report & Action Plan



Quality first and foremost

Contents

	Page Number
Introduction	2
About Bridgewater	3
Indicator 1: Staff Pay	4
Indicator 2: Recruitment	5
Indicator 3: Disciplinary	6
Indicator 4: Training	6
Indicator 5 to 8: NHS Staff Survey	
• Indicator 5: Bullying & Harassment: Public	7
• Indicator 6: Bullying & Harassment: Staff	7
• Indicator 7: Equal Opportunities	8
• Indicator 8: Discrimination	8
Indicator 9: Board	9
Contact Details	9
WRES Action Plan	10

Introduction

Welcome to our NHS Workforce Race Equality Standard Report and Action Plan 2019.

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, Asian, and Minority Ethnic staff.

The Standard was mandated in recognition of continuing inequality for Black, Asian, 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 personal development
- harassment, bullying and abuse from patients/public
- harassment, bullying and abuse from other staff
- equal opportunities
- discrimination
- board level representation

This report provides the results for these nine indicators and our action plans for 2019/20 in relation to race equality in employment.

Throughout this document we will use the abbreviations **WRES** for the Workforce Race Equality Standard, and **BME** for Black, Asian and Minority Ethnic.

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

Figure 1: About Bridgewater

NHS WORKFORCE RACE EQUALITY STANDARD 2019

ABOUT BRIDGEWATER



In 2019 providing NHS community health services, specialist dental, and prison healthcare services to more than half a million people in North West England



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



Delivering specialist services that allow people to live independently at home



Keeping people out of hospital and supporting them throughout their lives

AS AT 31 MARCH 2019

3016

Employing 3016 people across clinical and non-clinical roles.

2.95

Percentage of Black Asian & 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:

Non clinical staff:

- Low numbers of BME staff at all pay bands but particularly above Agenda for Change band 6 and in Very Senior Manager roles. Unable to give figures within this report as extremely low numbers mean that staff could be personally identifiable.
- Data quality issue in high numbers of 'not known' records, around 75 in non-clinical roles.

Clinical Staff:

- Low numbers of BME staff across most Agenda for Change bands, too low to report. Only in bands 5 and 6 are there significant numbers of BME staff, 35 staff in total.
- Less than 10 BME members of staff within Agenda for Change bands 7 – 9 or very senior manager pay bands.
- Data quality issue in high numbers of 'not known' records, around 130 in clinical roles.

Medical & Dental staff:

- BME staff disproportionately represented when compared to clinical and non-clinical staff. 20.4% compared to 2.4% in both clinical and non-clinical clusters.

General:

- Increasing numbers of not known records. While band levels and numbers of BME staff have remained largely static since 2015, the number of 'not known' ethnicity records have increased from 1.9% in 2015 to 7.2% in 2019, an increase in the last year of 0.58%.
- The Trust remains, largely, representative as a percentage of its BME communities for community services, however at senior and executive levels the Trust does not reflect local BME communities.
- The Interim People Plan gives an action for all Trusts by November 2019 to develop a target and action plan to increase BME representation at senior levels. (A Model Employer).

The Workforce Strategy for the Trust identifies race equality as a key priority in workforce planning and development in the coming months and years.

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:

- White candidates were 1.28 times more likely to be appointed from shortlisting than BME candidates. This is deterioration from the figure of 1.24 times in 2018.
- The actual number of BME staff appointed was 23, this figure has remained largely static since 2015 with only 2017 seeing a figure higher than 30.
- 9.5% of applications were from BME candidates, 6.89% were shortlisted, and 5.37% were successful. Again this could be seen as representative of our communities generally, but the data in Indicator 1 would suggest that BME staff appointed were not into more senior clinical or non-clinical roles.
- 2.34% of successful candidates did not report ethnicity.

As we are not a sponsor Trust we are not legally allowed to recruit Tier 2 candidates through international recruitment, this may mean the Trust faces struggles in this indicator when compared to other organisations. It may be that the pool of qualified BME staff in our areas and roles may be very small to recruit from, we need to consider therefore looking at developing our workforce/communities rather than recruiting ready-made to vacancies.

The Workforce Strategy for the Trust identifies race equality as a key priority in workforce planning and development in the coming months and years.

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:

- BME staff were 2.72 times more likely to be in formal disciplinary processes compared to White staff. A deterioration since the 2018 figure of 1.99 times.
- The actual numbers of staff in all groups has increased with 68 members of staff in total in formal disciplinary in this two year period.
- Though a disappointing figure compared to 2018, this year should be considered in the light of a continued improvement since the first report in 2015 when our result was 6.66 times, and actual BME staff in these processes remain very low.

Indicator 4: Non- Mandatory Training & Development



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:

- White staff were 1.74 times more likely to undertake non-mandatory training and personal development opportunities compared to BME staff.
- This remains a challenging indicator for us to report on, with records being assessed manually rather than through ESR or other electronic staff records.
- This year's figure does not include medical and dental staff making (multiple) study support applications for external development and training. There were 86 applications in total this year, of these 22 were from 8 BME staff, the rest being (multiple) applications from White staff.

Indicator 5: Bullying, Harassment & Abuse – Patients/Public



This indicator 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.

(NHS Staff Survey 2018)

What we found:

- BME staff were more likely to be subjected to this treatment, 38% compared to 26% for White staff. This is a sharp increase since the previous Survey result of 29%.
- Analysis shows that this figure has continued to deteriorate with every WRES report, starting at the first reportable year of 2016 when the figure was 23%. For White staff the figure has remained largely unchanged.
- In total 24 BME members of staff completed the 2018 Survey, this is 27% of the BME workforce, and 2.4% of total respondents in 2018.
- Figures do not reflect internally reported cases.

Nationally evidence would suggest that bullying, harassment, abuse and violence towards NHS staff is on the increase, a key priority therefore for Bridgewater is a zero tolerance project that should support all staff regardless of protected characteristic to feel safe in their workplaces. This is included within the action plan at the end of this report, and also in the NHS Workforce Disability Equality Standard Report & Action Plan 2019.

Indicator 6: Bullying, Harassment & Abuse – Staff



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

(NHS Staff Survey 2018)

What we found:

- BME and White staff figures are similar, BME 17% and White 18%, both have improved since the previous survey, with the BME figure improving year on year.
- Survey respondent figures are the same as for Indicator 5, above.
- Figures do not reflect internally reported incidents.

Indicator 7: Equal Opportunities



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

(NHS Staff Survey 2018)

What we found:

- A disappointing figure with a drop of 7% for BME staff, taking BME staff below White staff for the first time in the WRES, down to 86% compared to 90% for White staff.
- This figure remains above the average for community Trusts and reflects the consistently high equality scores, but needs to be investigated and understood better.

Opportunities for non-mandatory training, personal development, and career progression are open to all staff, including the promotion of BME specific opportunities via the Bridgewater Bulletin and Learning and Development Bulletin, so we need to engage with our BME staff to understand if and why these opportunities either aren't suiting their needs, have barriers to access, or if there are other reasons why equality of opportunity is deteriorating.

Indicator 8: Discrimination



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

(NHS Staff Survey 2018)

What we found:

- Results for White staff were better than for BME staff, 8% for BME staff compared to 4% for White staff.
- An improvement of 3% for BME staff, down from 11% in the previous Survey.
- Though a small number in total, this is still an unacceptable and potentially unlawful act and should be investigated (the figure is not representative of internally reported cases).

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:

- The Board's ethnicity figures do not represent the overall workforce.
- The Board does not reflect the ethnicity of the boroughs we serve.
- The Board is committed to race equality, and has signed the GM Workforce Race Equality Commitment and the Race at Work Charter.
- Along with the commitments related to equality, diversity and inclusion in the Long Term Plan, the Interim People Plan gives an action for all Trusts, by November 2019, to develop a target and action plan to increase BME representation at senior levels. (A Model Employer)

Contact Details

Ruth Besford (Equality & Inclusion Manager) ruth.besford@nhs.net

Telephone: 01942 482992

TypeTalk: 18001 01942 482992

WRES Action Plan

Actions Required	Lead on Action(s)	Timescale for Completion of Action(s)	Progress to Date
A Model Employer: <ul style="list-style-type: none"> • Target(s) for BME representation in Senior and Very Senior Manager roles • Action plan to meet target(s) 	Board	November 2019	•
ESR Data: <ul style="list-style-type: none"> • Self-reporting • Manager updates • Further analysis following this 	EDI Steering Group	December 2019	•
Improving Our People Processes	HR	July 2019	•
BME Staff Network/Focus Group	EDI Steering Group	July 2019	<ul style="list-style-type: none"> • Survey Monkey carried out in June 2019 to identify type of Network preferred and interested staff
Recruitment and Career Development	EDI Steering Group	December 2019	•
Unconscious Bias training	EDI Steering Group	March 2020	•
Zero Tolerance Project	EDI Steering Group	October 2019	•
Black History Month Awareness Planning	Equality & Inclusion Manager	September 2019	•