

Response ID ANON-R89M-8JC4-9

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2017-07-26 20:12:30**

Introduction

1 Name of organisation

Name of organisation:

Birmingham Women's and Children's NHS FT

2 Date of report

Month/Year:

July 2017

3 Name and title of Board lead for the Workforce Race Equality Standard

Name and title of Board lead for the Workforce Race Equality Standard :

Ms Theresa Nelson Chief Officer for Workforce Development

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Jay Kumar

Deputy Head of Education (clinical and medical)

Birmingham Women's and Children's NHS FT

Education & Learning Department

Steelhouse Lane

Birmingham

B4 6NH

jay.kumar@nhs.net

5 Names of commissioners this report has been sent to

Complete as applicable::

Birmingham South Central CCG via CSU

Workforce Race Equality Standard reporting template

6 Name and contact details of co-ordinating commissioner this report has been sent to

Complete as applicable.:

Mr Mohammed Ramzan - Equality & Inclusion Business Partner

7 Unique URL link on which this report and associated Action Plan will be found

Unique URL link on which this Report and associated Action Plan will be found:

<http://bwc.nhs.uk/reports>

8 This report has been signed off by on behalf of the board on

Name::

Ms Theresa Nelson

Date::

24th July 2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

Only the merger impacting upon the results where comparisons were necessary in the previous/reporting year.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

Throughout the WRES 2017: It needs to be noted that in 2016, our Staff Survey was run for two separate organisations, and as such these results are the BCH Staff Survey results. Due to the recent merge of the organisation with Birmingham Women's Hospital, and their overall lower results, we are expecting a significant decline in next years merged results.

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total number of staff employed within this organisation at the date of the report:

5650

12 Proportion of BME staff employed within this organisation at the date of the report?

Proportion of BME staff employed within this organisation at the date of the report:

1292 (22.9%)

13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self-reported their ethnicity:

Unknown

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:

An ESS is now available and a communication campaign is underway through the recruitment and line managers.

15 Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity?

Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity:

An ESS is now available and a communication campaign is underway through the recruitment and line managers.

Workforce data

16 What period does the organisation's workforce data refer to?

What period does the organisation's workforce data refer to?:

As requested in the guidance notes for this WRES 1st April 2016 to 31st March 2017

Workforce Race Equality Indicators

17 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Data for reporting year:

$49/1292 = 3.79\%$

Data for previous year:

2016 figures are noted in headcount.

$52/879 = 1.9\%$

The implications of the data and any additional background explanatory narrative:

2017 figures are noted in headcount for both BW and BC and so the % will vary.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

EDS2 link in outcome 4 of inclusive leadership. The corporate equality action plan is looking at undertaking a 'deep-dive' into the recruitment and talent management initiatives to be representative of the overall workforce.

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

Relative Likelihood= 1.88

Data for previous year:

Relative Likelihood= 1.53

The implications of the data and any additional background explanatory narrative:

In 2015/16 a person of White ethnicity was 1.53 times more likely to be appointed to a role following shortlisting, this has increased in 2016/17 to just under twice more likely at 1.88

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

A Recruitment Task Group was set up earlier this year, to deep dive into our recruitment practices. Members of the Inclusivity Action Group will audit the shortlisting of randomly selected posts each month, and observe interview panels to identify good and bad practice around the Trust. Additionally, a new mandatory recruitment training package will be launched in October 2017, along with updated wording on NHS jobs, to discourage those who do not meet the minimum requirements sending unsuitable applications. EDS2 link in 3.1

19 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.

Data for reporting year:

Relative Likelihood= 1.50

Data for previous year:

Relative Likelihood= 0.92

The implications of the data and any additional background explanatory narrative:

In 2015/16 a person of BME ethnicity was slightly less likely to enter into a formal disciplinary process at 0.92, however in 2016/17 a person of BME ethnicity is 1.5 (one and a half) times more likely to enter into a formal disciplinary process than a person of White ethnicity.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

This year we have seen an increase in the likelihood of BME staff entering a formal disciplinary process. This data is monitored, and a breakdown of personal characteristics is reported in the Annual Workforce Inclusion Report. This will be further monitored and investigated to understand if there is cause for concern. EDS2 link in 3.6. Please note: March 2016 figures are Birmingham Children's NHS FT only and March 2017 are Birmingham Women's & Children's NHS FT following the two organisations merger in Feb '17.

20 Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year:

Relative Likelihood= 0.71

Data for previous year:

Relative Likelihood= 0.65

The implications of the data and any additional background explanatory narrative:

In 2016-17 the likelihood of BME accessing CPD opportunities has slightly increased by 0.06.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The relative likelihood of BME vs White staff accessing non-mandatory training has stayed relatively similar over the past two years.

We offer a wide range of in house non-mandatory training, including personal development, management and leadership courses, mentoring and coaching, along with in house training for clinical skills, which are open to all staff. This is mapped across EDS2 outcome 3.3

Workforce Race Equality Indicators

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:

21.44%

BME:

16.32%

White:

25.09%

BME:

19.22%

The implications of the data and any additional background explanatory narrative:

Similar to last year, BME staff report lower incidences in this area than white staff. We have seen a 3-4% decrease in the incidences across both groups over the past 12 months.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Despite seeing a decrease in the incidences of harassment and bullying this year, this is still an area of concern, and links with the EDS2 outcome 3.4 where staff, when at work, are free from abuse, harassment, bullying and violence from any source. The code of conduct, reporting and feedback culture is being reinforced, along with our concerns policy, and our newly appointed Staff Ambassador. The Trust values are currently being redesigned following the merge of the Women's and Children's organisations, and will be embedded within the organisation.

23 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

White:

92.41%

BME:

72.93%

White:

91.93%

BME:

78.40%

The implications of the data and any additional background explanatory narrative:

The difference between our white and BME staff has increased further during the past 12 months; the percentage of White staff has stayed relatively stable over the past three years, whilst we have seen a considerable decrease in BME staff (down from 83% in 2015).

This indicates a key area that needs further attention through the EDI groups at BWC.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Our Inclusivity Action Group was set up in 2016, which exists create a culture where diversity is welcomed and celebrated. They have been working to raise awareness of equality issues, and celebrate a range of multi-faith and cultural events throughout the year.

A Recruitment Task Group was also set up earlier this year, to deep dive into our recruitment practices. Members of the Inclusivity Action Group will audit the shortlisting of randomly selected posts each month, and observe interview panels to identify good and bad practice around the Trust. Links to EDS2 3.6

24 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.**White:**

5.32%

BME:

12.59%

White:

4.43%

BME:

10.59%

The implications of the data and any additional background explanatory narrative:

We have seen a slight increase in both white and BME staff experiencing discrimination at work this year, which indicates reason for concern and further attention.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Despite 2 years of reported levels of discrimination being static, this year we have seen an increase which is concerning.

As an organisation, we state that we do not tolerate discrimination and have a range of policies and processes in place. When we look at our grievances and disciplinary data we are not seeing any cause for concern so we are lacking in reporting of such incidences.

In order to further understand any issues, we hold a range of listening events throughout the year, in order to allow staff to feedback any issues. The feedback given then generates actions to further support our staff.

The Trust values are also currently being redesigned following the merge of the Women's and Children's organisations, and will be embedded within the organisation, along with an anti-bullying campaign, encouraging staff to speak up. Links with EDS2 3.6

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**White:**

19.70%

BME:

19.10%

White:

21.04%

BME:

23.05%

The implications of the data and any additional background explanatory narrative:

We have seen a decrease in both white and BME staff experiencing harassment and bullying from other staff members this year. Previously the percentage of BME staff was higher than that of white staff which was very concerning, however this year, our results show that the incidences are similar across both groups.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Despite the decrease, this is another area for concern, as staff, when at work, should be free from abuse, harassment, bullying and violence from any source (EDS2 3.4). We have a newly appointed Staff Ambassador and a network of over 50 Staff Experience Champions throughout the trust to help support and

signpost staff, to resolve issues early and enhance our culture of 'Speaking out Safely'.

Throughout the next year we will develop an anti-bullying campaign, and create guides on identifying and tackling bullying. Staff Experience hold regular Conflict Resolution training sessions, and are available for team interventions and mediations.

The Trust values are currently being redesigned following the merge of the Women's and Children's organisations, and will be embedded within the organisation.

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:

White: 14 – 87.5%

BME:

BME : 2 – 12.5%

White:

White: 13 – 81.3%

BME:

BME : 2 – 12.5%

The implications of the data and any additional background explanatory narrative:

Our board representation has stayed the same since last years' WRES, with an increase in White representation due to one member of the board previously being undefined.

The board is over representative of the White workforce (White workforce = 71.7%) at 87.5%, and under representative of the BME workforce with only two representatives (12.5% compared to 22.9% in the workforce).

Additionally, the exec board is 100% White, compared to the non-exec board which is 75% White.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The board is over representative of the White workforce (White workforce = 71.7%) at 87.5%, and under representative of the BME workforce with only two representatives (12.5% compared to 22.9% in the workforce).

Additionally, the exec board is 100% White, compared to the non-exec board which is 75% White.

We are aware that our board is under representative of our BME workforce population, although it should be noted that our current (interim) chair is BME.

As such, the Inclusivity Action Group will be observing board meetings throughout the year, for the quality and inclusiveness of the discussions. They will discuss their observations and feedback their findings and comments to the board.

Links to EDS2 outcome 4

26 Are there any other factors or data which should be taken into consideration in assessing progress?

Are there any other factors or data which should be taken into consideration in assessing progress?:

The board is over representative of the White workforce (White workforce = 71.7%) at 87.5%, and under representative of the BME workforce with only two representatives (12.5% compared to 22.9% in the workforce).

Additionally, the exec board is 100% White, compared to the non-exec board which is 75% White.

We are aware that our board is under representative of our BME workforce population, although it should be noted that our current (interim) chair is BME.

As such, the Inclusivity Action Group will be observing board meetings throughout the year, for the quality and inclusiveness of the discussions. They will discuss their observations and feedback their findings and comments to the board.

Links to EDS2 outcome 4

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.:

The EDI BWC action plan and progress reports, WRES and EDS2 are published on the INTERNET and intranet under - <http://bwc.nhs.uk/reports>