Report on the NHS Workforce Race Equality Standard 2016

1. Purpose of Report

The report sets out University Hospitals Birmingham NHS Foundation Trust's performance information against the 9 mandatory NHS Workforce Race Equality Standard (WRES) metrics. The metrics cover the workforce profile, staff survey, and board composition, by ethnicity. The report details the calculations and analyses the results against each metric, with recommendations for improvements where appropriate.

2. Background

The 2015/16 NHS Standard Contract included a new Workforce Race Equality Standard which requires large health care providers along with CCGs to demonstrate progress against 9 workforce race equality metrics, including a specific indicator which looks at the ethnic composition of Boards.

2.3 The 9 metrics are:

Metric 1: Percentage of staff in each of the Agenda for Change Bands 1 - 9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

Metric 2: Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff across all posts

Metric 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff

Metric 4: relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff

Metric 5: % staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Metric 6: % staff experiencing harassment, bullying or abuse from staff in the last 12 months

Metric 7: % Staff believing that the organisation provides equal opportunities for career progression or promotion

Metric 8: In the last 12 months have you personally experienced discrimination at work from manager, team leader, or other colleague

Metric 9: Percentage difference between the organisations' Board voting membership and its overall workforce

NHS England has produced Technical Guidance for the NHS Workforce Race Equality Standard, detailing the requirements and how organisations should report their information against the metrics.

Baseline data has been produced for each metric together with an analysis of the results. The results were based on the NHS Staff Survey questions, with a response rate of 50% (higher than the average of 41% for acute trusts).

3. Matters for Consideration

3.1 The following table sets out a summary of UHB's results against each metric:

	WRES Indicator			UHB's Outcome
	Workforce Indicators For each of these four workforce indicators, the Standard compares the metrics for White and BME staff			
1.	**Percentage of staff in each of the Agenda for Change Bands 1 - 9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.**			27.9% BME staff in workforce overall.
	BAND		**TOTAL NO.**	**BME NO.**
	Apprentices	Clinical	11	2
		Non-Clinical	40	14
	1	Non-Clinical	531	181
	2	Clinical	946	275
		Non-Clinical	410	83
	3	Clinical	416	104
		Non-Clinical	386	86
	4	Clinical	76	14
		Non-Clinical	481	78
	5	Clinical	1673	614
		Non-Clinical	201	39
	6	Clinical	1088	284
		Non-Clinical	133	30
	7	Clinical	675	88
		Non-Clinical	150	41
	8a	Clinical	154	21
		Non-Clinical	62	14
	8b	Clinical	71	10
		Non-Clinical	48	2
	8c	Clinical	20	1
		Non-Clinical	29	2
	8d	Non-Clinical	15	0
	9	Non-Clinical	12	1
	VSM	Clinical	5	1
		Non-Clinical	17	0
	Medical and Dental (not under AfC)	Consultants	497	192
		Senior Cons.	51	5
		Non-consultant career grade	49	28
		Trainee Grades	405	201
		Other	193	109
	Reporting figures			
	White		6295	
	BME		2515	
	Z Null		0	
	Z Not Stated		190	
2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.			Unable to complete at this time. Previous systems have been unable to collect this data. The data will be provided for May 2017.

	WRES Indicator	UHB's Outcome	
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. Note: this indicator is based on data from a two year rolling average of the current year and the previous year.	The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 1.76 times greater. The relative likelihood in 2015 was 1.96, so there has been a decrease in the relative likelihood of BME staff entering the formal disciplinary process. The difference in figures between the WRES in 2015 and 2016 is due to a revised change in methodology.	
4.	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	The relative likelihood of BME staff accessing non-mandatory training and CPD is 0.97 times greater, when compared to White staff.	
		All staff have access to both mandatory/role-specific and non-mandatory training. All training is promoted via the internal intranet site and other management communication channels. Annual appraisals identify training needs and result in an agreed Personal Development Plan. KF13 from the national staff survey shows that BME have rated the 'quality of our non-mandatory training, learning or development' as 4.14, compared to our Trust's average of 4.09 and the overall acute average of 4.03.	
	National NHS Staff Survey findings For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question		
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	**17% BME staff** indicated yes	**23% White staff** indicated yes
		UHB has seen a rise in the percentage of BME staff from 12% in 2014 to 17% in 2015 reporting harassment, bullying and abuse from patients etc. The 2015 NHS Staff survey indicated that 28% of acute Trust staff overall reported experiencing bullying, harassment and abuse from patients/ relatives/ public. This indicates that UHB is below the average for acute trusts.	
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	**23% BME staff** indicated yes	**25% White staff** indicated yes
		In the previous reporting year, 23% of BME said yes so there has been consistent reporting in this area. The 2015 NHS Staff survey indicated that 28% of BME staff in acute trusts reported experiencing bullying, harassment and abuse from staff. This indicates that UHB is below the average for acute trusts.	

	WRES Indicator	UHB's Outcome	
		The 2015 NHS Staff survey indicated that 25% of White staff in acute trusts reported experiencing bullying, harassment and abuse from staff. This indicates that UHB meets the overall acute trust average.	
7.	KF 21. Percentage believing that Trust provides equal opportunities for career progression or promotion.	**80% BME staff** indicated yes	**91% White staff** indicated yes
		In the previous year, 91% of White staff said yes and 77% of BME staff said yes, so there has been consistent reporting in this area. The 2015 NHS Staff survey indicated that 75% of BME staff and 89% of White staff in acute trusts believe that the organisation provides equal opportunities for career progression or promotion. This indicates that UHB is above the average for acute trusts.	
8.	Q17b. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	**13% BME staff** indicated yes	**6% White staff** indicated yes
		In the previous year, 10% of BME staff said yes, so there has been consistent reporting in this area. The 2015 NHS Staff survey indicated that 13% of BME staff and 6% of White staff in acute trusts personally experienced discrimination at work from any of the following – Manager/team leader or other colleagues. This indicates that UHB meets the overall acute trust average.	
	Boards. Does the Board meet the requirement on Board membership in indicator 9?		
9.	Percentage difference between the organisations' Board voting membership and its overall workforce	When making appointments to the Board, there is a limited pool of people presently who can meet the requirements and the pool is not representative of the population we serve. We have taken two different approaches. In relation to Executives where we have made only one appointment over the last five years, there is currently a limited pool of people with the skills required. However, in the layer of managers below Board level, we do have broader representation and that offers a pipeline of people who we can grow to Board-level standards to be credible candidates for competitive recruitment on merit when a vacancy arises. For non-Executives, we have used head hunters and local contacts who were well-positioned to target and attract BME candidates with the skills and attributes necessary for the role.	

3.2 Detailed analysis and the calculations against each metric can be found in appendix 1.

3.3 Where gaps have been identified between White and BME staff, recommendations have been identified to support UHB's performance against the metrics. The recommendations are as follows:

Recommendation 1: To address unconscious bias

- *We have commissioned and started Inclusion training to address unconscious bias which will be incorporated into management training and HR training to influence recruitment and people management practices*
- *We will develop employee case studies of BME staff to profile career progression successes and encourage managers and individuals to raise aspirations in career pathways*
- *We will continue to further analyse the disciplinary data to understand whether the likelihood of BME staff exiting the formal disciplinary process with a sanction is greater than for White staff. As well as addressing unconscious bias, bridging the gap on entry to formal disciplinary between White and BME staff will involve management development that overcomes potential causes for this divide – such as managers fearing accusations of racism when addressing poor conduct rushing through to a formal process in order to be witnessed, supported and audit-trailed.*
- *Although the data on the likelihood of BME staff attending non-mandatory training and CPD is higher than for White staff, this may only be a surface-level positive trend; it will be important to undertake further data analysis to understand if this is related to perceived or actual formal or informal capability issues*
- *Link with the NHS Leadership Academy's 'Ready Now' programme for senior BME leaders to develop our own future Board members and to use as a recruitment pool from external Trusts.*

Recommendation 2: Continue our conflict resolution training for ED

- *The 2015 NHS Staff Survey indicates that 28% of NHS staff overall reported experiencing bullying, harassment and abuse from patients/relatives/public.*

Recommendation 3: Continue to respond to daily datix reports on bullying, harassment and abuse, making sure we act immediately and continue face-to-face interventions.

- *Identify hot-spots of bullying within the Trust and target interventions to provide support and challenge for these areas.*

4. Implications (Inc. Financial, Consultation, Equalities, HR & Legal)

The WRES has implications for the Equality Act 2010 and supports the Trust to undertake its obligations under the public sector equality duty. The WRES is a mandatory requirement under the NHS Standard Contract.

Workforce Race Equality Standard Calculations
Metric 1

Percentage of staff in each of the Agenda for Change Bands 1 - 9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

Descriptor	Indicator
Total number of White staff	6295
Total number of BME staff	2515
Total number of staff who do not report their ethnicity	190

Metric 3

Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal investigation.
Note. This indicator is based on data from a two year rolling average of the current year and the previous year.

Descriptor	White	BME
Number of staff in the workforce as of 1st April 2016	6295	2515
Number of staff entering the formal disciplinary process since April 2014	111	82
Number of staff entering the formal disciplinary process from April 2014 – March 2015	54	42
Number of staff entering the formal disciplinary process from April 2015 – March 2016	57	40

Analysis	The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 1.76 times greater from April 2015 to March 2016.
Recommendations	To address the unconscious bias of managers within the Trust.

Metric 4
Relative likelihood of BME staff accessing non mandatory training and CPD compared to white staff

Non-mandatory training, in this context, means training that is not a statutory or contractual requirement and which might reasonably be deemed to assist career or personal development, including continuing professional development (it would include paid for activities such as conferences, as well and other development opportunities that are not paid for such as mentoring).

Descriptor	**White**	**BME**
Number of staff in workforce	6295	2515
Percentage of staff accessing non mandatory training and CPD	78%	80%
Number of staff accessing non mandatory training	4882	2016
Analysis	A high percentage of both White and BME staff access non mandatory training and CPD. This links with Metric 7, and the high percentage that believe that the Trust provides equal opportunities for career progression or promotion. Although the data on the likelihood of BME staff attending non-mandatory training and CPD is higher than for White staff, this may only be a surface-level positive trend and managers may perceive a greater training need in BME staff and therefore encourage attendance. KF13 from the staff survey shows that BME have rated the 'quality of our non-mandatory training,	

	learning or development' as 4.14, compared to our Trust's average of 4.09 and the overall acute average of 4.03. This highlights that our training sessions do not exclude BME staff.
Recommendations	To address the unconscious bias of managers within the Trust

Metric 5
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Descriptor	**White**	**BME**
% staff indicating yes they have experienced bullying, harassment, or abuse from patients or the public	**23% indicated yes**	**17% indicated yes**
Analysis:	Both white and BME staff have indicated that they have experienced bullying, harassment or abuse from patients or the public. The 2015 NHS Staff Survey indicates that 28% of NHS staff overall reported experiencing bullying, harassment and abuse from patients/relatives/public.	
Recommendations	Continue to respond to daily datix reports on bullying, harassment and abuse, making sure we act immediately and continue face-to-face interventions. Encourage reporting of bullying, harassment and abuse, targeting the areas which do not report all incidents according to Staff Survey findings. Promote conflict resolution training.	

Metric 6
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

Descriptor	White	BME
% staff indicating yes they have experienced bullying, harassment, or abuse from staff	**25% indicated yes**	**23% indicated yes**
Analysis:	The 2015 NHS Staff Survey indicates that the average for staff in acute trusts reporting experiencing bullying, harassment and abuse from staff is 25% for White staff and 28% for BME staff.	
Recommendations	Continue to respond to daily datix reports on bullying, harassment and abuse, making sure we act immediately and continue face-to-face interventions. Identify hot-spots of alleged bullying within the Trust and target interventions to provide support and challenge for these areas.	

Metric 7
Percentage of staff believing the organisation provides equal opportunities for career progression or promotion.

Descriptor	White	BME
% staff indicating yes they believe the Trust provides equal opportunities for career progression or promotion	**91% indicated yes**	**80% indicated yes**
Analysis:	The 2015 NHS Staff Survey revealed that 87% of staff believe that the Trust provides equal opportunities for career progression or promotion. Therefore, for BME staff we are 7% lower than the benchmark average.	
Recommendations	To address the unconscious bias of managers within	

	the Trust. Develop employee case studies of BME staff to profile career progression successes and encourage managers and individuals to raise aspirations in career pathways.

Metric 8
In the last 12 months have you personally experienced discrimination at work from any of the following?
Manager, team leader, or other colleagues

Descriptor	**White**	**BME**
% staff indicating yes they have personally experienced discrimination at work from a manager, team leader, or other colleague	**6% indicated yes**	**13% indicated yes**
Analysis:	The 2015 NHS Staff Survey results indicate that 11.98% of staff said they had experienced discrimination at work.	
Recommendations	To address the potential unconscious bias of managers within the Trust	

Metric 9
Percentage difference between the organisations' Board voting membership and its overall workforce
Board membership included all voting members of the Board irrespective of whether they are executive or non-executive members. 'Broadly representative' means that the ethnicity (BME/White) of the Board is expected to be similar to that of the community served.

UHB serves a population regionally, nationally and internationally, as it is a centre for tertiary specialties. Our 'community' is therefore broader than the local population.

UHB is also exceptional in the NHS for the length of time its Executive Directors have been in post. In the last five years, there has only been one new Executive Director to join the team, so there is little opportunity to see a radical change in the makeup of the Board.

When Non Executives leave the board, which has only happened when they have exhausted their term of office, we use an external company to recruit suitable people for the vacancies. This process also has to take account of the specialist skills that are required to support the Board, such as extensive community involvement or holding professional financial or legal qualifications.

In the last year, when a vacancy occurred, we asked our external recruiters to concentrate their efforts on attracting a person with the necessary skills who also originated from a BME background. It took a considerable amount of time to identify someone with the necessary skills who also had the time and inclination to take on the role. We could take pro-active steps to promote the role and work of Non-Executives to BME communities so that there is greater immediacy of interest in the pipeline when a vacancy does arise.

As we have always done, we will review any vacancies that occur to determine the best range of skills and attributes required to support the Board in its role. But it is important to recognise that UHB was considered to be 'outstanding' in assessment of its leadership capability by the CQC in a recent inspection. Equally the Trust has been approached by national bodies, such as Trust Development Agency and Monitor, to support other Trusts that are failing to perform adequately, and the main reason for this is recognition of the strength of the Board. Therefore, the Trust will work to maintain this strength and will not be taking any steps to artificially alter the composition of the Board in the short term as this could have an impact on our ability to maintain the functioning of this organisation, while we are also working to support others in the NHS.

Unlike many NHS Trusts regionally and nationally, UHB has had a very stable Board and received outstanding for leadership in its most recent CQC inspection. When positions become vacant at Board level, the Executive Team is always mindful of the make-up of the board; indeed, when the last vacancies were appointed to, this was with the assistance of external 'head hunters' to ensure that the best people for the role were appointed. We are clear that as a Trust with a local, regional, national and international standing that we draw from a very wide pool, not just local, to appoint the best people for the job.