B. BRAUN AVITUM UK
WORKFORCE RACE EQUALITY STANDARD 2019

INTRODUCTION

The Workforce Race Equality Standard (WRES) was introduced by NHS and mandated through the NHS standard contract starting in 2015/16. Independent healthcare providers to the NHS in England have been required to publish their WRES data since 2017.

WRES was introduced to ensure individuals from black and minority ethnic backgrounds have equal access to career opportunities, and receive fair treatment in the workplace. Studies have shown that a motivated, included, and valued workforce help deliver high quality patient care, increased patient satisfaction, and better patient safety.

B. Braun is committed to providing equality of opportunity for our diverse workforce. Therefore, although WRES is only a requirement of the NHS in England, we have included all of our Units because it is a positive measure to check we treat all our employees fairly. This will also ensure we are providing the best possible care for all of our patients.

WHAT DID WE DO?

A survey was designed based on the WRES indicators, and sent to all employees in April 2019. In addition to this, the WRES Lead collated data on the objective WRES indicators. The data was collated anonymously and the split between ethnic groups was identified.

The ethnic groupings that WRES uses are:

- White
- Black Minority Ethnic (BME)
- Ethnicity Unknown/Null

KEY FINDINGS

The information below contains the total number of employees on 31st March 2019 and the proportions of staff who self-reported their ethnicity.

234
Total number of employees on 31st March 2019

30.3%
Proportion of BME staff on 31st March 2019

74.4%
Proportion of total staff who self-reported their ethnicity

We recognise that we need to improve the number of staff who are willing to self-report their ethnicity. We will improve our communication regarding the use of the data to encourage employees to self-report and complete and return the survey.

INDICATOR 1

Indicator 1 requires us to report the number of staff in each of the pay bands split between non-clinical and clinical workforce; and within the clinical workforce the data is split again between non-medical and medical and dental. The table below shows the breakdown:

	31st March 2018			31st March 2019		
	White	BME	Ethnicity Unknown/Null	White	BME	Ethnicity Unknown/Null
Non-Clinical						
Support	8	0	1	8	0	1
Middle	2	0	0	2	0	0
Senior	2	0	0	1	0	1
VSM	0	0	0	0	0	0
Clinical (of which non-Medical)						
Support	41	20	15	39	21	18
Middle	66	52	27	53	50	40
Senior	0	0	0	0	0	0
VSM	0	0	0	0	0	0
Clinical (of which Medical and Dental)						
Consultants	0	0	0	0	0	0
Of which Senior Medical Manager	0	0	0	0	0	0
Non-consultant career grade	0	0	0	0	0	0
Trainee grades	0	0	0	0	0	0
Other	0	0	0	0	0	0

INDICATOR 2

Asked for the relative likelihood of BME candidates being appointed from shortlisting compared to white candidates across all posts. Our data shows that there is very little difference, with a slightly higher likelihood of BME candidates being appointed from shortlisting in comparison to white candidates (0.86).

INDICATOR 3

This indicator was the relative likelihood of BME staff entering into the formal disciplinary process compared to white staff. This data was based on a two year rolling average and measured by entry into a formal disciplinary investigation. The result of 0.56 indicated that there was no major difference, with a very slight lean towards white staff being more likely to enter the disciplinary process.

INDICATOR 4

Required the calculation of the likelihood of staff accessing non-mandatory training and CPD. Last year there was a small difference with white staff being more likely to access non-mandatory training and CPD (1.51); this year there is a very small difference with BME staff being more likely to access it (0.92). The data over the two years indicates all employees have equal opportunity and access to non-mandatory training and CPD.

INDICATOR 5

This indicator identifies the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. The results were:

ETHNICITY	PERCENTAGE
White	26.2%
BME	16.9%
Ethnicity unknown/Null	0%

This shows that a higher percentage of white staff have experienced harassment, bullying, or abuse from patients, relatives or the public in the last 12 months.

INDICATOR 6

This indicator was to identify the percentage of staff experiencing harassment, bullying, or abuse from staff in the last 12 months. The results were:

ETHNICITY	PERCENTAGE
White	9.7%
BME	9.9%
Ethnicity unknown/Null	0%

There is only a very small difference between white and BME staff for this indicator.

INDICATOR 7

Indicator 7 identifies the percentage of staff believing the company provides equal opportunities for career progression or promotion. The results were:

ETHNICITY	PERCENTAGE
White	86.4%
BME	84.5%
Ethnicity unknown/Null	0%

The results for white and BME staff are very similar with only a slight difference between them.

INDICATOR 8

Indicator 8 identifies the percentage of staff who have personally experienced discrimination at work from a manager, team leader or colleague. The results were:

ETHNICITY	PERCENTAGE
White	2.9%
BME	5.6%
Ethnicity unknown/Null	0%

This demonstrate that a higher percentage of BME candidates have experienced discrimination.

INDICATOR 9

This indicator identifies the percentage difference between the organisations' board voting membership and its overall workforce. At the time of the report there were eight board members, all of whom are white.

COMMENT

Our findings indicate that in our organisation BME members of staff are not at a detriment to white staff; in most areas there was not a significant difference between white and BME employees. We recognise that there is work to do to increase the diversity in our senior roles, and to reduce harassment and abuse of staff, particularly from patients, relatives or the public. We will work with our managers to ensure their understanding of these findings and consider the actions to put in place to reduce any perceived or actual discrimination, or inequity of treatment.

Overall we have demonstrated that we work effectively to ensure all employees, regardless of ethnicity, receive fair treatment in the workplace and equal access to career opportunities. This shows we value a diverse workforce, and this will have a positive impact on our patients.