

# Workforce Race Equality Standard Reporting Template

## REPORTING TEMPLATE

### Template for completion

**Name of provider organisation**

Heart of England NHS Foundation Trust

**Date of report: month/year**

July 2015

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

Hazel M Gunter – Director of Workforce

**Name and contact details of lead manager compiling this report**

Julie Steward – Business Consultant Workforce Planning and Information, [Julie.steward@heartofengland.nhs.uk](mailto:Julie.steward@heartofengland.nhs.uk)

**Names of commissioners this report has been sent to**

Jemima Shurvinton (NHS BIRMINGHAM CROSSCITY CCG), Michelle Dunne (NHS BIRMINGHAM CROSSCITY CCG), Alison Hughes (NHS BIRMINGHAM CROSSCITY CCG), Linda Greaves (NHS BIRMINGHAM CROSSCITY CCG), Graham Caine (NHS BIRMINGHAM CROSSCITY CCG), Neil Walker (NHS SOLIHULL CCG)

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

Neil Walker, Chief Contract and Performance Officer, Solihull CCG, [neildavidwalker@nhs.net](mailto:neildavidwalker@nhs.net)

**Unique URL link on which this report will be found (to be added after submission)**

**This report has been signed off by on behalf of the Board on (insert name and date)**

Hazel M Gunter – Director of Workforce: 28<sup>th</sup> July 2015

## Report on the WRES indicators

### 1. Background narrative

a. Any issues of completeness of data

**Indicator 3** – the trust currently records ethnicity against ‘live’ disciplinary cases. In order to calculate this indicator, the proportion of cases relating to BME staff has been apportioned based on the percentage split of ‘live’ cases across 2014/15 only.

**Indicator 4** – the trust does not currently have a consistent way of recording or reporting non-mandatory training and CPD, therefore is unable to report against this indicator for 2015.

b. Any matters relating to reliability of comparisons with previous years

Not applicable as first report.

### 2. Total numbers of staff

a. Employed within this organisation at the date of the report

10,357 staff as at 31<sup>st</sup> March 2015

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

26.57% (2537 staff)

## Report on the WRES indicators, continued

### 3. Self reporting

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

92.19% (9548 staff)

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

No.

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

Yes, as part of the EDS2 plan to improve self-reporting across protected characteristics during 2015/16.

### 4. Workforce data

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

Indicator 1 – based on staff in post as at 31<sup>st</sup> March 2015

Indicator 2 – based on the period 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015

Indicator 3 – based on disciplinary cases between 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015

Indicator 4 – not reported

Indicators 5-8 – 2013 and 2014 National Staff Survey

Indicator 9 – based on staff in post as at 31<sup>st</sup> March 2015

## Report on the WRES indicators, continued

### 5. Workforce Race Equality Indicators

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	<b>For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.</b>				
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	10.87% BME staff in Bands 8-9 and VSM compared to 26.57% of BME staff in the overall workforce	N/A	<p>BME staff are under-represented overall when compared to the local population (an average of 29% with local variation Good Hope 18%, Solihull 11%, Heartlands 52%)</p> <p>BME staff are further under-represented in senior positions.</p>	<p>A listening event for BME staff was held in June 2015 with the CEO. One of the outcomes was to start a Minority Ethnic Network to positively influence equality across HEFT. One of the trust's Non-Executive Directors has agreed to play a leading role in initiating this network. This Network is planned to start in September 2015.</p> <p>The Trust links into associations such as BAPIO.</p> <p>The indicator will be re-produced at site level in order to provide a comparator against the local BME population.</p> <p>The Trust will look to include positive action statements on Band 8 and 9 adverts.</p>
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts	Relative likelihood of white staff being appointed from shortlisting compared to BME staff is 1.54 times greater	N/A	<p>The information taken from NHS Jobs shows that BME applicants make up 49% of all applications, 40% of shortlisted applications and 30% of appointments.</p> <p>Further investigation is required in order to understand the reasons for this.</p>	<p>Recruitment data to be analysed further to explore variations by staff group.</p> <p>Recruitment and selection training for panellists to be reviewed, recommendations presented to Workforce Committee and rules redefined regarding who can shortlist and be on interview panels.</p>

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	<b>For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.</b>				
3	<p>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*</p> <p>*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year</p>	The relative likelihood of BME staff entering the formal disciplinary process, compared to White staff is 1.56 times greater.	N/A	Limitations to the data have already been expressed in section 1a.	<p>The role of Cultural Ambassador was introduced in 2014 as part of a pilot with the RCN. Formal employee relations processes, including the disciplinary process have been modified to reflect the inclusion of the Cultural Ambassador at hearings.</p> <p>System for recording disciplinary action to be reviewed with a view to recording and retaining data on ESR in order to improve reporting.</p> <p>2015 data to be explored with Operational HR.</p>
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	We are unable to report accurately on this indicator for 2015.	N/A	<p>Data capture for non-mandatory training and CPD is not captured in a consistent manner to enable accurate reporting.</p> <p>National Staff Survey results did not indicate a significant difference to KF6: Receiving job relevant training, learning or development in the last 12 months White 76%, BME 78%</p>	<p>The trust is in the process of implementing a new learning management system “Easy Learning”. The initial priority will be to ensure the accurate recording and reporting of <u>mandatory</u> training data.</p> <p>In the medium term further work will be undertaken in order to agree the specific programmes and CPD that will be reported on in 2016, pending the phase 2 implementation of Easy Learning.</p>

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	For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.												
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	<table border="1"> <tr> <td>White</td> <td>29.4%</td> </tr> <tr> <td>BME</td> <td>29.6%</td> </tr> </table>	White	29.4%	BME	29.6%	<table border="1"> <tr> <td>White</td> <td>30.19%</td> </tr> <tr> <td>BME</td> <td>26.67%</td> </tr> </table>	White	30.19%	BME	26.67%	<p>BME and White staff indicate a similar experience of harassment, bullying or abuse from patients.</p> <p>There has been an increase in the percentage of BME staff reporting harassment, bullying or abuse from patients since 2013.</p>	<p>Analysis of the Staff Experience of Bullying Survey being conducted in July 2015 will be reviewed for any evidence relating to race.</p> <p>Additional work is also being conducted by the Staff Engagement Group.</p>
White	29.4%												
BME	29.6%												
White	30.19%												
BME	26.67%												
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	<table border="1"> <tr> <td>White</td> <td>23.65%</td> </tr> <tr> <td>BME</td> <td>28.15%</td> </tr> </table>	White	23.65%	BME	28.15%	<table border="1"> <tr> <td>White</td> <td>23.11%</td> </tr> <tr> <td>BME</td> <td>20.00%</td> </tr> </table>	White	23.11%	BME	20.00%	<p>The experience reported by White staff has remained almost the same since 2013.</p> <p>The reported experience of harassment, bullying or abuse has increased noticeably for BME staff since the 2013 survey.</p>	<p>Analysis of the Staff Experience of Bullying Survey being conducted in July 2015 will be reviewed for any evidence relating to race.</p> <p>Additional work is also being conducted by the Staff Engagement Group.</p>
White	23.65%												
BME	28.15%												
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	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective								
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	<table border="1"> <tr> <td>White</td> <td>86.14%</td> </tr> <tr> <td>BME</td> <td>68.02%</td> </tr> </table>	White	86.14%	BME	68.02%	<table border="1"> <tr> <td>White</td> <td>87.07%</td> </tr> <tr> <td>BME</td> <td>56.25%</td> </tr> </table>	White	87.07%	BME	56.25%	<p>The proportion of BME staff saying they do not believe their Trust provides equal opportunities for career progression and promotion is over double that of White staff.</p> <p>There has been a marked improvement in the reported belief that the trust provides equal opportunities for career progression or promotion by BME staff since the 2013 survey.</p> <p>The survey results will need to be explored further.</p>	2015 data to be explored with members of the Minority Ethnic Network to inform our next steps.
White	86.14%												
BME	68.02%												
White	87.07%												
BME	56.25%												
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	<table border="1"> <tr> <td>White</td> <td>7.25%</td> </tr> <tr> <td>BME</td> <td>16.03%</td> </tr> </table>	White	7.25%	BME	16.03%	<table border="1"> <tr> <td>White</td> <td>7.08%</td> </tr> <tr> <td>BME</td> <td>10.87%</td> </tr> </table>	White	7.08%	BME	10.87%	<p>The proportion of BME staff saying they have personally experienced discrimination at work from their manager, team leader or colleagues is over double that of White staff and an increase from 2013.</p>	<p>2015 data to be explored with members of the Minority Ethnic Network to inform our next steps.</p> <p>2015 data to be explored further with Operational HR alongside formal complaints such as grievances and dignity at work claims.</p>
White	7.25%												
BME	16.03%												
White	7.08%												
BME	10.87%												
	<b>Does the Board meet the requirement on Board membership in 9?</b>												
9	Boards are expected to be broadly representative of the population they serve	<p>As at April 2015 there were 15 voting Board members, including Non-Executive Directors, 2 of which were BME.</p> <p>BME representation is therefore 13.33%.</p>	N/A	<p>The proportion of BME voting Board members is below that of the population they serve (an average of 29% with local variation Good Hope 18%, Solihull 11%, Heartlands 52%).</p>	<p>Review advertisement routes for attraction of BME candidates for Executive and Non-Executive Directors.</p>								

## Report on the WRES indicators, continued

**6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain.”**

The annual equality monitoring report is reviewed and agreed by the Workforce Committee, a sub-committee of Trust Board.

**7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.**

Actions relating to WRES will feed into evidence in respect of EDS2 and the annual equality report for the protected characteristic of race.