

Workforce Race Equality Standard Indicators July 2016

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

For each of these four workforce indicators, compare the data for White and BME staff.

1									embers and senior medical ation separately for non-clir	
	Data for repo	rting year (2	2016)		Data for prev	rious year (2	2015)		Narrative	Action taken and planned
		Overall workforce = 84% White and 15% BME Non-Clinical Staff			Overall workforce = 85% White and 15% BME Non-Clinical Staff			BME 2	2015 and 31 st March 2016, as submitted via UNIFY2.	Actions taken: July 2016: the Trust Board received presentations from
		White	BME			White	BME	-	The percentage shown is	Yvonne Coghill, NHS England Director, WRES, outlining the
	Band 1	51.0%	49.0%		Band 1	55.3%	44.7%		The percentage shown is for each pay band.	priorities of WRES, and on
	Band 2	87.3%	12.7%		Band 2	88.6%	11.4%	,	Whilst the percentage of BME staff in the lowest band (Band 1) is much higher than that in the overall workforce, BME staff are under-represented in other Agenda for Change pay bands, especially at senior levels. The exception is Band 5 The exception is Band 5 The madical eligible staff.	unconscious bias.
	Band 3	91.6%	8.4%		Band 3	92.1%	7.9%			As part of the Equality & Diversity Action Plan, an Audit
	Band 4	95.2%	4.8%		Band 4	95.0%	5.0%			
	Band 5	94.4%	5.6%		Band 5	95.4%	4.6%			Southwest review of
	Band 6	90.7%	9.3%		Band 6	90.2%	9.8%			recruitment processes was commissioned and delivered in
	Band 7	97.3%	2.7%		Band 7	98.1%	1.9%			
	Band 8A	91.3%	8.7%		Band 8A	91.7%	8.3%			Diamand actions:
	Band 8B	100.0%	0.0%		Band 8B	97.6%	2.4%			Roll out training to raise
	Band 8C	91.7%	8.3%		Band 8C	100.0%	0.0%			awareness of unconscious
	Band 8D	100.0%	0.0%		Band 8D 100.0% 0.0%			bias/stereotyping – specifically		
	Band 9	100.0%	0.0%		Band 9	100.0%	0.0%		Midwifery staff group.	inclusion in Recruiting the Best training for recruiting
	VSM	100.0%	0.0%		VSM	100.0%	0.0%			managers.

Clinical Staff - Non-Medical

	White	BME		
Band 1	70.2%	29.8%		
Band 2	81.4%	18.6%		
Band 3	89.9%	10.1%		
Band 4	92.7%	7.3%		
Band 5	78.9%	21.1%		
Band 6	91.0%	9.0%		
Band 7	95.8%	4.2%		
Band 8A	94.4%	5.6%		
Band 8B	97.8%	2.2%		
Band 8C	97.1%	2.9%		
Band 8D	100.0%	0.0%		
Band 9	100.0%	0.0%		
VSM	100.0%	0.0%		

Clinical Staff - Medical & Dental

	White	BME
Consultants (including		
Senior Medical Staff)	83.7%	16.3%
Non-consultant career		
grades	71.4%	28.6%
Trainee grades	81.7%	18.3%
Other	33.3%	66.7%

Clinical Staff - Non-Medical

	White	BME
Band 1	72.2%	27.8%
Band 2	81.9%	18.1%
Band 3	89.6%	10.4%
Band 4	94.7%	5.3%
Band 5	77.6%	22.4%
Band 6	91.5%	8.5%
Band 7	96.3%	3.7%
Band 8A	94.0%	6.0%
Band 8B	97.8%	2.2%
Band 8C	94.1%	5.9%
Band 8D	100.0%	0.0%
Band 9	100.0%	0.0%
VSM	100.0%	0.0%
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Clinical Staff - Medical & Dental

	White	BME
Consultants (including		
Senior Medical Staff)	84.9%	15.1%
Non-consultant		
career grades	75.8%	24.2%
Trainee grades	80.0%	20.0%
Other	33.3%	66.7%

Non-clinical staff on Band 1 would typically be from the Estates & Ancillary staff group.

Clinical Staff on Medical & Dental pay grades more closely align with the ethnic make-up of the overall workforce Consider how and who to implement recommendations from the Audit SouthWest report – specifically carrying out regular sample checks of interview notes for unsuccessful candidates to identify any potential bias at interview stage.

Scrutiny of the succession planning element of the 5 year Teaching & Learning Framework, to include Reverse Mentoring and ensuring access to Continuing Professional Development.

Exploration of how disparities can be taken into consideration as part of Retention and Appraisal plans, Workforce and Divisional Business Continuity plans, as recommended by the Equality and Diversity Group and included in the E&D Action Plan.

Links to the revised Equality & Diversity Strategic Objective for 2016 – 2019:

To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.

2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts					
	Data for reporting year (2016)	Data for previous year (2015)	Narrative	Action taken and planned		
	White staff 1.54 times more likely to be appointed from shortlisting than BME staff.	White staff 1.86 times more likely to be appointed from shortlisting than BME staff.	Data is for the calendar years 2014 and 2015, as submitted via UNIFY 2. All data for 2014 taken from NHS Jobs. For unavoidable reasons, two different systems have been used to provide the data for 2015.	Actions taken: As for Indicator 1, above. Planned actions: Actions relating to Recruitment as for Indicator 1, above. Discover and remedy the large number of starters		
			The figures for staff appointed who have not disclosed of not stated their ethnicity is much higher than would be expected.	with unreported ethnicity. Links to the Strategic Objective as cited for Indicator 1, above.		

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 will be based on data from a two year rolling average of the current year and the previous year					
	Data for reporting year (2016)	Data for previous year (2015)	Narrative	Action taken and planned		
	Relative likelihood of BME staff entering the formal disciplinary process is 2.49 times greater than White staff	Relative likelihood of BME staff entering the formal disciplinary process is 3.55 times greater than White staff	2015 data is for cases live between 1st April 2014 and 31st March 2015. 2016 data is for cases live between 1st April 2015 and 31st March 2016, excluding ongoing cases live during the previous reporting period. Both as submitted via UNIFY2.	Actions taken: As part of the Equality & Diversity Action Plan, a report was completed in April 2016 benchmarking the Trust's outcome for this indicator in 2015 against other AUKUH trusts. The report also scrutinised the outcomes for different staff groups and was presented, with recommendations, to the Equality & Diversity Group in May 2016 and the WF&OD Group in July 2016. Planned Actions: Further examine the actions recommended in the		

		report and follow up as appropriate. Carry out a comparison with the data for 2016 to identify any differences and follow up with remedial actions as appropriate.
		Examine the 2016 data for the likelihood of entering the disciplinary process by pay band, and compare with the ethnic make-up of each pay band.
		Links to the revised Equality & Diversity Strategic Objective for 2016 – 2019: To work towards a more inclusive and supportive working environment for all of our staff.

4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff					
	Data for reporting year (2016)	Data for previous year (2015)	Narrative			Action taken and planned
	Data not available	Data not available	This data cannot be extracted from current re As an alternative, the relative likelihood based the 2015 National Staff Survey (carried out or basis) is given below.	The recording and reporting of non-Mandatory training data was included in the WRES action plan for 2015. Development of a Trust wide		
			Descriptor	BME 2015	White 2015	system for the collection of essential and non-essential
			Number of staff responding to National Staff Survey 2015	402	3,128	training ha been delayed due to other key essential training
			Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)	283	2,269	priorities being implemented. This is therefore a priority action for 2016, and is also included in
			Likelihood of receiving such training	0.70	0.725	the Equality & Diversity Action Plan.

	Relative likelihood - Number of staff responding: White = 3,128; BME = 402 Number of staff receiving non-mandatory training: White = 2,269; BME = 283 Likelihood of White staff accessing training is 2,269/3,128 = 0.725 Likelihood of BME staff accessing training is 283/402 = 0.70	Scrutiny of the succession planning element of the 5 year Teaching & Learning Framework, to include Reverse Mentoring and ensuring access to Continuing Professional Development.
	Relative likelihood of White staff accessing non-mandatory training compared to BME staff = (0.725/0.70) 1.03 times greater.	Links to the revised Equality & Diversity Strategic Objectives for 2016 – 2019: To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.
		To work towards a more inclusive and supportive working environment for all of our staff.

National NHS Staff Survey indicators. For each of the four staff survey indicators, compare the outcomes of the responses for White and BME Staff

5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months						
	Data for reporting year (2016)	Data for previous year (2015)	Narrative	Action taken and planned			
	White 28.12% BME 30.36%	White 29.70% BME 31.46%	Full census surveys were carried out in both 2014 and 2015. Data is based on these returns, as submitted via UNIFY2.	Actions taken: Recruitment campaign for additional H&B Advisors carried out autumn 2015. Revised Policy approved February 2016. To be reviewed within one year to ensure shift of focus towards valuesbased behaviours.			
				Actions planned: Increase staff awareness that clinical incident reporting			

		must be used to report incidents of harassment, bullying, abuse or discrimination by patients, relatives and the general public.
		Through the Equality & Diversity Group, explore how best to communicate our expectations of the behaviours associated with the Trust Value of Respecting Everyone to both staff and patients and service users.
		Links to the revised Equality & Diversity Strategic Objective for 2016 – 2019: To work towards a more inclusive and supportive working environment for all of our staff.

6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months			
	Data for reporting year (2016)	Data for previous year (2015)	Narrative	Action taken and planned
	White 25.06%	White 25.60%	Full census surveys were carried out in both 2014 and 2015. Data is based on these returns, as	Actions taken: Recruitment campaign for additional H&B Advisors carried out autumn 2015.
	BME 33.76%	BME 39.95%	submitted via UNIFY2.	Revised Policy approved February 2016. To be reviewed within one year to ensure shift of focus towards values-based behaviours.
				Proposal to introduce a 'Dignity at Work Policy' presented to WF&OD Group June 2016 describing the benefits of moving to a culture which goes beyond policies of managing harassment and bullying to a culture of dignity and respect at work
				Actions planned: Divisional plans to address issues of harassment, bullying or abuse highlighted by 2015 Staff Survey to be monitored with a view to sharing best practice.
				Timeline for introduction and launch of Dignity at Work

		Policy to be confirmed.
		Introduction of refreshed Equality & Diversity training included in Equality & Diversity Action Plan
		Links to the revised Equality & Diversity Strategic Objective for 2016 – 2019: To work towards a more inclusive and supportive working environment for all of our staff.

<u>'</u>	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion			
	Data for reporting year (2016)	Data for previous year (2015)	Narrative	Action taken and planned
	White 89.42% BME 73.26%	White 89.72% BME 62.82%	Full census surveys were carried out in both 2014 and 2015. Data is based on these returns, as submitted via UNIFY2.	Actions taken: July 2016: the Trust Board received presentations from Yvonne Coghill, NHS England Director, WRES, outlining the priorities of WRES, and on unconscious bias.
	BIVIE 73.20%	BIVIE 02.82%	Submitted via UNIFY2.	As part of the Equality & Diversity Action Plan, an Audit Southwest review of recruitment processes was commissioned and delivered in July 2016. Planned actions: Roll out training to raise awareness of unconscious bias/stereotyping – specifically inclusion in Recruiting the Best training for recruiting managers.
				Consider how and who to implement recommendations from the Audit SouthWest report – specifically carrying ou regular sample checks of interview notes for unsuccessful candidates to identify any potential bias at interview stage.
				Scrutiny of the succession planning element of the 5 year Teaching & Learning Framework, to include Reverse Mentoring and ensuring access to Continuing Professional

	Development.
	Exploration of how this can be taken into consideration as part of Retention and Appraisal plans, Workforce and Divisional Business Continuity plans, as recommended by the Equality and Diversity Group and included in the E&D Action Plan.
	The recording and reporting of non-Mandatory training data was included in the WRES action plan for 2015. Development of a Trust wide system for the collection of essential and non-essential training has been delayed due to other key essential training priorities being implemented.
	This is therefore a priority action for 2016, and is also included in the Equality & Diversity Action Plan.
	Links to the revised Equality & Diversity Strategic Objectives for 2016 – 2019:
	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.
	To work towards a more inclusive and supportive working environment for all of our staff.

8	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			
	Data for reporting year (2016)	Data for previous year (2015)	Narrative	Action taken and planned
	White 6.08%	White 6.72%	Full census surveys were carried out in both 2014 and 2015. Data is based on these returns, as	Actions taken: Reviewed Equality, Diversity & Human Rights Policy published February 2016.
	BME 17.36%	BME 21.41%	submitted via UNIFY2.	

Recruitment campaign for additional H&B Advisors carried out autumn 2015. Revised Tackling Harassment & Bullying at Work Policy approved February 2016. To be reviewed within one year

to ensure shift of focus towards values-based behaviours.

Proposal to introduce a 'Dignity at Work Policy' presented to WF&OD Group June 2016 describing the benefits of moving to a culture which goes beyond policies of managing harassment and bullying to a culture of dignity and respect at work

Actions planned:

Through the Equality & Diversity Group, explore how best to communicate our expectations of the behaviours associated with the Trust Value of Respecting Everyone to both staff and patients and service users.

Divisional plans to address issues of harassment, bullying or abuse highlighted by 2015 Staff Survey to be monitored with a view to sharing best practice.

Timeline for introduction and launch of Dignity at Work Policy to be confirmed.

Introduction of refreshed Equality & Diversity training included in Equality & Diversity Action Plan

Links to the revised Equality & Diversity Strategic Objective for 2016 – 2019:

To work towards a more inclusive and supportive working environment for all of our staff.

Board Representation Indicator. For this indicator, compare the difference for White and BME staff.

Data	a for reporting year (2016)	Data for previous year (2015)	Narrative	Action taken and planned
100° Whi 0% BME Ove	% of Voting Board Members – ite of Voting Board Members – E erall workforce BME – 15.07% centage difference between ing Board Membership = -	100% of Voting Board Members – White 0% of Voting Board Members – BME Overall workforce BME – 14.92% Percentage difference between Voting Board Membership = - 14.92%	Data as submitted via UNIFY2.	A review of the criteria for appointments, ensuring executive search agencies are committed to diversity, wa included in the 2015 WRES Action Plan, and the Equality & Diversity Action Plan. The following remedial actions were agreed by the Equality & Diversity Group in June 2016: Engage senior colleagues involved in Recruitment in the discussion, so that there is greater understanding of the challenges Discuss revised timeframe with Head of Service Centre Also included in the 2015 WRES action plan was a review of the diversity of Governors in partnership with the Membership Office. These actions are still considered appropriate to address the apparent disparity between Board membership and the overall workforce, even though the Board Representation indicator is different from 2015. Links to the revised Equality & Diversity Strategic Objectives for 2016 – 2019: To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. To work towards a more inclusive and supportive working environment for all of our staff.

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

Relevant 2015 Staff Survey Results in relation to non-mandatory training

WRES Report and Action Plan 2016

Trust Equality & Diversity Annual Report 2015 - 2016