

REPORTING TEMPLATE

Date of report: July 2015

Name of provider organisation

University Hospitals Bristol NHS Foundation Trust

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

Sue Donaldson, Director of Workforce and OD

Name and contact details of lead manager compiling this report

Rebecca Ridsdale, Head of Reward, 0117 3423731

Names of commissioners this report has been sent to

TBC

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

TBC

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

<http://www.uhbristol.nhs.uk/about-us/equality-and-diversity/our-duties/>

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

Signed off by Workforce & Organisational Development Group – July 8th 2015

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data is based on existing data collection for publication under the Public Sector Equality Duty. This has not hitherto included a breakdown of ethnicity by banding, so data for Indicators 1 and 9 is not available for 2013.

Indicator 4.4: At present full data on staff accessing all non-mandatory training is not available. Training data is available from the 2014 National Staff Survey, which was conducted on a full census basis and had a response rate of 47% (3,641 staff).

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

N/A

2. Total numbers of staff

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

8,569 staff in post.

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

15%

3. Self reporting

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

99.55% (8,531 out of 8,569)

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

Employee self-service (on ESR) was introduced in October 2014 when all staff were provided with information about how to view and update (either themselves or by request) personal information held on ESR, including ethnicity. Employee self-service allows and encourages staff to ensure that their personal details are correct.

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

4. Workforce data

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

Staff in post as at 31st December 2014; Disciplinary data from calendar years 2013 and 2014.

5. Workforce Race Equality Indicators

For ease of analysis, as a guide we suggest a maximum of 150 words per indicator.

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
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For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.

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	4.1% BME of 409 staff in Bands 8-9 and VSM. 14.7% BME in overall workforce.	Not previously reported. 15.25% BME in overall workforce	Number of staff in senior roles does not reflect the diversity of the workforce.	Planned actions: <ul style="list-style-type: none"> • provide unconscious bias training • Audit Southwest review of recruitment process (part of E&D Action Plan) • Review recruitment processes including advertising of non-executive posts
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts	White staff 1.85 times more likely to be appointed from shortlisting than BME staff.	Not previously analysed.	Improved comparative data for 2014, whereas not able to compare previously	Planned actions: as 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	3.6 times greater in 2014.	2.8 times greater in 2013.	Information shared with Trust Industrial Relations Group	Planned actions: <ul style="list-style-type: none"> • Undertake benchmarking with other trusts as part of Action Plan • Scrutinise further for areas of disaggregation

	investigation* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year				
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	Data not available.	Data not available	Data is available from the 2014 National Staff Survey, which was conducted on a full census basis. (47% response rate.)	Planned action: <ul style="list-style-type: none"> Recording of data part of 2015 Action Plan

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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	White 30% BME 32%	White 28% BME 26%	Data for 2014 is from a full census survey (3,641 staff responded). Data for 2013 is from a sample survey. (439 of 850 staff responded)	Actions to tackle harassment & bullying form part of the Trust’s Staff Engagement Action Plan
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 26% BME 40%	White 26% BME 37%	As above	As above
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White 90% BME 63%	White 91% BME 73%	As above	Planned actions: <ul style="list-style-type: none"> Audit of internal promotion and recruitment process All training information to be recorded for access opportunities

					<ul style="list-style-type: none"> • Further Reverse Mentoring programme
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	White 7% BME 22%	White 9% BME 24%	Full census staff survey provided more complete data to enable better understanding	Planned actions: <ul style="list-style-type: none"> • Staff Engagement Action Plan • Review all incident reports for better understanding

Does the Board meet the requirement on Board membership in 9?

9	Boards are expected to be broadly representative of the population they serve	Of the members of the Board who have declared their ethnicity, all describe themselves as White.	Not previously reported	Board is not broadly representative of the workforce which has 14.7% BAME staff; neither is it representative of the local population.	Planned actions: <ul style="list-style-type: none"> • Review criteria for appointments ensuring executive search agencies are committed to diversity (part of the Trust E&D Action Plan) • Work with the Membership Office to review diversity of Governors
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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.”

Not at this stage

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.

Link to: [Equality & Diversity Annual Report 2014 - 2015](#)

The report also appears on the Trust's Website: <http://www.uhbristol.nhs.uk/about-us/equality-and-diversity/our-duties/>