Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Sherwood Forest Hospitals NHS Foundation Trust

Date of report: month/year

May 2018

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

Julie Bacon, Director of Human Resources and OD

Name and contact details of lead manager compiling this report

Rebecca Milner, Human Resources Business Partner

Names of commissioners this report has been sent to (complete as applicable)

NHS England

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Via Unify system

Unique URL link on which this Report and associated Action Plan will be found

http://www.sfh-tr.nhs.uk/index.php/workforusmain/diversity-a-inclusivity

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

Sign off at May 2018 Trust Board meeting

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

In relation to indicators 5-8, the overall respondents of the staff survey were 93% white and 7% BME so the responses from BME staff may be skewed due to the overall low numbers of BME respondents and may not truly reflect how all BME staff feel about these subjects.

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

In relation to indicators 5-8, the 2017 staff survey was the first time the Trust undertook as an 'all staff' survey rather than just surveying a sample of staff. However in future years the Trust will continue to undertake all staff surveys which will assist accurate future comparisons for indicators 5-8.

2. Total numbers of staff

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

4692

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

9.40%

3. Self reporting

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

98.27%

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

An Equality survey for staff was launched in February and March 2018. At the end of the survey, staff were reminded that they could log in to their on-line staff record and self report their equalities information, including ethnicity.

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

The staff database, ESR, has recently been updated. The old ESR portal will expire in June 2018 therefore a communications about the self-service functionality has been produced to go out to all staff by the end of May 2018 which will include self reporting on equalities information, including ethnicity.

4. Workforce data

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

April 2017 - March 2018

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	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	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Clinical BME Band 2 0.70% Band 3 0.15% Band 5 1.81% Band 6 0.49% Band 7 0.21% Band 8 0.06% Not	Clinical BME Band 2 0.55% Band 3 0.20% Band 5 1.40% Band 6 0.59% Band 7 0.20% Band 8 0.09% Not		Action - To keep under review
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.9 times more likely that a BME candidate would be appointed compared to a white candidate	1.14 times more likely that a white candidate would be appointed compared to a BME candidate	BME staff are more likely to be appointed which is a change from the 2017 report.	Action - To keep under review
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	White staff are just as likely to enter formal disciplinary processes than BME staff (1.0 times)	White staff are 1.2 times more likely to enter formal disciplinary processes than BME staff	There is no difference as to the likelihood of a white member staff entering a disciplinary process compared to a BME member of staff	Action - To keep under review
4	Relative likelihood of staff accessing non-mandatory training and CPD.	White staff are 1.9 times more likely to access non-mandatory training and CPD than BME staff	White staff are 1.2 times more likely to access non-mandatory training and CPD than BME staff		To analyse the data further to see if there are any reasons or barriers as to why less BME staff accessed non mandatory training and to keep under review this year.

Report on the WRES indicators, continued

	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
	National NHS Staff Survey indicators (or equivalent) 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.	White 27% BME 26%	White 30% BME 24%	See section 1b on page 2.	To investigate equality patterns identified in staff survey results around bullying, harassment and discrimination in order to improve the positive experience of working at the Trust.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 25% BME 24%	White 23% BME 33%	See section 1b on page 2. BME staff responses have decreased significantly which is positive as White responses did increase although these are both still high percentages.	As above. Also, to continue to embed the Trust's CARE values and to promote the Trust's revised 'Dignity at Work' policy
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 90% BME 91%	White 92% BME 76%	See section 1b on page 2. BME staff responses have increased significantly which is positive as White responses did decrease.	To continue to circulate and promote training opportunities for BME leaders or aspiring leaders.
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	White 6% BME 8%	White 4% BME 3%	See section 1b on page 2.	To continue to embed the Trust's CARE values and to promote the Trust's revised 'Dignity at Work' and 'Equality and Diversity' policies
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	Board - White 100.00% Workforce - White 88.85% BME 9.42%	Board - 88.46% white, 11.54% not stated. Workforce - 89.38% white, 8.69% BME,	Local demographic 95.5% white	Action - To keep under review compared to local and workforce demographic

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

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

n/a

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

A WRES staff working group will be set up to commence in June 2018 following the WRES sign off by the board. Part of this group will be to develop a WRES action plan for 2018/2019.

Previous WRES action plans have been linked with EDS2 and Equality and Diversity action plans.

The Trust has a staff survey action plan which will contribute to the improvement of indicators 5-8.

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