Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Royal Brompton and Harefield NHS Foundation Trust

Date of report: month/year

July 2018

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

Lisbeth Allen, HR Director & Chair of Equality and Diversity Strategy Board

Name and contact details of lead manager compiling this report

Gary Clarke, Human Resources Business Partner - g.clarke@rbht.nhs.uk

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

NHS Providers

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

Chris Hopson

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

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

Joy Godden, Director of Nursing

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Not all staff have self-declared E&D data and we cannot compel them to do so. Current reporting rates are 88.1% compared with 89.3% in 2016/2017 and 91.2% in 2015/16.

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

1.2% decrease compared to 2016/17.

2. Total numbers of staff

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

3560

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

31.1%

3. Self reporting

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

88.1%

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

No steps have been taken in the last period - self reporting as it currently stands is up to staff.

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

With the introduction of Employee Self Service, this will present the organisation with an opportunity to ensure that existing staff data is up to date as well as request staff who may not self reported their ethnicity with an opportunity to do so.

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.	Non Clinical: 30.6% Clinical: 31%	2017 19% (All staff 30.6%) 2016 20.2% (All staff 30.4%)	In previous years this has been calculated based on Clinical and Non-Clinical staff when compared to the overall workforce figures. This year it has been calculated comparing the total Clinical and Non-Clinical numbers. Calculating this way shows that staff within the	
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff 1.97 times more likely to be appointed from shortlisting than BME staff.	White staff 2.07 times more likely to be appointed from shortlisting than BME staff. White staff 1.80	0.10 decrease in 2017/18 compared with 2016/17. Recruitment will continue to have a focus on BME equality. We have refreshed the NHS jobs advert template to reflect our E&D aspirations and will continue to focus on values led recruitment.	Introduction of new recruitment tool will support and enable an innovative approach to recruitment worldwide.
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.	BME staff 1.53 times more likely to enter formal disciplinary processes when compared to White staff.	BME staff 1.70 times more likely to enter formal disciplinary processes compared to White staff	The Trust has a relatively low number of formal cases. The figures for 2017/18 were 22 cases where individuals entered into a formal disciplinary investigation, the breakdown of which was almost 50:50 in terms of BME versus White staff.	Formal disciplinary proceedings are relatively rare overall as the Trust has a very transparent and well-publicised code of behaviour. The Trust also introduced a dedicated case management team who now advise and manage on all cases of disciplinary action. The disciplinary policy and procedure has been
4	Relative likelihood of staff accessing non-mandatory training and CPD.	White staff 0.62 times more likely to access non mandatory training and CPD than BME staff.	White staff 1.06 times more likely to access non-mandatory training and CPD than BME staff.	There has been a reduction this year overall for both sets of staff with figures down in very low numbers. Renewed focus on mandatory training including module for Equality and Diversity.	Introduction of a new innovative suite for Learning and Development will enable staff to access high quality learning and development. With revisions to the appraisal process making it more efficient and less onerous, staff should be aware of development needs and easily access training to support those developmental needs.

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 22% BME 19%	White 20% 21% BME 18% 13%	This data shows minimal increases over the last 2 years which suggests that this isn't a problem that is increasing but a fifth of the workforce taking part in the survey have an issue with experiencing harassment, bullying or abuse from	More "Dealing with Violence Aggression" courses have been run in 2017/2018 to support staff. Campaign to raise attention to staff being treated better by patients.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 30% BME 32%	White 30% 29% BME 29% 26%	New approach to bullying and harassment launched in August 2017. Launch of Mediation service. Planned introduction of values led leadership	Interventions for this are department specific. The Trust also has a Freedom to Speak Up Guardian, the role of the guardian is to help develop a culture of openness, in which staff understand and feel confident in raising concerns, however
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 87% BME 72%	White 88% 88% BME 75% 80%		Career progression is based entirely on merit. Introduction later in 2018/19 of a new recruitment tool should enable better opportunities for career progression based on merit.
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 8% BME 15%	White 7% 7% BME 15% 12%	No increase for BME staff compared to last year but still double the figure for white staff.	The specific E&D requirements for managers and supervisors are taught on all Leadership and Management training programmes.
	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.	-31.1	-30.6%	It is recognised that the current board membership is not broadly representative of the wider workforce or community served.	For 2018/2019 there are 3 vacancies on the board, recruitment to these vacant posts is via a specialist agency who have been tasked with ensuring that diversity is key among the requirements to fill these roles.

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?

All matters Equality and Diversity at this Trust come under the oversight of the Equality and Diversity Strategy Board (EDSB) which is chaired by the HR Director and has had membership of three further directors - Director of Nursing, Director of Patient Experience and Director of Performance and Trust Secretary (who left the organisation in June 2018 - new member to be appointed). For 2018/2019 the steering committee will be revamped with new members invited to attend and participate.

The Equality and Diversity Strategy group has been working on agreed objectives, developing an Equality and Diversity Strategy and providing a more active presence in the Trust. This group reports to the EDSB quarterly with ideas to take forward within the Trust.

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.

WRES Action plan - linked here:
http://www.rbht.nhs.uk/about/policy-and-performance/corporate-publications-and-reports/equality-and-diversity/WRES Action Plan (Final) - Sept 2018

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