Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Nottinghamshire Healthcare NHS Foundation Trust

Date of report: month/year

August 2018

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

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

S-L Colton- Newark & Sherwood CCG; K Glynn- NHSE; T Duggan- NHS GNCCP; C Tyler- NHSE; J Singh- Leic.City CCG; C Harris- Leicesters

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

Lucy Anderson- lucy.anderson2@nhs.net (NHS Greater Nottingham Clinical Commissioning Partnership)

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

https://www.nottinghamshirehealthcare.nhs.uk/equality-and-diversity-reports

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

Equality & Diversity Subcommittee -12 July 2018

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

None

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

We have followed the guidance for completion and have updated the indicators for 2016/17 to reflect improved data quality.

2. Total numbers of staff

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

9752 Heads as at 31 March 2018

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

11.6%

3. Self reporting

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

98.1%

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

Yes, we conduct periodic validations and data quality checks. Self-reporting using the Electronic Staff Record (ESR) self reporting system is encouraged and promoted at team meetings and on Trust induction for all new starters and thereafter via mandatory Equality & Diversity sessions.

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

This is part of the work plan of the BME Staff Network established in June 2017, which now has c.120 members.

4. Workforce data

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

April 2017 to 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.	Bands1-9- 10.8% Medical- 41.2% VSM- 0.0% Clinical- 11.9% NonClinical- 7.6% Total- 11.6%	Bands1-9- 10.0% Medical- 41.5% VSM- 0.0% Clinical- 11.2% NonClinical- 6.8% Total - 10.9%	Overall the data shows an improvement in the percentages of BME staff in the organisation, with an increase from 10.9% in 2016/17 to 11.6% in 2017/18. This increase is replicated across all areas, including Band 7 and above, with the exception of VSM and Medical.	Links to Corporate Strategic Objective 4: Make the Trust a great place to work and Strategic E&D: To develop a diverse workforce that reflects the diverse communities we serve. This is a focal objective within the WRES action plan; monitored by E&D Subcommittee who provide assurance to the Workforce, E&D Committee of Trust Board.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Relative Likelihood is 1.81	Relative Likelihood is 1.49	The overall likelihood of White staff being appointed from shortlisting compared to BME staff has increased from 1.49x (2016/17) to 1.81x (2017/18). With inverted metrics this shows BME staff were 0.67x as likely to get shortlisted than White staff in 2016/17, decreasing to 0.55x as likely in 2017/18.	Links to Corporate Strategic Objective 4: Make the Trust a great place to work and Strategic E&D: To develop a diverse workforce that reflects the diverse communities we serve. This is a focal objective within the WRES action plan; monitored by E&D Subcommittee who provide assurance to the Workforce, E&D Committee of Trust Board.
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.	Relative Likelihood is 0.84	Relative Likelihood is 1.33	The likelihood of BME staff entering the formal disciplinary process compared to White staff has decreased from 1.33x in 2016/17 to 0.84x in 2017/18. It is noted there has been a decrease in the numbers of BME staff entering the formal disciplinary process and a decrease in the number of staff in the unknown category.	Links to Corporate Strategic Objective 4: Make the Trust a great place to work. This has been a targeted action for the Race, Religion and Belief Equality Steering Group.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative Likelihood is 0.87	Relative Likelihood is 1.06	The likelihood of White staff accessing NMTCPD* compared to BME staff has decreased from 2016/17 (1.06x) to 2017/18 (0.87x). In 2016/17 49.3% of BME staff accessed NMTCPD, increasing to 66.7% in 2017/18. Inverted metrics show BME staff were 0.94x as likely to access NMTCPD than White staff in 2016/17, increasing to 1.14x as likely in 2017/18	Links to Corporate Strategic Objective 4: Make the Trust a great place to work. This has been a targeted action for the Race, Religion and Belief Equality Steering Group and the BME Staff Network. *NMTCPD = non mandatory training & CPD

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 28% BME 32%	White 30% BME 38%	The percentage of BME staff stating they have experienced harassment, bullying or abuse from patients in the last 12 months has seen a reduction from the 2016/17 period.	Links to Corporate Strategic Objective 4: Make the Trust a great place to work and Strategic Equality & Diversity E (E2.2): Work to reduce/eliminate bullying, harassment, discrimination and victimisation. This is a focal
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 23% BME 25%	White 22% BME 25%	The percentage of BME staff confirming that they have experienced harassment, bullying or abuse from other staff in the last 12 months is reported at the same level as 2016/17 (25%)	Links to Corporate Strategic Objective 4: Make the Trust a great place to work and Strategic Equality & Diversity E (E2.2): Work to reduce/eliminate bullying, harassment, discrimination and victimisation. This is a focal
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 87% BME 70%	White 89% BME 74%	The percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion has seen a reduction from the 2016/17 period.	Links to Corporate Strategic Objective 4: Make the Trust a great place to work and Strategic Equality & Diversity E (E2.2): Work to reduce/eliminate bullying, harassment, discrimination and victimisation. This is a focal
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 15%	White 6% BME 11%	The percentage of BME staff personally experiencing discrimination at work from managers or other colleagues has seen an increase from the 2016/17 period.	Links to Corporate Strategic Objective 4: Make the Trust a great place to work and Strategic Equality & Diversity E (E2.2): Work to reduce/eliminate bullying, harassment, discrimination and victimisation. This is a focal
	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.	-4.5%	-4.7%	2018 2017 Board BME membership 7.1% 6.3% Workforce BME total 11.6% 10.9%	Links to Corporate Strategic Objective 4: Make the Trust a great place to work. Actions are in place via the WRES Action Plan to try and address the under-representation of BME Staff at Board Level in partnership with NHSI.

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?

None

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.

This WRES Action Plan accompanies this report and focuses on 2 main objectives: Recruitment and Talent Management- ensuring recruitment and employment processes that meet the needs of our diverse communities; and Work to reduce/eliminate bullying, harassment, discrimination and victimisation. Furthermore the Strategic Equality and Diversity Action Plan, incorporating the EDS2, has been updated to incorporate actions resulting from this analysis. This is monitored six monthly by the Equality and Diversity Subcommittee who are required to provide assurance of its progress to the Workforce, Equality and Diversity Committee of the Trust Board. The actions contained within are driven by the Race, Religion and Belief Equality Steering Group and are scrutinised and supported by the BME Staff Network. The WRES Action Plan is published on the Trust website at: http://www.nottinghamshirehealthcare.nhs.uk/equality-and-diversity-reports

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