Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

North Bristol NHS Trust

Date of report: month/year

December 2015

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

Jacolyn Fergusson Interim HR Director

Name and contact details of lead manager compiling this report

Lesley Mansell E mail: Lesley.Mansell@nbt.nhs.uk Tel: 0117 414 5578

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

Nigel Roderick - South Gloucestershire CCG Email: Nigel.Roderick@southgloucestershireccg.nhs.uk David Harris South West Commissioning S

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

As above

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

https://www.nbt.nhs.uk/about-us/our-standards/equality-diversity/workforce-race-equality-standard

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

Draft Approved by the Equality and Diversity Committee. To be signed off by the Board later this year.

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Monitoring of BME staff is very good. The Electronic Staff Record for 2015 showed less than 2% did not provide this information. This compares with 27% in 2009. Thus, it is easier to show where actions have an impact where is possible to link to the ESR.
The Staff Attitude Survey had a very low response from BME staff in 2014 (7%) this increased to 30%, equating to over 2,600 individual responses in 2015.
The Family and Friends Test for staff does not include equality monitoring.
Further, there is still no reporting of monitoring date on race for Occupational Health e.g. counselling, sickness etc.

Leavers figures have increased for BME staff since 2014 but are still lower than the percentage of BME staff in the Trust.
2014 FTE Leavers excluding junior doctors: BME = 12% White = 86% Undisclosed = 2% Trust Staff BME = 14%

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

2 of the questions did not have data recorded in the 2014 Staff Attitude Survey, there is more data for 2015.
Harassment and bullying figures (through the confidential helpline) are also low.
Family and Friends Test for staff does not include equality monitoring although it has been requested.

2. Total numbers of staff

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

7715 FTE

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

98.64%

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

This is not required as almost 100% of staff state their ethnicity. However, at Induction all new staff are encouraged to provide their equality information if they did not fully complete the form during the recruitment process. Electronic Staff Record - it is now possible to amend personal information on line and staff are encouraged to self report protected characteristics. They are informed of why this information is required, what it is used for and that it is stored anonymously. All face to face equality training includes a section on monitoring and participants are also encouraged to update their record. Statistics for religion and belief are improving, but those for disability and sexual orientation are low.

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

See answer to "b" above.

4. Workforce data

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

2015 Calendar year

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.	0.11%	3.47%	A Talent Management programme was planned to be developed in 2015. The LEAD programme was offered and 10% of BME staff undertook some form of management training, compared with 86% White staff, 2% did not state their ethnicity. Mentoring is offered to for BME staff by Board members and senior managers. Training is also offered to BME staff in interview	2016 The action plan requested BME staff to observe at interviews. In 2016 this will be considered for senior posts. Retention interviews were requested for BME staff who are in the same post or level for three years to evaluate reasons why they have not progressed/where they want to go. Mentoring and training is a priority in the BME
2	Relative likelihood of staff being appointed from shortlisting across all posts.	16%	23%	The Valued Based Recruitment process was introduced in 2014 for HCA's/Housekeeping posts and extended to cover Trainee Assistant Practitioners, Domestics, Porters and Catering staff. 2015 saw a drop of 7% in recruitment of BME staff. It is not certain why this is but 36% more applicants.	Review recruitment skills for managers. Ensure at least 1 person on panels had this training. Set up Working Group to look at sample job descriptions to ensure relevant. A new Applicant Management System is to be introduced in 2016 which will work with the NHS jobs system and is a much easier system Links to Eq Objective to include equality in
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.	21%	18%	These figures are increased for BME staff by 3% from 2014. There were 4 more cases in 2015 than the previous year. Overall the total number of cases is small. 4 cases did not record their ethnicity.	The BME action plan suggests that HR partners should undergo further training on racism awareness. To be discussed with ASK HR for other ideas.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	16%	17%	The figure for 2015 is 1% less than in 2014 however, there is also increase in non-reporting of ethnicity to 4%. Mandatory equality training for all staff became a requirement in 2015. 18% of BME staff and 74% of White staff undertook some form of equality training. This represents 35% of all staff. There have been discussions to include EDS2	185 staff in FM had face to face training in equality issues from August - December 2015. Basic IT skills training was offered to all staff particularly those who do not use a computer. Links to Eq Objective to include equality in department business plan and to improve equality monitoring of data collected. Unions offering ESOL training. Under discussion

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 28	White 30 BME 13	The NHS analysis of the 2014 data showed that NBT reported the greatest positive gap of any of the acute Trusts with over 15 fewer percentage points of BME staff experiencing harassment, bullying or abuse from patients, relatives or the	A survey of BME staff is planned to encourage reporting and to identify where action can be taken.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 26 BME 24	White 25 BME 13	NBT and Tameside Hospital FT reported the greatest positive gap of any of the acute Trusts with over 12 fewer percentage points of BME staff being harassed, bullied or abused by staff in comparison to White staff.	The H&B Helpline service is promoted throughout the year via the monthly equality newsletters, equality noticeboards, Message of the Day – all computers, via the staff equality groups and key managers.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 87 BME 71	White 87 BME -	The figure for 2015 is 16% lower than for White staff. The career progression programme for BME staff continues with mentoring by Board and senior managers, training in interview skills, BME staff as assessors at valued based recruitment	The programme will continue in 2016. The Talent Management programme is looking at incorporating the Valued Manager training.
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 7% BME 17%	White 10% BME -	Although no data for 2014 in SAS. BME staff show 10% more than White staff that they have been discriminated against.	See Q5 for some actions taken to improve reporting of discrimination and to find out more of BME staff experience. BME staff group members were asked for
	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.	8%	14%	All formal Board members haver a vote i.e. the seven non-executives, the chief executive, the director of finance, the medical director, the director of nursing and the director of operations. Therefore 12 are able to vote. There are 17	For 2016 NBT has given an expression of interest to participate in the "Diversity Advantage" pilot project, organised by the West of England University. This involves mentoring a BME person over a 6 month period for them to develop skills

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?

Update report for BME Staff Development Group. To be attached.

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.

The BME Staff Group have devised an action plan and agreed priorities. This has been discussed at the Equality and Diversity Committee it will go to the Board later in the year.

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