

Response ID ANON-R89M-8J96-1

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2018-01-08 10:55:13**

Introduction

1 Name of organisation

Name of organisation:

Rotherham Doncaster and South Humber NHS Foundation Trust

2 Date of report

Month/Year:

September 2017

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

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

Rosie Johnson - Executive Director Human Resources and Organisational Development

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Diane Ekins
Equality and Diversity Lead

5 Names of commissioners this report has been sent to

Complete as applicable::

Rotherham CCG
North Lincolnshire CCG
Doncaster CCG

Workforce Race Equality Standard reporting template

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

Complete as applicable.:

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

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

<http://www.rdash.nhs.uk/about-us/equality-and-diversity/workforce-race-equality-standard/>

8 This report has been signed off by on behalf of the board on

Name::

Rosie Johnson

Date::

30 November 2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

None

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

No

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total number of staff employed within this organisation at the date of the report:

3478

12 Proportion of BME staff employed within this organisation at the date of the report?

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

3.7%

13 The proportion of total staff who have self reporting their ethnicity?

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

95%

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

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

The Trust uses NHS jobs in recruiting the majority of the workforce which requires candidates to complete equal opportunity monitoring data which is compulsory on the NHS jobs system. Successful applicant's data is automatically pulled through to the Trusts Electronic Staff Record (ESR) system on appointment.

For existing staff the Trust encourages the use of the self-service function on the ESR to allow staff access to their personal data. It was initially believed that this would also allow staff the opportunity of updating their monitoring data including ethnicity. The Trust also increased accessibility to ESR for staff by introducing an app that allows staff to access ESR from smartphone; laptops and tablets. However ESR as a system does not allow staff to access their ethnic origin in order to self-report or update where not stated.

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

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

There are 5% of employed staff in the current reporting year who have not recorded their ethnicity and as such it is not seen as a significant issue. Therefore no further steps have been identified to improve this level of self-reporting

Workforce data

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

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

1 April 2016 to 31 March 2017

Workforce Race Equality Indicators

17 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.

Data for reporting year:

Clinical

Band 8a and above 81 staff (3 BME)

Band 1 – 7 2,248 staff (80 BME)

Non Clinical

Band 8a and above 61 staff (2 BME)

Band 1 – 7 840 staff (18 BME)

Data for previous year:

Clinical

Band 8a and above 87 staff (4 BME) 4.6%

Band 1 – 7 2,466 staff (82 BME) 3.3%

Non Clinical

Band 8a and above 68 staff (3 BME)4.4%

Band 1 – 7 920 staff (20 BME) 2.2%

The implications of the data and any additional background explanatory narrative:

The data for non-clinical staffing in the current report year shows a slight decrease in BME bands 2 and 3 but an increase in bands 4 and 5.

The data for clinical staffing in the current reporting year show a statistical decrease in bands 2 and 4 but are low in headcount. Although there is a 1% increase in the percentage of BME staff at Band 3 it remains static on numbers but there is a significant reduction in white staff at this banding level.

Across both Clinical and Non Clinical Band 8a position's there is the appearance of a significant statistical decrease of BME staff in the current reporting year when compared to the previous reporting year but low numbers in headcount. This may have been impacted by the transformation programme across the Trust and the realigning of posts from a functional model to a place based model. An increase in the statistical data for Clinical Band 7 and 8b BME staff in the current reporting year (although it involves low numbers i.e. an increase of 5% for Band 8b, but relates to an increase of 1 additional BME staff member) maybe as a consequence of the associated changes to workforce structures across the Trust.

An Equality Impact Assessment (EIA) was undertaken in relation to each stage of the change management programme.

There has also been a 6% increase in BME Medical staffing in the current reporting year.

The BME staff employed across the Trust is 3.7% in total which is higher than the census information for each of the Trust's geographical locations with the exception of Manchester, however this was a small service and transferred out from the Trust on 1 April 2017. Please see table 3 below;

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The trust requires an EIA to be completed in relation to all change management programmes.

Links EDS2 3.1

Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

Equality Objective 4.

Raise awareness of the findings of Workforce Race Equality Standard (WRES) throughout the organisation

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

Out of the 509 new starters 35 were BME (7%)

Data for previous year:

Of the 654 new starters 35 were BME (5%)

The implications of the data and any additional background explanatory narrative:

There has been a percentage increase in BME staff appointed in the current reporting year when compared with the previous reporting year and the percentage involved is higher than the census information for the populations served by the Trust (except Manchester)

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The data indicates a slight improvement and that there is no immediate action required, however, the Trust intends to further develop the 'Unconscious Bias' element of its Equality and Diversity training.

Links to:

EDS2 3.1

Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

EDS2 3.3

Training and development opportunities are taken up and positively evaluated by all staff.

Equality Objective 4

Raise awareness of the findings of Workforce Race Equality Standard (WRES) throughout the organisation

19 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.

Data for reporting year:

1 formal disciplinary process is recorded for a BME staff member compared to 56 from White origin and 5 from not stated. This means 2% of BME staff compared to 90% of White staff have been subject to a formal disciplinary process.

Data for previous year:

1 formal disciplinary process is recorded for a BME staff member compared to 42 from White origin and 5 from not stated. This means 2% of BME staff compared to 88% of White staff have been subject to a formal disciplinary process.

The implications of the data and any additional background explanatory narrative:

The number of BME staff subject to a disciplinary process has remained static even though there has been an increase in the numbers of disciplinary process in the current reporting year (62) compared with the previous reporting year (48).

In this reporting year, the disciplinary process linked to the 1 BME staff member, was found to not be substantiated and therefore the process was concluded prior to any formal disciplinary hearing. The investigation process was triggered by an external investigation.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust will continue to monitor and review data in relation to formal employee relation processes.

Links to:

EDS2 3.4

When at work, staff are free from abuse, harassment, bullying and violence from any source

EDS2 4.3

Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

20 Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year:

White - 654
BME - 17
Not Stated - 57

Data for previous year:

White - 540
BME - 79
Not Stated - 0

The implications of the data and any additional background explanatory narrative:

Learning is a key and fundamental element in making sure that all our staff have the necessary skills and knowledge to deliver and support the provision of high quality care to achieve excellence in health care delivery as well as given the opportunity for on-going personal development.

All staff have the same opportunities to access mandatory training core and essential to role and supported continuous professional development. Information is captured via a training needs analysis (TNA) using a systematic approach, on-going service review and individual staff PDR/ appraisals.

The purpose of the TNA is to identify performance requirements or needs within the organisation in order to channel resources into the areas of greatest need and continue to improve quality and provide quality services.

- Identify key developments, needs/priorities around learning and development and any gaps in provision that are currently not being met.
- Identify any Continuous Professional Development (CPD) essential to role and make recommendations to address these issues. To support this a variety of Specialist Skills and Post Registration (SSPRD) opportunities and a range of programmes for clinical and non-clinical support staff to meet both personal development and service needs are available.

On an annual basis all employees undertake a PDR which incorporates a personal development plan that includes any gaps in knowledge and training implications. The Trust has a robust process for staff to apply for training either internally or commissioned through regional universities and colleges.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

All staff are given equal opportunity to access training as identified in the PDR process which is continually monitored.

Links to EDS2 3.3

Training and development opportunities are taken up and positively evaluated by all staff

Workforce Race Equality Indicators

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:

23%

BME:

21%

White:

24%

BME:

21%

The implications of the data and any additional background explanatory narrative:

The number of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public within the 2016 staff survey is unchanged from the previous year (21%), although there has been an increase in the overall response rate for the current reporting year. It is noted that there is a lower percentage of BME staff reporting experiences of harassment, bullying or abuse from patients, relatives or the public when compared with white staff.

The Trust position remains favourable when compared to our comparator group of combined Mental Health / Learning Disability and Community Trusts in 2016 staff survey (27% White and 32% BME).

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Links to work identified within the implementation of the workforce strategy recommendations and:-

EDS2 1.4

When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

EDS2 2.1

People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.

EDS2 2.2

People are informed and supported to be as involved as they wish to be in decisions about their care.

EDS2 2.3

People report positive experiences of the NHS

EDS2 2.4

People's complaints about services are handled respectfully and efficiently

EDS2 3.4

When at work, staff are free from abuse, harassment, bullying and violence from any source

EDS2 3.6

Staff report positive experiences of their membership of the workforce

EDS2 4.3

Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Equality Objective 4.

Raise awareness of the findings of Workforce Race Equality Standard (WRES) throughout the organisation

23 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

White:

91%

BME:

79%

White:

90%

BME:

85%

The implications of the data and any additional background explanatory narrative:

There has been a reduction of 6% of BME staff reporting via the 2016 staff survey compared to the 2015 staff survey results, who believe that the Trust provides equal opportunities for career progression or promotion. The Trust is participating in the NHSI retention programme and consideration will be given to further exploring this concern as part of the work stream. The Trust offers interview preparatory training courses for our staff.

However the Trust position is reasonably consistent with the results of our comparator group (89% White and 78% BME)

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust is participating in the NHSI retention programme and consideration will be given to further exploring this concern as part of the work stream.

Links to:-

EDS2 3.1

Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

EDS2 3.3

Training and development opportunities are taken up and positively evaluated by all staff

EDS2 3.5

Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.

EDS2 3.6

Staff report positive experiences of their membership of the workforce.

EDS2 4.1

Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.

EDS2 4.3

Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

24 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:

4%

BME:

11%

White:

5 %

BME:

7%

The implications of the data and any additional background explanatory narrative:

There has been a 4% increase in BME staff reporting via the 2016 staff survey that they have experienced discrimination at work, and this position is consistent with our comparator group (5% White and 11% BME).

The Trust has in place a Personal Harassment policy which encourages staff to raise concerns around harassment, bullying and discrimination as well as having in place Harassment Contact Officers for confidential advice and support. The policy has been reviewed and publicised across the Trust. Since May 2017 the Trust has put in place a Freedom to Speak up Guardian which provides an additional opportunity for all staff to identify concerns who do not feel that they can raise concerns within their own line management structure. Any issues raised are investigated.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Since May 2017 the Trust has put in place a Freedom to Speak up Guardian which provides an additional opportunity for all staff to identify concerns who do not feel that they can raise concerns within their own line management structure.

The Trust intends to further develop the 'Unconscious Bias' element of its Equality and Diversity training.

Links to:-

EDS2 3.4

When at work, staff are free from abuse, harassment, bullying and violence from any source.

EDS2 3.6

Staff report positive experiences of their membership of the workforce.

EDS2 4.3

Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**White:**

18%

BME:

27%

White:

18%

BME:

15%

The implications of the data and any additional background explanatory narrative:

There has been an increase of 12% of BME staff reporting via the 2016 staff survey, compared with the previous year's survey, that they have experienced harassment, bullying or abuse from staff.

The Trust has in place a Personal Harassment policy which encourages staff to raise concerns around harassment, bullying and discrimination as well as having in place Harassment Contact Officers for confidential advice and support. The policy has been reviewed and publicised across the Trust. Since May 2017 the Trust has put in place a Freedom to Speak up Guardian which provides an additional opportunity for all staff to identify concerns who do not feel that they can raise concerns within their own line management structure.

In the reporting year there have been 3 BME staff who have submitted formal harassment complaints which make up 12% of harassment and bullying complaints received in the reporting year from BME staff compared to 65% White staff (23% not stated). This is a reduction from the previous reporting year of 40% BME staff raising formal harassment concerns compared with 60% White staff.

Out of the 3 BME harassment complaints received in the current reporting year, 1 was not pursued by the individual raising the concern and the remaining 2 were investigated and found to be unsubstantiated.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust intends to further develop the 'Unconscious Bias' element of its Equality and Diversity training

Links to work identified within the implementation of the workforce strategy recommendations and: -

EDS2 3.4

When at work, staff are free from abuse, harassment, bullying and violence from any source

EDS2 3.6

Staff report positive experiences of their membership of the workforce

EDS2 4.3

Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:

84.6 %

BME:

15.4%

White:

84.6%

BME:

15.4%

The implications of the data and any additional background explanatory narrative:

The percentage of the Trust's Board voting membership is 84.6% white / 15.4% BME

In comparison, the percentage of the overall workforce is 90.56% white (2017; 91.05% in 2016) / 3.98% BME (2017; 3.72% in 2016) / 5.45% unknown (2017; 5.23% in 2016)

The Board voting membership is therefore more ethnically diverse than the workforce of the Trust.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Links to EDS2 3.1 & 4.1

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

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

Further consideration will be given to the impact of organisational change on our workforce profile.

Staff have been asked via the Trusts daily email bulletin if they would be interested in participating in groups based around any of the protected characteristics, to date no staff member has expressed an interest, however, we will continue to repeat the ad on a quarterly basis.

The Trust will be working with partner organisations to establish whether or not interested Trusts staff may be able to join groups that they may have already established around the protected characteristics.

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

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.:

<http://www.rdash.nhs.uk/about-us/equality-and-diversity/workforce-race-equality-standard/>