

Workforce Race Equality Standard (WRES)

Background

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The move followed reports such as the 'Francis report and Snowy White Peaks' which highlighted disparities in the number of BME people in senior leadership positions across the NHS. Research shows that unfair action / treatment of BME staff adversely affects the care and treatment of all patients.

The Workforce Race Equality Standard (WRES), requires organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

The WRES is repeated on an annual basis and is a requirement of the NHS Standard Contract 2017/18 and 2018/19 Service Conditions.

SC 13.6 The provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.

The regulators, the Care Quality Commission (CQC), National Trust Development Agency (NTDA) and Monitor, will use this standard to help in their assessment whether NHS organisations are well-led.

Next Steps

The content of the reporting template will be published on the Trusts Equality and Diversity web page and will be submitted to NHS England and our Commissioners.

Workforce Race Equality Standard (WRES) 2018 reporting template

1. Name of organisation

Rotherham Doncaster and South Humber NHS Foundation Trust

2. Date of report

Month: March

Year: 2018

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

Rosie Johnson, Executive Director of Workforce and Organisational Development

4. Name and contact details of lead manager compiling this report

Lisa Earnshaw – Head of Workforce Information

5. Names of commissioners this report has been sent to

6. Name and contact details of coordinating commissioner this report has been sent to

7. 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

Date: 21 Aug 2018

Name: Rosie Johnson – Director of Workforce and Organisational Development

Background narrative

9. Any issues of completeness of data

No issues regarding the completeness of the data

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

No

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

3489

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

3.9%

13. 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?

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.

Existing staff utilise the self service function on ESR to access their electronic payslips. There is a message on the self service portal next to the payslip to remind staff about their equality and diversity data and encourage them to check it and make sure that it is accurate.

15. 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?

1 April 2017 to 31 March 2018

Workforce Race Equality Indicators

For each of these workforce indicators, compare the data for White and BME staff.

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

Table 1 – Data for White and BME staff by Banding for Non Clinical Staff

Banding	Reporting Year 1 April 2016 – 31 March 2017			Reporting Year 1 April 2017 – 31 March 2018			Increase/decrease of BME from previous reporting year
	White	BME	% of BME	White	BME	% of BME	
Band 1	160	2	1.2%	156	3	1.9%	↑
Band 2	193	2	1.0%	196	3	1.5%	↑
Band 3	232	7	2.9%	214	6	2.7%	↓
Band 4	104	5	4.6%	103	2	1.9%	↓
Band 5	74	2	2.6%	69	4	5.5%	↑
Band 6	44	0	0.0%	48	0	0.0%	↔
Band 7	15	0	0.0%	13	1	7.1%	↑
Band 8a	24	1	4.0%	26	1	3.7%	↓
Band 8b	14	0	0.0%	6	0	0.0%	↔
Band 8c	12	0	0.0%	9	0	0.0%	↔
Band 8d	0	0	0.0%	0	0	0.0%	↔
Band 9	0	0	0.0%	0	0	0.0%	↔
VSM	4	1	25.0%	4	1	25.0%	↔

Table 2 - Data for White and BME staff by Banding for Clinical Staff

Banding	Reporting Year 1 April 2016 – 31 March 2017			Reporting Year 1 April 2017 – 31 March 2018			Increase/decrease of BME from previous reporting year
	White	BME	% of BME	White	BME	% of BME	
Band 1	2	0	0.0%	1	0	0.0%	↔
Band 2	521	8	1.5%	484	10	2.0%	↑
Band 3	236	11	4.5%	232	8	3.3%	↓
Band 4	91	4	4.2%	102	7	6.4%	↑
Band 5	477	25	5.0%	480	28	5.5%	↑
Band 6	600	21	3.4%	629	18	2.8%	↓
Band 7	241	11	4.4%	257	12	4.5%	↑
Band 8a	51	1	1.9%	65	1	1.5%	↓
Band 8b	20	2	9.1%	20	1	4.8%	↓
Band 8c	5	0	0.0%	9	0	0.0%	↔
Band 8d	2	0	0.0%	2	0	0.0%	↔
Band 9	0	0	0.0%	0	0	0.0%	↔
*Medical Staff	31	28	47.5%	30	30	50.0%	↑

*Includes Consultants, non-consultant career grade and medical trainees

The implications of the data and any additional background explanatory narrative

The overall data has not changed significantly between 2016/17 and 2017/18 with a slight increase of 0.2% for BME staff.

During 2017/18:

- 99 staff were TUPE transferred out of the Trust, 2 of which were BME (Band 2 and Band 7)
- 49 staff retired, none of which were BME however
- 69 staff flexibly retired and returned to the Trust, 3 of which were BME (Band 3, Band 5 and Band 7)
- 17 staff left the Trust through a redundancy process, none of which were BME
- 332 staff left the Trust for other reasons, 20 of which were BME (3 x Band 2, 1 x Band 3, 3 x Band 4, 1 x Band 5, 3 x Band 6, 2 x Band 7, 1 x Band 8b, 6 x medical staff)

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:

In 2017/18, the Trust received 9,071 applications, of those 1,344 (14.8%) were from BME applicants. 3,021 of the applications were shortlisted, of which 301 (10%) were from BME applicants. Of the 385 new starters 26 were BME (6.8%)

Data for previous year:

In 2016/17, the Trust received 10,278 applications, of those 1,470 (14.3%) were from BME applicants. 3,216 of the applications were shortlisted, of which 327 (10.2%) were from BME applicants. Out of the 410 new starters 17 were BME (4.1%)

The implications of the data and any additional background explanatory narrative

The year on year numbers of applications and shortlisting remains very similar. However, during 2017/18 the Trust had a number of medical vacancies which were successfully recruited to. The increase in BME staff appointed in 2018 was therefore mainly due to 10 medical staff being appointed, 8 of which were BME.

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

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:

2 formal disciplinary processes are recorded for a BME staff member compared to 43 from White origin and 3 from not stated. This means 4% of BME staff compared to 90% of White staff have been subject to a formal disciplinary process.

Data for previous year:

2 formal disciplinary processes are recorded for a BAME staff member compared to 43 from White origin and 3 from not stated. This means 1.47% of BAME staff compared to 1.30% 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 increased due to the numbers of total disciplinary cases decreasing in the current reporting year (48) compared with the previous reporting year (62) and also there have been 2 disciplinary processes for BME staff when compared to 1 process in the previous year. BME staff represent 4% of the workforce and therefore the disciplinary processes is also reflective of this.

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 (2017):

White – 3094
BME – 124
Not Stated – 179

Data for previous year (2016):

White - 654
BME - 17
Not Stated - 57

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

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

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

Data for reporting year (2017):

The data below is based on a response rate of 39% across the Trust

White 21.35%

BME 28.85%

Data for previous year (2016):

The data below is based on a response rate of 46% across the Trust

White 23%

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 2017 staff survey has increased significantly by 8% from the previous year . There has been a decrease in the overall response rate for the current reporting year, which may have impacted on the results.

The Trust percentage is similar when compared to our comparator group of combined Mental Health / Learning Disability and Community Trusts in 2017 staff survey (25.11% White and 28.21% 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

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

Staff Survey Data for reporting year (2017):

The data below is based on a response rate of 39% across the Trust

White 16.51%

BME 11.54%

Staff Survey Data for previous year (2016):

The data below is based on a response rate of 46% across the Trust

White 17.64%

BME 27.27%

The implications of the data and any additional background explanatory narrative

There has been a decrease for both areas, with a significant decrease of 15.73% for BME staff reporting via the 2017 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.

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

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

Data for reporting year (2017):

The data below is based on a response rate of 39% across the Trust

White 87.62%

BME 87.50%

Data for previous year (2016):

The data below is based on a response rate of 46% across the Trust

White 90.66%

BME 79.49%

The implications of the data and any additional background explanatory narrative

There has been an increase of 9% of BME staff reporting via the 2017 staff survey compared to the 2016 staff survey results, who believe that the Trust provides equal opportunities for career progression or promotion.

The Trust position is similar for white employees but significantly higher than the average compared to our comparator group for BME staff (88.09% White and 75.86% BME)

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

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

Data for reporting year (2017):

The data below is based on a response rate of 39% across the Trust

White 5.56%

BME 5.88%

Data for previous year (2015):

The data below is based on a response rate of 46% across the Trust

White 3.84%

BME 10.91%

The implications of the data and any additional background explanatory narrative

There has been a 5% decrease in BME staff reporting via the 2017 staff survey that they have experienced discrimination at work.

The Trust position is similar for white employees but significantly better than the average compared to our comparator group for BME staff (5.96% White and 11.11% 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.

Board representation indicator

For this indicator, compare the difference for White and BME staff.

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

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

In comparison, the percentage of the overall workforce is 91% white /3.9% BME

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

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

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 work streams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

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