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| **NHS Workforce Race Equality Standard Report 2015** |

Background and context

This report details West Hertfordshire Hospitals NHS Trust (WHHT) current performance against the nine indicators of the new NHS Workforce Race Equality Standard (WRES).The Standard came into effect on 1st April 2015. The standard is designed to improve the representation and experience of BME staff at all levels of the organisation – particularly senior management.

In the context of the standard, White staff comprises White British, White Irish and White Other. The BME staff comprise all other categories excluding ‘not stated’. Data in this report is based on staff who have an ethnicity recorded on Electronic Staff Record (ESR). 94.5% of staff have an ethnicity recorded on ESR (as at August 2015).

There are a total of nine indicators that make up the WRES split across Workforce data, the national NHS Staff Survey and Trust Board composition. The indicators are designed to help us track its progress in tackling inequalities in the workforce.

Structure of the report

This report describes our performance against the nine WRES indictors and identifies areas for further investigation. The scope of content follows the NHS Technical Guidance on the WRES:*<http://www.england.nhs.uk/wp-content/uploads/2015/04/wres-technical-guidance-2015.pdf>*

It should be noted that there are currently areas of development planned in terms of data and analysis:

* As this is the first time most indicators have been reported e.g. non mandatory training and CPD, we are setting the baseline this time around and will use this for future comparative analysis
* The wider NHS system is developing comparative data and via a pan-Hertfordshire group, led by the CCGs
* Pin-pointing areas of specific good practice or potential concern, to inform actions going forward

Performance against the WRES indicators

**Indicator 1**

**Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.**

As at August 2015:

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| **Descriptor** | **Indicator** |
| Number of BME staff in bands 8-9 and VSM\* | 49 |
| Total number of staff in bands 8-9 and VSM\* | 248 |
| **Percentage of BME staff in bands 8-9 and VSM\*** | **19.8%** |
| Number of BME staff in overall workforce | 1195 |
| Total number of staff in overall workforce | 3741 |
| **Percentage of BME staff in overall workforce** | **31.9%** |

The difference between the percentage of BME staff in Bands 8-9 and VSM (including executive Board members and senior medical staff) and the overall workforce is 12.1%.

**Indicator 2**

**Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.**

Starters exclude junior medical staff and non-exec and they are not recruited via TRAC or NHS jobs.

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| **Descriptor** | **White** | **BME** |
| Number of shortlisted applicants | 2,488 | 2,680 |
| Number appointed from shortlisting | 376 | 243 |
| Ratio of shortlisting/appointed | 0.151 | 0.091 |

* The likelihood of White staff being appointed from shortlisting (376/2488) = 0.15. This means 15% of White shortlisted applicants were appointed.
* The likelihood of BME staff being appointed from shortlisting (243/2680) = 0.09.This means 9% of BME shortlisted applicants were appointed.
* Therefore the relative likelihood of White staff being appointed from shortlisting compared to BME staff (0.15/0.09) is therefore **1.67 times greater.**

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| **Indicator 3**  **Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**  This indicator is based on data from a two year rolling period covering all cases that were opened in the period September 2013 to August 2015. | | | | |
| **Descriptor** | **White** | **BME** |
| Number of staff in workforce | 2645 | 1220 |
| Number of staff entering the formal disciplinary process | 15 | 12 |

* The likelihood of White staff entering the formal disciplinary process (15/2645) = 0.0057. This means 0.57% of White staff entered into the formal disciplinary process over the last 2 years.
* The likelihood of BME staff entering the formal disciplinary process (12/1220) = 0.0098. This means 0.98% of BME staff entered into the formal disciplinary process over the last 2 years.
* The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is therefore 0.0098/0.0057 = **1.72 times greater**

**Indicator 4**

**Relative likelihood of BME staff accessing non mandatory training and CPD compared to white staff**

The non mandatory training and CPD data covers the period April 2015 to 17 February 2016.

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| **Descriptor** | **White** | **BME** |
| \*Number of staff in workforce | 2546 | 1195 |
| Number of staff accessing non mandatory training and CPD | 1169 | 484 |

*\*as at August 2015*

* Likelihood of White staff accessing non-mandatory training and CPD is (1169/2546) 0.46
* Likelihood of BME staff accessing non mandatory training and CPD is (484/1195) 0.41

**Indicator 5 & 6**

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| **Key Finding (KF)** | **% White response 2014** | **% BME response 2014** |
| KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | 27.43% | 36.98% |
| KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | 25.83% | 28.10% |

**Indicator 7**

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| **Key Finding (KF)** | **% White response 2014** | **% BME response 2014** |
| KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion | 88.21% | 71.48% |

**Indicator 8**

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| **Key Finding (KF)** | **% White response 2014** | **% BME response 2014** |
| Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues | Yes - 6.34% | Yes – 14.18% |

**Indicator 9**

**Boards are expected to be broadly representative of the population they serve.**

As at August 2015:

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|  | **HCT Board %** | **Hertfordshire & West Essex Population\* %** |
| White | 88.90% | \*80.8% |
| BME | 11.10% | 19.2% |

*\*Taken from 2011 Census data*

What the data tell us

Results for WHHT 2014/15:

**Indicator 1** shows that in WHHT, 19.8**%** of staff in bands 8-9 and Very Senior Management (VSM) positions are from a BME background.

**Indicator 2** shows that, in WHHT, people from a White Background are 1.67 times more likely to be appointed (following shortlisting) than people from a BME background.

**Indicator 3** shows that, in WHHT, BME staff were 1.72times more likely to be subject to formal disciplinary procedures when compared with White staff. This indicator is based on data from a two year rolling period covering all cases in the period September 2013 to August 2015.

**Indicator 4** shows that, in WHHT, there is a relatively even likelihood of both White and BME staff having access to non-mandatory training and CPD.

**Indicators 5** **and 6** show that, according to the national NHS Staff Survey, BME staff are more likely to report bullying and harassment from relatives/service users and also from other staff members.

**Indicator 7** shows that, according to the national NHS Staff Survey, BME staff are less likely to feel that the Trust offers equal opportunities in career progression.

**Indicator 8** shows that, according to the national NHS Staff Survey, BME staff report that they are more likely to have suffered discrimination by managers, team members or other colleagues.

**Indicator 9** shows that the Trust Board does not yet fully reflect the BME representation when compared with the geographical areas that WHHT serves.

Action Planning for 2016/17

Following detailed discussions with our internal Equality & Diversity Panel on 20 August 2015, a work plan is being drawn up to address findings from the WRES and 2015 public sector equality duty report.

| **WRES Indicator** | **Areas requiring further investigation/actions** |
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| Indicator 1 | We will investigate ethnicity and seniority with a view to increasing BME representation at senior levels of the organisation.  Identify positive role models for BME staff who can inspire others. |
| Indicator 2 | We will investigate this trend further to understand the cause. |
| Indicator 3 | Our plan for 2016 is to understand what the WRES data is telling us and to address any areas of concern in relation to the application of formal disciplinary procedures. |
| Indicator 4 | A key objective for the Trust for 2016/17 is to work with the new established Workforce ED Forum and ‘Connect’ to identify opportunities to promote fairness in access to training and development opportunities and promotions. |
| Indicators 5  Indicator 6  Indicator 7  Indicator 8 | Communicating with BME staff, hearing stories and providing opportunities for sharing experiences are key to identifying the cause of the less positive response to the staff survey. We will have more in depth qualitative discussions with the staff, staff representatives, to identify root causes and potential solutions to address the less positive results. |
| Indicator 9 | In the next report, it is anticipated local comparative data will be available to benchmark ourselves against other trusts in Hertfordshire. |

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