Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Epsom and St Helier University Hospital NHS Trust

Date of report: month/year

July 2017

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

Kevin Croft- Director of Transformation

Name and contact details of lead manager compiling this report

Lisa Childs - Head of Operational HR

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

Jonathan Bates - Sutton CCG/ Karen Parsons Merton CCG/ Ralph McCormack Surrey Downs CCG.

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

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

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

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data for these indicators has been gathered from ESR, TRAC, ER case tracker and the staff survey. There is still not currently a comprehensive source of data for indicator 4, and this has been escalated as an issue for resolution in 2017-18.

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

This year the response rate for the Staff Survey was 56% (2563 responses) This was the Trust best ever response.

2. Total numbers of staff

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

As at 31st March 2017 4837 staff are employed

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

32.4%

3. Self reporting

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

91.5% on 31st March 2017

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

No

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

None planned

4. Workforce data

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

Point in time data is as at 31 March 2017
Annual data refers to the period 1 April 2016- 31 March 2017

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.	% of BME staff in each pay band NON CLINICAL Band 1 - 24.4% Band 2 - 13.8% Band 3 -10.9% Band 4 - 10% Band 5 - 17.4%	non clinical BME staff 13.9% Clinical staff BME 36.5%. % BME staff compared with all	The previous years data was not separated out in this way. Representation of BME staff within the all staff groups has fallen slightly from 33.73% to 32.4% when compared to last years data.	Following last years WRES the following action was taken: - training in recruitment for greater consistency in fair and transparent selection for all posts -use of more varied advertising sources -streamlining of the internal recruitment process. All of these have happened. However, further work to understand why there is an over
2	Relative likelihood of staff being appointed from shortlisting across all posts.	0.259 for white applicants 0.19 for BME applicants ie White applicants are 1.36 times more	0.10 for BME 0.11 for White applicants ie white applicants are 1.09 times more likely to be	The data for 2016-17 shows a slight decrease in the likelihood of BME applicants being appointed from shortlisted posts.	As described above -plus Interview practice sessions for BME staff Adverts to encourage applicants from under represented groups Bulk Assessment Centres where all applicants meeting the minimum criteria are invited to interview.
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.	White staff 0.161 BME staff 0.028 BME staff are therefore 1.73 times more likely to enter the disciplinary process.	0.014 of BME staff 0.024 of White staff, based on 43/37 cases over the last 2 years. 1.71 times more likely	The data for 2016-17 shows that White staff are still less likely to enter the disciplinary process than BME staff.	Data was discussed with staff side on ethnicity of staff entering formal disciplinary process. Investigations Team have reviewed cases from 2016-17 and all cases warranted a formal investigation. In 2017-18 action plan the Trust will look further in to the cases to see if informal stages were triggered before formal and if this was appropriate. We will also do a deep dive of
4	Relative likelihood of staff accessing non-mandatory training and CPD.	No data available	No data available	No data available.	There is no central reporting mechanism for gathering data on non statutory training . This will be a priority for 2017-18in the WRES action plan

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 29% BME 29%	White 27% BME 27%	The % of staff experiencing harassment from patients, relatives or the public via the staff survey, has increased by 2% for both White and BME staff.	The Zero Tolerance Policy was reviewed in August 2016. The Trust now as a 'freedom speak up' guardian in post since October 2016, and she has offered all staff additional mechanisms for reporting concerns. Staff are being encourage to
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 25% BME 27%	White 25% BME 29%	White staff have remained the same and BME staff groups shows a small decrease in the % experiencing harassment bullying or abuse from other staff.	Training is being offered to staff on how to deal with Bullying and Harassment. There is also a leaflet that is given to staff at Induction. Training is offered to managers on managing Bullying and Harassment. The freedom to speak up guardian
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 86% BME 68%	White 87% BME 71%	The result for both White and BME staff has decreased slightly from last year.	Since the last WRES report The Trust has appointed a Senior Nurse for Recruitment and Retention. Since May 2016 around 10 nurses have been successfully retained and transferred via a new internal transfer process. Coaching for
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 12%	White 6% BME 11%	Data for this year show that White staff has remained static however there has been increased of 1% of BME staff experiencing this.	This was a priority area for follow up within individual teams and directorates via feedback and focus group discussions on the trust staff survey results. As the results are disappointing this will also be looked at this year.
	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.	-12.4%	-23.6%	There is under representation of BME membership amongst the voting membership of the Board. However this has improved since last year.	The trust has participated in a national scheme to identify and encourage BME candidates to join the NHS Boards, This has resulted in the appointment of a BME board member who will join the Board later this year.

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?

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.

Please see attached action plan.

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