Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Sandwell and West Birmingham Hospitals NHS Trust

Date of report: month/year

July 2017

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

Raffaela Goodby - Director of Organisational Development.

Name and contact details of lead manager compiling this report

Estelle Hickman - Equality and Diversity Advisor - 0121 507 5035

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

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)

Raffaela Goodby - Director of Organisational Development

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Indicator 4 (Relative likelihood of staff accessing non-mandatory training and CPD) should be considered as holding possible isseues with completeness as not all non-mandatory training/CPD is captured. Only requests for Study leave are captured, Should a staff member be provided with CPD time or attends a free training course these are not consistently captured.

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

Indicators 1 and 9 have been amended since last years WRES data was produced meaning that the comparisons for these indicators may not be as straightforward as for the remainder.

2. Total numbers of staff

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

6949

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

2507 staff members - 36%

3. Self reporting

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

100%

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

Developed and included in declaration statement to all employees during April 2016 with specific guidance on purpose and use of data.

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

Trust self reporting level has reached 100% thi9s now just needs to be maintained.

4. Workforce data

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

April 2016 - 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.	Clinical Staff BME Under Band 1 - 0% Band 1 - 6% Band 2 - 18% Band 3 - 15% Band 4 - 10% Band 5 - 41%	Clinical Staff BME Under Band 1 - 0% Band 1 - 6% Band 2 - 6% Band 3 - 25% Band 4 - 19% Band 5 - 45%	The data for this indicator shows that for Clinical BME staff there has been an increase in staffing levels at Bands 2 and 6 with a reduction across all other bandings. For Non Clinical BME staff there has been an increase in bands 2 - 4 and bands 7 - 8C.	Review and redesign recruitment and selection processes • Inclusion and diversity to be included as a key aspect of all recruitment and selection training • Deliver unconscious bias training for recruiting managers • Run CV and interview skills workshops for staff groups with protected characteristics
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Number of shortlisted applicants - White - 2657. BME - 3159. Number appointed	Number of short-listed applicants - 680. Appointed BME 262 Appointed white - 401. Therefore white candidates	The data indicates that there has been a reduction in the likelihood of white candidates being appointed over BME by 0.16 times	Review and redesign recruitment and selection processes • Inclusion and diversity to be included as a key aspect of all recruitment and selection training • Deliver unconscious bias training for recruiting managers • Run CV and interview skills workshops for staff groups with protected characteristics
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.	Data for the current year shows that BME staff are 0.65 times more likely to enter the formal disciplinary	BME staff were 1.11 times more likely than white staff to enter the formal disciplinary process.	There has been a reduction of 0.45 in the likelihood of BME staff entering the formal disciplinary process.	Increase recognition and knowledge of the value of inclusion within the leader and manager population • Develop training module, using an interactive story telling approach, through e-learning platform. • Deliver one QIHD corporate learning module on Inclusion and diversity
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Non-mandatory and CPD training attendance by ethnicity: White = 0.28% BME = 0.22% White staff were 1.25 times more	Non-mandatory and CPD training attendance by ethnicity: White = 0.17% BME = 0.13%. White staff were 1.31 times more	There has been a reduction of white staff accessing non mandatory training and CPD over BME staff by 0.06 times .	The Education Committee will oversee the analysis of training requests and training funds vs ESR and consider against protected characteristics data – in particular BME colleagues • Annual review of access to training • Develop clear action plan to respond to the 2016 WRES using best practise from the WRES

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 26% BME 12%	White 27% BME 18%	Whilst there has been a 1% decrease in white staff experiencing bullying, harassment or abuse from patients, relatives or the public, there has been a much greater 6% reduction for BME staff members.	Develop and support Staff Network Groups • Support newly established staff networks, including executive sponsorship • Support network chairs and vice chairs and others involved with time, efforts, events and
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 22% BME 19%	White 23% BME 26%	As with the previous indicator again there is a 1% decrease in white staff experiencing harassment, bullying or abuse from staff but a 7% decrease in BME staff experience.	Develop and support Staff Network Groups • Support newly established staff networks, including executive sponsorship • Support network chairs and vice chairs and others involved with time, efforts, events and
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 85% BME 84%	White 92% BME 79%	This indicator shows that there has been a marked decrease 7% in White staff believing the trust provides equal opportunities for career progression or promotion whilst there is a 5% increase in BME staff perception.	ncrease recognition and knowledge of the value of inclusion within the leader and manager population • Develop training module, using an interactive story telling approach, through e-learning
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 5% BME 7%	White 6% BME 8%	The data in this indicator shows a 1% decrease for both White and BME staff from mangers, team leaders or other colleagues.	Increase recognition and knowledge of the value of inclusion within the leader and manager population • Develop training module, using an interactive story telling approach, through e-learning
	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.	Total workforce White - 57% BME - 36% Board Voting	Whole workforce: White - 57.09%, BME - 34.94% Voting	The data shows that the Board Voting membership is over-represented by 26% for White staff and under-represented by 19% for BME staff.	Review the use of EDS 2 and develop and implement a 'Trust EDS' EDS measures 1) Better Health Outcomes 2) Improved Patient Access and Experience 3) A representative & inclusive workforce 4) Inclusive

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.

Report on the WRES indicators, continued

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

Indicators 1 and 9 have been amended since last years WRES data was produced meaning that the comparisons for these indicators may not be as straightforward as for the remainder.

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.

Hyper link to be included for the WRES action plan / Diversity pledges.

Click to lock all form fields and prevent future editing

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