

NHS Workforce Race Equality Standard Report 2015

Background and context

This report details Hertfordshire Community NHS Trust's (HCT) current performance against the nine indicators of the new NHS Workforce Race Equality Standard (WRES). The Standard came into effect on 1st April with organisations required to publish their first dashboard of data by 1st July 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). In total 2,767 of our 2,944 staff [94%] have an ethnicity recorded on ESR (as at 31st July 2015).

There are a total of nine indicators that make up the WRES split across Workforce data, National NHS Staff Survey and Trust Board representation. These are designed to help us track our progress in tackling any inequalities in the workforce. These can be viewed in the WRES technical guidance by clicking [here](#).

Structure of the report

This report brings together a wide range of workforce information in relation to ethnicity. As well as describing our performance against the nine WRES indicators (2014), the report 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 31st July 2015:

Descriptor	Indicator
Number of BME staff in bands 8-9 and VSM*	14
Total number of staff in bands 8-9 and VSM*	152
Percentage of BME staff in bands 8-9 and VSM*	9%
Number of BME staff in overall workforce	348
Total number of staff in overall workforce	2,767
Percentage of BME staff in overall workforce	13%

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 4%. If the overall number of staff in the workforce and in Bands 8-9 and VSM (including executive Board members and senior medical staff) remains the same, then there would need to be another 6 BME staff in Bands 8-9 and VSM (including executive Board members and senior medical staff) if the proportions of BME within those two groups of staff were to be equal.

Indicator 2

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

Data for the below indicator covers the period from March 2015 to July 2015 only due to the Trust changing its recruitment system at the beginning of March. Data of sufficient quality is not available for August 2014 to February 2015 from the previous recruitment system.

Descriptor	White	BME
Number of shortlisted applicants	570	227
Number appointed from shortlisting	128	18
Ratio of shortlisting/appointed	0.22	0.08

- The likelihood of White staff being appointed from shortlisting (128/570) = 0.22. This means 22% of White shortlisted applicants were appointed.
- The likelihood of BME staff being appointed from shortlisting (18/227) = 0.08. This means 8% of BME shortlisted applicants were appointed.
- Therefore the relative likelihood of White staff being appointed from shortlisting compared to BME staff (0.22/0.08) is therefore **2.75 times greater**.

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 August 2013 to July 2015.

Descriptor	White	BME
Number of staff in workforce	2419	348
Number of staff entering the formal disciplinary process	29	10

- The likelihood of White staff entering the formal disciplinary process (29/2419) = 0.0120. This means 1.20% of White staff entered into the formal disciplinary process over the last 2 years.
- The likelihood of BME staff entering the formal disciplinary process (10/348) = 0.0287. This means 2.87% 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 $0.0287/0.0120 = \mathbf{2.40 \text{ times greater}}$.

Indicator 4

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

As at 30th September 2015:

Descriptor	White	BME
Number of staff in workforce	2408	368
Number of staff accessing non mandatory training and CPD	1723	255

- Likelihood of White staff accessing non-mandatory training and CPD is (1723/2408) 0.72
- Likelihood of BME staff accessing non mandatory training and CPD is (255/368) 0.69
- Relative likelihood of White staff accessing non mandatory training/CPD compared to BME staff (0.72/0.69) is therefore 0.03 times greater.

Indicator 5 & 6

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	23	26
KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	18	29

Indicator 7

Key Finding (KF)	% White response 2014	% BME response 2014
KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	91	70

Indicator 8

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 - 5.2	Yes - 14.6

Indicator 9

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

As at 31st July 2015:

	HCT Board %	Hertfordshire & West Essex Population* %
White	100.0%	88.5%
BME	0.0%	11.6%

**Taken from 2011 Census data*

What the data tell us

Results for HCT 2014/15:

- **Indicator 1** shows that, in HCT, 9% of staff in bands 8-9 and Very Senior Management (VSM) positions are from a BME background.
- **Indicator 2** shows that, in HCT, people from a White Background are 2.75 times more likely to be appointed (following shortlisting) than people from a BME background.
- **Indicator 3** shows that, in HCT, BME staff were 2.40 times 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 that were opened in the period August 2013 to July 2015
- **Indicator 4** shows that, in HCT, there is a relatively even likelihood of both White and BME staff having access to CPD and non-mandatory training.
- **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 reflect the BME representation when compared with the geographical areas that HCT serves.

Action Planning for 2015-16

The WRES indicators contained in this report will be discussed with staff side on 17th November 2015 as part of the NHS Equality Delivery System2 grading assessment. Staff side will provide additional scrutiny and we will jointly agree priority areas of focus over the coming year.

Implementation of the WRES will be monitored through the HCT Workforce Group.

WRES Indicator	Positive outcomes to build upon	Areas requiring further investigation/actions
Indicator 1	The diversity of our workforce is likely to increase through overseas recruitment. We have developed our	We will investigate ethnicity and seniority with a view to increasing BME representation at senior levels of the organisation.

WRES Indicator	Positive outcomes to build upon	Areas requiring further investigation/actions
	<p>plans to attract high quality staff into our services through more diverse sources including a programme of open days, radio campaigns, overseas recruitment, increased University and schools liaison and Apprenticeships.</p> <p>In addition we are implementing our new e-recruitment system. This prevents recruiting managers from seeing equalities data.</p>	<p>Identify positive role models for BME staff who can inspire others.</p>
Indicator 2	<p>We have incorporated the Trust Values which include 'respect' into our staff recruitment, job descriptions, induction, training and appraisal.</p>	<p>We will investigate this trend further to understand the cause.</p>
Indicator 3	<p>Mandatory equality and diversity training equips staff with key principles of inclusive practice. We have seen an improvement in our compliance rates (NHS Staff Survey).</p>	<p>Our plan for 2015 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.</p>
Indicator 4	<p>Staff are able to access CPD and non-mandatory training.</p>	<p>30% of staff did not access recorded CPD / non – mandatory training. We will explore the groups of staff that are not accessing training.</p> <p>According to the NHS Staff Survey, BME staff (within HCT and across the NHS) are less likely to report that they feel the Trust offers equal opportunities in career progression. We will work with staff and staff side to explore this further.</p>
<p>Indicators 5 Indicator 6 Indicator 7 Indicator 8</p>	<p>The Trust offers an Employee Assistance Programme (EAP) - Confidential Care which is a free and independent confidential advice service</p>	<p>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</p>

WRES Indicator	Positive outcomes to build upon	Areas requiring further investigation/actions
	<p>that offers counselling, practical advice or emotional support with both work and personal issues. All Trust employees have access to the EAP via the website or phone line.</p> <p>We help staff restore a sense of purpose and balance at work through well evaluated resilience training days.</p> <p>Raising Concerns at Work (Whistleblowing) Policy - the Raising Concerns at Work (Whistleblowing). Policy updated and published in May 2014.</p>	<p>survey. More in depth qualitative discussion is needed to identify root causes and potential solutions to address.</p>
Indicator 9	<p>The Board considers Equality and Diversity issues through its Board Development Programme, including recent training on Unconscious Bias. It also uses opportunities such as external facilitation to inject diversity of thought.</p>	<p>In the next report, it is anticipated local comparative data will be available to benchmark ourselves against other trusts in Hertfordshire.</p>