

Workforce Race Equality Standard Reporting Template

REPORTING TEMPLATE

Template for completion

Name of provider organisation

Heart of England NHS Foundation Trust

Date of report: month/year

July 2016

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

Hazel M Gunter – Director of Workforce

Name and contact details of lead manager compiling this report

Sally Lawson, Workforce Engagement and Diversity Manager (Diversity Lead) Mobile 07854 952 102

Names of commissioners this report has been sent to

Jemima Shurvinton (NHS BIRMINGHAM CROSSCITY CCG), Michelle Dunne (NHS BIRMINGHAM CROSSCITY CCG), Alison Hughes (NHS BIRMINGHAM CROSSCITY CCG), Linda Greaves (NHS BIRMINGHAM CROSSCITY CCG), Graham Caine (NHS BIRMINGHAM CROSSCITY CCG), Neil Walker (NHS SOLIHULL CCG)

Name and contact details of co-ordinating commissioner this report has been sent to

Neil Walker, Chief Contract and Performance Officer, Solihull CCG, neildavidwalker@nhs.net

Unique URL link on which this report will be found (to be added after submission)

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

Hazel M Gunter – Director of Workforce:

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Indicator 3 – data is based on April 2015 – March 2016 data, opposed to a two year rolling average. It includes both live and closed cases.

Indicator 4 – data is based on non-mandatory training data that is recorded on Moodle, opposed to all non-mandatory training that takes place. The data set relates to the period 1st January 2016 to 31st March 2016.

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

Indicator 4 - The organisation utilises Moodle as its 'Virtual Learning Environment' (VLE) to host e-learning. For the purpose of this report enrolment data has been obtained for 29 currently open Moodle courses/modules of learning. Any member of staff enrolled onto multiple courses has only been counted once. Alterations to the education portfolio from one year to the next often reflect changing organisational priorities. Some courses are likely to be added to the portfolio whilst others may be removed and updated. In these instances direct comparisons may not be possible. CPD is not captured centrally across the organisation as the range of activities is very broad and developed locally. These data do not reflect non-e-learning, although it is in our action plan to address this in 2016/7.

2. Total numbers of staff

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

10,637 staff as at 31st March 2016 compared to 10,357 staff as at March 2015.

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

27.90% (2773 staff) compared to 26.57% (2537 staff) as at 31st March 2015.

Report on the WRES indicators, continued

3. Self reporting

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

93.43 % (9938 staff) compared to 92.19% (9548 staff) as 31st March 2015

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

Awareness was raised in 2014/2015 to improve the data collected by the Trust and further action is planned to take place in Q2 2016/2017.

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

Yes, there is a Trust wide plan to improve self-reporting. Further work is being carried out to enable the questionnaire to be hosted on MOODLE so that staff can self-report their ethnicity as well as other protected characteristics. This is planned to take place in in Q2 2016/17.

4. Workforce data

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

Indicator 1 – based on staff in post as at 31st March 2016

Indicator 2 – based on the period 1st April 2015 – 31st March 2016

Indicator 3 – based on disciplinary cases between 1st April 2015 – 31st March 2016

Indicator 4 – based on non-mandatory training data held on MOODLE for the period 1st January 2016 – 31st March 2016.

Indicators 5-8 – 2014 and 2015 National Staff Survey

Indicator 9 – based on staff in post as at 31st March 2016

Report on the WRES indicators, continued

5. Workforce Race Equality Indicators

	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, the Standard compares the metrics for White and BME staff.																																																								
1	<p>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.</p> <p>*VSM = Staff on Bands 8d and 9, Executive Directors, Chair and Non-Executive Directors.</p> <p>**Excludes medical staff</p>	<p>Clinical Staff**</p> <table border="1" data-bbox="705 496 943 906"> <tr><td>Band 1</td><td>0%</td></tr> <tr><td>Band 2</td><td>31%</td></tr> <tr><td>Band 3</td><td>21%</td></tr> <tr><td>Band 4</td><td>11%</td></tr> <tr><td>Band 5</td><td>39%</td></tr> <tr><td>Band 6</td><td>23%</td></tr> <tr><td>Band 7</td><td>14%</td></tr> <tr><td>Band 8a</td><td>10%</td></tr> <tr><td>Band 8b</td><td>10%</td></tr> <tr><td>Band 8c</td><td>8%</td></tr> <tr><td>Band 8d</td><td>17%</td></tr> <tr><td>Band 9</td><td>0%</td></tr> </table> <p>Non-Clinical Staff</p> <table border="1" data-bbox="705 938 943 1348"> <tr><td>Band 1</td><td>22%</td></tr> <tr><td>Band 2</td><td>18%</td></tr> <tr><td>Band 3</td><td>22%</td></tr> <tr><td>Band 4</td><td>15%</td></tr> <tr><td>Band 5</td><td>17%</td></tr> <tr><td>Band 6</td><td>20%</td></tr> <tr><td>Band 7</td><td>24%</td></tr> <tr><td>Band 8a</td><td>15%</td></tr> <tr><td>Band 8b</td><td>11%</td></tr> <tr><td>Band 8c</td><td>7%</td></tr> <tr><td>Band 8d</td><td>0%</td></tr> <tr><td>Band 9</td><td>0%</td></tr> </table> <table border="1" data-bbox="705 1380 943 1449"> <tr><td>VSM</td><td>3.57%</td></tr> <tr><td>Workforce</td><td>27.90%</td></tr> </table>	Band 1	0%	Band 2	31%	Band 3	21%	Band 4	11%	Band 5	39%	Band 6	23%	Band 7	14%	Band 8a	10%	Band 8b	10%	Band 8c	8%	Band 8d	17%	Band 9	0%	Band 1	22%	Band 2	18%	Band 3	22%	Band 4	15%	Band 5	17%	Band 6	20%	Band 7	24%	Band 8a	15%	Band 8b	11%	Band 8c	7%	Band 8d	0%	Band 9	0%	VSM	3.57%	Workforce	27.90%	<p>Previous year's data show 10.87% BME staff in Bands 8-9 and VSM compared to 26.57% of BME staff in the overall workforce</p> <p>As at 31-3-2016 there are 11.30% BME staff in Bands 8-9 and VSM compared to 27.90% BME staff in the overall workforce.</p>	<p>BME staff are under-represented overall when compared to the local population (an average of 29% with local variation Good Hope 18%, Solihull 11%, Heartlands 52%)</p> <p>BME staff are further under-represented in senior positions although compared to the previous year's data there has been an increase in the percentage of BME staff in Bands 8-9 and VSM, as well as, an increase in the percentage of BME staff in the overall workforce.</p>	<p>Action Taken</p> <p>A listening event for BME staff was held in June 2015 with the CEO. A Minority Ethnic Network was formed to positively influence equality across HEFT and will link into future initiatives.</p> <p>The Trust actively works alongside the local community to support local and sustainable recruitment. This involves working alongside local schools to support the profile of the Trust and advise on career opportunities. The Trust also has active international recruitment initiatives that have increased the diversity within the workforce.</p> <p>The 2015 data was re-produced at site level in order to provide a comparator against the local BME population. BHH – 26.56% BME GHH – 35.71% BME SOL – 26.39% BME</p> <p>The Trust includes positive action statements on Band 8 and 9 adverts.</p> <p>Action Planned</p> <p>An Inclusive Leadership programme which will include Unconscious Bias training is near completion and will be</p>
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					<p>rolled out across the region from Jan 2017. This will offer an essential guide for effective and inclusive leadership.</p> <p>The Trust will develop employee case studies of BME staff to profile career progression success stories and encourage managers and individuals to raise aspirations.</p> <p>We will further analyse the recruitment and selection policy and practices to encourage more internal and external BME applications for opportunities within the Trust.</p> <p>The Trust will introduce new initiatives to ensure opportunities within the Trust are accessible by all and work with the BME community to raise the profile of the Trust as an employer of choice.</p>
	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
2	Relative likelihood of staff being appointed from shortlisting across all posts	Relative likelihood of white staff being appointed from shortlisting compared to BME staff is 1.58 times greater	Relative likelihood of white staff being appointed from shortlisting compared to BME staff is 1.54 times greater	<p>The information taken from NHS Jobs shows that BME applicants make up 45% of shortlisted applications and 34% of appointments at HEFT.</p> <p>Further investigation is required in order to understand the reasons for this.</p> <p>Nationally white staff are 1.74 times more likely to be appointed from shortlisting than BME staff, which indicates that HEFT are better than the national average.</p>	<p>Action Taken Recruitment data was analysed to explore variations by staff group.</p> <p>Action Planned Recruitment and selection training for panellists to be reviewed, (to include unconscious bias training) and rules redefined regarding who can shortlist and be on interview panels.</p> <p>We will look to interrogate our recruitment information further to develop areas of success where BME groups are being shortlisted and being</p>

					successful for particular posts and where this can be developed further.
3	<p>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*</p> <p>*based on historic recording issues, data is based on formal disciplinary action between 1st April 2015 and 31st March 2016, rather than a two year rolling average.</p>	<p>The relative likelihood of BME staff entering the formal disciplinary process, compared to White staff is 1.81 times greater.</p>	<p>The relative likelihood of BME staff entering the formal disciplinary process, compared to White staff is 1.56 times greater.</p>	<p>Nationally BME staff are twice as likely to enter formal disciplinary processes and be disciplined for similar offences than white staff (Archibong et al, 2010), and although the data for HEFT shows an increase from the previous year's data in the relative likelihood of BME staff entering a formal disciplinary, HEFT is lower than the national average.</p> <p>The information taken from the Employee Relations Case Tracker shows that BME staff make up 41% of Disciplinary cases.</p>	<p>Action Taken System for recording disciplinary action was reviewed and with effect from 1st May 2016 all disciplinary cases are now recorded on ESR.</p> <p>Action Planned The Trust is using Business Intelligence reports to provide greater trend analysis on all staff going through formal processes. This can be specifically tailored to BME staff in order to understand trends and initiate actions. A monthly report will be provided to the HR Managers, Heads of Departments and presented at the Operational Workforce Board, where trends will be addressed and actions recommended.</p> <p>The Trust will be exploring options to introduce Unconscious Bias training to managers in the Trust.</p>

	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
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of BME staff accessing non-mandatory training is 1.19 more likely than White staff.	We were unable to report accurately on this indicator in 2015.	<p>Initial results based on data captured between Jan 2016 and Mar 2016 suggests that White staff are less likely to access non-mandatory training.</p> <p>Non-mandatory training and CPD is currently captured locally.</p> <p>Over the last year a new Trust-wide Learner Management System (LMS) has been introduced. A phased approach to implementation was adopted. Phase 1 involved the migration of all mandatory training elements. This phase was successfully implemented, going live during the middle of 2015.</p> <p>Phase 2 commenced in November 2015 and involves the gradual migration of the wider non-mandatory e-learning education portfolio. It is proposed that in order to support better collection of data for people’s personal learning records that we move to manage all course bookings (including face to face and classroom-based learning) through Easy Learning. Full implementation to take place by March 2017.</p>	<p>Action Taken New Head of Education started at the Trust in Jan 2016, with a remit around initiating the actions identified here.</p> <p>The trust has implemented a new learning management system “Easy Learning”. The initial priority was to ensure the accurate recording and reporting of <u>mandatory</u> training data.</p> <p>Action Planned Further work will be undertaken in order to agree the specific programmes and CPD that will be reported on in 2017, pending the phase 2 implementation of Easy Learning.</p> <p>Continue to migrate all non-mandatory training onto Moodle. .</p> <p>Establish an oversight group to progress this indicator and to work with the Diversity Lead to develop initiatives for all staff to get equal access to mandatory and non-mandatory courses.</p> <p>Consider and define appropriate improvement metrics.</p>

	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	<table border="1" data-bbox="712 440 947 507"> <tr> <td>White</td> <td>28.18%</td> </tr> <tr> <td>BME</td> <td>27.21%</td> </tr> </table>	White	28.18%	BME	27.21%	<table border="1" data-bbox="978 440 1214 507"> <tr> <td>White</td> <td>29.4%</td> </tr> <tr> <td>BME</td> <td>29.6%</td> </tr> </table>	White	29.4%	BME	29.6%	<p>BME and White staff indicate a similar experience of harassment, bullying or abuse from patients.</p> <p>There has been a decrease in the percentage of BME staff reporting harassment, bullying or abuse from patients since 2014.</p>	<p>Action Taken A Staff Experience of Bullying Survey was conducted in July 2015 which allowed for evidence to be collected relating to race. Additional work is also being conducted by the Staff Engagement Group alongside the feedback from the Staff Survey.</p> <p>Action Planned Analysis of relevant incident forms will be undertaken by Governance to provide any trends or specific areas of concern that can be addressed. The trend analysis undertaken at a Divisional level will determine the actions taken at a local level, such as conflict resolution training or any other training deemed appropriate.</p> <p>Further E&D training will be developed in such areas as conflict resolution to support staff in managing these difficult matters.</p>
White	28.18%												
BME	27.21%												
White	29.4%												
BME	29.6%												
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	<table border="1" data-bbox="712 1230 947 1297"> <tr> <td>White</td> <td>25.68%</td> </tr> <tr> <td>BME</td> <td>31.72%</td> </tr> </table>	White	25.68%	BME	31.72%	<table border="1" data-bbox="978 1230 1214 1297"> <tr> <td>White</td> <td>23.65%</td> </tr> <tr> <td>BME</td> <td>28.15%</td> </tr> </table>	White	23.65%	BME	28.15%	<p>BME and White staff indicate a similar experience of harassment, bullying or abuse from staff.</p> <p>There has been an increase in the percentage of staff reporting harassment, bullying or abuse from staff since 2014. However there has been a greater increase reported by</p>	<p>Action Taken A Staff Experience of Bullying Survey was conducted in July 2015 which allowed for evidence to be collected relating to race</p> <p>The Operational HR Department has been developing a suite of information taken from the Business Intelligence on ESR that allows for the use of trend</p>
White	25.68%												
BME	31.72%												
White	23.65%												
BME	28.15%												

				<p>BME staff.</p>	<p>analysis with an emphasis on protected characteristics including race. A monthly report will be provided to the HR Managers, Heads of Departments and presented at the Operational Workforce Board, where trends will be addressed and actions recommended.</p> <p>There is a current review taking place associated to the Dignity at Work Policy and this is being undertaken with our staff side colleagues.</p> <p>Action Planned</p> <p>Monthly reports taken from the Business Intelligence on ESR will present trend analysis data associated to harassment with a section associated directly to race. This will provide an indication of trends associated to staff groups, particular ethnicities as well as particular departments within the Trust. This will then allow for specific actions to be initiated to support resolution and support staff.</p> <p>There will be a new Dignity at Work Policy which has been developed alongside our staff side colleagues that will provide effective support for staff experiencing harassment. This is being carried out by the Deputy Director of Workforce and will be completed by June 2016.</p> <p>To introduce the Guardian Role that will support a group of staff acting as confidential contacts. This provides a confidential service for staff to approach for advice where they feel they may have experienced harassment and that this</p>
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					may have been associated to their race. This is being carried out by the Deputy Director of Workforce and the Diversity Lead and will be completed by August 2016.
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	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								
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	<table border="1" data-bbox="712 276 949 344"> <tr> <td>White</td> <td>84.61%</td> </tr> <tr> <td>BME</td> <td>62.98%</td> </tr> </table>	White	84.61%	BME	62.98%	<table border="1" data-bbox="976 276 1214 344"> <tr> <td>White</td> <td>86.14%</td> </tr> <tr> <td>BME</td> <td>68.02%</td> </tr> </table>	White	86.14%	BME	68.02%	<p>Whilst there was a marked improvement in the reported belief that the Trust provides equal opportunities for career progression or promotion by BME staff in 2014, this has reduced by around 5% in 2015.</p> <p>The implications maybe that BME staff may not put themselves forward for career progression or promotion.</p>	<p>Action Taken 2015 data to be explored with members of the Minority Ethnic Network to inform our next steps.</p> <p>Action Planned The Diversity Lead within the Workforce Department will develop employee case studies of BME staff to profile career progression success stories and encourage managers and individuals to raise aspirations</p> <p>The Diversity Lead will introduce new initiatives and develop a proactive list of actions which promotes equality and diversity and will ensure opportunities within the Trust are accessible by all.</p> <p>The Diversity Lead will work with the Staff Engagement Group to gain a greater understanding behind the reason for the decrease in the percentage of BME staff believing the Trust provides equal opportunities for career progression and promotion.</p>
White	84.61%												
BME	62.98%												
White	86.14%												
BME	68.02%												
8	Q 17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	<table border="1" data-bbox="712 1129 949 1198"> <tr> <td>White</td> <td>6.08%</td> </tr> <tr> <td>BME</td> <td>13.97%</td> </tr> </table>	White	6.08%	BME	13.97%	<table border="1" data-bbox="976 1129 1214 1198"> <tr> <td>White</td> <td>7.25%</td> </tr> <tr> <td>BME</td> <td>16.03%</td> </tr> </table>	White	7.25%	BME	16.03%	<p>The proportion of BME staff saying they have personally experienced discrimination at work from their manager, team leader or colleagues is higher than that of White staff, although has reduced since 2014.</p>	<p>Action Taken 2015 data to be explored with members of the Minority Ethnic Network to inform our next steps.</p> <p>Values Based Recruitment will be rolled-out across the organisation for all staff and has been in place for Consultants since Nov 2014.</p> <p>A new set of values have been agreed and communicated to the Trust which</p>
White	6.08%												
BME	13.97%												
White	7.25%												
BME	16.03%												

					<p>sets out the expected standards.</p> <p>Action Planned</p> <p>To embed Values and behaviours across the organisation and this will be monitored and assessed via the appraisal process.</p> <p>To develop a leadership management programme to include Unconscious Bias training</p> <p>A monthly report to the Divisions taken from the Business Intelligence on ESR will present trend analysis data associated to harassment with a section associated directly to race. This will provide an indication of trends associated to staff groups, particular ethnicities as well as particular departments within the Trust. This will then allow for specific actions to be initiated to support resolution and support staff.</p> <p>A new Dignity at Work Policy will be developed alongside our staff side colleagues that provides effective support for staff experiencing harassment.</p> <p>To introduce the Guardian Role that will support a group of staff acting as confidential contacts. This provides a confidential service for staff to approach for advice where they feel they may have experienced harassment and that this may have been associated to their race.</p> <p>To develop a more effective system to conduct, record and analyse exit interviews, with particular emphasis</p>
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					upon the protected characteristics, and to work with HR Managers to identify hot spots, patterns and trends.
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	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.	As at 31 st March 2016 there were 11 voting Board members, including Non-Executive Directors, 1 of which was BME. BME representation at Board level is 10% compared to 27.9% in the overall workforce.	As at April 2015 there were 15 voting Board members, including Non-Executive Directors, 2 of which were BME. BME representation was therefore 13.33%.	The proportion of BME voting Board members is below that of the workforce.	<p>Action Taken Recent advertisement for up to 3 new Non-Executive Directors included language inviting candidates who could help us engage effectively with the diverse population that we serve, especially those from a minority ethnic background.</p> <p>Action Planned Continue the recruitment process with the above referenced criteria in mind. Continue with the review of the advertisement routes and options to attract BME candidates to the Board, such as, utilising external head hunting services.</p>

Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the "well led domain."

The annual equality monitoring report is reviewed and agreed by Chief Executive Group/Trust Board

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

Actions relating to WRES will feed into evidence in respect of EDS2 and the annual equality report for the protected characteristic of race.