Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Solent NHS Trust

Date of report: month/year

July 2016

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

Julie Pennycook, Director of HR and OD

Name and contact details of lead manager compiling this report

Sarah Martin, Associate Director of HR

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

Portsmouth and Southampton. West Hampshire

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

Portsmouth – Lynn Holloway - Lynn.Holloway@PortsmouthCCG.nhs.uk Southampton – Joan Wilson - joan.wilson@southamptoncityccg.nhs.uk

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

Website of Solent NHS Trust

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

Julie Pennycook - Director of HR & OD. 29th July 2016

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Indicators 1and 9 has been downloaded from our ESR (electronic staff records system) which holds all personnel data for all current Trust employees. Indicator 3 data has been taken from our casework information.

Indicator 4 (relative likelihood of accessing non mandatory training and CPD) is based on data related to study leave granted

Indicator 2 data has been obtained through our jobs applications and applicants are required to self report their ethnicity on the equal opportunities monitoring section of the job application form.

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

2015 was the first year of submission however we have an increased proportion of BME staff recruited into the organization than in previous year as represented in Indicator 1.

2. Total numbers of staff

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

3436

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

272

3. Self reporting

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

99%

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

Self declaration is encouraged throughout staff networks and we are actively gathering consistent staff data plus a data cleanse of current information of staff to improve self reporting. Reporting is encouraged through our Equality and Diversity Impact Group and through living our values, Everyone Counts aligned to our equality standard.

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

Improvement will be made through the implementation of our WRES action plan and introduction of reviewing new starters information to ensure reporting is obtained appropriately.

4. Workforce data

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

July 2015 - July 2016

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 - White - 91.71% Clinical BME - 8.29 % Non clinical White - 92.81% Non clinical BME - 7.19%	Clinical - White - 92.25% Clinical BME - 7.75% Non Clinical White - 92.75% Non clinical BME - 7.25%	BME staff are represented appropriately within the higher bands in Solent.	Review targeted approach for our leadership and management programmes Explore the possibility of a positive action and talent management programme for succession planning of BME members
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.82 White, 0.03 BME	1.62 White, 0.04 BME		Recruitment events in the community and review of recruitment and selection panels. Review the delivery of training for recruiting managers to include awareness of unconscious bias.
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.	0.69	1.23	Data represents an overall low number of staff including BME being processed through the disciplinary system 18 disciplinary cases in total with 1 BME member of staff involved in a formal process	Consistent and fair approach to disciplinary process to continue
4	Relative likelihood of staff accessing non-mandatory training and CPD.	0.22 White, 0.36 BME	0.22 White, 0.33 BME	This data is based on number of individuals doing non-essential training as shown in HealthRoster	Review of how information is captured through ESR Requirement to work to improve reporting on non mandatory training

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 23 BME 25	White 22 BME 26	In the last 12 months there was little difference between BME and White staff with respect to individuals experiencing harassment, bullying or abuse	Continuation of Spot it Stop it campaign and LiA Zero tolerance approach and workshops across the Trust to continue
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 20 BME 26	White 17 BME 22	In the last 12 months there was little difference between BME and White staff with respect to individuals experiencing harassment, bullying or abuse	Continuation of workshops to all service areas and on going monitoring and review of actions following complaints and grievances. Bespoke training in identified hotstops through
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 86 BME 73	White 92 BME 86	In the last 12 months BME staff were less likely than White staff to believe that the Trust provides career progression or promotion	Review Leadership and management development programmes Develop OD and learning strategy for Bands 6-8
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 10	White 5 BME 10	In the last 12 months BME staff continue to report slightly higher percentage than white staff who are experiencing discrimination	ongoing monitoring to establish action required to remove and eliminate discrimination and we have an action plan addressing equality and diversity in the Trust
	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.	12.1%	-7.6%	Increased representation this year on Board	The Trust will continue to ensure that appointing officers are made aware and take note of the WRES when recruiting and appointing

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?

The Trust has established an Equality and Diversity Impact group which meets four times a year. One of the groups objectives is to ensure that the Trust complies with the provisions of the Workforce Race Equality Standard.

In addition we have ensured that our Equality and Diversity Strategy has close links with our OD and People Strategy for 16/17/18.

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.

All plans including the WRES action plan and our Equality and Diversity Policy and minutes of our Impact meetings are available on the Trust's website.

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