# Workforce Race Equality Standard

## **REPORTING TEMPLATE** (Revised 2016)

## Template for completion

**Name of organisation**

Frimley Health NHS Foundation Trust

**Date of report: month/year**

July 2016

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

Janet King, Director of Human Resources and Corporate Services

**Name and contact details of lead manager compiling this report**

Najeeb Rehman, Equality & Diversity Manager

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

Submitted as part of the Trust wide Information Schedule to Commissioners.

**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**

Frimley Health website

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

Janet King, July 1st 2016

Publications Gateway Reference Number: 05067

# Report on the WRES indicators

## 1. Background narrative

### a. Any issues of completeness of data

Training data is based upon an analysis of staff accessing the range of courses which make up the Trust's Leading People Programme only. The Leading People Programme was selected for analysis as Leadership Training is important in relation to career development and succession planning for the Trust. This data will need to be inetrrogated further as reporting may be over etsimating attendance.  It was not possible to produce a report on all CPD training due to issues with producing a large amount of data.

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

Comparison with previous years is not possible as Frimley Health came into being on October 1st 2014 as a result of Frimley Park Hospital acquiring Heatherwood and Wexham Park hospital. Therefore a programme of activity was undertaken from this date to establish compatibillity of data systems and in 2015 data systems were merged.

## 2. Total numbers of staff

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

8,444 staff

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

32%

## 3. Self reporting

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

97.50%

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

Activity to improve self reporting levels have been ongoing and have resulted in an improvement in self reporting.

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

Activity will continue to improve further self reporting.

## 4. Workforce data

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

Beginning of April 2015 to end March 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. | White Staff : 78.3%<br>BME Staff: 21.7% | White 73.6%<br>BME 21.4% | | It is apparent there is an under representation of BME staff at Senior Management levels. Options to address this have been put forward e.g. diversifying leadership cohorts, encouraging BME to apply for national Leadership Programmes<br><br>Link to Employment E&D Objective 2015 – 2019: Representation of protected groups in roles and |
| 2 | Relative likelihood of staff being appointed from shortlisting across all posts. | White Staff : 0.15<br>BME Staff : 0.22<br><br>0.22/0.15 = 2.2<br>BME applicants 1.46 times more likely to be shortlisted than | White 0.22<br>BME 0.10 | | Data shows that there may be disproportionate outcomes for applicants from particular ethnicities e.g. Mixed Race. Ongoing audit of the recruitment at Bands 6, 7, 8a taking place and monitoring and reporting.<br><br>Link to Employment E&D Objective 2015 – 2019 Develop strategies to encourage more BME |
| 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: 0.0041<br>BME Staff: 0.0027<br><br>2015/16:<br>BME staff 0.66 times more likely | White 0.005<br>BME 0.007<br><br>BME staff 1.4 times more likely to enter disciplinary processes | | Ongoing trend analysis of ethnicity and pay banding and job role will enable the Trust to narrow further where necessary and appropriate outcomes for BME and White staff<br><br>Link to Employment E&D Objective 2015 – 2019 Track numbers of Disciplinary, Grievance and Capability cases by protected characteristic to |
| 4 | Relative likelihood of staff accessing non-mandatory training and CPD. | Data not available as it is not held centrally. Further investigation will be taking place to acquire and report on the data | White Staff: 0.028<br>BME Staff: 0.032<br><br>0.032/0.028 = 1.14<br>BME staff 1.14 times more likely than White staff | | As well as the data not being held centrally there are issues of accuracy with the data relating to CPD training. These issues which are linked to the headcount of staff are currently being looked into. |

# 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)**<br>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 28%<br>BME 38% | White 31%<br>BME 27% | | BME staff have more negative perceptions on discrimination and physical violence from service users.<br>Link to Employment E&D Objective 2015 – 2019 Reduce the incidence of harassment and |
| 6 | KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. | White 17%<br>BME 29% | White 29%<br>BME 29% | | As above |
| 7 | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion. | White 91%<br>BME 80% | White 84%<br>BME 71% | | As above |
| 8 | Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?<br>b) Manager/team leader or other colleagues | White 8%<br>BME 15% | White 12%<br>BME 24% | | As above |
| | **Board representation indicator**<br>For this indicator, compare the difference for White and BME staff. | | | | |
| 9 | Percentage difference between the organisations' Board voting membership and its overall workforce. | The Board composition is 100% White British/White Other | Workforce composition is 64% White and 32% BME | | |

**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?

Following the acquisition in October 2014, the ethnic diversity of the communities that Frimley Health serves across East Berkshire and North Surrey are in stark contrast to each other. Therefore it is difficult to establish accurately, how close senior management are representative of these communities. Nevertheless the Trust remains committed to promoting diversity at senior levels through ensuring opportunities for support, development and progression to higher levels continue to be open to all of our staff.
Training data is not currently available.

## 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.

As the Trusts annual Equality reporting cycle falls in July of each year, the employment equality compliance report and the summary document are currently both going through the approval process. These documents identify the Trust's equality activity as it links to Equality Delivery System 2. Once these reports have been approved a link will be embedded into this document.

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