Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Somerset Partnership NHS Foundation Trust

Date of report: month/year

July 2016

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

Nick Macklin, Director of Workforce and Organisational Development

Name and contact details of lead manager compiling this report

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

Somerset Clinical Commissioning Group (CCG)

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

Somerset CCG, Wynford House, Lufton Way, Yeovil, Somerset, BA22 8HR. Tel: 01935 384000 Email: enquiries@somersetccg.nhs.uk

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

http://www.sompar.nhs.uk/who-we-are/equality-diversity/

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

Signed off on behalf of the Trust Board by Nick Macklin, Director of Workforce and Organisational Development, 29.07.16

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

In 2014 Quality Health, as the provider of the National Staff survey for the Trust confirmed that due to the low response rate of BME staff to the survey, it was not possible to produce the information for questions 5-8. This was because individual staff members may have been distinguishable from the information gathered. For 2015 as a consequence of wide spread engagement activity our overall response rate and specifically that from BME colleagues was significantly and sufficiently higher to facilitate being able to produce the information for those questions this year.

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

Last year the nearest recognised comparative group was Mental Health and Learning Disability Trusts. This was a relatively large but clearly not directly comparable group for benchmarking purposes. This year comparator groups were realigned and a specific Mental Health, Learning Disability and Community Health Trusts introduced against which we elected to be compared for benchmarking purposes.

2. Total numbers of staff

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

3893

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

3%

3. Self reporting

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

95.63%. Ethnicity data is captured as part of the recruitment process (see section C).

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

We have continued to review our recruitment processes and to emphasize the importance and value of capturing quality data from applicants to ensure that we can review the transparency and fairness of our recruitment and selection processes.

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

As part of the implementation plan for the newly approved Organisational Development Strategy, it is intended to induct a data cleansing exercise in respect of all equality data retained on our ESR in relation to each of the 9 protected characteristics including ethnicity. As part of this exercise we will reiterate the value of colleagues sharing equality data and encourage them to do so.

4. Workforce data

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

April 2015 to 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.	Clinical 3% Non-Clinical 2%	Clinical 3% Non-Clinical 2%	Supporting data is available if required.	The nature/composition of our workforce is broadly comparable with the population we serve. However we continue to review our recruitment processes and our EDS action plan contains a commitment to conduct a review of applicable data to analyse whether any barriers exists at application stage.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.18	1.97	The likelihood of BME individuals being appointed has increased significantly Supporting data is available if required.	
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.	See narrative	See narrative	We have no annedotal evidence from either BME colleagues or staff side representatives to suggest that BME staff are any more likely to enter into formal disciplinary processes than their white counterparts. This is supported by the absence by any contradictory evidence in the staff survey.	During 2016 / 2017 we will therefore explore how best to capture equality data in the context of those entering formal disciplinary processes and utilise this information to review our practices and ensure that no colleagues are experiencing adverse impact as a consequence of their BME status.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	See narrative	See narrative	BME colleagues report a 10% higher figure (88%) for their faith in the equality of opportunity provided by the Trust in respect of career progression and development than the average in all combined mental health, LD and community Trusts. In part, this is because of our continuing commitment to ensure that access to non-mandatory training is governed by clear and	However, we recognise that this figure (88%) is still lower than both our overall organisational score (92%) and the national average score for white employees. We have also not previously captured as a matter of routine the equality data of those individuals who do access non-mandatory developmental

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 34% BME 35%	White 28% BME -	The data for BME staff in 2014 is not available due to the low response rate of BME staff to the survey for questions 5-8	To improve the survey response rate across the organisation in 2015 the decision was taken to opt for a census survey of all staff rather than opting for the sample size option. The decision was also taken to send out paper copies to all
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 23% BME 18%	White 21% BME -	See above. The average percentage for BME staff experiencing harassment, bullying or abuse from staff in all combined mental health, LD and	Reported harassment, bullying or abuse of staff by staff is monitored via Employee Relations Log which is regularly viewed by the Board. We view such matters with the utmost seriousness and ensure that all allegations are appropriately
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 92% BME 88%	White 89% BME -	See above. See Section 5 (4)	The Trust held 9 staff survey engagement events in February 2016 to feedback the findings of the 2015 staff survey. These were well attended and resulted in open and honest dialogue around how we address key issues such as equal
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 13%	White 6% BME -	See above. This is consistent with the average for all combined mental health, LD and community Trusts.	Reported discrimination experienced by staff from other staff members is monitored via Employee Relations Log which is regularly viewed by the Board. We view such matters with the utmost seriousness and ensure that all allegations are
	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.	Organisation:- 97% white 3% BME	Information not requested in this format last year.	The Trust has nominated Executive and Non-Executive Leads on its Board. The Trust Board receives quarterly workforce reports including diversity information.	

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?

N/A

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.

Somerset Partnership NHS Foundation Trust Equality Delivery Systems (EDS2) Objectives and Action Plan

http://www.sompar.nhs.uk/who-we-are/equality-diversity/

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