

Appendix A:

Workforce Race Equality Standard (WRES) 2017 reporting template

This document is an off-line version of the 2017 [online reporting template](#) that is required to be published externally on the QVH Trust website.

1. Name of organisation

Queen Victoria Hospital NHS Foundation Trust

2. Date of report

Month: August

Year: 2017

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

Geraldine Opreshko, Director of Workforce & OD

4. Name and contact details of lead manager compiling this report

David Hurrell, Deputy Director of HR

david.hurrell1@nhs.net

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5. Names of commissioners this report has been sent to

NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT

6. Name and contact details of coordinating commissioner this report has been sent to

Geraldine Hoban, Managing Director, Alliance North

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

8. This report has been signed off by on behalf of the board on

Date: 20 November 2017

Name: Geraldine Opreshko

Background narrative

9. Any issues of completeness of data

Due to a low denominator of BME staff, total Trust response rates and lower BME response rates to the NHS Staff Survey in both 2015 and 2016 any conclusions drawn from the data is not statistically significant, but can be used to draw attention to areas where further investigation/monitoring may be valuable.

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

Some data gaps from 2016 makes comparison with 2017 data less reliable. In particular: 2016 recruitment information was limited to a 6 month data period that was doubled to make a full year effect; employee relations numbers for the 2015-16 period was held locally in summary form, and only became more robust from January 2016 when all employee relations data was input onto the national electronic staff record database.

11. Total number of staff employed within this organisation at the date of the report

967 (headcount)

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

131

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

97.1%

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

Pilot of ESR self-service to provide easier access to their own personal information

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

Roll out of ESR self-service to all areas of the Trust, including prompts to update ethnicity information

Workforce data

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

1 April 2015 - 31 March 2017

Workforce Race Equality Indicators

For each of these workforce indicators, compare the data for White and BME staff.

17. 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

Data for reporting year:

Non-Clinical	%
Band 1	21.62%
Band 2	4.00%
Band 3	5.56%
Band 4	2.17%
Band 5	3.85%
Band 6	0.00%
Band 7	6.25%
Band 8a	16.67%
Band 8b	0.00%
Band 8c	0.00%
Band 8d	0.00%
Band 9	0.00%
VSM	0.00%
Clinical	%
Band 1	0.00%
Band 2	10.34%
Band 3	19.05%
Band 4	8.00%
Band 5	16.67%
Band 6	15.45%
Band 7	10.59%
Band 8a	14.29%
Band 8b	0.00%
Band 8c	0.00%
Band 8d	0.00%
Band 9	0.00%
VSM	50.00%
Consultants	27.78%
<i>of which senior medical</i>	0.00%
Non-Consultant Career Grade	42.22%
Training grades	30.77%
Other	0.00%

Data for previous year:

Non-Clinical	%
Band 1	27.27%
Band 2	2.04%
Band 3	1.28%
Band 4	1.18%
Band 5	3.33%

Band 6	0.00%
Band 7	6.25%
Band 8a	14.29%
Band 8b	25.00%
Band 8c	33.33%
Band 8d	0.00%
Band 9	0.00%
VSM	0.00%
Clinical	%
Band 1	0.00%
Band 2	12.63%
Band 3	10.53%
Band 4	12.00%
Band 5	16.13%
Band 6	13.77%
Band 7	9.52%
Band 8a	12.50%
Band 8b	0.00%
Band 8c	0.00%
Band 8d	0.00%
Band 9	0.00%
VSM	16.67%
Consultants	25.86%
<i>of which senior medical</i>	0.00%
Non-Consultant Career Grade	0.00%
Training grades	36.36%
Other	0.00%

The implications of the data and any additional background explanatory narrative

There has been a small increase in the total proportion of BME staff within the workforce, from 13.22% in 2016 reporting year to 13.44% in 2017 reporting year. This is driven by increases in non-clinical Bands 2-4 (n=+5), and medical Consultants (n= +5) / Non-Consultant Career grades (n= +3). This proportion would have been higher if not for a loss of BME management staff at Bands 8b and 8c (n= -3), and doctors in training sent to the Trust by the Deanery (n= -7)

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

- Structured shortlisting criteria agreed in advance of activity to improve transparency: (complete)
- Management training to include 'inclusive leadership' topic

- Revised recruitment/selection training to focus on unconscious bias
- Board training to be provided to clarify Board responsibilities around Equality & Diversity, including championing internal development
- Buddying and mentoring programme for all newly qualified clinical posts to consciously support and encourage those from diverse backgrounds
- Fast-track internal transfer programme to consciously support and encourage interest from diverse backgrounds

18. Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

1.45

Data for previous year:

2.08

The implications of the data and any additional background explanatory narrative

There has been a 58% improvement since 2016 in reducing the discrepancy between BME candidates being 'appointed' from 'shortlisted', compared to White candidates.

The Trust receives a number of applications from overseas where people have the requisite knowledge, skills and experience for the role but would need sponsoring to obtain the legal right to work in the UK. Current practise does not allow for those positions and candidates where the resident labour market test would not be passed to be filtered out prior to shortlisting.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Plan and implement effective filtering questions to both inform international candidates whether the role is appropriate for permit sponsorship and reduce the likelihood of candidates being inappropriately shortlisted

19. 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.

Data for reporting year:

0

Data for previous year:

3.25

The implications of the data and any additional background explanatory narrative

BME staff (n = 4) were over 3 times as likely to be subject to disciplinary action in the previous reporting period; in the current reporting period, none were subject to formal proceedings. With a total of 12 cases in each period and due to total BME workforce of 13%, the Trust would expect to have between 0 -2 BME cases, and thus in this current period levels are deemed to be normal.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

N/A

20. Relative likelihood of staff accessing non-mandatory training and CPD

Data for reporting year:

0.98

Data for previous year:

0.88

The implications of the data and any additional background explanatory narrative

No statistical difference in likelihood within current reporting year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

N/A

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

21. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Data for reporting year:

White – 22.97%

BME – 26.42%

Data for previous year:

White – 16.67%

BME – 27.66%

The implications of the data and any additional background explanatory narrative

Due to low BME response rate (36%) and small denominator of total BME staff answering this question (n = 47) the 2015 (previous year) data was not statistically relevant, but was of some potential concern and under monitoring due to a marked difference between White and BME experiences.

The 2016 survey response rate was marginally higher (40%) with a slightly larger denominator answering this question (n = 53), however the data continues to not be of statistical significance. Since the discrepancy between White and BME experience has improved, this is no longer an area of potential concern but will continue to be monitored and explored.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Staff focus groups to identify whether this is an area of concern for staff (QVH conversations) that needs to be addressed

22. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Data for reporting year:

White – 24.52%

BME – 25.45%

Data for previous year:

White – 22.75%

BME – 31.25%

The implications of the data and any additional background explanatory narrative

Due to low BME response rate (37%) and small denominator of total BME staff to this question (n = 47) the 2015 (previous year) data was not statistically relevant, but was of some potential concern and under monitoring due to a marked difference between White and BME experiences.

The 2016 survey response rate was marginally higher (42%) with a slightly larger denominator to this question (n = 55), however the data continues to not be of statistical significance. Since the discrepancy between White and BME experience has improved, this is no longer an area of potential concern but will continue to be monitored.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Staff focus groups to identify whether this is an area of concern for staff (QVH conversations) that needs to be addressed

23. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Data for reporting year:

White – 86.4%

BME – 86.49%

Data for previous year:

White – 90.73%

BME - 78.79%

The implications of the data and any additional background explanatory narrative

Due to low BME response rate (25%) and small denominator of total BME staff to this question (n = 33) the 2015 (previous year) data was not statistically relevant, but was of some potential concern and under monitoring due to a marked difference between White and BME experiences.

The 2016 survey response rate was marginally higher (28%) with a slightly larger denominator to this question (n = 37), however the data continues to not be of statistical significance. Since the discrepancy between White and BME experience has improved, this is no longer an area of potential concern but will continue to be monitored.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Staff focus groups to identify whether this is an area of concern for staff (QVH conversations) that needs to be addressed

24. 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

Data for reporting year:

White – 7.4%

BME – 11.76%

Data for previous year:

White – 6.13%

BME – 19.15%

The implications of the data and any additional background explanatory narrative

Due to low BME response rate (36%) and small denominator of total BME staff to this question (n = 47) the 2015 (previous year) data was not statistically relevant, but was of some potential concern and under monitoring due to a marked difference between White and BME experiences.

The 2016 survey response rate was marginally higher (39%) with a slightly larger denominator to this question (n = 51), however the data continues to not be of statistical significance. The discrepancy between White and BME experience has improved from three times as likely to twice as likely, but results only from the response of only 6 BME individuals. This remains an area of potential concern and will continue to be monitored and explored.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Staff focus groups to identify whether this is an area of concern for staff (QVH conversations) that needs to be addressed

Board representation indicator

For this indicator, compare the difference for White and BME staff.

25. Percentage difference between the organisations' Board voting membership and its overall workforce

-4.2%

26. Are there any other factors or data which should be taken into consideration in assessing progress?

-4.2% is an acceptable variation as it less than 1 Board member equivalent