Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Oxford University Hospitals NHS Foundation Trust

Date of report: month/year

August 2016

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

Ken Hutchinson, Interim Director of Workforce and Organisational Development (to 12th August 2016)

Name and contact details of lead manager compiling this report

Shanine Cain, HR Consultant (Corporate and Workforce Equality and Diversity)

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

Manizah Imam

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

Manizah Imam - email manizah.imam@oxfordshireccg.nhs.uk

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

http://www.ouh.nhs.uk/about/equality/documents/equality-and-diversity-annual-report-15-16.pdf

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

Ken Hutchinson, Interim Director of Workforce and Organisational Development (to 12th August 2016)

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data for indicators 1, 3 and 9 has been downloaded from the electronic staff record (ESR) which holds personal data for all current Trust employees.

Data for indicator 2 has been obtained from the TRAC electronic recruitment system. Job applicants are required to self-report their ethnicity on the equality opportunities monitoring section of the job application form and this data is then downloaded into TRAC.

Data for indicator 4 has been downloaded from the e-learning Management System (elms), which is the Trust's database for mandatory and statutory training, and non-mandatory training courses. Some non-mandatory training is not recorded on this system because it is arranged at a local level managers e.g. externally organised courses, conferences, CPD, study leave and mentoring. Consequently, it is not possible to

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

The reporting period for the previous years' submission was January to December 2014 for indicators 1,2 and 4 and January 2013 to December 2014 for indicator 3. For this years' submission, the reporting period shifted to be in line with the financial year and to bring the Trust in to alignment with the reporting period used by NHS England.

2. Total numbers of staff

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

12,558

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

19%

3. Self reporting

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

93%

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

7% of staff have chosen not to report their ethnicity. In order to improve the accuracy of the data held by the Trust, a self-service initiative has been launched by the Trust whereby staff can access their personal records through ESR and update their personal information including ethnicity.

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

Please see WRES action plan. A link to this document can be found at the end of this report.

4. Workforce data

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

Indicators 1 and 9: Data is as at 31st March 2016
Indicators 2 and 4: Data is from the financial year from 1st April 2015-31st March 2016.
Indicator 3: Data is based on a two year rolling average of the current and previous financial years.
Indicators 5-8 are based on the National NHS Staff Survey results for 2015 (a small sample of 243 responses).

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.	Please see WRES action plan document for full figures (link at the bottom of the report).	6.5% of BME staff were in Bands 8-9, and occupying VSM posts, compared with 19.0% BME staff in the overall workforce	The Trust continues to employ a significantly higher proportion of BME staff than the proportion of BME persons living in Oxfordshire as recorded in the 2011 census which is 9%. Analysis of the percentage of BME and White staff at each agenda for change pay band reveals that for non-clinical posts, BME staff are	This links to EDS2 outcome: 3.1. In 2015 the Trust introduced a Transfer Bureau which is designed to support staff who wish to move posts and/or develop their careers. The Manager of this bureau provides help and assistance to staff throughout the application process for internal posts. This may include
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff 1.73 times more likely to be appointed from shortlisting than BME staff.	White staff were 1.8 times more likely to be appointed from shortlisting than BME staff.	There has been a very slight improvement in the likelihood of BME staff being appointed from shortlisting. Further analysis to identify the root cause of this discrepancy will be undertaken in 2016.	The Trust has recently formed a Recruitment and Retention Shared Governance Group which exists to promote recruitment and retention of nursing staff. Staff from the Race Equality Action Group have been invited to join this group to ensure that it is representative of the wider workforce.
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.	BME staff 0.1 times more likely to enter a formal disciplinary process.	BME staff were 1.6 times more likely to enter the formal disciplinary process than White staff.	There has been a significant decrease in the proportion of BME staff entering the disciplinary process.	In 2015 the Trust introduced a training course for managers on the disciplinary process. This course is designed to ensure that managers fully understand the Trust's disciplinary procedure and to ensure that it is applied fairly and consistently. In 2015 61 staff attended this course. Actions planned:
4	Relative likelihood of staff accessing non-mandatory training and CPD.	White staff are 0.86 times more likely to access CPD and non-mandatory training than BME staff.	BME staff were 1.03 times more likely to access non mandatory training and CPD than white staff	Whereas last year, BME staff were more likely to access non-mandatory training and CPD than white staff, in this years' reporting period, White staff are slightly more likely to access these development opportunities than BME staff.	The newly formed Race Equality Action group has met with the Head of Learning and Development to outline WRES data, the work of the group and to suggest collaborative working on a number of staff development work streams which will be of benefit to all staff. These include Management Skills training courses and career development sessions

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 24% BME 24%	White 28% BME 32%	There is no difference between the percentages of BME and white staff who report experiencing bullying and harassment from patients or relatives.	Indicators 5 and 6 link to EDS2 Outcome 3.4. Full details of the Trust's action plan relating to bullying and harassment can be found in the Trust's Equality, Diversity and Inclusion Action Plan 2015/16 available on the Trust website.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 23% BME 20%	White 22% BME 24%	There has been very little change in the percentages of BME and white staff reporting bullying and harassment from staff in the last 12 months.	The Trust Statutory Mandatory Equality and Diversity Training which all staff must complete as part of their induction and on a three yearly basis thereafter includes a module on addressing inappropriate behaviour.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 92% BME 76%	White 86% BME 52%	Overall there has been an increase in percentages of both BME and white staff who believe the Trust provides equal opportunities for career development or promotion with the biggest increase being seen amongst BME staff where	Actions planned: Run a listening in to Action event with BME staff specifically focusing on career development to understand staff perceptions around fairness and
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 7% BME 13%	White 6% BME 17%	There has been no significant change in the percentage of white staff who have reported experiencing discrimination however there has been a slight decrease in reports of discrimination by managers from BME staff.	This indicator links to EDS2 outcome 4.3. Full details of the Trust's action plan relating this outcome can be found in the Trust's Equality, Diversity and Inclusion Action Plan 2015/16
	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.	Given that no Trust Board members have identified as BME, this is -19%	There are no BME staff on the Trust Board	It is recognised that the current Board membership is not broadly representative of the community served nor the wider workforce as it includes no BME members.	In 2015 the Trust's Workforce Equality, Diversity and Inclusion Procedure was updated to include a policy statement detailing the Trust's commitment to ensuring that its staff are representative of the community which it serves

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?

In February 2016, the Trust undertook the Equality Delivery System 2 data gathering an grading process. This process allowed us to assess our performance in relation to the eighteen quality outcomes established by NHS England many of which overlap with the WRES equality indicators. As a result of this process the Trust has developed a comprehensive action plan which aims to build on the good practice already in place and to target areas for development particularly around the representation of staff with one or more protected characteristics at senior levels within the Trust.

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.

The Trust's WRES action plan can be found within our Equality, Diversity and Inclusion Annual Report on page 22. A link to the report is below:

http://www.ouh.nhs.uk/about/equality/documents/equality-and-diversity-annual-report-15-16.pdf

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