Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Royal Orthopaedic Hospital NHS Foundation Trust

Date of report: month/year

August 2017

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

Phil Begg Executive Director of Strategy & Delivery

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)

Birmingham CrossCity CCG, Bartholomew House,142 Hagley Road, B16 9PA

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

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

http://www.roh.nhs.uk/wp-content/uploads/2016/07/WRES-Data-July-16.pdf

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

Phil Begg August 2017

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

The Trust continues to make good progress towards the effective implementation of its Equality Objectives which were established in April 2012.

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

There are no matters to report.

2. Total numbers of staff

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

1061 including full time, and executive members but not including bank staff

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

The vast majority of the staff are White 775 (73%) and 257 (24%) are BME, the largest group being Asian, 13.2% and not declared is 2.7%.

3. Self reporting

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

98% have reported their ethnicity

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

Staff have their age, gender, marital status, sexual orientation, religion or belief, race and nationality recorded at the point of recruitment (through the monitoring form on the NHS Jobs website) and this information is updated on a regular basis from an annual data update and cleansing exercise. ESR self-service was introduced in 2014 which affords staff the ability to update/manage these records.
ROH continues to encourage staff to report protected characteristic data during training sessions.

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

No

4. Workforce data

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

April 2016-March 2017

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.	Bands 1 - 65 = 6.46% 2 - 203 = 20.1% 3 - 68 = 6.7% 4 - 93 = 9.25% 5 - 124 = 12.3% 6 - 113 =11.2% 7 - 50 = 4.9%	37.15%	ROH is working to ensure that its HR processes and policies are fair and transparent by design and application. ROH has reviewed the equality elements of its recruitment and selection training package with a focus on avoiding bias. Plans are ongoing to use current data in order to give a greater insight into whether the make-up of	To be confirmed
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White Shortlisted = 770 BME Shortlisted =469 White appointed = 145 /18.83% BME appointed =61 /13.01%	1.99 times greater for white staff	During the reporting period there has been a decreas in the likelihood of white applicants being appointed from shortlisting compared to BME applicants. During the reporting period ROH shortlisted 803 applications for advertised roles 496 applications were recorded as White (61%)	Work to be started at looking at differences between shortlisting and appointment
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 =3 BME staff =1 3/775 =.004 1/257 = .004 0.004/0.004 = 0.995 times greater for BME	1.17 for BME staff	During the reporting period the relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, is 1.30 greater Disciplinary cases formally investigated on a two year rolling period are as follows 2014/15 = nn cases	Consider using and adapting the current ESR BI Report "Employee Relations Dashboard"
4	Relative likelihood of staff accessing non-mandatory training and CPD.	White 0.82 BME 0.82 Accessing non-mandatory training is 1.00 times greater for white staff than BME staff	White 0.75% BME 0.72 1.05 greater for White staff than BME staff	All learning delivered in ROH is recorded through ESR. Staff undertaking training outside the trust should be using Employee Self Service system. Staff have received information on how to keep their records updated but this is not always achieved and more work is required to establish a more accurate picture of staff engagement in non-mandatory learning	Compare staff survey results with the previous 3 years to help identify trends and possible "hotspots"

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 26% BME 16%	White 23% BME 19%	This indicator shows a 3% decrease in White staff experiencing harassment and bullying and a 3% increase in BME staff experiencing the same. This reflects the ongoing work to change	This indicator links to the ROH EDS2 report which is our first in which there are a number of recommendations of actions to consider to encourage behaviours that match our vision and values.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 24% BME 27%	White 23% BME 30%	This indicator shows a 1% decrease in White and 3% increase in BME staff recording experiences of harassment, bullying or abuse. It is felt that this to due to the work carried out in raising the understanding among staff of what	During the next reporting period consider the indicators used for Standard and where possible seek to "drill down" by department and profession, and consider further disaggregation by individual BME groups.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 88% BME 71%	White 91% BME 62%	This indicator shows an 3% increase in the views of White staff but a drop of 9% in the views of BME staff.	Despite a great deal of activity during the reporting period to improve this indicator, each year the proportions of BME staff saying they believe the Trust provides equal opportunities for career progression or promotion are much lower
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 6%	White 6% BME 18%	This indicator shows an increase in the views of both White and BME staff. It is felt that this to due to the work carried out in raising the understanding among staff of what discrimination is.	Facilitate opportunities for BME staff to engage with NHS staff networks to improve engagement overall. Finalisation and implementation of the FTSU
	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.	ROH has 24% BME workforce but 0% BME voting members on the Board	0%	0% of the Board are from a BME background, compared to a BME workforce profile of 24% indicating a difference of 0% The BME representation on the Board was 0% in	Action Planned for 2016: ROH will carry out an annual equality monitoring exercise of its Board and continue to uphold rigorous recruitment and selection processes

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?

ROH produced its first EDS2 report during 2015. The recommendations and actions from this report are still in their infancy and include an amalgamation of last years WRES actions and those ongoing from the trusts previous equality reports

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.

Plan can be printed from the website separately

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