

## Response ID ANON-R89M-8JFJ-2

Submitted to **Workforce Race Equality Standard (WRES) reporting template**  
Submitted on 2017-09-14 11:54:24

### Introduction

#### 1 Name of organisation

**Name of organisation:**

Great Western Hospitals NHS Foundation Trust

#### 2 Date of report

**Month/Year:**

March 2017

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

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

Nerissa Vaughan

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

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

Carole Nicholl

Director of Governance and Assurance

Carole.nicholl@gwh.nhs.uk

01793 605426

#### 5 Names of commissioners this report has been sent to

**Complete as applicable::**

Swindon CCG

### Workforce Race Equality Standard reporting template

#### 6 Name and contact details of co-ordinating commissioner this report has been sent to

**Complete as applicable.:**

Ms Lynette Glass

Swindon CCG

The Pierre Simonet Building,

North Latham Road,

Blunsdon St Andrew,

Swindon

SN25 4DL

#### 7 Unique URL link on which this report and associated Action Plan will be found

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

<http://www.gwh.nhs.uk/about-us/equality-and-diversity/workforce-race-equality-standard/>.

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

**Name::**

Carole Nicholl

**Date::**

07.09.2017

### Background narrative

#### 9 Any issues of completeness of data

**Any issues of completeness of data:**

None.

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

Any matters relating to reliability of comparisons with previous years:

None.

## Self reporting

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

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

5183

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

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

8.9%

### 13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self-reported their ethnicity:

93%

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

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

No.

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

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

Refer to Ref 1 and Ref 2 of the Trusts Workforce Race Equality Standard Action Plan - To increase % of staff reporting their ethnicity

Current score 93% target 95% for 2018.

Ref 1- Options and proposals to encourage staff reporting of ethnicity to be developed by the Head of Recruitment, considered by the HR Team and reported to the E&D Group, including a trajectory of percentage improvement. Target Date Oct-17

Ref 2 - Head of Recruitment to review the recruitment process and reporting (ESR) to ensure that adequate information is provided around the need for ethnicity reporting and consideration of points in the recruitment process when this information should be requested. Target Date Nov-17

## Workforce data

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

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

Apr -16 to Mar -17

## Workforce Race Equality Indicators

**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:

(Total headcount = 5,160)

Non Clinical

Under band 1: White = 0.3%, BME = 0.0%

Band 1: White = 1.7%, BME = 0.2%

Band 2: White = 6.1%, BME = 0.3%

Band 3: White = 6.6%, BME = 0.2%

Band 4: White = 2.3%, BME = 0.0%

Band 5: White = 1.8%, BME = 0.1%

Band 6: White = 1.1%, BME = 0.1%

Band 7: White = 0.9%, BME = 0.1%

Band 8a: White = 0.7%, BME = 0.0%

Band 8b: White = 0.2%, BME = 0.0%  
Band 8c: White = 0.3%, BME = 0.0%  
Band 8d: White = 0.1%, BME = 0.0%  
Band 9: White = 0.1%, BME = 0.0%  
VSM: White = 0.1%, BME = 0.0%

#### Clinical

Under band 1: White = 0.1%, BME = 0.1%  
Band 1: White = 0.1%, BME = 0.0%  
Band 2: White = 8.8%, BME = 1.5%  
Band 3: White = 6.1%, BME = 0.5%  
Band 4: White = 2.0%, BME = 0.2%  
Band 5: White = 14.6%, BME = 2.8%  
Band 6: White = 14.2%, BME = 1.6%  
Band 7: White = 5.8%, BME = 0.1%  
Band 8a: White = 1.0%, BME = 0.1%  
Band 8b: White = 0.4%, BME = 0.0%  
Band 8c: White = 0.1%, BME = 0.0%  
Band 8d: White = 0.1%, BME = 0.0%  
Band 9: White = 0.0%, BME = 0.0%  
VSM: White = 0.0%, BME = 0.0%

#### Data for previous year:

(Total headcount = 4,972)

##### Non Clinical

Under band 1: White = 0.1%, BME = 0.0%  
Band 1: White = 1.8%, BME = 0.1%  
Band 2: White = 6.2%, BME = 0.3%  
Band 3: White = 6.9%, BME = 0.1%  
Band 4: White = 2.4%, BME = 0.0%  
Band 5: White = 2.1%, BME = 0.1%  
Band 6: White = 1.1%, BME = 0.1%  
Band 7: White = 0.9%, BME = 0.0%  
Band 8a: White = 0.7%, BME = 0.0%  
Band 8b: White = 0.2%, BME = 0.0%  
Band 8c: White = 0.2%, BME = 0.0%  
Band 8d: White = 0.2%, BME = 0.0%  
Band 9: White = 0.1%, BME = 0.0%  
VSM: White = 0.1%, BME = 0.0%

##### Clinical

Under band 1: White = 0.0%, BME = 0.0%  
Band 1: White = 0.0%, BME = 0.0%  
Band 2: White = 9.0%, BME = 1.3%  
Band 3: White = 5.1%, BME = 0.3%  
Band 4: White = 2.1%, BME = 0.1%  
Band 5: White = 16.2%, BME = 2.6%  
Band 6: White = 14.8%, BME = 1.5%  
Band 7: White = 6.2%, BME = 0.1%  
Band 8a: White = 0.9%, BME = 0.1%  
Band 8b: White = 0.4%, BME = 0.0%  
Band 8c: White = 0.1%, BME = 0.0%  
Band 8d: White = 0.1%, BME = 0.0%  
Band 9: White = 0.0%, BME = 0.0%  
VSM: White = 0.0%, BME = 0.0%

#### The implications of the data and any additional background explanatory narrative:

The percentage of BME staff has either remained the same or increased for both non clinical and clinical staff since last year.  
The increases in BME staff are seen at Bands 7 and below.

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

Whilst the percentage of BME staff has either remained the same in some bands or improved in others there has been no improvement in BME employees in band 8 and higher.

The aim is to increase reporting of ethnicity across all bands but this is especially important in Band 8 and higher.

In addition the aim is to improve training opportunities to enable BME employees to progress to the posts in higher bands.

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

**Data for reporting year:**

1.67

**Data for previous year:**

1.90

**The implications of the data and any additional background explanatory narrative:**

1.90 white employees were appointed from shortlisting in comparison to 1 BME employee for the previous reporting year. This reporting year there has been an improvement with 1 BME employee appointed from shortlisting for every 1.67 white employees.

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

Refer to Ref 5,6,7 and 8 of the Trusts Workforce Race Equality Standard Action Plan - To increase likelihood indicator of BME employees being appointed following shortlisting

Current indicate (like hood 1.67 white in comparison to 1 BME) improve to 1.5

Ref 5 - Head of recruitment to review interview process to ensure E&D is considered positively as part of the recruitment process. Target Date Jan-18

Ref 6 - Training to be provided to recruiting managers on diversity, culture and bias to be reported to Equality & Diversity Group. Target Date Oct-17

Ref 7 - Consider options to support all applicants during recruitment process Target Date Oct-17

Ref 8 - Introduction of an annual audit of applicants unsuccessful at shortlisting and interview with analysis of results to be reported to HR Team for review and learning. Target Date Jan-18

**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:**

0.60

**Data for previous year:**

0.77

**The implications of the data and any additional background explanatory narrative:**

For the previous reporting year 0.77 BME employees entered the formal disciplinary process in comparison to 1 white employee. The data shows a disparity compared to white employees. This year 0.60 BME employees entering the formal disciplinary process in comparison to 1 white employee. Therefore white employees are more likely to enter disciplinary process compared to BME staff. This could suggest that managers feel less confident when formally managing BME staff.

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

Refer to Ref 9 of the Trusts Workforce Race Equality Standard Action Plan To improve the comparable likelihood of BME employees who enter formal disciplinary procedures

Current indicate (like hood 0.60 BME in comparison to 1 white) improve to 1

Include E&D in the 100 days to management course to ensure managers feel confident managing all employees equally. Target Date Mar-18

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

**Data for reporting year:**

1.11

**Data for previous year:**

1.06

**The implications of the data and any additional background explanatory narrative:**

For every 1.06 white employees 1 BME employee accessed non mandatory training and CPD for the last reporting year. This has increased to 1.11 white employees in comparison to 1 BME employee this reporting year.

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

Refer to Ref 3 and Ref 4 of the Trusts Workforce Race Equality Standard Action Plan - To increase likelihood indicator of BME staff accessing non mandatory training.

Current indicate (like hood 1.11 white in comparison to 1 BME) improve by 0.5

Ref 3- Academy to develop an awareness plan of training and CPD opportunities to roll out to managers for all staff including BME staff group to be reported to E&D Group in Oct-17. Target Date Oct-17

Ref 4 - To ensure that the Training and CPD panel memberships is reflective of all staff groups. Target Date Sep-17

**Workforce Race Equality Indicators**

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

**White:**  
31.65%

**BME:**  
26.42%

**White:**  
35.19%

**BME:**  
29.17

**The implications of the data and any additional background explanatory narrative:**

The Trust has seen an improvement in both BME and white employees experiencing harassment bullying or abuse from patients/relatives/public in the last 12 months.

The Trust launched a "Never OK" campaign in 2016 to provide awareness to service users that the Trust does not tolerate abuse of its employees. It is recognised that a number of employees are still experiencing abuse by service users and work is on-going to understand how to continue reducing the figures

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

- The "Never OK" campaign is continuing to provide awareness to service users that the Trust does not tolerate harassment, bullying and abuse of its employees.
- The Trust is continuing to encourage staff to report all incidents and has produced and given a written guide to all staff about keeping safe at work which includes the process for reporting incidents of harassment, bullying or abuse.
- The Trust has a Minimising Violence and Aggression in the Workplace Policy in place.
- Improving training opportunities to increase the number of BME employees accessing non mandatory training and CPD

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

**White:**  
89.18%

**BME:**  
82.86%

**White:**  
88.70%

**BME:**  
88.24%

**The implications of the data and any additional background explanatory narrative:**

The percentages for BME employees have decreased in comparison to the last reporting year from 88.24 to 82.86. This is in contrary to white employees whose percentage has improved from the last reporting year from 88.70 to 89.18. All promotions and posts are subject to recruitment and retention processes.

Promote leadership and development programme already in place which is accessible to all.

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

Refer to Ref 13 and 14 of the Trusts Workforce Race Equality Standard Action Plan - To increase % of BME staff who believe there are equal opportunities for career progression and promotion.

"Current score for BME staff 82.86% improved to 85% for 2018 - improve gap between white and BME start (89.18%white) "

Ref 13 - Academy to introduce formalised acting up/ shadowing programme for all staff. Target Date Jan-18.

Ref 14 - Academy to raise awareness with managers and Divisions of career development programmes in the Academy through additional promotion via site communications and other communication mechanisms to include an on-going programme of reminders and updates. Target Date Oct-17.

**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.**

**White:**  
6.21%

**BME:**  
9.26

**White:**  
4.70%

**BME:**  
8.33%

**The implications of the data and any additional background explanatory narrative:**

The number of staff who have reported experiencing discrimination has increased from last reporting year for both groups White and BME.

The Trust launched a "Freedom to Speak Up" campaign in April 2016 to encourage staff to speak up and raise concerns. One of the aims of campaign was to raise awareness and make it easier for staff to raise their concerns. The increase from last year may be due to increased reporting by staff of their concerns.

HR to formulate additional measures to support employees experiencing bullying and harassment (such as consideration of BME committee) for discussion at the E&D Group to include potential benefits and resources implications. This needs to align to the national call for action and work underway by Employee Partnership Forum & HR. Target Date Jan-18.

The Trust is continuing to promote the "Freedom to Speak Up" campaign to raise awareness and to create a culture where staff feel happy to raise concerns.

The Trust has a Bullying and Harassment Policy and an Equality and Diversity Policy in place. There is also an Equality tool in every HR policy.

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

Refer to Ref 10, 11 and 12 of the Trusts Workforce Race Equality Standard Action Plan - To reduce the percentage of BME employees experiencing discrimination from their manager or colleague.

Improve the percentage for both white (6.21%) and BME staff (9.26%)

Ref 10- HR to formulate additional measures to support employees experiencing bullying and harassment (such as consideration of BME committee) for discussion at the E&D Group to include potential benefits and resources implications. This needs to align to the national call for action and work underway by Employee Partnership Forum & HR. Target Date Jan-18

Ref 11- BME representation to be secured on the Freedom to speak up campaign and Raising awareness of Freedom to Speak Up Campaign. Target Date Jan-18

Ref 12 - Formulate additional proposals to raise awareness of the Freedom to Speak up campaign to include E&D concerns. Target Date Jan-18

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

**White:**  
21.32%

**BME:**  
20.75%

**White:**  
24.69%

**BME:**  
29.17 %

**The implications of the data and any additional background explanatory narrative:**

- Improvements have been made in the last 12 months with a reduction in white and BME employees experiencing bullying, harassment or abuse. The BME percentage for this reporting year has reduced to align closer to the white percentage in comparison to the previous reporting year.
- The Trust has a Bullying and Harassment policy in place.
- The Trust has a Minimising Violence and Aggression in the Workplace Policy in place

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

The Trust has a Bullying and Harassment Policy in place.

Continuation of current support mechanisms for BME employees to bring the percentages for white staff and BME staff closer together.

**Workforce Race Equality Indicators**

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

**White:**  
15.2%

**BME:**  
10.0%

**White:**

22.2%

**BME:**

9.3%

**The implications of the data and any additional background explanatory narrative:**

The negative figures are due to some members of the board who have not reported their ethnicity. This amounts to 38.5% in the last reporting year and 33.5% in this reporting where ethnicity of the board is unknown.

Board members either reported they were White British or did not state their ethnicity.

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

Refer to Ref 15 of the Trusts Workforce Race Equality Standard Action Plan - To encourage reporting of ethnicity at Board level.

4 board members ethnicity unknown

Ref 15 - To develop template and implement census of Board members. Target Date Jan-18

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

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

No

**27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.**

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.:

<http://www.gwh.nhs.uk/about-us/equality-and-diversity/workforce-race-equality-standard/>.