Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation	Date of report: month/year	
Great Western Hospitals NHS Foundation Trust	July	2016

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

Nerissa Vaughan (CEO)

Name and contact details of lead manager compiling this report

Claire Warner (Senior Employee Relations Manager)

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

NHS Swindon CCG - Lynnette Glass. NHS Wiltshire CCG, Dina McAlpine, Director of Quality

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

Lynnette Glass< Swindon CCG, 01793 683745

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

TBC

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

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Some data is incomplete. Ongoing action to be considered by the E&D working group in July 2016.

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

Due to late submission on the previous year, progress on actions are an indirect result of the WRES reporting.

2. Total numbers of staff

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

4,969

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

14.31%

3. Self reporting

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

92.9%

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

No

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?

Jan-Dec 2015

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.	Overall workforce 9.19% Clinical (bands 1-9 and VSM) 9.16% Non Clinical (bands 1-9 and VSM) 3.27%	Overall workforce 8.85% Clinical (bands 1-9 and VSM) 8.75% Non Clinical (bands 1-9 and VSM) 3.59%		
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Data Unavailable		Review 2016	Look at getting this information from NHS Jobs
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.	8.55% - less likely	7.16% - less likely		
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Data Unavailable		Review 2016	Agenda for 2016

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 35% BME 29%	White 31% BME 23%	Staff survey data	Trust Campaign to deliver a strong message that the Trust does not tolerate abusive behaviors and awareness campaign for staff to re-assure staff that the Trust is taking measure to protect them. Work with external partner to support deliver the
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 25% BME 29%	White 23% BME 29%	Staff survey data	
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 89% BME 88%	White 90% BME 63%	Staff survey data	The Trust score have improved significantly for BME staff
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 8%	White 8% BME 21%	Staff survey data	The Trust score have improved significantly for BME staff
	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.	Board 0% Overall workforce 9.19%	Board 0% Overall workforce 8.85%		

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?

Through it's recent submission of the overdue WRES report for 2014/15, the Trust is monitoring the WRES indicators as a means of progress. This is reported as part of the agenda on the Equality and Diversity Working Group meetings and, in addition, milestones have recently been set via the Trust's action tracker 2016/17 for this group.

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.

In terms of actions, the Trust has developed a Milestones Action Plan for 2016/17, and, in addition, this is being monitored through the Equality and Diversity Working Group. We are committed to improving our performance across all aspects of Equality and Diversity, incorporating the EDS2 and WRES.
We will be monitoring the sharing of good practice in support of and addressing issues regarding BME staff. We will also be identifying any gaps in reporting data within the WRES current legislation.

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