Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Shropshire Community Health Trust

Date of report: month/year

August 2021

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

Greg Moores Director of People

Name and contact details of lead manager compiling this report

Fiona MacPherson, Human Resources Business Partner

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

Telford & Wrekin & Shropshire CCG

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

Alison Smith, Director of Corporate Affairs, Telford & Wrekin & Shropshire CCG

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

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

Full ethnicity data is not available as 2.56% (2020- 2.65%) of staff have left this field blank or not stated (this has gradually reduced since 2017 when it was 4.4% of staff who had left this blank).

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

For one of the staff survey questions we did not have data from last year due to small numbers of responses.

2. Total numbers of staff

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

1679

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

3.81%

3. Self reporting

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

The proportion of staff who self reported their ethnicity has increased this year to 97.44%. This figure has gradually risen over the last 3 years from 95.6% in 2017 to 97.44% in 2021.

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

Staff are encouraged to self report their ethnicity through self service on ESR. We have also sent communications out about the importance of ensuring personal data is up to date which has encouraged staff to self report their ethnicity.

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

We will continue to send communications out on a regular basis to encourage staff to declare protected characteristics.

4. Workforce data

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

1 April 2020 - 31 March 2021

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.	Non-clinical Band BME Employed % 2 1.50% 3 0.21% 4 0.21% 5 0.43%	Non-clinical Band BME Employed % 2 4.09% 3 1.11% 4 1.89% 5 0.00% 6 0.00%	In terms of BME staff overall in non clinical and clinical roles there has been no chnage since 2020. For the last 3 years there have been no BME staff in Bands 5-7 in non clinical roles. However for the reporting year this has changed and there have been no BME staff in Band 6 non clinical roles.	We are working with our BAME network to review our recruitment process which includes reviewing our processes and our paperwork. We have also developed actions against 6 High Impact Recruitment Actions.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	2.11	1.20	The Trust's selection data shows that white staff are 2.11 more times likely to be appointed compared to BME staff.	We are working with our BAME network to review our recruitment process which includes reviewing our processes and our documentation. We have organised 2 unconscious bias sessions for October 2021 and unconscious bias is covered in our Safer Recruitment training. We have invited members of our BAME network to
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.	4.86	0	Our numbers of staff entering into disciplinary processes is small. In total there were 6 people who entered into a formal disciplinary process, 5 of the individuals were white	Continue to monitor the numbers of staff entering into a formal disciplinary process. We are implementing a Just, Learning and Inclusive Culture approach to incidents with managers, staff and trade unions. This will involve implementing the four step model prior to the application of a Disciplinary process.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	1.05	0.99	This data has to be considered with the caveat that not all CPD requests are recorded electronically.	We are currently developing a project to look at recording Role Specific Essential Training (RSET) on ESR.

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 18% BME 50%	White 21% BME 29%	For this reporting year a total of 785 white staff and 22 BME staff responded to this question. In terms of staff numbers 11 BME staff have experienced harassment in this reporting year (an increase of 4 BME individuals from 2019) compared to 141 white staff (a decrease of 22	We are in the process of rolling out a reverse mentoring programme. We have also discussed the staff survey results with our BAME network. As a result included in our areas of focus are implementing a Just, Learning and Inclusive Culture and a communication campaign to
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 17% BME 41%	White 19% BME 25%	For this reporting year a total of 783 white staff and 22 BME staff responded to this question. In terms of staff numbers 9 BME staff have experienced harassment in this reporting year (an increase of 3 BME individuals from 2019) compared to 133 white staff (a decrease of 24	We are in the process of rolling out a reverse mentoring programme. We have also discussed the staff survey results with our BAME network. As a result included in our areas of focus are implementing a Just, Learning and Inclusive Culture and a communication campaign to
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 93% BME 67%	White 92% BME -	For this reporting year a total of 562 white staff and 18 BME staff responded to this question. 12 out of the 18 BME staff belive that we provide equal opportunities. Due to there being too few BME respondents in 2019 to this question we have not been provided with a % figure for this	We are in the process of rolling out a reverse mentoring programme. We have also discussed the staff survey results with our BAME network. As a result included in our areas of focus are implementing a Just, Learning and Inclusive Culture and a communication campaign to
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 3% BME 29%	White 3% BME 13%	The number of BME staff personally experiencing discrimination has increased compared to last year. For this reporting year a total of 829 white staff and 24 BME staff responded. In terms of staff numbers 25 white staff have experienced discrimination compared to 7 BME staff (an	We are in the process of rolling out a reverse mentoring programme. We have also discussed the staff survey results with our BAME network. As a result included in our areas of focus are implementing a Just, Learning and Inclusive Culture and a communication campaign to
	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 BME +11.5% White -16.6%	Board BME +4.7% White -10.4%	The relative representation of BME individuals on the Board has increased and the proportion of BME individuals on the Board is higher than the proprtion of BME individuals in the overall workforce	Board members are taking part in the reverse mentoring programme that is currently being rolled out. Board members have attended an Inclusive Leadership session to cover unconscious bias, role modelling behaviours etc

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?

We had an action plan for 2020-21 following the publication of our data last year which we have progressed.

Our BAME Staff Network is continuing to develop and we have a ICS BAME Staff Network. We have played a key role in organising events across the ICS, for example, we organised a Cultural Diversity Day for the ICS on 21 May 2021 which came about following a BME staff story at our Board.

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.

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