# Workforce Race Equality Standard

## **REPORTING TEMPLATE** (Revised 2016)

## Template for completion

**Name of organisation**

Glenside Manor Healthcare Services Limited

**Date of report: month/year**

March 2017

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

Christina Walsh, CEO

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

Kay Newman, Head of HR

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

Wiltshire CCG, as host commissioner

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

Simon Truelove, Wilts CCG (simon.truelove@nhs.net), Tim Burns, Wilts CCG (timburns@nhs.net) & Wilts Quality Team (WCCG.Quality@nhs.r

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

http://glensidecare.com/careers/equality/

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

Christina Walsh, CEO, date 28 July 2017

Publications Gateway Reference Number: 05067

# Report on the WRES indicators

## 1. Background narrative

### a. Any issues of completeness of data

This is the first year of reporting and as such, year on year comparisons are not possible. Where there is little or no data available in response to some of the questions Glenside believes our action plan resolves these issues.

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

n/a first report

## 2. Total numbers of staff

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

370

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

14.2%

## 3. Self reporting

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

87%

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

Reporting takes place at the time of recruitment, it is the employee's decision whether to declare ethnicity. We are currently in the process of reviewing the equality and diversity monitoring form to ensure employees have a better understanding of the reasons behind requesting ethnicity data.

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

We currently have no plans to refresh this data.

## 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. | -BME overall 14.2%<br>-BME clinical 16.5%<br>-BME non-clinical 4.8%<br>-BME £14-23.9k 13.0% | n/a | Glenside does not use AfC bandings as it is an independent provider. Analysis provided by salary bandings in line with the guidance. | Action: Continue to monitor using Clinical / Non-Clinical and salary banding analysis to ensure consistent statistical measurements throughout year on year reports. |
| 2 | Relative likelihood of staff being appointed from shortlisting across all posts. | 100% likelihood that white staff will be appointed from shortlisting* | n/a | All staff are given the opportunity and encouraged to apply for vacancies.<br><br>*Within the data period, of the 24 staff that applied, only 17 provided ethnicity data, and all were white | Action: Managers and Team leaders to be actively encouraged to support staff wishing to apply for vacancies.<br>Outcome: increased diversity of internal applicants in line with % of staff within BME vs White categories |
| 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 White<br>0 1 | n/a | There was only one disciplinary during the reporting period. | |
| 4 | Relative likelihood of staff accessing non-mandatory training and CPD. | Unable to provide data for this category | n/a | All staff are given access to non-mandatory training and CPD if they wish. Staff can request training at any time but it is specifically discussed within the PDA, and is an ongoing discussion during supervisions and 1:1's. We currently have no system that allows us to record this data. | Action: Develop systems to record this metric and ensure the 2018 survey includes a specific question in respect of non-mandatory training and CPD. |

# 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)**<br>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<br>BME | White<br>BME | as a non NHS employer we do not use the National NHS staff survey and therefore are unable to answer these questions using survey data | Action: to create an annual equality survey of all staff reflecting the questions posed in the National NHS survey or to incorporate questions in the existing staff survey.<br>Outcome: this will enable Glenside to gain an |
| 6 | KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. | White 0.36%<br>BME 2.17% | White<br>BME | As above. This response has been provided using grievance statistics over the reported period. As such 1 white and 1 BME staff member made grievances expressing these concerns during the reporting period | as above |
| 7 | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion. | White<br>BME | White<br>BME | as above | as above |
| 8 | Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?<br>b) Manager/team leader or other colleagues | White<br>BME | White<br>BME | as above | as above |
| | **Board representation indicator**<br>For this indicator, compare the difference for White and BME staff. | | | | |
| 9 | Percentage difference between the organisations' Board voting membership and its overall workforce. | The difference for both voting and executive membership of the Board is | n/a | The Board comprises 4 people, 2 non-executive directors and 2 executives, the CEO and Finance Director of the organisation. | Glenside demonstrates is commitment to equality and inclusion throughout its recruitment process and will continue to do so, as and when vacancies arise at Board level |

**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?

The Operations Board will be discussing WRES in detail as a standing agenda item over the coming year to identify system improvements to better record the data to assess the organisational progress against the Standards. As a relatively small independent organisation with c370 employees, Glenside do not have the same resources available to invest the time and capital required for wholescale HR reporting databases and most of the information collated for this report is manual intensive. This needs to be balanced with the increasing reporting requirements over all other facets of operations for healthcare providers and the requirements under the NHS framework contract.

## 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.

Actions detailed in this submission form the framework plan for the next year. Ownership of these actions will sit with the Head of HR and progress will be discussed regularly at Operations and Corporate Board level.

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