

Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)



Template for completion

Name of organisation

Date of report: month/year

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

Name and contact details of lead manager compiling this report

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

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

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)

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

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

2. Total numbers of staff

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

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

Report on the WRES indicators, continued

3. Self reporting

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

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

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

4. Workforce data

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

Report on the WRES indicators, continued

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.				
2	Relative likelihood of staff being appointed from shortlisting across all posts.				
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	Relative likelihood of staff accessing 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) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff.</u>				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White BME	White BME		
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White BME	White BME		
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White BME	White BME		
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 BME	White BME		
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff.</u>				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.				

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.

Report on the WRES indicators, continued

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

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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and prevent future editing



WORKFORCE RACE EQUALITY STANDARD ACTION PLAN 2017-18

WRES Indicator	WRES Indicators for each of the indicators compare white and BME staff	Action taken and planned	Lead
1	<p>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</p>	<p>a) Our staff first strategy has been developed to help to retain and develop our staff. It also includes a series of interventions such as:</p> <ul style="list-style-type: none"> • career clinics • career coaching • career library resource • mentoring • road-shows <p>b) Internal promotion and positive action to support BME staff in achieving and sustaining promotion</p> <p>c) Priority places given to BME staff on the European Mentoring and Coaching Council Foundation level coaching course</p> <p>d) Supported and coached applicants to the National NHS Leadership Academy Stepping up programme (3 applicants were successfully recruited on to this programme) and also Ready Now Programme</p> <p>e) New leadership development programme called "Leading in Excellence" has been rolled out and a review will be undertaken to see how successful these programmes have been</p> <p>f) We are developing a coaching register and offering services to Network for Change and in addition some members of the network have been trained in coaching techniques in order to join the coaching register and support the above</p> <p>g) On-going active promotion of senior roles to BME staff and support for leadership development</p>	<p>Head of L&D E&D Lead</p>

2	Relative likelihood of staff being appointed from shortlisting across all posts.	<ul style="list-style-type: none"> a) Unconscious bias in the recruitment process has been implemented as well as train the trainer training programme b) The national NHS Leadership Academy Diversity and Inclusion Power and practice, has been undertaken to embed awareness of unconscious bias c) Our training manager as well as HR Business Partners have undertaken train the trainer unconscious Bias training d) Recognising disproportionately low recruitment levels of BME staff to positions at Band 8a and above - we will incorporate unconscious bias training into our people management training 	Head of L&D E&D Lead
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	<ul style="list-style-type: none"> a) HR Business Partners have undertaken the Unconscious Bias training and will incorporate this training in to their people management roles b) We will continue to investigate the data to establish the exact circumstances that appear to lead to BME twice as likely to face normal disciplinary proceedings. c) We will consider a checklist prior to any formal procedures being undertaken against BME staff 	Head of HR E&D Lead
4	Relative likelihood of staff accessing non-mandatory training and CPD.	<ul style="list-style-type: none"> a) We are planning to interrogate the diversity data of staff who have not had an appraisal in order to ensure that all staff have equal access to planned development. 	Head of L&D E&D Lead
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<ul style="list-style-type: none"> a) We are looking to identify initiatives and good practice such as Bullying & Harassment (B&H) champions. b) We are also training cohort of mediators to support B&H initiatives 	Head of HR E&D Lead
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Linked to Metric 5	Head of HR E&D Lead

7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	Linked to Metric 1 & 2	Head of HR E&D Lead
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	Linked to Metric 5&6	Head of HR E&D Lead
9	Board representation Percentage difference between the organisations' Board voting membership and its overall workforce.	The Trust to continue its efforts to increase the proportion of BME representation on the Board from one to three people and to develop a programme that will enable the advancement of skilled and qualified local BME people to take up future positions on the Board. Currently the Board has successfully recruited two Non-Executive Directors	Board Secretary E&D Lead