







Trust Board Report

Meeting Date:	26 th September 2016
Title:	Workforce Race Equality Standard (WRES) Indicators – Annual Update
Executive Summary:	This briefing provides an annual update on the WRES Indicators which together with the action plan is to be published on the Trust website following board approval.
Action Requested:	The Board is asked to approve the annual update report and action plan.
Report of:	Linda Holland, Interim Director of HR and OD
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Links to Trust Strategic Objectives	Attract, retain and develop our staff and improve employee engagement.
Resource Implications:	Revenue: None Capital: None Workforce: None Funding Source: N/A
Equality and Diversity Assessment	The report and indicators update is based on the Ethnicity PPC. Analysis, commentary and required action are included in the report.
Risks: BAF/ TRR (describe risk and current risk score)	SR1/PC4 – Potential for employee engagement indicators to decline.
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	Workforce Race Equality Standard – Reporting Template 2016 And associated action plan.
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny

Background Details	
1	<p>Workforce Race Equality Standard</p> <p>The NHS Workforce Race Equality Standard came into effect from 1st April 2015, when the standard and metric indicators became a mandatory element and included in the NHS Standard contract. All Trusts are required to demonstrate progress against nine indicators which include workforce data metrics, NHS national staff survey findings and one board metric around BME representation. As a reminder, the metrics are as follows:</p> <p>Four workforce data metrics:</p> <ul style="list-style-type: none">• Percentage of BME staff in Bands 8-9, VSM (including executive board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.• Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.• Relative likelihood of BME staff entering formal disciplinary process• Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff; <p>Four staff survey findings regarding White and BME experiences:</p> <ul style="list-style-type: none">• Staff experiencing harassment, bullying or abuse from patients, relatives or the public• Staff experiencing harassment, bullying or abuse from staff• Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion• Staff having personally experienced discrimination at work from manager/team leader or other colleagues. <p>And; one Board metric to address low levels of BME representation:</p> <ul style="list-style-type: none">• Boards are expected to be broadly representative of the population they serve. <p>The metrics seek to drive inquiry, behaviour attitudinal and sustained change.</p>
2	<p>Reporting Requirements</p> <p>All Trusts are required to report on their WRES indicators together with an action plan on an annual basis and to publish this information on the external Trust website, following Board approval.</p> <p>In addition, from this year there is a further requirement to upload the baseline data onto NHS England's UNIFY2 reporting system and this has been actioned for the 1st August deadline.</p> <p>Attached is a copy of the completed standard PDF template that we are required to upload together with a high level action plan.</p>

3	Equality, Diversity and Inclusion Steering Group The Trust established its Equality, Diversity and Inclusion Steering group earlier this year. The Group is responsible for monitoring progress against both the WRES and the EDS2 plans.
4	Data Cleanse In order to provide further assurance on our Workforce Data, the HR department will be undertaking a data cleanse project which will involve writing to every Trust employee to ask them to check, verify or amend their records including confirmation of their equality monitoring data.
5	Recommendation The Board is asked to note the annual update on the WRES indicators together with the action plan and is asked to approve these documents for publishing on the Trust's website.

Appendix 1 – WRES Indicators Annual Comparison/Update

Workforce Race Equality Standard - Indicators	2016	2015	2014	Comments / Initial Actions
Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	11.11% % BME of the overall workforce in this category is 22.8%	12.77% % BME of the overall workforce in this category is 22.06%	13.8 % % BME of the overall workforce in this category was 22.69%	The number of BME staff in this category has decreased by 2% within this year. Further work is required to analyse a breakdown of staffing categories to identify clinical 'specialist' posts
Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.	<p>Likelihood of white staff being appointed from shortlisting (72.61/63.09) = 1.15</p> <p>Likelihood of BME staff being appointed from shortlisting (27.39/36.91) = 0.74</p> <p>Relative likelihood of white staff being appointed from shortlisting compared to BME staff (1.15/0.74) is therefore 1.55 times greater</p>	<p>Likelihood of white staff being appointed from shortlisting = 1.09</p> <p>Likelihood of BME staff being appointed from shortlisting = 0.83</p> <p>Relative likelihood of white staff being appointed from shortlisting compared to BME staff is therefore 1.32 times greater.</p>	No Data Available	<p>26% of BME applicants were invited to interview from shortlisting, as recorded on NHS jobs – this is nil change from 2015. However, there is a decrease in the relative likelihood of BME applicants being appointed at interview as opposed to white applicants – a decrease in relative likelihood of 0.09</p> <p>It should be noted that all personally identifiable information including monitoring data is withheld from recruiters and this ensures objective shortlisting based on the job description and person specification only.</p> <p>It should be noted that these statistics are based on data as recorded via NHS jobs, which is still showing a significant level of gaps in the 'Appointed' category and it will not be possible to update this backdated information easily. The action is to emphasise to recruiting departments (de-centralised areas) to update the 'hire applicant' section on NHS jobs in order to enable more accurate reporting moving forwards.</p> <p>Recruitment to run monthly reports to monitor progress and encourage completion in gaps of information.</p> <p>Ensure that WRES is included in the Trust's Recruitment and Selection Training.</p>

<p>Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.</p>	<p>Relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 1.34 times greater</p>	<p>Relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 1.52 times greater.</p>	<p>Relative likelihood of BME staff entering the formal disciplinary process compared to white staff was 1.52 times greater.</p>	<p>There has been a decrease in the relative likelihood of BME staff entering the formal disciplinary process of 0.18 Work is to be undertaken by the HR Advisory team to be able to provide a detailed analysis of the types of conduct and any key themes within this as well as supportive or remedial action taken either prior to or as a result of disciplinary action.</p>
<p>Relative likelihood of BME staff accessing non mandatory training and CPD as compared to white staff</p>	<p>Likelihood of white staff accessing non mandatory training / CPD is 0.13 (as auto calculated by RL4) Likelihood of BME staff accessing non-mandatory training/CPD is 0.09 (as auto calculated by RL4) The relative likelihood of white staff accessing non-mandatory training and CPD as compared to white staff is 1.39 times greater</p>	<p>Likelihood of white staff accessing non mandatory training/CPD is 9.59 (i.e. 9 in 10) Likelihood of BME staff accessing non mandatory training/CPD is 4.04 (i.e. 4 in 10)</p>	<p>Likelihood of white staff accessing non mandatory training/CPD was 9.70 Likelihood of BME staff accessing non mandatory training/CPD was 3.83</p>	<p>In 2016 a template (RL4) has been provided to the Trust with all calculations embedded. On inputting of 2016 training figures the outcome is not comparable with previous years. It is possible that previous years' figures have been incorrectly calculated All training opportunities are advertised openly across the organisation including the KITE site which is accessible by all employees and regular advertising of courses through the All Staff bulletin. The E Study Leave form will begin to be developed at the end of 2016 and will enable more detailed recording and reporting.</p>
<p>National NHS Staff Survey findings.</p>				
<p>5. KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>	<p>20% ; of which 18% white and 32% BME</p>	<p>24%; of which 21% white and 32% BME</p>	<p>26%; of which 24% white and 41% BME</p>	<p>Based on 2014 and 2013 national staff survey results. Note that results are based on % respondents of 850 staff randomly selected for the survey. There has been a steady decline in percentage of white staff experiencing bullying or abuse. The percentage for BME has decreased from 2014 to 2015 , but remained unchanged for 2016 at 32% - there is an overall change of 4%</p>
<p>6. KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p>	<p>12% ; of which 13.% white and 22% BME</p>	<p>22%; of which 21% white and 24% BME</p>	<p>21%; of which 22% white and 16% BME</p>	<p>Based on national staff survey results. Note that results are based on % respondents of 850 staff randomly selected for the survey. There has been a significant year on year decrease for white staff and for BME staff a rise from 2014 to 2015 with a subsequent decrease of 2% in 2016. Overall there has been a decrease of 10% since 2015 - significantly since 2014 there has been an 9% decrease for white staff but a 6% increase</p>

				For BME staff. 2016 internal Chatback survey question: <i>In the last 12 months, have you experienced bullying or harassment at work?</i> - 13% of staff reported experiencing Bullying and Harassment at work	
7.	KF 27. Percentage believing that the Trust provides equal opportunities for career progression or promotion	86% ; of which 90% white and 77% BME	89%; of which 90% white and 83% BME	88%; of which 90% white and 75% BME	Based on national staff survey results. Note that results are based on % respondents of 850 staff randomly selected for the survey. There has been an overall decrease of 3% of staff and also a 6% decrease of BME responses who believe that the Trust provides equal opportunities for career progression or promotion 2016 internal Chatback survey question: <i>The Trust values diversity and recognises and respects the value of differences in race, gender, age, etc.</i> - 86% of respondents agreed with this statement. - a decrease of 2% from 2015 -
8.	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	4% overall	12% overall and 6% from manager/team leader, colleagues. 4% stated this to be based on ethnic background.	7% overall and 4% from manager/team leader/colleagues. 3% stated this to be based on ethnic background.	Based on 2016 national staff survey results. Note that results are based on % respondents of 860 staff randomly selected for the survey. There has been a decrease of 8% overall in staff that have personally experienced discrimination 2016 internal Chatback survey question: <i>In the last 12 months, have you experienced any form of discrimination at work (e.g. racism, sexism, discrimination on grounds of religion, sexuality, etc)?</i> - 94% of respondents stated they had not. This remains unchanged from 2015
9.	Trust Board Representation Boards are expected to be broadly representative of the population they serve.	The Trust Board BME representation is 25% Wolverhampton's population BME reported in 2011 census is 31.98	The Trust Board BME representation is 14.29%. Wolverhampton's population BME reported in 2011 census is 31.98%	The Trust Board BME representation was 0 % Wolverhampton's population BME reported in 2011 census is 31.98%	There has been a significant % improvement in BME representation on the Trust Board however it remains almost 7% lower in representation of the local Wolverhampton population.

Appendix 2

WRES 2016	HR Action Plan		
Topic	Action	Directorate Lead	Comments/Timescales
Data collection for the nine protected characteristics (including Ethnicity)	<ul style="list-style-type: none"> Personal data collection exercise Input / recording onto ESR Equality, Diversity and Inclusion Steering group – chaired by Board member – to review EDI information and progress on a regular basis 	HR Workforce Team	Commencing October 2016 – December 2016 EDI steering group set up and meeting regularly at agreed intervals
Monitoring of flexible working applications and success rates	<ul style="list-style-type: none"> Increase awareness of Flexible working request process Improve level of adherence and recording of outcomes from applications (approvals and rejections) – with particular regard to protected characteristics including Ethnicity 	Divisional HR Teams	January 2016. Focus Groups have been run and due regard given to Equalities issues, to identify and address barriers to access or areas of inequality in application - Completed September 2016.
Increasing the level of equalities information held on the workforce	<ul style="list-style-type: none"> Raise awareness of importance and usage of equalities data to encourage higher rates of self-declaration of protected characteristic information. 	HR Workforce Team	Compilation and publication of Workforce Equalities Report – Report to be compiled by September 2016 and Published by 1st October 2016. Action Plans to be published by 1st October 2016 – updates on progress to Board and key outcomes and progress published at agreed intervals.
Employee Relations information	<ul style="list-style-type: none"> Develop Employee Relations Records to include all protected characteristics (including Ethnicity) Develop categories on data base to identify any relevant key themes or areas of concern Monitor and report on reasons for dismissals by PPC. 	Workforce Information and Divisional HR Teams	October 2016

<p>Collection of data on Learning & Development activities</p>	<ul style="list-style-type: none"> • Development of E-Learning / study request form • Ensure that annual appraisals are undertaken in line with Trust policy. Consideration of Appraisal data to identify if there are areas of low compliance or areas of concern – with specific regard to protected characteristics, including ethnicity. 	<p>Learning & Development</p>	<p>Development work on E Learning and Study Leave request form to commence December 2016, commence capture and analysis of information regarding all requests for ‘learning activities’ once complete. (March 2017)</p> <p>March 2017</p>
<p>Reducing incidents of Bullying and Harassment experienced by Staff</p>	<ul style="list-style-type: none"> • Implementation of Raising Concerns and Freedom to Speak Up • Communication throughout the Trust to re-enforce the Trust’s zero tolerance approach to Bullying, Harassment and Discrimination • Well Being agenda 	<p>Divisional HR Teams/Occupational Health</p>	<p>Freedom to Speak Up Guardian commencing in post September/ October 2016 Contact Links in place and embedded – September 2016 Further develop, and analysis of, information available via Datix March 2017 Communication strategy to reinforce zero tolerance of Bullying, Harassment and Discrimination January / February 2017 On line training package re Equality and Diversity for all Trust employees to be live October 2016 Well Being interventions and activities to be further developed and publicised internally to facilitate and encourage access by employees Feb 2017</p>
<p>Gender Pay Gap</p>	<ul style="list-style-type: none"> • Collection of personal data • Development of key metrics 	<p>HR Workforce Team</p>	<p>Collection of data relating to personal details October to December 2016 Equal Pay Audit / Gender pay gap audit to be carried out and published before 1st April 2017 (and to be included in WRES return and Trust Workforce Equalities Report – 2017)</p>
<p>Equal Pay Audit</p>	<ul style="list-style-type: none"> • Collection of personal data • Development of key metrics 	<p>HR Workforce Team</p>	<p>As above</p>

<p>Recruitment and Selection Information</p>	<ul style="list-style-type: none"> • Review of Recruitment and Selection processes to enable key metrics to be collected • Exception Reporting for Board members – evidence required as to why non-BAME applicant not appointed • Monitoring of internal appointments / moves / secondments and transfers in respect of all protected characteristics, including Ethnicity 	<p>HR Workforce Team / Recruitment Teams</p>	<p>Appointment of Resourcing Manager – October 2016 – review of process and recording of data to commence after appointment.</p> <p>Exception Reporting to be in place for Board members January 2017</p> <p>Analysis of internal moves / promotions / transfers / secondments February 2017</p>
<p>Leavers from the Organisation</p>	<ul style="list-style-type: none"> • Develop and monitor Exit Questionnaires and Interviews 	<p>HR Workforce Team</p>	<p>Review of Exit Questionnaires and interviews undertaken September 2016 – detailed plan to be formulated from report once available. October 2016.</p>