

# Workforce Race Equality Standard (WRES) Indicators 2017



## Workforce Race Equality Standards Indicators – Annual Comparison and Update

Workforce Race Equality Standard - Indicators	2017	2016	2015	Comments / Initial Actions
<p><b>Indicator 1.</b> 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.</p>	<p>BME staff make up 26.5% of the overall workforce.</p>	<p>11.11% % BME of the overall workforce in this category is 22.8%.</p>	<p>12.77% % BME of the overall workforce in this category is 22.06%.</p>	<p>This element of WRES has been revised this year and therefore it is only possible to compare the overall figure from this and the previous years. There has been an increase of 3.7% in the percentage of BME representation in the Workforce. This represents a 4.4% increase since 2015. As compared to the Wolverhampton BME community (35.5%) the Trust has an under-representation of BME staff but if compared to the combined communities of Cannock and Wolverhampton (18.25%) the Trust has a larger representation of BME staff than that of the local combined communities.</p>
<p><b>Indicator 2.</b> Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.</p>	<p>Relative likelihood of white staff being appointed from shortlisting compared to BME applicants is 1.73.</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>Relative likelihood of white staff being appointed from shortlisting compared to BME staff is therefore 1.32 times greater.</p>	<p>Relative likelihood of white applicants being appointed as compared to BME applicants for previous year was 1.55 - there has been a rise in the relative likelihood of white applicants being appointed during the current reporting year as compared to BME Applicants.  The recruitment process up to and including shortlisting is conducted with no access to protected personal characteristics and therefore has no influence on shortlisting outcomes. In the period ending 31st March 2017 there were a total of 13,821 job applications through NHS jobs, 73% were from BME applicants and 27% from White backgrounds - the Trusts combined local communities are recorded as being 18.25% from a BME background. (36% Wolverhampton and 1% Cannock). As compared to both demographic values the Trust attracts more applications from BME applicants than is representative of the local demographics.  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.  Recruitment to run monthly reports to monitor progress and encourage completion in gaps of information.</p>

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				Ensure that WRES is included in the Trust's Recruitment and Selection Training.
<p><b>Indicator 3.</b> 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>	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 1.97 times greater.	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 1.34 times greater.	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 1.52 times greater.	<p>With previous reporting period the relative likelihood of BME staff entering into a disciplinary process as compared to White staff was 1.34, in this period ending 31st March 2017 it is recorded as 1.97.</p> <p>Further work is being carried out to review any key themes or areas of inequality which need to be addressed in this area. 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>The Trust is aiming to launch 'Call into Action' at the planned Equalities event in Autumn 2017, and is exploring the potential and feasibility of participation in the Cultural Ambassador campaign – both initiatives will assist in a positive cultural change with particular regard to the experience of BME staff in the workplace.</p>
<p><b>Indicator 4.</b> Relative likelihood of BME staff accessing non mandatory training and CPD as compared to white staff</p>	Relative likelihood of white staff accessing non mandatory training / CPD is 1.34 compared to BME staff.	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	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>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.</p> <p>In the previous reporting year the relative likelihood of White staff accessing non mandatory training / CPD as compared to BME staff was recorded as 1.39.</p> <p>In this reporting period ending 31st March 2017 there has been a marginal improvement in this statistic in that the relative likelihood for white staff accessing training as compared to BME staff has decreased to 1.34 and consequentially the relatively likelihood of BME staff accessing training has risen.</p> <p>The introduction of the E form for requesting access to training will enable more accurate reporting - this should be in place for early 2018 - and the anticipated increase in accuracy of reporting will show in the return for the period ending 31st March 2019.</p>

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		greater.		
<b>Indicator 5.</b> <b>KF 25.</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	30% ; of which 30.33% white and 25.93% BME.	20% ; of which 18% white and 32% BME.	24%; of which 21% white and 32% BME.	Based on National Staff Survey results, there has been a significant increase of 10% in this key finding, with an increase of 12% for white staff and a decrease for BME staff of 6% - this is above the average for the sector which is 26% for 2016.
<b>Indicator 6.</b> <b>KF 26.</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	26% , of which 25% white and 26% BME.	17% ; of which 13.% white and 22% BME.	22%; of which 21% white and 24% BME.	<p>Based on National Staff Survey results, there has been a significant increase in the level of reported incidence in the National Staff Survey; an overall increase of 9% from the previous year, and a rise of 4% from 2014 (after a decline of 5% in 2015).</p> <p>There has been a rise of 12% reported in the National Staff Survey of 12% for white staff and a rise of 4% for BME Staff.</p> <p>This information was not collected as part of Chatback 2017 as the format was revised to be value based, and to avoid duplication of collection of data from staff.</p>
<b>Indicator 7.</b> <b>KF 21.</b> Percentage believing that the Trust provides equal opportunities for career progression or promotion	86% ; of which 89% white and 73% BME	86% ; of which 90% white and 77% BME	89%; of which 90% white and 83% BME	Based on National Staff Survey results, the overall percentage of staff reporting positively on this has remained constant; with a 1% decrease from white staff and 4% decrease from BME staff.

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<p><b>Indicator 8.</b>  <b>Q17.</b> In the last 12 months have you personally experienced discrimination at work from any of the following?</p> <p><b>b)</b> Manager/team leader or other colleagues</p>	<p>4% white and 19% BME.</p>	<p>4% overall : of which 4% are white and 5% BME.</p>	<p>12% overall and 6% from manager/team leader, colleagues. 4% stated this to be based on ethnic background.</p>	<p>Based on National Staff Survey results, in this year the overall figure is reported on the basis of experience by White staff and BME staff separately.</p> <p>The level of reported incidence for white staff has remained constant but there has been an increase of 14% for BME staff.</p>
<p><b>Indicator 9.</b>  <b>Trust Board Representation</b>                      Boards are expected to be broadly representative of the population they serve.</p>	<p>The Trust Board BME representation is 12.5%                      Wolverhampton's population of BME as reported in 2011 census is 31.98%.</p>	<p>The Trust Board BME representation is 25%                      Wolverhampton's population BME reported in 2011 census is 31.98.</p>	<p>The Trust Board BME representation is 14.29%.                      Wolverhampton's population BME reported in 2011 census is 31.98%.</p>	<p>The Trust Board is a small number of people and with the appointment or departure of one person from the group makes for a significant change in percentages.                      The Trust Board BME representation has decreased by 12.5% and means that the Board is under-represented in BME members as compared to the Wolverhampton community.</p>

## Workforce Race Equality Standards – HR Action Plan

Topic	Action	Directorate Lead	Comments/Timescales
Data collection for the nine protected characteristics (including Ethnicity).	<ul style="list-style-type: none"> <li>To continue to consistently collect data from the workforce on personal protected characteristics (including ethnicity) via further roll out of the Self-service function of ESR – allowing and encouraging Staff to keep personal details up to date.</li> </ul>	HR Workforce Team	<b>On-going</b>
Increasing the level of equalities information held on the workforce.	<ul style="list-style-type: none"> <li>Raise awareness of importance and usage of equalities data to encourage higher rates of self-declaration of protected characteristic information.</li> </ul>	HR Workforce Team	Compilation and publication of Workforce Equalities Report – to be presented to Board for approval <b>October 2017</b> . Updates on progress to Board and key outcomes and progress published at agreed intervals. Raise awareness of Equalities work within the Trust at Trust Annual Equalities Event ( <b>November 2017</b> ).
Employee Relations information.	<ul style="list-style-type: none"> <li>Develop categories on data base to identify any relevant key themes or areas of concern.</li> <li>Monitor and report on reasons for dismissals by PPC.</li> </ul>	Workforce Information and Divisional HR Teams	Initial work complete in identifying Personal protected characteristics of Employee Relations cases – further development work required to create meaningful categories for analysis of key themes to enable any inequality issues which may exist to be identified and plans created to address them. Work to commence <b>November 2017</b> .
Collection of data on Learning & Development activities.	<ul style="list-style-type: none"> <li>Completion of development of E-Learning form and implementation.</li> </ul>	Learning & Development	Development work on E Learning and Study Leave request form has commenced, implementation planned for <b>early 2018</b> . Commence capture and analysis of information regarding all requests for ‘learning activities’ once complete. (available for reporting on full year activities in <b>early 2019</b> ).
Reducing incidents of Bullying and Harassment experienced by Staff.	<ul style="list-style-type: none"> <li>Implementation of Raising Concerns and Freedom to Speak Up.</li> <li>Communication throughout the Trust to re-enforce the Trust’s zero tolerance approach to Bullying, Harassment and Discrimination.</li> <li>Well Being agenda.</li> </ul>	Divisional HR Teams/Occupational Health	Freedom to Speak Up Guardian has now been in post for 12 months and continues to assist in the creation of a positive working environment for all staff.  The role of Contact Links has been reviewed and refreshed and continues to be developed – <b>ongoing</b> .  Participation in the Call to Action initiative – to be launched at the Trust Equality Event – <b>November 2017</b> .

Topic	Action	Directorate Lead	Comments/Timescales
			<p>The on-line mandatory Equality, Diversity and Inclusion Training package to be launched in <b>October / November 2017</b>.</p> <p>Inclusion of Equality, Diversity and Inclusion (including Bullying and Harassment) has been introduced into the Induction Programme.</p> <p>Workplace Wellbeing group continues to meet to develop initiatives for supporting staff – and further initiatives will be developed and publicised to staff across the Trust – <b>ongoing</b>.</p>
Gender Pay Gap	<ul style="list-style-type: none"> <li>• Collection of personal data</li> <li>• Development of key metrics</li> </ul>	HR Workforce Team	<p>The exercise of collection of data relating to personal details has been undertaken, and declaration by staff is now being encouraged via ESR Self-service function. NHS have now issued guidance for Trusts on production of the key metrics and work will commence on producing this information in early 2018 for publication <b>April 2018</b>.</p>
Equal Pay Audit	<ul style="list-style-type: none"> <li>• Collection of personal data</li> <li>• Development of key metrics</li> </ul>	HR Workforce Team	As above.
Recruitment and Selection Information	<ul style="list-style-type: none"> <li>• Review of Recruitment and Selection processes to enable key metrics to be collected</li> <li>• Monitoring of internal appointments / moves / secondments and transfers in respect of all protected characteristics, including Ethnicity.</li> </ul>	HR Workforce Team / Recruitment Teams	<p>Review and explore R&amp;S processes to identify any areas of bias or inequality that may exist and seek to address. Discussions to commence with Resourcing Teams in <b>October 2018</b>.</p>
Leavers from the Organisation	<ul style="list-style-type: none"> <li>• Develop and monitor Exit Questionnaires and Interviews.</li> </ul>	HR Workforce Team	<p>Work ongoing in this area. Development of data collection re Turnover rates and individual Protected Personal Characteristics i.e. staff leaving the Trust – work to commence <b>January 2018</b>.</p>