Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation	Date of report: month/year	
Wirral Community Foundation NHS Trust	July	2017

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

Karen Walden-Smith, Interim Director of Human Resources & Organisational Development

Name and contact details of lead manager compiling this report

Sophie Hunter, Equality and Diversity Lead

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

Lorna Quigley, Wirral Clinical Commissioning Group (CCG)

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

Lorna Quigley – Director of Quality & Patient Safety (Lead of Equality & Diversity) Lorna.quigley@nhs.net

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

http://www.wirralct.nhs.uk/attachments/article/57/WRES%20Action%20plan%202017.doc

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

Karen Walden-Smith, Interim Director of Human Resources & Organisational Development

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data range for year one reporting will mirror all data sets from the annual Workforce Equality Analysis Report (WEAR) for year 2016. This WEAR meets all criteria for the specific duties of the Equality Act (2010). The time range for all reporting in the WEAR and related data sets is from 1st January 2016 to 31st December 2016 unless stated otherwise.

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

The known ethnicity profile of Wirral Community Foundation Trust is 99% in the annual report for 2016.

A know ethnicity status of 99% can provide a strong degree of assurance for accuracy for the WRES report (2017)

2. Total numbers of staff

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

1751

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

6%

3. Self reporting

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

99%

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

Not required due to high level of compliance.

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

N/A. Not required due to high level of compliance.

4. Workforce data

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

1st January 2016 to 31st December 2016.

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 -Clinical Bands 1-4 = 1% 5-6 - 3% 7-9 2% Non-Clinical Bands 1-4 = 1%	Data not available	Due to low numbers, banding categories have been given as 1-4 and 5-6, 7 to 9 to avoid non data reporting. This is to ensure a realistic picture can be given. Generally speaking, in both clinical and non clinical roles, BME staff were most represented in middle management. There was no adverse	Continue to monitor trends throughout 2017.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Applicants BME = 13% Short-listed: BME = 8% Starters: BME = 11% White = 86% Short-listed:	Applicants BME = 9% Short-listed: BME = Starters: BME = 3.4% White = 81% Short-listed:	BME applicants who were shortlisted accounted for 8% of the total for 2016. BME accounted for 11% successful starters in 2016. The likelihood of shortlisted BME applicants to be successfully appointed to a position within the Trust is high.	
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 staff were as likely as White British staff to come under disciplinary procedures.	There were no disciplinary cases against BME staff in 2015.	The low numbers of both BME and White British staff who entered disciplinary procedures in 2016 was very low. No adverse treatment of BME staff was found.	No action to be taken in this area. Statistics will continue to be monitored and qualitative perspectives gained form BME focus groups
4	Relative likelihood of staff accessing non-mandatory training and CPD.	BME staff were half as likely as White British staff to come access non mandatory and CPD training.	BME staff were half as likely as White British staff to come access non mandatory and CPD training	3% of Learners who accessed non mandatory training were BME, whereas BME staff made up 6% of total staff in 2016.	Action needs to be taken to encourage BME staff to undertake training aligned to their career goals. Continue to monitor CPD and undertake initiatives to ensure BME participation in the anticipated apprenticeship programs at WCT

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 24 BME 42	White 21 BME -	Concerns that the SAME data is almost twice that of White Colleagues. This indicates that there is some abuse suffered by service users and relatives.	Promote policies and functions to support staff from bullying and harassment from Patients, relatives and the public via communication media including emphasis of the zero tolerance. OH and HR to continue to support staff health and
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 18 BME 0	White 13 BME 0	Data from this question indicates that BME are significantly less likely to experience discrimination from staff.	Continue to keep policy and practice updated and equality training up to date for all staff.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 90 BME -	White 93 BME -	High percentage of White staff believe that there is equal opportunity of progression. BME responses too low to be used in analysis	To encourage more BME take up of the staff survey for 2017 in order to provide a larger range of indicative data
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 4 BME 0	White 4 BME -	Low reports of discrimination from both White and BME staff from managers and team leaders	Encouraging results. The trust must look to maintain this low score and keep related policy updated.
	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.	White - BME -	White - BME -	Amount of voting Board members at below 11, was too low to publish.	N/A

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?

There was significant 'known' data with regards to the statistics shown. It is worth acknowledging that with regards to staff survey data, there was a low response rate of BME staff. In cases where the response rate was less than 11, a score is represented by a -. The relatively low number of BME respondents should also be taken into account when analysing percentages.

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.

http://www.wirralct.nhs.uk/attachments/article/57/WRES%20Action%20plan%202017.doc

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