

MEETING OF THE PUBLIC TRUST BOARD – Monday 18th March 2019			
Workforce Race Equality Standard (WRES)		AGENDA ITEM: [PA insert number]	
Report Author and Job Title:	Minara Karim	Responsible Director:	Catherine Griffiths
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, all Trusts are required to complete and submit a pre populated template based on data from the national ESR data set with an associated action plan to be made available on the Trust’s website.		
Recommendation	Members of the Trust Board are asked to: <ul style="list-style-type: none"> • Sign off the WRES template for submission to NHS England • Upload the WRES template onto the Trust website with accompanied action plan 		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Failure to comply with equality, diversity and Inclusion standards for services leads to poor experience for patients causing increased complaints, impact on patient and staff experience and potential regulatory action		
Resource implications	No current resource implication		
Legal and Equality and Diversity implications	Failure to maintain momentum in the programme risks losing the impact and credibility of the Trust regarding the Equality and Diversity agenda as a whole WRES and EDS2 compliance		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

Workforce Race Equality Standard (WRES) Report 2018

Pre populated template copy



- 1. Name of Organisation:**
Walsall Healthcare NHS Trust
- 2. Date of Report:**
January 2019
- 3. Name and title of Board lead for the Workforce Race Equality Standard:**
Phil Gayle, Non-Executive Director
Catherine Griffiths – Director of People and Culture
- 4. Name and contact details of lead manager compiling this report**
Minara Karim – minara.karim@walsallhealthcare.nhs.uk
- 5. Names of commissioners this report has been sent to**
Walsall CCG
- 6. Name and contact details of co-ordinating commissioner this report has been sent to**
Gary Arnold – gary.arnold@nhs.net
- 7. Unique URL link on which this report and associated action plan will be found**
<https://www.walsallhealthcare.nhs.uk/about-us/who-we-are/equality-and-diversity/>
- 8. This report has been signed off by on behalf of the board on**
Date:
Name:
- 9. Any issues of completeness of data**
Data is obtained from our Electronic Staff Record (ESR). It covers all employees. Our staff survey data is managed by an independent employee research company.
- 10. Any matters relating to reliability of comparisons with previous years**
None
- 11. Total number of staff employed within this organisation at the date of the report**
4344
- 12. Proportion of BME staff employed within this organisation at the date of the report**
26.5%
- 13. The proportion of total staff who have self-reported their ethnicity**
99.9%



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

No further steps were required to improve the level of self-reporting as the proportion of staff who have self-reported their ethnicity is 99.9%

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

Reporting is high, no action required

Workforce data

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

2017/18

17. 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 clinical staff.

**Data for reporting year
Mar-18**

Band	White	BME	Unknown
Band 1	72%	28%	0%
Band 2	81%	19%	0%
Band 3	81%	19%	0%
Band 4	83%	17%	0%
Band 5	71%	29%	0%
Band 6	77%	23%	0%
Band 7	82%	18%	0%
Band 8A	85%	14%	1%
Band 8B	82%	15%	3%
Band 8C	93%	7%	0%
Band 8D	100%	0%	0%
Band 9	100%	0%	0%
VSM	89%	11%	0%
Consultant	27%	73%	0%
Non-Consultant/Career grade	13%	83%	4%
Trainee grade	30%	68%	2%

**Data for previous year
Mar-17**

Band	White	BME	Unknown
Band 1	70%	29%	1%
Band 2	81%	19%	0%
Band 3	79%	21%	0%
Band 4	85%	15%	1%
Band 5	71%	28%	1%
Band 6	79%	21%	0%
Band 7	81%	19%	0%
Band 8A	84%	15%	1%
Band 8B	82%	15%	3%
Band 8C	93%	7%	0%
Band 8D	87%	10%	3%
Band 9	100%	0%	0%
VSM	89%	11%	0%
Consultant	28%	72%	1%
Non-Consultant/Career grade	14%	83%	3%
Trainee grade	33%	62%	5%

The implications of the data and any additional explanatory narrative

The Medical and Dental workforce holds the largest proportion of BME colleagues, 75% of the staff group. The majority of BME staff, excluding medical and dental, are employed within band 1-4 or band 5-6 roles, and average of 22% BME across the two banding groups.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective.

The launch of a Personal Development Program for Band 2-6 Admin and Clerical staff.

Participation of BME staff in to 'The Stepping up Program' a leadership development program for bands 5 & 6 and one for band 7.

Links to EDS2 Goal 3 with outcomes 3.1, 3.2, 3.3, 3.5, 3.6, and 4.1.

18. Relative likelihood of staff being appointed from shortlisting across all posts.

**Data for reporting year
Mar-18**

Overall workforce appointed vs. shortlisted	White	BME	Unknown
	46%	23%	100%

The implications of the data and any additional background explanatory narrative

White staff are 1.97 times more likely to be appointed from shortlisting compared to BME staff

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective.

The Trust is working to redress inequality in recruitment through step-change process to train all staff from an agreed band and above in recruitment & selection to become part of a pool that can be called upon by recruitment colleagues to sit on panels. This is to ensure diverse panels represent our community and workforce.

This work links to EDS2 goal 3 with outcomes 3.1, 3.3 and 3.6.

19. 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.

Data for reporting year

Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 1.04 times greater.

Data for previous year

Relative likelihood of BME staff entering the formal disciplinary policy compared to White staff is 2.86 times greater

The implications of the data and any additional background explanatory narrative

BME staff are more likely to enter the formal disciplinary process compared to White Staff. This is a reduction compared to 2017.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will review the current disciplinary process and cases that contribute to the data. Identify what is impacting on the likelihood of BME entering the disciplinary process. HR to share an overview of this disciplinary data with the current divisions to address conduct issues earlier at a more informal level, where appropriate.

20. Relative likelihood of staff accessing non-mandatory training and CPD.

Mar-18

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff: 0.98

Mar-17

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff: 1.32

The implications of the data and any additional background explanatory narrative

BME staff were 2% more likely to have gained access to non-mandatory training and/or CPD during 17/18.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Training Needs Analysis is being reviewed to ensure that all training is linked to workforce planning so development opportunities are shared to ensure there is a fair process.

This links to EDS2 outcome 3.5 and 3.6.

National NHS Staff Survey Workforce Race Equality Indicators

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.

21.KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

Data for the reporting year:

White: 27.93%

BME: 27.57%

Data for previous year:

White: 30.41%

BME: 31.40%

The implications of the data and any additional background explanatory narrative

Information from the 2017 Staff Survey key findings indicate that BME staff are more likely to experience harassment, bullying from patients, relatives or the public (31.33% BME compared to 26.80% for White staff)

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust has signed up to the Social Partnership Collective Call to Action to Tackle Bullying in the NHS. A steering group is actively working with the Organisational Development (OD) Team and Staff Engagement Lead on a range of interventions to identify and address bullying, harassment and discrimination in the workplace. This is overseen by the People and OD committee and the Equality, Diversity and Inclusion committee.

This indicator links to Goal 3 of EDS2 outcome 3.4, 3.5, 3.6.

22.KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Data for reporting year

White: 26.80%

BME: 31.33%

Data for previous year

White: 25.54%

BME: 28.12%

The implications of data and any additional background explanatory narrative

Staff survey results indicate that BME colleagues are more likely to experience harassment, bullying or abuse from staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust has introduced, as all NHS Trusts were required to, Freedom to Speak Up Guardians. There are also Workforce Support Advisers (WSA) in addition which have offered opportunity to establish behavioural issues within the organization. Consideration will take into account for staff that require to remain completely anonymous and how they might raise concerns.

This links to Equality Objective and EDS2 goal 3 and 4, with outcomes 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, and 4.3

23.KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Data for reporting year

White: 68.04%

BME: 83.78%

Data for previous year

White: 85.49%

BME: 71.31%

The implications of the data and any additional background explanatory narrative

Staff survey results indicate that White colleagues are more likely to believe the Trust provides equal opportunities for career progression or promotion.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust is committed to achieving a target of 90% of staff having an annual appraisal and ensuring that 100% of these appraisals are of a consistently high quality and meaningful to the individual.

WHT promoted the NHS Leadership Academy's Stepping Up Leadership Development Program which is aimed at BME leaders and aspiring BME leaders across healthcare working between band 5-6 and 7.

This indicator links to Goal 3 with outcomes 3.1, 3.2, 3.3, 3.5 and 3.6

24.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

Data for reporting year

White: 7.40%

BME: 14.77%

Data for previous year

White: 5.88%

BME: 11.92%

The implications of the data and any additional background explanatory narrative

Staff survey results indicate that BME colleagues are twice as more likely to experience discrimination at work from manager/team leader or other colleagues

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will undertake data analysis work on areas of service/directorate where this is reported and deliver key messages to staff of Trust expectations to the dignity at work policy.

25. Percentage difference between the organisation' Board voting membership and its overall workforce

Data for reporting year

White: -4.0%

BME: 4.3%

Data for previous year

White: 1.4%

BME: -0.8%

The implications of the data and any additional background explanatory narrative

The Trust Board membership as a whole, inclusive of Non-Executive Board members, is representative of the wider workforce and local demographic; BME membership amongst Exec Board members is 14% and reflective system-wide under-representation.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Members of the board are taking an active role in committees that promote and work towards achieving Equality, Diversity & Inclusion within the Trust.

This indicator links to Goal 3 of the Equality Delivery System with outcomes 3.6, 4.1, 4.2 and 4.3

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

The Trust is working with middle managers as part of leadership program to ensure that they live the values and role model the behaviours expected by all staff within the Trust.

27. Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

The Equality Diversity and Inclusion Committee will be developing an action plan to redress any disproportion identified in the WRES following the submission of this report and will be available on the Trust's website.

