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|  **WORKFORCE RACE EQUALITIES STANDARD – ACTION PLAN 2017/18 (Updated January 2018)** |
| WRES INDICATOR | NATIONAL POSITION (FROM NHS WRES DATA ANALYSIS REPORT FROM 2017 SUBMISSION – dated December 2017) | HOW OUR TRUST COMPARES TO NATIONAL POSITION (AS AT 31 MARCH 2017) | HOW OUR TRUST COMPARES WITH IT’S OWN POSITION ON 31 MARCH 2016 | ACTION – BY WHOM AND TIMESCALE | PROGRESS AS AT:(RAG RATED) |
| KEY:COMPLETE OR ON TRACK | PROGRESS MADE | NO PROGRESS |
| 1. % of BME staff in Bands 8-9, VSM (including executive Board members) compared to % of BME staff in the workforce
 | Nationally the number of VSMs from BME backgrounds increased by 18% from 2016 to 2017. This is 7% of all VSMs which remains significantly lower than BME representation in the overall NHS workforce (18%) and the local communities served (12%)  | We have 7.2% BME managers (excluding M&D) compared to 12.7% of workforce. This is an improving position and is slightly better than national average. | Percentage of BME managers has improved marginally, previously 6.1%. | Keep under review – aim for 12.7% in line with BME workforce.  | *Deb Drew – March 2018* |
| 1. Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff
 | Nationally white applicants are 1.60 times more likely (improved from 1.7 times) to be appointed than BME shortlisted applicants, who continue to remain absent from senior grades within AfC pay bands. | We were broadly the same as national at 1.76 times more likely. However, the national position has improved to 1.60 times more likely for white shortlisted applicants to be appointed. | Slight improvement from 1.85 times more likely | Analyse whether this is in particular staff groups, grades, or departments. | *Deb Drew – February 2018* |
| 1. 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
 | Nationally BME staff are 1.37 times more likely to enter disciplinary process and more likely to be disciplined which is an improvement on last year | Our BME staff are 1.79 times more likely to enter disciplinary process which is worse than national position. | Decline from 2016 position which was 1.5 times more likely. | Monitor – aim to be equal numbers of BME and white entering process. | *Deb Drew/Natalie Wurmli – March 2018* |
| 1. Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff
 | Nationally white staff were 1.22 times more likely to access non-mandatory training than BME staff. | Our BME staff are more likely to access training which is better than national position (0.93). The improvement may be a consequence of not including non-mandatory training in 2016 figure. | The position has improved since 2015/16 (0.79) and demonstrates greater equality with regards to non-mandatory training & CPD.  | Monitor but unlikely to require additional action at this point. | *Jo Chant – March 2018* |

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| 1. % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
 | Nationally 29% for BME staff and 28% for white staff which is a 1% deterioration from last year. | 25% of our BME staff reported that they had experienced harassment, bullying or abuse from patients in 2016 survey. This compared to 64% in 2015. White staff reported 32% compared to 39% in 2015. This demonstrates that the 2015 results were skewed by a sample survey of 850 staff. Full survey has corrected this and BME staff are now less likely to be harassed than white staff. Better than national position | Reverted to previous position where our BME staff reported they were less likely than white staff to experience this | Continue with full SOS survey for 2017. | *Deb Drew – September 2017 commissioned full survey* |
| Drill this data down to identify problem departments or staff groups.  | *Deb Drew – February 2018 once Staff Survey results are available* |
| Set up Staff Engagement Forum with a view to BME network longer term  | *David Southall – September 2017- Social network forum established but efforts to establish Staff Equalities Engagement forum have stalled again due to lack of interest. Other methods of engaging with staff being explored* |
| 1. % of staff experiencing harassment bullying or abuse from staff in last 12 months
 | Nationally BME staff are more likely to experience discrimination at work from colleagues and managers compared to white staff at 26% and 23% respectively. | Our BME has improved from 56% in 2015 to 32% in 2016 and has remained at 32% for 2017White has deteriorated from 28% to 31%.Both are significantly higher than national position. | Full SOS has brought BME staff almost equal to white staff -but both are higher than national position. | Full SOS survey for 2017 with data drilled down to identify problem departments | *Deb Drew – February 2018 once Staff Survey results are available* |
| Set up BME network  | *David Southall – March 2018* |
| 1. % believing that trust provides equal opportunities for career progression or promotion
 | Nationally 75% for BME and 89% for white staff | Our response has improved from 69%in 2015 for BME to 74% in 2016 due to full staff survey. For white staff position has improved slightly from 82% in 2015 to 84% in 2016. | Improved but still worse than national for white staff, BME is same as national | BME network group needs to be established to understand why staff feel this way, and what support we need to give. E&D Committee to take a lead. | *David Southall – March 2018* |

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| 1. In last 12 months % personally experienced discrimination at work from manager, team leader or other colleagues
 | Nationally 14% for BME and 6% white | Our BME staff response has reduced from 24% in 2015 to 17% in 2016 due to full staff survey. However this is still worse than national position. For white staff there is little change with 5% in 2015 and 6% in 2016 which is the same as national position. | Improved for BME and stayed the same for white | BME group needed to understand why  | David Southall – March 2018 |
| Support staff to voice concerns | FTSU Champions and Guardian launched November 2017 |
| 1. Boards are expected to be broadly representative of the population they serve
 | Nationally there has been a steady increase in the number of Trusts with at least one BME Board member. 25 Trusts have 3 or more BME members of the board; an increase of 9 trusts since 2016. | We are 0% against Worcs BME population of 7.6% | Remained at 0% as still interims as at 31st March.  | Appointed 1 BME post to board which is 7% representation from May 2017 which his broadly representative of Worcestershire population. | CEO – completed May 2017 |

**NATIONAL FINDINGS FROM NHS WRES DATA ANALYSIS REPORT FOR JULY 2017 – RECEIVED DECEMBER 2017**

