Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Cheshire Wirral Partnership NHS Foundation Trust

Date of report: month/year

July 2017

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

Avril Devaney Director of Nursing and Patient Partnership

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

Equality & Diversity Manger Lancashire & Midlands Commissioning Support Unit

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

http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/

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

Avril Devaney Director of Nursing and Patient Partnership

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

The total number of CWP staff at the 31st of March 2017 was 3,431 and this data relates to the Workforce data questions 1-4,

The data for questions 5-8 relate to the NHS Staff Survey 2016

The 2016 NHS Staff Survey was sent all CWP staff 3,340 the return rate was 1580 responses (47%) which is above average for combined mental health / learning disability and community Trust in England. and compares with a response rate in the Trust in 2015 of (49%)

Staff highlighted their ethnic background as white 96% and BME 4%. compared to the 2015 figures of white 97% and BME 3% therefore the Trust has seen a 1% increase in BME responses.

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

This year's WRES data for 2017 is benchmarked against the 2016 data and this is third year the WRES data has been collected

2. Total numbers of staff

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

A total of 3,431 staff were employed at Cheshire Wirral Partnership NHS FT as at 31st March 2017

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

3.67% BME staff iand 2.74% WME staff in the overall workforce =6.41%

3. Self reporting

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

97.64% of staff have self-reported their ethnicity compared to 97.25% last year = 0.39% increase in self -reporting

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

All new staff routinely report ethnicity during the recruitment process and as anticipated from the 1st WRES report there has been an increase in staff reporting their ethnicity over the last few years to 97.64% in this year's report.

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

As above: All new staff routinely report ethnicity during the recruitment process, so it is anticipated that the response rate will increase over time.

4. Workforce data

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

From 1st April 2016 to the 31st March 2017

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.	Non – Clinical BME Band 1 5.05% Band 2 3.92% Band 3 2.04% Band 4 0.66% Band 5 0% Band 6 3.03%	Non – Clinical BME Band 1 5.60% Band 2 1.68% Band 3 1.37% Band 4 1.59% Band 5 3.21% Band 6 5.48%	Please note this question has been amended from last year 2016 which was Percentage of staff in each of 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.	A new recruitment system TRAC have been implemented at the Trust Aim to increase BME representation at all bands and increase the number of BME board members. One of the goals set in the CWP Equality
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Applications: BME Shortlisted:193 Appointed:14 relative likelihood of being shortlisted appointed 0.07	Applications: BME Shortlisted:228 Appointed:22 relative likelihood of being shortlisted appointed 10%	48 disciplinary's were recorded on ESR between1st April 2016 to 31st March 2017. In total 42 staff were white 5 BME 5 and 1 not stated The Trust will continue to monitor the number the of White and BME staff involved in the disciplinary	Review recruitment and interview processes and look for trends and themes as to reasons for BME staff not being appointed after shortlisting All recruitment data is produced quarterly and submitted to the relevant Committees to provide assurance that the process is fair and equitable.
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.	Relative likelihood of BME staff entering the formal disciplinary process is 0.04 compared to 0.01 for White staff	Relative likelihood of white staff entering the formal disciplinary process is 0.02% compared to 0.01% for BME	48 disciplinary's were recorded on ESR between1st April 2016 to 31st March 2017. In total 42 staff were white 5 BME 5 and 1 not stated The Trust will continue to monitor the number the	Further analysis of each disciplinary case involving BME staff members to look for common themes/ issues. Review ethnicity issues in HR team meetings Promote via the Trust, opportunities to set up a focus group for BME staff to get a better
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of BME staff accessing non-mandatory / CPD Is 0.61 Relative likelihood of	Relative likelihood of BME staff accessing non-mandatory / CPD Is 0.54 Relative likelihood of white	The data collected by the Education CWP team for this area has improved since last year and a summary of non mandatory training by ethic groups is provided for the Trustwide Equality & Diversity Committee	The Trust Education CWP Team will compile a matrix which will record all staff training and will have the provision to highlight what courses staff are eligible to attend for their appropriate role and banding in the Trust, this will provide the Trust with more comprehensive information for providing future data

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 34%	White 27% BME 40%	Experiences of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has seen a reduction of 3% for white staff and 6% for BME staff.	The Trust aims to improve the return rate for the staff survey in 2017 to improve the validity of the data. Further engagement with BME staff to better
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 16% BME 15%	White 19% BME 23%	Experiences of staff experiencing harassment, bullying or abuse from staff in last 12 months has seen a reduction of 3% for white staff and 8% for BME staff.	Promote via the Trust, opportunities to set up a focus group for BME staff to get a better understanding of BME issues in the workplace. Using either focus groups or survey monkey.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 91% BME 97%	White 91% BME 97%	Experiences of white staff and BME staff were the same as in the 2015 NHS Staff Survey and highlights that staff believe the Trust provides equal opportunities for career progression or promotion	Monitor staff figures for BME staff in the Afc bands Ensure robust Trust wide systems are in place for collecting and analysing training 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 3%	White 5% BME 12%	Experiences of white staff has seen a 1% decrease from 2015 and there has been a decrease of 9% from 2015 for BME staff.	Promote via the Trust, opportunities to set up a focus group for BME staff to get a better understanding of BME issues in the workplace. Using either focus groups or survey monkey
	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.	Percentage difference between the organisations' Board voting	Percentage difference between the organisations' Board voting	There was an increase in Trust board membership in 2016-17 from 2015-16 2016-17 14 Board members 1: BME and 13 White	Discuss the Board ethnicity profile at the Trustwide Equality and Diversity Group and raise at the People & Organisational Development Committee.

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?

Following the introduction of WRES, the Trust has been able to compare each metric for comparisons to last year's data, of the 9 questions in the matrix, 4 of the questions specific to the NHS Staff Survey have seen an improvement in 3 and 1 remaining the same as last year.

The questions in relation to the Trust workforce and question 3: Relative likelihood of BME staff entering the disciplinary process this year has seen in increase in the number of BME staff entering the disciplinary process which has gone to 5 BME staff members (2016-17) from 1 BME staff members (2015-16) which is an increase to 3.05% of staff in 2016-17 from 0.35% in 2015-16, the Trust have set about looking for themes / trends as well as reviewing in what locality and service lines the cases took place to gather as much information as possible for the reasons for the increase.

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.

Various Equality & Diversity reports are published on the Trust website i.e. 2016-17 EDS2 Assessment the Annual Staff Equality & Diversity Monitoring Data Report 2016-2017 and the CWP Equality 4 Year Objective Plan 2016-2020

Link: http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/

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