Workforce Race Equality Standard

REPORTING TEMPLATE

Template for completion

Name of provider organisation

Date of report: month/year

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

Name and contact details of lead manager compiling this report

Names of commissioners this report has been sent to

Name and contact details of co-ordinating commissioner this report has been sent to

Unique URL link on which this report will be found (to be added after submission)

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

Report on the WRES indicators

1. Background narrative

    a. **Any issues of completeness of data**

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

2. Total numbers of staff

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

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

3. Self reporting

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

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

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

4. Workforce data

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

5. Workforce Race Equality Indicators

For ease of analysis, as a guide we suggest a maximum of 150 words per indicator.

	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, the Standard compares the metrics for White and BME staff.				
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce				
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.				
3	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* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.				
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff				

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
	For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.				
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White BME	White BME		
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White BME	White BME		
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White BME	White BME		
8	Q23. 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 BME	White BME		
	Does the Board meet the requirement on Board membership in 9?				
9	Boards are expected to be broadly representative of the population they serve				

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct staff surveys though those surveys for organisations that are not NHS Trusts may not follow the format of the NHS Staff Survey

Note 2. Please refer to the Technical Guidance for clarification on the precise means of each indicator.

Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the "well led domain."

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.