Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Medway NHS Foundation Trust

Date of report: month/year

July 2017

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

James Devine, Executive Director of Human Resources and Organisational Development

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

Medway CCG

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

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

https://www.medway.nhs.uk/about-us/publications/equality-and-diversity-documents.htm

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

James Devine, 4 July 2017

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

2.4% of staff still do not record their ethnicity (see 3b below)

Data relating to staff training has been analysed on different systems in the past year, as the Trust migrated the management of training to improved systems. However, in order to avoid any double counting of individuals, the Trust has reported on all three systems, rather than aggregating them into one return. This has an advantage for the Trust, in that we can more easily see the impact that the different systems have had on improving performance. Additionally, it will enable the Trust to compare like for like data in future years (i.e. reporting the performance via MOLLIE in 2018 can be directly compared with the 2017 return)

All staff were invited to participate in the 2016 staff survey. 2004 responded, a 49.5% response rate.

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

Indicator 1 - this year's return requires the data to be disaggregated differently to the 2016 return, which limits direct comparisons.

Indicator 3 - requires a report on a 2 year rolling average. However, the 2016 return was dependent on data from an obsolete system, therefore the Trust has reported the reliable data for 2016/17, together with an average (mean) of the 2015/16 and 2016/17 data. A rolling 2 year average can be reported reliably in 2018.

2. Total numbers of staff

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

4467

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

925 reportable = 20.7%

3. Self reporting

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

97.6%

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

Improvements have been made to data collection at point of entry (application/recruitment), including use of TRAC.

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

The Trust is currently rolling out self-reporting.

4. Workforce data

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

1st April 2016 - 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.	Band 1 Clinical 0.07% Band 2 Clinical 1.81% Band 3 Clinical 0.20% Band 4 Clinical 0.29%	Band 1 0.81% Band 2 2.5% Band 3 0.61% Band 4 0.38% Band 5 5% Band 6 2.47% Band 7 0.76% Band 8a 0.28%	The technical guidance on this indicator required a different methodology for this year's report, breaking the report down not only by band, but also separating clinical, medical/dental and non-clinical staff. This make a direct comparison in the direction of travel difficult. However, it can be seen that BME people are significantly under-represented above band 2 in non-clinical	An Inclusion Steering Group has been established, along with a BME Staff Forum - both of these groups now need a clear work programme, including the recruitment, retention and progression of BME staff. The work programme will follow the current baseline assessment against EDS2. Action will be taken to offer mentoring opportunities for current BME
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White: 0.34 BME: 0.26 Likelihood: 1.31	White: 0.20 BME: 0.08 Likelihood: 2.58	This data shows a significant improvement in the likelihood of BME candidates progressing from shortlisting to appointment. However, White candidates still have a greater likelihood of being appointed than BME candidates.	Improvements have been made in recruitment and selection processes in the past year. e.g. Values based recruitment training was delivered, incorporating unconscious bias. Affinity/Unconscious bias training will be provided, along with cross-cultural awareness training.
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.	2016/17 White: 0.012 BME: 0.008 Likelihood: 0.76 Average 2015-17 White: 0.011	White: 0.01 BME: 0.02 Likelihood: 1.60	A statistically small number of individuals have entered formal disciplinary procedures in the past year. There has been little change in the likelihood of white staff entering formal procedures in 2016/17, but the proportion of BME staff entering formal procedures has reduced considerably, This may or may not be progress, depending on how and when formal procedures	The Trust offers a range of learning opportunities for managers, e.g. the Trust delivered a Management Development Programme and Respecting Others training throughout 2016/17 to staff and managers. The Trust is extending this with learning on cross cultural awareness, managing teams fairly and affinity/unconscious bias.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Non-mandatory (via OLM) White: 0.56 BME: 0.59 Likelihood : 0.95 Non-mandatory (via MOLLIE)	White: 0.19 BME: 0.39 Likelihood: 0.47	This year we have broken down non-mandatory training between the OLM and MOLLIE Systems, and CPD provided by Universities and other external providers. These show that there has been a performance improvement in the take-up of non-mandatory training and CPD since 2015/16.	The Trust has introduced new systems for managing and monitoring all learning, organisational and personal development. Whilst this has made universal improvements in providing access to training for staff, it is evident that more needs to be done to encourage white staff to access opportunities. The Trust will also analyse whether there are differences between

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 28% BME 26%	White 28% BME 27%	Harassment, bullying and abuse is not acceptable and impacts on wellbeing, productivity, turnover and patient care. The Trust will not tolerate such behaviours and is taking action to address. There has been little shift in this indicator from the	The Trust introduced new Values and Behaviours are these are being embedded into people processes and practices. The Trust employed a security specialist and is reviewing its conflict resolution offer. The Trust has introduced
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 27% BME 28%	White 29% BME 32%	Harassment, bullying and abuse is not acceptable and impacts on wellbeing, productivity, turnover and patient care. The Trust will not tolerate such behaviours and is taking action to address. There has been little shift in this indicator from the	The Trust introduced new Values and Behaviours are these are being embedded into people processes and practices. A Respecting Others campaign provided all staff the opportunity to be mindful of bullying in the workplace. The
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 87% BME 76%	White 81% BME 73%	The Trust is undertaking work to support the promotion of clear career pathways and opportunities to ensure that we are developing the best potential from our talent pool. This indicator shows marginal improvement.	The actions at indicators 1-4 above also apply to this indicator. All roles are advertised on NHS jobs and development opportunities are available to all
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 7% BME 13%	White 7% BME 15%	Discrimination is not acceptable and will not be tolerated. The Trust takes these concerns seriously and is undertaking a programme of work to support staff to raise their concerns and support managers in their development. There	The actions at indicators 5 and 6 above also apply here. Additionally, the Trust has made Equality and Diversity Training mandatory, and is rolling out learning on cross-cultural awareness, managing teams fairly and unconscious bias.
	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.	Board voting membership -20.7% Board executive	-20.4%	This year for the 1st time the WRES requires a report on both voting membership of the Board and the Executive membership of the Board. Currently the Board has no BME representation, reflecting neither the workforce nor the local	Given the low number of people involved, it is not appropriate to identify target dates for change, but the Trust will review its processes and behaviours around progression, recruitment and selection. Visible commitment by existing Board

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?

The Trust acknowledges that there are significant steps needed to be taken to improve the equality and diversity practice. This return also illustrates the many of the measures already put in place have started to shift culture and performance. A priority for the Trust now is to ensure that there is a strategic, professional overview of its performance on equality. A Head of Equality and Inclusion has been appointed to oversee this work, including an assessment against the Equality Delivery System (EDS2) to establish Trust-wide objectives for equality, develop systems and tools to manage equality, and support the education of the workforce.

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.

The Trust is currently assessing against EDS2, and will publish the assessment, together with objectives and implementation plans in August. A detailed WRES action plan will form part of that.

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