Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Medway NHS Foundation Trust

Date of report: month/year

July 2016

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

Rebecca Bradd, Acting Director of Workforce

Name and contact details of lead manager compiling this report

Kate Roberts, Learning and Development Specialist

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)

Tim Robb, timrobb@nhs.net

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

http://www.medway.nhs.uk/about-the-trust/equality-and-diversity/equality-and-diversity-reports/

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

Rebecca Bradd, Acting Director of Workforce: 28th July 2016

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

ESR workforce data that showed Undefined or Not Stated Ethnicity has been removed
Non-mandatory training data includes nursing and midwifery,and medical and dental.
Appointment data is shared between NHS Jobs and TRAC
Population served is based on the 2011 Medway Census

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

This report provides the baseline data for subsequent years.

All non-statutory/mandatory training is recorded centrally which is transferred to ESR.

In the 2014 annual NHS Staff Survey 850 staff members were invited to participate and 345 responded. In the 2015 staff survey, all staff were invited to participate, 1594 responded with a 37.2% response rate.

All new starters are currently initiated via the new recruitment IT system and ESR to ensure figures are correct.

2. Total numbers of staff

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

4197 (89 Undefined or Not Stated = 4286)

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

860 reportable (20.4%)

3. Self reporting

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

97.9%

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

An equal opportunities form is given to employees to complete, if the Trust has not received this information when applying for roles, either through the application or contract stages.

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

To follow up once on any equal opportunities forms that are sent out for new starters
Existing staff to be sent equal opportunities forms.

4. Workforce data

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

1st April 2015 - 31st March 2016

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 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%	Bands 8-9 20.4% VSM 23.1%	The effect can be that talented staff do not join the Trust, either because they have not selected for roles or they join other organisations.	An Equality and Diversity Group will commence in August and a BME Staff Forum will be arranged. Action will be taken to offer mentoring opportunities for current BME staff. Recruitment training will be provided. Training and development sessions for all will providing a focus on unconscious bias.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White: 0.20 BME: 0.08 Likelihood: 2.58	White: 14.1 BME: 10.1 Ratio: 1.38:1	The data for 2015/16 shows that there is a significant less likelihood to be appointed if the candidate comes from a BME background. BME staff are	As a result, the Trust is setting an objective that all staff (inc Board members) undertake Equality and Diversity training that will include unconscious bias by March 2017. All managers will be trained on the impact of unconscious bias when recruiting.
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.	White: 0.01 BME: 0.02 Likelihood: 1.60	White: 0.49 BME: 0.69 Ratio: 1.41:1	The data is based on 48 staff members entering a formal disciplinary process, including M&D	The Trust is offering Management Development Programmes and workshops, as well as Respecting Others training to ensure that all staff are treated fairly and equitably. All managers will be trained on the impact of unconscious bias when managing disciplinary issues.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	White: 0.19 BME: 0.39 Likelihood: 0.47	White: 82.1% BME: 86.3%	All postgraduate medical trainees receive a program of training that meets their curricular needs. All non training doctors and consultants access CPD events as part of their revalidation. The reporting data includes all doctors within the Trust. This data is not recorded centrally.	To review CPD for non-clinical 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
	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 27%	White 27% BME 33%	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.	The Trust is working with our security specialists to support our staff and ensure that incidents are addressed. Conflict resolution training is undertaken by front line staff on a regular basis to support staff to be empowered to manage
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 29% BME 31%	White 26% BME 33%	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.	The Trust have introduced new Values and behaviours are these are being embedded into people processes and practices. The Trust has introduced workplace listeners to provide a confidential listening service to those who are
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 81% BME 73%	White 90% BME 62%	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.	Need to ensure all job opportunities are advertised via NHS jobs or widely within the Trust, if the role is for internal candidates only. This will be reinforced by the recruitment and payroll teams, as well as being addressed in
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 15%	White 4.5% BME 13.6%	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.	The Trust has launched its new Values and behaviours which are being embedded into people processes and practices. The Trust had introduced Management Development Programmes and workshops, as well as
	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.	BME - 20.4%	0%	The Board of Directors needs to reflect the workforce and community it serves.	The Trust is reviewing its Board recruitment process to ensure there are no underlying issues or barriers. Recruitment of Directors are advertised via NHS jobs and the Health Service Journal, which also links to NHS jobs. All

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 in treatment and as such is introducing an Equality and Diversity Group and Staff Forums. There is also work being undertaken to improve the completeness and robustness of the underlying reporting data and therefor can be meaningfully considered against a full set of strategic objectives.

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.

A detailed plan to improve all aspects of the Equality and Diversity strategy, the improvement against the WRES and quality of reporting will be developed by the Equality and Diversity Group. Equality objectives are in place and will include the implementation of EDS2 within the Trust.

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