NHS
Medway
NHS Foundation Trust

Workforce Race Equality Standard 2017
21 June 2017

1. EXECUTIVE SUMMARY

1.1. The Five Year Forward View sets out a direction of travel for the NHS which depends on ensuring the NHS is innovative, engages and respects staff, and draws on the immense talent in our workforce. The evidence of the link between the treatment of staff and patient care is particularly well evidenced for BME staff in the NHS, so this is an issue for patient care, not just for staff. The Equality and Diversity Council - representing the major national organisations in the NHS, proposed the Workforce Race Equality Standard, which supports and requires organisations to make these changes.

1.2. The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis. Medway Foundation Trust produced its first WRES report in 2016, which formed the baseline against which this year's assessment can be compared.

1.3. The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BME representation at the Board level of the organisation.

1.4. It is now a mandatory requirement in NHS standard contracts (Schedule 6a) to report on the WRES, including sign-off at Board level, before 31 July each year. The Trust must, therefore, publish its WRES following the Trust Board meeting on 6th July.

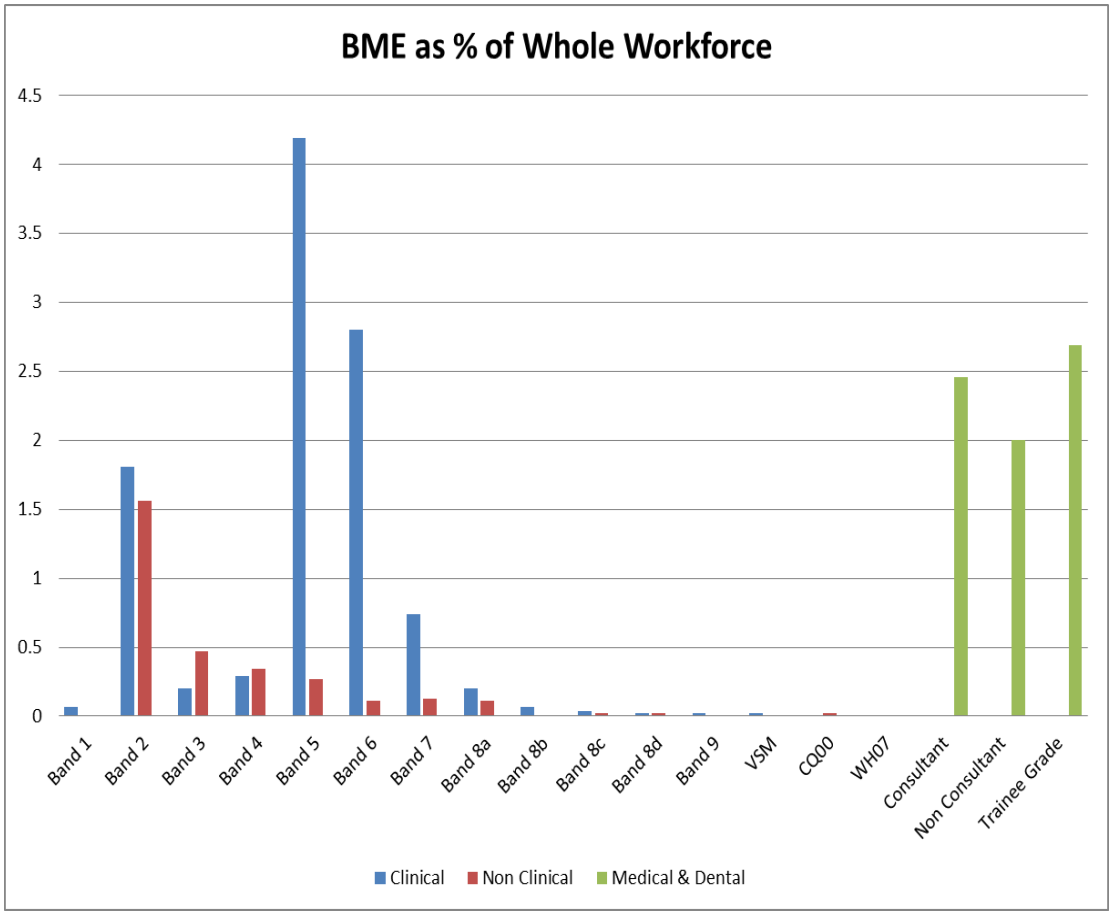
1.5. The WRES Summary assessment is attached with this paper, and the key findings are set out below.

2. KEY FINDINGS

1.1 The WRES assessment has been prepared following revised technical guidance published by NHS England in March 2017. There are 9 performance indicators. Not included as an indicator, but essential to the quality of reporting, is the percentage of staff who have self-declared their ethnic origin. The Trust's performance on self-declaration is excellent, at 97.6%

1.2 **Indicator 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.

This information was required to be broken down not only by band, but also separating clinical, medical/dental and non-clinical staff. This makes a direct comparison in the direction of travel difficult, compared to the baseline. However, it can be seen that Black and Minority Ethnic (BME) people are significantly under-represented above band 2 in non-clinical roles, and above band 5 in clinical roles. This indicates that recruitment and progression of BME, needs further work.



1.3 **Indicator 2** - Relative likelihood of staff being appointed from shortlisting across all posts.

In 2015/16, White people shortlisted for interview were 2.58 times more likely than Black and Minority Ethnic (BME) people to be appointed. In 2016/17 this gap narrowed to 1.31 times. 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.

1.4 **Indicator 3** - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

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 have been triggered; therefore more work is needed to understand why there are still differences in the relative likelihood.

1.5 **Indicator 4** - Relative likelihood of staff accessing non-mandatory training and CPD

Access to non-mandatory training has been analysed on the OLM system (used until December 2016), MOLLIE (used since December 2016), and Continued Professional Development (CPD) provided by Universities and other external providers. These all show that there has been a performance improvement in the take-up of non-mandatory training and CPD since 2015/16. Additionally the data shows that since moving from OLM to MOLLIE in December 2016, there have been further improvements in the take-up of non-mandatory training, especially by BME staff. Access to CPD (via universities and other external providers) has a lower uptake, but with a similar likelihood between White and BME staff in uptake.

1.6 **Indicators 5-8** – National NHS Staff Survey indicators

The Trust is clear that harassment, bullying and abuse is not acceptable as it impacts on wellbeing, productivity, turnover and patient care. Whilst actions have been taken to address this, the indicators 5, 6 and 8 show there has been little shift from the previous year, and the Trust is performing at or below national average.

Even with indicator 7 (Percentage believing that trust provides equal opportunities for career progression or promotion), where the Trust's performance has improved, it is still below national average.

1.7 **Indicator 9** - Percentage difference between the organisations' Board voting membership and its overall workforce

A marginal shift in this indicator is due only to a change in the size of the workforce. The Board has no voting or executive members from a BME background. Given the low number of people involved, it is not appropriate to identify target dates for change, but the Trust does need to consider what actions may be needed both now and in the future to encourage a wide range of suitable candidates at senior levels.

3. NEXT STEPS

3.1. The next steps fall into two categories: actions for the Trust to implement to improve on the WRES indicators in future years; and ensuring the publication of the WRES summary by 31 July 2017.

3.2. Actions to improve performance for 2018

Whilst an Inclusion Steering Group has been established, along with a BME Staff Forum, both of these groups now need a clear work programme. Trusts are encouraged to publish detailed action plans with their WRES summaries, however, rather than deal with race equality issues in isolation, it is more effective to develop the work plan alongside the EDS2 assessment currently being completed. The Trust's EDS2 assessment will be completed during July and reported to the Board at its August meeting. However a number of specific actions have already been identified when analysing the WRES data. These are set out in the final column of Section 5 of the WRES summary.

3.3. Publication of the WRES

The WRES summary will be published in July 2017.

The Trust has already acknowledged that there are significant steps needed to be taken to improve the equality and diversity practice. This return also illustrates many of the measures already put in place in order to shift culture and performance.

4. RECOMMENDATIONS

4.1. It is recommended that the Workforce Race Equality Summary be received and approved for submission to Medway Clinical Commissioning Group.

Appendices

WORKFORCE RACE EQUALITY STANDARD, SUMMARY REPORT, 2017