Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

NHS

Name of organisation

Northumberland Tyne and Wear NHS Foundation Trust

Date of report: month/year

July | 2017

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

Lisa Crichton-Jones Executive Director Workforce and Organisational Development

Name and contact details of lead manager compiling this report

Christopher Rowlands Chris.Rowlands@ntw.nhs.uk

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

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

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

https://www.ntw.nhs.uk/about/equality/

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

Board Paper containing the same information signed off by Acting Trust Chair Alexis Cleveland July 2017

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Incidence of no information provided is reducing. Work however still needs to take place in this area. The introduction of some ESR self service functionality this coming Autumn it is anticipated will help this issue, as will our ongoing discussions with the BAME Staff Network.

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

6423

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

3.36%

3. Self reporting

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

88%

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

Proposals have been discussed at Staff Network Group, Equality and Diversity Committee and BDG.

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

Introduction of ESR Self Reporting functionalities.

4. Workforce data

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

2016-17 Financial Year to April 1st.

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.	Please see detailed table in main report		• From Band 1 – 8A – better representation across the board in clinical rather than non-clinical areas • No non-clinical 8A BME appointments • No clinical 8B BME appointments • No non-clinical 8C appointments	Introduction of Self Service Reporting
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.54	1.45	• Relative likelihood of appointment for BME members of staff appears to be marginally worse compared to 2014-15 and 2015-16 • Gap in likelihood of appointment from shortlisting across all three years of data. • With the increase in likelihood of a white appointment in this year's results it is suggested that action is required to address this issue ⊞	TRAC is being introduced that will provide and trace information about recruitment more accurately. We also need to develop actions around recruitment to ensure that there are no unwitting ethnicity barriers in processes.
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.	1.67	1.3	• The Trust has agreed to work with the RCN on introducing Cultural Ambassador Programme which will provide panels and investigations with cultural competence. The programme was initiated in the West Midlands	It is recommended that the outcomes of all 8 cases in 2016-17 are examined to see if there are any learning points regarding cultural competence that can be used as training points for any member of staff conducting disciplinary investigation work.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	1.1	0.4	• Prior to 2016-17 BME staff were more likely to access non-mandatory training and CPD, for 2016-17 the balance has tipped and now white staff are more likely to access non-mandatory training and CPD. • National data suggests that there is not a great difference between White and BAME staff accessing non-mandatory training. Locally our ⊞	We need to work out the reason for this change, the likelihood could be better reporting of non-mandatory training – the report acknowledges that the data for this indicator has typically been poor. The action will be to work with the Training Academy to understand the reason for this change and then act on any barriers, perceived or otherwise that may be ⊞

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, <u>compare the outcomes of the responses for White and BME staff.</u>				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 31 BME 51	White 30 BME 38	• All of these metrics show that BME staff experience more discrimination compared to white members of staff • There is a clear need to look at the Staff Survey results to drill down to try to establish if this is ⊞	Actions are detailed in the main report
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 17 BME 24	White 17 BME 19	• All of these metrics show that BME staff experience more discrimination compared to white members of staff • There is a clear need to look at the Staff Survey results to drill down to try to establish if this is ⊞	Actions are detailed in the main report
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 93 BME 85	White 90 BME 88	• All of these metrics show that BME staff experience more discrimination compared to white members of staff • There is a clear need to look at the Staff Survey results to drill down to try to establish if this is ⊞	Actions are detailed in the main report
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 5 BME 12	White 6 BME 12	• All of these metrics show that BME staff experience more discrimination compared to white members of staff • There is a clear need to look at the Staff Survey results to drill down to try to establish if this is ⊞	Actions are detailed in the main report
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff.</u>				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	3.7%	0.0	• Board shows greater representation than the Trust.. In addition work was done with the Board in the reporting year to ensure that their protected characteristic information was updated.	

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?

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.

Full details are published in the paper to be found on the same web page.

Click to lock all form fields and prevent future editing 🔒