

Workforce Race Equality Standard



REPORTING TEMPLATE

Template for completion

Name of provider organisation

Northumberland, Tyne and Wear NHS Foundation Trust

Date of report: month/year

April

2015

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

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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)**

Hugh Morgan-Williams 24th June 2015

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

For indicators 2 and 3 we only have data for 2014-15, we have indicated that we will use this as our baseline for future comparisons

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

We have had to use Staff Survey Census data for comparison rather than the National (Sample) Staff Survey, because our results for 2014 were not broken down by ethnicity - a low return would have led to confidentiality issues.

2. Total numbers of staff

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

6505

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

3%

Report on the WRES indicators, continued

3. Self reporting

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

86.6%

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

No

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

Yes as part of our EDS objectives we will campaign to highlight why we should collect data on protected characteristics

4. Workforce data

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

Financial Years 2013-14 and 2014-15

Report on the WRES indicators, continued

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 | 6.1 | 6.4 | The figures show an over-representation of BME staff in Bands 8-9 and VSM than would be expected given the 2011 Census data | To keep a watching brief on these figures and action plan where appropriate | |
| 2 | Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts. | 1.33 | NA | We will use April 2015 as a baseline and keep a watching brief on this situation | Impact assessment planned on the recruitment process to ensure no cultural barriers to entry. | |
| 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. | 1.56 | NA | To use April 2015 as a baseline to build upon | To build up a trend and take necessary actions where appropriate, typically through liaison with | |
| 4 | Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff | 3.98 | 6.46 | Recording of this information appears to be sporadic needs improvement | Links to general need to improve equality information | |

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 29 BME 30 | White 30 BME 33 | In percentage terms the incidence is slightly higher for BME staff | One of a number of issues to address through the formation of BME Staff Network |
| 6 | KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | White 15 BME 16 | White 20 BME 26 | Gap has narrowed | To be addressed through Staff Network and ongoing staff survey actions + |
| 7 | KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion | White 7 BME 14 | White 6 BME 11 | Clearly there is a disparity in perception regarding career progression for White and BME staff + | Work through Staff Network and analysis of progression data + |
| 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 6 BME 7 | White 6 BME 16 | Gap has narrowed | An issue to be addressed as part of Staff Networks and to improve cultural competency through online resources. |
| | Does the Board meet the requirement on Board membership in 9? | | | | |
| 9 | Boards are expected to be broadly representative of the population they serve | 3% | 2.7% | Small improvement in representativeness. Recruitment spread wider + | Need Trustwide improvements in levels of refusing to state and not declaring ethnicity. + |

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."

Information here should be looked at alongside our EDS2 Objectives. The Trust Board Paper that accompanies this summary will also be published online.

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.

Our Trust Board Paper outlining our EDS2 priorities can be found on the same page as this summary document.