

Workforce Race Equality Standard Report 2016

INTRODUCTION

The purpose of this report is to:

- Provide an update on the actions taken over the last twelve months, in line with our Workforce Race Equality Standard Report (WRES) Improvement Plan for 2015/16
- Set out a framework for actions to be taken in 2016/17, based on the latest data.

BACKGROUND

The WRES was introduced in April 2015 and was included in the NHS standard contract as a requirement for NHS providers. The WRES aims to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

From 1 July 2015 NHS providers were required to publish their data annually for the nine WRES indicators on their website and to submit it to NHS England. WRES data for 2016 is to be submitted centrally via the UNIFY 2 system by 1 August 2016 and we shall publish it on the Trust website using the pro forma provided by NHS England in accordance with WRES requirements.

REPORTING THE DATA

In view of the level of detail required, the Trusts data for Indicator 1 is provided separately in Appendix A attached. Trust data for the other eight WRES Indicators are provided in the national standard WRES Reporting Template attached at Appendix B. These two documents will be placed on the Trust website, under cover of this WRES 2016 Report, once approval of the Trust Clinical Executive Group has been secured.

SUMMARY OF 2016 DATA

The detailed data for 2016 is attached in Appendices A and B to this paper; the following provides a summary of the key issues:

- There has been a slight increase in the proportion of BME staff in the workforce from 11.17% to 12.12%; this is due in part to international recruitment activity during the year
- BME staff predominate in Band 5 for both clinical and non-clinical staff groups
- There has continued improvement in the likelihood that BME staff will be appointed from shortlisting; international recruitment again being an influence
- A slight deterioration for the ratio of BME staff entering formal disciplinary proceedings
- A reduction in the proportion of BME staff reporting bullying, harassment and abuse from patients; at 25% it is similar to the level reported by white staff

- The proportion of BME staff reporting bullying, harassment and abuse from colleagues remains worse than for white staff with levels of 29% and 25% respectively. These figures are very similar to those for 2015 (30% & 24%)
- The proportion of BME staff believing the trust provides equal opportunities for career progression has fallen from 88% in 2015 to 74%. This compares to 84% for white staff.
- BME staff are twice as likely to report discrimination at work by their manager, compared to white staff

UPDATE AND ACTION PLANNING

For each WRES Indicator below we provide:

- Commentary on the Trust data
- A summary of actions taken in 2015/16
- An outline of the actions proposed for 2016/17

Subject to this report being approved by the Clinical Executive Group, a more detailed action plan will be developed using the Planned Actions identified below.

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSM) compared with the percentage of staff in the overall workforce.

(The Standard requires the Trust to undertake this calculation separately for non-clinical and for clinical staff)

As can be seen in Appendix A, with the exception of medical, which is influenced by the number of doctors from abroad who choose to train in the NHS, the most noticeable feature of the data for this indicator is the disproportionate number of BME staff in Band 5. Analysis shows that this is due to number of BME staff in:

- Nursing roles (Clinical)
- IT and Finance Roles (Non-Clinical)

Further work is needed to understand this issue in order to inform the actions we may need to take, as described below:

Action Taken 2015/16	Planned Action 2016/17
<p>During 2015 the Trust established a Professional Development & Education Unit (PDEU) with a commitment to developing every member of the clinical, non-medical team to their full potential. The PDEU aims to provide opportunities to develop the skills and knowledge staff need to advance their careers and deliver high quality care to our patients. The team specialises in providing career and learning advice, supporting staff with career development opportunities and delivers interactive education</p>	<p>Working with the PDEU it is proposed that we undertake a study into the career aspirations and progression of BME staff in Band 5 posts; the findings to be used to inform the development of an appropriate action plan to address issues that may be identified.</p> <p>Develop values-based recruitment arrangements for posts at Band 8a and above.</p>

Indicator 2: The relative likelihood of white staff being appointed from shortlisting across all posts

In 2014 the ratio for this metric was 2.11 indicating that white candidates were more than twice as likely to be appointed from shortlisting. In 2015 the ratio was 1.52 times.

The data for 2016 shows a further improvement for this Indicator with a ratio of 0.97 suggesting that over the year, BME candidates were very slightly more likely to be appointed from shortlisting than white candidates. It is recognised that our international recruitment activity will have contributed to this improvement. It is envisaged that the actions planned for the year ahead should enable the Trust to maintain this improved position.

Action Taken 2015/16	Planned Action 2016/17
<p>A sample of 25 vacancies was audited and draft report produced. Initial results showed:</p> <ul style="list-style-type: none"> • Some of the vacancy files held by HR were incomplete with paperwork not being returned by the recruiting managers • Rationales for deselection and choice of the preferred candidate were often not provided <p>As a result it was not possible to verify the validity of the recruitment decisions made in most cases. However the findings were used to inform a review of recruitment and selection processes.</p>	<p>As a result of the audit, and wider work to improve our recruitment and selection processes, over the coming months HR plan to:</p> <ul style="list-style-type: none"> • Revise the way NHS Jobs and ESR are used to manage and track vacancies to improve accuracy and consistency • Introduce a Recruitment Tracker process on SharePoint to provide improved support to recruiting managers and candidates • Revise interview paperwork in line with the Tracker, requiring managers to provide reasons for recruitment decisions more robustly • Build links with local community groups to provide wider 'outreach' for recruitment as part of a range of actions to attract greater diversity of applicants • Further develop our education and pastoral care arrangements for new employees in support of improved recruitment and retention • Consider a 'guaranteed interview' scheme for family members of international recruits who meet the essential criteria in the person specification as part of the settlement and retention of our international workforce • Develop a model for senior management selection at Band 8a and above • Expand values-based recruitment to encompass all roles

Indicator 3: The relative likelihood of BME staff entering formal disciplinary processes

This Indicator is based on data from a two year rolling average of the current year and the previous year. The ratios for 2015 and 2016 at 1.16 and 1.28 respectively indicating that BME staff are slightly more likely to enter formal disciplinary processes than white staff and apparently show a slightly deteriorating position. However, an analysis last year of formal disciplinary cases over the preceding three year period identified a 'spike' in the number cases involving BME staff in 2014/15. At 20, this was more than double that in each of the two previous years.

So whilst the ratio for the two year rolling period to March 2016 has increased slightly to 1.268, this is due to the spike in the number of cases in 2014/15 continuing to inflate the ratio. The actual number of cases involving BME staff in 2015/16 was 13, which is in line with the numbers of case in the two years prior to 2014/15. If this figure alone was used to calculate a ratio it would be 1.18.

Action Taken 2015/16	Planned Action 2016/17
An examination of the actual cases involving BME staff was undertaken but did not identify any particular patterns or anything untoward. It was therefore decided not to take further action at that time but to review this indicator in the light of the data in 2016.	Undertake a review of the cases in 2015/16 as part of a review of the effectiveness and fairness of our disciplinary policy and process.

Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD

In view of how training budgets are managed in MYHT, we do not have data for this Metric so instead we have used the response received to Q18a (% received training, learning and development in last 12 months) from the Staff Survey as a proxy. The ratios for this year and last have been just below 1 indicating that white staff are slightly less likely to report accessing such training.

Action Taken 2015/16	Planned Action 2016/17
Last year we looked back at the data for 2013/14 and this showed a similar picture; i.e. white staff were less likely to report accessing such training than black staff. As such we did not take further action at that stage but resolved to review the matter based on 2016 data.	The PDEU referred to above is now collecting data for clinical staff that access non-mandatory training. We therefore plan to use the data they collect to compare with the results we obtain for this Indicator from the Staff Survey for consistency purposes.

Indicators 5, 6, 7 and 8: Experience of BME Staff at Work

These indicators taken from our 2015 Staff Survey results highlight that there are issues where our BME staff report markedly more negative experiences at work consistently over the last three years. We have also looked at these indicators in relation to our staff who have disability and a similar, yet slightly worse picture emerged.

The Trust has considered these matters within the wider context that our overall staff survey results continue to show the need for significant improvement in most areas. The Trust is therefore working to develop a strategic response to staff engagement. This is to be based on a culture of inclusive leadership with the goal of improving the lived experience for all our staff, with particular consideration being given to minority groups.

Action Taken 2015/16	Planned Action 2016/17
<p>Adopted Listening into Action methodology to engage staff across the Trust. Held an initial series of Big Conversations, identified key improvements that staff considered important and implemented changes.</p> <p>Relaunched the Trust Values with a comprehensive campaign to engage all managers and staff which included:</p> <ul style="list-style-type: none"> • Refreshed Trust imagery on all Trust/Corporate templates, web presence, posters, digital screens, billboard displays and all noticeboards • Screensavers displaying refreshed imagery to 1000s of staff daily • Promotion of MY Star/My Hero and Celebrating Excellence Awards judged on Trust Values • Non-Medical Appraisal having a behavioural component; an expression of the Trust's Values • Introduction of Thank You Cards linking appreciation to the Trust Values • Integration of Values into all relevant training sessions, especially Induction 	<p>Develop and launch a revised behavioural framework in support of our Values based on a new series Big Conversations with staff across the Trust.</p> <p>Delivering a new Workforce Strategy which has Inclusive Leadership as one of its 'Key Priorities'</p> <p>Delivering an Equality, Diversity, and Inclusion Strategy which has Equality Objectives to develop a representative workforce and an inclusive leadership culture.</p> <p>Establishing common metrics to measure in year progress towards an inclusive leadership culture</p> <p>Divisional Management urged to consider the needs of minority groups in developing their Staff Survey Action Plans</p>

Indicator 9: Percentage difference between the organisations' Board voting BME membership and its overall workforce.

The level of BME representation remains at 6.25% however current vacancies do present opportunities:

Action Taken 2015/16	Planned Action 2016/17
<p>No new Executive Director appointments were made during the year. Two new Non-Executive Directors were appointed. However, the net impact was that the level of BME representation to remain at 6.25%</p>	<p>At the start of the year the Trust has four vacancies at Director level.</p> <p>In recruiting to these posts we are working to ensure the circulation of the vacancies to the widest possible audience in order to attract a diverse field.</p> <p>Fair and rigorous recruitment processes will ensure appointments are based on the best candidates for the posts.</p>

NEXT STEPS

Subject to approval of by the Trust Clinical Executive Committee:

- This report together with the standard WRES Report Template will be published on the Trust's website
- The relevant data will be submitted centrally via Unify2
- A detailed action plan will be developed using the Planned Actions identified above

APPENDIX A

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSM compared with the percentage of staff in the overall workforce. *(The Standard requires the Trust to undertake this calculation separately for non-clinical and for clinical staff)*

Band	Clinical			Non Clinical			Total	Clinical (%) BME	Non Clinical (%) BME	Total (%) BME
	BME	Unknown	White	BME	Unknown	White				
Apprentice	2		6	4		5	17	25.00	44.44	35.29
Band 1	4		38	23	1	409	475	9.52	5.13	5.68
Band 2	78	1	1050	31	1	441	1602	6.91	6.55	6.80
Band 3	38		504	24	2	458	1026	7.01	4.96	6.04
Band 4	6		123	12		201	342	4.65	5.63	5.26
Band 5	247	3	1271	17		110	1648	16.24	13.38	16.02
Band 6	82	1	1054	4		76	1217	7.21	5.00	7.07
Band 7	29		451	3		45	528	6.04	6.25	6.06
Band 8a	5		81	4		41	131	5.81	8.89	6.87
Band 8b	1		26	0		26	53	3.70	0.00	1.89
Band 8c	2		14	1		16	33	12.50	6.25	9.09
Band 8d	1		3	0		8	12	25.00	0.00	8.33
Band 9	0		2	0		0	2	0.00	0.00	0.00
VSM	0		3	1		13	17	0.00	7.14	5.88
Medical	338	1	455				794	42.57	0.00	42.57
<i>of which Consultants</i>	(139)	(1)	(194)				(334)	41.62	0.00	41.62
<i>of which Career grades</i>	(73)		(31)				(104)	70.19	0.00	70.19
<i>of which Junior Drs</i>	(126)		(230)				(356)	35.39	0.00	35.39
Total	833	6	5081	124	4	1849	7897	14.08	6.27	12.12

Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)



Template for completion

Name of organisation

Mid Yorkshire Hospital NHS Trust

Date of report: month/year

March

2016

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

David Melia, Director of Staff and Patient Engagement

Name and contact details of lead manager compiling this report

Gordon Smith, Head of Diversity and Inclusion; gordon.smith@midyorks.nhs.uk; 01924 543551

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

Wakefield CCG

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

To be agreed

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

To be added

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

To be added

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

As budgets for non-mandatory training are devolved to the Divisions there is currently no central record for such training. Instead, as a proxy, we have used the result for Q18a in Staff Survey (% receiving job relevant training, learning or development in the last 12 months) to calculate the ratio for Metric 4. Going forward we are looking to establish processes that will provide us with the data required for this Indicator.

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

7897

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

12.12% (Up from 11.17% in previous year)

Report on the WRES indicators, continued

3. Self reporting

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

7887/7897 = 99.87%

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

No action required

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

No

4. Workforce data

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

2015/16

5.

Workforce Race Equality Standard Indicators

	Indicator	Current Year	Previous Year	<i>Narrative – the implications of the data and any additional background explanatory narrative</i>	<i>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective</i>
1(New)	<i>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.</i>	See separate analysis	BME in Bands 8, 9 & VSM Vs Workforce 6.55% Vs 11.17%	Issues covered in the Trust's WRES Report	Actions covered in the Trust's WRES Report
2 (New)	<i>Relative likelihood of staff being appointed from shortlisting across all posts.</i>	0.97	1.52	Issues covered in the Trust's WRES Report	Actions covered in the Trust's WRES Report
3	<i>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. Indicator will be based on data from a two year rolling average of the current year and the previous year.</i>	1.28	1.16	Issues covered in the Trust's WRES Report	Actions covered in the Trust's WRES Report
4	<i>Relative likelihood of staff accessing non-mandatory training and CPD.</i>	0.90	0.92	See comments about Indicator in Section 1a above	See comments about Indicator in Section 1a above. Actions covered in the Trust's WRES Report

5	<i>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.</i>	Current Year <table border="1" data-bbox="730 339 992 416"> <tr><td>White</td><td>27</td></tr> <tr><td>BME</td><td>25</td></tr> </table>	White	27	BME	25	Previous Year <table border="1" data-bbox="1014 339 1276 416"> <tr><td>White</td><td>25</td></tr> <tr><td>BME</td><td>30</td></tr> </table>	White	25	BME	30	Issues covered in the Trust's WRES Report	Actions covered in the Trust's WRES Report
White	27												
BME	25												
White	25												
BME	30												
6	<i>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.</i>	Current Year <table border="1" data-bbox="730 525 992 601"> <tr><td>White</td><td>25</td></tr> <tr><td>BME</td><td>29</td></tr> </table>	White	25	BME	29	Previous Year <table border="1" data-bbox="1014 525 1276 601"> <tr><td>White</td><td>24</td></tr> <tr><td>BME</td><td>30</td></tr> </table>	White	24	BME	30	Issues covered in the Trust's WRES Report	Actions covered in the Trust's WRES Report
White	25												
BME	29												
White	24												
BME	30												
7	<i>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.</i>	Current Year <table border="1" data-bbox="730 748 992 825"> <tr><td>White</td><td>84</td></tr> <tr><td>BME</td><td>74</td></tr> </table>	White	84	BME	74	Previous Year <table border="1" data-bbox="1014 748 1276 825"> <tr><td>White</td><td>89</td></tr> <tr><td>BME</td><td>88</td></tr> </table>	White	89	BME	88	Issues covered in the Trust's WRES Report	Actions covered in the Trust's WRES Report
White	84												
BME	74												
White	89												
BME	88												
8	<i>Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader</i>	Current Year <table border="1" data-bbox="730 932 992 1008"> <tr><td>White</td><td>6.30</td></tr> <tr><td>BME</td><td>13.22</td></tr> </table>	White	6.30	BME	13.22	Previous Year <table border="1" data-bbox="1014 932 1276 1008"> <tr><td>White</td><td>7.17</td></tr> <tr><td>BME</td><td>10.71</td></tr> </table>	White	7.17	BME	10.71	Issues covered in the Trust's WRES Report	Actions covered in the Trust's WRES Report
White	6.30												
BME	13.22												
White	7.17												
BME	10.71												
9	<i>Percentage difference between the organisations' Board voting membership and its overall workforce.</i>	Current Year 12.12 – 6.26 = 5.87%	Previous Year 11.17 – 6.25 = 4.92%	Issues covered in the Trust's WRES Report	Actions covered in the Trust's WRES Report								

Report on the WRES indicators, continued

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.

This national framework forms an appendix to the Trust's WRES Report 2016 which provides information about the actions taken during 2015/16 and describes actions to be taken in 2016/17 in response to the latest set of data.

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