Northampton General Hospital

<u>Workforce Race Equality Standard Northampton General Hospital</u> <u>Trust Data 2016 – Narrative</u>

To be read in conjunction with the Trust Data 2016

	Indicator Description	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
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.	 3.86 % of the overall workforce do not have their ethnicity recorded on ESR (Electronic Staff Record). BME staff in the overall clinical workforce is 16.58% and 2.90% in the non-clinical workforce. Band 5 has the highest number of BME staff at 5.72% (predominately clinical staff). Band 2 is the second highest with 3.09% BME staff in the overall workforce which is also predominately clinical staff). The Northamptonshire Census reported 9% of the population were BME. 	There has been a slight increase in the overall percentage of BME staff at the Trust since 2015. The Trust will carry out some further analysis for the percentage breakdown of White staff and BME staff within the individual bands and actively encourage candidates from BME backgrounds in line with the Trust's equality objective a representative and supported workforce and inclusive leadership.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	204 individuals shortlisted did not disclose their ethnicity. 80 individuals appointed did not disclose their ethnicity.	Improvements have been made between 2015 and 2016 and this is likely due to a concerted effort in 2015 to carry out recruitment training for managers which includes a session on equality awareness, in particular around the protected characteristics. This training will continue into 2016 in line with the Trust's equality objective of a representative and supported workforce.
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	189 members of staff from the overall workforce do not have their ethnicity entered on ESR (Electronic Staff Record).	There has been a small improvement between 2015 and 2016. The ratio calculations are the same for White staff and BME staff and this demonstrates that there is fairness and equity regardless of ethnic background. The Trust regularly monitors equality data in relation to disciplinary activity and this is provided to the Trusts Equality and Diversity Staff Group in line with the Trust's equality objective of a representative and supported workforce.

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	current year and the		
	previous year.		
4	Relative likelihood of staff accessing non- mandatory training and CPD.	 189 members of staff from the overall workforce do not have their ethnicity entered on ESR (Electronic Staff Record). 527 members of staff who accessed non mandatory training and CPD have not stated their ethnicity on ESR. 	The Trust has made significant improvements in the access of non-mandatory training and CPD for BME staff and this could be a result of improved reporting on our Oracle system in relation to non mandatory training/CPD. However it should be noted that this only relates to non-mandatory training and CPD that is organised through the Learning and Development Department. There is no facility to formally record this type of training centrally so caution should be taken over the above data. During 2015/2016 there has been an increase in clinical skills training for the professional development of nurses linked in particular to our overseas recruitment campaigns. It should also be noted that during 2014/2015 there was a large scale roll out of two sets of training for managers (Management of Sickness Absence and Appraiser training), which resulted in a high number of White staff in senior management accessing this training. For the period that this report covers there has been no large scale roll out of management training, which accounts for the significant decrease in the number of White staff having received non mandatory and CPD training.
			The Trust will continue to monitor this on an ongoing basis in line with the Trust's equality objective of a representative and supported workforce.
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in	The 2015 Staff Survey reports there is no difference between the experience and treatment of White staff and BME staff. In 2015 the Staff Survey was sent to all staff rather than a	When compared to the results of the 2014 Staff Survey there has been a statistically significant improvement in the overall results of this Key Finding. When compared to other Acute Trusts NGH is ranked as below average.
	last 12 months.	sample survey as in previous years.	The Trust is pleased to note that there has been a significant decrease in the percentage of both White and BME staff experiencing harassment bullying or abuse from patients, relatives or the public. In 2015 the Trust revised the Protecting Staff against Violence, Aggression and Harassing

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			Situations from Patients and the Public policy which maybe one reason for this improvement. Work is underway to align the 2015 staff survey and patient experience results through the Organisational Development department and based on any findings actions will be implemented in line with the Trust's equality objective of a representative and supported workforce.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	The 2015 Staff Survey reports 3% more BME staff than White staff experienced harassment, bullying or abuse from other members of staff.In 2015 the Staff Survey was sent to all staff rather than a sample survey as in previous years.	When compared to the results of the 2014 Staff Survey there has been some improvement as last year 7% more BME staff than White staff reported experienced harassment, bullying or abuse for other members of staff. When compared to other Acute trusts NGH is ranked as below average.
			The Trust is encouraged by the decrease in the percentage of BME staff who experience harassment, bullying or abuse from other members of staff but recognises that further work is required as mentioned in indicator 5 above. However, in addition this year the induction has been revised and includes an awareness raising session on how to recognise and deal with harassment and bullying. Across 2016, we have a programmed series of materials to help colleagues recognise, address and report potential harassment and bullying in line with the Trust's equality objective of a representative and supported workforce.
			The Trust regards all instances of harassment and bullying as unacceptable.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	The 2015 Staff Survey reports 16% less BME staff than White staff do not believe that the Trust provides equal opportunities for career progression or promotion. In 2015 the Staff Survey was sent to all staff rather than a sample survey as in previous years.	When compared to the results of the 2014 Staff Survey there has been significant improvement as last year 40% less BME staff than White staff reported they did not believe that the Trust provides equal opportunities for career progression or promotion. When compared to other Acute trusts NGH is ranked as below average.
			The improvement of this indicator could be as a consequence of the extensive work carried out in supporting overseas staff when they join the Trust. As part of the overseas recruitment campaign a new post was created to

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			provide pastoral support to individuals and bespoke induction programmes were introduced. This area of work will continue to be developed as the Trust has recently appointed to the Nurse Retention Manager post in line with the Trust's equality objective of a representative and supported workforce.
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b)	The 2015 Staff Survey reports that over 3 times the number of BME staff than White staff personally experiencing discrimination from a manager/team leader or other colleagues. In 2015 the Staff Survey was sent to all staff rather than a	When compared to the results of the 2014 Staff Survey there has been a deterioration as last year double the number of BME staff reported they had personally experienced discrimination at work from managers, team leaders or other colleagues.
	Manager/team leader or other colleagues	sample survey as in previous years.	The Trust acknowledges that there has been an improvement in the overall percentages but is concerned to note that there is still a significant difference between the experience of White staff when compared to BME staff regarding discrimination. As part of the work being carried out as detailed in indicator 5 this issue will be explored further and we will be rolling out further equality training to managers in line with the Trust's equality objective of inclusive leadership.
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	189 members of staff from the overall workforce do not have their ethnicity entered on ESR (Electronic Staff Record).	There has been a slight deterioration in the data from the previous year and this result shows that the voting members of the Trust Board does not represent the ethnicity of the overall workforce. For Executive Directors recruitment the Trust uses recruitment agencies to source candidates. The Trust has requested an analysis however the agencies advised that no candidates completed the equal opportunities form. In future the Trust will insist that all applicants complete this so that a proper analysis of the candidate pool can be undertaken. Additionally the Trust will actively encourage candidates from BME backgrounds in line with the Trust's equality
			objective of inclusive leadership.