

Workforce Race Equality Standard (WRES) 2019 Reporting

1. Name of organisation

Northampton General Hospital NHS Trust

2. Date of report

August 2019

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

Janine Brennan, Director of Workforce & Transformation

4. Name and contact details of lead manager compiling this report

Sarah Kinsella, Corporate HR Officer, sarah.kinsella@ngh.nhs.uk

5. Names of commissioners this report has been sent to

NHS Nene Clinical Commissioning Group & NHS Corby Clinical Commissioning Group

6. Name and contact details of coordinating commissioner this report has been sent to

CCGs Quality Teams

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

<http://www.northamptongeneral.nhs.uk/About/Policies-Reports-and-strategies/Equality-and-diversity-information/Equality-Diversity-Human-Rights.aspx>

8. This report has been signed off by on behalf of the board on

Date: 20 August 2019

Name: Janine Brennan, Director of Workforce & Transformation

Background narrative

9. Any issues of completeness of data

The Trust collects ethnic data through the completion of job applications by candidates via NHS Jobs2 which, for successful candidates, is then uploaded to ESR. The Trust is therefore reliant on applicants completing these elements of the application form.

The data for the period that this report covers shows that 3.97% of Trust employees have not stated/given their ethnicity or have a null entry on ESR

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

There has been an increase of 0.59% in the percentage of staff that have not stated/given their ethnicity or have a null entry on ESR since the WRES data exercise was undertaken in 2018.

11. Total number of staff employed within this organisation at the date of the report

5118

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

22.84% (21.60% in 2018)

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

96.03% (96.62% in 2018)

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

The Trust's Workforce Information Team have not undertaken any large scale data cleansing exercises since the last reporting period, however they do undertake further investigations regarding individual employee records, where possible, to prevent any null entries on ESR. If the Trust is provided with information regarding errors on ESR they are also investigated and rectified.

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

In addition to the above, the Trust's Workforce Information Team is starting to implement basic self-service across the organisation and this will enable staff to update their own personal details on ESR. This will enable staff to view their ethnicity and we will be encouraging staff to be proactive in contacting Workforce Information to organise for the correct data to be entered if their record is showing a null or not stated entry. Self-service is currently available to a limited number of staff.

Workforce data

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

1 April 2018 to 31 March 2019

Workforce Race Equality Indicators

For each of these workforce indicators, compare the data for White and BME staff.

17. 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

Data for reporting year:

Overall Workforce (5118)

- White 73.19 (3746)
- BME 22.84% (1169)
- Not Stated 3.97% (203)

	Overall Workforce 5118 staff			Non-Clinical Workforce 30.99% (1586) of Trust Workforce			Clinical Workforce 69.01% (3532) of Trust Workforce		
	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated
Under Band 1	0.04%	0.04%	0.00%	0.04%	0.04%	0.00%	0.00%	0.00%	0.00%
Band 1	5.59%	1.00%	0.37%	5.59%	1.00%	0.37%	0.00%	0.00%	0.00%
Band 2	15.69%	3.01%	0.29%	6.55%	0.68%	0.14%	9.14%	2.33%	0.16%
Band 3	7.44%	1.07%	0.18%	4.53%	0.61%	0.10%	2.91%	0.47%	0.08%
Band 4	6.49%	1.25%	0.10%	4.67%	0.51%	0.08%	1.82%	0.74%	0.02%
Band 5	11.49%	7.46%	0.94%	1.80%	0.33%	0.08%	9.69%	7.13%	0.86%
Band 6	11.27%	1.91%	0.27%	0.66%	0.08%	0.02%	10.61%	1.84%	0.25%
Band 7	7.5%	1.21%	0.18%	1.27%	0.21%	0.02%	6.23%	1.00%	0.16%
Band 8a	2.33%	0.35%	0.08%	0.84%	0.06%	0.04%	1.48%	0.29%	0.04%
Band 8b	0.76%	0.04%	0.04%	0.37%	0.00%	0.04%	0.39%	0.04%	0.00%
Band 8c	0.33%	0.02%	0.00%	0.10%	0.02%	0.00%	0.23%	0.00%	0.00%
Band 8d	0.08%	0.00%	0.00%	0.02%	0.00%	0.00%	0.06%	0.00%	0.00%
Band 9	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
VSM	0.16%	0.00%	0.00%	0.14%	0.00%	0.00%	0.02%	0.00%	0.00%
Consultants	2.25%	2.17%	0.16%				2.25%	2.17%	0.16%
Career Grade Doctors	0.12%	0.45%	0.12%				0.12%	0.45%	0.12%
Junior Doctors	1.43%	2.81%	1.25%				1.43%	2.81%	1.25%
Other Medical Staff	0.23%	0.04%	0.00%				0.23%	0.04%	0.00%
Total	73.19%	22.84%	3.97%	26.57%	3.54%	0.88%	46.62%	19.30%	3.09%

Data for previous year:

Overall Workforce (4976)

- White 75.02% (3733)
- BME 21.60% (1075)
- Not Stated 3.38% (168)

	Overall Workforce 4976 staff			Non-Clinical Workforce 29.18% (1452) of Trust Workforce			Clinical Workforce 70.82% (3524) of Trust Workforce		
	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated
Under Band 1	0.12%	0.04%	0.00%	0.10%	0.02%	0.00%	0.02%	0.02%	0.00%
Band 1	5.71%	1.00%	0.36%	5.49%	1.00%	0.36%	0.22%	0.00%	0.00%
Band 2	15.88%	2.77%	0.32%	5.20%	0.54%	0.16%	10.67%	2.23%	0.16%
Band 3	7.48%	1.19%	0.12%	4.62%	0.62%	0.04%	2.85%	0.56%	0.08%
Band 4	6.39%	0.82%	0.14%	4.72%	0.42%	0.10%	1.67%	0.40%	0.04%
Band 5	12.68%	6.79%	1.21%	1.77%	0.34%	0.08%	10.91%	6.45%	1.13%
Band 6	11.25%	1.85%	0.32%	0.58%	0.08%	0.04%	10.67%	1.77%	0.28%
Band 7	7.92%	1.02%	0.20%	1.25%	0.16%	0.00%	6.67%	0.86%	0.20%
Band 8a	2.25%	0.30%	0.08%	0.84%	0.04%	0.02%	1.41%	0.26%	0.06%
Band 8b	0.72%	0.04%	0.04%	0.34%	0.02%	0.04%	0.38%	0.02%	0.00%
Band 8c	0.30%	0.02%	0.00%	0.06%	0.02%	0.00%	0.24%	0.00%	0.00%
Band 8d	0.08%	0.00%	0.00%	0.02%	0.00%	0.00%	0.06%	0.00%	0.00%
Band 9	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
VSM	0.10%	0.00%	0.00%	0.06%	0.00%	0.00%	0.04%	0.00%	0.00%
Consultants	2.63%	2.55%	0.14%				2.63%	2.55%	0.14%
Career Grade Doctors	0.40%	1.19%	0.26%				0.40%	1.19%	0.26%
Junior Doctors	0.40%	0.64%	0.04%				0.40%	0.64%	0.04%
Other Medical Staff	0.70%	1.37%	0.14%				0.70%	1.37%	0.14%
Total	75.02%	21.60%	3.38%	25.06%	3.28%	0.84%	49.96%	18.33%	2.53%

The implications of the data and any additional background explanatory narrative

3.97 % of the overall workforce have a null or not stated entry for their ethnicity on ESR (Electronic Staff Record).

The 2011 Northampton Census reported 15.5% of the population were BME.

There has been an increase of BME staff in the overall workforce, for the third year in a row to 22.84%. Overall the number of BME staff at the Trust has increased by 2.84% since WRES reporting commenced in 2017.

The overall BME clinical workforce has also increased for the third consecutive year and is now 19.30%. BME staff in the non-clinical workforce has again increased since 2018 to 3.54%.

Within the clinical workforce, Band 5 has the highest number of BME staff at 7.13%, followed by Trainee Grade Doctors at 2.81%. The Trust employs very few staff in bands 8c, 8d and 9 and Very Senior Managers and at the time of the report has no BME staff in these bands/grades in the clinical workforce.

There has been a small decrease in BME Consultants of 0.38% to 2.17%. One of these holds a senior medical manager position (as defined by the WRES Technical Guidance 2017), of which there are three in the Trust. In addition the Trust does follow a clinically led structure and each of our 4 Clinical Divisions is led by a Divisional Director and has a one or more Clinical Directors. These are all Senior Medical and Dental staff, who report directly to the Trust's Chief Operating Officer. Of these 15 members of staff, 5 are BME, which is unchanged since 2018.

Within the non-clinical workforce, Band 1 has the highest number of BME staff at 1.00%, followed by Band 2 at 0.68%. The Trust employs very few staff in bands 8c, 8d and 9 or Very Senior Managers and at the time of the report has one member of BME staff in these bands/grades in the non-clinical workforce.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust is currently working with an external organisation to pilot alternative recruitment techniques to work towards removing unconscious bias during the selection process. Focus groups for staff with protected characteristics have been organised to get staff views on working at the Trust. The information gathered from these groups will be analysed to see what improvements we can make for our staff to ensure that we are an inclusive workplace, for all staff regardless of their protected characteristics. This supports the Trust's equality objective of a representative and supported workforce and inclusive leadership.

18. Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

1.31 relative likelihood of White staff being appointed from shortlisting compared to BME staff

Data for previous year:

1.39 relative likelihood of White staff being appointed from shortlisting compared to BME staff

The implications of the data and any additional background explanatory narrative

There has been an improvement in this since 2018. Of the individuals shortlisted 100 did not disclose their ethnicity. Of the individuals appointed 39 did not disclose their ethnicity.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

As previously referred to, the Trust has been working with an external organisation to pilot alternative recruitment techniques to work towards removing unconscious bias during the selection process. Recruitment training for managers, which includes a session on equality awareness, protected characteristics and values based recruitment, has continued during 2018/2019, in line with the Trust's equality objective of a representative and supported workforce and inclusive leadership.

19. 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.

Data for reporting year:

1.08 relative likelihood of BME staff entering the formal disciplinary process compared with White staff.

Data for previous year:

0.47 relative likelihood of BME staff entering the formal disciplinary process compared with White staff.

The implications of the data and any additional background explanatory narrative

For the first time since WRES reporting commenced there has been a deterioration in this area. Of the individuals entering a formal disciplinary process 7 did not disclose their ethnicity.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust regularly monitors equality data in relation to disciplinary activity to ensure there is fairness and equity regardless of ethnic background 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. The suspension checklist now requires any protected characteristics to be specified and cultural insights work has been undertaken.

20. Relative likelihood of staff accessing non-mandatory training and CPD

Data for reporting year:

0.89 relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

Data for previous year:

1.03 relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

The implications of the data and any additional background explanatory narrative

There has been an improvement in this area since 2018. Of the individuals who had places offered and accepted on courses 124 did not disclose their ethnicity.

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/centrally record other types of non-mandatory/CPD training that takes place elsewhere in the Trust, so caution should be taken over the above data.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

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.

National NHS Staff Survey indicators (or equivalent).

For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff

21. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Data for reporting year:

White 32%

BME 36%

Data for previous year:

White 26%

BME 27%

The implications of the data and any additional background explanatory narrative

There has been an increase of 9% in the number of BME staff who have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months. In addition, there has been an increase of 6% of White staff experiencing. Comparatively 4% more BME staff than White staff have experienced this type of harassment, bullying or abuse.

For the Trust's overall Staff Survey results there was a deterioration of 4.6% for this question, from the previous year and the Trust was worse than the national average.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

A working group has been established to consider inappropriate behaviour directed at staff by patients, relatives or the public supported by the Trust's Protecting Staff Against Violence, Aggression, Discrimination and Harassment Policy. This is in line with the Trust's equality objective of a representative and supported workforce.

22. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Data for reporting year:

White 31%

BME 38%

Data for previous year:

White 30%

BME 25%

The implications of the data and any additional background explanatory narrative

There has been an increase in both the percentage of White staff and BME staff experiencing harassment, bullying or abuse from staff in last 12 months, with the greatest increase being for BME staff at 13% more than 2018. Comparatively 7% more BME staff than White staff have experienced this type of harassment, bullying or abuse.

For the Trust's overall Staff Survey results, from the previous year, there was a deterioration of 4.4% for this question in relation to staff and 0.1 in relation to managers. The Trust was worse than the national average, however this was expected due to the work that has been taking place as part of the Respect and Support Campaign, which was launched in June 2018 and has raised the awareness of bullying and harassment to staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The 'Respect and Support Campaign' will equip staff with the skills and knowledge to recognise and challenge inappropriate behaviours from staff supported by the Bullying, Harassment and Victimisation Policy. This is in line with the Trust's equality objective of a representative and supported workforce.

23. Percentage believing that trust provides equal opportunities for career progression or promotion

Data for reporting year:

White 87%

BME 65%

Data for previous year:

White 88%

BME 66%

The implications of the data and any additional background explanatory narrative

There has been a deterioration of 1% for both White staff and BME staff in this area. Comparatively 22% less BME staff than White staff believe the Trust provides equal opportunities for career progression or promotion.

For the Trust's overall Staff Survey results there was a deterioration of 2.5% for this question, from the previous year and the Trust was slightly worse than the national average.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust has undertaken some analysis on the numbers of BME staff promoted compared to White staff along with a comparison to the Trust's profile and the findings are being shared with key members of the HR Team so that they can consider ways to reduce the gap between the belief of BME and White staff. This is in line with the Trust's equality objective of a representative and supported workforce and inclusive leadership.

24. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Data for reporting year:

White 8%

BME 20%

Data for previous year:

White 8%

BME 18%

The implications of the data and any additional background explanatory narrative

There has been a deterioration in this area for BME staff by 2%. White staff remains unchanged since 2018. Comparatively 12% more BME staff than White staff have personally experienced discrimination at work.

For the Trust's overall Staff Survey results there was a deterioration of 0.8% for this question, from the previous year and the Trust was worse than the national average.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The 'Respect and Support Campaign' will equip staff with the skills and knowledge to recognise and challenge inappropriate behaviours from staff supported by the Trust's Workforce Equality Strategy. Equality and Diversity training is woven into the Leadership and Development training that the Trust

undertakes with staff. This is in line with the Trust's equality objectives of a representative and supported workforce and inclusive leadership.

Board representation indicator

For this indicator, compare the difference for White and BME staff.

25. Percentage difference between the organisations' Board voting membership and its overall workforce

Data for reporting year:

White 26.8%

BME -22.8%

Data for previous year:

White 11.6%

BME -21.6%

The implications of the data and any additional background explanatory narrative:

There has been a deterioration of 1.2%, from the previous year for comparison of our BME workforce against the Trust's Board voting membership. The BME percentage is very high at -22.8% which shows that the Trust Board does not represent the ethnicity of the overall workforce.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

For Executive Director recruitment the Trust uses recruitment agencies to source candidates. Previously the Trust has requested an analysis of the ethnicity of applicants and those who have been shortlisted, however the agencies advised that no candidates completed the equal opportunities form. The Trust has asked that all candidates are encouraged to 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.

26. Are there any other factors or data which should be taken into consideration in assessing progress?

The Trust has an Equality and Diversity Strategy (2016-2019) together with an Equality and Diversity Staff Group. Through the groups Terms of Reference there is a nominated equality representative for each division and the understanding of the role of the Divisional Representative has developed further during 2018/2019, but engagement of these roles is difficult due to clinical pressures. Each Division is provided with equality and diversity data for their areas to analyse and identify any areas for improvement and supporting objectives to be set, at a Divisional level. These objectives are reviewed on an annual basis.

The Trust has also recently launched a BAME staff group, which is run by members of staff for Trust employees. The group is very new, but its aim is to enhance and facilitate interdependent and

collaborative working across core members to promote inclusion, equality, empowerment to staff who work at Northampton General Hospital and identify as BAME.

27. Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

The Trust has incorporated its WRES actions into its Equality Objectives Four Year Plan for 2016 – 2020, which was approved by the Trust Board in 2016 and reviewed in 2018. A copy of this can be found in the Equality and Diversity section of the Trusts website via:

<http://www.northamptongeneral.nhs.uk/About/Policies-Reports-and-strategies/Equality-and-diversity-information/Equality-Diversity-Human-Rights.aspx>

Progress reports against the objectives are provided to the Trust's Equality and Diversity Staff Group on a quarterly basis and equality and diversity reports/updates are provided to the Trust's Workforce Committee, which is a subgroup of the Trust Board, on a 6 monthly basis.