Workforce Race Equality Standard (WRES) 2018 Reporting

1. Name of organisation

Northampton General Hospital NHS Trust

2. Date of report

August 2018

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: 19 September 2018

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 3.38% 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 a decrease of 1.59% 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 2017.

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

4976

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

21.60%

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

96.62%

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.

Workforce data

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

1 April 2017 to 31 March 2018

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 (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%

Data for previous year:

Overall Workforce

- White 75.03%
- BME 20%
- Not Stated 4.97%

	Overall Workforce 4905 staff			Non-Clinical Workforce 28.66% of Trust Workforce			Clinical Workforce 71.34% of Trust Workforce		
	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated
Under Band 1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Band 1	5.44%	1.02%	0.53%	5.04%	0.96%	0.53%	0.41%	0.06%	0.00%
Band 2	16.23%	2.71%	0.37%	5.44%	0.43%	0.20%	10.78%	2.28%	0.16%
Band 3	7.03%	1.04%	0.14%	4.46%	0.51%	0.04%	2.57%	0.53%	0.10%
Band 4	6.77%	0.88%	0.12%	4.89%	0.41%	0.08%	1.88%	0.47%	0.04%
Band 5	12.84%	6.16%	1.55%	1.65%	0.27%	0.10%	11.19%	5.89%	1.45%
Band 6	11.25%	1.69%	0.41%	0.63%	0.04%	0.04%	10.62%	1.65%	0.37%
Band 7	7.83%	0.96%	0.20%	1.28%	0.16%	0.02%	6.54%	0.80%	0.18%
Band 8a	2.28%	0.27%	0.10%	0.84%	0.02%	0.04%	1.45%	0.24%	0.06%
Band 8b	0.75%	0.08%	0.04%	0.27%	0.02%	0.04%	0.49%	0.06%	0.00%
Band 8c	0.22%	0.02%	0.00%	0.08%	0.02%	0.00%	0.14%	0.00%	0.00%
Band 8d	0.10%	0.00%	0.00%	0.02%	0.00%	0.00%	0.08%	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	0.14%	0.00%	0.02%	0.10%	0.00%	0.25%	0.04%	0.00%	0.00%
Consultants	2.39%	1.92%	0.16%	n/a	n/a	n/a	2.39%	1.92%	0.16%
Career Grade Doctors	0.47%	1.12%	0.45%	n/a	n/a	n/a	0.47%	1.12%	0.45%
Junior Doctors	0.98%	1.71%	0.82%	n/a	n/a	n/a	0.98%	1.71%	0.82%
Other Doctors	0.29%	0.43%	0.06%	n/a	n/a	n/a	0.29%	0.43%	0.06%
Total	75.03%	20.00%	4.97%	24.71%	2.83%	1.12%	50.32%	17.17%	3.85%

The implications of the data and any additional background explanatory narrative

3.38 % of the overall workforce have a null or not stated entry for their ethnicity on ESR (Electronic Staff Record).

The 2011 Northamptonshire Census reported 8.50% of the population were BME.

There has been an increase of BME staff in the overall workforce, for the second year in a row and has increased by 1.60% since 2017. The overall BME clinical workforce has also increased for the second consecutive year and is now 18.33%. After a slight decrease the previous year the non-clinical workforce has now increased to 3.28%.

Within the clinical workforce, Band 5 has the highest number of BME staff at 6.45%, followed by Consultants at 2.55%. 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.

Within the non-clinical workforce, Band 1 has the highest number of BME staff at 1.00%, followed by Band 3 at 0.62%. The Trust employs very few staff in bands 8d and 9 or Very Senior Managers and at the time of the report has no BME staff in these bands/grades in the non-clinical workforce.

There has again been an increase in BME Consultants of 0.63% and 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 an increase since 2017.

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

The Trust has been working on its recruitment processes to actively encourage candidates from all protected characteristics to apply for vacant posts. The Trust has also carried out some analysis of internal promotion for White staff compared to BME staff. In addition the Trust will carry out some further analysis for the percentage breakdown of White staff and BME staff within the individual bands by Division to identify if there are any areas of concern in line with 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:

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

Data for previous year:

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

The implications of the data and any additional background explanatory narrative

For the first time since commencing WRES reporting there has been a slight deterioration in this area. Of the individuals shortlisted 82 did not disclose their ethnicity. Of the individuals appointed 37 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 on its recruitment processes to actively encourage candidates from all protected characteristics to apply for vacant posts. Recruitment training for managers, which includes a session on equality awareness, protected characteristics and values based recruitment, has continued during 2017/2018 in line with the Trust's equality objective of, a representative and supported workforce.

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:

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

Data for previous year:

0.61 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 third year running improvement has been seen in this area. Of the individuals entering a formal disciplinary process 11 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.

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

Data for reporting year: 1.03 relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

Data for previous year: 0.54 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

For the first time since commencing WRES reporting there has been a deterioration in this area. Of the individuals who had places offered and accepted on courses 94 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 record other types of non-mandatory/CPD training that takes place elsewhere in the Trust as there is no method of recording this training centrally, 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. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Data for reporting year:

White 26.10%

BME 26.82%

Data for previous year:

White 28.94%

BME 26.39%

The implications of the data and any additional background explanatory narrative

There has been a slight increase of 0.43% 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, this year a greater number of BME staff reported experiencing it, which is a shift from the previous year when White staff experiences were was higher than BME staff.

There was a slight improvement in the overall Staff Survey results and the Trust was ranked as average when compared to other Acute Trusts, which is an improvement from the previous year's survey.

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

The Trust has launched a 'Respect and Support Campaign' which, although is primarily aimed at workplace behaviours, will equip staff with the skills and knowledge to recognise and challenge inappropriate behaviours from 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. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Data for reporting year:

White 29.69%

BME 25.34%

Data for previous year:

White 26.95%

BME 23.15%

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 and 2.19% more BME staff experienced it when compared to the previous year, however the survey showed that 4.35% more of our White staff experienced it when compared to our BME staff.

There was also a deterioration in the overall Staff Survey results and the Trust was ranked in the bottom 20% when compared to other Acute Trusts, which is also a deterioration from the previous year's survey, however this was expected due to the work that has been taking place as part of the preparation and planning for the launch of the Respect and Support Campaign, which 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 Trust has launched a 'Respect and Support Campaign' which will equip staff with the skills and knowledge to recognise and challenge inappropriate behaviours from staff supported by the Trust's Bullying, Harassment and Victimisation Policy. This is in line with the Trust's equality objective of, a representative and supported workforce.

23. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Data for reporting year:

White 88.34%

BME 66.45%

Data for previous year:

White 87.94%

BME 72.09%

The implications of the data and any additional background explanatory narrative

There has been a deterioration for this key finding as the percentage of BME staff who do not believe the Trust provides equal opportunities for career progression or promotion has dropped by 5.64% to 66.45% from the previous year. In addition the gap between the views of BME staff and White staff has also not improved and is now 21.89%, which is an increase of 6.04% from the previous year.

There was no change in the overall Staff Survey results, however the Trust is ranked as above average when compared to other Acute Trusts, which is an improvement from the previous year's survey.

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. 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

Data for reporting year:

White 7.94%

BME 18.30%

Data for previous year:

White 6.50%

BME 12.09%

The implications of the data and any additional background explanatory narrative

There has been a deterioration in this area for both BME and White staff. For BME staff there has been an increase of 6.21% for BME staff and 1.44% increase for White staff. The survey also shows that 10.36% more BME staff than White staff feel they have been discriminated against which is a deterioration from the previous year where the gap was significantly smaller at 5.59%.

There was no change in the overall Staff Survey results, however the Trust is ranked as below average when compared to other Acute Trusts, which is also a deterioration from the previous year's survey.

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

The Trust has launched a 'Respect and Support Campaign' which will equip staff with the skills and knowledge to recognise and challenge inappropriate behaviours from staff supported by the Trust's Workforce Equality Strategy. In addition the Trust equality and diversity induction presentation has recently been reviewed and refreshed. 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 11.6%

BME -21.6%

Data for previous year:

White 10.7%

BME -24.1%

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

There has been an improvement of 2.50%, from the previous year for comparison of our BME workforce against the Trust's Board voting membership. However the BME percentage is still very high at -21.6% which shows that the voting members of 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 an nominated equality representative for each division and the understanding of the role of the Divisional Representative has developed further during 2017/2018. 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.

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 general 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.