

Response ID ANON-R89M-8JKU-J

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2018-08-06 09:15:30**

Introduction

1 Name of organisation

Name of organisation:

Northumbria Healthcare NHS Foundation Trust

2 Date of report

Month/Year:

July/2018

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

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

Ann Stringer, Director of HR & Organisational Development

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Claire Coe

Engagement & Inclusion Lead

Tel: 0191 293 2725/07775026871

5 Names of commissioners this report has been sent to

Complete as applicable::

Liz Morgan, DPH, Northumberland;

Wendy Burke, DPH, North Tyneside;

CCG E&D Leads, Northumberland and North Tyneside LAs

Workforce Race Equality Standard reporting template

6 Name and contact details of co-ordinating commissioner this report has been sent to

Complete as applicable.:

TBC

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

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

TBC

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

Name::

Ann Stringer

Date::

27/09/2018

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

The pre-populated headcount seems to differ from our own reporting mechanisms.

In January we changed the electronic Recruitment and Selection system that we use (from Stepchange to Trac). Unfortunately we have been unable to access recruitment data from April 2017-December 2017. We do have data from January 2018-March 2018 but there seems to be some teething problems and we know the data is not accurate. We have put in the data we have and are looking to rectify this data for next year.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

We know there will be some anomalies in relation to our R&S activity due to a change in reporting systems.

Self reporting

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

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

10274

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

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

533

13 The proportion of total staff who have self reporting their ethnicity?

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

98.7%

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

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

Self reporting promoted via Trust communications department (staff bulletin and team brief)

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

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

Further work to target the 137 staff who did not self-report their ethnicity across all grades across the organisation. This will be facilitated by our communications department.

Workforce data

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

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

1st April 2017-31st March 2018

Workforce Race Equality Indicators

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:

Non-clinical

White 33%

BME 1%

Clinical

White 61%

BME 5%

Data for previous year:

Non-clinical

White 32%

BME 1%

Clinical

White 62%

BME 5%

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

Percentages have been rounded.

Percentage of BME staff are within clinical roles (5%) .

No significant change from last year.

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

Nursing recruitment campaign advertised in Diversity Dashboard UK, as well as link to all our vacancies. Promoted the diverse workforce within Trust, with a profile of one of our senior nurses and what its like to work for the Trust. There were 250K magazines printed and over 1m hits on the internet. Plans to repeat this later this year, but to profile another staff member (consultant in sexual health)

The promotion of BME in senior roles as role models for career development and aspiration.

Re-launch of BME network group.

Develop a long term plan to targeted recruitment events in BME communities/groups.

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

Data for reporting year:

We know this data is not accurate due to reporting issues within the new R&S system (TRAC) and missing data from April 2017-December 2017.

White candidates:

Shortlisted - 596.

Appointed - 130

likelihood of being shortlisted - 0.22

BAME candidates:

Shortlisted - 44

Appointed - 1

likelihood of being shortlisted - 0.02

Unknown ethnicity:

Shortlisted - 6

Appointed - 4

likelihood of being shortlisted - 0.67

Relative likelihood of White staff being appointed from shortlisting compared to BME staff – 1.70

Data for previous year:

Relative likelihood of White staff being appointed from shortlisting compared to BME staff - 1.89

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

BME appears to be less likely to be appointed from shortlisting, however our figures are not correct. We have recently changed R&S electronic systems - from Stepchange to TRAC. We have lost all reporting data from 1st April 2017 -31st December 2018. Figures shown are from 1st Jan to 31st March, however they are still not accurate but we are reviewing our reporting mechanisms to ensure this does not happen again in the future.

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

Review data on TRAC to show an accurate figure of candidates from BME backgrounds appointed from interview. This review will influence future action plans in tackling any unconscious bias.

We have also set up an number of focus groups with our BAME staff and recruitment is one of the topic areas - looking at how we recruit, where we recruit and whether it is accessible to BAME communities.

We plan to continue to cover unconscious bias training in R&S training.

To explore further Unconscious Bias training for all leaders and managers within the Trust

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:

77 White Staff entered the formal disciplinary process in comparison to 6 BME staff.

Data for previous year:

70 White Staff entered the formal disciplinary process in comparison to 2 BME staff.

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

Data shows that the likelihood for BME staff entering formal disciplinary process has slightly increase this year by 0.5% to 1%. Both figures for BME and White groups increased, but do not raise any concerns.

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

Reviewing current reporting mechanism for recording this data and link to ESR

Continue to cover unconscious bias training in R&S training and in-house disciplinary training packages.

To explore further Unconscious Bias training for all leaders and managers within the Trust

Continue monitoring data and ensure accuracy and completion of data

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

Data for reporting year:

2514 White Staff access non-mandatory training and CPD compared to 113 BME staff. White staff are 1.2% more likely to access training.

Data for previous year:

3215 White Staff access non-mandatory training and CPD compared to 233 BME staff. White staff are 0.8% more likely to access training.

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

Incorporates non-mandatory only and informal training is not always logged and ethnicity is not recorded.

There is a drop in the numbers of all staff accessing training.

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

We have been liaising with business units and attend Trust forums to identify training needs and opportunities for all staff.

We support trainers and department in entering training data on to ESR. Staff have access to broader learning resources, rather than just face-to-face training and e-learning (coaching, shadowing, ebooks etc) to ensure it is accessible to all.

We continue to monitor and evaluate training needs and completions to develop a quality, blended learning approach and to improve the quality of learning.

We plan to explore the development of BAME leaders/managers to become mentors for fellow BAME staff for career development/inspiration.

Trust BAME network group to review barriers to accessing training so that any barriers can be removed ensuring training is accessible to all.

Workforce Race Equality Indicators

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:

26.2%

BME:

31.8%

White:

23.2%

BME:

21.2%

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

There has been an increase amongst both white and BME staff on experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, however this is a significant increase for BME staff.

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

Promotion of zero tolerance within the Trust;

Continue with mandatory conflict resolution training for staff in patient facing roles;

Real-time staff survey and creation of tool kit to support staff/leaders.

Development of BME Focus groups to look at particular issues around BME staff experience. Learning from feedback and influence Engagement and Inclusion action plan.

BME Network Group to identify actions in response to the WRES report on how this can be improved

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

White:

94.3%

BME:

80.7%

White:

95.2%

BME:

91.7%

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

There has been a slight increase for white staff belief that the Trust provides equal opportunities for career progression. However there has been a significant decrease with BME staff.

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

Explore the development of BME leaders/managers to become mentors for fellow BME staff on career development/inspirations.

Publicise BME role models and highlight their visible role within the organisation.

BME Network Group to identify actions in response to the WRES report on how this can be improved

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.**White:**

4.7%

BME:

20.9%

White:

5.1%

BME:

6.1%

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

There has been a slight decrease for white staff who reported being personally experienced discrimination at work from Manager/team leader or other colleagues. However there has been a significant decrease with BME staff which is concerning.

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

Promotion of zero tolerance within the Trust around this behaviour with the promotion of policies which provide clear guidelines (Dignity at work policy and Equality, Diversity and Human Rights Policy).

Real-time staff survey and creation of tool kit to support staff and managers should they encounter issues with their relationships with patients, relatives or the public.

BME Network Group to identify actions in response to the WRES report on how this can be improved.

Work closely with Freedom to Speak Up Guardian to promote the service and address/create action plan of issues/themes in work areas.

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**White:**

19.1%

BME:

32.6%

White:

16.7%

BME:

14.7%

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

There has been an increase amongst both white and BME staff on experiencing harassment, bullying or abuse from staff in the last 12 months, however this is a significant increase for BME staff.

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

Promotion of zero tolerance within the Trust around this behaviour with the promotion of policies which provide clear guidelines (Dignity at work policy and Equality, Diversity and Human Rights Policy).

Real-time staff survey and creation of tool kit to support staff and managers should they encounter issues with their relationships with patients, relatives or the public.

BME Network Group to identify actions in response to the WRES report on how this can be improved.

Work closely with Freedom to Speak Up Guardian to promote the service and address/create action plan of issues/themes in work areas.

Workforce Race Equality Indicators

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

White:

86.7%

BME:

13.3%

White:

94.7%

BME:

5.3%

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

BME board member representation currently at 13.3% which exceeds overall workforce representation of 5.4%.

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

Maintain positive BME board representation.

Publicise BME Board members as role models and highlight their visible role within the organisation.

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

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

The Trust has invested in a dedicated resource to improve engagement & diversity in the organisation by recruiting an Engagement & Inclusion Lead. The objective for this role is to improve staff experience and promote equality and diversity within the trust. The purpose of this role will be to deliver on a number of key objectives including engagement strategy which the whole organisation will sign up to. The post holder will also re-launched BME network group to carry out focus group discussion on 2017 staff survey results & broader issues affecting experience at work – identify suitable actions in response.

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.

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.: