



Northumbria Healthcare  
NHS Foundation Trust

**WORKFORCE RACE EQUALITY**

**STANDARD (WRES)**

**ANNUAL REPORT 2020**

building a caring future

HOSPITAL | COMMUNITY | HOME

## Contents

	Page
Executive Summary	2
Introduction	3
WRES related activity	4
2020 Data	5
2020 Summary of progress	8
Conclusions	10
Appendix 1 – NHS England WRES Reporting Template	
Appendix 2 - Action Plan	

## Executive summary

Implementation of the Workforce Race Equality Standards (WRES) was introduced and its implementation was made mandatory for NHS Trusts in 2015. Since then the Trust has been collating and submitting data, holding up a mirror to organisational performance on this agenda and developing an action plan to facilitate progress in each metric, to improve the experience of BAME staff with in the Trust.

The Trust has facilitated a number of WRES related activities in the past 12 months and as a result there has been an improvement in 2 out of 9 metrics in 2019/20, compared to 2018/19 data. However, the Trust has seen a statistically significant change in Metric 5, which highlights that 48.6% of BAME staff, who completed the national staff survey have experienced harassment, bullying or abuse from patients, relatives or the public. This is an increase of 26%. We also saw an increase for white staff, from 27% to 28.2%. The Trust accepts that it is not tolerable for any staff member to experience bullying and harassment in the workplace and will as a matter of urgency look at how we can reduce these figures.

It is disappointing that there only been a small progress in Metric 2 (likelihood of white staff to BAME staff being recruited from shortlisting from all posts). The trust ran a successful recruitment event targeted at BAME communities last year, which has seen an increase in the number of BAME applications, however this has not amounted to more BAME candidates appointed. A review of our recruitment processes to ensure it is inclusive will take place, along with reviewing our R&S training. It should also be noted however that the methodology used to produce this metric expects a higher number of BAME applicants than the Trust experiences. This will be influenced by the demographics of our local communities and our % of BAME staff exceeds that of the local population.

Other Key findings include:

- BAME staff are less likely to enter the formal disciplinary process than their White counterparts
- BAME are more likely to access non-mandatory training and career progression development opportunities
- BAME staff are significantly more likely than White staff to experience harassment, bullying or abuse from patients, relatives or the public compared to their white colleagues (48.6% BAME: 28.2% White).
- BAME staff are more likely to experience discrimination at work by a manager, team leader or colleague than White staff (7.9% BAME; 3.4% White); however this is an improvement from last year.
- The perception around equal opportunities for career progression or promotion within the Trust is higher amongst BAME staff than White staff (96.2% BAME; 95.1% White); this is a significant improvement from last year.
- The representation of BAME staff on the Board is above the overall BAME workforce (12.5%)

## Introduction

In 2014, the NHS Equality and Diversity Council agreed action to close the gap in workplace experiences and opportunities between Black and Minority Ethnic (BAME) and White employees across the NHS. To help achieve this ambition, the Workforce Race Equality Standards (WRES) was developed. The WRES was introduced, and its implementation made mandatory for NHS Trusts in 2015. Publishing annual WRES data reporting for NHS Trusts began in 2016, holding up a mirror to organisational performance on this agenda.

This is the 2020 annual WRES Data report. The Data for 2019/20 has been directly compared to data for 2018/19 providing a clear picture on the indicators that the Trust is performing well in and those indicators that require the Trusts focus in the year ahead.

The focus of this report is to present the Trusts performance against the WRES indicators for the past 12 months and provide an action plan to improve the experience and opportunities for our BAME staff in the coming year(s).

Northumbria Healthcare Foundation Trust is an outstanding trust providing a range of health and care services to support the more than 500,000 people living in Northumberland and North Tyneside in an acute and community setting. The Trust employs around 9,000 staff across 56 sites.

The population demographics in both Northumberland and North Tyneside have little ethnic diversity. 98.4% of the population of Northumberland and 96.6% of the population of North Tyneside in the 2011 Census classified themselves as white. The Trusts workforce data for 2018/19 shows 93.2% of our staff are white, 5.7% are BAME and 1.1% have not declared.

Metrics 5,6,7 & 8 are based on the NHS National Staff Survey results. As a Trust we do not facilitate a full census, choosing to opt for a random sample. Random sampling provides a statistically valid way to gather data from a manageable portion of the population. It allows us to take results obtained in the sample and use them as a reliable estimate of what is true for the relevant population. The size of the basic sample is 1,250. The Trust's overall response rate was very good, we had the highest response rate in the "Combined Acute and Community Trusts" Category with a 76% response rate (932 staff). 38 BAME staff completed the survey, which equates to 4.1%. This is a very small percentage of the overall BAME workforce and therefore we find that the results for BAME staff can vary significantly year on year. As the BAME sample size is small changes from year to year may not be statistically valid

## WRES related activity

Many of the activities from the 2018/19 submission, came into fruition during this submission and we saw some improvements, this included:

**Recruitment Activity:** Looking at this year's data, we have seen an increase of applications from BAME individuals following the recruitment event held in April 2019. The event was held jointly with 5 other Trusts to promote the NHS as an employer of choice. As a collective group, a further event was planned for October 2020, but due to Covid restrictions this will be delayed until April 2021.

**Stepping up programme:** The Stepping Up programme is an NHS leadership development programme for aspiring BAME individuals to break into leadership roles. As part of the Great Place to Work equality workstream, the regional group reviewed the success rate of North East applicant to the National Stepping Up Programme, with very few being offered a place. As a group it was agreed the ICS would fund a localised programme for staff in the North East. NELA received a total of 99 applications, 24 of which were from staff in our Trust. This shows that staff are inspired and want to develop in the organisation to leadership roles.

**Training:** ED&I and unconscious bias is a feature of leadership apprenticeship programmes, learners are encouraged to complete the Harvard Implicit Bias test and discussions and learning follows. We have completed 7 cohorts of leadership apprentices (levels 3 and 5) and have another 4 currently running. This is c. 140 people.

**Continue growth of the BAME staff network group** - Since July 2018 the BAME staff network group has grown from 2 members to 132 members through constant activity and promotion of the group. This is down to the Chair of the group which was appointed last year, Rexie Akwei. The group have seen some achievements, this includes being part of corporate communication campaigns, building links with local BAME communities, promotion of the local and national Stepping Up Programme. The group have and will continue to review the WRES data to hold the Trust accountable on actions and support the development of further improvements.

**WRES Experts Programme** – The Staff Engagement and Inclusion Lead has completed the National WRES Experts Programme, graduating in July 2019.

## Data Summary

Indicator	2019/20	2018/19
1. % of staff in Bands  *98.4% of the population of Northumberland is white. 96.6% of the population of North Tyneside is white.	<b><u>Non-Clinical</u></b> Under Band 1 0 White; 0% BAME; 0% Unknown Band 1 92% White; 5% BAME; 3% Unknown Band 2 96% White; 3% BAME; 1% Unknown Band 3 98% White; 1% BAME; 1% Unknown Band 4 96% White; 3% BAME; 1% Unknown Band 5 96% White; 3% BAME; 1% Unknown Band 6 95% White; 4% BAME; 1% Unknown Band 7 96% White; 3% BAME; 1% Unknown Band 8a 97% White; 3% BAME; 0% Unknown Band 8b 92% White; 4% BAME; 4% Unknown Band 8c 100% White; 0% BAME; 0% Unknown Band 8d 100% White; 0% BAME; 0% Unknown Band 9 100% White; 0% BAME; 0% Unknown VSM 95% White; 5% BAME; 0% Unknown	<b><u>Non-Clinical</u></b> Under Band 1 0% White; 0% BAME; 0% Unknown Band 1 90% White; 5% BAME; 5% Unknown Band 2 97% White; 2% BAME; 1% Unknown Band 3 97% White; 2% BAME; 1% Unknown Band 4 97% White; 2% BAME; 1% Unknown Band 5 95% White; 4% BAME; 1% Unknown Band 6 95% White; 4% BAME; 1% Unknown Band 7 94% White; 5% BAME; 1% Unknown Band 8a 97% White; 3% BAME; 0% Unknown Band 8b 94% White; 4% BAME; 2% Unknown Band 8c 100% White; 0% BAME; 0% Unknown Band 8d 100% White; 0% BAME; 0% Unknown Band 9 100% White; 0% BAME; 0% Unknown VSM 93% White; 7% BAME; 0% Unknown
	<b><u>Clinical</u></b> Under Band 1 0% White; 0% BAME; 0% Unknown Band 1 0% White; 0% BAME; 0% Unknown Band 2 93% White; 6% BAME; 1% Unknown Band 3 97% White; 2% BAME; 1% Unknown Band 4 97% White; 1.5% BAME; 1.5% Unknown Band 5 88% White; 11% BAME; 1% Unknown Band 6 95% White; 4% BAME; 1% Unknown Band 7 95% White; 4% BAME; 1% Unknown Band 8a 94% White; 4% BAME; 2% Unknown Band 8b 98% White; 2% BAME; 0% Unknown Band 8c 100% White; 0% BAME; 0% Unknown Band 8d 100% White; 0% BAME; 0% Unknown Band 9 100% White; 0% BAME; 0% Unknown VSM 95% White; 5% BAME; 0% Unknown	<b><u>Clinical</u></b> Under Band 1 0% White; 0% BAME; 0% Unknown Band 1 100% White; 0% BAME; 0% Unknown Band 2 94% White; 6% BAME; 0% Unknown

	<p>Consultant 77% White; 22% BAME; 1% Unknown  NonCon Career 66% White; 30% BAME; 4% Unknown  Trainee grade 80% White; 12% BAME; 8% Unknown  Other 96% White; 2% BAME; 2% Unknown</p>	<p>Unknown  Band 3 97% White; 2% BAME; 1% Unknown  Band 4 97% White; 2% BAME; 1% Unknown  Band 5 88% White; 11% BAME; 1% Unknown  Band 6 95% White; 4% BAME; 1% Unknown  Band 7 95% White; 4% BAME; 1% Unknown  Band 8a 95% White; 3% BAME; 2% Unknown  Band 8b 98% White; 2% BAME; 0% Unknown  Band 8c 100% White; 0% BAME; 0% Unknown  Band 8d 100% White; 0% BAME; 0% Unknown  Band 9 100% White; 0% BAME; 0% Unknown  VSM 100% White; 0% BAME; 0% Unknown  Consultant 77% White; 23% BAME; 0% Unknown  NonCon career 66% White; 27% BAME; 7% Unknown  Trainee grade 84% White; 11% BAME; 5% Unknown  Other 91% White; 9% BAME; 0% Unknown  Unknown</p>
--	---	--

2. Relative likelihood of staff being appointed from shortlisting	White staff are 1.70 times more likely to be appointed from shortlisting.	White staff are 1.79 times more likely to be appointed from shortlisting
3. Relative likelihood of staff entering a formal disciplinary investigation	BAME staff are 0.62 times less likely than white staff to enter the formal disciplinary process	BAME staff are 0.53 times less likely than white staff to enter the formal disciplinary process
4. Relative likelihood of staff accessing non-mandatory training and CPD	BAME staff are 0.94 times more likely to access non mandatory training and CPD	BAME staff are 0.90 more likely to access non-mandatory training and CPD than white staff
5. % of staff experiencing harassment, bullying or abuse from patients, relatives or the public	28.2% - White 48.6% - BAME	27% - White 22% - BAME
6. % of staff experiencing harassment, bullying or abuse from staff	16.9% - White 23.7% - BAME	20% - White 20% - BAME
7. % of staff believing that trust provides equal opportunities for career progression or promotion	95.1% - White 96.2% - BAME	95% - White 83% - BAME
8. % of staff personally experiencing discrimination at work by Manager/team leader or other colleagues	3.4% - White 7.9% - BAME	3% - White 10% - BAME
9. % difference between the organisations' Board voting membership and it's overall workforce	87.5% - White 12.5% - BAME	87.5% - White 12.5% - BAME

## Summary of progress

Below is a brief summary of the Trust's progress against each indicator. Whilst there has been positive improvement the Trust recognises that there remains much more to do.

<p><b>Indicator 1: Percentage of staff in each AfC Bands 1-9 and VSM compared to overall workforce</b></p> <p>The 2020 data indicates the workforce demographics has not changed in the last 12 months,</p> <p>There has been a 1% increase in the number of BAME staff in non-clinical band 4 and 5 roles, but we have seen a decline at band 7 (2&amp;?) and at VSM (2%)</p> <p>There has however, been an increase in the number of BAME staff in clinical roles. There has been a 5% increase at VSM level and a 1% increase at Band 8a.</p> <p>In medical and dental roles, there has been a 3% increase of BAME staff in Non-Consultant career grade roles and a 1% increase in trainee grade roles.</p> <p>The Trust recognises that there is still significant work to be done to achieve race equality within our workforce in each of the pay bands. These figures are taken from ESR and are compiled from their primary role. We do have a number of VSM clinical posts ( such as Business Unit Director, clinical director etc) that are filled by BAME staff , but as their primary assignment is consultant this does not appear in the figures</p>
<p><b>Indicator 2: Relative likelihood of BAME staff being appointed from shortlisting</b></p> <p>Although there has been a slight improvement in this metric, the Trust notes that there is still work to. As a Trust we saw an increase in the number of BAME candidates being shortlisted for posts. The Trust held a large bespoke recruitment event last year targeted at BAME communities, promoting the Trust as a place to work, which we believe has had a positive effect on the number of applications we have received.</p> <p>This indicator is affected by the low number of BAME people in the local population meaning that we have lower overall applicants from a BAME background</p>
<p><b>Indicator 3: Relative likelihood of staff entering a formal disciplinary process</b></p> <p>BAME staff are 0.62 times less likely than white staff to enter the formal disciplinary process; this is an improvement on last year's data.</p>

<b>Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD</b>
BAME staff are 0.94 more likely to access non-mandatory training and CPD than white staff; a slight increase from last year.
<b>Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public</b>
The data highlights that the experience for BAME staff is significantly worse, than last year. This concerns the Trust and a course of action will take place to improve this metric.
<b>Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff</b>
The data indicates that BAME staff experience a higher level of harassment, bullying or discrimination by staff, than their white counterpart. This increase 3.7% on last years data. There was a 3.1% reduction in the number of white staff indicating they experience this compared to last year. The Trust acknowledge that staff should not experience this behaviour in the workplace and are reviewing how staff experience can be improved for all staff.
<b>Indicator 7: Percentage of staff believing that trust provides equal opportunities for career progression or promotion</b>
The data shows a 13% improvement in this indicator for BAME staff. The Trust has been active in promoting career and training opportunities to BAME staff members and has offered coaching to staff who wish to develop. The Trust now has bespoke coaching for inclusion to help develop and encourage a diverse workforce.
<b>Indicator 8: Percentage of staff personally experiencing discrimination at work by Manager/team leader or other colleagues</b>
The data for this year shows that the Trust is continuing to improve on this metric as it is 2% lower than last year and 13% lower than 2017/18. It further shows that the Trust is narrowing the gap between BAME and White staff experiences, but still has work to do, to improve.
<b>Indicator 9: % difference between the organisations' Board voting membership and its overall workforce</b>
The Trust is successfully achieved this target and will continue to employ similar actions when recruiting for future Board positions in order to at least maintain if not improve BAME representation at Board level.

## Conclusion

Based on comparative data, the Trust has improved in 3 of the 9 metrics, which is positive to see.

The one area which raises concern is metric 5, Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public. Although the national staff survey highlights this is a national issue, we need to do more locally to improve this experience for staff. A plan is being developed to review how we collate data following and incident, so that we can learn more and look for improvements.

A further area of improvement is in metric 2 – Relative likelihood of staff being appointed from shortlisting across all posts. This is an area that the Trust must focus on in the next 12 months, as this indicator is linked to other metrics within the submission and is part of NHS England Model Employer ambition, to increase BAME representation at senior levels across the NHS.

The Trust will continue to review and improve each metric over the next 12 months and beyond, to build on the progress and to ensure the Trust remains the best place to work and train.