

Workforce Race Equality Standard (WRES) 2017 Reporting

1. Name of organisation

Northampton General Hospital NHS Trust

2. Date of report

August 2017

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: 28 September 2017

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 this element of the application form.

The data for the period that this report covers shows that 4.97% 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 in the percentage of staff who have not stated/given their ethnicity or have a null entry on ESR of 1.11% since the WRES data exercise was undertaken in 2016.

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

4905

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

20%

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

95.03%

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 considering introducing basic self-service as from the end of 2017. This will enable staff to update their own personal details on ESR. As part of this, staff will be able 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 2016 to 31 March 2017

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

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

	Overall Workforce 4905 staff			Non-Clinical Workforce 28.68% 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%

Data for previous year:

Overall Workforce

- White 76.65%
- BME 19.48%
- Not Stated 3.86%

	Overall Workforce 4905 staff			Non-Clinical Workforce 28.68% 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	5.85%	1.02%	0.45%	5.38%	0.98%	0.45%	0.47%	0.06%	0.00%
Band 2	16.64%	3.09%	0.35%	5.95%	0.49%	0.14%	10.69%	2.28%	0.20%
Band 3	7.26%	0.98%	0.14%	4.42%	0.63%	0.04%	2.84%	0.53%	0.10%
Band 4	6.69%	0.78%	0.27%	4.95%	0.41%	0.14%	1.74%	0.47%	0.12%
Band 5	13.49%	5.72%	1.64%	1.74%	0.22%	0.04%	11.76%	5.90%	1.59%
Band 6	10.90%	1.55%	0.33%	0.59%	0.02%	0.02%	10.30%	1.65%	0.31%
Band 7	7.56%	0.88%	0.18%	1.10%	0.08%	0.00%	6.46%	0.80%	0.18%
Band 8a	2.13%	0.18%	0.02%	0.67%	0.02%	0.02%	1.45%	0.24%	0.00%
Band 8b	0.70%	0.04%	0.00%	0.22%	0.02%	0.00%	0.47%	0.06%	0.00%
Band 8c	0.31%	0.04%	0.00%	0.16%	0.02%	0.00%	0.14%	0.00%	0.00%
Band 8d	0.10%	0.00%	0.00%	0.04%	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	0.22%	0.00%	0.02%	0.10%	0.00%	0.24%	0.12%	0.00%	0.00%
Consultants	2.49%	1.78%	0.14%	n/a	n/a	n/a	2.49%	1.78%	0.14%
Career Grade Doctors	0.65%	1.06%	0.10%	n/a	n/a	n/a	0.65%	1.06%	0.10%
Junior Doctors	1.66%	2.35%	0.22%	n/a	n/a	n/a	1.66%	2.35%	0.22%
Total	76.65%	19.48%	3.86%	25.33%	2.90%	0.88%	51.32%	16.58%	2.99%

The implications of the data and any additional background explanatory narrative

4.97 % of the overall workforce have a null or not stated entry for their ethnicity on ESR (Electronic Staff Record).

There has been a slight increase of BME staff in the overall workforce of 0.52% since 2016. The overall BME clinical workforce has increased slightly to 17.17% and the non-clinical workforce has decreased slightly to 2.88%.

Within the clinical workforce, Band 5 has the highest number of BME staff. 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.

Within the non-clinical workforce, Band 1 has the highest number of BME staff. 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.

There has been an increase in BME Consultants. None of these hold a senior medical manager position (as defined by the WRES Technical Guidance 2017), of which there are two in the Trust. However 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, 4 are BME.

The Northamptonshire Census reported 9% of the population were BME.

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

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 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:

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

Data for previous year:

1.31 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 second year running improvement has been seen in this area. Of the individuals shortlisted 124 did not disclose their ethnicity. Of the individuals appointed 61 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

Recruitment training for managers, which includes a session on equality awareness, protected characteristics and values based recruitment, has continued during 2016/2017 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:

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

Data for previous year:

0.88 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 second year running improvement has been seen in this area. Of the individuals entering a formal disciplinary process 8 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: 0.54%

Data for previous year: 0.69%

The implications of the data and any additional background explanatory narrative

For the second year running there has been a slight improvement in this area.

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 28.94%

BME 26.39%

Data for previous year:

White 30.17%

BME 29.90%

The implications of the data and any additional background explanatory narrative

For the second year running there has been an improvement in this area. The survey shows that 2.55% more BME staff than White staff experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months.

There was also a slight improvement in the overall Staff Survey results for the Trust, however the Trust is ranked below average when compared to other Acute Trusts, which is unchanged 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, through the Organisational Development department, are working on 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 26.95%

BME 23.15%

Data for previous year:

White 28.23%

BME 30.61%

The implications of the data and any additional background explanatory narrative

For the second year running there has been an improvement in this area which includes a significant decrease of the number of BME staff experiencing these types of behaviours. The survey shows that 3.8% less BME staff than White staff experienced harassment, bullying or abuse from staff in last 12 months.

There was also a slight improvement in the overall Staff Survey results for the Trust, however the Trust is ranked below average when compared to other Acute Trusts, which is unchanged 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, through the Organisational Development department, are working on 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 87.94%

BME 72.09%

Data for previous year:

White 85.96%

BME 70.40%

The implications of the data and any additional background explanatory narrative

For the second year running there has been an improvement in this area. However the survey shows that 15.85% less BME staff than White staff do not believe that the Trust provides equal opportunities for career progression or promotion, so although overall there has been improvement, the gap between the experiences of BME staff and White staff has not improved.

There was also a slight improvement in the overall Staff Survey results for the Trust, however the Trust is ranked below average when compared to other Acute Trusts, which is unchanged 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 a Clinical Resourcing Planning Manager and part of the role of their team is to provide pastoral support to successful candidates from our overseas recruitment along with a bespoke induction programme. 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 6.5%

BME 12.09%

Data for previous year:

White 4.33%

BME 13.20%

The implications of the data and any additional background explanatory narrative

There has been an improvement in this area for BME staff, but deterioration for White staff. The survey shows that 5.59% more BME staff than White staff feel they have been discriminated against which shows improvement in the gap between the experiences of BME staff and White staff.

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

The Trust, through the Organisational Development department, are working on a 'Respect and Support Campaign' which will equip staff with the skills and knowledge to recognise and challenge discriminatory behaviours from staff supported by the Trust's Workforce Equality Strategy. The first part of this campaign is specifically aimed at managers. 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 10.7%

BME -24.1%

Data for previous year:

White 3.2%

BME -19.04%

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

There has been a 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.

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

For Executive Directors 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 updated its Equality and Diversity Strategy in 2016. The Trust has an Equality and Diversity Staff Group that through its Terms of Reference has an equality representative from each division and the understanding of the role of the Divisional Representative has developed further during 2016/2017. Commencing in autumn 2016 each Division was 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 due to be reviewed soon that progress can be assessed.

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. A copy of this can be found in the WRES 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.