

Trust Board 27th September 2017	
Workforce Race Equality Standard 2017	Paper No
Submitted by: Ali Mohammed, Director of HR & OD	
Aims / summary To provide Trust Board with assurance that the Trust is meeting its obligations under the Workforce Race Equality Standard (WRES). This builds on the objectives that were agreed by the Trust Board in January 2016 for the Equality Delivery System.	
Action required from the meeting To note the content of the report and approve the associated action plan	
Contribution to the delivery of NHS Foundation Trust strategies and plans Meeting the statutory duty to report publicly on this activity and meet CQC requirements.	
Financial implications None.	
Who needs to be told about any decision? N/a	
Who is responsible for implementing the proposals / project and anticipated timescales? Staff Equality and Diversity group	
Who is accountable for the implementation of the proposal / project? Director of HR & OD	

Workforce Race Equality Scheme 2017

Introduction

Since 2015 NHS organisations are required to publish data against the NHS Workforce Race Equality Standard (WRES).

WRES data publication is an annual requirement and is included in the 2016/17 NHS standard contract for NHS provider organisations and it also features in the CQC Assessment and Improvement Framework as part of the 'Well Led' domain. All Trusts are also required to develop and publish an action plan based on their data, addressing any issues raised. This plan must be approved by trust boards.

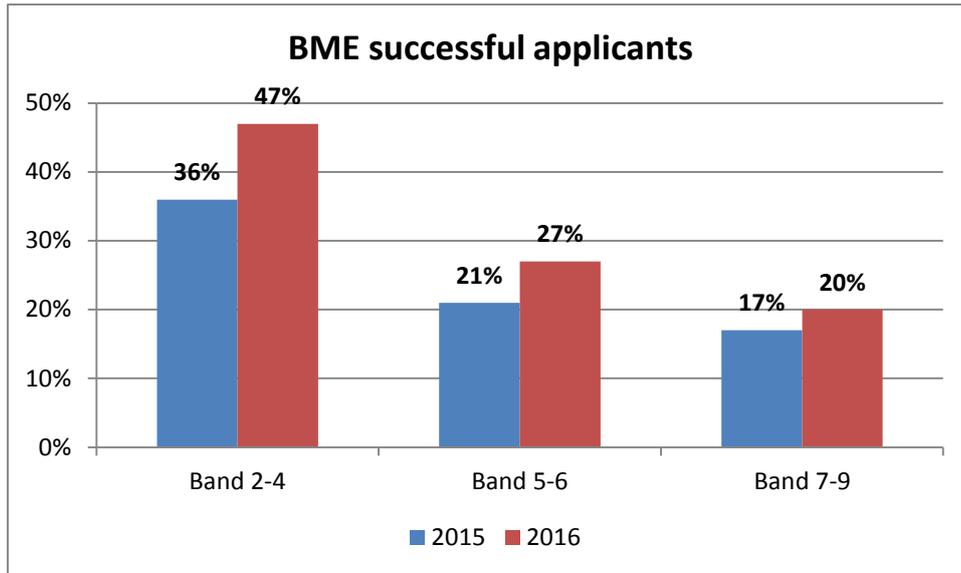
The 2017 WRES Trust data exercise has been completed and will be published with the action plan, following the September Trust Board. These will be available at <http://www.gosh.nhs.uk/about-us/equality-and-diversity>.

Main findings of the 2017 WRES

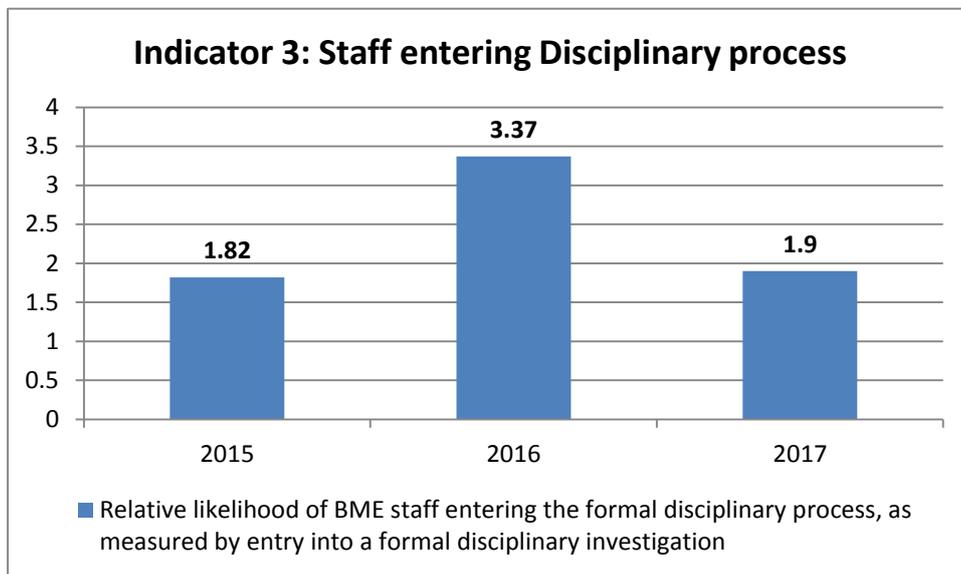
There are nine WRES indicators, four of the indicators focus on workforce data, four from data obtained by the national NHS Staff Survey, and one indicator focusses upon Black and Minority Ethnic (BME) representation on Boards. Further information about these indicators and the Trust data associated with them are given in *Appendix One*.

The main points arising from the Trust data include:

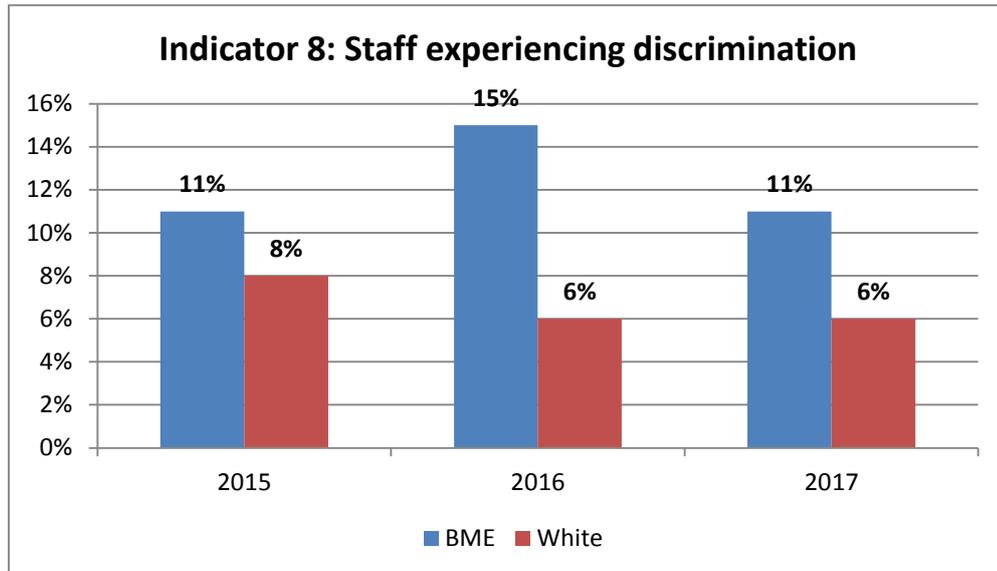
- An overall workforce composition of 29% BME staff.
- The highest representation of BME staff is to be found at lower pay bands, however the data shows that since last year there has been an increase in headcount of the numbers of BME staff in non-clinical Band 8a (+10), in clinical bands 5-7 (+43) and in the number of BME consultants (+12).
- In common with other public sector organisations (NHS England citing "Discrimination by Appointment" report, 2013) Trust data shows that proportionately fewer BME candidates are being appointed into jobs than white applicants (white people are 1.73 times more likely to be appointed). Trust data in this respect, however, continues to improve year on year and the most significant improvement is in bands 2-4. Whilst improvement is less at higher bands, it is noted that progress has been made.



- Conversely, whilst numbers are small overall, proportionately more staff from BME backgrounds at the Trust are involved in formal disciplinary action than white staff (1.9 times more likely). Again, this is a pattern across the NHS (NHS Employers report, 2010). 2017 Trust data reflects an improvement in reaching parity since last year.



- Uptake of non-mandatory training and CPD between BME and white staff is broadly comparable.
- 2017 Trust data shows that race does not appear to be a major factor in whether a member of staff experiences harassment, bullying and abuse from service users (22.9% white, 21.62% BME).
- There has been a slight but continued improvement across the WRES reporting years in BME staff believing that Trust provides equal opportunities for career progression or promotion (BME staff: 79.09% - 2017; 78% - 2016; 77%, 2015) and an improvement since last year in BME staff personally experiencing discrimination at work (11.2% - 2017; 15% - 2016).



- Voting membership of the Board has a lower representation of BME staff than is found in the overall workforce (-11.8%).

In January 2016 the Trust Board agreed a set of equality objectives, which were developed using the NHS Equality Delivery System v2. (nb The NHS Equality Delivery System v2 addresses *all* the equality characteristics that are protected in law, for example race, gender, disability; the Workforce Race Equality Scheme focuses *only* on race). These objectives were created following widespread consultation with, and feedback from, staff and other stakeholders about what GOSH's equality priorities should be. The Trust's staffing-related Equality Objectives, which are valid for a period of up to four years, are:

1. Increase overall visibility of the Trust Board and Senior Leaders.
2. Develop the understanding of managers and employees in recognising and managing Harassment and Bullying, with the longer term intention of a reduction in the instances of bullying and harassment concerns raised.
3. To improve the representation of BME staff in senior posts.

The agreed objectives and resultant associated actions will also deliver many of the actions to address the issues highlighted by the data produced for the WRES. The agreed actions arising from the Trust's Equality Objectives were therefore rearticulated in the 2016 WRES action plan. The 2017 WRES action plan also rearticulates these actions as well as including further actions (*see Appendix 2*).

Action required

Trust Board are asked to:

- Note the contents of this paper.
- Re-endorse the actions agreed to progress the Trust's Equality Objectives as part of the WRES action plan.

Appendix One: 2017 WRES Indicators and Trust data

Indicator 1

Breakdown of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) for both clinical and non-clinical workforce

Clinical workforce

Band	White	% of Staff	BME	% of Staff
Under Band 1	0	0.0%	0	0.0%
Band 1	0	0.0%	0	0.0%
Band 2	25	1.0%	36	4.3%
Band 3	112	4.6%	123	14.7%
Band 4	72	3.0%	41	4.9%
Band 5	572	23.7%	145	17.3%
Band 6	500	20.7%	158	18.8%
Band 7	434	18.0%	97	11.6%
Band 8A	146	6.1%	19	2.3%
Band 8B	70	2.9%	12	1.4%
Band 8C	28	1.2%	3	0.4%
Band 8D	10	0.4%	1	0.1%
Band 9	2	0.1%	0	0.0%
VSM	6	0.2%	0	0.0%
of which medical and dental		0.0%		0.0%
Consultant	244	10.1%	80	9.5%
of which senior medical manager	5	0.2%	0	0.0%
Non-consultant career grade	100	4.1%	72	8.6%
Trainee grades	78	3.2%	51	6.1%
Other	9	0.4%	1	0.1%

Non - Clinical Workforce

Band	White	% of Staff	BME	% of Staff
Under Band 1	0	0.0%	0	0.0%
Band 1	0	0.0%	0	0.0%
Band 2	57	9.5%	74	12.3%
Band 3	78	12.9%	79	13.1%
Band 4	147	24.4%	121	20.1%
Band 5	76	12.6%	59	9.8%
Band 6	57	9.5%	30	5.0%
Band 7	70	11.6%	22	3.6%
Band 8A	56	9.3%	19	3.2%
Band 8B	30	5.0%	5	0.8%

Band 8C	14	2.3%	1	0.2%
Band 8D	13	2.2%	0	0.0%
Band 9	1	0.2%	0	0.0%
VSM	4	0.7%	1	0.2%

Indicator	Descriptor	2017	2016	2015
Indicator 2	Relative likelihood of white staff being appointed from shortlisting across all posts	1.73 times	2.02 times	2.57 times
Indicator 3	Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	1.9 times	3.37 times	1.82 times
Indicator 4	Relative likelihood of white staff accessing non-mandatory training and CPD	1.19	1.07	1.05
Indicator 5 (from Staff Survey)	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White: 22.9% BME: 21.62%	White: 27% BME 21%	White: 25% BME 17%
Indicator 6 (from Staff Survey)	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White: 24.84% BME: 28.34%	White: 23% BME 33%	White: 24% BME 25%
Indicator 7 (from Staff Survey)	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White: 86.98% BME: 79.09%	White: 90% BME 78%	White: 93% BME 77%
Indicator 8 (from Staff Survey)	Q17. In the last 12 months have	White: 6.03% BME: 11.2%	White: 6% BME 15%	White: 8% BME 11%

	<p>you personally experienced discrimination at work from any of the following?</p> <p>b) Manager/team leader or other colleagues</p>			
Indicator 9	Percentage difference between the organisations' Board voting membership and its overall workforce	-11.8%	- 4.6%	-5.3%

Appendix 2: Action Plan

EQUALITY OBJECTIVE	RATIONALE	WRES INDICATOR	MEASUREMENT	BASELINE MEASURE	TARGET	ACTION
<p>Increase overall visibility of the Trust Board and Senior Leaders</p>	<p>Enhance communication with staff in light of staff survey results. Enable leaders to demonstrate their commitment to E&D in response to findings from EDS 2 scoring exercise.</p>	<p>1 & 9</p>	<p>Annual staff survey (staff reporting good communication between them and senior managers). Annual WRES</p>	<p>Staff Survey 2015: GOSH score = 30%. Average score for acute specialist trust: 38%.</p>	<p>2017 survey: target of 33%. By the end of 2019, GOSH's score will mirror the average score of acute specialist trusts. Improvements in the EDS 2 (2019) and WRES scores will also be achieved.</p>	<p>Various approaches phased over the life of the objective. These will include:</p> <ul style="list-style-type: none"> • Strategies to increase the visibility of leadership and enhancement of their communication with staff. • Development of Trust Board and Senior Leaders around equality issues (using patient stories to highlight issues, consideration of unconscious bias training etc.). • Trial of reverse mentoring with a member of the Trust Board and a BME member of staff. • Engaging Senior Leaders with

						celebrations and events throughout the year to further improve visibility.
Develop the understanding of managers and employees in recognising and managing Harassment and Bullying, with the longer term intention of a reduction in the instances of bullying and harassment concerns raised.	EDS 2 survey results and voting showed that it was one of the categories to score highest in the underdeveloped grade.	6 & 8	<p>The number of managers who have undertaken the Harassment and Bullying training</p> <p>The number of employees who have undertaken Harassment and Bullying training</p> <p>Levels of reported harassment and bullying via the staff survey</p>	<p>Staff Survey 2015:</p> <p>Harassment, bullying and abuse from staff:</p> <p>White – 23%</p> <p>BME – 33%</p>	<p>Levels of reported harassment and bullying via the staff survey will have reduced by 5% by 2019</p>	<ul style="list-style-type: none"> • In 2016 – 2017, we aim to develop the understanding of managers in what constitutes harassment and bullying, recognising when it occurs and how to manage concerns raised by employees. • Develop the understanding of employees in defining what constitutes harassment and bullying behaviours and how they make take action should they believe this behaviour is being aimed at them or their colleagues.

						<ul style="list-style-type: none"> • Introduce Unconscious Bias training to support the above interventions and to help managers reflect on how they may be managing team members or situations.
<p>To improve the representation of BME staff in senior posts</p>	<p>Data shows that shortlisted applicants from BME groups are less likely to be appointed to senior posts i.e. Band 7-9 jobs at GOSH than people from white groups</p>	<p>1, 2, 7</p>	<p>Annual E&D data report</p>	<p>Shortlisted applicants 2015 bands 7 – 9 64.5% (white), 35.5% (BME)</p> <p>Appointed 2015 bands 7 -9 83% (white) 17% (BME)</p>	<p>By the end of 2019 the proportion of BME senior staff appointed will be more reflective of the number of BME staff shortlisted</p>	<ul style="list-style-type: none"> • Creating a networking within senior GOSH BME staff and supporting them to apply to National development programmes (Ready Now) • Include 'Understanding Unconscious Bias' in the current recruitment and selection training course which is targeted at new recruiters (the resourcing team)

						<p>themselves undertook unconscious bias training in 2016).</p> <ul style="list-style-type: none"> • In 2018 - 2019 roll out 'Understanding Unconscious Bias' to all managers involved in the recruitment and selection process. • To implement an interview assessment form that is transparent, including a scoring methodology which is reflective of the trusts values. • By the end of 2017 - 2018 we aim to roll out the assessment form to all managers involved in the recruitment and selection process.
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Action Plan Associated With the Agreed GOSH Equality Objectives

In addition to the above associated with the agreed Trust Equality Objectives further actions are planned under other streams of work which will support the improvement of GOSH WRES data and outcomes and these include:

- Implementing actions arising from the staff listening events (held May 2017) regarding harassment & bullying and progression for all
- Review of the staff equality, diversity and inclusion strategy, governance and work plan which will involve engaging with staff including those from BME groups. Work has already started to engage with an LGBT internal interest group and a plan of work has been designed. Senior BME staff have also recently been brought together to discuss their career aspirations and are being supported to apply to the National 'Ready Now' development programme.