Response ID ANON-R89M-8JF2-A

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2017-10-05 13:12:02**

Introduction

1 Name of organisation

Name of organisation:
Great Ormond Street Hospital for Children NHS Foundation Trust

2 Date of report

Month/Year:
August 2017

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 :
Ali Mohammed, Director of HR&OD

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:
Sue Lyon, OD Manager
Email sue.e.lyon@gosh.nhs.uk

5 Names of commissioners this report has been sent to

Complete as applicable::

Workforce Race Equality Standard reporting template

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

Complete as applicable.:

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:
http://www.gosh.nhs.uk/about-us/equality-and-diversity

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

Name::
Ali Mohammed

Date::
27th September 2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:
Our staff data relating to race has a very high completion rate, with only 131 staff out of a total headcount of 4, 392 (3%) having their ethnicity recorded as unknown / null.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:
None

Self reporting

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

Total nuber of staff employed within this organisation at the date of the report:
4, 392 on the date the WRES data was obtained (31 March 2017)

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:
29%

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

The proportion of total staff who have self–reported their ethnicity:
97%

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:
Not required due to high data completion rate.

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:
n/a

Workforce data

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

What period does the organisation's workforce data refer to?:
All data is at 31st March 2017 except Indicator 3 (based on a two year rolling average) and Indicators 5 – 8 which are taken from the 2016 NHS Staff Survey.

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:
NOTE: Actual numbers of staff not percentages - see associated Board paper for percentage breakdown
Data for reporting year: 2017
Clinical workforce
Band White BME
Under Band 1 0 0
Band 1 0 0
Band 2 25 36
Band 3 112 123
Band 4 72 41
Band 5 572 145
Band 6 500 158
Band 7 434 97
Band 8A 146 19
Band 8B 70 12
Band 8C 28 3
Band 8D 10 1
Band 9 2 0
VSM 6 0
of which medical and dental
Consultant 244 80
of which senior 5 0
medical manager
Non-consultant 100 72
career grade
Trainee grades 78 51
Other 9 1

Non - Clinical Workforce
Band White BME
Under Band 1 0 0
Band 1 0 0
Band 2 57 74
Band 3 78 79

Band 4 147 121
Band 5 76 59
Band 6 57 30
Band 7 70 22
Band 8A 56 19
Band 8B 30 5
Band 8C 14 1
Band 8D 13 0
Band 9 1 0
VSM 4 1

Data for previous year:
2016
Clinical Workforce
Band White BME
Under Band 1 0 0
Band 1 0 0
Band 2 18 29
Band 3 146 123
Band 4 83 42
Band 5 564 120
Band 6 476 155
Band 7 409 82
Band 8A 143 16
Band 8B 79 9
Band 8C 29 2
Band 8D 9 1
Band 9 2 0
VSM 5 0
of which medical and dental
Consultant 224 68
of which senior 5 1
medical manager
Non-consultant 111 70
career grade
Trainee grades 74 58
Other 0 0

Non-clinical workforce
Band White BME
Under Band 1 0 0
Band 1 0 0
Band 2 57 71
Band 3 66 63
Band 4 153 112
Band 5 87 53
Band 6 53 29
Band 7 60 17
Band 8A 49 9
Band 8B 28 6
Band 8C 3 0
Band 8D 18 0
Band 9 1 0
VSM 6 1

The implications of the data and any additional background explanatory narrative:
As was the case in 2016, and as is the case in many other organisations, the 2017 data shows that there are proportionally more BME staff in lower banded posts. These findings are likely to be indicative of the disproportionate numbers of BME staff who hold ‘non-professional’ jobs which attract a lower salary. The Trust does not employ any member of staff into Band 1 posts.

The data shows that between the comparator years there has been an increase in headcount of the numbers of BME staff in non-clinical Band 8a, in clinical bands 5-7 and in the number of BME consultants.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
In July 2017 the Trust held an event for BME staff at Band 8a and above to encourage them to consider their journey into leadership and to support them to apply for national leadership programs aimed at supporting them into senior roles including board and director level roles. Earlier in 2017 there was also targeted support for BME staff in Bands 5 to 7 to encourage them to apply to join a national BME leadership development program. 3 members of staff subsequently applied.
One of the Trust’s Equality Objectives, which was developed using the NHS EDS2 scheme, is to improve the representation of BME staff in senior posts.

To continue to improve representation of BME staff in senior posts the Trust will:
• Include ‘Understanding Unconscious Bias’ in the current recruitment and selection training course which is targeted at new recruiters (the resourcing team themselves undertook unconscious bias training in 2016).
• Implement an interview assessment form that is transparent, including a scoring methodology which is reflective of the Trust’s 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.

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

Data for reporting year:
1.73 (i.e. white people are 1.73 times more likely to be appointed than BME staff)

Data for previous year:
2.02

The implications of the data and any additional background explanatory narrative:
The WRES data shows an improvement in likelihood of BME staff being appointed since 2016, although white people are still at an advantage. This has been borne out by our by our local data collected across the whole of 2016. The most significant improvement is in bands 2-4. Whilst improvement is less at higher bands, it is noted that this level of improvement has not been seen previously in recruitment data.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
To continue to improve representation of BME people Trust will:
• Include ‘Understanding Unconscious Bias’ in the current recruitment and selection training course which is targeted at new recruiters (the resourcing team themselves undertook unconscious bias training in 2016).
• Implement an interview assessment form that is transparent, including a scoring methodology which is reflective of the Trust’s 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.
• Undertake if possible (due to issues with the data which are in the process of being addressed) a deep dive into the recruitment data to pinpoint areas / roles of concern for further investigations

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:
1.9

Data for previous year:
3.37

The implications of the data and any additional background explanatory narrative:
Although BME staff are 1.9 times more likely to enter the formal disciplinary process, this indicator has improved since the last reporting year, and is moving towards a position of parity.
GOSH places a continued emphasis on both the coverage (Key Performance Indicator of 95% staff with a current PDR is set) and quality of appraisals (which was in the top five ranking scores on our 2016 NHS Staff Survey). A previous Equality Objective also was concerned with parity between white and BME staffs’ appraisal rates and this was achieved. By ensuring all staff are appraised in a timely and effective manner the Trust is better able to ensure that any issues, including performance issues, are addressed before they come into the disciplinary process.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
• Included unconscious bias training into PDR training.
• Held sessions on unconscious bias with senior managers / leaders
• Our Employee Relations Team deliver bite sized training for managers on performance / discipline issues to help ensure consistency and fairness of approach and we will continue this throughout 2017/18.
• Over the past year we have established partnering with the Trust through the introduction of HR Business Partners enabling close and proactive working relationships with managers.

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

Data for reporting year:
1.19

Data for previous year:
1.07

The implications of the data and any additional background explanatory narrative:
The data shows that achieving parity between rates for BME and white staff continues to be very close. Training is available for all staff regardless of any actual or perceived protected characteristic

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
A training needs analysis for Bands 2 – 4 staff has been completed and the Trust is considering the implications of the findings in relation to the internal training opportunities offered. As we know that BME staff members tend to fall in these lower bands, this will have implications in terms of ensuring training is targeted and accessed where needed.

In July the Trust held an event for BME staff at Band 8a and above to encourage them to consider their journey into leadership and to support them to apply for national leadership programs aimed at supporting BME staff into senior roles including Board and director level roles. Earlier in 2017 there was also targeted support for BME staff in Bands 5-7 to encourage them to apply to join a national BME leadership development program. 3 members of staff subsequently applied.

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:
White 22.9%

BME:
BME 21.62%

White:
White 26.78%

BME:
BME 21.21%

The implications of the data and any additional background explanatory narrative:
Whilst still much higher than the Trust would like to see, the data indicates that there is parity between BME and white staff, in that BME staff do not experience higher rates of harassment, bullying or abuse from service users.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Two listening events were held during May 2017. The aim of these were to engage further with staff around key concerns highlighted by the survey findings and ask staff for ideas of how these could be addressed across the whole of the Trust. The events were well attended by over 40 participants who came from a range of job roles and pay bands.
The events, following the findings of the survey, focused on four main issues one of which was harassment, bullying and violence.

The Trust also has an Equality Objective around this theme, namely:

• To develop the understanding of managers and employees in recognising and managing Harassment and Bullying in the workplace, with the longer term intention of a reduction in the instances of bullying and harassment concerns being raised by staff.

Action planned and/or completed include:

• We explored this further through the listening events and as a result, a strategy to address H &B is being developed, which will include a revision of policy, practice, training and messaging. We are also currently reviewing how the Freedom to Speak Up Ambassador service can be used to support those experiencing H&B.
• The Employee Relations (ER) team introduced bite size training on Managing Difficult Conversations to support managers with their approach to raising issues with members of their team in a constructive manner. Approximately 40 managers have attended these sessions to date. These sessions will continue across 2017.
• The Employee Relations team also launched bitesize Dignity at Work training for managers to attend. This is linked to the protected characteristics whilst recognising that this behaviour may also be aimed at those not covered by the Equality Act 2010. Take up of this was lower, and in 2017 the team will utilise feedback from the Staff Friends and Family Test survey and annual staff survey to help target the training and support the understanding of managers as to how it can help them create a positive working environment that will also support retention and staff motivation.
• The Employee Relations team have created and launched a route map to provide employees with options on how to raise Harassment and Bullying concerns. This is distributed through the ER team and available on the intranet.
• The Trust has also used Unconscious Bias training to support the above interventions and to help managers reflect on how they may be managing team members or situations. A review will be undertaken at the end of 2018 to assess the impact the training has had

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

White:
White 86.98%

BME:
BME 79.09%

White:
White 90%

BME:
BME 77.78%

The implications of the data and any additional background explanatory narrative:
The data shows that a very high proportion of BME staff believe that there is equality of opportunity for career progression / promotion. The response from BME staff undertaking the survey is higher (better) than the average (median) score for other Acute Specialist Trusts (75%).

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
A training needs analysis for Bands 2 – 4 staff has been completed and the Trust is considering the implications of the findings in relation to the internal training opportunities offered. As we know that BME staff members tend to fall in these lower bands, this will have implications in terms of ensuring training is targeted and accessed where needed.

In July the Trust held an event for BME staff at Band 8a and above to encourage them to consider their journey into leadership and to support them to apply for national leadership programs aimed at supporting BME staff into senior roles including Board and director level roles. Earlier in 2017 there was also targeted support for BME staff in Bands 5-7 to encourage them to apply to join a national BME leadership development program. 3 members of staff subsequently applied.

Two listening events were held during May 2017. The aim of these were to engage further with staff around key concerns highlighted by the survey findings and ask staff for ideas of how these could be addressed across the whole of the Trust. The events were well attended by over 40 participants who came from a range of job roles and pay bands.
The events, following the findings of the survey, focused on four main issues one of which was equality in progression and promotion for all.

Actions arising from the event include:

• Reviewing how and when unconscious bias training happens and the scope for enhancing this or targeting towards specific groups of staff
• Raising the profile of staff diversity in the Trust through events and celebrations.

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:
White 6.03%

BME:
BME 11.2%

White:
White 5.84%

BME:
BME 14.58%

The implications of the data and any additional background explanatory narrative:
The data shows an improvement in the experience of BME staff since 2016 but it is still higher than the Trust would want to see. In terms of the data relating to BME staff, we are slightly better than the average for acute specialist trusts.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The Trust launched a set of organisational values in 2015 following consultation with over 2, 500 staff and service users. Our values are underpinned by a set of behaviours and the Trust have been working to embed these behaviours over the past two years into various key HR processes such as appraisals and recruitment and selection. The Trust also asks questions about both the awareness of the values and experiences of being treated in accordance with them as part of the staff FFT, and both of these measures are consistently high. As part of embedding the values, managers have been supported to talk about acceptable behaviours with teams and with individuals and have been given tools to do so. There has also been OD support for teams across the Trust to consider and enhance their team behaviours.
This support and continued work to further embed the values will run alongside more specific actions around unconscious bias training and input around harassment and bullying, as described previously.

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

White:
White 24.84%

BME:
BME 28.34%

White:
White 22.9%

BME:
BME 32.65%

The implications of the data and any additional background explanatory narrative:
Whilst higher than the Trust would like to see, GOSH is rated as average for an acute specialist trust for this staff survey indicator. There appears to have been an improvement between the years 2015 and 2016 with regard to the experience of BME staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
See section 21

Workforce Race Equality Indicators

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

White:

BME:
-11.8%

White:

BME:
-4.6%

The implications of the data and any additional background explanatory narrative:
We have had some turnover at our voting Board member level, which although small, had affected our WRES outcome.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The Trust are in the process of recruiting two voting board members.

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?:
n/a

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.:
http://www.gosh.nhs.uk/about-us/equality-and-diversity.