

**WORKFORCE RACE EQUALITY STANDARD REPORT 2018
(Covering 01 April 2017- March 2018)**

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| Name of organisation | London North West University Healthcare NHS Trust | Date of report: month/year | |
| Name and title of Board lead for the Workforce Race Quality Standard | Claire Gore, Director of HR and OD | August | 2018 |
| Name and contact details of lead manager compiling this report | Obibugo Maduako-Ezeanyika, Assistant Director of OD & Learning obi.maduako-ezeanyika@nhs.net | | |
| Names of commissioners this report has been sent to | Brent CCG, Ealing CCG and Harrow CCG | | |
| Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable) | Lead commissioner, Huw Wilson-Jones at North West London Commissioners | | |
| This report has been signed off by on behalf of the Board on (insert name and date) | The Trust Executive Team , 01 August 2018 | | |

1. Background narrative

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| Any issues of completeness of data | Our data is obtained from our Electronic Staff Records (ESR) and internal HR databases |
| Any matters relating to reliability of comparisons with previous years | <p>Over the last year the Trust has worked to improve its data collection processes particularly around staff entering the formal disciplinary process. This year's report provides more accurate information which has supported the recent introduction of a new employee relations triage process for disciplinaries. This is aimed at reducing the number of BME entering the formal disciplinary process.</p> <p>We are yet to commence the implementation of 'self-service' which will enable staff update their personal records and assist in reducing data gaps under the 'not disclosed' and 'not unspecified' categories.</p> <p>The Trust's new 'Trac' system has also enabled a more accurate data capture of the Trust recruitment process ensuring we are more accurately able to report on the relative likelihood of staff being appointed from shortlisting.</p> |

2. Total numbers of staff

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| a. Employed within this organisation at the date of the report | 8429 |
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| b. Proportion of BME staff employed within this organisation at the date of the report | 64.33% of the London North West University Healthcare Trust identity as BME |
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3. Self-reporting

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| a. The proportion of total staff who have self-reported their ethnicity | 92.2% of staff have self –reported their ethnicity |
| b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity | The work with implementing ESR self-service element is still in development however the Trust aims to undertake work at the point of recruitment of new staff to improve self-reporting. |
| c. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity | <p>At the point of recruitment, we aim to actively capture self-reporting of ethnicity data.</p> <p>In terms of existing staff, we will encourage staff to update their ethnicity data at the point of internal mobility to new roles and via our change forms. In addition we will undertake a data cleansing initiative to manually update records from personnel files.</p> <p>This will include intranet messaging , wider organisational communications and work with our staff networks regarding the importance of providing this information to the organisation.</p> |

4. Workforce data

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| a. What period does the organisation's workforce data refer to? | 01 April 2017-31 March 2018 |
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5. Workforce Race Equality Indicators

Please note the high level summary points should be provided in the text boxes below – the details should be contained in accompanying WRES Action plans

| | Indicator | Data for reporting year | Data for previous year | Narrative – the implications of the data and any additional background explanatory narrative | Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective |
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| | For each of these for workforce indicators, compare the data for White and BME staff | | | | |
| 1. | Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared | Overall: White: 36% BME: 64% | Overall: White:37% BME: 63% | In 2017-2018 BMEs made up 64% of the overall workforce, an increase of 1% over the previous year. | The Trust is currently consulting on its year Equality Diversity and Inclusion (EDI) Plan. It has also self-assessed against the EDS2 and its WRES |

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| | <p>with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff</p> | <p>Non clinical workforce Band 1 67% White 33% BME Band 2 36% White 64% BME Band 3 31% White 69% BME Band 4 39% White 61% BME Band 5 46% White 54% BME Band 6 45% White 55% BME Band 7 51% White 49% BME Band 8A 56% White 44% BME Band 8B 58% White 42% BME Band 8C 74% White 26% BME Band 8D 76% White 24% BME Band 9 82% White 18% BME VSM 78% White 22% BME</p> <p>Clinical workforce excluding medical staff Band 2 19% White 81% BME Band 3 33% White 67% BME Band 4 33% White 67% BME Band 5 24% White 76% BME Band 6 31% White 69% BME Band 7 45% White 55% BME Band 8A 55% White 45% BME Band 8B 47% White 53% BME Band 8C 66% White 34% BME Band 8D 73% White 27% BME Band 9 100% White 0% BME VSM 25% White 75% BME</p> | <p>Non clinical workforce Band 1 67% White 33% BME Band 2 36% White 64% BME Band 3 31% White 69% BME Band 4 39% White 61% BME Band 5 47% White 53% BME Band 6 48% White 52% BME Band 7 54% White 46% BME Band 8A 58% White 42% BME Band 8B 56% White 44% BME Band 8C 76% White 24% BME Band 8D 89% White 11% BME Band 9 83% White 17% BME VSM 76% White 24% BME</p> <p>Clinical workforce excluding medical staff</p> <p>Band 2 19% White 81% BME Band 3 33% White 67% BME Band 4 32% White 68% BME Band 5 25% White 75% BME Band 6 33% White 67% BME Band 7 47% White 53% BME Band 8A 56% White 44% BME Band 8B 51% White 49% BME Band 8C 70% White 30% BME Band 8D 73% White 27% BME Band 9 100% White 0% BME VSM 30% White 70% BME</p> | <p>Compared with the previous reporting period, BME representation as Board and voting member has doubled (proportion BME members voting previous year 14%)</p> <p>The proportion of BME at AfC bands 8A-9, 8C-9 increased by 8% and VSM in clinical roles by 5%. However as a proportion of the total Trust workforce, BME staff remain under represented in senior AfC pay grades and over-represented in the most junior roles.</p> <p>The data also indicates that when compared with the previous year, there has been a 15% increase in the number of staff not disclosing their ethnicity. This will require further work in order to establish a more accurate data on the ethnicity of our workforce particularly within AfC pay grades bands 2-7 (clinical) and VSM (non-clinical) workforce.</p> | <p>actions will be informed by these. The Trust will publish its EDI plan on its website once it has concluded its consultation on its plans with staff and patients.</p> <p>The Trust will build on actions introduced in the previous year on improving BME representation in senior roles. It will also continue its participation on the NHSi Next programme and BME WRES frontline initiative.</p> <p>Strengthen BME development initiatives by launching the BME leadership programme aimed at improving and enabling BME progression to the most senior roles particularly AfC pay grades 8D and 9</p> <p>Build on work around career progression and mobility of BME at AfC band 2-4</p> <p>Introduce measures to improve disclosure of ethnicity.</p> |
| 2. | Relative likelihood of staff being appointed from shortlisting across all posts | 1.22 | 1.74 | <p>The gap for this indicator is Narrowing.</p> <p>Data for all reporting periods refers to external recruitment activity.</p> | <p>Mandate recruitment and selection training (incorporating unconscious) for managers sitting on recruitment and selection panels.</p> <p>Review all acting up arrangements and implement robust processes for</p> |

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| | | | | | <p>recording internal mobility.</p> <p>Introduce a requirement for a visible BME to sit on recruitment and selection panels.</p> |
| 3. | <p>Relative likelihood of staff entering formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data formal two year rolling average of the current year and the previous year.</p> | 2.36 | 1.52 | <p>When compared to previous year likelihood has almost doubled. Since the last reporting period, the Trust has implemented more accurate reporting mechanisms for cases.</p> <p>It has also introduced a triage process to create a more robust and objective mechanism for decision making in this area.</p> <p>For reasons mentioned above, caution is urged when drawing conclusions from this data when compared to the previous reporting period</p> | <p>The Trust disciplinary policy has been updated.</p> <p>A further analysis and monitoring of our disciplinary data will be undertaken to understand the banding individuals entering the formal disciplinary process. This will enable us better understand the data and establish patterns if apparent.</p> <p>Embed the new disciplinary triage process which provides greater senior management oversight and scrutiny over decisions to take disciplinary action</p> <p>Integrate unconscious bias training in the Trust Leadership and management programmes</p> |
| 4. | <p>Relative likelihood of staff accessing non-mandatory training and CPD</p> | 0.68 | 1.11 | <p>The data indicates that staff from BME backgrounds are more likely to access non mandatory training. We are however aware that staff in non-clinical Admin and clerical roles (bands 2-4) of which a significant proportion are from BME backgrounds are less likely to access training.</p> | <p>To investigate the proportion of BME staff within AfC band 2-7 pay grades in non-clinical roles accessing non-mandatory training to establish any differentials in experience when compared with White colleagues.</p> <p>Implement measures to address any differentials.</p> |

| | | | | Further investigation is required to establish whether there is a differential between ethnic groups/pay grades (directly or indirectly) | |
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| | Indicator | Data for reporting year | Data for previous year | Narrative – the implications of the data and any additional background explanatory narrative | Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective |
| | National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff</u> | | | | |
| 5. | KF 25. Percentage of staff experiencing harassment, bullying or abuse (BHA) from patients, relatives or the public in last 12 months | White 36.75% BME 34.21% | White 33.79% BME 34.02% | The numbers of staff from White backgrounds who say they are experiencing BHA from patients has increased by 2% and BME only slightly. This data will require triangulation with other data with the aim of targeting hot spot areas and equipping staff to deal with this growing issue. | The Trust is currently implementing its Staff survey action plan around this finding. We will be running a campaign to raise awareness of this growing issue and provide targeted training to better equip staff to deal with this issue, particularly staff working in ward areas. |
| 6. | KF 26. Percentage of staff experiencing harassment, bullying or abuse (BHA) from staff in last 12 months | White 28.68% BME 31.43% | White 29.23% BME 31.74% | Although there has been a slight reduction in the numbers of staff who say they are experiencing BHA from colleagues these numbers are unacceptable. We recognize the need to triangulate this data to enable us develop high impact and meaningful initiatives to tackle this issue | Triangulate this data with data from other sources including Datix. Roll out BHA advisor roles across the Trust to ensure that staff are supported. Launch the Dignity and respect at work policy. Embed and actively promote |

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| | | | | | mediation as a mechanism for resolving workplace conflict |
| 7. | KF 21. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion. | White 83.96% BME 68% | White 84.24% BME 63.62% | There is a significant disparity in the perception of White and BME staff. There has been a 5% increase in the numbers of BME believing the trust provides equal when compared with previous year. | Over the next year we will be launching our talent management strategy incorporating specific actions around BME talent. We have introduced bespoke interventions for certain AfC grades in the Trust including supporting staff to participate in national BME programmes. Continue to use HEART to reinforce Equality Diversity and Inclusion considerations in all aspects of Trust working life. Embed unconscious bias training in training for managers. |
| 8. | 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 8.15% BME 17.74% | White 8.63% BME 18.24% | There has been a slight decrease in the number of BME staff who say that they have personally experienced discrimination at work. Although the number of BME who report experiencing discrimination has fallen when compared to previous year, this is still double that of staff from White backgrounds. | Continue to use HEART to reinforce Equality Diversity and Inclusion considerations in all aspects of Trust working life. Embed unconscious bias training in management and appraisal training for managers. |
| | Board representation Indicator. For this indicator, <u>compare the difference for White and BME staff</u> | | | | |

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| 9. | Percentage difference between the organisations Board voting membership and its overall workforce | White 43.6% BME -35.7% | White 53.9% BME -47.3% | Compared to the previous reporting period the percentage difference between the organisation's Board voting membership and its overall workforce has reduced. However, when compared to 2016, BME representation on the Board and as voting members has increased. | When recruiting to very senior roles (VSM) the Trust will continue to instruct agencies to select potential candidates for interview from a diverse field. The Trust is mindful that more work is required in addressing underrepresentation of BME staff in AfC band 8C-9 roles and addressing the non-disclosure of ethnicity by staff in these AfC pay grades. |
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6. Are there any other factors or data which should be taken into consideration in assessing progress?

The process for recording staff entering formal disciplinary process in 2016/2017 was weak. Since 2017, the Trust has introduced a more robust process for recording disciplinarys and more recently introduced a 'triage process' which is aimed at creating a more objective and transparent process for decision making.

7. 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 eh WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attached the WRES Action Plan or provide a link to it.

This report will be published on the Trust website along with an action plan which will be monitored by the Trust Patient and Staff Committee

**Staff Survey/WRES Improvement Action Plan 2018/2019
Update July 2018**

| WRES Indicator | Actions | Success Criteria |
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| | <p>Launch two year Equality Diversity and Inclusion plan aimed at improving BME access to opportunities and experience of the workplace</p> <p>Introduce ESR data cleansing initiative</p> <p>Introduce initiative to increase disclosure of ethnicity at point of recruitment</p> <p>Launch Trust talent management strategy with specific actions around BME talent</p> | <p>Plan launched and staff perception of the workplace and access to opportunities improve.</p> <p>Positive increase in BME responses to Staff Survey findings KF 21, KF25, KF 26 and Q17 over 2017/2018 baseline</p> <p>10% reduction in the number of staff not disclosing their ethnicity</p> |
| <p>Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.</p> | <p>Requirement that a BME employee sits on recruitment panels for roles at Band 8A and above</p> <p>Mandate recruitment training for managers.</p> <p>Review all acting up arrangements over 6 months for EDI</p> <p>Integrate unconscious bias training in all internal leadership and management programmes</p> | <p>Continued narrowing the gap in relative likelihood of White staff being appointed compared to BME staff over 2017/2018 baseline</p> <p>All recruitment panellist attend unconscious bias training before involvement in recruitment</p> <p>Unconscious bias training routinely delivered out across the Trust and embedded in all internal leadership and management programmes</p> |

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| Indicator 3: Relative likelihood of staff entering the formal disciplinary process. | Continue to improve data capture, monitoring and reporting processes Monitor new 'disciplinary triage' process for its effectiveness | 10% reduction in representation of BME staff in formal disciplinary processes |
| | Investigate informal stages and links to entry to formal stage and mechanism to reduce entry | |
| Indicator 4. | Investigate the proportion of BME staff within AfC ban 2-7 pay grades in non-clinical roles accessing non-mandatory to establish any differentials and implement measures where appropriate | Non-mandatory training is broken down by AfC pay bands |
| Indicator 5: Percentage of staff experiencing harassment and bullying from relatives or the public in last 12 months | Improve reporting processes and actively mediate interventions and reporting processes to staff | 10% increase in staff reporting |
| | Promote zero tolerance of bullying and harassment and abuse to patients and the public. -training for staff mental health liaison | 1% reduction in staff saying they have experienced bullying and harassment in the last 12 months in the staff survey 2018. |
| Indicator 6: Percentage of staff experiencing harassment bullying or abuse from staff. | Continue to embed HEART BUILD and ABC tools locally encouraging staff to challenge poor behaviours | 1% reduction in staff saying they have experienced bullying and harassment in the last 12 months in the staff survey 2018 and other indices |
| | Publicise Dignity At Work Policy | 70% of staff are aware of the DRAW policy and how to report bullying and harassment. |

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| | Relaunch Bullying and Harassment Advisor roles | |
| | Triangulate data including a review of Datix | |
| Indicator 7: Percentage (of staff) believing that the Trust provides equal opportunities for career progression or promotion | Launch BME development initiatives in Senior roles and band 2-4 roles | 2% reduction in BME staff believing staff offer career progression or promotion 1% increase in the number of BME staff at band 8 and above |
| | Implement career clinics | |
| Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues | Train managers in career management and talent conversation – linked to appraisal training | 95% of all staff are compliant with their Equality and diversity training. 70% of BME staff having appraisals and talent conversations An increase in BME representation in bands 8C-9 roles over 2017/2018 baseline |
| | Continue to increase compliance with equality and diversity training within Core Skills Training. | |
| | Monitor BME mobility between bands 8A-9 | |
| Indicator 9: Percentage difference between the organisations Board voting membership and its overall workforce | Ensure that positive action statements are included in adverts and recruitment processes for band 8A and above roles Implement a diversity requirement as a mandatory criteria when engaging with external recruitment agencies for VSM roles | Continue to improve BME representation at Board level to reflect total representation of the workforce |

