

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25th July 2018

Title and Author of Paper: EDS2 and WRES Report, E&D Lead

Executive Lead: Lynne Shaw, Acting Executive Director Workforce and Organisational Development

Paper for Debate, Decision or Information: Debate/Decision

Key Points to Note:

When the locality ratings are available it is proposed we will update the Trust-wide EDS2 rating too as part of our Public Sector Equality Duty reporting requirements – next report due April 2019. It is proposed that EDS2 grades be agreed in consultation with our partners to include service user, carer and governor representation, plus interested groups from each of the localities.

WRES submission suggests actions for the following areas: recruitment, discipline and grievance, disclosure of information, training and the WRES metrics associated with the Staff Survey findings.

Approval is being sought for the broad actions, which if agreed will be worked up to a detailed action plan.

Risks Highlighted to Board :

Does this affect any Board Assurance Framework/Corporate Risks?

Please state No

If Yes please outline

Equal Opportunities, Legal and Other Implications: Meets EDS2 and WRES requirements

Outcome Required Decision

Link to Policies and Strategies: Trust Strategy/Equality, Diversity and Inclusion Strategy/ Workforce Strategy.

Background

The NHS Equality and Diversity Council (EDC) implemented two measures to improve equality across the NHS into the Standard Contract, from April 2015 under SC13 Equity of Access, Equality and Non-Discrimination, namely Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES).

The contract requires that providers 'must implement EDS2' and that 'the provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing the standard'.

The Trust has complied with both of these requirements since 2015.

Acknowledgement of our use of EDS2 is made by our inclusion on NHS England's EDS dashboard which can be found [here](#). Our WRES submission has been made to NHS England annually since 2015 and the annual summary can be found [here](#).

EDS2

In last year's report we stated that It has become increasingly apparent that the decision to replace an Equality and Diversity strategy with a yearly update of EDS2 has led to a detailed focus on actions, which is important, but lacks the steer that a 'bigger picture' strategy could give. It is recommended that consideration is given to the development of a strategy taking a Diversity and Inclusion approach that will have to complement and support the Trust Strategy and the emerging associated support strategies. This was the agreed action at Trust Board in July 2017.

A Draft 2018-2022 Strategy has been prepared and is ready for consultation to be approved at September Board. It contains high level actions for the four year period of the strategy.

Since March 2018 our locality groups have been collecting evidence to arrive at local EDS2 ratings and local equality actions. When the locality ratings are available it is proposed we will update the Trust-wide EDS2 rating too as part of our Public Sector Equality Duty reporting requirements – next report due April 2019. It is proposed that EDS2 grades be agreed in consultation with our partners to include service user, carer and governor representation, plus interested groups from each of the localities.

WRES

The National findings from the 2017 submissions can be summarised as follows:

- White shortlisted job applicants are 1.60 times more likely to be appointed from shortlisting than BME shortlisted applicants, who continue to remain absent from senior grades within Agenda for Change (AfC) pay bands (NTW 1.54)
- BME staff are 1.37 times more likely to enter the formal disciplinary process in comparison to white staff. This is an improvement on the 2016 figure of 1.56. (NTW went from parity in 15/16 to twice as likely for BME staff to enter the

disciplinary process. Though it should be stated that this likelihood is based on only 8 cases).

- BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers compared to white staff, at 14% and 6% respectively. (NTW BME staff 12% White 5%)
- Similar proportions of white (28%) and BME (29%) staff are likely to experience harassment, bullying or abuse from patients, relatives and members of the public in the last 12 months. (NTW BME Staff 50% White 31%)
- The overall percentage of BME staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months dropped from 27% to 26%. BME staff remain more likely than white staff to experience harassment, bullying or abuse from other colleagues in the last 12 months. (For NTW this increased from 19%-24% - a danger of just looking at the average).
- There is a steady increase in the number of NHS trusts that have more than one BME board member. There are now a total of 25 NHS trusts with three or more BME members of the board; an increase of 9 trusts since 2016. (For NTW Board representation at 7.1% greater than Trust representation of 3.4%).

Four of the WRES indicators are drawn from the national NHS staff survey. Their reliability is dependent on the size of samples surveyed, the response rates, and whether the numbers of BME staff are so small that they may undermine the confidence in the data. For our 2016 Staff Survey on which the national report is based 104 BME of Staff out of a possible 232 staff completed the survey

Regionally, (with caveats about the accuracy of %BME Board representation), we compare as follows:

2017 WRES indicators 2 – 9 data

Organisations name	% BME	Unify 2017 submission			Staff Survey 2017				% BME Board
		Ind 2	Ind 3	Ind 4	Ind 5	Ind 6	Ind 7	Ind 8	
CITY HOSPITALS SUNDERLAND	11.4%	1.15	1.59	0.98	34.8%	31.7%	74.1%	19.1%	0.0%
COUNTY DURHAM AND DARLINGTON	6.0%	0.96	0.34	1.07	27.2%	31.8%	85.1%	14.3%	0.0%
NORTH CUMBRIA	4.6%	1.08	0.58	1.08	13.6%	49.4%	60.4%	21.0%	0.0%
NORTH TEES AND HARTLEPOOL	9.3%	0.74	0.33	0.60	36.0%	38.0%	80.0%	14.0%	7.1%
NORTHUMBERLAND, TYNE AND WEAR	3.1%	1.54	2.07	1.11	44.1%	24.8%	80.8%	8.4%	7.1%
NORTHUMBRIA HEALTHCARE	5.4%	1.89	0.50	0.79	31.8%	32.6%	80.6%	20.9%	5.3%
SOUTH TEES HOSPITALS	6.1%	1.27	0.30	1.01	22.6%	35.5%	70.0%	14.3%	6.3%
SOUTH TYNESIDE	3.8%	1.58	1.29	0.80	23.4%	27.7%	73.3%	12.5%	7.7%
TEES, ESK AND WEAR VALLEYS	4.2%	1.32	2.08	1.15	33.6%	28.6%	80.2%	18.0%	-
THE NEWCASTLE UPON TYNE HOSPITALS	7.9%	0.90	0.72	0.82	18.5%	22.8%	83.4%	10.7%	0.0%
Trusts Median	5.7%	1.21	0.65	1.00	29.5%	31.7%	80.1%	14.3%	5.3%
National Average	20%	1.57	1.37	1.22	28.0%	23.7%	85.5%	12.6%	7.0%

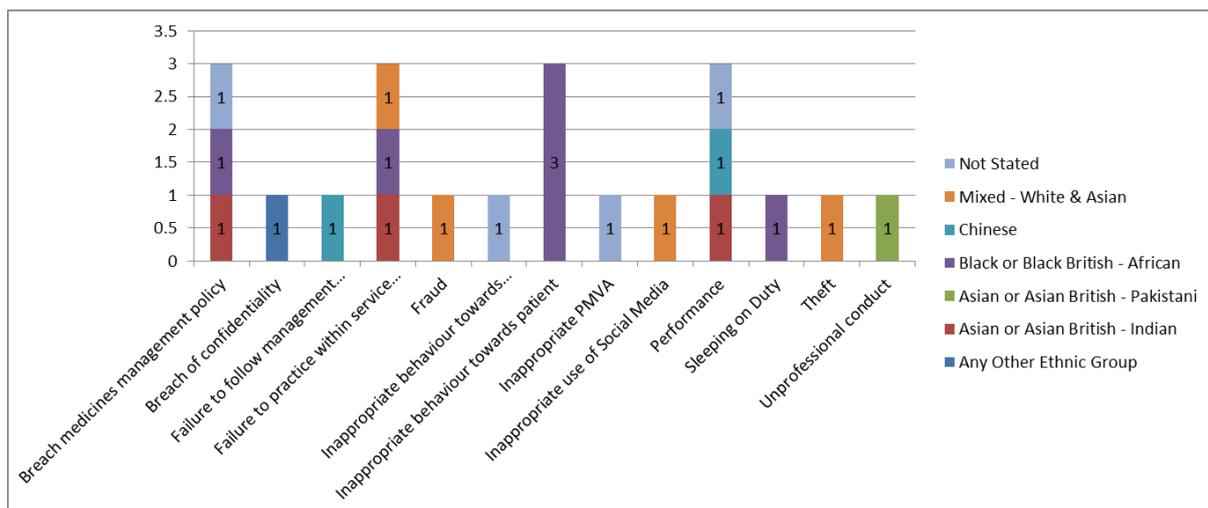
- IND 2: Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting
IND 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff
IND 4: Relative likelihood of white staff accessing non mandatory training and CPD as compared to BME staff
IND 5: Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
IND 6: Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months
IND 7: Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion
IND 8: Percentage of BME staff experiencing discrimination at work from manager/team leader or other colleague

Region-wide indicates that there is considerable work to do on this agenda. NTW performance on the Staff Survey metrics is broadly good, but we know when compared to the national WRES data is no better than average.

We are entering phase two of WRES implementation. NHS England state that, this is about enabling people to work comfortably with race equality. Through communications and engagement we will work to change the deep rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability to work with race. Part of the capacity and capability to work with race is to work more at a regional level to pull up performance on the metrics by sharing and developing best practice together. A first regional wide WRES focused meeting is taking place in July and will be attended by the Trust E&D Lead and the Chair of the BME Staff Network.

Actions arising from 2017 Submission

An analysis of BME disciplinary and grievance cases has taken place which has looked at the trend since 2014 – the year on which the first WRES submission data was based on.



Taking this data to the BME Staff Network, it was felt by the network members that differences in culture may explain issues such behaviour deemed to be inappropriate towards patients and provides further impetus for us to adopt the RCN's Cultural Ambassador Programme approach.

The cultural ambassador is a voluntary role established by the Royal College of Nursing. Volunteers will be a member of investigation teams and panels considering disciplinary allegations against Black Asian and minority ethnic (BME) staff and students. The aim of the cultural ambassador is to help ensure fairness in how BME staff and students are treated amid concerns that they are disproportionately subject to disciplinary action. The programme involves a three-day training course for volunteers to increase their knowledge and understanding of relevant legislation and topics, including the Equalities Act, cultural intelligence, unconscious bias and influencing skills. Volunteers are supported by mentorship throughout their involvement with the project. Six volunteers have been recruited to the project – all

from nursing/medical backgrounds and their three day training will take place in August with a launch of the Ambassador Programme in Autumn 2018.

With regard to recruitment the new information system on applications TRAC is providing us with clear information on each stage of recruitment looking at all protected characteristics under the Equality Act – not just Ethnicity. A review of the ethnicity report from TRAC was completed earlier this year with the following recommendations.

- The E&D Lead in conjunction with the BME Staff Network review recruitment materials - particularly those used in central recruitment group exercises to ensure that they are free from cultural references. This has taken place, no evidence of exercises that might bias an outcome were found.
- The figures - albeit small suggest that either conscious or unconscious bias is having an impact at the interview stage. We need to set an expectation with senior managers that appointments at interview should, on average, over time be the same for white and BME Staff. It is recommended that unconscious bias training be part of the expected training for membership of a recruitment panel. Unconscious bias training will form part of the forthcoming E&D Masterclasses and we are also looking to bring in Joy Warmington from BRAP to deliver an equality and diversity session this Autumn, part of which will focus on unconscious bias.
- It is suggested that we audit and review decision making from sample of recent recruitment processes. Potential for audit publicised to recruiting managers to improve the rigour of decision making and the quality of appointments made.
- More needs to be done to attract applications from BME backgrounds. It is suggested that a meeting between the Trust and tenants within the Beacon (at Newcastle) is set up to explore how we become more visible in the community. This could be through campaigns on Radio such as Spice FM or through work with organisations such as the Millin Charity and that this approach is then spread across the region that we serve.
- We might want to consider positive action with a BME targeted recruitment campaign, particularly for non-clinical roles.

WRES Submission 2018

Indicator 1 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 (NB Whilst the indicator is in % terms the prepopulated template from NHS England has staff numbers

INDICATOR		31st MARCH 2017			31st MARCH 2018			
		White	BME	Unknown	White	BME	Unknown	
1	Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	1a) Non Clinical workforce						
		Under Band 1	30	0	1	22	0	2
		Band 1	1	0	0	1	0	0
		Band 2	562	7	62	476	6	59
		Band 3	358	5	29	308	4	28
		Band 4	282	5	44	221	3	35
		Band 5	92	2	18	91	1	16
		Band 6	80	1	22	98	1	22
		Band 7	51	1	9	57	1	8
		Band 8A	30	0	10	31	0	11
		Band 8B	41	1	3	22	0	4
		Band 8C	2	0	1	3	0	1
		Band 8D	7	0	2	1	0	1
		Band 9	4	0	0	1	0	0
		VSM	5	0	0	5	0	0
	1b) Clinical workforce of which Non							

Medical						
Under Band 1	0	0	0	2	0	0
Band 1	1	0	0	1	0	0
Band 2	54	2	1	78	0	2
Band 3	1575	86	150	1589	106	137
Band 4	161	3	12	225	4	17
Band 5	703	30	94	710	40	78
Band 6	968	23	115	1005	27	107
Band 7	419	10	55	438	10	48
Band 8A	143	8	29	153	11	27
Band 8B	62	0	10	64	0	8
Band 8C	43	1	3	44	1	2
Band 8D	25	0	5	24	0	4
Band 9	2	0	1	5	0	0
VSM	1	0	0	1	1	0
<i>Of which Medical & Dental</i>						
Consultants	83	42	63	83	41	60
<i>of which Senior medical manager</i>	8	1	2	8	1	1
Non-consultant career grade	14	5	17	20	5	16

		Trainee grades	3	0	8	6	5	11
		Other	0	0	0	0	0	0

- 1540 non-clinical staff. Of the 1353 where ethnicity is known 98.8% White, 1.2% BME.(2017 98.5% 1.5%)
- For non-clinical staff no known BME representation for under Band 1, Band 1 and above Band 7 – similar picture to 2017 though have lost a BME member of staff at 8B in the last year
- Best non-clinical % representation Band 7 1.7%
- Ethnicity is not known for 12% of non-clinical workforce (11.4% 2017)
- Work generally needs to be undertaken to try to improve the profile of BME staff in non-clinical roles across all bands.
- 4969 Clinical Staff. Of the 4539 where ethnicity is known 95.5% is White, 4.5% BME (2017 96.2% 3.8%)
- Ethnicity not known for 8.65% of clinical workforce (10% 2017)
- No BME representation in Clinical Roles at Bands <1, 1, 2,8B,D & 9.
- Best clinical % representation at VSM (50%)

INDICATOR 2: Likelihood of appointment from shortlisting

	2013-14		2014-15		2015-16		2016-17		2017-18	
	White	BME	White	BME	White	BME	White	BME	White	BME
Shortlisted applicants*	n/a	n/a	3798	347	4980	413	3942	358	5056	624
Appointed*	n/a	n/a	686	47	754	43	765	45	636	56
Likelihood of appointment from shortlisting	n/a	n/a	0.18	0.14	0.15	0.10	0.19	0.13	0.13	0.09
Relative likelihood (white/BME)		n/a		1.33		1.45		1.54		1.44

- A relative likelihood of 1.44 is better than the 2017 national average (1.57), but worse than the 2017 regional median, (1.21)
- Rolling average since 2014/15 = 1.44.
- Figures suggest a standstill picture rather than an improvement.

INDICATOR 3: Likelihood of entering a formal disciplinary process

	2014-15		2015-16		2016-17		2017-18	
	White	BME	White	BME	White	BME	White	BME
Staff entering formal process	107	6	72	2	97	8	158	12
Staff in workforce	5439	195	5630	205	5830	232	5843	267
Likelihood	0.020	0.031	0.01	0.01	0.017	0.034	0.027	0.045
Relative likelihood (BME/White)		1.55		1.00		2		1.66
Two year rolling relative likelihood)				1.28		1.50		1.83

- A slight improvement over 2016/17, though still above both the national average and the regional median for 2016/17.
- The E&D Lead has asked Capsticks for a quarterly report on this so that the trend may be better monitored but also the impact of initiatives such as the Cultural Ambassadors' programme be assessed.

INDICATOR 4: Relative likelihood of accessing non-mandatory training and CPD

	2013-14		2014-15		2015-16		2016-17		2017-18	
	White	BME								
Staff who have accessed non-mand training/CPD*	72	15	28	4	87	8	139	5	46	1
Staff in workforce	5423	175	5439	195	5630	205	5830	232	5843	267
Likelihood	0.013	0.086	0.005	0.021	0.015	0.039	0.024	0.022	0.008	0.004
Relative likelihood (white/BME)		0.15		0.25		0.40		1.11		2.10

- During the course of WRES reporting we have gone from BME members of staff being more likely to access non-mandatory training, to a position roughly of parity in 2016-17, to one now where white staff are more than twice as likely to access non-mandatory training compared to BME members of staff.
- Work needs to take place in the next year to understand this shift. It is suggested as a starting point that we make sure that the recording of non-mandatory training and CPD is as accurate as possible, followed an analysis of appraisal outcomes to assess whether there is disparity between the outcomes of requests to access non-mandatory training.

INDICATORS 5,6,7,8, Staff Survey Metrics

			Your Trust in 2017	Average (median) for mental health	Your Trust in 2016
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	34%	32%	31%
		BME	44%	36%	50%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	16%	21%	17%
		BME	25%	26%	24%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	92%	87%	93%
		BME	81%	77%	84%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	5%	6%	5%
		BME	8%	14%	12%

- Marginal improvement for KF25 and below average performance
- Marginal deterioration for KF26 figures around the average for mental health trusts
- Marginal deterioration for KF21, but above national average
- Improvement closing the gap for Q17b and results better than national average.
- A deep dive of these indicators has taken place, whilst this cannot be analysed by ethnicity we will be able to match 'hotspots' from the analysis to the staff demographic to develop a picture where the disparity between BME and White members of staff is likely to be problematic.

INDICATOR 9: Voting board members

	2013-14 (N=14)		2014-15 (N=14)		2015-16			2016-17			2017-18		
	Board	Trust	Board	Trust	Count	Board	Trust	Count	Board	Trust	Count	Board	Trust
BME	0.0%	2.7%	0.0%	3.0%	1	7.1%	3.1%	1	6.3%	3.3%	1	6.3%	3.89%
WHITE	54.5%	84.4%	50.0%	83.6%	8	35.7%	84.5%	14	87.5%	84.6%	14	87.5%	85.10%
Chose not to state	36.4%	11.8%	42.9%	12.1%	5	35.7%	11.3%	1	6.3%	11.0%	1	6.3%	10.87%
No info recorded	9.1%	1.1%	7.1%	1.3%	0	0.0%	1.2%	0	0.0%	1.1%	0	0.0%	0.15%
Board BME % compared to Trust BME% (+/- %)		-2.7%		-3.0%			4.10%			3.0%			2.41%

- No change at Board level for 2017/18 compared to 2016/17
- Slight narrowing of gap between representativeness of the workforce compared to the Board.

Suggested actions arising out of 2017/18 WRES reporting

Recruitment:

- We need to set an expectation with senior managers that appointments at interview should, on average, over time be the same for white and BME Staff. It is recommended that unconscious bias training be part of the expected training for membership of a recruitment panel. Unconscious bias training will form part of the forthcoming E&D Masterclasses and we are also looking to bring in Joy Warmington from BRAP to deliver an equality and diversity session this Autumn, part of which will focus on unconscious bias.
- It is suggested that we audit and review decision making from sample of recent recruitment processes. Potential for audit publicised to recruiting managers to improve the rigour of decision making and the quality of appointments made.
- More needs to be done to attract applications from BME backgrounds. It is suggested that a meeting between the Trust and tenants within the Beacon (at Newcastle) is set up to explore how we become more visible in the community. This could be through campaigns on Radio such as Spice FM or through work with organisations such as the Millin Charity and that this approach is then spread across the region that we serve.
- We might want to consider positive action with a BME targeted recruitment campaign.
- Work generally needs to be undertaken to try to improve the profile of BME staff in non-clinical roles across all bands.

Discipline and Grievance

- Cultural Ambassadors are being trained in August 2018
- Launch of Cultural Ambassadors in Autumn 2018
- Capsticks to provide a quarterly report on this so that the trend may be better monitored but also the impact of initiatives such as the Cultural Ambassadors' programme be assessed.

Disclosure of Information

- Aligned to the Trust-wide Equality Strategy detailed action plan a campaign around improving the reporting of protected characteristic information needs to focus on trying to change hearts and minds of those staff who have chosen not to state their ethnicity. The campaign will need to focus on the benefits of disclosure

Training

- We make sure that the recording of non-mandatory training and CPD is as accurate as possible, followed an analysis of appraisal outcomes to assess whether there is disparity between the outcomes of requests to access non-mandatory training.

Staff Survey

- Analysis undertaken to match 'hotspots' from the analysis of the Key Findings to the staff demographic to develop a picture where the disparity between BME and White members of staff is likely to be problematic.

Next Steps

If the broad themes for action are agreed that a detailed action plan for WRES be drawn up for approval.

Christopher Rowlands
Equality and Diversity Lead
July 2018