Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board **27th September 2018**	
Workforce Race Equality Standard 2018	**Paper No**
Submitted by: Alison Hall, Acting 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?

Director of HR & OD

Who is accountable for the implementation of the proposal / project?

Director of HR & OD

**Workforce Race Equality Standard 2018**

1.   Introduction

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

1.2   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.

1.3   The 2018 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.

2.   Main findings of the 2018 WRES

2.1   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*.

2.2   The main points arising from the Trust data include:

- An overall workforce composition of 29% BME staff.

Proportion of Staff in Workforce

4%

29%

67%

■ BME ■ White ■ Unknown
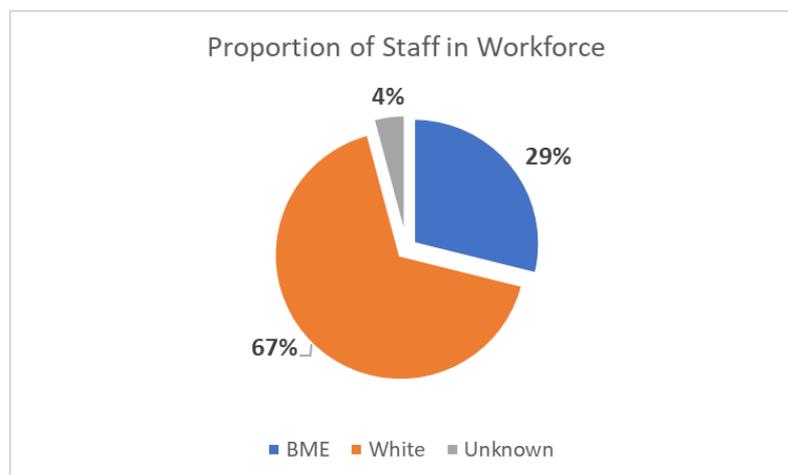
- The highest representation of BME staff continues to be found at lower pay bands, however the data shows that since last year there has been an increase in headcount of the numbers of BME staff in non-clinical Band 8a (+11), in clinical bands 5-7 (+50) and in the number of BME consultants (+9).
- In 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 2.15 times more likely to be appointed). Trust data in this respect, has decreased slightly in the last year in bands 2-4 and 5-6, however there was a 3% increase in BME staff being successfully appointed to bands 7-9.

BME Successful Applicants
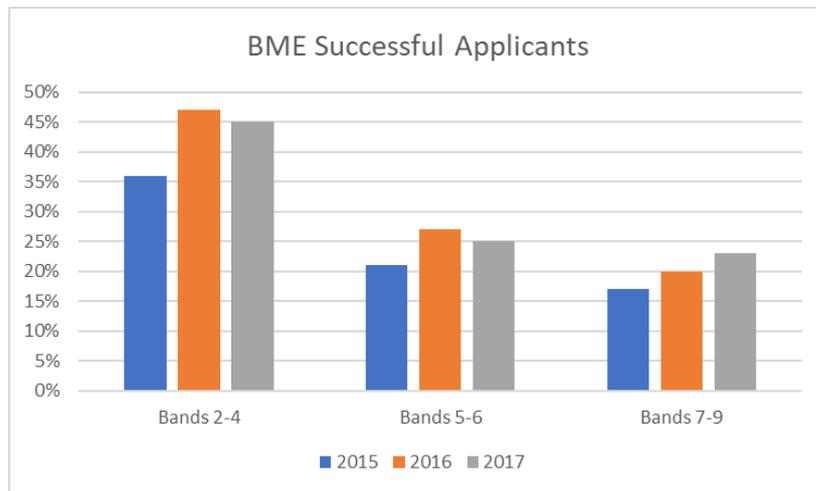
- Conversely, whilst numbers are small overall, proportionately more staff from BME backgrounds at the Trust are involved in formal disciplinary action than white staff (2.77 times more likely). This has increased in the last twelve months. Again, this continues to be a pattern across the NHS (NHS Employers report, 2010). The Trust are engaging with the Pan London group of hospitals working on WRES indicator 3. As part of this we are looking to adopt one of the processes being trialled in other London Trusts to tackle inequalities in white/BME disciplinary processes. The success of the various processes will be evaluated and we will watch developments in the field carefully over the next year. In addition we already include input around unconscious bias in recruitment & selection and PDR training and will be looking to see how unconscious bias could be integrated further into other leadership and management courses.
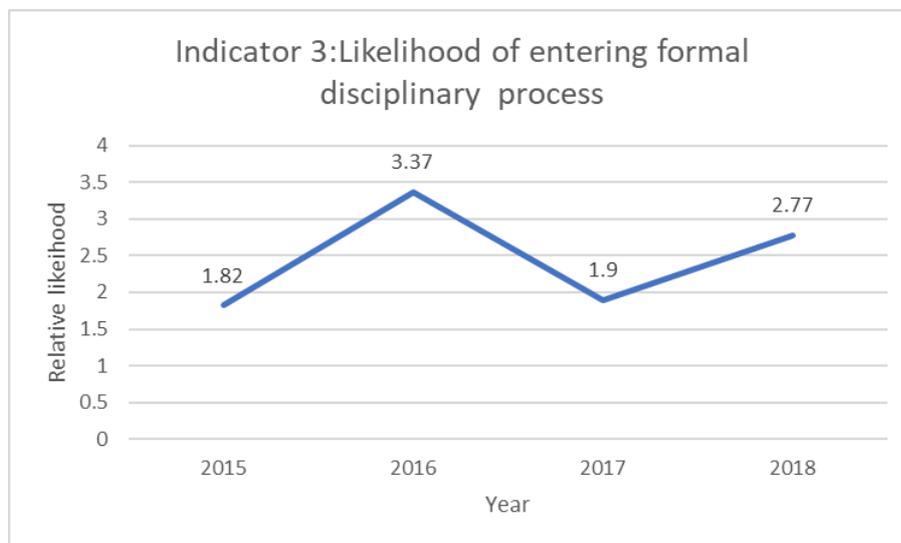
- Uptake of non-mandatory training and CPD between BME and white staff is broadly comparable.
- 2018 Trust data shows that race does not appear to be a major factor in whether a member of staff experiences harassment, bullying and abuse from service users (26.32% white, 18.31% BME) although there has been a deterioration since 2017 in the proportion of BME staff experiencing harassment, bullying and abuse from colleagues when compared to their white counterparts.
- There has been a deterioration in the numbers of BME staff believing that Trust provides equal opportunities for career progression or promotion (BME staff 65.93% 2018: 79.09% - 2017; 78% - 2016; 77%, 2015) and an deterioration since last year in BME staff personally experiencing discrimination at work (18.62% -2018, 11.2% - 2017; 15% - 2016).
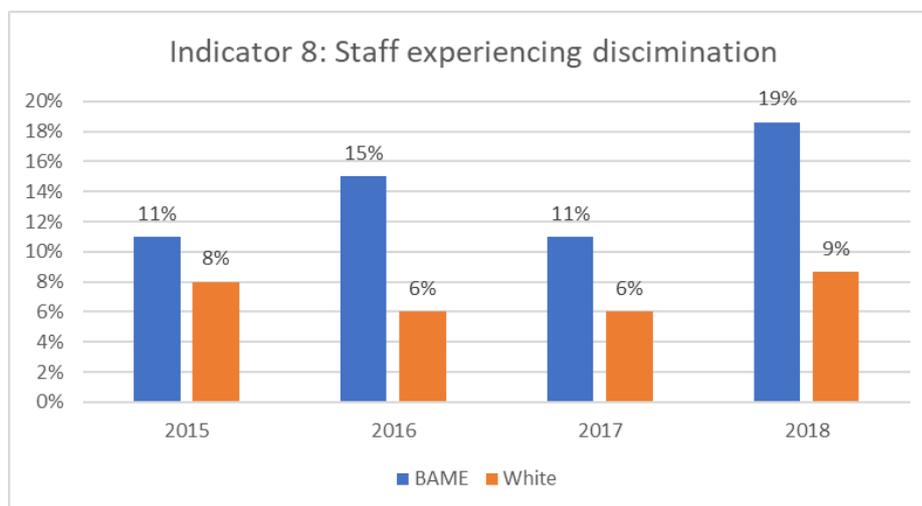
Source: NHS Staff Survey 2015 – 17

- Voting membership of the Board continues to have a lower representation of BME staff than is found in the overall workforce (-13.5%).

3.   Equality Objectives

3.1   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.

3.2   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 2017 WRES action plan. The 2018 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: **2018 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		BME	
	Headcount	% of workforce	Headcount	% of workforce
Under Band 1	n/a	n/a	n/a	n/a
Band 1	n/a	n/a	n/a	n/a
Band 2	30	0.6%	45	1.0%
Band 3	99	2.0%	115	2.4%
Band 4	70	1.5%	49	1.0%
Band 5	688	14.5%	178	3.8%
Band 6	530	11.2%	160	3.4%
Band 7	458	9.7%	112	2.4%
Band 8A	156	3.3%	23	0.5%
Band 8B	68	1.4%	12	0.3%
Band 8C	30	0.6%	3	0.06%
Band 8D	7	0.15%	1	0.02%
Band 9	2	0.04%	0	0%
VSM	4	0.08%	0	0%
Consultant	239	5%	89	1.88%
Of which senior medical manager	7	0.15%	2	0.04%
Non-consultant career grade	102	2.15%	57	1.2%
Trainee grades	65	1.4%	37	0.78%
Other	13	2.7%	7	0.15%

Non-Clinical workforce

Band	White		BME	
	Headcount	% of workforce	Headcount	% of workforce
Under Band 1	n/a	n/a	n/a	n/a
Band 1	n/a	n/a	n/a	n/a
Band 2	53	1.1%	71	1.5%
Band 3	76	1.6%	97	2.4%
Band 4	153	3.2%	123	2.6%
Band 5	77	1.6%	70	1.5%
Band 6	87	1.8%	57	1.2%
Band 7	81	1.7%	26	0.5%
Band 8A	75	1.6%	25	0.5%
Band 8B	21	0.4%	8	0.17%
Band 8C	21	0.4%	3	0.06%
Band 8D	11	0.2%	0	0%
Band 9	2	0.04%	0	0%
VSM	4	0.08%	1	0.02%

Indicator	Descriptor	2018	2017	2016	2015
Indicator 2	Relative likelihood of white staff being appointed from shortlisting across all posts	2.15 times	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	2.77 times	1.9 times	3.37 times	1.82 times
Indicator 4	Relative likelihood of white staff accessing non-mandatory training and CPD	1.2	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: 26.3% BME: 18.31%	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: 26.72% BME: 35.15%	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: 87.87% BME: 65.93%	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 you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White: 8.66% BME: 18.62%	White: 6.03% BME: 11.2%	White: 6% BME 15%	White: 8% BME 11%
Indicator 9	Percentage difference between the organisations' Board voting membership and its overall workforce	-17.7%	-11.8%	- 4.6%	-5.3%

Appendix Two: **Action Plan**

EQUALITY OBJECTIVE	RATIONALE	WRES INDICATOR	MEASUREMENT	BASELINE MEASURE	TARGET	ACTION
Increase overall visibility of the Trust Board and Senior Leaders	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.	1 & 9	Annual staff survey (staff reporting good communication between them and senior managers). Annual WRES	Staff Survey 2015: GOSH score = 30%. Average score for acute specialist trust: 38%.	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.	Various approaches phased over the life of the objective. These will include: • Strategies to increase the visibility of leadership and enhancement of their communication with staff. • Executive sponsors for each of the inclusion forums • Continuing to engage Senior Leaders with celebrations and events throughout the year to further improve visibility, after success with Black History Month 2017.
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	The number of managers who have undertaken the Harassment and Bullying training The number of employees who have undertaken Harassment and Bullying training Levels of reported harassment and bullying via the staff survey	Staff Survey 2015: Harassment, bullying and abuse from staff: White – 23% BME – 33%	Levels of reported harassment and bullying via the staff survey will have reduced by 5% by 2019	• Launching our Always Behaviours together with a new Dignity at Work policy to clarify behaviours expected • Continue to 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. • The GOSH FTSU Ambassador service is well established and has been used by staff to raise H&B concerns. The FTSU ambassador was appointed March 2018
To improve the representation of BME staff in senior posts	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	1, 2, 7	Annual E&D data report	Shortlisted applicants 2015 bands 7 – 9 64.5% (white), 35.5% (BME) Appointed 2015 bands 7 -9	By the end of 2019 the proportion of BME senior staff appointed will be more reflective of the number of BME staff shortlisted	• 'Understanding Unconscious Bias' is now included in management training workshops and training courses eg recruitment and selection and PDR training. • The Resourcing team have reviewed the Trust's interview assessment form

			83% (white) 17% (BME)		against ACAS best practice also ensuring that the Trust's Always Values have been included to provide assurance that selection decisions are value-congruent.
people from white groups					

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:

- Setting up staff inclusion forums the first of which to launch will be our BAME forum during October 2017, with executive sponsors.
- Working with the forum to develop appropriate actions around our WRES findings as well as helping shape our inclusion agenda for the coming year,
- Supporting staff to apply to the National Stepping Up Programme for aspiring BAME leaders.
- Working with colleagues in Employee Relations to introduce processes when we are contemplating taking / or are taking formal disciplinary processes to help address WRES Indicator 3.
- Launching Always Behaviours campaign during Q3 - 4 2018 to help better support staff to raise issues around unacceptable behaviour / H&B – will be working closely with the BAME forum to reach their membership