

Response ID ANON-R89M-8JT4-T

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2017-12-28 13:22:17**

Introduction

1 Name of organisation

Name of organisation:

The Christie NHS Foundation Trust

2 Date of report

Month/Year:

April / 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 :

Eve Lightfoot, Director of Workforce

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Rebecca Patel

Head of Engagement

Rebecca.patel@christie.nhs.uk

0161 918 7861

5 Names of commissioners this report has been sent to

Complete as applicable::

n/a

Workforce Race Equality Standard reporting template

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

Complete as applicable.:

n/a

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.christie.nhs.uk/about-the-christie/equality-and-diversity.aspx>

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

Name::

Eve Lightfoot, Director of Workforce

Date::

17th August 2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

Indicators, 5 - 8 are based on a complete workforce survey. The 2017 data is not directly comparable with the 2016 partial survey data.

Self reporting

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

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

2755

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:

12%

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

The proportion of total staff who have self-reported their ethnicity:

97.1%

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:

Yes - Staff were invited to self-report during NHS Equality, Diversity and Human Rights Week 2016.

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:

Staff will be encouraged to self-report via the 2017 NHS Equality, Diversity and Human Rights Week 2017. Staff will also be encouraged to update their personal details via the roll-out of the Electronic Staff Record portal (ESR).

Workforce data

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

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

To 1 April 2017.

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:

Workforce 12% BME staff

% Clinical staff

Band BME White

1 0% 100%

2 15% 83%

3 7% 93%

4 12% 86%

5 12% 86%

6 7% 89%

7 8% 91%

8a <5% 94%

8b 0 100%

8c 8% 83%

8d 0 100%

9 0 100%

VSM 0% 100%

Of which Medical

31% 59%

% Non-Clinical staff

Band BME White

1 37% 62%

2 11% 88%

3 13% 86%

4 10% 87%

5 12% 85%

6 12% 85%

7 6% 92%

8a 7% 88%

8b 8% 92%

8c 5% 85%

8d 0 100%

9 0 100%

VSM 0 100%

Data for previous year:

Workforce 11% BME staff

% Clinical staff

Band BME White

1 0% 100%

2 11% 84%

3 3% 96%

4 14% 84%

5 11% 85%

6 9% 87%

7 7% 90%

8a <5% 95%

8b 0 100%

8c 9% 82%

8d 0 100%

9 0 100%

VSM 18% 82%

Of which Medical

27% 58%

% Non-Clinical staff

Band BME White

1 34% 64%

2 12% 85%

3 11% 86%

4 10% 88%

5 12% 84%

6 14% 84%

7 7% 88%

8a 12% 82%

8b 5% 90%

8c 0 90%

8d 0 100%

9 0 100%

VSM 0 50%

The implications of the data and any additional background explanatory narrative:

BME staff remain overrepresented in Bands 1, 2 and the medical workforce compared to the overall workforce.

BME staff are underrepresented in Bands 8a - c and not represented above 8c.

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

We continue to strengthen our links with local BME communities to promote The Christie as an employer, including the delivery of the Healthcare Horizons work experience programme in partnership with a local school in Moss Side. Indicators for the WRES are also included in our yearly equality objectives, thus ensuring that the WRES is embedded into any work on a corporate basis. In order to demonstrate our senior commitment to enabling diversity across our organisation, a representative for the Chief Executive takes part in all selection panels for posts at Band 8 or above.

Action planned for 2017/18:

- Scrutinise each pay band to assess if there are disproportionate barriers to BME progression
- Undertake a review of career aspirations of existing staff to ensure appropriate development plans are in place
- Continue to strengthen links with local communities through work experience and Health Horizons programmes
- Create opportunities to attract a diverse range of applicants.

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

Data for reporting year:

The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 1.95 times greater.

(Data: NHS jobs for period Jan - Dec 2016)

Data for previous year:

The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 1.86 times greater.

(Data: NHS jobs for period Jan - Dec 2015)

The implications of the data and any additional background explanatory narrative:

The 2017 data indicates some deterioration.

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

We have undertaken a review of Trust processes and resources and have identified some areas for improvement by completing a thorough review. In order to support managers in the organisation, revised recruitment training within the key skills for manager programme was refreshed and also included the impact of unconscious bias.

Action planned - priority for 2017/18:

- Complete the review of robustness of Trust recruitment process and resources and implement / promote best practice
- Undertake spot audits of recruitment process to identify any issues
- Monitor numbers of staff appointed through Workforce Committee on a six monthly basis
- Create opportunities to attract a diverse range of applicants

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:

The relative likelihood of BME staff entering the formal disciplinary process is 1.97 times higher compared to White staff.

(Based on average of 2015-16 and 2016/17 data).

Data for previous year:

The relative likelihood of BME staff entering the formal disciplinary process is 1.34 times higher compared to White staff.

(Based on average of 2014/15 and 2015/16 data).

The implications of the data and any additional background explanatory narrative:

The 2017 data indicates deterioration from the previous year.

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

We have continued to work closely with our staff side representatives to understand how any differences in treatment arises. We identified any learning points and have included these as part of the review of the disciplinary policy for 2017/18.

Action planned - priority for 2017/18:

- Review of disciplinary policy and re-evaluate the principles when formal process should be used versus informal support
- Annual audit of effectiveness of disciplinary policy including number / type of cases
- Promote mediation process
- Brief managers on tackling negative behaviour / poor practice at the earliest informal opportunity to minimise the need for formal process.

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

Data for reporting year:

White staff are 0.75 times more likely to access non-mandatory training and CPD as BME staff*

* Extended baseline data.

Data for previous year:

White staff are 1.23 times more likely to access non-mandatory training and CPD as BME staff.

The implications of the data and any additional background explanatory narrative:

As recommended, new processes for the collection of delegates baseline data to be extended in 2016/17. This extended data will be considered annually going forward.

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

We have continually collected delegates information in relation to CPD and extended learning. Currently, there are no identified trends in relation to differences in ethnicity between professions and departments.

Action planned for 2017/18:

- Monitor take-up of apprenticeships for existing staff development through Workforce Committee
- Investigate if there are any differences, by ethnicity between professions and departments.

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:

10.58%

BME:

12.71%

White:

10.79%

BME:

8.57%

The implications of the data and any additional background explanatory narrative:

Based on a complete workforce survey, the 2017 data is not directly comparable with the 2016 partial survey data.

The 2016 national average for acute specialist trusts was 21% for White staff and 18% for BME staff.

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

We have continually recorded any incidents on Datix and investigated as appropriate with the necessary support put in place as required. We have benchmarked our organisation against other specialist trusts and looking at ways to implement best practice across the organisation.

Action planned for 2017/18:

- Continue to record incidents on Datix and investigate / support as necessary
- Develop briefing for managers to take necessary action to support staff effectively.

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

91.19%

BME:

87.06%

White:

95.12%

BME:

90.48%

The implications of the data and any additional background explanatory narrative:

2017 survey data is not directly comparable to 2016. However the percentage of B,E staff who think that the Trust provides equal opportunities remains 4% lower than the White staff.

The 2016 national average for acute specialist trusts was 89% for White staff and 75% for BME staff.

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

As an organisation we benchmarked ourselves against other specialist acute trusts from the 2016 annual staff survey and identified areas of best practice for implementation. A number of focus groups took place with BME as part of the organisation-wide culture project to understand any trends for issues which have or formed part of an action plan going forward.

Action planned for 2017/18:

- Develop briefing for managers on how to conduct effective conversations to support career development
- Develop focused plans on career development and succession planning
- Promote apprenticeship development and career pathways
- Raise staff awareness of potential career pathways

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:**

4.21%

BME:

11.97%

White:

5.58%

BME:

2.86%

The implications of the data and any additional background explanatory narrative:

2017 survey data is not directly comparable to 2016. The experience reported by BME staff in 2017 is almost 8% poorer than that reported by White staff.

The 2016 national average for acute specialist trusts was 5% for White staff and 12% for BME staff.

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

We have continued to develop mechanisms for staff to raise concerns in an informal and formal basis. We have a robust staff adviser network who can provide advice to staff, we work very closely with our staff side representatives to ensure that staff are aware of the mechanisms to raise concerns and work closely with our Freedom To Speak Up Guardian to promote the role.

Action planned for 2017/18:

- Review outcomes on culture data and action plan
- Develop briefing for managers to share in local team meetings on positive culture (respect and valuing others) in the workplace.

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

White:

16.44%

BME:

18.42%

White:

18.77%

BME:

11.43%

The implications of the data and any additional background explanatory narrative:

Based on a complete workforce survey, the 2017 data is not directly comparable with the 2016 partial survey data.

The 2016 national average for acute specialist trusts was 24% for White staff and 28% for BME staff.

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

We continue to work with our staff side representatives and BME staff to identify "unreported" issues that staff are facing, this has been aided by the development of our Staff Adviser network and the appointment of our Freedom To Speak Up Guardian who has a dedicated 15 hours per week to the role. The Freedom To Speak Up Guardian works very closely with the workforce division in order to identify any themes or trends in relation to harassment and bullying from a diversity perspective.

Action planned - priority for 2017/18:

- Review outcomes on organisation-wide culture project data and action plan
- Briefing for managers to take necessary action to support staff
- Promote mediation service as supportive mechanism
- Brief managers on tackling negative behaviour at the earliest informal opportunity
- Key skills for managers programme to include "how to have a difficult conversation"
- Seek additional staff advisers, also towards reflecting workforce composition

Workforce Race Equality Indicators

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

White:

BME:

-4%

White:

BME:

-11%

The implications of the data and any additional background explanatory narrative:

This data indicates a reduced difference (improvement) from 2016 data.

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

We encouraged Board members and Governors who have not disclosed their ethnic background to do so and also have a plan to attract different candidates when reviewing Non-Executive terms of office.

Action planned for 2017/18:

- Continue to take appropriate note of lack of diversity at senior levels when considering reviewing Non- Executive terms of office or appointing new members and governors.

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?:

In addition to the WRES submission:

- Our detailed annual equality monitoring reports for patients services and workforce are published on our website.
- progress against our published equality objectives is monitored at the Patient Experience Committee (for patient services) and Staff Forum (for workforce) and collectively at the Capital and Workforce Planning Group, which has board level representation.

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 workstreams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.:

A detailed action plan has been developed and published and will be monitored through the workforce committee.

This link to our website provides the reports on our equality monitoring of patient services and workforce, equality objectives, NHS Equality Delivery System 2 (EDS2) as well as our WRES action plan for 2017/18:

<http://www.christie.nhs.uk/about-the-christie/equality-and-diversity.aspx>