

Response ID ANON-R89M-8JXW-1

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2019-08-23 17:08:02**

Introduction

1 Name of organisation

Name of organisation:

Alder Hey Children's NHS Foundation Trust

2 Date of report

Month/Year:

September 2019

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 :

Melissa Swindell, Director of Human Resources and Organisational Development

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Hannah Ainsworth, Equality and Diversity Manager

Tel: 0151 252 4807

hannah.ainsworth@alderhey.nhs.uk

5 Names of commissioners this report has been sent to

Complete as applicable::

Alison Picton and Jan Lloyd

Workforce Race Equality Standard reporting template

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

Complete as applicable.:

Alison Picton - alison.picton@liverpoolccg.nhs.uk

Jan Lloyd - Jan.Lloyd@liverpoolccg.nhs.uk

Liverpool Clinical Commissioning Group, NHS Liverpool CCG

The Department Lewis' Building, Renshaw Street, Liverpool, L1 1JX

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:

<https://alderhey.nhs.uk/about-us/our-board/publications>

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

Name::

Melissa Swindell

Date::

19 September 2019

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

Metric 3: There are few staff entering formal disciplinary procedures to enable us to provide quality data.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

No

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:

3,513

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:

219 (6.2%)

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

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

3,479 (99%)

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. Human Resources (ESR team and recruitment team) regularly request staff to complete this information to improve the quality of data. The ESR team also provides regular drop in sessions to support staff to use ESR.

The number of staff self-reporting by ethnicity has improved with a reduction not self-reporting from 77 (2.3%) in the previous year to 34 (0.9%) of staff this year.

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:

We will continue with our current process as in question 14.

Workforce data

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

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

1 April 2018 to 31 March 2019

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:

Non Clinical White% BME%

under b1 0.00% 0.00%

b1 4.16% *

b2 4.87% 0.28%

b3 4.27% 0.20%

b4 6.06% 0.23%

b5 1.79% *

b6 1.37% *

b7 1.74% *

b8a 1.02% *

b8b 0.68% 0.00%

b8d 0.23% 0.00%

b8d * 0.00%

9 0.00% 0.00%

VSM 0.17% 0.00%

Clinical White% BME%

under b1 0.00% 0.00%

b1 0.00% 0.00%

b2 4.01% *

b3 6.18% 0.14%

b4 2.76% 0.00%

b5 19.53% 1.08%

b6 13.98% 0.60%

b7 9.79% 0.31%

b8a 3.67% *

b8b 0.85% *
b8c 0.51% 0.00%
b8d * 0.00%
9 * 0.00%
VSM * 0.00%
Consultants 4.04% 2.19%
Non Consultant career 0.37% 0.31%
Trainee 0.46% 0.43%

*is number less than 5
Non-Clinical BME Staff Total = 34 (0.9%)
Clinical BME Staff Total = 185 (5.3%)
Overall BME Staff Total is 219 (6.2%)

Data for previous year:

Non Clinical White% BME%
under b1 * 0.00%
b1 3.70% *
b2 4.61% 0.26%
b3 3.95% 0.26%
b4 5.39% 0.17%
b5 1.80% *
b6 1.52% 0.00%
b7 1.60% *
b8a 0.89% *
b8b 0.66% 0.00%
b8c 0.34% 0.00%
b8d 0.20% 0.00%
9 0.00% 0.00%
VSM 0.37% 0.00%

Clinical White% BME%
under b1 0.00% 0.00%
b1 0.00% 0.00%
b2 4.33% *
b3 6.19% *
b4 2.58% *
b5 18.99% 1.03%
b6 13.66% 0.72%
b7 9.48% 0.14%
b8a 3.47% *
b8b 0.74% *
b8c 0.43% 0.00%
b8d * 0.00%
9 * 0.00%
VSM * 0.00%
Consultants 3.81% 2.03%
Non Consultant career 0.46% 0.40%
Trainee 0.40% 0.29%

*is number less than 5
Non-Clinical BME Staff Total = 31 (0.89%)
Clinical BME Staff Total = 174 (5%)
Overall BME Staff Total is 205 (6%)

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

We have marginally increased our BME staff from 205 (6%) to 219 (6.2%).

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

The Trust has set itself a 5 year target to increase the proportion of BME staff by 1% year on year. We will continue to progress equality objective 3 to 'Increase the diversity at all levels of the workforce to truly represent the community we serve' aligned to EDS2 Metric 1, 3.1, 3.6, 4.1

In the last year the ESR team has been successful in improving the quality of data so that self-reporting of ethnicity in ESR has improved as referenced in question 14 and 15.

The WRES data Metric 2 suggests that there is no difference in the likelihood of being appointed from shortlisting between White and BME staff.

Since the previous report the Trust has implemented an exit questionnaire (this is in addition to the leavers form completed by the line manager with staff and recorded on ESR). This is requested on termination of contract and completed by the individual via their electronic staff record. The exit questionnaire data is currently broken down by division, service group and department. In the forthcoming year this will be further broken down by ethnicity, length of service and staff

group to better understand the reasons why BME staff is leaving. Data relating to retention of BME staff will be reported on a regular basis so that timely interventions can be considered if necessary and where possible.

The Trust has submitted a joint expression of interest to Health Education England to join the Step into Work programme with Liverpool Women's Foundation Trust. The programme is a work experience programme to promote healthcare careers to people from minority groups. The aim of the collaborative arrangement would be to offer rotational healthcare and administrative placements within Paediatric and Maternity services that could progress onto apprenticeship or bank positions.

We will ensure that our apprenticeship scheme is a key driver in employing staff from diverse backgrounds.

We continue with our pre-employment programme as well as multiple vocational placement opportunities which are available to all learners including those belonging to BME groups. In the forthcoming year we will particularly focus on how to attract more BME candidates.

The Trust held a number of careers fairs and worked with local senior schools to support BTEC Health and Social Care Programmes. We will continue to work with local partners to promote Alder Hey as an employer for BME young people.

We will work with local HEI's to increase the diversity of students training with us.

We will continue to develop the BAME network so that we can have a better understanding of the workplace experiences of BAME staff.

We will continue to develop our leaders to be more inclusive leaders via our strong foundations leadership programme.

We will review our induction process to ensure it promotes an inclusive and culturally sensitive organisation.

We will continue to review all of our marketing and communications collateral to ensure it reflects a diverse workforce, families and patients.

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

Data for reporting year:

White: 0.151

BME: 0.130

Data for previous year:

White: 0.219

BME: 0.183

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

The data suggests minimal difference in the likelihood of being appointed based on ethnicity.

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

We will continue to progress equality objective 3 to 'Increase the diversity at all levels of the workforce to truly represent the community we serve' aligned to EDS2 Metric 1, 3.1, 3.6, 4.1 as detailed in question 17.

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 data suggests there are no BME staff and few White staff 0.004% (14 in total) entering the formal disciplinary procedures to enable us to provide quality data.

Data for previous year:

We reported no BME staff and very few White staff 0.003% (12 in total) entering the formal disciplinary procedure therefore proving difficult for us to provide quality data in response to this metric.

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

As reported in previous years we have too few BME staff and too few staff entering formal disciplinary procedures to enable us to provide any meaningful data.

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

Since our previous report, Human Resources utilises ESR to record formal disciplinary procedures.

We will continue to engage with our BME staff via the network to monitor discriminatory behaviour in the workplace.

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

Data for reporting year:

White: 0.024

BME: 0

Data for previous year:

White: 0.015

BME: 0.019

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

As per the above we have seen a reduction in the likelihood of BME staff accessing non-mandatory training and CPD this year.

However as the pool of applicants totalling 83 is very small and the percentages of BME staff that have access to CPD (Non-Medical only) is also small there is a very small margin between reaching our target and missing it.

Last year with 4 applicants from BME staff we exceeded it; this year we have had 0 and not met it.

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

Over the last 12 months we reviewed the study leave policy and process to ensure that we had more visibility of applications for CPD across the Trust. This has worked in that we have increased the number of applications we are aware of from 53 to 83 however hasn't been reflected in our BME statistics.

Over the next 12 months we will look to promote CPD and other opportunities to our BME staff via our BME network as well as seek ideas from this group on how we can further improve access for staff.

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:

24.6%

BME:

24.3%

White:

23.99%

BME:

23.86%

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

The data suggests a similar number of BME staff and White staff experiencing bullying and harassment from patients, relatives and public as suggested in the previous year.

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

Debriefing Sessions were offered to all staff by the Trust Staff Engagement Lead and a Consultant Clinical Psychologist following a traumatic incident that impacted on the whole organisation. These sessions were delivered to approximately 22 different teams and provided staff the opportunity to voice concerns about any issue impacting on their experience of work including negative or distressing contact with patients and colleagues and how to effectively address this. We will continue to progress equality objective 1 to 'Improve the experience of staff with specific focus on bullying and harassment' aligned to EDS2 Metric 3.4.

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

White:

19.7%

BME:

20%

White:

20.79%

BME:

28.41%

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

The data suggests there is a reduction in the number of BME staff subject to bullying and harassment by staff compared to the previous year. The data suggests that the number of staff being subject to bullying and harassment for both BME and White staff are similar at approximately 20%.

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

Since our previous report the 'Freedom to Speak Up' role was promoted to all staff and staff from the BME network was encouraged to apply for this role. The BME network also participated in 'Fab Staff Week' in October 2018 to promote the network. The bullying and harassment policy has been reviewed in the current reporting year and will be reviewed again in the forthcoming year to improve the implementation of this policy.

We will continue to progress equality objective 1 to 'Improve the experience of staff with specific focus on bullying and harassment' aligned to EDS2 Metric 3.4.

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

White:

87%

BME:
78.4%

White:
84.82%

BME:
75%

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

As reported in the previous year the data suggests that there continues to be a significantly lower number of BME staff compared to White staff who believes that there is equal opportunity for career progression or promotion.

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

The Trust launched a Reciprocal Mentorship Programme (RMP) specifically targeting minority groups that includes BME staff. Reciprocal Mentoring is an innovative practice that aims to enhance the transcultural learning between participants so that Executive and Senior Leaders are better able to understand the challenges that BME staff working in Alder Hey may experience in advancing their chosen career path and/or leadership development and offer guidance and/or support. The aim is also that staff member participants will develop a greater understanding of the knowledge, skills and attributes required of senior leaders within their given settings. We hope that there will be positive outcomes for all participants.

We will continue to engage in local and national initiatives to support and promote career development and leadership opportunities for BME staff.

We will progress equality objective 2 to 'Improve the experience of staff by providing improved communication and support for career development opportunities' aligned to EDS2 Metric 3.1, 4.1 and 4.3.

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:
4.7%

BME:
11.3%

White:
5.20%

BME:
11.49%

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

As reported in the previous year the data suggests that a significantly higher number of BME staff compared to White staff believe they have personally experienced discrimination at work from staff.

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

Since the previous report the Trust has implemented a Leadership Programme that includes an 'inclusive leader' module, this incorporates case studies provided by the staff networks, the networks were also consulted on the content of the module to focus on the priorities and themes they identified. We will continue to evaluate and improve this module with the support of our staff networks.

As part of our Health and Wellbeing strategy the Trust is changing how we think and talk about mental health by signing the Time to Change Pledge. The Trust has developed a time to change action plan which identifies a number of initiatives to empower people to challenge stigma and speak openly about their own mental health experiences. This initiative may help support staff experiencing poor mental health as a result of being subject to discrimination.

The Trust also launched the Reciprocal Mentorship Programme (detailed in question 23) which will hopefully lead to participants (executives and staff from BME staff network) to identify how the Trust can become a more inclusive employer and reduce the likelihood of potential discrimination in the workplace.

We will progress this metric through all the objectives in the Workforce EDI Equality Objectives Plan 2018-2021 aligned to EDS2 metrics.

Workforce Race Equality Indicators

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

White:
1%

The overall workforce is 92.8% white and the board is 93.8% white so the board has a 1% difference in over-representation of white staff.

BME:
0.0%

The overall workforce is 6.2% BME and the board representation is 6.3% BME so the board is representative of the overall number of BME staff in the workforce.

White:

2.7%

The overall workforce was 91.8% white and the board was 9.4% white so the board had a 2.7% difference in over-representation of white staff.

BME:

-0.4%

The overall workforce was 6% BME and the board representation was 5.6% BME so the board had a -0.4% difference in under-representation of BME staff.

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

Diversity and Inclusion is recognised as a Trust wide risk and appears on the Board Assurance Framework for 19/20.

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

Staff networks are supported by executive sponsors who champion at board level the work of the networks and workplace initiatives to help create a more inclusive culture.

Executives also participate in the Reciprocal Mentorship Programme as referenced in question 25.

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?:

The Trust will establish an operational group to provide assurance to the workforce committee that Workforce EDI Objectives (referenced in this document that integrates the WRES action plan) are being progressed.

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.:

<https://alderhey.nhs.uk/about-us/our-board/publications>