

Response ID ANON-R89M-8JWU-X

Submitted to **Workforce Race Equality Standard (WRES) reporting template**

Submitted on **2018-09-17 13:54:42**

Introduction

1 Name of organisation

Name of organisation:

Alder Hey Children's NHS Foundation Trust

2 Date of report

Month/Year:

September 2018

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::

Janet Eccleston and Anne Cartwright

Liverpool Clinical Commissioning Group, NHS Liverpool CCG,

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

Workforce Race Equality Standard reporting template

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

Complete as applicable.:

Janet.ecclestone@liverpoolccg.nhs.uk and

Anne.cartwright@liverpoolccg.nhs.uk

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::

3 September 2018

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

Metric 1: We have assimilated 42 staff on local pay scales to the equivalent agenda for change pay scale so they can be included in the numbers.

Metric 3: There are 12 white staff and 0 BME staff entering formal disciplinary procedures so we are not able to provide quality data.

Metric 4: Non-mandatory training and CPD is authorised locally and not collected centrally so there is limited data reported in ESR.

Metric 9: We have included in the figures 18 Trust Board Members who are executive and non-executive directors.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

We completed a data cleanse exercise after last year's submission. Last year we used the pre-populated figures and this year we have used our verified figures in our calculations for greater accuracy. There is minimal discrepancy in the pre-populated and verified figures this year.

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:

3,419

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:

205 (6%)

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

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

97.7% - A total of 2.3% (77) staff have not disclosed their ethnicity.

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:

The self-service aspect of the electronic staff record (ESR) has been rolled out since 1 August 2017, which enables staff to access and personally update their demographic information. The following paragraph is inserted into an ESR data cleanse template e-mail to encourage staff to do this:

'Your staff record is confidential and protected by relevant legislation. It is used to produce statistical information but this is anonymous. Although you can choose not to disclose some information to us for your record, having this information helps us have a much better understanding of the profile of our staff to change things for the better and make sure we are meeting the needs of all our staff. Please help us to help you by completing all sections of your ESR record relating to race, religion and belief, sexual orientation and if you have a disability / long term health condition'.

The Human Resources team receives a Woven report on a monthly basis that identifies voids in equality demographic data being declared; the Trust will continue to monitor non-disclosure of protected characteristics including ethnicity and to regularly request staff to complete this information as part of an ongoing data quality process. The number of non-disclosures has improved with a reduction from 91 to 77 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 contact the 77 staff where their ethnicity is reported as 'unknown' and request them to complete this information. The recruitment team checks that new staff completes the demographic data sections of ESR.

Workforce data

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

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

1st April 2017 to 31st March 2018

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:

Clinical Bands % White % BME

Under Band 1 0.00 0.00

1 0.00 0.00

2 4.33 *

3 6.19 *

4 2.58 *

5 18.99 1.03

6 13.66 0.72

7 9.48 0.14

8a 3.47 *

8b 0.74 *

8c 0.43 0.00

8d * 0.00

9 * 0.00
VSM * 0.00
Medical & Dental Consultant 3.81 2.03
Medical & Dental Non-Consultant Career Grade 0.46 0.40
Medical & Dental Trainee Grades 0.40 0.29

BME Staff Total = 5% (174) clinical
* = Number is less than 5

Non-Clinical Bands % White % BME

Under Band 1 * 0.00
1 3.70 *
2 4.61 0.26
3 3.95 0.26
4 5.39 0.17
5 1.80 *
6 1.52 0.00
7 1.60 *
8a 0.89 *
8b 0.66 0.00
8c 0.34 0.00
8d 0.20 0.00
9 0.00 0.00
VSM 0.37 0.00

BME Staff Total = 0.89% (31) non-clinical
*= Number is less than 5

Overall BME Staff Total is 6% (205)

Data for previous year:

Clinical Bands % White % BME

1 0.00 0.00
2 3.9 *
3 6.7 *
4 2.35 0.00
5 21 0.94
6 12.4 0.59
7 8.4 *
8A 3.27 0.18
8B 0.94 0.00
8C 0.4 0.00
8D * 0.00
9 * 0.00
VSM 0.03 0.00
Medical and Dental:
Consultants 3.90 2.10
Senior Manager 0.00 *
Non-consultant career grade 0.34 0.31
Trainee Grade 0.56 0.31
Other 0.00 0.00

BME Staff Total = 4.6% (149) clinical
*= Number is less than 5

Non-Clinical Bands White % BME%

1 4.43 *
2 14.44 0.28
3 4.37 *
4 5.16 0.18
5 1.51 *
6 1.32 0.00
7 1.47 0.00
8A 0.88 0.00
8B 0.53 0.00
8C 0.18 0.00

8D * 0.00
9 0.00 0.00
VSM 0.15 0.00

BME Staff Total = 0.69% (22) non-clinical
*=Number is less than 5

Overall BME Staff Total is 5.4% (171)

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

The Trust has set itself a 5 year target to increase the proportion of BME staff by 1% per year.

Following this year's data cleanse our figures are more accurate.

34 staff that have 'not stated' their ethnicity are staff nurses on band 5, and we will review our process to understand why there are high numbers in this category.

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

- The Trust has a diversity action plan to:
 - o Improve the experience of BME staff at Alder Hey
 - o Increase the diversity of the workforce to truly represent the community we serve
- To ensure that we are achieving the 1% year on year target we will regularly monitor (via the improved reporting provisions in ESR) the employment, career progression and retention of BME staff.
- The BME Staff Network provides a collective voice regarding the workplace experience of BME staff at Alder Hey.

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

Data for reporting year:

White 0.219 BME 0.183

Data for previous year:

White 0.102 BME 0.122

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

Data for Number of Shortlisted Applicants has been taken from NHS Jobs with the Number Appointed from Shortlisting coming from ESR. We are unable to take both figures from NHS Jobs due to new starters not interfacing between NHS Jobs and ESR, as a result of vacancies being entered directly onto NHS Jobs. Appointed Applicants therefore needed to be entered as Direct Hires to ESR to provide actual employee data. If both metrics are taken from NHS Jobs this suggests a much lower appointment rate (White – 203, BME – 23, Unknown – 6).

When looking at our appointment figures the number of BME applicants appointed make up 1.64% of new starters. The data suggests minimal difference in the likelihood of being appointed based on ethnicity.

Compared to the previous year, the data suggests that the Trust has had a greater number of applicants shortlisted from BME candidates (306 compared to 267) and a greater number appointed from shortlisting (56 compared to 44).

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

Since our last report, the Recruitment Manager has issued guidance to line managers relating to providing constructive feedback to non-successful candidates. Members of the BME Network attended line manager recruitment and selection training acting as a 'critical friend' to make the training content more inclusive and transparent; unconscious bias training is also included. HR Business Partners and the Recruitment Manager also sit on interview panels to increase the likelihood of the process being fair. The BME Staff Network also reviewed and influenced the content of the Recruitment and Selection Policy. We will continue to work with the BME Staff Network and line managers to implement the diversity action plan to 'Increase the diversity of the workforce to truly represent the community we serve'.

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:

There are no BME staff and very few white staff 0.003% (12 in total) entering formal disciplinary procedures to enable us to provide quality data.

Data for previous year:

We had a total of 3 staff entering a formal disciplinary process of which 0 are of BME ethnicity.

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

We have too few BME staff and too few staff entering formal procedures to produce any meaningful data.

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

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

This will be reported via EDS2 3.4 and 3.6

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

Data for reporting year:

White 0.015 BME 0.019

Data for previous year:

We did not report on this data.

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

From the data we have access to, we received application forms for 53 staff accessing non-mandatory CPD courses which are logged on ESR. Of those 53 staff who applied, 49 (92.45%) came from White staff and 4 (7.54%) came from BME staff which is higher than the trust overall BME representation of 6%. The Trust does not collect all non-mandatory training records in one single system, therefore a full analysis of the data is challenging.

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

We are emphasising the need for all staff to complete a Study Leave Form and send it through to the Learning & Development Team in our current conversations with managers related to CPD and hope to see these numbers increase next year allowing us to provide more robust reporting. This will be reported via EDS2 3.3

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:

23.99%

BME:

23.86%

White:

23.75%

BME:

29.82%

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

There has been a significant decrease in the number of BME staff reporting bullying and harassment by the public.

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

This will be reported via EDS2 3.6

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

White:

84.82%

BME:

75%

White:

81.42%

BME:

64.29%

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

A significantly lower number of BME staff compared to white staff believe there are equal opportunities for career progression or promotion. However, the number has improved compared to last year; this may be because of the BME Network's suggestions relating to the recruitment and selection training and process that influenced changes being made to the process in the last year.

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

The action plan includes an objective to 'Engage in local and national initiatives to support and promote career development and leadership opportunities for BME staff'. This will be reported via EDS2 3.1

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:
5.2%

BME:
11.49%

White:
5.73%

BME:
17.86%

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

A significantly higher number of BME staff compared to white staff believe they have personally experienced discrimination at work from staff. However, this figure has improved compared to the previous year.

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

The action plan includes an objective to 'Tackle bullying and harassment of and by staff and support staff to respectfully and successfully challenge problem behaviours'. This will be reported via EDS2 3.4

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

White:
20.79%

BME:
28.41%

White:
24.02%

BME:
29.82%

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

The number suggests that more BME staff compared to white staff are subject to bullying and harassment by staff.

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

The Action Plan will include an objective 'Tackle bullying and harassment of and by staff and support staff to respectfully and successfully challenge problem behaviours'. This will be reported via EDS2 3.4

Workforce Race Equality Indicators

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

White:
2.7%

The overall workforce is 91.8% white and the board is 94.4% white so the board has a 2.7% difference in over-representation of white staff.

BME:
-0.4%

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

White:
0.6%

BME:
2.3%

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

The data suggests that the Trust Board Membership has expanded since last year with those appointed being of White Ethnicity.

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

This will be reported on via EDS2 3.1 and 4.1.

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?:

Diversity and Inclusion has been recognised as a Trust wide risk, and appears on the Board Assurance Framework in 18/19.

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>