

**Northumberland, Tyne and Wear NHS Foundation Trust**

**Board of Directors Meeting**

Meeting Date: 22 June 2016

Title and Author of Paper: 2016 EDS2 and WRES Updates and Submissions

Executive Lead: Lisa Crichton-Jones

Paper for Debate, Decision or Information: Decision

**Key Points to Note:**

This paper provides an update on the action plan associated with these submissions, a discussion of how the Trust compares on the WRES Nationally against NHS England's WRES Data Analysis Report published in May 2016. Finally this paper will detail our submissions for WRES and EDS2 2016 and suggested actions for approval.

**Risks Highlighted to Board :**

Paper contains recommended actions to address findings from EDS2 and WRES

**Does this affect any Board Assurance Framework/Corporate Risks?**

Please state Yes or No: No

If Yes please outline

Equal Opportunities, Legal and Other Implications: EDS2 and WRES helps us to fulfil our Public Sector Equality Duties

Outcome Required: Decision

Link to Policies and Strategies: NTW (O) 42 Equality Diversity and Human Rights Policy

## Background

The NHS Equality and Diversity Council (EDC) implemented two measures to improve equality across the NHS into the Standard Contract, from April 2015.

- A Workforce Race Equality Standard (WRES) that requires the Trust to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the level of BAME Board representation.
- Equality Delivery System (EDS2)

At Trust Board June 2015 our submissions for the WRES and EDS2 were approved for publication. This paper provides an update on the action plan associated with these submissions, a discussion of how the Trust compares on the WRES Nationally against NHS England's WRES Data Analysis Report published in May 2016. Finally this paper will detail our submissions for WRES and EDS2 2016 and suggested actions for approval.

## Update on EDS2 and WRES Actions for 2015/16

<b>EDS2 Outcome</b>	<b>Progress to Date</b>
<b>Screening, vaccination and other health promotion services reach and benefit all communities</b>	Impact assessment work looking at demographic information across services has shown that we are not consistent in our approach to collecting equality and diversity demographic information. This information has been reported to the CQC Essential Standards Group. It is recommended that we review how we collect this information and how to improve the collection of information to ensure that we have fewer instances of not ascertained. We also need to collect information cross all of the protected characteristics.
<b>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</b>	Equality and Diversity Lead provided advise on Deciding Together Equality Analysis. Work is taking place on the Accessible Information Standard, a way to systematically produce easy read letters has been identified for use, collaboration with Newcastle Hospitals is taking place on how we collect the information needs of our service users. Discussions are taking place with NTW+ about the possibility of employing a Deaf Advisor, improving the

	accessibility of our services, but also potentially generating income through selling the service to other local NHS organisations.
<b>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</b>	We know from the Workforce Race Equality Standard that the likelihood of appointment from shortlisting was marginally higher for white applicants compared to BME applicants. A detailed report was taken to the Workforce and Training Sub Group in March 2016, which has helped to formulate a plan. The Trust has taken a stand at this year's Newcastle Mela event, particularly to promote recruitment to the Trust. Similarly a stand at the North East Pride Event has been arranged with the specific aim of recruitment from the LGBT community.
<b>The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</b>	We are awaiting finalised guidance from the government on how to conduct an equal pay audit. The government requires that we report on this from April 2017.
<b>Training and development opportunities are taken up and positively evaluated by all staff</b>	We know that evidence from completing the Workforce Race Equality Standard that information outside of statutory and mandatory training is not as complete as it might be. One of the possible solutions to this might be from 'chipped' Identity Badges that will make registration for training easier to complete. There is also a need to improve the information regarding protected characteristics of staff that we hold. A campaign is proposed for later this summer to promote the benefits of protected characteristic disclosure. Finally for the 2016 Staff Survey we need to ensure that the full data set is used in the compilation of the National Report. This will be crucial not just for WRES reporting but the nascent Disability Workforce Equality Standard too.
<b>When at work, staff are free from abuse, harassment, bullying and violence from any source</b>	Black Asian Minority Ethnic Staff Network was set up in March 2016 and so has met twice. Meetings have focussed on key issues identified in Staff Survey. Trust launched a new

	<p>campaign in May 2016 which promotes avenues that you can take to raise a concern around bullying and harassment. The Trust has arranged training for 8 members of staff to gain to become skilled as mediators.</p> <p>Key issue for 2016 is to expand the development of staff networks across all protected characteristics. Interest has been shown in the development of LGBT, Disability and faith-based networks. We have also had an approach to run a network for staff who are carers. Whilst carer is not a protected characteristic, it is clearly linked by association to protected characteristics</p>
<b>Staff report positive experiences of their membership of the workforce</b>	<p>A thorough analysis by protected characteristics of the 2015 Staff Survey has been undertaken. This was presented to the Equality and Diversity Group in April 2016. A key issue from this was that Buddhist Staff exhibit the greatest amount of dissatisfaction in the workplace. A meeting with staff who identify as Buddhist has been arranged for July 2016 to discuss these issues.</p>
<b>Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</b>	<p>The Trust did six roadshows during Equality and Diversity week to promote equality and diversity initiatives. Successfully retained NHS Employers Partnership Status for 2016 – a valuable source of information and joined the Employers Network for Equality and Inclusion which too provides a great deal of equality and diversity advice and information. A key challenge for 2016/17 will be how we devolve our approach to Equality and Diversity across the Trust.</p>

### **How the Trust compares on the WRES Nationally against NHS England's WRES Data Analysis Report**

This [report](#) presents the 2015 WRES baseline data for the four WRES Indicators that align to the NHS Staff Survey. It presents analyses against the four indicators by NHS trust type. The report is intended to prompt discussion and inquiry within each organisation and encourage good practice. Hence the primary aim of the report is not to make explicit comparisons between organisations with regard to performance.

Following the return of the 2016 WRES data, inter and intra-organisational comparisons and benchmarking will be undertaken and reported. Individual NHS trusts should take a 'learning organisation' approach to this report. Understanding the data and producing robust action plans to make continuous improvements in these areas will be essential first steps in helping to bring about workplaces that are free from discrimination.

The report concentrates on the indicators from the staff survey which are

- Indicator 5 Percentage of staff who report experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- Indicator 6 Percentage of staff experiencing harassment bullying or abuse from staff in the last 12 months
- Indicator 7 Percentage of Staff who believe that trust provides equal opportunities for career progression or promotion.
- Indicator 8 In the last 12 months have you personally experienced discrimination at work from any of the following? – Manager/Team Leader or other colleagues.

Because NHS England used the national staff survey data for comparison, we need to place a caveat upon our results, whilst we gained enough responses for the results to be reported, the question is would our submission have changed substantially if we were able to use all of our census data in the submission? An action point for the commissioning of the 2016 Staff Survey is to ensure that the entire data set is used in the preparation of the National Report by the survey provider.

Very few Mental Health Trusts displayed favourable results for BME staff, but where they did there appeared to be a recurring pattern of those Trusts across the indicators. It is recommended that we turn to those Trusts to see if we can learn what works for them and therefore might be beneficial to NTW.

For indicators 6 and 7 our results for BME Staff were broadly similar to all staff results for these indicators. For indicator 5 we had marginally unfavourable results for BME Staff compared to all staff. For indicator 7 there was a wider gap – which was identified in the June 2015 Board Paper. For this indicator our gap was similar to the majority of Mental Health Trusts and for this indicator very few Trusts showed favourable results for BME Staff. The detailed graphs for each of the indicators are appended to this paper.

The actions relating to these findings are under way and have been detailed in the Update EDS2 WRES Actions table above and indeed relate to the proposed actions for the 2016 WRES detailed below. A key factor in moving this work forward will be to work with the BAME Staff Network chaired by Dr Peter Okey to understand the data and formulate additional actions where appropriate to those that we have in place.

## **EDS2 2016 Submission**

It is recommended that the overall ratings for EDS2 remain the same as those for 2015. Work has commenced on all the actions and in has in some areas led to further actions. This work needs to come to fruition before we revise our overall ratings. A key action for this year will be to move towards a devolved delivery of Equality and Diversity. To achieve this it is proposed that during 2016/17 the Equality and Diversity Lead will work with the operational groups for each of those groups to deliver an assessment against EDS2 and associated action plan and that an assessment of Corporate Services against EDS2 is compiled by the Trust Equality and Diversity Lead. An amalgamation of themes from the assessments will go forward to an overall Trust assessment. In summary key actions for 2016/17 are

- Make Equality and Diversity everyone's business by incorporating it into the devolved model of working
- It is recommended that we review how we collect information on the protected characteristics of our service users to ensure that we have fewer instances of not ascertained. We also need to routinely collect information cross all of the protected characteristics.
- Monitor the effectiveness of attendance at events such as the Newcastle Mela and Pride to establish whether they are helping to contribute to widening our recruitment base and creating a more diverse workforce
- Conduct Equal Pay Audit upon receipt of government guidance on how to do so.
- Campaign to staff to promote the benefits of disclosure of protected characteristics
- Expand the provision of Staff Networks to at least include alongside the BAME: networks for disabled staff, LGBT Staff and Faith.
- Continue Equality and Diversity promotional activities.

## WRES 2016 Submission

<b>SUMMARY</b>							
<i>Staff list @ 1 April: Primary assignment. Payscale not zero. Includes Nursebank.</i>							
<i>2011 ONS Census (Tyne and Wear; Northumberland UA)</i>							
	<b>NTW at 1/4/14</b>		<b>NTW at 1/4/15</b>		<b>NTW at 1/4/16</b>		<b>2011 census</b>
BME staff	175	2.72%	195	3.00%	5630	3.08%	5.4%
White staff	5423	84.43%	5439	83.61%	205	84.46%	94.6%
Chose not to state ethnicity	757	11.79%	787	12.10%	754	11.31%	n/a
No information provided	68	1.06%	84	1.29%	77	1.16%	n/a
<b>Total staff at 1st April</b>	<b>6423</b>		<b>6505</b>		<b>6666</b>		

The overall summary of staff shows that we are still below the 2011 census in terms of representativeness and that there has been little movement since 2015.

<b>INDICATOR 1: Percentage of BME staff in each band plus VSM</b>										
<i>Staff list @ 1 April: Primary assignments</i>										
<i>VSM defined by very senior subjective codes</i>										
	Apprentice	Band 1	Band 2		Band 3		Band 4		Band 5	
Ethnic Code2	Non clinica	Non clinica	Clinical	Non clinical	Clinical	Non clinica	Clinical	Non clinical	Clinical	Non clinica
White	95.00%	0.00%	94.23%	87.70%	87.70%	89.33%	89.87%	84.26%	83.14%	84.85%
BME	0.00%	0.00%	5.77%	1.15%	3.65%	0.80%	2.53%	1.23%	3.58%	3.03%
Chose not to state	5.00%	100.00%	0.00%	10.98%	7.02%	8.27%	6.96%	13.89%	10.28%	11.11%
No info	0.00%	0.00%	0.00%	0.16%	1.63%	1.60%	0.63%	0.62%	3.00%	1.01%
<b>BME: % difference from whole workforce BME (3.08)</b>	<b>-3.08%</b>	<b>-3.08%</b>	<b>2.69%</b>	<b>-1.93%</b>	<b>0.58%</b>	<b>-2.28%</b>	<b>-0.54%</b>	<b>-1.84%</b>	<b>0.50%</b>	<b>-0.05%</b>

Band 6		Band 7		Band 8A		Band 8B		Band 8C		Band 8D	Band 9	Medical	Trust		VSM	
Clinical	Non clinic	Clinical	Non clinic	Clinical	Non clinic	Clinical	Non clinic	Clinical	Non clinic	Clinical	Clinical	Clinical	Clinical	Non clinic	Clinical	Non clinical
85.03%	85.15%	88.54%	88.52%	80.57%	87.10%	87.14%	90.24%	93.02%	80.00%	81.48%	66.67%	45.38%	76.92%	22.45%	40.00%	75.76%
2.21%	0.99%	1.70%	0.00%	4.00%	3.23%	0.00%	0.00%	2.33%	0.00%	0.00%	0.00%	18.07%	7.69%	0.00%	20.00%	0
12.66%	13.86%	9.77%	11.48%	14.86%	9.68%	11.43%	9.76%	2.33%	20.00%	14.81%	33.33%	36.13%	15.38%	67.35%	40.00%	24.24%
0.10%	0.00%	0.00%	0.00%	0.57%	0.00%	1.43%	0.00%	2.33%	0.00%	3.70%	0.00%	0.42%	0.00%	10.20%	0	0
<b>-0.86%</b>	<b>-2.09%</b>	<b>-1.38%</b>	<b>-3.08%</b>	<b>0.92%</b>	<b>0.15%</b>	<b>-3.08%</b>	<b>-3.08%</b>	<b>-0.75%</b>	<b>-3.08%</b>	<b>-3.08%</b>	<b>-3.08%</b>	<b>14.99%</b>	<b>4.62%</b>	<b>-3.08%</b>	<b>16.92%</b>	<b>-3.08%</b>

The indicators show an under-representation across all bands, the only exceptions being Medical, Trust Clinical and VSM Clinical.



## INDICATOR 2: Likelihood of appointment from shortlisting

Shortlisting: report from NHS jobs via ESR team (this can't be run for more than the last 12 calendar months)

Appointment: Change event log for last 12 months. Condition that Change 1 = Applicant, Employee.Applicant or Applicant.Ex-Employee to Employee. Person Type = All

Remove duplicates. Lookup ethnicity from current staff list. Remove #N/A.

	2013-14		2014-15		2015-16	
	White	BME	White	BME	White	BME
Shortlisted applicants*	n/a	n/a	3798	347	4980	413
Appointed*	n/a	n/a	686	47	754	43
Likelihood of appointment from shortlisting	n/a	n/a	0.18	0.14	0.15	0.10
<b>Relative likelihood (white/BME)</b>		n/a		1.33		1.45

\* includes both internal and external applicants

Whilst we have shortlisted more BME applicants we have actually appointed less BME applicants with a decrease in the likelihood of appointment from shortlisting and the relative likelihood. It is recommended that we examine our values-based recruitment activity to ensure that it does not introduce cultural bias in any of the activities. We should also incorporate unconscious bias into equality and diversity training.

## INDICATOR 3: Likelihood of entering a formal disciplinary process

(2 year rolling average)

Capsticks year end report

	2014-15		2015-16	
	White	BME	White	BME
Staff entering formal process	107	6	72	2
Staff in workforce	5439	195	5630	205
Likelihood	0.02	0.03	0.01	0.01
Relative likelihood (white/BME)		1.56		1.00
<b>Two year rolling relative likelihood</b>				<b>1.28</b>

For 2016 the likelihood is the same. It is anticipated that the BAME network will keep a watching brief on these figures, particularly to ascertain whether any differences could be addressed by examining cultural competency.

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

Training by Course: study leave (external) + study leave training (status = attended, completed or completed in another trust)

Primary assignment, remove duplicate employees, lookup v staff list (#N/A indicates people who've left)

	2013-14		2014-15		2015/16	
	White	BME	White	BME	White	BME
Staff who have accessed non-mand training/CPD*	72	15	28	4	87	8
Staff in workforce	5423	175	5439	195	5630	205
Likelihood	0.013	0.086	0.005	0.021	0.015	0.039
<b>Relative likelihood (white/BME)</b>		0.15		0.25		0.40

\* One or more times

It is difficult to imagine that such a disparity in accessing non-mandatory training can be explained by issues in recording of information. It is recommended that we work

with the BAME Staff Network to examine the outcomes of appraisals for BAME Staff, comparing those to outcomes of a sample of similar graded white staff.

### Indicators 5, 6, 7 and 8

			Your Trust in 2015	Average (median) for mental health
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	30%	32%
		BME	38%	37%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	17%	22%
		BME	19%	23%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	90%	87%
		BME	88%	74%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	7%
		BME	12%	13%

For indicator 5 (KF25) we have a clear disparity between White and BME staff, despite figures being close to the national average. This is also true for Indicator 8 (Q17b). It is suggested that these are the key indicators that we need to work on in partnership with the BAME Staff Network to understand the data and devise appropriate actions to address the disparity.

<b>INDICATOR 9: Voting board members</b>							
<i>Non-exec directors, Exec directors, Chair, CEO</i>							
	2013-14		2014-15		2015-16		
	Board	Trust	Board	Trust	Board Count	Board %	Trust
BME	0.0%	2.7%	0.0%	3.0%	1	7.1%	3.1%
WHITE	54.5%	84.4%	50.0%	83.6%	8	35.7%	84.5%
Chose not to state	36.4%	11.8%	42.9%	12.1%	5	35.7%	11.3%
No info recorded	9.1%	1.1%	7.1%	1.3%	0	0.0%	1.2%
Board BME % compared to Trust BME%		-2.7%		-3.0%			4.10%

Changes to Board Membership has seen a slight improvement in representation.

Key WRES actions for 2016 are:

- We examine our values-based recruitment activity to ensure that it does not introduce cultural bias in any of the activities. We should also incorporate unconscious bias into equality and diversity training.
- BAME network will keep a watching brief on formal disciplinary process figures with a particular view to ascertaining whether there is a cultural competency base to proceedings.

- We work with the BAME Staff Network to examine the outcomes of appraisals for BAME Staff, comparing those to outcomes of a sample of similar graded white staff.
- That we work with the BAME Staff Network to understand and address the issues behind the figures for Indicators 5 and 8 of the WRES.

### **Recommendations**

It is recommended that the Board endorse the assessments and actions of EDS2 and WRES and that they are approved for publication to meet the terms of the NHS Standard Contract

Christopher Rowlands  
Equality and Diversity Lead  
June 2016