

Workforce Race Equality Standard reporting template

1. Name of organisation

Countess of Chester Hospital NHS Foundation Trust

2. Date of report

Month/Year:

July 2020

3. Name and title of Board lead for the Workforce Race Equality Standard

Alyson Hall, Executive Director of Human Resources and Organisation Development

4. Name and contact details of lead manager compiling this report

Sophie Hunter
Equality and Diversity Manager
sophiehunter@nhs.net

5. Names of commissioners this report has been sent to

Complete as applicable:

Nikki Griffiths
Equality and Inclusion Business Partner
NHS West Cheshire Clinical Commissioning Group
Nicola.griffiths12@nhs.net
and

Jonathan Taylor
Head of Communications and Engagement
NHS West Cheshire Clinical Commissioning Group
jonathan.taylor9@nhs.net

6. Name and contact details of coordinating commissioner this report has been sent to

Nikki Griffiths
Equality and Inclusion Business Partner
NHS West Cheshire Clinical Commissioning Group
Nicola.griffiths12@nhs.net
and

Jonathan Taylor
Head of Communications and Engagement
NHS West Cheshire Clinical Commissioning Group
jonathan.taylor9@nhs.net

7. Unique URL link on which this report and associated Action Plan will be found

<http://www.coch.nhs.uk/corporate-information/equality,-diversity-and-human-rights/workforce-race-equality-standard.aspx>

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

Name:

Alyson Hall, Executive Director of Human Resources and Organisation Development

Date:

July 2020

9. Any issues of completeness of data

Data range for year five reporting will be based on NHS England WRES data set and the staff electronic system (ESR) at 31st March 2020.

WRES reporting standard requires the publication of visible only BAME staff, this therefore excludes white European and white other. As a result, BAME % in other COCH equality reports will be higher.

10. Any matters relating to reliability of comparisons with previous years

Data for the 2020 WRES runs year end 31st March 2020 and is consistent with the time frame of 2019, which also ran at 31st March 2019.

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

5044

12. Proportion of BAME staff employed within this organisation at the date of the report?

10% overall, 7% visible BAME as per WRES guidance

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

98%

14. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?

Given the high level of reporting, this was unnecessary.

15. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?

n/a

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

1st April 2019 to 31st March 2020

17. Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members). Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Data for reporting year:

Ethnicity Summary Pay bandings % BAME

Non-Clinical Salary Band %

0-9k = 3.83%

10-19k = 2.83%

20-29k = 3.0%

30-39k = 3.41%

40-49k = 0.00%

50-59k = 0.00%

60-69k = 0.00%

70-79k = 0.00%

80-89k = 0.00%

90-99k = 0.00%

100k & above = 0.00%

Clinical Salary Band %

0-9k = 1.29%

10-19k = 0.83%

20-29k = 0.87%

30-39k = 1.09%

40-49k = 0.18%

50-59k = 0.22%

60-69k = 0.28%

70-79k = 0.28%

80-89k = 0.85%

90-99k = 0.34%

100k & above = 0.34%

Data for previous year:

Ethnicity Summary Pay bandings % BAME

Non-Clinical Salary Band % 0-9k 1.60%

- 10-19k = 1.24%
- 20-29k = 0.36%
- 30-39k = 0.12%
- 40-49k = 0.00%
- 50-59k = 0.00%
- 60-69k = 0.00%
- 70-79k = 0.00%
- 80-89k = 0.00%
- 90-99k = 0.00%
- 100k & above = 0.00%

**Clinical
Salary Band %**

- 0-9k 2.77%
- 10-19k = 0.91%
- 20-29k = 1.63%
- 30-39k = 0.53%
- 40-49k = 0.36%
- 50-59k = 0.17%
- 60-69k = 0.24%
- 70-79k = 0.19%
- 80-89k = 0.96%
- 90-99k = 0.65%
- 100k & above = 0.05%

The implications of the data and any additional background explanatory narrative

The salary of BAME staff is represented at high, medium and low parts of the spectrum. The amount of BAME staff earning in the higher paid salary bands are represented in clinical roles compared to non-clinical roles which is reflective of the number of nurses and medics employed by the Trust.

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

Data for reporting year:

Shortlisted:

BAME = 25.97%

Starters:

BAME = 7.95%

Data for previous year:

Shortlisted:

BAME = 10.71%

Starters:

BAME = 8.13%

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

From total applicants, those shortlisted who were BAME stood at 25.97% in March 2020 compared to 10.71% on the year earlier. New starts accounted for 7.85% of the total for March 2020 which shows a concerning disparity on previous years.

Further analysis revealed that statistics pulled from TRAC showed incomparable data to previous years, where figures were taken from NHS jobs.

Previously, doctors were recruited via BMJ, with few being recruited via NHS Jobs; however, this division is no longer the situation as all applications come through TRAC.

Out of doctors new hires 27.37% are BAME and 21% are not stated. The figures from TRAC for doctors are better in that just fewer than 3% are not stated. The lack of recorded ethnicity will also impact on the figures, potentially reducing the BAME rate.

TRAC gives only 30 white doctors as staff shortlisted whereas the new starter's gives 98, this is due to the fact that the Junior Doctors on rotational training posts don't go through the same recruitment process and also explains why there is a higher rate for 'Not Stated'.

Nevertheless, in main, the applications and shortlisted both have high rates of BAME, however they only account for 7.85% of new starters therefore a disparity still exists.

The likelihood of shortlisted BAME applicants to be successfully appointed to a position remains higher than the BAME local population. (The BAME population in West Cheshire and Chester according to the Office for National Statistics (ONS) 2011 Census amounts to 5.3% of the total population) but remains of concern given the rise in applications.

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

Analysis of ethnicity patterns in recruitment reports from NHS jobs to continue.
Continue to offer focus sessions and virtual networks to BAME groups of staff.

19. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Data for reporting year:

8% of staff entering the disciplinary process identified as visible BAME compared to a 7% BAME visible overall workforce

Data for previous year:

8.2% of staff entering the disciplinary process identified as BAME compared to 6% BAME overall workforce.

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

In the 2020/2021 period there is a data gap of 2%, where staff coming under disciplinary procedures have not declared their ethnic status. This may slightly affect the accuracy of the equation to gauge the likelihood of staff coming under disciplinary procedures by ethnic grouping. The likelihood of BAME staff going through the disciplinary process has decreased compared to the previous year and is now only slightly more likely to be subject to disciplinary procedures than their white colleagues.

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

Provide annual disciplinary by ethnicity profile to Finance & Performance Committee Board as part of the Workforce Equality Assurance Report (WEAR)

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

Data for reporting year:

BAME = Visible 8 % of BAME staff attended non-mandatory training compared to the visible 7% overall staff.

Data for previous year:

BAME = Visible 4.59% compared to the visible 6% overall staff.

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

Refreshed Training analysis reporting has identified that visible BAME Staff accounted for 8% of total staff who undertook non mandatory and CPD training in 2019/20. BAME staff therefore are slightly more likely than white colleagues to attend non mandatory training.

The Trust will continue to monitor this data in 2020 and promote leadership courses to BAME staff groups.

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

Actions will include BAME staff focus groups that include discussion on career progression, promotion of BAME leadership courses from NHS Leadership Academy and a focus on encouraging all staff to access apprenticeships where appropriate including at degree and masters level.

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:
26%

BAME:
27%

Data for previous year

White:
28%

BAME:
27%

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

There has been no change in BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months, this still remains below the % of

the national average for both BAME and white staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months with the benchmark national average median currently standing at 30% BAME and 28% White.

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

Continue to promote policies and functions to support staff from bullying and harassment from patients, relatives and the public via communication media including emphasis of the zero tolerance of racism towards BAME employees.

Link to work currently being undertaken as part of the trusts drive to decrease violence towards staff.

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

White:

26%

BAME:

32%

Data for previous year

White:

25%

BME:

14%

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

2019 saw a significant increase in the percentage of BAME staff who stated they had experienced harassment, bullying or abuse from staff in the previous 12 months. This rose from 14% to 32% which is higher than the national average of 29%. This is now higher 8% higher than white staff whose national average stands at 29%

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

Continue to encourage an increase in the number of BAME employees participating in the 2020 NHS staff survey.

Utilise BAME networks and focus groups to facilitate discussion on staff perspective on the rise in %

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

White:

85%

BAME:

68%

Data for previous year

White:

87%

BME:

79%

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

Staff Survey who stated that they believe the Trust to be providing equal opportunities has fallen slightly for white staff but more significantly for BAME staff in 2019 compared to 2018. Only 68% of BAME staff felt that the trust gave equal opportunities compared to 74% national average. The national average for white staff showed little difference at 87%.

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

Periodic analysis of data regarding access to leadership and development training by ethnicity.

Publish findings of ethnicity analysis in annual WEAR.

Promote leadership, training and development options to BAME employees via BAME staff virtual networks and a communication strategy on bespoke BAME leadership courses from NHS Leadership Academy.

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:

6%

BME:

10%

Data for previous year

White:

9%

BME:

0%

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

Staff who experienced discrimination at work from Manager/team leader or other colleagues rose significantly in BAME staff from 0% (or number too low to publish) in 2018 to 10% in 2019, this compares to a national average of 14% for BAME staff and 6% for white staff.

There was a 3% fall in white staff experiencing discrimination.

It is important to note, that we do not have an indication on if this discrimination was due to race, or another protected characteristic.

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

Promote staff support and HR policies on bullying and harassment.

Utilise BAME networks and focus groups to facilitate discussion on staff perspective on the rise in %

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

White:

100%

BME:

0%

White:

100%

BME:

0%

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

The current ethnicity profile of the Trust Board is 100% White British. The population of BAME residents in Cheshire West and Chester is 5.3%. There is a minimal underrepresentation at Board level of BAME employees due to the Board consisting of fewer than 15 people.

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

Promote the Trust's inclusive values regarding future positions at Executive and Non-Executive level where vacancies arise.

Consider building links with local BAME stakeholder groups and organisations to promote BAME application for Exec, Non-exec and Governor Vacancies as they arise.

Consider how the BAME voice can be heard at Executive level.

26. Are there any other factors or data which should be taken into consideration in assessing progress? N/A

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 work streams 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:

<http://www.coch.nhs.uk/corporate-information/equality,-diversity-and-human-rights/workforce-race-equality-standard.aspx>