

# **North Tees & Hartlepool NHS Foundation Trust**

## **NHS Workforce Race Equality Standard 2022**

### **1. Introduction**

The Workforce Race Equality Standard (WRES) programme was established in 2015. It requires organisations to report against nine indicators of race equality and supports continuous improvement through robust action planning to tackle the root causes of discrimination.

Inequalities in any form are at odds with the values of the NHS. Research shows that the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients.

This report represents the eighth publication since the WRES was established. There are some positive findings in this report and there are also areas where further analysis of the information is required to fully understand the results, particularly in relation to staff survey feedback.

The Trust is committed to tackling racial discrimination to bridge the gaps in experience, opportunity and differential attainment in our diverse workforce. A key tool to understanding and correcting these inequities is the presentation of detailed data to key work streams, which will allow us to identify the targets for action.

## 2. WRES Indicators 2022

A summary of the results for North Tees and Hartlepool NHS Foundation Trust is shown in the table below. This includes comparison of the Trust's results covering a five-year period (2018 to 2022).

The baseline data has been extracted from ESR, Workforce databases and the Trac recruitment system to calculate a response to each of the nine WRES indicators.

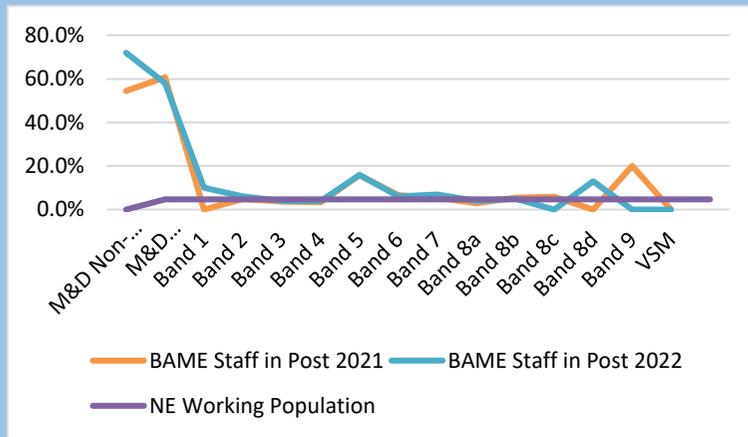
WRES Indicators 2022			2017	2018	2019	2020	2021	2022
1	Percentage of BME staff	Overall	9.0%	10.0%	11.0%	11.0%	11.0%	11.4%
		VSM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		0.74	0.58	0.86	0.99	3.24	1.43
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.33	0.9	0.76	0.69	0.93	0.88
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.6	0.89	0.67	0.77	1.16	0.96
			2016	2017	2018	2019	2020	2021
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	39.1%	36.0%	37.5%	42.3%	28.1%	34.9%
		White	26.6%	29.2%	26.9%	28.0%	24.8%	26.2%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	20.0%	38.0%	31.3%	33.8%	29.2%	30.1%
		White	19.8%	22.5%	18.3%	18.4%	20.4%	18.7%
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	BME		56.0%	62.5%	57.4%	55.7%	48.2%
		White		65.6%	65.1%	63.6%	61.7%	64.8%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	15.9%	14.0%	8.5%	11.7%	14.6%	16.8%
		White	5.1%	5.0%	4.4%	4.3%	5.1%	5.2%
			2017	2018	2019	2020	2021	2022
9	BME Board membership	BME	7.1%	6.7%	6.7%	5.3%	5.6%	7.1%

### 3. Key Findings for 2022

The key findings in respect of the nine WRES indicators for 2022 are summarised below.

We are currently only able to undertake benchmarking for those areas which relate to the staff survey (indicators 5-8). Full benchmarking information is published by the national WRES team and this is expected for March 2023.

#### Indicators 1 and 9 – Representation across the organisation



#### Representative Workforce across all protected characteristics at all levels.

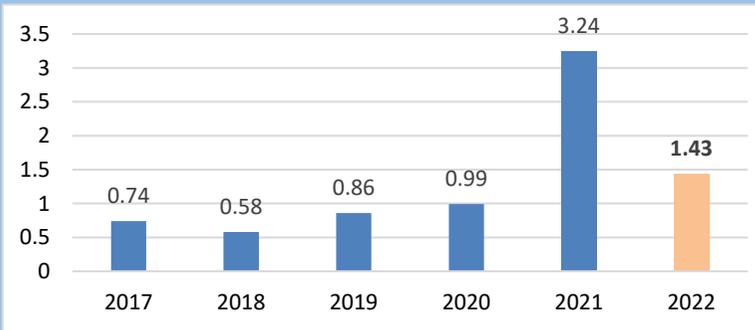
There has been a slight increase in the number of BAME staff employed by the Trust - an increase of 0.4% to 11.4%. Overall BAME representation remains broadly representative of the BAME communities in the North East, but not across all grades.

There is significantly higher representation within the medical staffing group and also at Band 5 and Band 8d. There has been a reduction in the numbers at Band 9 for 2022 and there continues to be no representation at VSM level.

#### Representation of BAME at Board and senior management levels.

BAME at Board level is under represented at 7.1%, as compared to the overall BAME workforce of 11.4%. This has increased since the 2021 report, however this is due to a reduction in the number of total Board Members, rather than an increase in the number of BAME individuals at Board level.

### Indicator 2 – Likelihood of staff being appointed from shortlisting



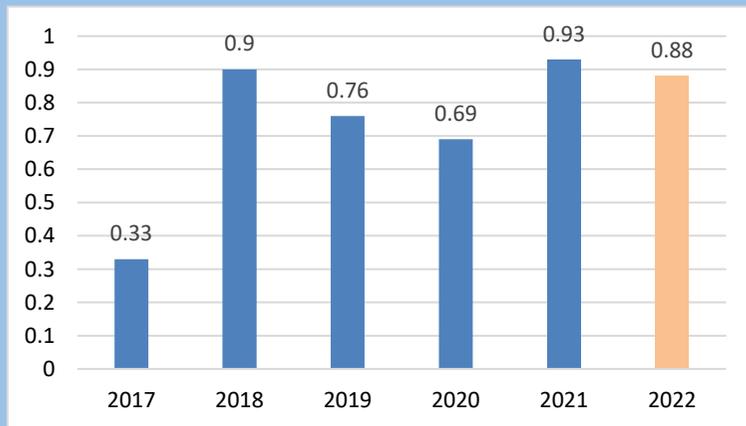
#### Equity of Experience.

This information is obtained from the Trac Recruitment System.

Shortlisted BAME applicants are less likely to be appointed following shortlisting than White applicants, however there has been a significant reduction from the figure reported in 2021 and we are committed to reducing this further.

This will continue to be a priority area for improvement, with work ongoing to identify trends in relation to grades and occupational groupings. We are also working with NHSEI to understand disparity ratios in relation to nursing and midwifery posts, with plans to consider extending this to other staff groups.

### Indicator 3 – Likelihood of staff entering formal disciplinary process



#### Equality of Experience.

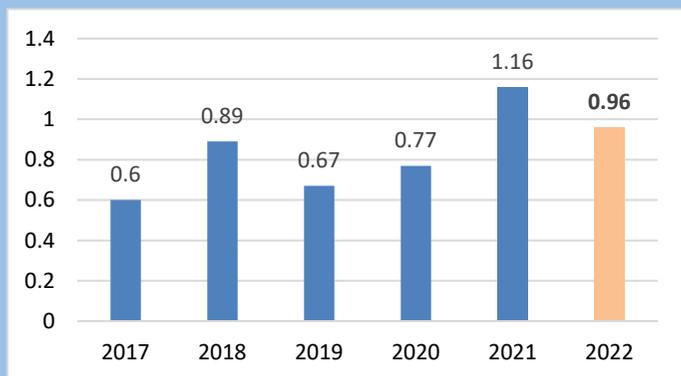
This information is obtained from Workforce Databases.

BAME colleagues were less likely to enter the formal disciplinary process, with a ratio of 0.88 (a figure higher than 1 would indicate that BAME staff are more likely to enter a formal process).

This information has been calculated over a two-year period, with a total of 7 cases recorded, as compared to 61 cases involving staff with a White ethnicity. Of the 7 cases recorded, all resulted in no formal action.

The Trust has trained an additional four Cultural Ambassadors in April 2022, who will be assigned to all employment relations cases for 2022/23. A key area of focus will be to review why the recent cases involving BAME employees resulted in no formal action, to identify if decisions could have been reached at an earlier stage in the process, thereby averting the need for formal investigation.

### Indicator 4 – Likelihood of staff accessing non-mandatory training and continuous personal development



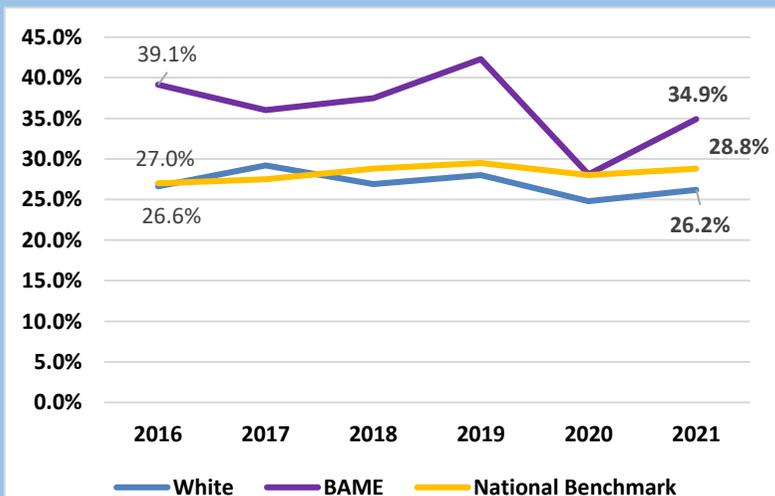
#### Belief in Equal Opportunities.

BAME staff are more likely to access non-mandatory training and continuous personal development as compared to White staff.

This is a change to 2021 where the ratio had crept above 1.0 for the first time, however it is now reported as less than 1 which is consistent with previous years.

The % of BAME staff accessing training has increased from 29.85% in 2021, to 36.64% for 2022, whilst the number of White staff has remained static at 35%.

### Indicator 5 – Percentage of staff experiencing harassment, bullying/abuse from patients, relatives/public



#### Staff Survey Key Findings - B&H (Public)

This information is obtained from the 2021 staff survey.

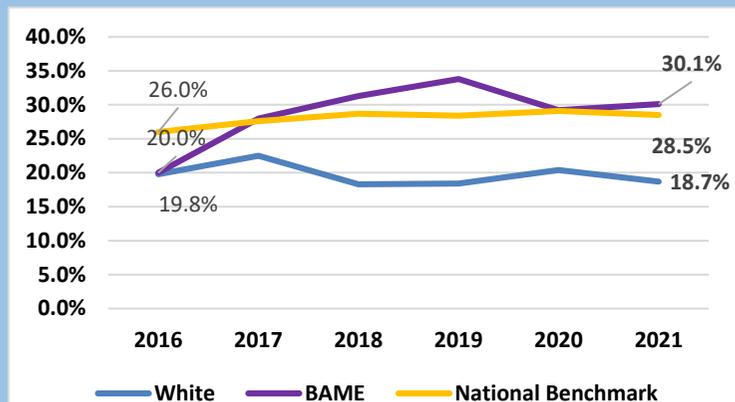
Staff survey results show an increase in the number of BAME staff experiencing harassment, bullying and abuse from patients, relatives/public (34.9% compared to 28.1% for 2020).

BAME staff continue to be more likely to experience harassment, bullying/abuse from patients than white staff and the gap for 2021 is reported as 8.7%.

The national benchmarking data for 2021 indicates that 28.8% of BAME staff have experienced harassment and abuse from patients, which is 6.1% lower than the Trust figure.

Staff are required to log all incidents of service user violence and harassment via Datix and the information is then reported through Yellowfin. The Trust's Keeping People Safe group reviews this information on a regular basis to identify trends and this includes analysis of related themes including race.

### Indicator 6 – Percentage of staff experiencing harassment, bullying/abuse from staff



#### Staff Survey Key Findings - B&H Staff

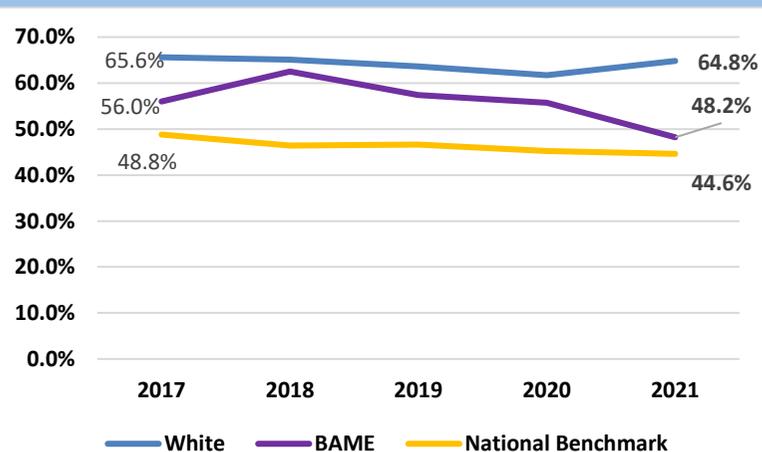
Staff survey results are static in terms of the number of BAME staff experiencing harassment, bullying and abuse from staff (30.1% compared to 29.2% in 2020).

BAME staff continue to be more likely to experience harassment, bullying/abuse from staff than White staff and the gap for 2021 is reported as 11.4%.

The national benchmarking data for 2021 indicates that 28.5% of BAME staff have experienced harassment and abuse from staff, which is 1.6% lower than the Trust figure.

It is important that staff are encouraged to report concerns regarding bullying and harassment and all cases are logged and monitored by the Workforce Team. Work is ongoing to understand why the number of formally reported cases is lower than the staff survey results would suggest.

### Indicator 7 – Percentage of staff believing the Trust provides equal opportunities for career progression or promotion



#### Staff Survey Key Findings - Equal Opportunities

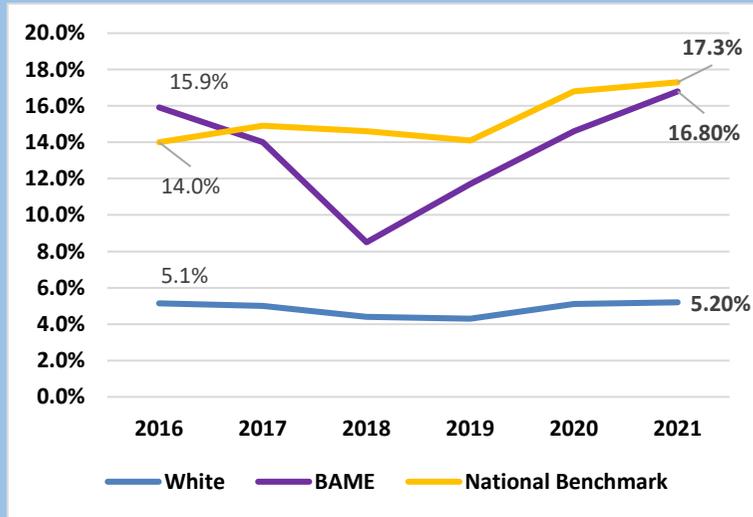
There has been a reduction in the % of BAME staff who believe that the Trust provides equal opportunities for career progression/promotion (a reduction from 55.7% to 48.2%). This is the lowest figure for the past 4 years. (The data for 2017 is not available as the survey co-ordination centre has changed the calculation for 2021 and they have only recalculated back to 2017).

As in previous years, white staff continue to report a higher belief in equal opportunities than BAME staff. The gap in experience has increased for 2021, and this is currently reported as 16.6%.

The national benchmarking data for 2021 indicates that 44.6% of BAME staff believe their organisation provides equal opportunities for career progression. This is 3.6% lower than the Trust figure.

The national team have developed an interactive tool for 2021 to allow for analysis of this metric at a more detailed level, including comparison with other protected characteristics, department and staff group. This is a priority area for further analysis.

Indicator 8 – Percentage of staff experiencing discrimination at work from their manager, team leader or other colleagues



**Staff Survey Key Findings - Discrimination.**

There has been a further increase in the % of BAME staff who have reported experience of discrimination at work (from 14.6% to 16.8%). There is a continued widening of the gap in experience, with BAME staff reporting a poorer experience as compared to White staff (11.6% differential).

The national benchmarking data for 2021 indicates that 17.3% of BAME staff have experienced discrimination, which is 0.5% higher than the Trust figure.

Staff are encouraged to report concerns regarding discrimination and all cases are logged and monitored by the Workforce Team. Work is ongoing to understand why the number of formally reported cases is lower than the staff survey results would suggest.

The national team have developed an interactive tool for 2021 to allow for analysis of this metric at a more detailed level, including comparison with other protected characteristics, department and staff group. This is a priority area for further analysis.

#### 4. Conclusion and Next Steps

The Trust is committed to meeting the requirements of the Workforce Race Equality Standard for NHS Trusts and this is our eighth publication against the standard.

Our actions to improve the Trust's WRES Indicators (2022) align with the Trust's wider organisational strategic goals, specifically 'Valuing our People'. They also support our commitments to the NHS People Plan and the People Promise: 'We are recognised and rewarded'.

By taking action to improve the experience of our ethnic minority colleagues, we aim to support the organisation to be an employer of choice; an outstanding place where people want to work and are proud to work, and somewhere which provides equality for everyone.

The Trust continues to implement a number of programmes/activities to promote and support racial equality in the workplace. Some of these actions/activities are detailed below:

- The Trust's BAME staff network continues to offer staff a place where they can come together, share experiences and facilitate learning and development. The network will also assist in the shaping and delivery of organisational strategy and policy, working with us to improve staff experience on specific race related issues and adding more depth to our WRES Action Plan.
- All of our staff networks (BAME, Disability, LGBTQ+, Women, Men, Age, Multi-faith) aim to:
  - Promote equal rights and opportunities;
  - Pro-actively tackle discrimination or disadvantage in all its forms;
  - Create an open and inclusive culture where equality, diversity and inclusion can be comfortably discussed;
  - Encourage our staff to have a voice in the organisation – to share their experiences so that we can listen and act on staff feedback.
- As a fair and equal employer, we appoint the best candidates during our recruitment campaigns regardless of ethnicity or any other protected characteristic.
- As part of our commitment to embedding Values Based Recruitment, we are implementing a structured interview template, which aims to ensure that every candidate has an equal chance for promotion/employment through the use of consistent measures.
- We have appointed a Champion of Flexible Working and a Health and Wellbeing Guardian in line with our responsibilities under the People Plan.
- We continue to embed and grow the Cultural Ambassador programme within the Trust and a cohort of four individuals have completed their training in April 2022. The skills of the Cultural Ambassador are expected to have a positive impact in terms of identifying and 'calling out' ethnicity related bias within the employee relations caseload.
- We actively analyse our staff survey data from an ethnicity perspective by comparing the experiences of our BAME and White staff. The themes of bullying, harassment and abuse from patients and staff, belief in equal opportunities for career progression and experience of discrimination form part of the WRES metrics (indicators 5 - 8). The NHS Survey Co-ordination Centre has developed a new interactive tool for 2022 which for the first time,

will allow us to examine this data at a more detailed level, i.e. by staff group and comparison with other protected characteristic groups.

We take racial equality seriously and whilst we have already implemented a number of practices which will have a positive impact in this area, we understand that change will require a significant cultural shift within the organisation. We know that our workforce ethnicity profile will not change overnight, however we are starting to see a gradual increase in the number of ethnic minority staff working in the Trust. It is also important that we continue to grow the membership of our BAME staff network to help us facilitate the voices of our ethnic minority staff and improve staff experience.

We will continue to promote the activities and good practice that we already undertake, including undertaking fair and transparent recruitment processes, delivery of unconscious bias training and promotion of various leadership and development opportunities which exist across the Trust.

We need to consider how this is incorporated into our engagement strategy and how we can improve our communication around both the data for the Trust and what we are doing in response to this. This will be considered as we enter Phase 2 of the Equality, Diversity and Inclusion review and this will inform how we continue to improve as a Trust.