Equality and Inclusion Report for 2015 – 2016

1.0   Introduction

11   Whittington Health employ over 4,000 staff serving a diverse population in local communities of over 500,000 people, delivering services in the boroughs of Haringey, Islington, Barnet, Camden, Enfield and Hackney.   Our Clinical Strategy "Helping local people live longer, healthier lives" continues to be the overall mission and strategic vision for the Trust.

2.0   Workforce Strategy

2.1   The Trust's Workforce Strategy 2016-2020 outlines our aim to support the delivery of the Clinical Strategy with a complex agenda utilising an integrated approach through workforce development, management and planning. There are six strategic objectives core to its delivery:

1. Performance management, maximise productivity and maintain quality
2. Workforce planning and design
3. Education, training and learning
4. Employee engagement and wellbeing
5. Model employment practice
6. Rewarding and recognising staff

2.2   The Workforce Strategy is further supported by the Trust's Workforce Health and Wellbeing Strategy – 2015-2020 which outlines the Trust's identified priorities and associated outcomes which are:

- Priority 1: Improving health life expectancy
- Priority 2: Improving mental health and wellbeing
- Priority 3: Improving psychosocial working conditions

2.3   These priorities support the strategic goal of having "empowered, engaged and well supported staff" in the NHS Equality Delivery System as indicated in the NHS Standard Contract Service.

2.4   Over the past year there have been a number of improvements to address challenges that have been highlighted through feedback from staff, including the national staff survey and family and friends test.   The new appraisal scheme and the organisational values ICARE (Innovation, Compassion, Accountable, Respectful and Excellent) are among a number of improvements which have been implemented.   The Trust's Workforce Strategy has been designed to create better opportunities to promote equality of opportunity, eliminate discrimination; and foster better and stronger working relationships. More measures are planned to build a stronger, dynamic and flexible workforce to meet the challenges to deliver excellent health care.

3.0   Workforce

3.1   The current workforce appears to reflect its local population at some levels across the Trust. However the current information about the workforce is yet to be sufficiently robust to make comparisons, establish trends or identify emerging themes in any particular detail. To improve processes a number of reviews have already started; plus the introduction of 'unconscious bias' masterclass training as part of the workforce improvement plan.

3.2   The table below demonstrate the level of information known about the demographics of the workforce.

Protected Characteristics (Demographics)	Known/ Indicated 'Yes'	Indicated 'No'	Indicated 'Did not want to say'	Undefined/Not declared
Gender	100%	-	-	-
Disability	1%	33%	-	66%
Sexual Orientation	35%	-	31%	34%
Religious Belief	38%	-	29%	33%
Ethnicity	94%	-	3%	3%

4.0   Workforce Race Equality Standard (WRES) Data for 2015/16.

4.1   The main purpose of the WRES is to provide more data, and facilitate the Trust's ability to make informed decisions and take action to actively promote equality of opportunity, as well as to reduce discrimination which may exist, to improve the working lives and wellbeing of staff, patients and service users. The Trust's first WRES report was published in December 2015 with an improvement plan. For more information click: http://www.whittington.nhs.uk/document.ashx?id=6006

4.2   The Equality and Inclusion data below reflect the Trust's current information as at March 2016. There are a total of nine WRES indicators.   Four of the indicators relate to data taken from the Electronic Staff Record (ESR) and other available sources.   Four of the indicators are based on the data retrieved from the latest National Staff Survey. One indicator focuses on Black and Minority Ethnic (BME) representation on the Trust Board.

4.3   The tables in the attached appendix provide information, and may indicate emerging theme(s), which require further exploration as part of a more detailed review for updating the improvement plan – 2015.

Indicator 1 - The table provide a breakdown of the number and percentage of BME staff within bands 8-9 and Very Senior Manager (VSM) in comparison with overall workforce. The associated diagram illustrate the percentage of BME staff in comparison to white staff by band illustrates the concentration of a particular ethnic group. The diagram highlight band 1 having 28% white staff in comparison to 72% BME staff to band 8 having 78% white staff in comparison to 22% BME staff.

Indicator 2 - The table provides a breakdown of the number of applicants from a White and BME background. The figures show that the relative likelihood of white applicants successfully appointed from shortlisting process in comparison to their BME counterparts is a ratio of 2.28; twice as likely. This is based on the number of 90 White applicants appointed from the shorted list of 623, in comparison to the number 63 BME applicants appointed from a short list of 996.

Indicator 3 - Based on data collected over an average of a two year cycle, the table shows that the number of White staff entering a formal disciplinary process was 14 (0.7%), in comparison to 34 (1.8%) BME staff; a ratio of 2.67 times higher. It should be noted that this data is held securely by Workforce due to the sensitivity and confidentiality of the information.

Indicator 4 - Information to demonstrate the relative likelihood of staff accessing non-mandatory training and Continuous Professional Development was not readily available due to collection of data. While it is evident that non-mandatory training activity takes place across staff groups current data lacked robustness to be presented at this stage.

Indicator 5 to 8 - Indicators 5 to 8 have been taken from the 2015 National Staff Survey. The findings and information extrapolated have already been discussed at the Trust Management Group which led to a Staff Survey action plan for 2015 – 17.

Indicator 9 - This table demonstrate the breakdown of the number of White and BME of voting members of the Trust Board. The table shows there are 10 white individuals in comparison to 3 BME individuals.

4.4 The data presented clearly demonstrate that this area of equality and inclusion is a work in progress. The WRES data will be published on the Trust's public webpage.
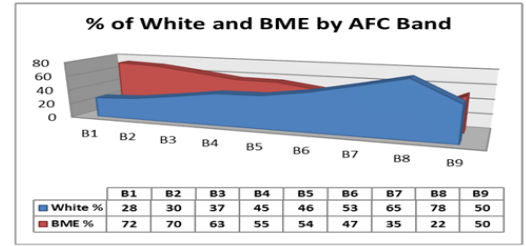
5.0 **Summary**

5.1 Our Workforce Strategy already incorporates the vision and objectives to address many of the emerging themes that have been presented in the WRES within the context of limited resources and challenges. The implementation of national staff survey's corporate priorities action plan have already begun addressing some of the challenges and will continue to so during 2016/18.

5.2	Equality, diversity, human rights, quality and inclusion are not just words. They are principles which should underpin the vision, mission and strategic goals outlined in our Clinical and Workforce strategy documents.

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(Equality Lead)
September 2016

INDICATOR 1 - Percentage of BME staff in Bands 8-9 and VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce

Descriptor	Indicator
Number of BME staff in Bands 8-9 and VSM*	146
Total number of staff in Bands 8-9 and VSM	575
Percentage of BME staff in Bands 8-9 and VS	25
Number of BME staff in overall workforce	1859
Total number of staff in overall workforce	4210
Percentage of BME staff in overall workforc	44
*As per definition within Indicator 1	

% of White and BME by AFC Band

	B1	B2	B3	B4	B5	B6	B7	B8	B9
White %	28	30	37	45	46	53	65	78	50
BME %	72	70	63	55	54	47	35	22	50

INDICATOR 2 - Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being recruited from shortlisting across all posts

Descriptor	White	BME
Number of shortlisted applicants	623	996
Number appointed from shortlisting	90	63
Ratio shortlisting/appointed	0.14	0.06

Likelihood of White staff being appointed from shortlisting (90/623) = **0.144**

Likelihood of BME staff being appointed from shortlisting (63/996) = **0.063**

Relative likelihood of White staff being appointed from shortlisting compared to BME staff - **2.28**

INDICATOR 3 - Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.

Descriptor	White	BME
Number of staff in workforce	2038	1857
Number of staff entering the formal disciplinary process	14	34

☐ Likelihood of White staff entering the formal disciplinary process (14/2038) = 0.01

☐ Likelihood of BME staff entering the formal disciplinary process (34/1857) = 0.02

☐ The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is therefore 0.006/0.018 = **2.67 times greate**r.

INDICATOR 4-Relative likelihood of BME staff accessing non mandatory training and CPD compared to white staff

Due to current recording process we are unable to provide accurate data on this Indicator.

INDICATOR 5-Percentage of staff experiencing harassment, bullying or abuse from patients, relative or the public in last 12 months

White	BME
28.75%	28.53%

INDICATOR 6-Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

White	BME
26.97%	27.25%

INDICATOR 7-Percentage believing that Trust provides equal opportunities for career progression or promotion

White	BME
87.28	67.29

INDICATOR 8-In the last 12 months have you experienced discrimination at work from management/team

White	BME
11.00%	22.00%

INDICATOR 9-Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator

	White	BME
Voting Board Members	10	3