



# Moorfields Eye Hospital NHS Workforce Race Equality Standard 2015

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Reporting Year: April 2015 – April 2016  
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## **Introduction**

The NHS Race Equality Standard requires Trusts to assess their workforce data to determine any less favourable treatment or a worse experience for BME staff when compared to white staff. Nationally it is an attempt to reverse a trend of systemic discrimination against BME staff working across the NHS. Where there are areas of concern, NHS organisations are required to bring about improvements that reverse that trend. The Standard has been developed to improve workforce race equality in the NHS and to improve opportunities, experiences and working environments for all.

This report uses all available data to report against the criteria of the Standard. Once the recommendations are agreed and begin to be implemented, more data and evidence may emerge to confirm or disconfirm some of the findings.

### **Reporting Year**

April 2015 – April 2016

### **Name and contact details of lead manager compiling this report**

Craig de Sousa Deputy HR Director

### **This report has been signed off by**

Ian Tombleson, Director of Corporate Governance

Craig de Sousa, Deputy HR Director

Equality and Diversity and Human Rights Group




<b>Workforce Race Equality Standard indicators</b>	
<b>Workforce indicators</b> For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.	
1.	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce
2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
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.
4.	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff
<b>National NHS Staff Survey findings</b> For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question	
5.	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
<b>Boards</b> Does the Board meet the requirement on Board membership in 9.	
9.	Boards are expected to be broadly representative of the population they serve.

### Summary Recommendations:

The recommendations throughout this report are appropriate and consistent and will help us to achieve the requirements of the Race Equality Standard; in summary we have agreed to:

- Review our shortlisting, appointment, talent management and succession planning to determine who is accessing our posts and in relation to Indicator 1 access to posts in Bands 8 – 9 (including Board



members and senior medical staff). An outcome of this review will be to highlight any issues relating to the discrimination or disadvantage of BME applicants/staff.

- Evaluate interventions that reversed the trend for Non White employees' entering formal disciplinary process to assure that their experience has improved.
- Assess the process for appointing to Board level roles and assess whether the procedure attracts Non White candidates.
- Engage employees in addressing issues relating to bullying and harassment from patients and from staff.
- Explore all known cases of discrimination relating to ethnicity in order to understand response, spot patterns and identify causal factors.
- Analyse data on training interventions to address indicator 4.
- Understand the levels of self-reporting on Route 66 to ensure completeness of data. Engage employees in understanding the collection of workforce data and to provide an informed choice to disclose/not disclose. This is an attempt to reverse the trend of non-disclosure and increase the response to rate staff surveys.
- Continue to act upon the feedback of our staff who tell us consistently that they do not want specific staff groups/network groups. We will use our Steering Committee as a sounding board for any issues this report raises.
- Set an objective for Focus on Inclusion to carry out a three year retrospective analysis of data going back to 2011. This will build a complete picture of trends and help us to arrive at informed objectives for Focus on Inclusion.
- Continue to engage with our Trade Union and partners on Focus on Inclusion, Race Equality Standard and Equality and Diversity System and to gain their commitment and involvement in achieving a culture of inclusion.
- Analyse data in relation to other protected groups. When implementing the recommendations of this report gain greater understanding of what else we need to do to achieve a culture of inclusion.

## 1. Initial Data Set – Total numbers of staff

Chart 1

Workforce	Number Headcount – FOI	Percentage of Workforce – FOI
Total Workforce Headcount	2,034	
Workforce Headcount White/Any other white background	836	41%
Workforce Headcount Non White	912	45%
Not Declared/Not disclosed	286	14%

Data extracted from FOI 2015 data sets Existing Workforce by Ethnicity  
Workforce Headcount calculated from Chart 2

### 1a. Data

- Data has been calculated from the representation in FOI 2015. This was confirmed for accuracy at the EDHRMG on 27<sup>th</sup> March 2015.
- It would be beneficial to understand where the data is collected and produced; we want Moorfields to have confidence and trust the data being presented to ensure accurate analysis. A recommendation is included in this report to understand the self reporting procedure of Route 66 and steps planned to improve the level of reporting by ethnicity.
- Throughout, White is taken to mean anyone reporting as being White British, White Irish or any other White Background.
- Throughout Non White is taken to mean anyone reporting as being in any other category except not stated/undeclared.
- Throughout employees is taken to mean all directly employed staff, including temporary or part time staff but excluding agency staff, students on placement and staff employed by contractors.
- For ease of analysis, all data has been rounded up/down to make a whole number or where necessary to the nearest decimal point.
- Dates of data have been included with each data set.

## 2. Pay Bands

Chart 2

Grade / Ethnicity	Head Count	% within the Grade	% of the total workforce
<b>Ad hoc</b>	<b>94</b>	<b>4.62%</b>	<b>4.62%</b>
Non-White	14	14.89%	0.69%
Not Stated	29	30.85%	1.43%
White	51	54.26%	2.51%
<b>Bands 1 – 5</b>	<b>972</b>	<b>47.79%</b>	<b>47.79%</b>
Non-White	481	49.49%	23.65%
Not Stated	154	15.84%	7.57%
White	337	34.67%	16.57%
<b>Bands 6 – 7</b>	<b>517</b>	<b>25.42%</b>	<b>25.42%</b>
Non-White	256	49.52%	12.59%
Not Stated	42	8.12%	2.06%
White	219	42.36%	10.77%
<b>Bands 8 – 9</b>	<b>128</b>	<b>6.29%</b>	<b>6.29%</b>
Non-White	35	27.34%	1.72%
Not Stated	11	8.59%	0.54%
White	82	64.06%	4.03%
<b>Medical</b>	<b>323</b>	<b>15.88%</b>	<b>15.88%</b>
Non-White	126	39.01%	6.19%
Not Stated	50	15.48%	2.46%
White	147	45.51%	7.23%
<b>Grand Total</b>	<b>2,034</b>		

Data extracted from FOI 2015 Existing Workforce by Pay Band and Workforce by pay band white/non white.  
Date of data is November 2014

### 2a. Indicator 1

Percentage of BME staff in Bands 8 – 9 VSM (including Board members and senior medical staff) compared with the percentage of BME in the overall workforce.

### 2b. Analysis

There are higher percentages of Non White employees (23.65%) in Bands 1 – 5 than there are White employees (16.57%) across the organisation. (difference 7.08%)



There are higher percentages of Non White employees (12.59%) in Bands 6 – 7 than there are White employees (10.77%) across the organisation. (difference 1.82%)

There are higher percentages of White employees (4.03%) in Bands 8 – 9 than there are Non White employees (1.72%) across the organisation. (Difference 2.31%)

There are a greater proportion of Non White employees in Bands 1 – 5 and 6 – 7.

The biggest difference between White and Non White employees is in bands 8 – 9 (40%). This suggests that despite a high percentage of Non White employees in bands 6 – 7, they are not securing posts in the higher bands.

## **2c. Data**

Data has been extracted and calculated from Focus on Inclusion 2015.

## **2d. Recommendations**

- Critically appraise the process for Talent Management and Succession Planning methodologies.
- Consider age data in relation to each pay band to determine the likelihood of succession opportunities.
- Measure turnover and retention rates to determine succession opportunities.
- Review Equality Impact Assessments for Talent Management and Succession Planning
- Review Training and Development plans and access to training and development by Non White employees in bands 6 – 7.
- Review Direct Entry routes into Bands 8 – 9 (including Board members and senior medical staff) and compare against internal entry routes.
- Evaluate the NHS Leadership Academy Development Programmes (54% of applicants supported were from Non White employees) to assess the experience of participants and its impact on their career progression.
- Evaluate findings against the availability of posts in bands 8 – 9 (including Board members and senior medical staff) – the retention and turnover rates in these posts.

### 3. Shortlisting

**Chart 3**

	Total applications	%	Shortlisted	%	Appointed	%
<b>Methodology</b>	Total applications per group	Total applications / total in group	Numbers shortlisted	Numbers shortlisted in group / total shortlisted	Numbers appointed	Numbers appointed in group / totals appointed
White British/White Irish/Any Other White	5,529	29.3	977	35.6	66	44.9
All Other EM Groups	12,743	67.5	1,708	62	77	52.4
Undisclosed	576	3.1	70	2.5	4	2.7
<b>Totals</b>	<b>18,848</b>	<b>100</b>	<b>2,755</b>	<b>100</b>	<b>147</b>	<b>100</b>

Data extracted from recruitment statistics  
Date of data is November 2014

**Chart 4**

Applications and appointments	White %	Non White %	Undisclosed
<b>Methodology</b>	% totals in Applications and Appointments by ethnicity		
Applications	29.3	67.5	3.2
Appointments	44.9	52.4	2.7

Data extracted from FOI 2015 Applications and appointments by ethnicity.  
Date of data is November 2014

#### 3a. Indicator 2


**Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.**

#### 3b. Analysis

##### Shortlisting

1. **35%** of all applications shortlisted will be from White applicants.
2. This represents **5.18%** of the total applications received (White, Non White and undisclosed).
3. This represents **17.6%** of the total applications received from White applicants only.



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4. **62%** of all applications shortlisted will be from Non White applicants
  5. This represents **9.06%** of the total applications received.
  6. This represents **13.4%** of the total applications received from Non White applicants only.
  7. Therefore Non White applicants are **LESS** likely to be shortlisted than White applicants by **4.2%**.

### **Appointment**

1. Out of all the appointments made **44.9%** will be White applicants.
2. This represents **6.75%** of all White applicants shortlisted and **2.4%** of all applicants shortlisted
3. Out of all appointments made **52.4%** will be Non White applicants.
4. This represents **4.5%** of all non-white applicants shortlisted and **2.7%** of all applicants shortlisted.
5. Therefore from all the Non White applications there is less likely to be an appointment made.

### **3c. Data**

Further Breakdown of the data is recommended to assess for levels of current bias. We suggest reviewing data by department, occupation and pay bands.

From the data it does not appear that Moorfields has an issue with attracting responses from Non White applicants (**67%** of all applications are from non white applicants) that would affect limiting the number of non white applicants shortlisted.

### **3d. Recommendations:**

- Review data by department, occupation and pay bands.
- Providing any existing equality impact assessments for the shortlisting and appointment process.
- Looking at the profile of people carrying out the shortlisting and interviewing episodes.
- Critically reviewing the quality assurance process for shortlisting and appointment. (validation and verification).
- Reviewing the training people receive to complete shortlisting and interviewing.
- Working with key stakeholders to the process to draw out any human, system, process or policy bias.
- Engage with candidates (White and Non-White) to determine fair and equal process.
- Reviewing the collection of EO data through the application process to improve disclosure rates; this will help to improve the validity of the data.
- Consider criteria 3.1 of EDS2 when assessing the recruitment process to ensure a representative workforce can be achieved for Moorfields.

## 4. Disciplinary Cases

Chart 5

Number of Formal HR Cases	White Employees	Non White Employees	Not Stated
2014	7	7	0
2013	5	5	1
2012	4	16	0
2011	3	10	3
2010	3	6	0
2009	5	9	3
2008	0	4	0
2007	5	6	1

Data extracted from ER Statistics and FOI Chart Patterns of Formal HR Involvement White/Non White Data is January - December

### 4a. 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. Indicator will be based on data from a two year rolling average of the current year and the previous year

### 4b. Analysis

Out of 14 formal employee relations cases, Moorfields undertook 9 disciplinary processes this represented **0.44%** of the workforce.

4 cases were attributed to White employees representing **0.20%** of the workforce.

5 cases were attributed to Non White employees representing **0.25%** of the workforce.



Although the Indicator requires Moorfields to analyse data for two years I have explored all the data available running from 2007 and shows that historically Non White employees were more likely to enter a formal disciplinary process than White employees.

The Royal College of Nursing presented the pan-London trend of more non-white staff being subject to formal employee relations process, compared to white staff to the Trust's Equality, Diversity and Inclusion Steering Committee. Since then the Trust's HR Director takes a direct audit role in relation to employee relations cases. This has had positive effects.

It may also be worth checking that nothing has changed for managers that have stopped them from bringing about formal procedures against Non White employees.

#### **4c. Data**

This Indicator requires a rolling set of data. Data provided by HR has been used – the table above outlines all formal employee relations process however, the narrative explores disciplinary processes alone.

#### **4d. Recommendations**

- Current data suggests there is no evident bias in deciding disciplinary cases although it may be worth evaluating any intervention that has been put in place to reverse the trend for Non White employees.

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### **5. Non Mandatory Training and CPD**

Awaiting Data

#### **5a. Indicator 4**

**Relative likelihood of BME accessing non-mandatory training and CPD as compared to white staff.**

##### **Recommendations:**

- Consider criteria 3.3 of the EDS2 to verify how training and development opportunities are taken up positively by all staff

## 6. Board Representation

### 6a. Indicator 9

Boards are expected to be broadly representative of the population they serve.

Board Representation	White Board Members	Non White Board Members	Not stated
	9	3	1

Board member data

For the purpose of this report Board Membership includes all voting members irrespective of whether they are executive or non-executive members.

Date of data is November 2014

#### Analysis

70% of board members are White. 23% are Non White. 7% not stated.

Focus on Inclusion 2015 reports patient data as follows:

A and E attendance by ethnicity; 51% White, 40% Non White, 7% not stated

Inpatient attendance by ethnicity; 53% White; 42% Non White, 10% not stated

Outpatient attendance by ethnicity; 42% White, 39% Non White, 17% not stated.


Workforce data in this report indicates that 41% of the workforce is White. 45% are Non White and 14% not stated.

Using this data as an indicator of the population served\* the Non White representation on the board should increase from 23% to approximately 40%. This would represent a board representation of 5 Board Members with a Non White background.

\*The data available has been used in this analysis to give an indicator of how representative or otherwise the Board is. A more sophisticated approach would be to use census data but this may not be a straightforward given that Moorfields provides services more widespread than London. This analysis gives an indicator that an improvement to Board representation requires action if it is to meet the requirements of the Race Equality Standard.

#### Recommendations:

- Consider and reflect data against the Census 2011 data for London.
- An alternative would be to review the data on available talent pools for these roles and to ensure there is no evident bias in the appointment process of the available talent.

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- Understand the process for appointing to Board membership and assess this process for attraction of Non White candidates and any bias in the appointment process. This would include reviewing Executive Search Agency bias.
  - Consider criteria 4.1 of the EDS2 to understand how the Board and Senior Leaders are able to demonstrate their commitment to promoting equality and diversity at Moorfields and beyond.



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## 7. National NHS Staff Survey Findings

### 7a. Race Equality

#### Standard Indicator 5 – 8

The standard compares the metrics for each survey question response for **White and BME staff**.

- KF 18 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- KF 19 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
- KF 27 Percentage believing that the Trust provides equal opportunities for career progression or promotion
- Q23 In the last 12 months have you personally experienced discrimination at work from any of the following? B) Manager / team leader or other colleagues?

### 7b. Analysis

**Data taken from 2013 National NHS Staff Survey Results for Moorfields Eye Hospital NHS Foundation Trust and 2014 National NHS Staff Survey Results for Moorfields Eye Hospital NHS Foundation Trust.**

The five Key Findings for which Moorfields compares least favourably with other acute specialist trusts in England is highlighted. These are the areas that might be seen as a starting point for local action for improvement.


- KF 19 Moorfields scored 29%; Average for specialist trusts is 22%; the lower the score the better (National NHS Staff Survey, 2013:7)
- KF18 Moorfields scored 31%; Average for specialist trusts is 21%; the lower the score the better (National NHS Staff Survey, 2013:7)
- KF27 Moorfields scored 84%; Average for specialists trusts is 91%; the higher the score the better (National NHS Staff Survey, 2013:7)
- In **2014** results Moorfields scores remained worse than average in all three factors.

There has been statistically no change in the key findings since the 2013 survey for and KF 19 and KF 27. (Page 10) In **2014** there was an improvement from 31% to 24% for KF18.

All three metrics were worse than average when compared to other specialist trusts in 2013 and 2014. (Page 11).

**Nurses and allied professionals** were more likely to experience harassment bullying or abuse from patients, relatives or the public in last 12 months (2013). In 2014 this was the **same** position.

**Central functions/corporate services** were more likely to experience harassment, bullying or abuse from staff in the last 12 months (2013). In 2014 this was **Other Registered Nurses**



**Nursing and Healthcare assistants** were less likely to believe the trust provided equal opportunities (2013). In 2014 this was **Admin and Clerical**.

In 2013 there were 499 responses to the Survey = 30% of the workforce surveyed, at the time.

262 (53%) were from White employees

215 (43%) were from Non White employees

22 (4%) did not specify

In 2014 there were 689 responses to the Survey = 38% of the workforce surveyed.

352 (51%) were from White employees

305 (44%) were from Non White employees

32 (5%) did not specify

## **7c. Recommendations**

- Understand the responses and interventions Moorfields have put in place in response to the Staff Survey results between 2013 and 2014.
- Consider a strategy for responding to the concerns about harassment and bullying raised under KF18 and 19. Involve BME employees in the design of the strategy.
- Review known claims for discrimination as indicated in Q23 and understand how discrimination claims are responded to. Link findings to criteria 4.3 of EDS2 to ensure middle managers and other managers support staff to work in culturally competent ways within a work environment free from discrimination.
- Consider the criteria's of EDS2 3.4 and 3.6 to ensure staff are free from abuse, harassment, bullying and violence from any source, and that they are able to report positive experiences of their membership of the workforce.