

# Response ID ANON-R89M-8JP6-R

Submitted to **Workforce Race Equality Standard (WRES) reporting template**  
Submitted on **2017-08-01 14:01:04**

## Introduction

### 1 Name of organisation

**Name of organisation:**

Leicestershire Partnership NHS Trust

### 2 Date of report

**Month/Year:**

July 2017

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

**Name and title of Board lead for the Workforce Race Equality Standard :**

Sarah Willis

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

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

Sandy Zavery (sandy.zavery@leicspart.nhs.uk)

### 5 Names of commissioners this report has been sent to

**Complete as applicable::**

East Leicestershire CCG

## Workforce Race Equality Standard reporting template

### 6 Name and contact details of co-ordinating commissioner this report has been sent to

**Complete as applicable.:**

Nicholas Hey (nicholas.hey@eastleicestershireandrutlandccg.nhs.uk)

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

**Unique URL link on which this Report and associated Action Plan will be found:**

[http://www.leicspart.nhs.uk/\\_Aboutus-EqualityandHumanRights-Workforceraceequalitystandard.aspx](http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights-Workforceraceequalitystandard.aspx)

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

**Name::**

Dr Peter Miller (Chief Executive) and Mrs Cathy Ellis (Chair)

**Date::**

27th July 2017

## Background narrative

### 9 Any issues of completeness of data

**Any issues of completeness of data:**

At March 2017, ethnicity was known for 97.78% of the substantive workforce (headcount = 5477, excluding non-executive board members).

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

**Any matters relating to reliability of comparisons with previous years:**

Where the methods of calculating an indicator have changed since the previous year, the previous year's indicator has been recalculated to the latest standard to facilitate comparison.

## Self reporting

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

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

5477 substantive staff (including executive board members, but excluding non-executive board members of which there were 7).

**12 Proportion of BME staff employed within this organisation at the date of the report?**

**Proportion of BME staff employed within this organisation at the date of the report:**

20.73% (using the total number of staff of known ethnicity as the base, n = 5350).

**13 The proportion of total staff who have self reporting their ethnicity?**

**The proportion of total staff who have self-reported their ethnicity:**

97.78%

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

**Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:**

In February / March 2017, a Trust-Wide request was made to employees to ask them to update their equality monitoring information on the Electronic Staff Record. The request was accompanied by promotion (through the staff newsletter and Listening into Action), including VLOGs and information giving assurances over confidentiality, the purposes for which the information will be used, and promoting the benefits to the Trust and the individual of having complete information for the purposes of equality monitoring.

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

**Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity:**

Annual request to staff to update their equality monitoring information on the electronic staff record, supported by assurances over confidentiality, the purposes for which the information will be used, and offering examples of positive outcomes for staff related to the use of the information.

**Workforce data**

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

**What period does the organisation's workforce data refer to?:**

Staff in post at the end of March 2017; Recruitment in the 16/17 financial year; Disciplinary cases opened in the 15/16 and 16/17 financial years; Non-mandatory training undertaken in the 16/17 financial year; NHS Staff Survey undertaken in November and December 2016

**Workforce Race Equality Indicators**

**17 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.**

**Data for reporting year:**

Counts of below 10 or percentages that would produce counts of below 10 have been redacted to mitigate the risk of identifying individuals.

Total N refer to total of known ethnicity

**WORKFORCE %BME**

Overall: 20.7% (Total N =5350)

**NON-CLINICAL %BME**

Under Band 1: REDACTED

Band 1: REDACTED

Band 2: 29.7% (Total N =263)

Band 3: 30.6% (Total N =301)

Band 4: 24.0% (Total N =196)

Band 5: 27.8% (Total N =126)

Band 6: 30.5% (Total N =105)

Band 7: 23.1% (Total N =104)

Band 8A: 16.1% (Total N =62)

Band 8B: REDACTED% (Total N =35)

Band 8C: REDACTED% (Total N =27)

Band 8D: REDACTED% (Total N =11)

Band 9: REDACTED

VSM: REDACTED

**CLINICAL % BME**

Under Band 1: REDACTED

Band 1: REDACTED

Band 2: 29.6% (Total N =510)

Band 3: 11.8% (Total N =482)

Band 4: 11.4% (Total N =202)  
Band 5: 20.5% (Total N =906)  
Band 6: 13.7% (Total N =1128)  
Band 7: 9.8% (Total N =430)  
Band 8A: 11.9% (Total N =135)  
Band 8B: REDACTED% (Total N =63)  
Band 8C: REDACTED% (Total N =15)  
Band 8D: REDACTED  
Band 9: no staff  
VSM: no staff  
Medical and Dental:  
Consultants: 58.1% (Total N =117)  
of which senior medical staff: REDACTED  
Non-consultant career grade: 57.1% (Total N =28)  
Trainee grade: REDACTED% (Total N =60)  
Other: REDACTED% (Total N =13)

**Data for previous year:**

Counts of below 10 or percentages that would produce counts of below 10 have been redacted to mitigate the risk of identifying individuals.

Total N refer to total of known ethnicity

**WORKFORCE %BME**

Overall: 20.2% (Total N = 5441)

**NON-CLINICAL %BME**

Under Band 1: REDACTED% (Total N = 16)

Band 1: no staff

Band 2: 29.7% (Total N = 246)

Band 3: 28.2% (Total N = 305)

Band 4: 24.0% (Total N = 208)

Band 5: 23.8% (Total N = 122)

Band 6: 24.5% (Total N = 102)

Band 7: 21.0% (Total N = 100)

Band 8A: 16.7% (Total N = 60)

Band 8B: REDACTED% (Total N = 39)

Band 8C: REDACTED% (Total N = 26)

Band 8D: REDACTED% (Total N = 10)

Band 9: no staff

VSM: REDACTED

**CLINICAL % BME**

Under Band 1: REDACTED

Band 1: REDACTED

Band 2: 27.1% (Total N = 561)

Band 3: 11.7% (Total N = 460)

Band 4: 10.0% (Total N = 180)

Band 5: 20.2% (Total N = 988)

Band 6: 12.8% (Total N = 1129)

Band 7: 12.0% (Total N = 459)

Band 8A: 12.2% (Total N = 123)

Band 8B: 19.0% (Total N = 58)

Band 8C: REDACTED% (Total N = 11)

Band 8D: REDACTED

Band 9: no staff

VSM: no staff

Medical and Dental:

Consultants: 62.5% (Total N = 104)

of which senior medical staff: REDACTED

Non-consultant career grade: 59.3% (Total N = 27)

Trainee grade: 71.4% (Total N = 84)

Other: no staff

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

At March 2017:

Non-clinical:

- BME people were overrepresented at lower pay bands (2 and 3). This largely reflected the overrepresentation of Asian British people in lower-level Administrative and Clerical roles.

Clinical:

- Unqualified roles (Bands 2 to 4; essentially Additional Clinical Services): BME people were overrepresented at the lowest pay band (2) and underrepresented at higher bands (3 and 4). This reflected the distribution of Asian British and Black British staff.
- Qualified roles (Band 5 and above): BME people were underrepresented at middle to higher pay bands (6 and 7). This largely reflected the distribution of Black British staff.
- Medical: BME people, specifically Asian British people, were overrepresented in Medical roles. This reflected occupational segregation, with Asian British people underrepresented in registered Nursing roles.

The distributions of BME staff within the workforce at March 2017 and at March 2016 were similar.

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

The following actions will help the Trust to start addressing the underrepresentation of BME staff at the higher pay bands:

- Positive action initiatives internally and externally to raise awareness of the recruitment and selection process;
- Mentoring, coaching and development programmes (e.g., outline career progress journey) targeted at Non Clinical Bands 2 and 3, and Clinical Bands 2 and 5, to support progression to higher pay bands, with an emphasis on promoting the participation of BME staff;
- BME taskforce and Staff Support Groups championed at Board level, with adequate support and resources;
- Raise awareness at national level of the need to develop initiatives that encourage people into nursing roles, ensuring an approach that will engage Asian British people;
- Provide support to assist unqualified clinical staff on low pay bands to gain the qualifications necessary for qualified clinical roles.

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

**Data for reporting year:**

1.45

**Data for previous year:**

1.62

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

White people were more likely than BME people to be appointed if shortlisted.

More detailed analyses were undertaken, compartmentalised by job role and pay band:

- BME people (especially Asian British people) were less likely to be appointed in Band 2 and Band 6 Administrative and Clerical posts;
- whilst in Nursing, BME people were less likely to be appointed from amongst those shortlisted at Band 5 and Band 6, with Black British people were markedly less likely to be appointed from amongst those shortlisted at Band 6.

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

Encourage and promote applications from BME people to posts at higher pay bands. A particular area to target would be the promotion of qualified nursing roles to Asian British people. Offer support in making strong applications.

Ensure recruitment panels are representative.

Unconscious bias training for recruitment panels and managers.

Undertake an in-depth audit of recruitment – especially Band 2 and 6 Administrative and Clerical posts and Band 5 and 6 Nursing posts. This may involve looking at scoring, notes, and decision-making for appointments.

**19 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.**

**Data for reporting year:**

1.17

**Data for previous year:**

1.19

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

BME and White staff were equally likely to enter a formal disciplinary process.

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

Continue to monitor the equality profile of those entering disciplinary proceedings (this is part of our wider workforce equality monitoring scheme).

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

**Data for reporting year:**

1.13

**Data for previous year:**

1.17

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

White staff were more likely than BME staff to access non-mandatory training.

This reflected occupational segregation. BME (particularly Asian British) staff were overrepresented in Administrative and Clerical roles which undertook less non-mandatory training; whilst BME (particularly Asian British) staff were underrepresented in Nursing roles which undertook more non-mandatory training.

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

Review the provision of non-mandatory training to Administrative and Clerical roles and assess its efficacy in supporting career development.

Only non-mandatory training logged on U-learn (the central electronic training record) is included in this indicator. Unfortunately, some training delivered locally or sourced externally is not recorded centrally; this issue will have affected Medical staff more than other groups. BME people are overrepresented amongst Medical staff; consequently the present figure may underestimate the likelihood of BME staff accessing non-mandatory training. Work is planned to log all training on U-learn.

**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:**

26.1%

**BME:**

25.3%

**White:**

27.5%

**BME:**

28.7%

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

BME and White people were equally likely to experience harassment, bullying or abuse from patients, relatives or the public.

However, further analysis indicated a specific problem for Black British staff (47.2% of 72 Black British respondents experienced harassment, bullying or abuse from patients, relatives or the public); this may reflect the overrepresentation of Black British staff in low band Additional Clinical Services and low band qualified Nursing roles – a similar trend was noted in 15/16

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

MAPA courses (Management of Actual or Potential Aggression) are mandatory for all frontline clinical staff.

There is a channel for staff to report abuse from patients, which is recorded and acted upon.

The Trust also has a "Freedom to Speak Up" guardian who can act as a channel for all concerns raised within the Trust.

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

93.0%

**BME:**

75.5%

**White:**

92.5%

**BME:**

74.8%

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

BME people were less likely to believe that the Trust provides equal opportunities for career progression or promotion – a trend also observed in 15/16 (and in previous years).

This trend was especially marked for Black British and Mixed Race staff (just 56.1% of 41 Black British respondents and 52.9% of 17 Mixed race respondents believed that the Trust provides equal opportunities for career progression or promotion).

This finding may be linked to the finding that BME people are overrepresented at lower pay bands (Indicator 1) and may point to a specific issue around career development. This finding may also be linked to greater levels of discrimination experienced by BME staff (Indicator 8).

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

Measures to aid career progression for BME people are outlined against Indicator 1.

**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:**

5.9%

**BME:**

11.3%

**White:**

5.4%

**BME:**

12.9%

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

BME people were more likely to have experienced discrimination at work from a manager, team leader or other colleague.

Further analysis indicated a specific problem for Black British staff (22.2% of 72 Black British respondents experienced discrimination at work from a Manager/team leader or other colleague).

Again, this finding may be linked to the finding that BME people are overrepresented at lower pay bands (Indicator 1) and may point to discrimination experienced in terms of career development. This finding may also be linked to a lesser level of belief amongst BME staff that the Trust provides equal opportunities for career progression or promotion (Indicator 7).

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

A more in depth survey carried out in November / December 2015 indicated that discrimination related largely to career progression – measures to aid career progression for BME people are outlined against Indicator 1.

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

**White:**

19.9%

**BME:**

21.1%

**White:**

20.6%

**BME:**

24.8%

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

BME and White people were equally likely to experience harassment, bullying or abuse from staff.

The gap between BME people and White people in terms of harassment, bullying or abuse from staff narrowed between 2015 and 2016.

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

The Trust has anti-bullying and harassment policies and processes to ensure that staff are aware of how to deal with inappropriate behaviour and how to report incidents. The Trust also operates an Anti-Bullying and Harassment Advice Service for staff.

BME staff are supported by the BME Staff Support Group, which is championed at Board level.

## **Workforce Race Equality Indicators**

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

**White:**

**BME:**

%BME total board - %BME workforce = -13.1%

%BME voting board - %BME workforce = -11.6%

%BME executive board - %BME workforce = -6.4%

**White:**

**BME:**

%BME total board - %BME workforce = -13.5%

%BME voting board - %BME workforce = -10.2%

%BME executive board - %BME workforce = -7.7%

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

BME people were underrepresented on the board relative to their level of representation in the workforce overall.

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

Please see details in indicator 1.

Promote the development of board-level skills amongst staff with an emphasis on developing and mentoring BME staff for such roles.

**26 Are there any other factors or data which should be taken into consideration in assessing progress?**

**Are there any other factors or data which should be taken into consideration in assessing progress?:**

Leicestershire Partnership NHS Trust produces a comprehensive Annual Workforce Equality Report which, in addition to race, considers the wider equality agenda, other protected characteristics and employment domains, in detail.

[http://www.leicspart.nhs.uk/\\_Aboutus-EqualityandHumanRights-PublicationofEqualityInformation.aspx](http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights-PublicationofEqualityInformation.aspx)

These analyses, alongside the WRES, are reported to senior management through the Strategic Workforce Group, to inform strategy and decision making. The WRES also goes before the Trust's board of directors.

**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 workstreams 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.:**

Action plans relating to the WRES, EDS2, and wider equality agenda went before the Trust's board of directors on 27th July 2017:

LPT Diversity and Inclusion Approach 2017 – 2021

[http://www.leicspart.nhs.uk/\\_Aboutus-EqualityandHumanRights.aspx](http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights.aspx)

Annual workforce equality monitoring report

[http://www.leicspart.nhs.uk/\\_Aboutus-EqualityandHumanRights-PublicationofEqualityInformation.aspx](http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights-PublicationofEqualityInformation.aspx)

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