# Workforce Race Equality Standard

## **REPORTING TEMPLATE** (Revised 2016)

## Template for completion

**Name of organisation**

Leicestershire Partnership NHS Trust

**Date of report: month/year**

March 2016

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

Alan Duffell, Director of Human Resources and Operational Development

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

Sandy Zavery, Equality and Human Rights Lead, sandy.zavery@leicspart.nhs.uk

**Names of commissioners this report has been sent to (complete as applicable)**

NHS East Leicestershire CCG

**Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)**

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

http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights-Workforceraceequalitystandard.aspx

**This report has been signed off by on behalf of the Board on (insert name and date)**

Alan Duffell, Director of Human Resources and Operational Development, 27th May 2016

Publications Gateway Reference Number: 05067

# Report on the WRES indicators

## 1. Background narrative

### a. Any issues of completeness of data

Ethnicity was not known for 2.24% of the substantive workforce (reflecting "Z Not Stated/Not Given" values as opposed to "Z Null" values).

### b. Any matters relating to reliability of comparisons with previous years

## 2. Total numbers of staff

### a. Employed within this organisation at the date of the report

5574 substantive staff (including executive and non-executive board members)

### b. Proportion of BME staff employed within this organisation at the date of the report

20.13% of those of known ethnicity (Total N = 5449)

## 3. Self reporting

### a. The proportion of total staff who have self–reported their ethnicity

97.76%

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

November / December 2015: “Listening into Action” road show across Trust sites to garner information on barriers to providing equality monitoring information; followed by a request to employees in March 2016 to update their equality monitoring information on the electronic staff record, giving assurances over confidentiality, the purposes for which the information will be used, and offering an example of a positive outcome related to the use of the information (a leadership mentoring programme for BME staff).

### c. 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.

## 4. Workforce data

### a. What period does the organisation’s workforce data refer to?

Staff in post at the end of March 2016
Recruitment in the 15/16 financial year
Disciplinary cases opened in the 14/15 and 15/16 financial years
Non-mandatory training undertaken in the 15/16 financial year

## 5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

| | Indicator | Data for reporting year | Data for previous year | Narrative – the implications of the data and any additional background explanatory narrative | Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective |
|---|---|---|---|---|---|
| | **For each of these four workforce indicators, compare the data for White and BME staff** | | | | |
| 1 | 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. | Counts of below 10 or percentages that would produce counts of below 10 have been redacted to mitigate the risk | Counts of below 10 or percentages that would produce counts of below 10 have been redacted to mitigate the risk | At March 2016:<br><br>Non-clinical:<br>• BME staff were overrepresented at lower pay bands (2 and 3), with a tendency for lower levels of representation at bands 8B and above. This pattern largely reflects the distribution of Asian British staff in the non-clinical workforce who were | Action points:<br><br>In clinical and non-clinical roles:<br><br>Addressing the underrepresentation of BME staff at the higher pay bands;<br><br>• Positive action initiatives internally and |
| 2 | Relative likelihood of staff being appointed from shortlisting across all posts. | 1.62 | 1.74 | White people were more likely than BME people to be appointed if shortlisted.<br><br>This might reflect that BME people were overrepresented in posts at lower pay bands – when advertised these posts attract greater numbers of candidates per post with an associated lower likelihood of appointment. | 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 (Asian British people are underrepresented in nursing at LPT). Offer support in making strong applications. |
| 3 | 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. | 1.20 | 2.12 | BME and White staff were equally likely to enter a formal disciplinary process. (Cases opened in 14/15 and 15/16.)<br><br>The greater likelihood of BME staff entering a formal disciplinary process seen in the 13/14 to 14/15 two-year window was not apparent in the 14/15 to 15/16 two-year window. | Continue to monitor the equality profile of those entering disciplinary proceedings (this is part of our wider workforce equality monitoring scheme). |
| 4 | Relative likelihood of staff accessing non-mandatory training and CPD. | 1.17 | 1.07 | White staff were more likely than BME staff to access non-mandatory training.<br><br>Additional analysis indicated that Asian British people in particular were less likely to access non-mandatory training. This might reflect occupational segregation. Qualified nursing staff (where Asian British people were | Review the provision of non-mandatory training to Administrative and Clerical roles and assess its efficacy in supporting career development.<br><br>Record all non-mandatory training centrally, on U-learn. |

# Report on the WRES indicators, continued

| | Indicator | Data for reporting year | Data for previous year | Narrative – the implications of the data and any additional background explanatory narrative | Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective |
|---|---|---|---|---|---|
| | **National NHS Staff Survey indicators (or equivalent)**<br>For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff. | | | | |
| 5 | KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. | White 27.46%<br>BME 28.65% | White 28.28%<br>BME 28.23% | BME and White people were equally likely to experience harassment, bullying or abuse from patients, relatives or the public.<br><br>Further analysis indicated a specific problem for | The Trust continues to raise awareness of its anti-bullying and harassment policies and process to ensure that staff are aware of how to deal with inappropriate behaviour and how to report incidents. |
| 6 | KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. | White 20.64%<br>BME 24.79% | White 20.04%<br>BME 25.21% | BME and White people were equally likely to experience harassment, bullying or abuse from staff.<br><br>Further analysis indicated a specific problem for | Action taken:<br><br>An in-depth survey of bullying and harassment in AMH&LD has been undertaken in conjunction with AMH&LD's senior leadership team |
| 7 | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion. | White 92.45%<br>BME 74.79% | White 90.97%<br>BME 76.15% | BME people were less likely to believe that the Trust provides equal opportunities for career progression or promotion.<br><br>This finding may be linked to the finding that BME | Action taken:<br><br>A specific, in-depth survey of discrimination and issues regarding career progression in AMH&LD has been undertaken in conjunction with |
| 8 | Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?<br>b) Manager/team leader or other colleagues | White 5.43%<br>BME 12.92% | White 5.44%<br>BME 14.71% | BME people were more likely to have experienced discrimination at work from a manager, team leader or other colleagues.<br><br>This finding may be linked to the finding that BME | Action taken:<br><br>An in-depth survey of discrimination in AMH&LD has been undertaken in conjunction with AMH&LD's senior leadership team (November / |
| | **Board representation indicator**<br>For this indicator, compare the difference for White and BME staff. | | | | |
| 9 | Percentage difference between the organisations' Board voting membership and its overall workforce. | -10.13% | -9.32% | BME people were underrepresented on the board relative to their level of representation in the workforce overall. | BME people were underrepresented on the board relative to their level of representation in the workforce overall. |

**Note 1.** All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

**Note 2.** Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

## 6. 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

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.)

## 7. 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 May 2016 (http://www.leicspart.nhs.uk/_Aboutus-Trustboardmeetings2016-May2016.aspx).

Please refer to:

http://www.leicspart.nhs.uk/Library/AllpublicpapersAtoWMay2016v2.pdf (paper V - pages 253 to 344 - WRES detailed on pages 305 to 316).

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