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Trust Board 27 October 2020

Workforce Race Equality Standard Metrics Report 2019/20

Purpose of the report

It is recommended that Trust board approves the WRES metrics data for 2019/20 and accompanying action plan for publication on its webpages by 31 October in line with its regulatory obligations.

1. Introduction/Background

The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract from 2015/16 to address the finding that the NHS treats black and minority ethnic (BME) staff less favourably in their recruitment, promotion, discipline and career progression.

2. Aim

This paper presents the WRES metrics for 2019/20 in order to fulfil the statutory requirement to submit these metrics to Trust board for approval and publication. The paper also asks the board to approve the WRES action plan (Appendix 2) developed in collaboration with the BAME Staff Support Network that addresses the gaps in progress identified through the WRES metrics. Although there have been significant improvements in metrics 1 and 2 there has been a worsening picture in relation to the staff survey metrics 7 and 8. The action plan therefore focuses on building upon the steady progress made and further develop interventions such as more targeted BAME Talent Management programmes and BAME involvement through listening events to create a truly inclusive culture. The communication from the CEO and Chair in support of Black Lives Matter and working towards the creation of an anti-racist organisation has started the catalyst for change alongside the "Our Future Our Way: Step up to great" culture change programme.

3. Recommendations

It is asked that Trust Board approves the WRES metrics data report and action plan for publication on the Trust's website by 31st October 2020 in compliance with its regulatory obligations.

4. Discussion

It is a statutory requirement that the WRES metrics and action plan are seen, in full, by the Trust's board. To fulfil this requirement, the WRES metrics are presented with this paper, in two formats:
- an infographic version to convey quickly the main findings,
- a detailed version, supported by a narrative, so that the metrics can also be considered in full, as per the statutory requirement,
- please refer to the documents that accompany this paper (which also include the WRES action plan).

The requirements above reflect an annual governance cycle. The exact dates mentioned are subject to change by NHS England, and have been adjusted in 2020 to allow for disruption to normal business caused by the COVID-19 pandemic.

Leicestershire Partnership NHS Trust
Workforce Race Equality Standard
March 2020

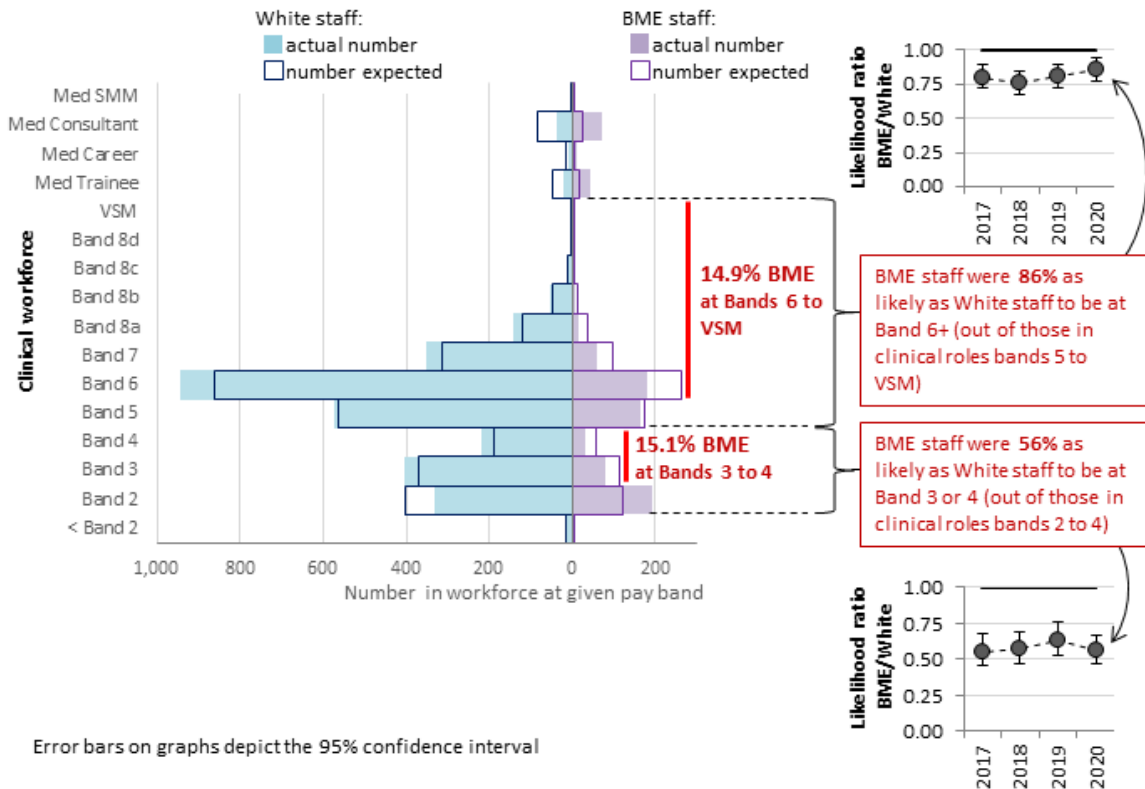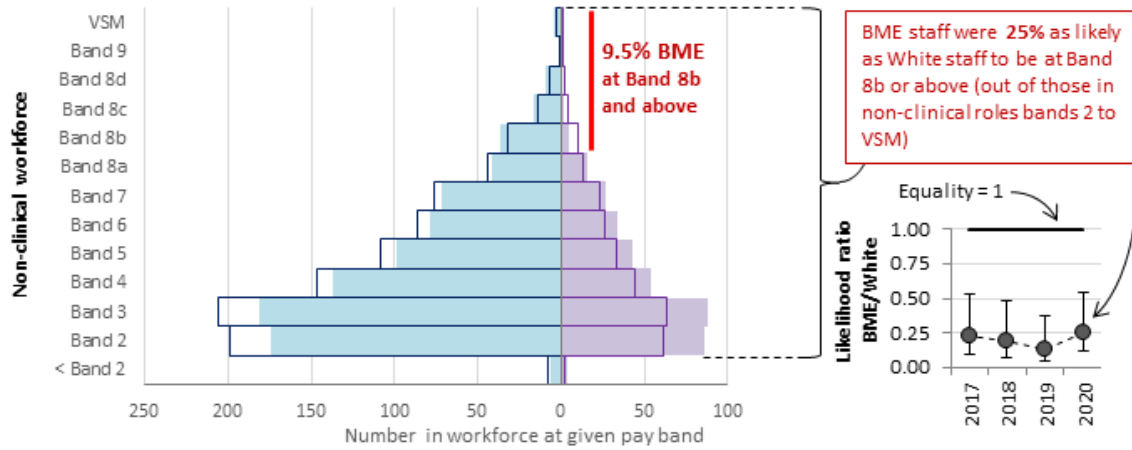**NHS** Leicestershire Partnership **NHS Trust**

Key findings and information are highlighted in boxes:

BME people not significantly disadvantaged

BME people significantly disadvantaged

Indicator 1: Workforce ethnicity profile by pay band

Substantive workforce overall: 23.5% BME out of 5203 staff of known ethnicity

Ethnicity was not known for 2.4% of staff in the substantive workforce

9.5% BME at Band 8b and above

BME staff were **25%** as likely as White staff to be at Band 8b or above (out of those in non-clinical roles bands 2 to VSM)

Equality = 1

White staff:
- actual number
- number expected

BME staff:
- actual number
- number expected

14.9% BME at Bands 6 to VSM

BME staff were **86%** as likely as White staff to be at Band 6+ (out of those in clinical roles bands 5 to VSM)

15.1% BME at Bands 3 to 4

BME staff were **56%** as likely as White staff to be at Band 3 or 4 (out of those in clinical roles bands 2 to 4)

Error bars on graphs depict the 95% confidence interval

Indicator 2: Recruitment – appointment from shortlisting

White people were **1.14** times as likely as BME people to be appointed from shortlisting

Relative likelihood of appointment from shortlisting (White / BME)
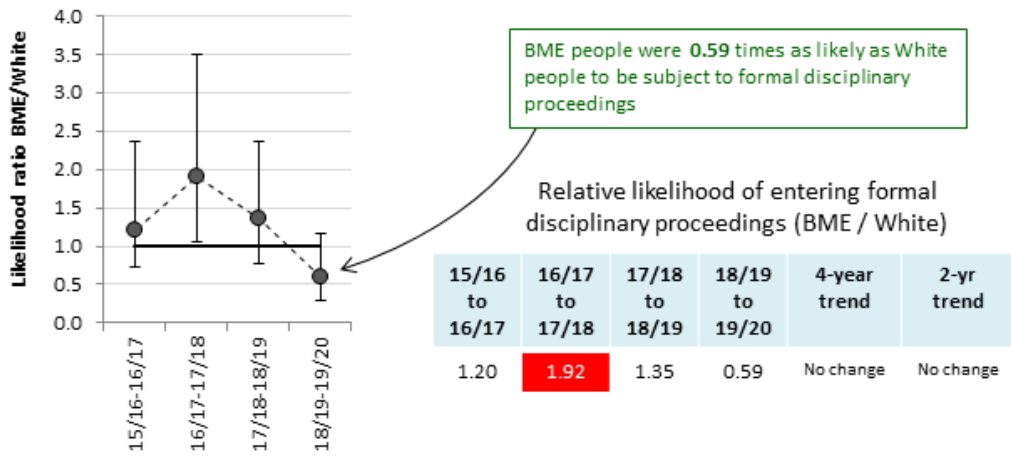
16/17	17/18	18/19	19/20	4-year trend	2-yr trend
1.45	1.33	1.97	1.14	No change	Improve
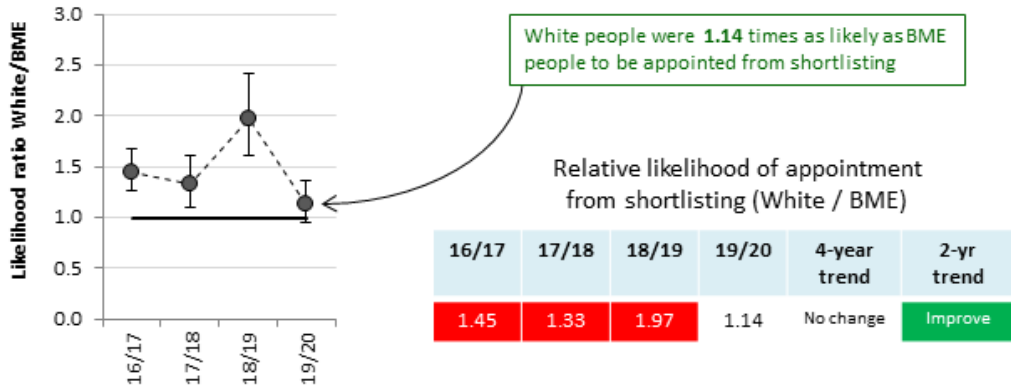
Indicator 3: Formal disciplinary proceedings

BME people were **0.59** times as likely as White people to be subject to formal disciplinary proceedings

Relative likelihood of entering formal disciplinary proceedings (BME / White)

15/16 to 16/17	16/17 to 17/18	17/18 to 18/19	18/19 to 19/20	4-year trend	2-yr trend
1.20	1.92	1.35	0.59	No change	No change

Indicator 4: Uptake of non-mandatory training

White people were **1.10** times as likely as BME people to undertake non-mandatory training

Relative likelihood of undertaking non-mandatory training (White / BME)

16/17	17/18	18/19	19/20	4-year trend	2-yr trend
1.13	1.05	1.09	1.10	No change	No change
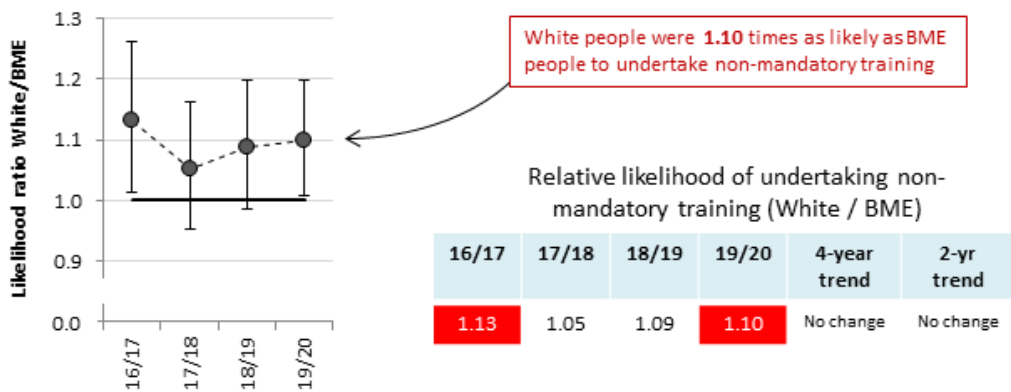
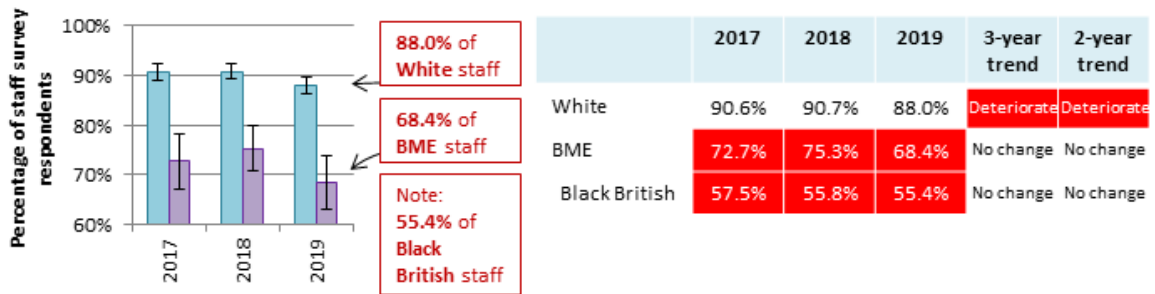## Indicator 5: Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

23.4% of BME staff

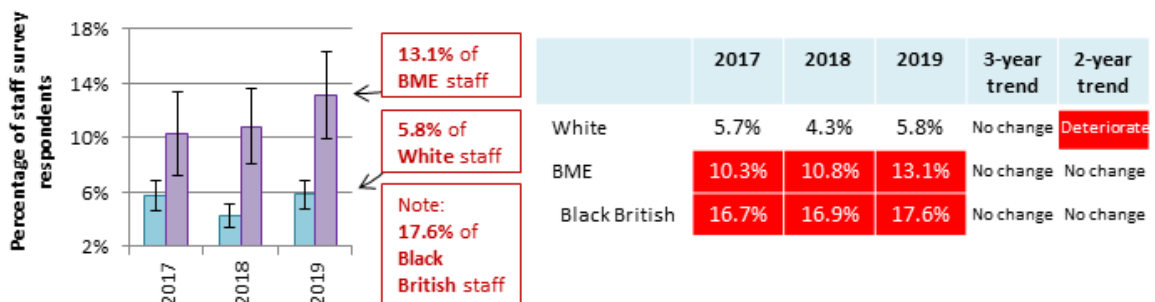22.9% of White staff

Note: 39.5% of Black British staff

	2017	2018	2019	3-year trend	2-year trend
White	24.7%	23.1%	22.9%	No change	No change
BME	23.0%	24.0%	23.4%	No change	No change
Black British	35.5%	33.3%	39.5%	No change	No change
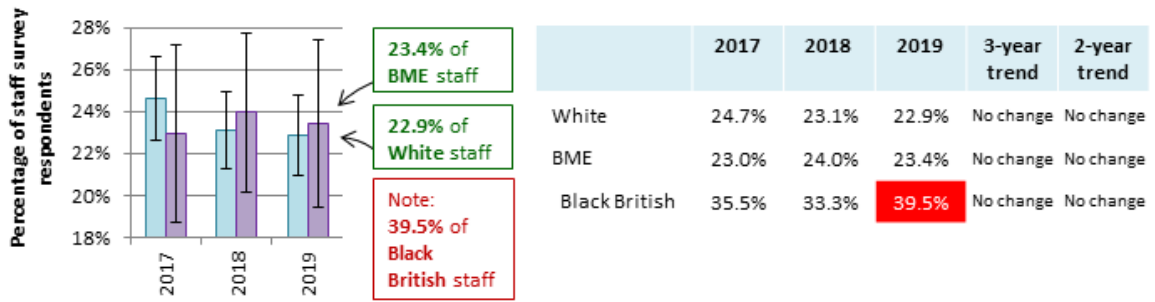
Indicator 6: Staff harassment, bullying or abuse from staff in last 12 months

24.4% of BME staff

19.9% of White staff

Note: 27.7% of Black British staff

	2017	2018	2019	3-year trend	2-year trend
White	19.7%	18.8%	19.9%	No change	No change
BME	18.5%	20.1%	24.4%	Deteriorate	No change
Black British	32.8%	32.9%	27.7%	No change	No change
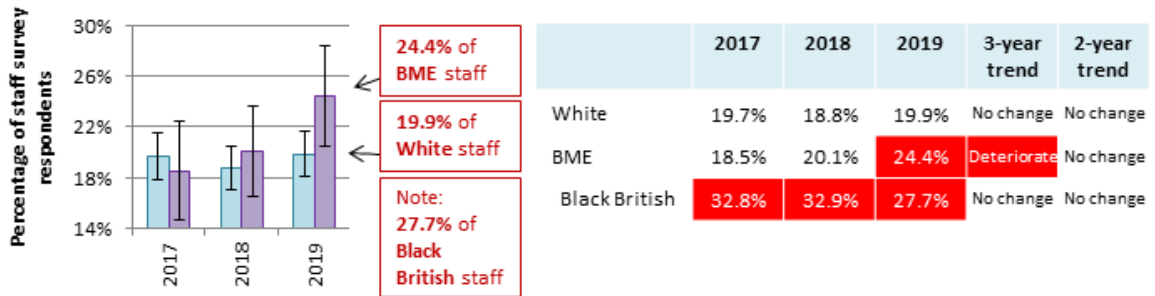
Indicator 7: Staff believing that trust provides equal opportunities for career progression or promotion

88.0% of White staff

68.4% of BME staff

Note: 55.4% of Black British staff

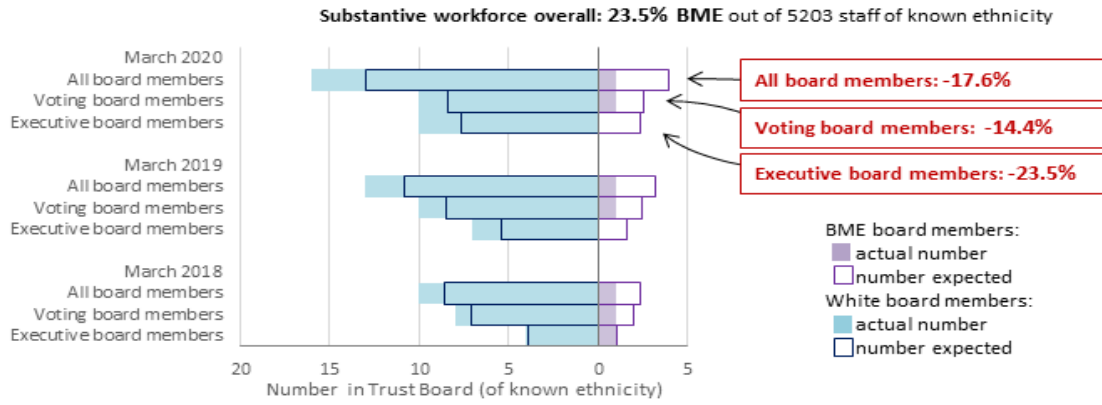|	2017	2018	2019	3-year trend	2-year trend
White	90.6%	90.7%	88.0%	Deteriorate	Deteriorate
BME	72.7%	75.3%	68.4%	No change	No change
Black British	57.5%	55.8%	55.4%	No change	No change

Indicator 8: Staff experiencing discrimination at work from their manager / team leader or other colleagues in the last 12 months

13.1% of BME staff

5.8% of White staff

Note: 17.6% of Black British staff

	2017	2018	2019	3-year trend	2-year trend
White	5.7%	4.3%	5.8%	No change	Deteriorate
BME	10.3%	10.8%	13.1%	No change	No change
Black British	16.7%	16.9%	17.6%	No change	No change

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Indicator 9: Difference between BME representation in the workforce overall and on the Trust's Board

		2017	2018	2019	3-year trend	2-year trend
%BME Workforce overall		21.8%	22.6%	23.5%	Improve	No change
Difference: %BME Board minus %BME Workforce	All board	-12.7%	-15.5%	-17.6%	No change	No change
	Voting board	-10.7%	-13.5%	-14.4%	No change	No change
	Executive board	-1.8%	-22.6%	-23.5%	Deteriorate	No change

Substantive workforce overall: 23.5% BME out of 5203 staff of known ethnicity

All board members: -17.6%

Voting board members: -14.4%

Executive board members: -23.5%

BME board members:
- actual number
- number expected

White board members:
- actual number
- number expected

Number in Trust Board (of known ethnicity)

5. Conclusions

The WRES metrics for 2019/20 and an accompanying action plan have been submitted to Trust Board for approval.

Governance table

For Board and Board Committees:	Trust Board 27 October 2020
Paper sponsored by:	Sarah Willis (Director of Human Resources and Organisational Development)
Paper authored by:	Haseeb Ahmad (Head of Equality, Diversity and Inclusion) Iain Darker (Data Analyst: Equality, Diversity and Inclusion)
Date submitted:	27 October 2020
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Equality Diversity and Inclusion Workforce Group 20.05.2020/16.06.2020 Quality Assurance Committee (QAC) 29.10.2020
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Annual Report

STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	
	Single Patient **R**ecord	
	Equality, Leadership, Culture	x
	Access to Services	
	Trust wide Quality Improvement	

Organisational Risk Register considerations:	List risk number and title of risk	24
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:	This paper presents the WRES metrics for 2019/20 in order to fulfil the statutory requirement to submit these metrics to Trust board for approval and publication. The paper also asks the board to approve the WRES action plan (Appendix 2) developed in collaboration with the BAME Staff Support Network that addresses the gaps in progress identified through the WRES metrics. These have gone to QAC and have been approved.	

Version 1.0