Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

University Hospitals Leicester

Date of report: month/year

September 2019

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

John Adler- Chief Executive

Name and contact details of lead manager compiling this report

Bina Kotecha- Deputy Director of Learning and OD

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

Fay Bayliss- Deputy Chief Nurse - Leicester City CCG

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

n/a

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

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

John Adler Chief Executive

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data from the Electronic Staff Records (ESR) has been provided by the Human Resources Business Partner at University Hospitals Leicester, ranging from 01/04/18-31/3/19. This year the pay band data for Indicator 1 provides information on ethnicity by pay band by percentages for clinical and non clinical staff. There has been an overall improvement in the numbers of staff that have not declared their ethnicity although there is still a number of staff that have chosen not to declare their ethnicity 258 staff in 2019 compared to 272 in 2018
BAME clinical staff increased in band 2,3,4,5,6,7 and 8A ,although there was some increases in the overall workforce numbers.

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

For the previous reporting year there were issues in relation to reporting on access to non mandatory training and CPD. Training activity has been collected from more data sources this year (457 episodes in 2018 to 3851 episodes in 2019 of non mandatory training)

2. Total numbers of staff

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

15,887 staff in total.

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

The proportion of BME staff employed 34.10% (5416)

3. Self reporting

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

The proportion of people that have self reported is 96.10%. There are 258 people with unknown ethnic categories

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

HR Business partners within each directorate have continued to encourage managers and staff to self report their ethnicity. Concerted efforts will be made to increase the level of self reporting across the organisation for the next reporting year.

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

Further encouragement to self report will be carried out as part of regular meetings with Heads of service at Corporate Management Team meetings.

4. Workforce data

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

This report is based on a headcount of 15887.

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.	White staff -non clinical Band 1=55% Band 2=63% Band 3=69% Band 4=70% Band 5=76% Band 6 =75%	White staff -non clinical Band 1=57% Band 2=67% Band 3=73% Band 4=74% Band 5=80% Band 6 =74%	There has been an overall improvement in the numbers of staff who are defined as ethnically unknown. At present there are 258 unknown ethnic categories. BAME clinical staff increased in band 2,3,4,5,6,7 and 8A (although there was some increases in the overall workforce numbers.) Concerted efforts to increase the number of unknown categories will be taken this	The Trust will continue to review the composition of its workforce and explore ways to increase under representation of particular BME groups by working collaboratively with system partners to look at joined up recruitment and talent management initiatives. EDS Goal 3: A representative and supported
2	Relative likelihood of staff being appointed from shortlisting across all posts.	The relative likelihood of White staff being appointed from shortlisting across all posts is 1.8 compared to BME staff	The relative likelihood of White staff being appointed from shortlisting across all posts is 1.6 times compared to BME	Recruitment data has been generated from the TRAC system for both periods (2018 and 2019) A figure below 1:00 indicates that BAME staff are more likely than other staff to be appointed from shortlisting. This year's WRES data illustrates a slight deterioration of 0.2% in the WRES performance indicator.	Continue to monitor and review the number of White and BME shortlisted and appointed applicants on an annual basis. Continue to roll out unconscious bias training to all recruiting managers The Trust now uses a new recruitment system called TRACS which means that vacancies are advertised through more recruitment channels
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.	The relative likelihood of white staff entering into the formal disciplinary process is 1.18	The relative likelihood of white staff entering into the formal disciplinary process is 0.82	This years Disciplinary information has been taken from the centralised case tracker system and therefore is more reliable. There has been a 0.3 deterioration in performance in the disciplinary indicator	The Trust will continue to report and monitor disciplinary and grievance data and explore ways to reduce the disciplinary rates and gaps between White staff and BME staff SEE WRES ACTION PLAN
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of staff accessing non-mandatory training and CPD is 0.76.	Relative likelihood of staff accessing non-mandatory training and CPD. is 1.2	A figure below 1:00 indicates that BAME staff are more likely than other staff to access non mandatory training and CPD Training activity has been collected from more data sources this year (457 episodes in 2018 to 3851 episodes in 2019) of non mandatory training) 0.76 is a significant achievement in the training indicator and is a positive downward	The Trust will continue to monitor and report on White and BME staff accessing non mandatory training and CPD SEE WRES ACTION PLAN

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) 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 27.0% BME 22..6%	White 26.9% BME 21.7%	The percentage of White staff experiencing harassment, bullying or abuse from patients, relatives or the public has increased slightly from the previous year. The percentage of BME staff experiencing HBA from patients has also	EDS Goal 3: A representative and supported workforce. SEE WRES ACTION PLAN
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 28.1% BME 28.7%	White 25.6% BME 25.4%	The percentages of White and BME staff experiencing harassment, bullying or abuse from staff has increased from the previous reporting year. The increase is slightly higher for BME staff which suggests that this group of staff still	EDS Goal 3: A representative and supported workforce. SEE WRES ACTION PLAN
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 86.0% BME 67.0%	White 86.3% BME 71.1%	The percentages of both White and BME staff who believe that the CCG provides equal opportunities for career progression or promotion has decreased. The scores for the reporting year are lower than the national average for Trusts for	EDS Goal 3: A representative and supported workforce. SEE WRES ACTION PLAN
8	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 7.5% BME 15.1%	White 7.6% BME 11.9%	There has been a slight decrease in the percentages of White staff experiencing discrimination at work but an increase for BME staff 15.1% compared to 11.9% the previous year. The scores for the reporting year are higher	EDS Goal 3: A representative and supported workforce. SEE WRES ACTION PLAN
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	BME Board Voting Membership: 23.10% BME Board	BME Board Voting Membership: is 15.4% BME Board	The percentage difference is based on an overall BME workforce of 34.10%	EDS Goal 3: A representative and supported workforce. SEE WRES ACTION PLAN

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.

Report on the WRES indicators, continued

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

The introduction of the TRACS recruitment system has enabled more data to be captured across the protected groups. The training data in the has been collated from different sources for this reporting period and this has resulted in more accurate and reliable data.

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.

SEE DETAILED SEPARATE WRES ACTION PLAN FOR 2019/20

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