Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

University Hospitals of Leicester NHS Trust

Date of report: month/year

June 2016

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

Louise Tibbert Director of Workforce and Organisational Development

Name and contact details of lead manager compiling this report

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

Haseeb Ahmad Equality Lead at Leicester City Clinical Commissoning Group

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

Haseeb Ahmad Equality Lead at Leicester City Clinical Commissoning Group

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)

Louise Tibbert

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

At June 2016 ethnicity was known for 96% of staff.

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

Data on BME representation has been collected differently this year so a direct comparison to the previous submission isn't possible. That said the trend in terms of low BME representation at senior levels in the Trust remains the same.

2. Total numbers of staff

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

The total workforce at this time is 12,749

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

28%

3. Self reporting

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

96%

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

The case of need for equality monitoring is included in the diversity induction session delivered weekly.

The ESR records have been revalidated this year.

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

We have completed an online equalities update which staff were invited to complete by email to ensure that the Trust holds up to date information in Electronic Staff Record (ESR).

Whilst we gather equalities information for applicants on NHS Jobs we will assess repeating the project just completed in around five years time.

4. Workforce data

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

31st March 2015 to June 2016

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.	Non Clinical total White - 73% BME -25% Band1-7 White - 71% BME - 26% Band 8A - VSM White 90%	White - 88% BME -11.5%	There is no direct comparison with last years data as we have reported it differently. Overall however the % of BME staff in non- clinical and clinical leadership positions remains at 11%. Significant;ly lower that the Trust would like.	A task and finish group was established in August 2015 to instigated a Diversity Task and Finish Group to develop some tangible and measurable recommendations to address the lack of Black and Minority Ethnic (BME) staff representation in senior positions within the Trust. The Scope of the Diversity Task and Finish Group
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Shortlisted White- 51% BME- 47% Appointed White - 66% BME- 31%(	Shortlisted White- 46% BME- 51.86% Appointed White -63% BME - 33%	Slightly less BME staff were shortlisted and appointed in comparison to the previous year.	Develop proactive relationships with communities and schools to increase awareness of UHL and NHS jobs and careers, as well opportunities for work experience, apprenticeships etc.
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.	White - 68.25 BME- 28.08 Not stated 3.68%	White -60% BME - 31% Not stated 9%	The data demonstrates that a lower percentage of BME staff have entered the formal disciplinary process than the previous 2 years. The figure now shows a 0.8 over representation given our overall BME workforce figure of 28%.	Disciplinary cases are reviewed annually.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Internal courses White -70% BME- 27% East Midlands Leadership courses White 85%	East Midlands Leadership Courses White - 68% BME -20% Undefined - 1	Internal courses were not previously monitored by Protected Group so no comparison is available.	BME uptake for internal courses is broadly representative (BME workforce is 28%).

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 34% BME 30%	White 28% BME 28%	This shows an increase on the previous years data for both white and BME staff.	UHL is looking to explore establishing a BME staff network to support the equality work programme which will include staff experience of working at UHL.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 28% BME 29%	White 25% BME 28%	This shows an increase on the previous years data for both white and BME staff. However, there is no evidence through the anti-bullying help line or other data that staff are reporting racial harassment or bullying behaviour.	In response to Brexit a series of staff support sessions are being held in July 2016.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 93% BME 85%	White 89% BME 75%	A series of staff events were held as part of the Diversity Task and Finish groups work plan in September 2015. The staff events identified a number of barriers some of which may apply to all employees, although this cannot be assumed.	A comprehensive set of actions are detailed in the equality action plan and include: reviewing existing leadership development programmes to ensure alignment of workforce diversity commitments within them.
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 9% BME 19%	White 6% BME 13%	None of the attendees at the BME staff events identified discrimination as an issue. No-one who attended the events or who was interviewed had been subjected to any direct discrimination in terms of securing a more senior role.	These are key areas of focus for review, discussion and action planning. It is essential that this review links to 'Listening into Action', our work to embed the quality agenda and leadership interventions to improve teamwork
	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.	White -92% BME- 8%	White 82% BME 6%	The Board members details were last validated in June 2014. The Board remains under represented in terms of Ethnicity, Women and Disability.	To provide pre-appointment support to encourage a diverse range of applicants. Interviews have taken place. Good BME and female representation at shortlisting.

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?

None

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.

UHL has an equality action plan that incorporates then WRES, EDS and the specific actions identified by the diversity task and finish group and is attached.

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