Equality Update Report and Workforce Equality Standard (WRES) Submission

Author: Deb Baker   Sponsor: Louise Tibbert   Trust Board 4 August 2016

Executive Summary   **Trust Board paper L**

Context

The purpose of this report is to present:

- The Equality Delivery System 6 monthly update (this includes workforce and patient activity)
- The 2016 Workforce Race Equality Standard (WRES) submission to NHS England

Questions:

1. Is the Trust Board happy with the level of progress to date?
2. Does the Board agree with the WRES submission data for 2016?
3. Does the Board agree to sign up to the British Sign language Charter?

Conclusion

UHL continues to declare legal compliance with the Public Sector Equality Duty as demonstrated in this report and has a range of activities and processes to evidence our position. The WRES submission for this year shows little change from last year's position but we have a robust action plan in place to address the gaps.

Input Sought

To agree the content of the report and sign up sign up to the British Sign Language Charter.

For Reference
Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[No]
Board Assurance Framework	[Yes]

3. Related Patient and Public Involvement actions taken, or to be taken:

    Engagement activity is integral to the equality action plan.

4. Results of any Equality Impact Assessment, relating to this matter:

    Positive

5. Scheduled date for the next paper on this topic: December 2016

    Executive Summaries should not exceed 1page.   [My paper does comply]

6. Papers should not exceed 7 pages.   [My paper does comply]

REPORT TO: **Trust Board**

FROM :   **Louise Tibbert, Director of Workforce and Organisational Development, Deb Baker Equality and Diversity Manager**

DATE: **August 4ᵗʰ 2016**

SUBJECT: **Equality Report update July 2016 and the 2016 Workforce Race Equality Standard (WRES) submission.**

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1. Introduction

University Hospitals of Leicester uses the Equality Delivery System (EDS) as its equality delivery framework. The four areas covered by the EDS are:

- Better Health Outcomes
- Improved Patient Access and Experience
- A representative and Supportive Workforce
- Inclusive Leadership

All of the above headings have a sub set of measurable outcomes which were graded and reported in February 2016. There is an equality action plan which incorporates all elements of the EDS (patient and workforce activity), the Workforce Race Equality Standard (WRES) and the recommendations from the Diversity Task and Finish Group and is at **appendix1.**

2. The Purpose of the Report

This report is the first of the biannual equality progress reports to Trust Board. The paper also includes the NHS 2016 WRES submission.

3. Workforce Equality Update

In March this year the Diversity Task and Finish group report was presented and agreed by Trust Board. In terms of the recommendations five themes were identified as detailed below which formed the basis of the 2016 Equality and Diversity action plan and are to:

- Strengthen local accountability by developing CMG diversity metrics.
- Better align diversity with the Trust's 5 year plan.
- To implement Positive Action Interventions (as part of the Trust's Recruitment and Retention Strategy).
- Strengthen partnership working across the system around the Diversity Agenda

- Develop some targeted talent management strategies for under - represented groups.

Since that time some additional work streams have been added to the original plan. For ease of reference the objectives/indicators are labelled according to which monitoring body they relate to.

3.1 Key highlights

3.2 Strengthen Accountability

The CMG's have received their workforce data. As anticipated the overall workforce figures (Band 1-9) are in the main well aligned to the general population BME figure of 28% with the exception of Women's and Childrens (20%), the Alliance (7%) and Corporate Directorates (26%). As we already know the BME figure reduces significantly at band 8 and above when Consultants are excluded from the data. All CMG's are currently RAG rated as red with the threshold being 0-20%. These are shown at **appendix 2.**

RRCV has agreed to pilot the targeted interventions agreed by the Diversity Task and Finish group and are :

- To review Recruitment and Retention strategy and practice
- Access to training particularly leadership development
- Mentoring
- Shadowing
- Job swaps

The overall plan for RRCV will be agreed and implemented by the end of August 2016 and rolled out across the Trust by December 2016.

3.3 Better Align Diversity with the Trust's 5 year plan.

A reference to diversity has been included within the 5 year plan.

3.4 To implement Positive Action Interventions (as part of the Trust's Recruitment and Retention Strategy)

The Recruitment and Retention Lead has attended a National conference and is reassured that many of the best practice examples cited are already built into the UHL Recruitment and Retention Strategy and include inclusivity programmes such as:

- The Leicester Works programme
- The Princes Trust

The Recruitment and Retention Lead has planned a series of recruitment events throughout the year targeted at under - represented groups.

3.5 Develop Targeted Talent Management Strategies for Under - Represented Groups.

The Assistant Chief Nurse for Education is hosting a world style café event for Band 5 and 6 Nurses to identify their development needs going forward. They are aiming to secure 28% participation from BME nursing staff on the development programmes that will be subsequently created.

4. WRES SUBMISSON

In April 2016 NHS England published their first WRES benchmarked analysis report This is the first published report on the baseline position for all Trusts since the implementation of the WRES in April 2014. Each Trust submitted their WRES positions. The analysis is based upon the WRES returns of 238 Trusts. The national report presents the findings on the four indicators that are aligned to the National Staff survey (indicator 5-8) and does not include the comparison data for the workforce metrics. These will be reported on following the July 2016 WRES submissions.

4.1 Using the Quality Improvement Methodology

Yvonne Coghill the Director for WRES implementation at NHS England has approached the Trust to work with the Institute of Health Improvement (IHI) and its fellows to use the Quality Improvement Methodology to close the gaps in the work place experience of BME and White staff. £10k may be available to support the project. The Director of Workforce and Organisational Development has agreed our participation in principle. The finer details of what will be required will be confirmed shortly.

4.2 National Findings from the Benchmarked Analysis

- A higher % of BME staff report bullying or abuse form staff than White staff.

- BME staff perception of career progression and promotion is less positive than White staff.

- BME staff are more likely to experience discrimination than white staff.

The UHL 2016 data is showing similar overall trends as reported in August 2015 and is in line with other Trusts. However, there is a slightly worsening position for indicators 5,6,7 and 8, for BME and White staff which are the indicators aligned to the National Staff Survey. Actions to address these are included in the equality action plan.

5. Patient Work Programme

The patient priorities for 2016- 2017 are to:

- Continue to embed equality into the CMG's via the Patient Involvement, Patient Experience and Equality and Equality Assurance Committee (PIPEEAC).

- Improve access to British Sign Language (BSL) interpreting for our deaf Patients.

- Participate in the Leicester, Leicestershire and Rutland Learning Disability mortality review pilot.

- Monitor the Implementation of the Accessible Information Standard (AIS).

5.1 Interpreter Access for Deaf Patients

According to community feedback, access to British Sign Language varies across the Trust, the reasons for the variation is generally either UHL staff not planning well enough in advance that an interpreter is required or interpreters not being available because the numbers of local BSL interpreters is quite small. The Equality Lead is working with Procurement and our Contractor to build a more timely and responsive system.

In collaboration with Leicester Clinical Commissioning Group (LCCG), East Midlands Ambulance Service (EMAS) and Leicester Partnership (LPT) with support from Health watch are hosting an information session for the deaf community in September 2016.

The CCG has included in the Quality Schedule for this year the requirement that UHL signs up to the British Sign Language Charter which essentially is a set of principles that demonstrates the organisations commitment to deaf people: The 5 principles are:
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- Ensure better access to information and service
- Promote learning and teaching of BSL
- Support Deaf children and families
- Ensuring staff can communicate effectively in BSL
- Consult with local Deaf community regularly.

These are very much in line with our current approach. Leicestershire Partnership Trust and the City Clinical Commissioning Group have already signed the pledge. Signing the charter does require the Trust to host a 'signing ceremony' where members of the deaf community, representatives from the British Deaf Association and some of the Executive Team come together to pledge their support. The plan would be to do this in October 2016. There is no membership cost to signing up to the pledge.

6. The Accessible Information Standard

NHS England has introduced the Accessible Information Standard (AIS), all organisations that provide NHS or adult social care must follow the accessible information standard by law, and they must do **this in full by 31 July 2016.** Work is progressing and an IT solution has been identified that will enable staff to record patients information requirements.

7.0 CONCLUSION

UHL continues to declare legal compliance with the Public Sector Equality Duty as demonstrated in this report and has a range of activities and processes to evidence our position. There is a robust equality action plan in place to address the gaps.

The WRES submission for this year shows little change from last year's position but we have a robust action plan in place to address the deficits.

Recommendation

The Trust Board is asked to agree the report content and support the sign up of the Trust to the BSL Charter.

University Hospitals of Leicester NHS Trust
Equality and Diversity Action Plan 1st April 2016 – March 31ˢᵗ 2017 (updated August 2016)

Objective	Action	Lead	By When	Progress Update	RAG status*
Objective 1 **To improve organisational culture in relation to Diversity and specifically for BME inclusion**	To develop a communications plan for 2016 of key Diversity messages for dissemination via the CEO briefings newsletters and promotions *Indicator source* *Task And Finish Group* *Workforce Race Equality Standard WRES*	Equality Lead/Communications Team	March 2016	<u>In progress</u>: Outline plan in place, e.g. Outcome of T&G Report and Trust Board decision will form the basis of first message – w/c April Include in Chairman's monthly message – April To agree at the Diversity group July 6ᵗʰ the next 3 months messages. Due to Brexit there is a focus on supporting overseas staff. The July CEO briefing plus a message from the Chairman and Chief Nurse has gone out to staff. Drop in sessions have been held. More planned for September 2016.	4
	To ensure CMGs/managers include diversity messages in their briefings to staff. *Indicator source* *Task and Finish Group* *Equality Delivery System (EDS)*	Equality lead /Communications team	April 2016	<u>In progress</u>: Outline planning in place , e.g. cascade of key messages through CMGs CMG baseline workforce data available. HR CMG Leads have cascaded this within their CMG's.	4

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strikethrough~~ so that the original date is still visible.

RAG Status Key:	**5**	**Complete**	**4**	**On Track**	**3**	**Some Delay – expected to be completed as planned**	**2**	**Significant Delay – unlikely to be completed as planned**	**1**	**Not yet commenced**

Objective	Action	Lead	By When	Progress Update	RAG status*
	To provide unconscious bias training to the top 100 UHL leaders, including the Trust Board. Review with participants and then roll out across all manager roles. ***Indicator source*** EDS WRES *Task and Finish Group*	Equality Lead/L&D team	March 2017	<u>In progress</u>: Funding secured from EMLA to deliver 5 sessions from an external training company. Sessions started on March 11th. Three sessions delivered and well evaluated. Trust Board Training delivered April 7th 2016. <u>In progress</u> 2 Further sessions have been agreed for September 2016 for Women's and Childrens. Further scoping to roll out UB training subject to funding September 2016.	4
	To develop material for corporate and local induction and e-UHL ***Indicator source*** EDS WRES *Task and Finish Group*	Equality Lead/L&D team	~~April 2016~~ July 2016	New slides added: - WRES - Unconscious Bias - Booking an interpreter	5
Objective 2 **Align other Trust programmes objectives and programmes**	To review the any current and proposed UHL plans to ensure inclusion of a diversity statement/vision that articulates the Trust's commitment to improving workforce representation in line with the WRES. ***Indicator source*** WRES *Task and Finish Group*	Equality Lead and Strategy	March 31st 2016	<u>In progress</u> Equality Lead to review the 5 year plan to include a reference. Completed	5

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Objective	Action	Lead	By When	Progress Update	RAG status*
	Review existing leadership development programmes to ensure alignment of workforce diversity commitments within existing programmes ***Indicator Source*** *Task and Finish Group* *WRES* *EDS*	Deputy Director Learning and Organisational Development	June 31st 2016	<u>In progress</u> Medical Leadership and Middle manager programme reviews are underway	4

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Objective	Action	Lead	By When	Progress Update	RAG status*
Objective 3 **To Broaden Accountability**	To develop and implement a set of diversity performance indicators/targets for use corporately and within the Clinical Management Groups ***Indicator Source*** *Task and Finish Group* *WRES*	Equality and Director of Workforce and OD	March 2016 April 2016 August 2016	<u>In progress:</u> Meeting in March to develop proposed indicators/targets. Indicators (patients) agreed at PIPPEAC June 30th 2016 and are: RRCV have agreed to run the pilot which will commence at the end of August 2016. <u>Patient metrics</u> - Due Regard Analysis for service developments - Use of interpreting - Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? <u>Workforce metrics (still to be finalised agreed with RRCV)</u> - BME workforce target - Access to leadership training - Recruitment and Retention plan/target - Internal promotion monitoring - Access to mentoring	5

Objective	Action	Lead	By When	Progress Update	RAG status*
	Develop BME workforce targets for each CMG based upon their baseline data ***Indicator Source*** *Task and Finish Group* *WRES*	Equality Lead with HR Business Partner for each CMG	April 2016 July 2016	<u>In progress</u>: CMG baseline workforce data is available and has been circulated to CMG teams June 2016. <u>In progress</u> HR Business Partners to agree the equality workforce targets with their CMG leadership teams.	4
Objective 4 **Partnership Working**	Develop a BCT system wide approach to wider workforce inclusion and diversity and consider how this can be embedded in other priorities, e.g. attraction and recruitment as well as leadership development. ***Indicator Source*** *Task and Finish Group*	Director of Workforce and Organisational Development	~~June 2016~~ September 2016	<u>In Progress</u> For discussion at the nest LLR Leicestershire Workforce Action Group (LWAG) – 2/9/2016	3
Objective 5 **Positive Action**	To develop a BME reverse mentoring programme ***Indicator Source*** *Task and Finish Group* *WRES*	Deputy Director for Learning and Organisational Development	May 2016	The Chief Nurse and Medical Director have agreed to participate once mentees are identified. Planning in progress.	4

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Objective	Action	Lead	By When	Progress Update	RAG status*
	Develop plans for targeted attraction to increase workforce diversity , with an initial focus on BME under-representation at senior levels ***Indicator Source*** *Task and Finish Group* *WRES* *EDS*	Recruitment Lead	~~April 2016~~ September 2016	In progress: Include in emerging attraction and recruitment strategies for UHL and BCT.	4
	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. ***Indicator Source*** *Task and Finish Group* *WRES* *EDS*	Recruitment Lead	May 2016	In progress: as part of wider marketing of UHL. NHS and social care jobs fair for LLR in March. More targeted approach to be developed. Annual community recruitment events agreed. A new recruitment website has been developed.	5
	To audit and address the Trust's recruitment processes and training to improve workforce diversity. ***Indicator Source*** *Task and Finish Group* *WRES* *EDS*	Recruitment lead/Equalities Lead	August 2016	A non-medical appointment recruitment audit has been undertaken. Results to be discussed at the next Workforce Diversity Group meeting. 01/08/16	4

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Objective	Action	Lead	By When	Progress Update	RAG status*
Objective_6 **Targeted Development**	Support the development targeted leadership development programmes for a BME Band 5 & 6 nurses ***Indicator Source*** *Task and Finish Group* *WRES* *EDS*	Assistant Chief Nurse, Equality Lead	March 2017	<u>In progress</u> Support secured from the Chief Nurse. World style café event planned for August 2016. 28% BME target agreed for participation on the development programmes.	4
	To provide pre-appointment support to encourage a more diverse range of application for NED posts.	Director of WF and OD	~~March 2016~~ July 2016	<u>In progress</u>: aligned to NED advert and targeted attraction strategy for March 2016 NED appointment of BME member secured July 2016.	5
	To develop Non-Executive Apprenticeship Programme to create a pipeline of potential future NEDs. ***Indicator Source*** *Task and Finish Group*	Deputy Director L&OD	June 2016	<u>In progress</u> NED agreement secured. Operational plan to be developed and agreed. No associate NED was appointed.	3
	To develop a standard NED induction approach that includes Diversity (including unconscious bias training) ***Indicator Source*** *Task and Finish Group*	Deputy Director L& OD	~~May 2016~~ July 2016	<u>In Progress</u>	3

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RAG Status Key:	5	***Complete***	4	***On Track***	3	***Some Delay – expected to be completed as planned***	2	***Significant Delay – unlikely to be completed as planned***	1	***Not yet commenced***

Objective	Action	Lead	By When	Progress Update	RAG status*
	Work with Health Education East Midlands to develop an e-learning module that focuses on inclusive leadership ***Indicator Source*** ***EDS*** ***WRES***	Deputy Director Learning and Organisational Development	May 2016	<u>In progress</u>	4
Objective 7 (new work July 2016) **Gender Reassignment**	To undertake a risk assessment regarding patients and staff who have undergone gender reassignment. There is new case law in this area. ***Indicator Source*** ***EDS***	Equality Lead	September 2016	Gender Reassignment policy to be updated.	**4**
Objective 8 (new work July 2016) To work towards the Stonewall top 100 employers index	To identify Trust Champions (members of staff) to work with the Equality Lead. ***Indicator Source*** ***EDS***	Staff champions and Equality Lead	~~September 2016~~ October 2016		1

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Objective	Action	Lead	By When	Progress Update	RAG status*
Patient access **Objective 9** To improve access to the British Sign language interpreting service.	To identify and implement a different booking service for BSL interpreters.	Equality Lead	August 2016	Contact made with the deaf community who would like to be able to use their local BSL providers for their interpreting needs. An information session is planned with local health colleagues with the deaf community at the end of September 2016.	**4**
	To sign up to the BSL Charter To become Discussions taken place with the British Deaf Association ***Indicator Source*** ***EDS***	Equality Lead	September 2016	Board to agree August 4th 2016	
Objective 10 To participate in a LLR wide Mortality Review group looking at deaths of patients with a learning disability.	To identify 2 reviewers ***Indicator Source*** ***EDS***	Acute liaison Nurse Service	March 2017	2 of the acute liaison nurse team have volunteered to attend reviewer training August 2016. The Equality Lead is a member of the steering group. Findings will be reported via the Executive Quality Board.	**4**

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Workforce Data By Trust's CMG - April 2016 (Using Current Data)

Ethicity Key
- BME (includes BME other i.e. Chinese)
- White (includes White other i.e. European)
- Unspecified ethnicity

RAG rating
- 0-20%
- 21-27%
- 28% +

Text Key
- Num - Number
- Tgt Num - Target Number
- Tgt Inc - Target Increase
- Tgt Inc % - Target Increase %

The Board (Executive Directors) have been included = 10 White members under Corporate at Band 9 (Excludes Non-Executive Directors)
Medical other = Junior Doctors to Staff Grade so not included in the Leadership figures
The Leadership calculation for BME and White is determined by the Workforce numbers in bands 8A to Medical Consultant Management and not the total
The Leadership community for BME and White is 10% of the total Workforce
The Leadership community includes Medical Consultants which will inflate the overall Leadership percentage
The overall BME target is 28% in all job roles

		Apprentices		Band 1-4		Band 5-7		Band 8A - 8D		Band 9		Medical Consultant		Med Cons Managemnt		Medical Other		Overall WF Total					Leadership (8A - Med Con Mt)					Leadshp exc Med Consultants				
		Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	Tgt Num	Tgt Inc	%	Tgt Inc%	Num	Tgt Num	Tgt Inc	%	Tgt Inc%	Num	Tgt Num	Tgt Inc	%	Tgt Inc%
	BME	25	45	1158	26	1407	24	49	9	2	15	235	37	22	23	677	58	3575	3575	0	28%	0%	308	353	45	24%	4%	73	177	104	12%	16%
	WHITE	31	55	3148	71	4199	72	468	89	11	85	345	55	66	73	421	36	8689			68%		890			71%		545			86%	
	Unsp	0	0	142	3	200	4	10	2	0	0	50	8	4	4	69	6	475			4%		64			5%		14			2%	
	VSM																	10														
Trust	Total	56	100	4448	97	5806	100	527	100	13	100	630	100	92	100	1167	100	12749			100		1262			100%		632			100%	
CMG																																
	BME	0	0	7	4	8	7	1	8	1	100	0	0	0	0	5	22	22	89	67	7%	21%	2	4	2	15%	13%	2	4	2	15	13%
	WHITE	1	100	166	95	94	88	11	92	0	0	0	0	0	0	17	74	289			91%		11			85		11			85	
Allianc e	Unsp	0	0	1	1	4	5	0	0	0	0	0	0	0	0	1	4	6			2%		0			0		0			0	
	Total	1	100	174	100	106	100	12	100	1	100	0	0	0	0	23	100	317			100%		13			100%		13			100%	
	BME	1	33	146	32	129	24	2	6	0	0	23	30	3	18	78	60	382	349	0	31%	0%	28	36	8	22%	6%	5	14	9	10%	13%
	WHITE	2	67	299	65	380	72	31	94	0	0	50	65	14	82	45	35	821			66%		95			75%		45			90%	
	Unsp	0	0	16	3	19	4	0	0	0	0	4	5	0	0	7	5	46			3%		4			3%		0			0%	
CHUGS	Total	3	100	461	100	528	100	33	100	0	0	77	100	17	100	130	100	1249			100%		127			100%		50			100%	
	BME	2	28	126	34	89	21	15	10	0	0	1	14	0	0	21	60	254	280	26	25%	3%	16	49	33	9%	19%	15	46	31	9%	19%
	WHITE	5	72	231	63	320	76	136	89	14	100	6	86	0	0	14	40	726			73%		156			90%		150			90%	
Corpor ate	Unsp	0	0	10	3	11	3	2	1	0	0	0	0	0	0	0	0	23			2%		2			1%		2			1%	
	Total	7	100	367	100	420	100	153	100	14	100	7	100	0	0	35	100	1003			100%		174			100%		167			100%	
	BME	12	60	227	28	286	28	18	15	1	25	31	39	3	23	36	58	614	597	0	29%	0%	53	60	7	25%	3%	22	38	16	16%	12%
	WHITE	8	40	576	69	701	70	99	83	3	75	43	54	10	77	21	34	1461			69%		155			71%		112			82%	
	Unsp	0	0	24	3	19	2	2	2	0	0	6	7	0	0	5	8	56			2%		8			4%		2			2%	
CSI	Total	20	100	827	100	1006	100	119	100	4	100	80	100	13	100	62	100	2131			100%		216			100%		136			100%	
	BME	5	36	199	29	175	25	2	4	0	0	27	33	5	31	155	55	568	509	0	31%	0%	34	43	9	22%	6%	7	20	13	10%	18%
	WHITE	9	64	448	66	487	70	54	96	0	0	48	58	11	69	111	40	1168			64%		113			73%		65			90%	
	Unsp	0	0	31	5	32	5	0	0	0	0	7	9	0	0	13	5	83			5%		7			5%		0			0%	
ESM	Total	14	100	678	100	694	100	56	100	0	0	82	100	16	100	279	100	1819			100%		154			100%		72			100%	
	BME	1	25	66	27	244	31	1	5	0	0	41	38	5	42	70	60	428	359	0	33%	0%	47	40	0	34%	0%	6	9	3	19%	9%
	WHITE	3	75	172	70	498	64	16	90	1	100	60	55	5	42	40	34	795			62%		82			59%		22			71%	
ITAPS	Unsp	0	0	6	3	37	5	1	5	0	0	8	7	2	16	7	6	61			5%		11			7%		3			10%	
	Total	4	100	244	100	779	100	18	100	1	100	109	100	12	100	117	100	1284			100%		140			100%		31			100%	
	BME	2	50	144	30	123	33	0	0	0	0	34	45	3	25	81	63	387	308	0	35%	0%	37	34	0	30%	0%	3	13	10	7%	21%
	WHITE	2	50	321	67	234	64	33	97	0	0	37	49	9	75	38	29	674			61%		79			65%		42			91%	
MSS	Unsp	0	0	13	3	11	3	1	3	0	0	5	6	0	0	10	8	40			4%		6			5%		1			2%	
	Total	4	100	478	100	368	100	34	100	0	0	76	100	12	100	129	100	1101			100%		122			100%		46			100%	
	BME	1	100	126	20	237	27	4	7	0	0	24	27	1	11	126	59	519	524	5	27%	1%	29	44	15	18%	10%	5	18	13	8%	20%
	WHITE	0	0	477	78	605	69	50	86	1	100	55	61	8	89	71	33	1267			68%		114			72%		59			92%	
RRCV	Unsp	0	0	15	2	37	4	4	7	0	0	11	12	0	0	17	8	84			5%		15			10%		0			0%	
	Total	1	100	618	100	879	100	58	100	1	100	90	100	9	100	214	100	1870			100%		158			100%		64			100%	
	BME	1	50	117	19	116	11	6	14	0	0	54	50	2	15	105	59	401	553	152	20%	8%	62	47	0	37%	0%	8	16	8	13%	15%
	WHITE	1	50	458	77	880	86	38	86	2	100	46	42	9	70	64	36	1498			76%		95			56%		49			84%	
	Unsp	0	0	26	4	30	3	0	0	0	0	9	8	2	15	9	5	76			4%		11			7%		2			3%	
W & C	Total	2	100	601	100	1026	100	44	100	2	100	109	100	13	100	178	100	1975			100%		168			100%		59			100%	

Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

NHS

Name of organisation	**Date of report: month/year**	
University Hospitals of Leicester NHS Trust	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

deb.baker@uhl-tr.nhs.uk tel: 01162584382

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

Report on the WRES indicators, continued

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 Grou⊞
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, <u>compare the outcomes of the responses for White and BME staff.</u>				
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, <u>compare the difference for White and BME staff.</u>				
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.

Report on the WRES indicators, continued

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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