

Cover report to the Trust Board meeting to be held on 1 February 2018

Trust Board paper L

Report Title:	People, Process and Performance Committee – Committee Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
Author:	Sarah Everatt, Interim Corporate and Committee Services Officer

Reporting Committee:	People, Process and Performance Committee (PPPC)
Chaired by:	Andrew Johnson, Non-Executive Director
Lead Executive Director(s):	Eileen Doyle, Interim Chief Operating Officer Louise Tibbert, Director of Workforce and Organisational Development
Date of last meeting:	25 January 2018

Summary of key matters considered by the Committee and any related decisions made:

This report provides a summary of the following key issues considered at the People, Process and Performance Committee on 25 January 2018:

- **Emergency Performance and Organisation of Care Report**

The report provided an update on performance against the NHSI trajectory for emergency care, in addition to incorporating a number of actions from the last PPPC meeting and written feedback from Luton and Dunstable.

In summary:

- Eileen Doyle, Interim Chief Operating Officer provided a reflection on performance – number of patients combined with the complexity of three sites was impacting on performance; some structural, process and system issues remained; floor management had been in place for 2 weeks and had seen some improvements in performance; non-admitted breaches required further work to reduce, and overnight staffing issues remained;
- Elective work would recommence in a phased approach throughout January 2018;
- Further work was required on cultural issues (and a renewed focus on breach prevention) and medical ownership, leadership and professional standards;
- A presentation was due to be produced for national and internal viewing re: the Trust’s current performance, context and next steps, and
- The key next steps outlined in the paper would be included in the Trust annual priorities for 2018-19.

Actions:

To report at the February 2018 PPPC meeting on the priorities agreed. These are:-

- Progress on breaches – especially non-admitted
- Night management initiatives including targeting
- Embedding those initiatives indicated by the assessment as not currently effective
- Developing teams and empowering decision-making
- Red2Green: embedding and expanding geographical scope (linked to cycle time)
- Floor management – define role, responsibilities, and what aim/targeted to achieve
- Step down beds – fully implement
- Improvement in ED Culture and how to measure that improvement
- Staff weariness/ fatigue and how to communicate and manage improvement
- Improving service to patients whilst chasing targets – key priorities

In conclusion, whilst the Committee was not assured that ED is currently capable of achieving its national targets, it was assured that the recent initiatives implemented and actions in place were likely to lead to an improvement in performance over the next three months.

• **IT Priorities 2018-19**

Three broad priorities were outlined, with an additional one around the Quality Commitment to be added:

- Ensure the organisation and its data is safe and secure;
 - Managing Technical Obsolescence, and
 - Strategic investments.
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- Priorities would be accelerated if external capital was received.
 - A specific update was provided on the end user computing element.
 - Organisational key imperatives had now been discussed and agreed.

In conclusion, the Committee were assured by the contents of the report and verbal update.

• **Off Payroll and IR35 Compliance**

The report updated the Committee on the position with IR35. It provided the national context, details around the current position and process and provided assurance against compliance with IR35 regulations.

- 194 staff were reported as off payroll, and
- 32 staff were outside IR35 at the present time.

Action:

It was agreed that future reports would be included in the main body of the Workforce update report, and that assurance would be provided around the 32 roles which were currently outside IR35.

• **Corporate Services Review update**

- Focus on two areas with LPT – Finance and HR;
- NHSI back office function was being utilised where possible for reporting;
- Benchmarking had been undertaken against other Trusts, and
- Assurance was provided that this matter was progressing but was not yet finalised.

Action:

To provide details of the inclusion of Estates and Facilities figures in the modelling.

• **Workforce Equality and Diversity Monitoring Report 2016-17**

- Provided data against the nine protected characteristics;
- Would be refreshed and discussed at the Executive Workforce Board on 30 January 2018 prior to being discussed at the Trust Board on 1 February 2018 and published on the Trust's website.

Actions:

- To liaise with the CQC directly to ascertain their queries in relation to Workforce Race Equality Standards following the recent CQC visit.

Minutes for Information:

The following minutes were received for information:

- Executive Performance Board (19 December 2017)
- Executive Workforce Board (no further meetings had been held since the 17 October 2017, and the minutes had been presented at the October 2017 People, Process and Performance Committee).

Joint PPPC and QOC session:

• **Quality and Performance Report – Month 9**

The report detailed the quality and performance metrics as at month 9. Due to timing issues the Director of Performance and Information did not provide an update but focused instead on three additional supplementary papers.

Matters requiring Trust Board consideration and/or approval:

- **Emergency Performance and Organisation of Care:** That the Trust Board be advised that whilst currently National ED targets are not being met that the PPC was assured that the actions in place and agreed as priorities are likely to lead to an improvement in performance over the next three months.
- **Recommendation:** Workforce and Equality and Diversity Monitoring Report 2016-17:- That the People, Process and Performance Committee recommend to the Trust Board that the Workforce Equality and Diversity Monitoring Report 2016-17 (revised paper J appended) be approved.

Matters referred to other Committees:

There were no matters requiring onward referral to other meetings.

Date of next meeting:

22 February 2018

Workforce Equality and Diversity



Monitoring
Report

2016-17

University Hospitals of Leicester 
NHS Trust

Caring at its best

Glossary of terms

AHP – Allied Health Professionals

APPL- Application

APPT- Appointed

BME- Black, Minority Ethnic (within this report this includes Asian; Black; mixed; other; white-other.)

Disciplinary Processes – within this report this represents any case that was investigated and includes outcomes that were formal, informal, found to have insufficient evidence, no case to answer, or the staff member resigned pending outcome

EMLA- East Midlands Leadership Academy

ESR – Electronic staff register

LGB&T – Lesbian, Gay, Bi-sexual and Transgender

Local – this includes any members of staff across various job roles not on an agenda for change pay scale

LLR – Leicester, Leicestershire and Rutland

Other medical and dental – any medical and dental staff not in a consultant role

QFC – Qualification Framework certificate

Short- Shortlisted

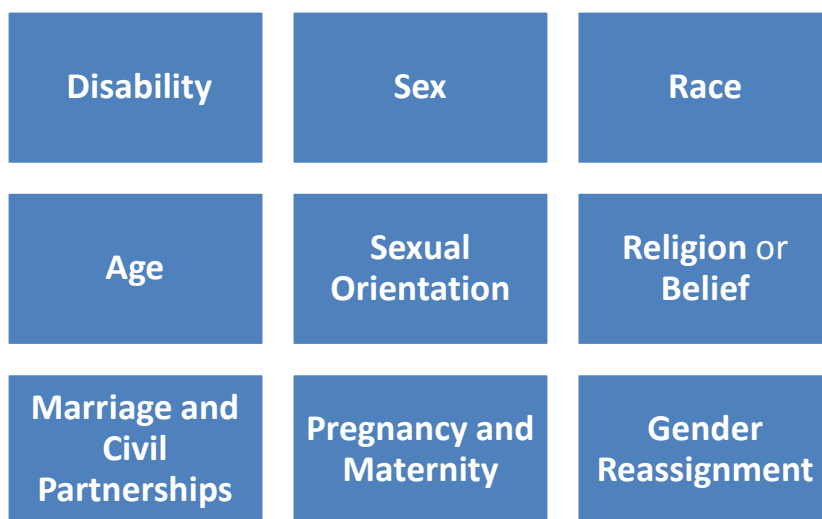
Unspecified This represents data where staff have not completed equal opportunities data or where staff have actively chosen not to declare status

WRES – Workforce Race Equality Standard

Equality Workforce Monitoring Report 2016 – 2017

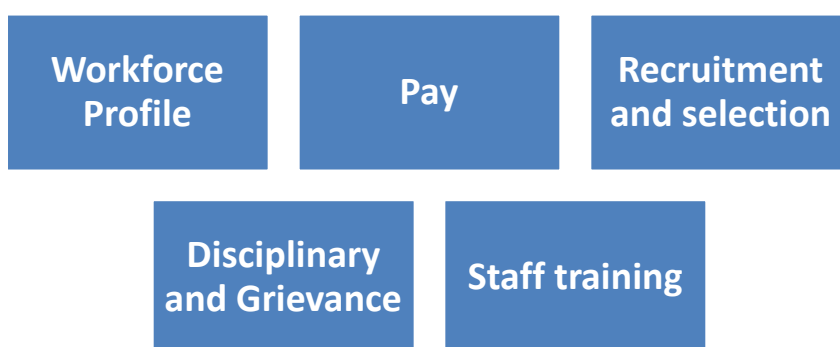
1. Introduction

The Workforce monitoring report will be presented to the PPPC on the 25th January, prior to it being published on the Trust’s website, in line with its statutory duties against the nine protected characteristics that are:



Currently we collect and report staff data on Disability, Age, Race, Religion and Belief, Sex, and Sexual Orientation and staffs Marital Status. The new TRAC recruitment system now also allows for the capture of Transgender status from November 2016, included for the first time in the Trust’s Workforce Report.

In line with our requirements under the Public Sector Equality Duty we have collected, analysed and published our workforce data by:



2.0 Report Summary

2.1 Profile of the Workforce - General Headlines

The Workforce profile data has been taken from the Electronic Staff Register (ESR), and for this financial year spans from 1 April 2016- 31 March 2017.

- The total headcount of staff has increased from 12,948 to 14,984 as the result of the transfer of Interserve staff in to the Trust which occurred around April 2016.
- The workforce profile does indicate slight improvements from 2015/16 (last year's) data.
- Within the protected characteristic groups of Disability, Religion and Sexual Orientation there is a continuing positive upward trend in the declaration rates. Further work is required to improve the rates of declaration.
- BME staff numbers have increased from 30.35% - 32.95%. An increase of around 2.6%. This is a good overall reflection of communities from which UHL recruits. For the purpose of comparison with the previous year's data BME includes all staff who declare themselves to be White Other.
- The highest number of staff, 27% are in the age band 41 – 50.
- 98% of staff declare their ethnicity whilst declaration rates for other Protected Groups are much less.
- Under representation at senior levels band 8a – 9 remains an issue for Disabled, BME and Female staff.
- In terms of the Trust's age profile there has been a notable shift in a drop of employees aged 50 and under by 4.7% and an increase in the numbers of employees aged 51 and above by 4.8%.
- There has been an increase females accessing training.
- There has been a decrease in the numbers of BME accessing training.
- There appears to be no disproportionate impact of disciplinary or grievance processes on any employee group.

3.0 Comparison of workforce Profile 2015/16 – 2016/17



This section highlights slight but notable variances in the workforce against the protected characteristics of age, disability, race, religion or belief, sex and sexual orientation. The areas to note are:







- 3% increase in employees who are married from the previous year.
- Increase in employees declaring a disability to 3.6% with a significant fall in those not declaring a disability status by 6% from the previous year.
- A drop of females by 1.7% to 77%.

Equality and Diversity Workforce Monitoring Report 2016/17




- An increase in BME staff from 30.35% to 32.95% (up 2.6%).
- A drop in staff who are 50 or younger by 4.7% and similar rise of those aged 51 and over of 4.8%.
- An increase in staff declaring a religion or belief with a significant drop in those not declaring by (9.2%).
- A slight increase in those identifying themselves as LGB (2%, up by 0.7%).

3.1 Marital Status



*  The arrows illustrate whether there has been an increase or decrease from last year's report (2015 - 2016)

Marital status	March 2015	March 2016	March 2017	Difference
Civil Partnership	0.4%	0.4%	0.6%	 0.2%
Divorced	5.4%	5.1%	5.0%	 0.1%
Legally Separated	1.1%	1.1%	1.0%	 0.1%
Married	57%	56%	53%	 3.0%
Single	33.5%	32.7%	32.5%	 0.2%
Widowed	0.7%	0.7%	0.7%	No change
Unknown	3.2%	3.7%	7.4%	 3.7%




3.2 Disability

Disability	Yes	2.1%	2.9%	3.6%	 0.7%
	No	67.9%	72.7%	78.0%	 5.3%
	Unspecified	30%	24.4%	18.4%	 6.0%




3.3 Sex

Sex	Male	20.9	21.3	23.0	 1.7%
	Female	79%	78.7	77.0	 1.7%

3.4 Ethnicity

Ethnicity	White -UK	66.3%	66%	65.01%	 0.9%
	BME White - Other	28.78%	30.35%	32.95%	 2.6%
	Undisclosed	4.91	3.73	2.04%	 1.7%

3.5 Age

Age Band	<=30yrs	21%	22%	19.7%	 2.3%
	31-40yrs	26%	24.5%	23.6%	 0.9%
	41-50yrs	27%	27%	25.5%	 1.5%

Equality and Diversity Workforce Monitoring Report 2016/17

	51-60yrs	22%	22%	24.4%	↑ 2.4%
	>60yrs	4.4%	4.5%	6.9%	↑ 2.4%

3.6 Religion and Belief

Religion and Belief	Atheism	8%	10.4%	12.4%	↑ 2.0%
	Christianity	42.1%	42.5%	43.8%	↑ 1.3%
	Hinduism	6.8%	6.8%	8.8%	↑ 2.0%
	Islam	5.1%	5.9%	7.0%	↑ 1.1%
	Sikhism	1.8%	1.8%	2.4%	↑ 0.6%
	Other	5.8%	5.6%	7.7%	↑ 2.1%
	Undisclosed	30.3%	27%	17.8%	↓ 9.2%

3.7 LGB&T

Sexual Orientation	LGB	1.4%	1.3%	2.0%	↑ 0.7%
	Heterosexual	66%	61%	79.8%	↑ 18.8%
	Undisclosed	11.7%	12%	15.6%	↑ 3.6%
	Undefined	20%	25%	2.5%	↓ 22.5%

4.0 Recruitment

The 2015/16 data below has been taken from the previous NHS Jobs On-Line system. The Trust adopted a new recruitment system in November 2016. Recruitment data prior to November 2016 was not retained so the 2016/17 data below only pertains to data between November 2016 and March 31 2017. Whilst this is not ideal, it still provides a valid snapshot of recruitment trends.

	2015/16			2016/17					
	Appl	Short	Appt	Appl		Short		Appt	
BME	61%	52%	38%	49.87%	↓	42.47%	↓	28.13%	↓
White UK	36%	45%	59%	47.44%	↑	52.81%	↑	58.20%	↓
Unspecified	3%	3%	3%	2.69%		4.73%		13.67%	

Although the 2016/17 data is drawn from 5 months of TRAC data, the trend appears to be in line with 2015/16 recruitment statistics. In other words BME applicants are almost twice as likely not to be appointed as White British applicants.

4.1 Disability

	2015/16			2016/17					
	Appl	Short	Appt	Appl		Short		Appt	
Yes	5%	5%	4%	5.47%	↑	5.54%	↑	3.91%	↓
No	85%	85%	86%	92.10%	↑	89.96%	↑	82.81%	↓
Unspecified	10%	10%	10%	2.42%		4.51%		13.28%	

The trends at recruitment are consistent with that seen in previous years with disabled staff fairing slightly worse than non-disabled staff at appointment. The number of disabled applicants being shortlisted are proportionate with those applying which would suggest that the Trust's policy to guarantee an interview is working well.

- In 2015/16 there were 5% disabled applicants, 4% were appointed.
- In 2016/17 there were 5.47% disabled applicants, 3.91% were appointed.
- In both years a proportionate number of appointees were shortlisted.

4.2 Sexual Orientation

	2015/16			2016/17					
	Appl	Short	Appt	Appl		Short		Appt	
Hetero	89%	90%	98%	86.51%	↓	84.56%	↓	75.39%	↓
Gay	1.4%	1.3%	1%	1.39%	↓	1.77%	↑	1.95%	↑
Bisexual	1.6%	0.7%	1%	2.18%	↑	2.07%	↑	2.73%	↑
Unspecified	8%	9%	nil	9.92%		11.60%		19.92%	

There is a slight improvement in the success rate of those declaring themselves to be gay and a slight drop in the success rate of bi-sexual applicants. The numbers are quite small. However, it is positive to see an improvement in the numbers declaring their sexual orientation and no obvious negative trends.

4.3 Gender

	2015/16			2016/17					
	Appl	Short	Appt	Appl		Short		Appt	
Male	28%	47%	21%	27.30 %	↓	27.62 %	↓	23.44 %	↑
Female	72%	52%	78%	72.24 %	↑	71.94 %	↑	76.56 %	↓
Unspecified	nil	1%	1%	0.46%		0.44%		0.00%	

The trend in the data demonstrates that female staff do significantly better through the recruitment process than male staff.

4.4 Religion and Belief

	2015/16			2016/17					
	Appl	Short	Appt	Appl		Short		Appt	
Atheist	10%	12%	16%	10.04 %	↑	11.67 %	↓	10.16 %	↓
Christianity	35%	39%	46%	36.90 %	↑	38.77 %	↓	37.50 %	↓
Islam	15%	14%	9%	15.13 %	↑	12.19 %	↓	6.64%	↓
Hindu	15%	13%	8%	13.59 %	↓	10.86 %	↓	8.20%	↑
Sikhism	5%	4%	3%	4.08%	↓	3.99%	↓	3.52%	↑
Other	10.5%	8%	10%	10.11 %	↓	0.00%	↓	0.00%	↓
Unspecified	Unavailable	Unavailable	Unavailable	10.16%		12.48%		21.48%	

For the last 2 years, those that are Atheists and Christians or fall within 'other' fair better through the recruitment process than other recorded religions. The decreasing trend from shortlisting to appointment is more marked for staff whose religion is Islam, Hindu or Sikh.

For example, in 2016/17 13.59% of people who said they were Hindu applied and of those 8.2% were appointed compared to 36.9% Christian applicants and of these 37.5% were appointed.

4.5 Marital Status

	2015/16			2016/17					
	Appl	Short	Appt	Appl		Short		Appt	
Married	40%	46%	40%	38.58%	↓	42.32%	↓	43.36%	↑
Single	50%	48%	50%	49.58%	↓	43.13%	↓	36.33%	↓
Civil partnership	1.5%	2%	4%	1.87%	↑	1.62%	↓	1.95%	↓
Other	5.5%	0.5%	4%	6.77%	↑	20.83%	↑	5.08%	↑
Unspecified	3%	3.5	3%	3.19%		5.61%		13.28%	

In terms of marital status, the data shows that there are no significant differences in the rates of application, shortlisted and appointed.

4.6 Age

	2015/16			2016/17		
	Appl	Short	Appt	Appl	Short	Appt
Under 20	Unavailable	Unavailable	Unavailable	5.14%	4.51%	3.91%
20-29	Unavailable	Unavailable	Unavailable	38.22%	32.35%	31.64%
30-39	Unavailable	Unavailable	Unavailable	26.22%	25.48%	26.56%
40-49	Unavailable	Unavailable	Unavailable	17.29%	22.30%	24.22%
50-59	Unavailable	Unavailable	Unavailable	11.69%	13.59%	12.50%
60+	Unavailable	Unavailable	Unavailable	1.44%	1.77%	1.17%
Unspecified	Unavailable	Unavailable	Unavailable	0.00%	0.00%	0.00%

There appears to be no marked differences in success rates between the age groups above with the exception of those aged 40 – 49 who are fractionally more likely to be successful when applying for jobs with the Trust. 22.3% are shortlisted with 24.22% being appointed.

4.7 Gender Re-assignment (new category in recruitment)

	2015/16			2016/17		
	Appl	Short	Appt	Appl	Short	Appt
Yes	Unavailable	Unavailable	Unavailable	0.12%	0.30%	1.17%
No	Unavailable	Unavailable	Unavailable	8.52%	11.08%	16.41%
Unspecified	Unavailable	Unavailable	Unavailable	91.58%	88.85%	82.81%

The numbers of those that declared trans gender status were so small that no conclusions can be drawn from this data.

5.0 Leadership Representation

Equality Group	2015/16			2016/17		
	General Workforce	Leadership (Band 8a-d)	Leadership (Band 9)	General Workforce	Leadership (Band 8a-d)	Leadership (Band 9)
LGB&T	1.50%	2.08%	8.33%	2.02%	2.05%	7.69%
Ethnicity (BME)	30.35%	10.02%	8.33%	33.00%	10.92%	15.38%
Disability (Yes)	2.90%	1.13%	0.00%	3.60%	1.54%	0.00%
Gender (Female)	79.00%	72.02%	58.33%	77.00%	71.84%	69.23%

The overall trend, as in previous years, demonstrates in Bands 1-9 an overall trend of decreasing BME, Disability and female representation as a proportion as the pay band increases. However, there has been a significant increase in the number of BME employees at Band 9 (up from 2015/16 from 8.33% to 15.38%, up by 7%). There continues to be 4 times more LGB employees at Band 9 than the general workforce. There has been a significant increase in the number of females at Bands 8 and 9 with an increase of 11% from the previous year at Band 9 to 69%.

6.0 Training

6.1 External and internal leadership training programmes

Access of EMLA (East Midlands Leadership Academy) external programmes from the UHL workforce has been very healthy in 2016/17, with utilisation outlined as the second highest across provider organisations in EMLA membership over this period. Total programme utilisation amounts to 456 across the year. This compares to 277 utilisations in 2015/16, 565 in 2014/15 and 299 in 2013/14.

Equality and Diversity Workforce Monitoring Report 2016/17

BME representation on EMLA offers was significantly higher in quarter 1 at 27% and quarter 4 at 20%, as opposed to 12% in Q2 and 13% in Q3. Specific programmes targeted to BME staff were delivered in Q1 and Q4 which would explain the rise in representation. Detailed data outlines that 13 staff from UHL have engaged and attended events under the Visible Leaders network, a network dedicated to supporting and developing NHS BME staff at bands 5-8a predominately.

UHL have accessed all major EMLA programmes at varying levels with greatest utilisation of the Financial Skills Development Programmes/events (117), followed by one day leadership conferences (63) as well as good access to our coaching portfolio of offers at foundation and advanced level (47). A full breakdown is listed below.

Event/Programme	Audience	Utilisation number
Financial Skills Development Programmes, Workshops and Events	Finance staff	117 (26%)
One Day Leadership Conferences	All staff	63 (14%)
Operational Leadership Series	Bands 7 and above	50 (11%)
Coaching Development – Foundation Level & Advanced Accreditation	All staff	47 (10%)
Supporting Transformation (5 day programme)	Bands 7 and above	35 (8%)
OD Essentials Programme (Cohorts 3 & 4)	OD/HR/L&D/Service Improvement roles	33 (7%)
One Day Master classes	All staff	25 (5%)
Relationships & Connectivity Workshop	All staff	22 (4%)
Visible Leaders Network	BME Staff	13 (3%)
STP Systems Leadership Lab	Senior leaders	12 (3%)
Regional Awards	Invitation only	12 (3%)
Facilitation Skills 2 day workshop	All staff	8 (2%)
Emerging Leaders	Entry level leadership	4 (1%)
Talent Management Network	Talent Leads	4 (1%)
Miscellaneous EMLA Member Events	Membership Leads	3 (1%)
Aspirant Director Development Centre	Aspirant Directors	3 (1%)

Healthcare Leadership Model Facilitator Training	All staff (typically band 6 and above)	3 (1%)
Innovation and Improvement Programme	All staff	2 (1%)

EMLA will be initiating a membership steering group to advise on how the offer to existing members can be enhanced for 18/19. This will provide an opportunity for organisations within membership to influence the future membership model so that it remains relevant to the leadership development needs of UHL and East Midlands healthcare organisations.

33 staff members completed internal Leadership Training in 2016-2017. Direct comparison to the previous report is not possible because of a change in the way the data is presented.

	2015/16		2016/17	
Equality Group	Headlines	Undisclosed / Undeclared Percentage	Headlines	Undisclosed / Undeclared Percentage
Age	Age group 31 – 50 82% (77)	8% (9)	Age group 31 – 50 76% (25)	9% (3)
Disability	Not Disabled 70% (78) Disabled 0%	30% (33)	Not Disabled 85% (28) Disabled 6% (2)	9% (3)
Ethnicity	BME (Inc. White Other) 32% (35) White 60% (66)	9% (10)	BME (Inc. White Other) 18% (6) White 73% (24)	9% (3)
Gender	Female 44% (49) Male 49% (54)	7% (8)	Female 79% (26) Male 21% (7)	0% (0)
Religion and Belief	Atheism 11% (12) Christianity 36% (40) Other 14% (16)	29% (43)	Atheism 15% (5) Christianity 42.5% (14) Other 18% (6)	24.5% (8)
Sexual Orientation	Heterosexual 63% (70) LGB 0%	37% (41)	Heterosexual 82% (27) LGB 0%	18% (6)

What the data tells us:

- There are more disabled staff (6%) compared to no disabled staff taking advantage of leadership training in 2016/17. Fewer BME staff appear to have accessed leadership training (18%) than the previous year (32%). Significantly more women are accessing leadership training as a proportion of all trainees.
- For Sexual Orientation, Religion and Disability the declaration rates are very low and therefore it is difficult to reach any firm conclusions about under or over representation.

- The national Stepping Up Programme was launched by East Midland Leadership Academy and commenced in Spring 2017. The course is aimed at BME staff at bands 1-5 who have an interest in developing their leadership skills. UHL has had 5 nominees who have been on the programme.

6.2 All Other Training Data

909 staff members completed “all other” training in 2016-2017.

	2015/16		2016/17	
Equality Group	Headlines	Undisclosed / Undeclared Percentage	Headlines	Undisclosed / Undeclared Percentage
Age	Age group 31 – 50 20% (86)	73% (307)	Age group <30 18% (163) 31 – 50 29% (266) 51 – 60 19% (168)	34% (312)
Disability	Not Disabled 57% (239) Disabled 1% (4)	30% (33)	Not Disabled 69.5% (631) Disabled 2.5% (23)	28% (255)
Ethnicity	BME (Inc. White Other) 31% (130) White 66% (279)	3% (14)	BME (Inc. White Other) 18% (163) White 54% (491)	28% (255)
Gender	Female 40% (169) Male 15% (64)	45% (190)	Female 77% (703) Male 16% (148)	7% (50)
Religion and Belief	Atheism 7% (30) Christianity 23% (96) Other 14% (59)	56% (238)	Atheism 9% (83) Christianity 37% (340) Other 14% (126)	40% (360)
Sexual Orientation	Heterosexual 47% (201) LGB 1% (3)	51% (219)	Heterosexual 63% (573) LGB 2% (15)	35% (321)

What the data tells us:

- There are proportionately more staff aged 31 – 50 who access training (29%).
- Significantly more females are accessing general training in 2016/17 (77%).
- With regards to areas of protected characteristics, the access to training appears to be broadly representative of the workforce profile. However, the undisclosed percentages are very high to draw any firm conclusions.

7.0 Disciplinary Cases

There were 100 formal and 23 informal disciplinary cases for 2016/17. This is considerably more than for those in 2015/16 when there were 41 formal and 26 informal cases.

7.1 Age

	2015/16		2016/17	
Age Group	Informal	Formal	Informal	Formal
<30	8% (2)	32% (13)	21.7% (5)	24.0% (24)
31-50	69% (18)	44% (18)	39.1% (9)	40.0% (40)
51+	23% (6)	24% (10)	39.1% (9)	36.0% (36)

7.2 Disability

	2015/16		2016/17	
Disability	Informal	Formal	Informal	Formal
Yes	4% (1)	0%	4.3% (1)	5.0% (5)
No	58% (15)	68% (28)	60.9% (14)	67.0% (67)
Undeclared	38% (10)	32% (13)	34.8% (8)	28.0% (28)

7.3 Ethnicity

	2015/16		2016/17	
	Informal	Formal	Informal	Formal
BME	27% (7)	24% (10)	43.5% (10)	26.0% (26)
White	73% (19)	66% (7)	56.5% (13)	65.0% (65)
Undeclared	0%	9% (4)	0 (0)	9.0% (9)

7.4 Gender

	2015/16		2016/17	
Gender	Informal	Formal	Informal	Formal
Female	69% (18)	73% (30)	52.2% (12)	67.0% (67)
Male	31% (8)	27% (11)	47.8% (11)	33.0% (33)

7.5 Religion and Belief

	2015/16		2016/17	
Religion and Belief	Informal	Formal	Informal	Formal
Atheism	11% (3)	15% (6)	8.7% (2)	12.0% (12)
Christianity	38% (10)	27% (11)	52.2% (12)	43.0% (43)
Others	15% (4)	24% (9)	17.4% (4)	18.0% (18)
Undisclosed	36% (9)	34% (14)	21.7% (5)	27.0% (27)

7.6 Sexual Orientation

	2015/16		2016/17	
Sexual Orientation	Informal	Formal	Informal	Formal
Hetero	73% (19)	78% (32)	78.3% (18)	67.0% (67)
LGB	0%	2% (1)	0 (0)	1.0% (1)
Undeclared	27% (7)	20% (8)	21.7% (5)	32.0% (32)

What the data tells us:

- Age – There has been a Percentage drop in those aged under 30 subject to a formal disciplinary process (32% down to 24%). A big increase in formal cases for those aged 31 – 50 from 18 to 40, and a rise in the number of staff entering the formal process aged 50 plus from 24% to 36%.
- Disability – A very slight increase in the number of staff with disabilities entering the formal process, from 0-5%.

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- Ethnicity – The most notable trend is that more BME staff (43%) enter the informal disciplinary process. This then drops to 26% for formal processes, which is lower than the overall numbers of BME staff in the workforce (32.95%).
- Gender – There has been a slight drop in the number of females entering the formal process by 69% down to 67%. Proportionately slightly more males therefore enter the disciplinary process.
- Religion and belief – there is a marked increase in the numbers who declare they are Christian entering the informal and formal processes compared to the previous year. In 2015/16 27% entered the formal process which increased to 43% in 2016/17.
- LGBT – there are no significant differences in staff declaring they are LGBT compared to staff who are heterosexual.

8.0 Grievances

In 2015/16 there were 15 cases in total. Of these 7 were either partly or fully upheld. In 2016/17, 20 cases plus 2 collective cases which were not upheld. Of the 20 cases 4 were partially upheld and 4 were upheld in full.

What the data tells us:

- For those aged 20 – 29 1 was upheld and 1 partly upheld, 30 – 39 1 upheld, 40 – 49 1 upheld and 2 partly upheld, 50 – 59 2 upheld and 1 partly upheld.
- 1 staff member who had a disability had their grievance upheld.
- 100% of cases were from Female staff.
- 30% of staff making a grievance were from a BME background. Only 1 case was upheld out of 6.
- In terms of Religion and Belief the majority (11) were from a Christian faith with 2 upheld and 2 partly upheld.
- For Sexual Orientation there was only 1 case which was not upheld. The majority of cases were from those declaring they are heterosexual (17).

9.0 Current position

The Trust has been working on a number of initiatives over the past 18 months to address the under-representation of BME staff at senior levels which include:

- Reverse mentoring programme.
- Unconscious bias Training.

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- A targeted graduate training programme.
- Involvement in the East Midlands Visible Leaders Programme.
- Supporting BME staff to attend the “Stepping Up Programme”.

Many of the cohorts who take advantage of the initiatives are female which will enable female BME staff to progress to senior levels in the organisation.

Despite these initiatives it is clear that the pace of change is slow. NHS England have acknowledged, that in respect of improving the numbers of BME staff at very senior leadership roles within Trusts, this will take at least 5 years to address.

The Trust Board, as part of its ‘Trust Board Development Day’ in January 2018 had a one and a half hour session on the Workforce Race Equality Standard performance. A presentation was made by NHS England’s WRES team, led by Yvonne Coghill. A constructive discussion followed and it was agreed that the WRES Task and Finish Group, chaired by Ballu Patel (Non-Executive Director) would develop an action plan that would be presented to the Trust Board by the end of May 2018.

10.0 Recommendation

- That the data and analysis in this report be noted.
- That an action plan which builds on past initiatives, learning from what has worked elsewhere and providing support for line managers as well as BME staff, to be able to table the issues and to meet their full potential is presented to the Trust Board by May 2018 outlining key activities (both departmentally and corporate wide) which will significantly improve the under-representation of BME and Female staff with a specific emphasis on WRES indicator 2 (the likelihood of BME applicants being appointed in comparison to White applicants).