Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Luton and Dunstable University Hospital Foundation Trust

Date of report: month/year

July 2017

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

Angela Doak - Director of Human Resources

Name and contact details of lead manager compiling this report

Diane Brown - Equality Lead - Diane.Brown3@ldh.nhs.uk

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

Luton CCG, Bedfordshire CCG and Herts Valley CCG

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

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

(to be added when uploaded)

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

Jim Machon on behalf of Angela Doak - Director of Human Resources

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data had been taken from the ESR payroll system. Staff provide their ethnicity on recruitment application forms and this is also included on Staff Appointment forms. This has been standard practice for a number of years and pre the first WRES in 2015.
In 2016 a small number of staff have not declared their ethnicity at 2.49%. This year it is 3.49% which is higher than the 3.45% in 2015.

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

A small percentage of staff have not declared their ethnicity which is relatively comparable with other years e.g. 3.49% (2017) 2.45% (2016) and 3.45% (2015) - Data can be compared to most of the previous data due to standard practice for capturing ethnicity e.g. at recruitment stage.
There was a calculation error last year on Indicator 2 which gave a result of 1.95 x more likely for a White Person to be appointed after shortlisting. In fact the correct result was 1.35 x and this has been amended on the documents and submissions for this year. This years result was 1.30 x which is what triggered the recheck of last years calculation and the result is now more comparable.

2. Total numbers of staff

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

The data used is of March 31st 2017 where total staff were 3950 (an accrued increase on the numbers in 2016 at 3813 and 2015 at 3880.

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

The ratio of BME to White staff is 38.92% : 57.59% (with 3.49% not declared) - (in 2016 37.69% : 59.82% and in 2015 37.71% : 58.84%)

Report on the WRES indicators, continued

3. Self reporting

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

In 2017 the declaration level was 96.51%
NB (In 2016 it was 97.51% and in 2015 96.55%)

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

ESR has been rolled out in stages and undergoing changes and improvement such as having internet access and a smart phone app for access. There is training and a training handout for staff with regard to its use and staff are encouraged to apply for an account and use it.

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

A small percentage of staff have not declared their ethnicity which is relatively comparable with the last 2 years but slightly higher i.e. : 3.49% (2017) 2.45% (2016) and 3.45% (2015).
In 2017 with 3950 staff and a 3.49% non declaration rate this equated to 138 staff.
IN 2017-2018 there will be declaration initiatives to encourage declarations

4. Workforce data

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

From 1st April 2016 to 31st March 2017 (this is the same period as for years ending 2016 and 2015.

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.	see the last page of the WRES action plan for the percentage breakdown	see the last page of the WRES action plan for the percentage breakdown	There is too much detail to add here - see the last page of the WRES action plan for the percentage breakdown	TO BE VIEWED ON THE ACTION PLAN
2	Relative likelihood of staff being appointed from shortlisting across all posts.	The likelihood of White to BME staff being appointed is 1.30 more likelihood for White staff	The likelihood of White to BME staff being appointed is : 1.35 more likelihood for White staff	2017 is an improved result on 2016. although better than national average of 1.57 - still a result to improve upon for BME staff. It is a difficult area to assess as appointment data is not the same as starter data and various criteria can be used. The Trust had to adjust data results for 2016 after checks against 2017 results as there was an error that had given a poorer result than actual.	TO BE VIEWED ON THE ACTION PLAN
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 BME entering the discipline process is : 0.80 more likely for BME	The relative likelihood of BME entering the discipline process is: 0.79 more likely for BME	The Trust is performing better in this area than National, Acute and Regional averages and deemed likely to have better practices. With 38 disciplinary in 2017 (against 15 in 2016 and 24 in 2015) - Despite increase in disciplinary results stay relatively consistent for BME (a 0.01% increase of likelihood for BME) - to be improved on further.	TO BE VIEWED ON THE ACTION PLAN
4	Relative likelihood of staff accessing non-mandatory training and CPD.	The likelihood of White to BME staff accessing this is 1.03 more likelihood for White staff	The likelihood of White to BME staff accessing this is 0.99 more likelihood for White staff	There has been a small increase to the likelihood of White accessing non mandatory training and CPD against BME likelihood. The Trust is performing well against National, Acute and Regional Averages but would like to improve further.	TO BE VIEWED ON THE 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 33 BME 39	White 32.4 BME 29	Data in 2015 was White 29.3 : BME 29.9. In 2016 and 2017 this has deteriorated further for White and BME with a 6% higher experience of this for BME. NHS has a high level of poor conduct from patients / public to be addressed locally.	TO BE VIEWED ON THE ACTION PLAN
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 26 BME 29	White 27.6 BME 30.8	Data in 2015 was White 24.8 :BME 23.8 so quite high for staff in general as per the NHS. 2017 levels are better than 2016, but with an overall deterioration from 2015 . BME have a 3% higher level of experiencing poor conduct from staff.	TO BE VIEWED ON THE ACTION PLAN
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 90 BME 75	White 94 BME 71.8	Data in 2015 was White 92.2,:BME 73.9. with a 15-20% difference between White :BME staff in 2015 to 2017 showing BME have consistently lower belief in Equal opportunities.	TO BE VIEWED ON THE 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 12 BME 25	White 6 BME 9.4	Data in 2015 was White 5.9: BME 10.7. By 2017 it is now White 12 : 25. This is an overall increase for White and BME of 6.1% and 14.3% respectively. the BME result is a significantly poorer result.	TO BE VIEWED ON THE 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.	5.9%	7.1%	This is a key area for the Trust to address, the data was a poorer result in year end 2017. The Trust still has one BME Board member against a diverse workforce which is not representative - The Board membership has increased lowering	TO BE VIEWED ON THE 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 Trust underwent a Care Quality Commission (CQC) Inspection in 2016 during which the Equality, Diversity and Human Rights Approach of the CQC during inspections was piloted, including the approach to the WRES. The Trust reviewed their Equality Diversity and Human Rights Strategy Framework in 2016 to include the CQC approach and the WRES as well as the EDS2 requirements. This is to ensure that the Trust highlights and mirrors the more unified and cross linking approach being undertaken in these three areas.
The Trust has added additional areas to their data collection and analysis on ethnicity. This includes looking at applications and shortlisting, and promotions, starters and leavers information within our Annual Equality Reports. Also the data collected on ethnicity for our patients to be able to look at improving on a more comparable representation across the workforce and service users.

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.

We provide an action plan each year which is published on our website beside our WRES report template for that year. This will be displayed from Mid August / early September

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