Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Luton and Dunstable University Hospital NHS Foundation Trust

Date of report: month/year

July 2016

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

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

Luton CCG, Bedfordshire CCG and Hertfordshire Vally 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)

Jason Rosenblatt 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 has been taken from ESR payroll system. Employees 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. In 2016 a small percentage of staff have not declared their ethnicity, 2.49%, which is an improvement on last year's figure of 3.45%.

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

There is a small percentage of staff who have not declared their ethnicity, in 2016 2.49%, and in 2015 3.45%.
Data can be reliably compared to most of the previous years data due to the standard practices for capturing ethnicity at recruitment -

2. Total numbers of staff

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

The data used is of March 31st 2016 where Total Staff were 3813 (and data for comparison is from March 31st 2015 when the total was 3880)

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

BME in 2016 using only declared ethnicity figures BME = 38.65% (61.35% White) (with non declared 2.49%, BME 37.69%, White 59.82%) - Figu

Report on the WRES indicators, continued

3. Self reporting

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

In 2016 = 97.51% have declared their ethnicity - (in 2015 this was 96.55%)

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

We have been rolling out ESR self service across the Trust since January 2015 so that employees have access to their own personal information and can arrange for changes to be made to details if necessary.

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

In 2016, 2.49% of staff had not declared their ethnicity which from total staff of 3813 amounts to 95 staff. It would be good to have 100% ethnicity declaration across the workforce as even 1% can make a difference when measuring performance for the WRES. We will plan initiatives to encourage declaration via the ESR self service.

4. Workforce data

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

From 1st April 2015 to 31st March 2016 (and the 1st April 2014 to the 31st March 2015 when making comparisons)

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	51% by previous indicator 1 criteria	The Trust has 13-24% more BME in all clinical grades apart from those under ad-hoc spot salary arrangements where there is 19% less representation compared to the percentage of BME staff in the overall workforce. The opposite applies to non clinical grades where the is a small % gap in band 2 and 5 but larger less favourable gaps to BME across other grades	Requires further exploration in conjunction with initiatives under indicators 2, 9 and 7. The Trust is committed to the NHS Equality and Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes. We aspire to be a leading Trust in the way we implement and deliver the EDS and Equality
2	Relative likelihood of staff being appointed from shortlisting across all posts.	The likelihood of white to BME staff being appointed is 1.96	N/A	Total starters amount to 831 which includes circa 300 Junior doctors who are recruited via the Deanery and allocated to the Trust. It also includes others who are classed as starters but would not go through the NHS JOBS recruitment process / have recruitment information such as a few returning after retiring or made permanent after fixed term/bank contracts or on an agency	Monitoring information is not disclosed to interview panels at the short listing stage of the recruitment process. However, this is also to do with appointment and so the interview process needs to be over viewed. Such as reviewing the cover of Equality and diversity during recruitment & selection training for managers, and the training provided
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.	0.79 times more relatively likely for BME staff	1.32 times more relatively likely for BME staff	There were 15 disciplinaries in 2016 (10 White and 5 BME) compared to 24 in 2015 (13 White and 11BME). In 2016 the no of White staff in the work force is 2,281 and BME 1,437 - In terms of discipline the relative likelihood of BME entering the discipline process compared to white is 0.79 times greater.	We would like to maintain this result and improve upon it. We will continue regular audit of equality data in relation to formal disciplinary processes
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White accessing compared to BME = 0.99	Relative likelihood of White accessing compared to BME = 0.69	For this the no of staff in the workforce April 2015 until March 2016 totals 4629 rather than 3813 (as of March 2016) as it includes starter /leaver, bank and locum staff. The total attendances were 6510. From this data the relative likelihood of White accessing compared to BME = 0.99	Staff have access to learning to develop as professionals and enhance the services we offer. We have a strong Apprenticeship programme which enables staff paid at Bands 1 – 4 to access a relevant qualification in relation to their current role. In the 2015-16 financial year 100 staff enrolled onto different apprenticeship frameworks. These

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 32.4% BME 29.0%	White 29.3% BME 29.9%	BME experience has been reduced by 1% with a 3% gap showing less experience of this for BME staff this year. However, this needs addressing for all staff.	Actions to be discussed include: - Review of prevention and management of abuse to staff at work policies and procedures and reporting. - Awareness raising of both Staff and service
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 27.6% BME 30.8%	White 24.8% BME 23.8%	There is a higher % BME experience than last year. It has risen by 7% and the gap has moved from 1% in BME favour to a 3% poorer experience for BME. This needs addressing across all staff but with initiatives to particularly	There is a need to address this generally and also specifically for BME. With reference to dignity and respect at work, the reviewed Bullying and Harassment policy has recently been in place from November 2015. In
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 94.0% BME 71.8%	White 92.2% BME 73.9%	There has been a marked difference in BME to White belief in Equal career opportunities for 2 years results, but this has deteriorated this year from a gap of 18% to a gap of 22% which is a decrease for BME of 4%.	This needs further review. This year as part of our Workforce Equality Information Report and the WRES we have looked at ethnicity in applications, short listing, starters, promotion, discipline and grievance.
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 6.0% BME 9.4%	White 5.9% BME 10.7%	The results for BME experience of discrimination has improved this year. BME experience has reduced by 1.1%. The gap has reduced from 4.8% to 3.4%. This should be further improved. (Please note that there was an error on the 2015	This is a much better result than last year but we would want to maintain this result and improve on it. Some of the initiatives proposed for Indicators 5 and 6 will help with this and also looking at leadership, management, Equalities and HBD
	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.	-32.8%	-30.3%	In 2016 there is a 37.69% BME workforce and 1 of the 14 at 7.14% of voting members on the Board is of BME origin. The percentage difference between the board voting membership and overall workforce is -32.8%. Last year the	Further positive action is required to encourage applications to ensure that the Board is representative of the local population served, and reflective of the workforce – We will evaluate how this might be achieved and will ensure that

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?

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 has reviewed their Equality Diversity and Human Rights Strategy 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. 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.

The Trust's commitment to tackling inequalities is summarised in the Trust's Equality, Diversity and Human Rights Strategy, which has been reviewed and is about to be launched and published once approved by the board. Part of this includes the approach to the WRES.

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