Annual Workforce Equality Report

Leicestershire Partnership NHS Trust

Year to the End of March 2019

Detailed Analyses

**Contents**

[Background to the workforce equality analysis 1](#_Toc11753398)

[Summary of equality issues, context, and actions 2](#_Toc11753399)

[Main Finding 1 2](#_Toc11753400)

[Main Finding 2 4](#_Toc11753401)

[Main Finding 3 5](#_Toc11753402)

[Main Finding 4 6](#_Toc11753403)

[Main Finding 5 7](#_Toc11753404)

[Main Finding 6 9](#_Toc11753405)

[Main Finding 7 10](#_Toc11753406)

[Main Finding 8 11](#_Toc11753407)

[Main Finding 9 12](#_Toc11753408)

[Main Finding 10 13](#_Toc11753409)

[Main Finding 11 14](#_Toc11753410)

[Main Finding 12 16](#_Toc11753411)

[Main Finding 13 17](#_Toc11753412)

[Main Finding 14 18](#_Toc11753413)

[Workforce context 19](#_Toc11753414)

[Equality analysis of Leicestershire Partnership NHS Trust’s workforce at March 2019 20](#_Toc11753415)

[Main findings (extended narrative) 21](#_Toc11753416)

[1. Equality monitoring information was incomplete on Disability, Religion or Belief, and Sexual Orientation 21](#_Toc11753417)

[2. There was occupational segregation within the workforce by ethnic group, and an underrepresentation of Asian British people 22](#_Toc11753418)

[3. BME job applicants were less likely to be appointed from shortlisting 23](#_Toc11753419)

[4. BME staff, and especially Black British staff, were more likely than White staff to be employed solely on a Bank contract 24](#_Toc11753420)

[5. BME staff were overrepresented at lower pay bands 25](#_Toc11753421)

[6. BME staff were less likely to feel that LPT acts fairly in respect of career progression 26](#_Toc11753422)

[7. Black British staff were less likely to receive a pay increment 27](#_Toc11753423)

[8. Asian British staff were less likely to undertake non-mandatory training 28](#_Toc11753424)

[9. Black British staff were more likely to have experienced discrimination and bullying and harassment from other staff 29](#_Toc11753425)

[10. BME staff were not more likely to be subject to disciplinary proceedings 30](#_Toc11753426)

[11. Men were overrepresented at middle and upper-middle levels in Non-clinical roles 31](#_Toc11753427)

[12. Disabled staff were less likely to feel that LPT acts fairly in respect of career progression 32](#_Toc11753428)

[13. Disabled staff were more likely to report discrimination, bullying and harassment at work from managers and from other colleagues 33](#_Toc11753429)

[14. LGBO staff were more likely to report discrimination at work from other staff 34](#_Toc11753430)

# Background to the workforce equality analysis

* For listed public authorities with 150 or more employees the Equality Act 2010 introduced a specific requirement to publish information relating to the protected characteristics of the authority’s employees.
* Technical guidance issued by the Equality and Human Rights Commission states that the types of information that could be published include:
	+ the profile of staff at different grades, levels and rates of pay, including any patterns of occupational segregation and part-time work;
	+ the profile of staff at different stages of the employment relationship, including recruitment, training, promotion, and leavers, and the numbers of complaints of discrimination and other prohibited conduct;
	+ details of, and feedback from, any engagement exercises with staff or trade unions;
	+ any records of how it has had due regard in making workforce decisions, including any assessments of impact undertaken and the evidence used.
* The present report aims to fulfil Leicestershire Partnership NHS Trust’s duty to publish information relating to the protected characteristics of its employees, whilst ensuring that the Trust also has ‘due regard’ to the aims of the Equality Act with respect to its workforce by using this equality monitoring information in decision-making and planning.
* Throughout this report, headcounts of staff members in different protected characteristic and workforce subgroups are given, with the aim of anonymising information about individuals by aggregating counts into large groups. Where this has not been possible, and the headcount within a particular group is small enough to pose a risk of re-identification for individual staff members, the figure has been redacted (alongside any other figures that would allow the initially redacted figure to be deduced). Redacted numbers are denoted by an “R”. The anonymisation process follows guidance issued by the Information Commissioner’s Office.

# Summary of equality issues, context, and actions

The main equality issues arising from the equality analysis of the workforce are outlined below, alongside context and actions that have been or will be taken to address them. Each main finding is listed as follows: the main finding number; the broad equality theme; one- to two-line summary of the equality issue; context surrounding the issue including summary figures and trends over the past three years; action, progress and plans relating to the issue; and then the review date. An expanded, narrative summary of the main findings is featured from page 21.

## Main Finding 1

**Equality Theme:** Gaps in equality monitoring information

**Equality issue:** Equality monitoring information was incomplete for Disability, Religion or Belief, and Sexual Orientation.

**Context:**

At March 2019, equality monitoring information was incomplete for about a fifth of staff.

Equality monitoring data: % incomplete by protected characteristic and year, for the substantive workforce and bank workforce separately (list of figures):

* Substantive Workforce
	+ Disability
		- March 2019: 21.7% incomplete
		- March 2018: 24.1% incomplete
		- March 2017: 25.6% incomplete
	+ Religion or belief
		- March 2019: 20.8% incomplete
		- March 2018: 21.8% incomplete
		- March 2017: 22.6% incomplete
	+ Sexual orientation
		- March 2019: 19.9% incomplete
		- March 2018: 21.1% incomplete
		- March 2017: 22.5% incomplete
* Bank Workforce
	+ Disability
		- March 2019: 18.4% incomplete
		- March 2018: 23.2% incomplete
		- March 2017: 30.6% incomplete
	+ Religion or belief
		- March 2019: 18.9% incomplete
		- March 2018: 23.8% incomplete
		- March 2017: 25.7% incomplete
	+ Sexual orientation
		- March 2019: 20.1% incomplete
		- March 2018: 24.0% incomplete
		- March 2017: 27.3% incomplete

**Action, progress, and plans:**

Since 2014, staff have been requested annually to update and complete their demographic information held on ESR. The request has been publicised through a variety of sources including the staff newsletter and Team Brief.

The percentage of records which include details of the protected characteristics of disability, religion or belief and sexual orientation have increased year-on-year from 2012 for both substantive and bank staff.

We will continue to work with Staff Support Groups and celebrate positive stories to build confidence in the workforce to declare their details.

This is particularly important for disability with the launch of the Workforce Disability Equality Standard by NHS England, to be reported on for the first time in August 2019, based on the 2018/19 financial year.

**Review date:** April 2020

## Main Finding 2

**Equality Theme:** Ethnicity in the workforce

**Equality Issue:** There was occupational segregation within the workforce by ethnic group, and an underrepresentation of Asian British people.

**Context:**

Asian British people comprised 17.4% of the local working age population, but made up just 14.7% of LPT's substantive workforce at March 2019 - with especially low levels of representation in nursing roles (5.8%)

The percentage of Asian British people in the local working age population is based on the 2011 Census (the latest available estimate). As such this figure is likely to underestimate the current percentage of Asian British people in the local working age population.

Local working age population and LPT substantive workforce, overall and registered nursing, % Asian British by year (list of figures):

* Local working age population (2011 Census): 17.4% Asian British
* Overall substantive workforce
	+ March 2019: 14.7% Asian British
	+ March 2018: 14.1% Asian British
	+ March 2017: 13.6% Asian British
* Nursing substantive workforce
	+ March 2019: 5.8% Asian British
	+ March 2018: 5.5% Asian British
	+ March 2017: 5.4% Asian British

**Action, progress, and plans:**

The percentage of Asian British people in the workforce has increased over the past three years but remains low with little change in the percentage of Asian British people in nursing.

Items linked to the Trust’s June 2019 WRES Action Plan:

* Consideration to be given to specific actions that can be taken to target underrepresented groups either within or outside planned recruitment events (September 2019)

**Review Date:** September 2019

## Main Finding 3

**Equality Theme:** Ethnicity and recruitment

**Equality Issue:** BME job applicants were less likely to be appointed from shortlisting.

**Context:**

In 2018/19, White people were 2.0 times more likely than BME people to be appointed from amongst those shortlisted; and were 1.9 times more likely than Black British people in particular to be appointed from amongst those shortlisted.

Relative likelihood of White people being appointed from shortlisting compared to BME people overall, and compared to Black British people in particular, by year (list of figures):

* 2018/19: White vs BME, 2.0, White vs Black British, 1.9
* 2017/18: White vs BME, 1.3, White vs Black British, 1.7
* 2016/17: White vs BME, 1.5, White vs Black British, 1.3

In Non-clinical (essentially Administrative and Clerical) roles, BME people were less likely to be shortlisted from amongst applicants for roles at Band 5 and above.

In Clinical roles outside of Medicine, BME people were less likely to be shortlisted from amongst applicants at Bands 2 to 4 (primarily Additional Clinical Services roles) and at Band 6 and above (primarily higher level registered nurses).

**Action, progress, and plans:**

Over the past three years, BME people have remained less likely than white people to be appointed from shortlisting, to varying degrees.

Items linked to the Trust’s June 2019 WRES Action Plan:

* To achieve ethnically diverse interview panels (August 2019)
* Review the Recruitment and Selection Policy and supporting resources to ensure they are free from bias and integrate EDI practice throughout (September 2019)
* Provide interview Skills training for BME colleagues (June 2019)
* Offering targeted support in making strong applications (June 2019)
* Deliver LPT Unconscious Bias Training to staff prioritising recruiting managers (June 2019)
* To review and strengthen the EDI criteria within person specifications and assessment of this criteria through the recruitment process (at shortlisting and interview stages) (September 2019)
* Consideration to be given to specific actions that can be taken to target underrepresented groups either within or outside planned recruitment events (September 2019)

**Review Date:** June to December 2019

## Main Finding 4

**Equality Theme:** Ethnicity and bank workers

**Equality Issue:** BME people were overrepresented in the bank workforce (Page 23).

**Context:**

At March 2019, BME people comprised 23% of the substantive workforce and 46% of those on bank contracts without a substantive post.

BME staff were 2.4 times more likely than White staff to be employed solely on a bank contract, whilst Black British staff were 4.0 times more likely than White staff to be employed solely on a bank contract.

Relative likelihood of BME staff overall, and Black British staff in particular, being employed solely on a bank contract compared to White staff, by year (list of figures):

* March 2019: BME vs White, 2.4, Black British vs White, 4.0
* March 2018: BME vs White, 2.6, Black British vs White, 4.3
* March 2017: BME vs White, 3.2, Black British vs White, 5.3

The overrepresentation of BME people on the bank was apparent for Administrative and Clerical roles, Additional Clinical Services roles, and Nursing roles.

**Action, progress, and plans:**

There is a long-term trend, dating back to at least 2012, for BME people to be at least twice as likely as white staff to be employed solely on a Bank contract (and at least three times as likely for Black British Staff).

The first Big Bank Survey was undertaken in 2017 and was repeated in 2018. The Big Bank Survey has highlighted issues affecting bank workers, which included problems around discrimination. The Centralised Staffing Solutions team and senior managers within the Trust are working to improve the experiences of bank staff when working for the Trust.

Ensure recruitment to substantive posts is equitable; see above regarding main finding 3 on ethnicity and recruitment.

**Review Date:** June to December 2019 as main finding 3

## Main Finding 5

**Equality Theme:** Ethnicity and career progression

**Equality Issue:** BME Staff were overrepresented at lower pay bands.

**Context:**

At March 2019:

- BME staff were 0.9 times as likely as White staff to be at Band 5 or above in non-clinical posts (essentially equally likely).

- BME staff were 0.1 times as likely as White staff to be at Band 8b or above in non-clinical posts.

- BME staff were 0.6 times as likely as White staff to be at a higher level in unqualified clinical posts (0.4 times as likely for Black British staff). (Mainly Additional Clinical Services.)

- BME staff were 0.8 times as likely as White staff to be at a higher level in qualified clinical posts outside of medicine (0.6 times as likely for Black British staff). (Mainly Registered Nursing.)

- These patterns have changed little over time.

Relative likelihood of BME staff being at higher pay bands compared to White staff, in non-clinical posts, unqualified clinical posts (bands 2 to 4) and qualified clinical posts outside of medicine (bands 5 and above), by year (list of figures):

* Non-clinical all bands: Relative likelihood of being at Band 5 or above
	+ March 2019: BME vs White, 0.9
	+ March 2018: BME vs White, 0.8
	+ March 2017: BME vs White, 0.8
* Non-clinical all bands: Relative likelihood of being at Band 8b or above
	+ March 2019: BME vs White, 0.1
	+ March 2018: BME vs White, 0.2
	+ March 2017: BME vs White, 0.2
* Clinical Bands 2-4: Relative likelihood of being at Band 3 or 4
	+ March 2019: BME vs White, 0.6, Black British vs White, 0.4
	+ March 2018: BME vs White, 0.6, Black British vs White, 0.3
	+ March 2017: BME vs White, 0.6, Black British vs White, 0.3
* Clinical Bands 5+: Relative likelihood of being at Band 6 or above
	+ March 2019: BME vs White, 0.8, Black British vs White, 0.6
	+ March 2018: BME vs White, 0.8, Black British vs White, 0.6
	+ March 2017: BME vs White, 0.8, Black British vs White, 0.6

**Action, progress, and plans:**

The pattern for BME people to be underrepresented at higher pay bands has changed little over time and is most marked for Black British staff in clinical roles outside of medicine.

Items linked to the Trust’s June 2019 WRES Action Plan:

* Provide interview Skills training for BME colleagues (June 2019)
* Offering targeted support in making strong applications (June 2019)
* Establish matching relationships within the current LLR wide Reverse mentoring programme (June 2019)
* Maximise opportunities for BAME staff to access any career development opportunities such as the Stepping Up Programme, Mentoring, coaching, specific BAME leadership Programmes and organise specific sessions as requested by BAME employees (September 2019)
* Celebrating the success and role modelling of BME staff in senior roles (December 2019)
* Promotion of mentoring, coaching and development programmes targeted at underrepresented groups and specific pay bands (Non-clinical Bands 2 to 4, and Clinical Bands 2 and 5) (September 2019)
* Development and articulation of career pathways for admin and clerical staff (September 2019)
* Introduce system of routinely recording on U-Learn the reason that an increment has not been awarded. To be picked up through the review of the appraisal process necessitated by the 2018 Contract Refresh, with increments being replaced by ‘pay steps’. (April 2019)
* Identify staff to be put forward for Midlands and East Talent Pool (December 2019)

**Review Date:** April to December 2019

## Main Finding 6

**Equality Theme:** Ethnicity and career progression

**Equality Issue:** BME staff were less likely to feel that LPT acts fairly in respect of career progression.

**Context:**

According to the 2018 NHS Staff Survey, 76% of BME staff felt that LPT acts fairly in respect of career progression (56% for Black British staff), compared to 90% of White staff. Similar trends were present in 2017 and 2016.

% who felt that LPT acts fairly in career progression, by ethnicity and year (list of figures):

* Staff Survey Year 2018: White, 90.4%, BME, 76.1%, Black British, 55.8%
* Staff Survey Year 2017: White, 90.6%, BME, 71.8%, Black British, 57.7%
* Staff Survey Year 2016: White, 93.0%, BME, 75.5%, Black British, 56.1%

**Action, progress, and plans:** As main finding 5, above

**Review Date:** April to December 2019

## Main Finding 7

**Equality Theme:** Ethnicity and career progression

**Equality Issue:** Black British staff were less likely to receive a pay increment.

**Context:**

In 2018/19, from amongst those eligible, overall, BME and White staff were equally likely to receive a pay increment (83% vs 85%), but Black British staff in particular were less likely to receive a pay increment (76%); associated with the finding that staff at Clinical Band 2 were less likely to receive a pay increment (Black British staff were overrepresented at Clinical Band 2).

% of those eligible who received a pay increment, by ethnicity and year (list of figures):

* 2018/19: White, 84.9%,BME, 83.2%, Black British, 76.4%
* 2017/18: White, 76.2%,BME, 68.5%, Black British, 67.4%
* 2016/17: White, 68.2%,BME, 60.2%, Black British, 51.7%

**Action, progress, and plans:**

Overall, the percentage of eligible staff who were awarded an increment increased from 2017/18 to 2018/19. The position for BME staff, overall, has improved since 2016/17; however, for Black British staff in particular, the position remains lower than for White staff.

Directorates receive monthly reports specifically for staff at Pay Bands 2 and 5 who have not received increments due to non-completion of appraisals. The number of staff who have their increment withheld due to performance management is low. Of all those staff who did not receive a pay increment in 2018/19, 96.5% (328/340) had either not completed their appraisal in the specified timeframe or had not completed their appraisal at all.

Items linked to the Trust’s June 2019 WRES Action Plan:

* Introduce system of routinely recording on U-Learn the reason that an increment has not been awarded. To be picked up through the review of the appraisal process necessitated by the 2018 Contract Refresh, with increments being replaced by ‘pay steps’. (April 2019)

**Review Date:** April 2019

## Main Finding 8

**Equality Theme:** Ethnicity and training

**Equality Issue:** Asian British staff were less likely to undertake non-mandatory training.

**Context:**

In 2018/19, 51.7% of Asian British staff undertook non-mandatory training, compared to 61.7% of White staff; associated with the finding that Administrative and Clerical staff were less likely to access non-mandatory training, whilst Registered Nursing staff were more likely to access non-mandatory training (Asian British people were overrepresented amongst Administrative and Clerical staff and underrepresented amongst Registered Nursing staff).

% of those who accessed non-mandatory training, ethnicity and year (list of figures):

* 2018/19: White, 61.7%, BME, 56.8%, Asian British, 51.7%
* 2017/18: White, 62.3%, BME, 59.1%, Asian British, 54.3%
* 2016/17: White, 51.5%, BME, 45.6%, Asian British, 39.1%

**Action, progress, and plans:**

The percentage of staff who accessed non-mandatory training remains lower for Asian British staff in 2018/19.

Items linked to the Trust’s June 2019 WRES Action Plan:

* Development and articulation of career pathways for administrative and clerical staff (September 2019)
* All staff to be encouraged to complete study leave forms for all non-mandatory training to ensure it is recorded on uLearn (December 2019)

**Review Date:** September to December 2018

## Main Finding 9

**Equality Theme:** Ethnicity and employee relations

**Equality Issue:** Black British staff were more likely to have experienced discrimination and bullying and harassment from other staff.

**Context:**

According to the 2018 Staff Survey, 4.5% of White staff at LPT experienced discrimination from other staff, compared to 10.5% of BME staff and 16.9% of Black British staff. Similar trends were present in 2017 and 2016.

% who experienced discrimination from other colleagues, by ethnicity and year (list of figures):

* Staff Survey Year 2018: White, 4.5%, BME, 10.5%, Black British, 16.9%
* Staff Survey Year 2017: White, 5.5%, BME, 10.6%, Black British, 16.7%
* Staff Survey Year 2016: White, 5.9%, BME, 11.3%, Black British, 22.2%

According to the 2018 Staff Survey, 13.6% of White staff experienced bullying and harassment from colleagues other than managers, compared to 16.3% of BME staff and 32.9% of Black British staff. The trend for higher levels of bullying and harassment against Black British staff has varied over the past three years, being present in 2017, but not in 2016. It was also present in 2015.

% who experienced bullying and harassment from colleagues other than managers, by ethnicity and year (list of figures):

* Staff Survey Year 2018: White, 13.6%, BME, 16.3%, Black British, 32.9%
* Staff Survey Year 2017: White, 13.6%, BME, 15.5%, Black British, 32.8%
* Staff Survey Year 2016: White, 14.0%, BME, 16.1%, Black British, 16.9%

**Action, progress, and plans:**

Items linked to the Trust’s June 2019 WRES Action Plan:

* Deliver LPT Unconscious Bias Training to staff prioritising recruiting managers (June 2019)
* Organise LLR wide Unconscious Bias Training (June 2019)
* Develop cultural competency training for managers and staff (August 2019)
* To review and strengthen the EDI criteria within person specifications and assessment of this criteria through the recruitment process (at shortlisting and interview stages) (September 2019)
* Launch a zero tolerance campaign in relation to less favourable and discriminatory behaviour towards staff (August 2019)
* To build race equality objectives into the appraisal of managers (December 2019)
* More effective use of Cultural Ambassadors across LPT (December 2019)
* Review anti-bullying and harassment resources to ensure that the service is accessible to all (September 2019)

**Review Date:** June to December 2019

## Main Finding 10

**Equality Theme:** Ethnicity and employee relations

**Equality Issue:** BME and White staff were equally likely to be subject to disciplinary proceedings.

**Context:**

In the two-year window to March 2019:

- BME staff were 1.4 times as likely as white staff to enter the disciplinary process (2.0 times for Black British staff) - essentially equally likely given the small numbers involved.

Relative likelihood of BME staff entering the formal disciplinary process compared to White staff, by two-year window and ethnicity (list of figures):

* Two-year window to March 2019: BME vs White, 1.4, Black British vs White, 2.0
* Two-year window to March 2018: BME vs White, 1.9, Black British vs White, 3.5
* Two-year window to March 2017: BME vs White, 1.2, Black British vs White, 2.2

**Action, progress, and plans:**

Looking at rolling two-year windows to March 2017, to March 2018 and to March 2019, BME staff (and Black British staff in particular) have been more likely than White staff to be subject to formal disciplinary proceedings in the two-year window to March 2018, but not in the two-year windows to March 2017 and March to 2019.

The relative likelihoods have varied year-on-year due to the small numbers of staff involved, but are always above 1 (i.e., always indicate a numerically greater likelihood of involving BME staff).

Items linked to the Trust’s June 2019 WRES Action Plan:

* Organise LLR wide Unconscious Bias Training (June 2019)
* To build race equality objectives into the appraisals of managers (December 2019)
* More effective use of Cultural Ambassadors across LPT (December 2019)

**Review Date:** June to December 2019

## Main Finding 11

**Equality Theme:** Gender and pay

**Equality Issue:** Men were overrepresented at middle and upper-middle levels in non-clinical roles.

**Context:**

At March 2019, in substantive non-clinical roles, women were 0.5 times as likely as men to be at Band 5 or above (a similar trend has been present in the workforce since at least 2012); but were more similarly likely (0.6 times) to be at Band 8b or above (an ongoing upwards trend).

Non-clinical all bands: Relative likelihood of women being at Band 5 or above compared to men, by year (list of figures):

* March 2019: women vs men, 0.5
* March 2018: women vs men, 0.5
* March 2017: women vs men, 0.5

Non-clinical all bands: Relative likelihood of being of women at Band 8b or above compared to men, by year (list of figures):

* March 2019: women vs men, 0.6
* March 2018: women vs men, 0.5
* March 2017: women vs men, 0.4

The overrepresentation of women below non-clinical Band 5 reflects that a higher proportion of women than men worked part time (40% vs 12%), with the majority of non-clinical part time roles being at Band 4 and below.

Gender and pay is looked at in more detail in the Gender Pay Gap report for 2018/19.

**Action, progress, and plans:**

The overrepresentation of women in lower level, often part-time administrative and clerical roles has been apparent since at least 2012.

The following actions may help the Trust to start addressing the underrepresentation of women at higher, non-clinical pay bands:

1. Research and identify best practice within and outside of the NHS in respect of initiatives to promote gender equality in career progression (e.g., the Athena SWAN charter - advancing the careers of women in science, technology, engineering, maths and medicine

<https://www.ecu.ac.uk/equality-charters/athena-swan/about-athena-swan/> )

2. Promote the Trust’s flexible working policy to ensure that flexible working can be supported in senior administrative roles. Consider signing up to the “happy to talk flexible working” initiative; the tag line and logo can then be used in job adverts to encourage applications from a wider pool of candidates:

<https://www.workingfamilies.org.uk/campaigns/happy-to-talk-flexible-working/>

3. Schedule meetings and training at “family friendly” times.

4. Review government guidance on actions to take to address a gender pay gap: <https://gender-pay-gap.service.gov.uk/public/assets/pdf/Evidence-based_actions_for_employers.pdf>

**Review Date:** December 2019

## Main Finding 12

**Equality Theme:** Disability and discrimination

**Equality Issue:** Disabled staff were less likely to feel that LPT acts fairly in respect of career progression.

**Context:**

According to the 2018 Staff Survey, 82% of Disabled staff felt that LPT acts fairly in respect of career progression, compared to 89% of staff who were Not Disabled.

% who felt that LPT acts fairly in career progression, by disability status and year (list of figures):

* Staff Survey Year 2018: Disabled, 81.8%, Not disabled, 89.3%
* Staff Survey Year 2017: Disabled, 76.6%, Not disabled, 89.3%
* Staff Survey Year 2016: Disabled, 84.4%, Not disabled, 91.6%

**Action, progress, and plans:**

In 2018, and over the past three years, disabled staff were less likely to feel that the Trust acts fairly in career progression.

Additionally, in the Staff Survey over the past three years, disabled staff have been more likely to report discrimination from other staff and more likely to report bullying and harassment from colleagues and managers.

1. Celebrate success stories of disabled staff as role models.

2. MAPLE (Disabled Staff Support Group) championed at Board level.

3. MAPLE (Disabled Staff Support Group) to lead on supporting LPT to address issues that affect disabled staff and identifying barriers.

4. Review of Reasonable Adjustments Policy with consideration given to disability leave.

Actions taken in relation to tackling bullying and harassment are noted in the response to finding 9.

The Trust has also analysed its workforce data using the WDES scheme of metrics. A WDES action plan has been produced, in line with statutory requirements. This action plan also addresses the points required for the Trust’s renewal of its Disability Confident standard later in 2019.

**Review Date:** December 2019

## Main Finding 13

**Equality Theme:** Disability and discrimination

**Equality Issue:** Disabled staff were more likely to report discrimination from other staff and Disabled staff were more likely to report staff-on-staff bullying and harassment.

**Context:**

According to the 2018 Staff Survey, 12% of Disabled staff experienced discrimination from other staff, compared to 4% of staff who were not Disabled. Similar trends were present in 2017 and 2016.

% who experienced discrimination from other colleagues, by disability status and year (list of figures):

* Staff Survey Year 2018: Disabled, 11.6%, Not disabled, 4.0%
* Staff Survey Year 2017: Disabled, 11.9%, Not disabled, 5.7%
* Staff Survey Year 2016: Disabled, 12.4%, Not disabled, 5.4%

According to the 2018 Staff Survey, 16% of Disabled staff experienced bullying and harassment from managers, compared to 8% of staff who were not Disabled. Similar trends were present in 2017 and 2016.

% who experienced bullying and harassment from managers, by disability status and year (list of figures):

* Staff Survey Year 2018: Disabled, 15.9%, Not disabled, 7.6%
* Staff Survey Year 2017: Disabled, 16.2%, Not disabled, 9.6%
* Staff Survey Year 2016: Disabled, 15.4%, Not disabled, 8.7%

According to the 2018 Staff Survey, 21% of Disabled staff experienced bullying and harassment from colleagues other than managers, compared to 13% of staff who were not Disabled. Similar trends were present in 2017 and 2016.

% who experienced bullying and harassment from colleagues other than managers, by disability status and year (list of figures):

* Staff Survey Year 2018: Disabled, 21.0%, Not disabled, 12.5%
* Staff Survey Year 2017: Disabled, 19.2%, Not disabled, 12.5%
* Staff Survey Year 2016: Disabled, 19.2%, Not disabled, 13.2%

**Action, progress, and plans:** As above

**Review Date:** December 2019

## Main Finding 14

**Equality Theme:** Sexual orientation and discrimination

**Equality Issue:** LGBO staff were more likely to report discrimination at work from other staff.

**Context:**

According to the 2018 Staff Survey, 17% of LGBO staff experienced discrimination from other staff, compared to 5% of Heterosexual staff. Similar trends were present in 2017 and 2016.

% who experienced discrimination from other colleagues, by sexual orientation and year (list of figures):

* Staff Survey Year 2018: LGBO, 16.9%, Heterosexual, 4.8%
* Staff Survey Year 2017: LGBO, 15.6%, Heterosexual, 5.9%
* Staff Survey Year 2016: LGBO, 14.0%, Heterosexual, 6.2%

It is also noted that LGBO staff were 3.3 times more likely than heterosexual staff to enter formal disciplinary proceedings in the two-year window to March 2019.

**Action, progress, and plans:**

In the Staff Survey over the past three years, LGBO staff have been more likely to report discrimination from other staff.

Actions taken in relation to tackling bullying and harassment are noted in the response to main finding 9.

LGBO staff are supported by Spectrum, the LGBTQ Staff Support Group, which is championed at Board level.

The Trust will continue to support the Rainbow Badge initiative, worn by staff to promote inclusion, and as a visible reminder that intolerance and discrimination are not acceptable.

**Review Date:** December 2019

# Workforce context

* Leicestershire Partnership NHS Trust (LPT) provides mental health, learning disability, and community health services to the population of Leicester, Leicestershire, and Rutland (mid-year population estimate at June 2018: 1,093,183).
* At the end of March 2019, LPT had a substantive workforce of 5307 employees (headcount). Of these employees, 1527 also held bank posts (28.8%). A further 1061 staff were employed solely on the bank, without substantive posts.
* LPT is organised into five directorates:

Table 1: Leicestershire Partnership NHS Trust’s substantive workforce by directorate (list of headcounts):

* Adult Mental Health and Learning Disability Services (AMH&LD): 23.6% (1255/5307)
* Community Health Services (CHS): 37.9% (2010/5307)
* Families, Young People and Children's Services (FYPC): 24.5% (1298/5307)
* Enabling (corporate functions): 9.6% (511/5307)
* Hosted services (health informatics, 360 Assurance): 4.4% (233/5307)
* LPT’s workforce encompasses a variety of job roles:

Table 2: Leicestershire Partnership NHS Trust’s substantive workforce by staff group (list of headcounts):

* Administrative and Clerical (includes Estates and Ancillary): 24.5% (1298/5307)
* Additional Clinical Services: 23.2% (1233/5307)
* Additional Professional Scientific and Technical (includes Healthcare Scientists): 4.0% (213/5307)
* Allied Health Professionals: 11.5% (612/5307)
* Registered Nurses: 33.1% (1757/5307)
* Medical: 3.7% (194/5307)

Table 3: Leicestershire Partnership NHS Trust’s bank workforce by staff group (those employed solely on the bank, without a substantive post at LPT) (list of headcounts):

In the list below an “R” indicates that the figure has been redacted to prevent the re-identification of individuals from small headcounts

* Administrative and Clerical (includes Estates and Ancillary): 23.7% (251/1061)
* Additional Clinical Services: 51.6% (548/1061)
* Additional Professional Scientific and Technical (includes Healthcare Scientists): R% (R/1061)
* Allied Health Professionals: 2.5% (27/1061)
* Registered Nurses: 20.5% (218/1061)
* Medical: R% (R/1061)

# Equality analysis of Leicestershire Partnership NHS Trust’s workforce at March 2019

* A quantitative equality analysis of LPT’s workforce was undertaken, based on
	+ a snapshot of the workforce at the end of March 2019 (5307 substantive employees, with a further 1061 staff on the bank without a substantive post),
	+ recruitment, training, promotions, achievement of incremental pay awards, and workforce leavers (including reasons for leaving) for the year to the end of March 2019,
	+ employee relations cases in a two year window covering the 2017/18 and 2018/19 financial years,
	+ and relevant findings from the 2018 NHS Staff Survey.

## Main findings (extended narrative)

This section offers an extended narrative detailing the main findings presented in the previous section.

### 1. Equality monitoring information was incomplete on Disability, Religion or Belief, and Sexual Orientation

Disability status, Religion or Belief, and Sexual Orientation were each not known for approximately one fifth of the substantive workforce, and for approximately one fifth of the staff solely on bank contracts (those with no substantive post at LPT).

Amongst the substantive staff for whom Disability status, Religion or Belief, or Sexual Orientation were not known, over 99.5% had chosen “prefer not to say” against the given protected characteristic. There were very few blank records. Meanwhile, amongst the bank staff for whom Disability status, Religion or Belief, or Sexual Orientation were not known, between 71.8% and 84.5% had chosen “prefer not to say” against the given protected characteristic; but between 15.5% and 28.2% had blank records, depending on the protected characteristic. Nonetheless, the percentages of records that were blank were nearly half that observed last year.

Improvements in the completeness of equality monitoring information on Disability status, Religion or Belief, and Sexual Orientation have been seen year-on-year since 2012, but more improvement is required. This work is included in the Equality and Diversity Strategic Action Plan, and will feature in the WDES Action Plan.

Complete information on Disability is especially important given the launch of NHS England’s Workforce Disability Equality Standard. The first round of reporting for the Workforce Disability Equality Standard begins in August 2019, based on the 2018/19 financial year. It is noted that, due to being incomplete, information held on the Electronic Staff Record about disability status might underestimate the percentage of disabled staff in the workforce. For instance, at March 2019, of the substantive staff who gave their disability status, 5.4% identified as disabled, but disability status was not known for 21.8% of staff. Meanwhile, in LPT’s 2018 NHS Staff Survey, 22.1% of staff who gave their disability status identified as disabled, with just 2.4% of respondents withholding the information.

### 2. There was occupational segregation within the workforce by ethnic group, and an underrepresentation of Asian British people

The latest available estimate for the ethnicity profile of the working age population of Leicester, Leicestershire and Rutland (663,849 people aged 16 to 64 years old) comes from the 2011 Census. BME people made up 22.7% of this section of the population. Specifically, the working age population of Leicester, Leicestershire and Rutland was 17.4% Asian British and 2.4% Black British. Compared to their levels of representation in the local working age population, Asian British people were underrepresented amongst the Trust’s substantive staff of known ethnicity (14.7%, 760/5178), whilst Black British people were overrepresented amongst substantive staff (5.4%, 278/5178) and especially amongst bank staff (25.1%, 260/1035).

The underrepresentation of Asian British people reflected occupational segregation within the workforce. Asian British people had particularly low levels of representation in the Nursing profession, both amongst substantive staff (5.8%, 101/1734), and amongst bank staff (6.1%, 13/212).

Meanwhile, Black British people were concentrated in Additional Clinical Services roles and in the Nursing profession, both amongst substantive staff and amongst bank staff (8.4%, 146/1734, of substantive nurses; 17.0%, 36/212, of bank nurses; 6.4%, 78/1220, of substantive Additional Clinical Services staff; 40.0%, 214/535, of bank Additional Clinical Services staff).

### 3. BME job applicants were less likely to be appointed from shortlisting

White people were 2.0 times more likely than BME people to be appointed from amongst those shortlisted (9.7% of White people appointed, 371/3844; 4.9% of BME people appointed, 124/2525) – this metric forms part of the Workforce Race Equality Standard.

More detailed analyses indicated that, in Non-clinical (essentially Administrative and Clerical) roles, White people were 1.4 times as likely as BME people to be appointed from amongst those shortlisted at Band 2 and Bands 3 to 4 (5.4% of White people appointed, 51/936; 3.9% of BME people appointed, 32/829). However, at Bands 5 and above, White people were 2.6 times more likely than BME people to be appointed from amongst those shortlisted (17.8% of White people appointed, 38/214; 6.8% of BME people appointed, 9/133).

In Clinical roles outside of Medicine, White people were 2.1 times more likely than BME people to be appointed from amongst those shortlisted at Bands 2 to 4 (primarily Additional Clinical Services, 6.0% of White people appointed, 74/1225; 2.9% of BME people appointed, 25/864). Meanwhile, in Clinical roles at Band 5 and above (primarily nursing), White people were 1.6 times as likely as BME people to be appointed from amongst those shortlisted at Band 5 (10.9% of White people appointed, 61/559; 7.0% of BME people appointed, 19/270), but White people were 2.0 times more likely than BME people to be appointed at Band 6 and above (16.2% of White people appointed, 132/815; 8.3% of BME people appointed, 27/326). This pattern of recruitment ties in with variations in the representation of BME staff at different pay bands within the organisation, with BME staff proportionately represented (and Black British staff overrepresented) at Clinical Band 5, but with much lower levels of representation at Clinical Bands 6 and above (please see main finding 5, below, for more details).

### 4. BME staff, and especially Black British staff, were more likely than White staff to be employed solely on a Bank contract

At March 2019, 12.2% of the Trust’s 4562 White staff were employed solely on a Bank contract, compared to 29.1% of the 1651 BME staff overall, and 48.3% of the 538 Black British staff in particular. Thus, BME staff were 2.4 times more likely than White staff to be employed solely on a Bank contract; 4.0 times more likely for Black British staff. BME staff have been more likely than White staff to be employed solely on a Bank contract since at least March 2012.

### 5. BME staff were overrepresented at lower pay bands

In substantive posts, BME staff made up 22.6% of the workforce (1171/5178 of known ethnicity); with 14.7% of the substantive workforce being Asian British (760/5178) and 5.4% being Black British (278/5178). Broadly, BME staff were overrepresented at lower pay bands in both Non-clinical roles and in Clinical roles outside of Medicine.

In Non-clinical posts BME staff were overrepresented at Band 2 (34.0%, 90/265) and Band 3 (32.2%, 96/298), with a marked drop in representation from Band 8a (25.5%, 14/55) to Band 8b (R%, R/38). Non-clinical BME staff were mainly Asian British.

Meanwhile, in Clinical posts outside of medicine, Black British staff in particular were overrepresented at Band 2 (11.5%, 57/496), the lowest pay band for clinical support staff, and Black British staff were also overrepresented at Band 5 (11.1%, 87/782), the lowest pay band for registered nurses.

For the first time since March 2015, in March 2019, BME staff were as likely as White staff to be at Band 5 or above in Non-clinical posts (0.85 times as likely, up from 0.82 times as likely in March 2018). However, there was a large gap in the representation of BME staff at more senior levels in Non-clinical posts, with BME staff 0.14 times as likely as White staff to be at Band 8b and above (down from 0.19 times as likely in March 2018, and following a downward trend from 0.37 times as likely in March 2015).

At March 2019, amongst those in Clinical roles at Bands 2 to 4 (primarily Additional Clinical Services staff), BME staff were 0.64 times as likely as White staff to be above Band 2 (the lowest pay band in the Additional Clinical Services staff group); with Black British staff 0.42 times as likely as White staff to be above Band 2. Similar patterns of underrepresentation have been evident since at least March 2012.

Amongst those in Clinical roles at Band 5 and above (primarily registered nursing), BME staff were 0.81 times as likely as White staff to be above Band 5 (the lowest pay band for registered nurses) at March 2019; with Black British staff 0.64 times as likely as White staff to be above Band 5. Again, similar patterns of underrepresentation have been evident since at least March 2012.

### 6. BME staff were less likely to feel that LPT acts fairly in respect of career progression

The 2018 Staff Survey indicated that 76.1% of BME staff felt that LPT acts fairly in career progression and promotion (245/322), compared to 90.4% of White staff (1321/1461) – this metric forms part of the Workforce Race Equality Standard. Amongst Black British staff, 55.8% felt that LPT acts fairly in career progression and promotion (29/52).

The trend for BME staff, and especially Black British staff, to be less likely to feel that LPT acts fairly in career progression and promotion has remained the same over the past three years.

### 7. Black British staff were less likely to receive a pay increment

In 2018/19, from amongst those eligible, overall, BME and White staff were similarly likely to receive a pay increment (83.2% of BME staff, 421/506, and 84.9% of White staff, 1379/1625); reflecting an improvement on the position seen in 2017/18 when BME staff were less likely than White staff to receive a pay increment (68.5% of BME staff, 435/635, and 76.2% of White staff, 1535/2015).

However, Black British staff in particular were less likely to receive a pay increment in 2018/19 (76.4%, 110/144); despite improvements in the percentages of Black British receiving a pay increment over the past two years (67.4%, 118/175 in 2017/18, and 51.7%, 92/178 in 2016/17).

The finding that Black British staff were less likely to receive a pay increment in 2018/19 was associated with the finding that staff at Clinical Band 2 were less likely to receive a pay increment (73.9%, 153/207, compared to a Trust average of 84.3%, 1832/2172). Black British staff were overrepresented at Clinical Band 2. Of all those staff who did not receive a pay increment in 2018/19, 96.5% (328/340) had either not completed their appraisal in the specified timeframe or had not completed their appraisal at all.

### 8. Asian British staff were less likely to undertake non-mandatory training

White staff were more likely than BME staff to undertake non-mandatory training (61.7% of White staff, 2473/4007, and 56.8% of BME staff, 665/1171). Thus, White staff were 1.1 times more likely than BME staff to undertake non-mandatory training – this metric forms part of the Workforce Race Equality Standard. In particular, Asian British staff were less likely to undertake non-mandatory training (51.7%, 393/760); whilst Black British staff were more likely to undertake non-mandatory training (68.7%, 191/278).

This pattern reflects occupational segregation in the workforce with Asian British staff concentrated in staff groups that undertook less non-mandatory training, and Black British staff concentrated in staff groups that undertook more non-mandatory training. For instance, Administrative and Clerical staff and Medics were less likely to access non-mandatory training (48.2% of Administrative and Clerical staff, 626/1298 and 38.7% of Medics, 75/194), whilst Additional Clinical Service staff and Registered Nursing staff were more likely to access non-mandatory training (65.3% of Additional Clinical Service staff, 805/1233 and 71.9% of Nursing Staff, 1264/1757).

### 9. Black British staff were more likely to have experienced discrimination and bullying and harassment from other staff

The 2018 Staff Survey indicated that 10.5% of BME staff (51/485) had experienced discrimination at work from a manager / team leader or other colleagues, compared to 4.5% of White staff (90/2003) – this metric forms part of the Workforce Race Equality Standard. In particular, 16.9% of Black British staff (13/77) had experienced discrimination at work from a manager / team leader or other colleagues. These trends have remained static over the past three years.

The 2018 Staff Survey also indicated that 32.9% of Black British staff (27/82) had experienced harassment, bullying or abuse at work from other colleagues (other than managers), compared to 13.6% of White staff (271/1993). There was an upwards trend over the past three years in the levels of harassment, bullying or abuse at work experienced by Black British staff from other colleagues, increasing from 16.9% (12/71) in 2016. In 2015, 26.8% of Black British staff (22/82) experienced harassment, bullying or abuse at work compared to 14.7% of White staff (254/1724) – indicating that levels of harassment, bullying or abuse at work experienced by Black British staff from other colleagues have been elevated over the longer term, as well as having increased more recently.

### 10. BME staff were not more likely to be subject to disciplinary proceedings

In the two-year window to March 2019, BME staff and White staff were similarly likely to be subject to disciplinary proceedings (1.4 times as likely) – this metric forms part of the Workforce Race Equality Standard. (Formal disciplinary proceedings in the two-year window to March 2019, relative to the workforce at March 2019, BME staff: 1.5%, 17/1171; White staff: 1.1%, 43/4007.)

This represents an improvement on the position observed for the two-year window to March 2018 when BME staff were more likely than White staff to be subject to disciplinary proceedings (1.9 times more likely). (Formal disciplinary proceedings in the two-year window to March 2018, relative to the workforce at March 2018, BME staff: 1.4%, 16/1116; White staff: 0.7%, 30/4011.) For reference, in the two-year windows to March 2017 and to March 2016, the relative likelihoods were each 1.2.

### 11. Men were overrepresented at middle and upper-middle levels in non-clinical roles

At March 2019, in substantive posts, men made up 17.0% of the workforce (901/5307). Men were overrepresented at middle to upper-middle levels in Non-clinical roles (Band 5: 31.1%, 47/151; Band 6: 32.7%, 35/107; Band 7: 47.8%, 54/113; Band 8a: 40.4%, 23/57). In Non-clinical roles this pattern appears to be driven by part-time working: a higher proportion of women than men worked part-time (40.2%, 403/1002 vs 11.8%, 35/296), with the majority of Non-clinical part-time roles being at Band 4 and below.

In Clinical roles, men were underrepresented at Band 5 (11.0%, 87/793) and were overrepresented amongst Medics at consultant (50.9%, 56/110) and trainee level (41.1%, 23/56). This reflected occupational segregation to some degree (there was an underrepresentation of men in Nursing roles and an overrepresentation of men in the Medical staff group).

At March 2019, in Non-clinical roles, women were 0.51 times as likely as men to be at Band 5 or above – driven by the concentration of women in part-time roles at lower levels (under Band 5) and the overrepresentation of men at middle to upper-middle levels (Bands 5 to 8a). A similar pattern has been evident since at least March 2012. However, at March 2019, for the first time since at least 2012, women and men were similarly likely to be at more senior levels in Non-clinical roles (Band 8b and above). Women were 0.63 times as likely as male staff to be at Band 8b or above; reflecting an upwards trend from 0.22 times as likely at March 2012.

The Government introduced mandatory gender pay gap reporting for private, voluntary, and public sector organisations from the 2016/17 financial year. Leicestershire Partnership NHS Trust will be required to publish its gender pay gap analysis for the 2018/19 financial year by 30th March 2020. In accordance with the analyses of gender and pay band detailed above, Leicestershire Partnership NHS Trust’s gender pay gap analyses for 2018/19 revealed a pay gap in favour of men, as they did in the 2016/17 and 2017/18 financial years. Gender pay gap reporting is the subject of a separate report.

### 12. Disabled staff were less likely to feel that LPT acts fairly in respect of career progression

The 2018 Staff Survey indicated that 81.8% of Disabled staff (320/391) felt that LPT acts fairly in career progression and promotion compared to 89.3% of staff who were Not disabled (1248/1397) – this metric forms part of the Workforce Disability Equality Standard, to be reported upon for the first time in August 2019. This trend has been static over the past three years.

### 13. Disabled staff were more likely to report discrimination, bullying and harassment at work from managers and from other colleagues

The 2018 Staff Survey indicated that 11.2% of Disabled staff (64/553) had experienced discrimination at work from a manager, team leader or other colleagues, compared to 4.0% of staff who were Not disabled (78/1950). This trend has been static over the past three years for Disabled staff, but levels of discrimination decreased between 2017 and 2018 for staff who were Not disabled.

The 2018 Staff Survey also indicated that 15.9% of Disabled staff (88/554) experienced harassment, bullying or abuse at work from managers, compared to 7.6% of staff who were Not disabled (149/1952). Similarly, 21.0% of Disabled staff (115/548) experienced harassment, bullying or abuse at work from other colleagues, compared to 12.5% of staff who were Not disabled (242/1934). These metrics form part of the Workforce Disability Equality Standard. These trends have been static over the past three years.

A further metric introduced for the Workforce Disability Equality Standard this year is the relative likelihood of Disabled staff and staff who are not disabled entering the formal capability procedure in a two-year window. Disabled staff were 2.5 times as likely as staff who were Not disabled to enter the formal capability procedure in 2017/18 to 2018/19; this did not represent a robust difference due to the very small number of disabled staff entering formal capability proceedings in the window of interest (formal capability proceedings in the two-year window to March 2019, relative to the workforce at March 2019, Disabled staff: R%, R/226; Not disabled staff: R%, R/3925). However, it is noted that in 2018/19, Disabled staff were 8.0 times more likely than staff who were Not disabled to have left the organisation by reason of dismissal on the grounds of capability (turnover due to dismissal on the grounds of capability in 18/19, relative to the workforce at March 2019, Disabled staff: R%, R/226; Not disabled staff: R%, R/3925) – this was a robust finding and indicates the existence of an association between disability in the workforce and capability proceedings.

### 14. LGBO staff were more likely to report discrimination at work from other staff

The 2018 Staff Survey indicated that 16.9% of LGBO staff (11/65) experienced discrimination from a manager / team leader or other colleagues, compared to 4.8% of Heterosexual staff (105/2210). This trend has been static over the past three years.

It is also noted that LGBO staff were 3.3 times more likely than heterosexual staff to enter formal disciplinary proceedings in the two-year window to March 2019.