Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Name of organisation

Date of report: month/year

Leicestershire Partnership NHS Trust	March	2019

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

Sarah Willis, Director of Human Resources and Operational Development

Name and contact details of lead manager compiling this report

Haseeb Ahmad, Equalities Lead

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

East Leicestershire CCG

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

Hamel Dhanak / Catherine Bull

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

http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights-Workforceraceequalitystandard.aspx

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

Angela Hillery (Chief Executive) and Cathy Ellis (Chair) – 30th July 2019

1. Background narrative

a. Any issues of completeness of data

At March 2019, ethnicity was known for 97.6% of the substantive workforce (headcount = 5307, excluding non-executive board members).

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

None.

2. Total numbers of staff

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

5307 substantive staff (including executive board members, but excluding non-executive board members of which there were 7).

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

22.6% (using the total number of staff of known ethnicity as the base, n = 5178).

3. Self reporting

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

97.6%

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

Annually in February / March, a Trust-Wide request is made to employees to ask them to update their equality monitoring information on the Electronic Staff Record. The request is accompanied by promotion (through the staff newsletter and Team Brief), including information giving assurances on confidentiality, the purposes for which the information will be used, and promoting the benefits to the Trust and to the individual of having complete information for the purposes of equality monitoring.

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

An annual request is made to staff to update their equality monitoring information on the electronic staff record, supported by assurances on confidentiality, the purposes for which the information will be used, and offering examples of positive outcomes for staff related to the use of the information.

4. Workforce data

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

Staff in post at the end of March 2019; Recruitment in the 18/19 financial year; Disciplinary cases opened in the 17/18 and 18/19 financial years; Non-mandatory training undertaken in the 18/19 financial year; 2018 NHS Staff Survey undertaken in November – December 2018.

5. Workforce Race Equality Indicators

In this report, statistical tests have been used on the WRES indicators to tell us whether any differences between the figures for White and BME staff are a cause for concern. It is unlikely that the figures for White and BME staff will be exactly the same, so it is important to use a reliable method to show whether any differences may need specific focus. Even when the indicators suggest a large difference in terms of the percentages or likelihood ratios, this difference may be unreliable if it is based on a small number of people. A key to the colour-coding used in the tables of analysis is given at the end of this report.

For each of these four workforce indicators, compare the data for White and BME staff

18/19			17/18			Narrative	Action
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.							

	Pay band	Total n*	% BME		Pay band	Total n*	% BME	Narrative	Action
Non-clinical	Under Band 1	14	R%	Non-clinical	Under Band 1	11	R%	At March 2019: Non-clinical: • BME people were overrepresented at lower pay bands (2 and 3). This largely reflected an overrepresentation of Asian British people in lower-level Administrative roles. There was also a notable drop in the representation of BME people when comparing Bands 8A and under with Bands 8B and above – a gap which has increased since last year and which has been increasing since at least 2012. Clinical: • Unqualified roles (Bands 2 to 4; essentially Additional Clinical Services): BME people were overrepresented at the lowest pay band (Band 2) and underrepresented at higher bands (Bands 3 and 4). This largely reflected the distribution of Black British staff. • Qualified roles (Band 5 and	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 BAME staff in senior roles (December 2019) • Promotion of mentoring, coaching and development programmes targeted at under-represented 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
	Band 1	R	R%		Band 1	R	R%		
	Band 2	265	34.0%		Band 2	263	34.6%		
	Band 3	298	32.2%		Band 3	276	32.6%		
	Band 4	194	25.3%		Band 4	194	22.7%		
	Band 5	145	31.7%		Band 5	132	29.5%		
	Band 6	104	28.8%		Band 6	98	28.6%		
	Band 7	103	29.1%		Band 7	104	26.0%		
	Band 8A	55	25.5%		Band 8A	50	24.0%		
	Band 8B	38	R%		Band 8B	38	R%		
	Band 8C	21	R%		Band 8C	18	R%		
	Band 8D	R	0.0%		Band 8D	R	R%		
	Band 9	R	0.0%		Band 9	R	0.0%		
	VSM	R	0.0%		VSM	R	0.0%		
Clinical	Under Band 1	R	R%	Clinical	Under Band 1	R	R%		
	Band 1	0	-		Band 1	0	-		
	Band 2	496	31.3%		Band 2	483	31.3%		
	Band 3	468	16.2%		Band 3	472	13.3%		
	Band 4	229	12.7%		Band 4	209	11.5%		
	Band 5	782	22.9%		Band 5	826	22.8%		
	Band 6	1107	15.1%		Band 6	1097	13.1%		
	Band 7	406	11.8%		Band 7	409	10.8%		
	Band 8A	144	10.4%		Band 8A	147	10.9%		
	Band 8B	58	19.0%		Band 8B	60	16.7%		
	Band 8C	14	R%		Band 8C	14	R%		
	Band 8D	R	R%		Band 8D	R	R%		
	Band 9	0	-		Band 9	0	-		
	VSM	0	-		VSM	0	-		
Medical	Consultant (not senior medical manager)	109	64.2%	Medical	Consultant (not senior medical manager)	109	65.1%		
	Senior medical manager (consultant)	R	R%		Senior medical manager (consultant)	R	R%		
	Non-consultant career grade	25	48.0%		Non-consultant career grade	32	50.0%		
	Trainee grade	55	58.2%		Trainee grade	17	76.5%		
	Other	0	-		Other	39	64.1%		
	Overall	5178	22.6%		*Overall*	5127	21.8%		

* total of known ethnicity
R – Redacted to prevent the re-identification of individuals from small headcounts

		above): BME people were underrepresented at middle to higher pay bands (Bands 6, 7, and 8A). This largely reflected the distribution of Black British staff. • Medical: BME staff, specifically Asian British staff, were overrepresented in Medical roles. This reflected occupational segregation, with Asian British staff underrepresented in registered Nursing roles. The distributions of BME staff within the workforce at March 2019 and at March 2018 were similar.	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)

2. Relative likelihood of staff being appointed from shortlisting across all posts.

Relative likelihood = 1.97	**Relative likelihood = 1.33**

White people were 1.97 times as likely as BME people to be appointed if shortlisted†.

Ethnicity	n shortlisted*	% appointed
White	3844	9.7%
BME	2525	4.9%
Overall	*6369*	*7.8%*

* total of known ethnicity

White > BME†

White people were 1.33 times as likely as BME people to be appointed if shortlisted†.

Ethnicity	n shortlisted*	% appointed
White	3253	10.5%
BME	2018	7.9%
Overall	*5271*	*9.5%*

* total of known ethnicity

White > BME†

In 18/19 White people were more likely than BME people to be appointed if shortlisted.

More detailed analyses were undertaken, compartmentalised by job role and pay band:

- In Non-clinical roles BME people and White people were more similar in their likelihoods of being appointed at Bands 2 to 4 (relative likelihood White/BME = 1.4), but BME people were less likely to be appointed at Bands 5 and above (relative likelihood White/BME = 2.6);
- In Clinical roles outside of Medicine, BME people were less likely to be appointed at Bands 2 to 4 (primarily Additional Clinical Services roles, relative likelihood White/BME = 2.1); BME and White people were more similar in their likelihoods of being appointed at Band 5 (lowest pay band for Registered Nurses, relative likelihood White/BME = 1.6); and BME people were less likely to be appointed at Band 6 and above (primarily higher level Registered Nurses, relative likelihood = 2.0).

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 under-represented groups either within or outside planned recruitment events (September 2019)

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.

Relative likelihood = 1.35

BME staff were 1.35 times as likely as White staff to enter a formal disciplinary process. (Cases opened in 17/18 and 18/19.)

Ethnicity	workforce overall*	% formal disciplinary
White	4007	1.1%
BME	1171	1.5%
Overall	*5178*	*1.2%*

* total of known ethnicity

BME ≈ White†

Relative likelihood = 1.92

BME staff were 1.92 times as likely as White staff to enter a formal disciplinary process. (Cases opened in 16/17 and 17/18.)

Ethnicity	workforce overall*	% formal disciplinary
White	4011	0.7%
BME	1116	1.4%
Overall	*5127*	*0.9%*

* total of known ethnicity

BME > White†

In 18/19 BME staff and White staff were similarly likely to enter a formal disciplinary process in the two-year window to March 2019 (relative likelihood = 1.35).

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 enter a formal disciplinary process (relative likelihood = 1.92).

For reference, in the two-year windows to March 2017 and March 2016, the relative likelihoods were close to 1 (1.17 and 1.19 respectively).

Given the small number of formal disciplinary cases each year, variations in this indicator from one year to the next are likely to reflect a large degree of random variation (a difference of just a few cases will have a large impact on the indicator).

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 managers' appraisals (December 2019)
- More effective use of Cultural Ambassadors across LPT (December 2019)

4. Relative likelihood of staff accessing non-mandatory training and CPD.

Relative likelihood = 1.09	**Relative likelihood = 1.05**	

Relative likelihood = 1.09

White staff were 1.09 times as likely as BME staff† to access non-mandatory training‡.

Ethnicity	workforce overall*	% non-mandatory training
White	4007	61.7%
BME	1171	56.8%
Overall	*5178*	*60.6%*

* total of known ethnicity

White > BME†

‡ The relative likelihood appears close to 1; however, the odds ratio was 1.2 – the odds of White staff accessing non-mandatory training was about 20% greater than the odds of BME staff accessing non-mandatory training. Odds ratios give a clearer indication of significant differences when the outcome for both groups is relatively common.

Relative likelihood = 1.05

White staff were 1.05 times as likely as BME staff to access non-mandatory training.

Ethnicity	workforce overall*	% non-mandatory training
White	4011	62.3%
BME	1116	59.1%
Overall	*5127*	*61.6%*

* total of known ethnicity

White ≈ BME

In 18/19, White staff were more likely than BME staff to access non-mandatory training (relative likelihood = 1.09).

This represents a difference to the position seen in 17/18 when White staff and BME staff were similarly likely to access non-mandatory training (relative likelihood = 1.05).

Nonetheless, in both 18/19 and 17/18, Asian British staff in particular were less likely to access non-mandatory training (relative likelihoods White/Asian British = 1.19 and 1.15, respectively). This reflected occupational segregation: Asian British staff were overrepresented in Administrative roles, which undertook less non-mandatory training; whilst Asian British staff were underrepresented in Registered Nursing roles, which undertook more non-mandatory training.

Items linked to the Trust's June 2019 WRES Action Plan:
- Development and articulation of career pathways for admin 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)

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.			
18/19	**17/18**	**Narrative**	**Action**
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.			

Ethnicity	respondents overall*	% experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
White	1991	23.1%
BME	488	24.0%
Overall	*2479*	*21.1%*

* total of known ethnicity

White ≈ BME

Ethnicity	respondents overall*	% experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
White	1780	24.7%
BME	379	23.0%
Overall	*2159*	*24.4%*

* total of known ethnicity

White ≈ BME

The 2018 Staff Survey indicated that BME and White people were similarly likely to experience harassment, bullying or abuse from patients, relatives or the public (23.1% of 1991 White staff and 24.0% of 488 BME staff).

In previous years, further analysis has indicated a specific problem for Black British staff in this area. In 2016, 47.2% of 72 Black British respondents experienced harassment, bullying or abuse from patients, relatives or the public, and in 2015, 47.0% of 83 Black British respondents experienced harassment, bullying or abuse from patients, relatives or the public. However, more recently, in 2018 and 2017, the level of harassment, bullying or abuse from patients, relatives or the public experienced by Black British staff was lower than in previous years: 33.3% of 81 Black British respondents in 2018 and 35.5% of 62 Black British respondents in 2017.

Items linked to the Trust's June 2019 WRES Action Plan:
- Launch a zero tolerance campaign in relation to less favourable and discriminatory behaviour towards staff (August 2019)

6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Ethnicity	respondents overall*	% experiencing harassment, bullying or abuse from staff in last 12 months
White	1994	18.8%
BME	487	20.1%
Overall	*2481*	*19.0%*

* total of known ethnicity

White ≈ BME

Ethnicity	respondents overall*	% experiencing harassment, bullying or abuse from staff in last 12 months
White	1784	19.7%
BME	378	18.5%
Overall	*2162*	*19.5%*

* total of known ethnicity

White ≈ BME

The 2018 Staff Survey indicated that BME and White people were similarly likely to experience harassment, bullying or abuse from staff (18.8% of 1994 White staff and 20.1% of 487 BME staff).

However, further analysis indicated that Black British staff in particular were more likely to experience harassment, bullying or abuse from colleagues other than managers: 32.9% of 82 Black British respondents compared to 13.6% of 1993 White respondents. A similar position was seen in the 2017 Staff Survey in terms of harassment, bullying or abuse from colleagues other than managers: 37.8% of 61 Black British respondents compared to 13.6% of 1771 White respondents.

Items linked to the Trust's June 2019 WRES Action Plan:
- Launch a zero tolerance campaign in relation to less favourable and discriminatory behaviour towards staff (August 2019)
- To build race equality objectives into managers' appraisals (December 2019)
- Review anti-bullying and harassment resources to ensure that the service is accessible to all (September 2019)

7. Percentage believing that the Trust provides equal opportunities for career progression or promotion.

Ethnicity	respondents overall*	% believing that the Trust provides equal opportunities for career progression or promotion
White	1444	90.7%
BME	324	75.3%
Overall	*1768*	*87.9%*

* total of known ethnicity

White > BME†

Ethnicity	respondents overall*	% believing that the Trust provides equal opportunities for career progression or promotion
White	1293	90.6%
BME	256	72.7%
Overall	*1549*	*87.7%*

* total of known ethnicity

White > BME†

The 2018 Staff Survey indicated that BME people were less likely to believe that the Trust provides equal opportunities for career progression or promotion (90.7% of 1444 White staff and 75.3% of 324 BME staff). This pattern was also observed in Staff Surveys over the past four years, at least.

This trend was especially marked for Black British staff: 55.8% of 52 Black British respondents believed that the Trust provides equal opportunities for career progression or promotion – again, similar patterns have been evident over the past four years, at least.

This finding may be linked to the finding that BME people were overrepresented at lower pay bands (Indicator 1) and may point to a specific issue around career development. This finding may also be linked to the greater levels of discrimination experienced by BME staff from other staff (Indicator 8).

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)
- Deliver LPT Unconscious Bias Training to staff prioritising recruiting managers (June 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)

8. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

Ethnicity	respondents overall*	% experienced discrimination at work from Manager/team leader or other colleague
White	1987	4.3%
BME	481	10.8%
Overall	*2468*	*5.6%*

* total of known ethnicity

White < BME†

Ethnicity	respondents overall*	% experienced discrimination at work from Manager/team leader or other colleague
White	1777	5.7%
BME	378	10.3%
Overall	*2178*	*6.5%*

* total of known ethnicity

White < BME†

The 2018 Staff Survey indicated that BME people were more likely to have experienced discrimination at work from a manager, team leader or other colleague (4.3% of 1987 White staff and 10.8% of 481 BME staff). This pattern was also observed in Staff Surveys over the past four years, at least.

Further analysis indicated a specific problem for Black British staff: 16.9% of 77 Black British respondents experienced discrimination at work from a Manager/team leader or other colleague – again, similar patterns were also observed in Staff Surveys over the past four years, at least.

This finding may be linked to the finding that BME people were overrepresented at lower pay bands (Indicator 1) and may point to discrimination experienced in terms of career development. This finding may also be linked to a lesser level of belief amongst BME staff that the Trust provides equal opportunities for career progression or promotion (Indicator 7).

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 these 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 managers' appraisals (December 2019)
- More effective use of Cultural Ambassadors across LPT (December 2019)

Board representation indicator. For this indicator, compare the difference for White and BME staff			
18/19	**17/18**	**Narrative**	**Action**
9. Ethnicity profile of the Board. Percentage difference between (i) the organisations' Board voting membership and its overall workforce (ii) the organisations' Board executive membership and its overall workforce.			
Percentage differences: **%BME total board - %BME workforce = -15.5%** **%BME voting board - %BME workforce = -13.5%** **%BME executive board - %BME workforce = -22.6%**	**Percentage differences:** **%BME total board - %BME workforce = -12.7%** **%BME voting board - %BME workforce = -10.7%** **%BME executive board - %BME workforce = -1.8%**	BME people were underrepresented on the Board at March 2019, overall (-15.5%) and amongst executive (-22.6%) and voting members (-13.5%). This represents a change from the position at March 2018 when BME were proportionately represented amongst executive Board members (-1.8%) – reflecting the loss and appointment of one executive board member. Given the small number of people on the board, a change of one individual will make a large difference to the percentage differences. Ethnicity was known for all board members at March 2019, but was not known for 15% of Board members at March 2018.	Items linked to the Trust's June 2019 WRES Action Plan: • Celebrating the success and role modelling of BME staff in senior roles (December 2019) • Consider positive action as and when vacancies occur (December 2019) • Encourage all Exec and Non-Exec Directors to complete data on ESR (December 2019) • Identify staff to be put forward for Midlands and East Talent Pool (December 2019)

† Statistically significant (α = .05)

6. Are there any other factors or data which should be taken into consideration in assessing progress?

Leicestershire Partnership NHS Trust produces a comprehensive Annual Workforce Equality Report which, in addition to race, considers the wider equality agenda, other protected characteristics and other employment domains, in detail.

http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights-PublicationofEqualityInformation.aspx

These analyses, alongside the WRES, are reported to senior management, at Trust Board and through the Strategic Workforce Group, to inform strategy and decision making.

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.

Action plans relating to the WRES and wider equality agenda went before the Trust's board of directors on 30th July 2019

LPT Diversity and Inclusion Approach 2017 – 2021
http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights.aspx

Annual workforce equality monitoring report
http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights-PublicationofEqualityInformation.aspx

WRES and consolidated equality action plan
http://www.leicspart.nhs.uk/_Aboutus-EqualityandHumanRights-Workforceraceequalitystandard.aspx

Key to colour-coding in tables of analysis:

	Benchmark
	Better to a large degree
	Better to a medium degree
	Better to a small degree
	Equivalent
	Worse to a small degree
	Worse to a medium degree
	Worse to a large degree

Please note: for some questions (e.g., the percentage agreeing that LPT acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age) "better" was indicated by a higher score and "worse" was indicated by a lower score; whilst for other questions (e.g., the percentage experiencing one or more incident of bullying and harassment from other colleagues in the past 12 months) "better" was indicated by a lower score and "worse" was indicated by a higher score.