Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Luton and Dunstable University Hospital Foundation Trust

Date of report: month/year

June 2018

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

Angela Doak - Director of Human Resources

Name and contact details of lead manager compiling this report

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

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

Luton CCG, Bedfordshire CCG and Herts Valley CCG

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

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

(to be added when uploaded)

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

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

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data had been taken from the ESR payroll system. Staff provide their ethnicity on recruitment application forms and this is also included on Staff Appointment forms. This has been standard practice for a number of years and before the first WRES in 2015. The percentage of staff who have not declared their ethnicity was at 3.45% in 2015, 2.49% in 2016, 3.49% in 2017 and 3.97% in 2018.

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

See 1a - A small percentage of staff have not declared their ethnicity which has been between 2.49 to 3.97% in the last 4 years. Data can be compared to most of the previous data due to standard practice for capturing ethnicity e.g.: at recruitment stage .

2. Total numbers of staff

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

The data used is of March 31st 2018 where total staff were 4206 (an increase from 3950 in 2017, 3813 in 206 and 2015 at 3880).

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

Ratio of BME to White staff is 40.04% : 55.99% - (in 2017, 38.9%: 57.6% - in 2016 37.69% : 59.82%, and - in 2015 37.71% : 58.84%)

3. Self reporting

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

In 2018 the declaration level was 96.03% NB (2017 at 96.51% - 2016 at 97.51% and 2015 at 96.55%)

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

ESR has been rolled out in stages and is undergoing changes and improvement such as having internet access and a smart phone app for access. There is training and a training handout for staff with regard to its use and staff are encouraged to apply for an account and use it. Staff can sign up for user training sessions on a regular basis. At our Equality, Diversity and Human Rights week in May (part of an NHS Employers initiative) we promoted a "what's it got to do with you?" initiative about the organisational and personal benefits and value of declaration.

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

A small percentage of staff have not declared their ethnicity which is relatively comparable with the last 3 years but slightly higher -measures are planned to improve on this in a general initiative to improve all declaration re our "what's it got to do with you" initiative.

4. Workforce data

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

From 1st April 2017 to 31st March 2018 (the same period as for years ending 2017, 2016 and 2015) .

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, compare the data for White and BME staff				
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	see the last page of the WRES action plan for the percentage breakdown	see the last page of the WRES action plan for the percentage breakdown	NARRATIVE TO BE ADDED	Separate Action Plan
2	Relative likelihood of staff being appointed from shortlisting across all posts.	likelihood of White to BME staff being appointed is 1.48 (more likelihood for White staff)	likelihood of White to BME staff being appointed is : 1.30 (more likelihood for White staff)	2018 at 1.48 is an decreased result from that of 2017 at 1.30% but still a more favourable result than that of 2016 at 1.96. There is still room for improvement.	Separate Action Plan
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	likelihood of BME entering the discipline process is: 1.24% (more likely for BME)	likelihood of BME entering the discipline process is: 0.79% (less likely for BME)	There were 37 disciplinaries in 2018 (38 in 2017, 15 in 2016 and 24 in 2015). The result has been relatively consistent for BME Staff being less likely to be disciplined than White staff at 0.80% in 2017, 0.79% in 2016 and 0.80% in 2015 - However this year it is 1.24% and therefore more likely for BME	Separate Action Plan
4	Relative likelihood of staff accessing non-mandatory training and CPD.	likelihood of White to BME staff accessing this is 1.11 more likelihood for White staff	likelihood of White to BME staff accessing this is neutral - equal for White and BME staff	In 2015 /2016 the Trust measured the number of training instances by BME/ White staff. The WRES measures an instance of training per White or BME staff member. In 2017 the WRES measurement achieved a neutral result for the Trust. This year it is 1.11. The staff figure includes starters or leavers during the year	Separate Action Plan

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 33% BME 30.9%	White 33% BME 39%	Staff survey 2017 shows an improved result in BME poor experience of -8.1% compared to 2016. However, at 31% for all Trust staff, this is in the highest / worst 20% in the NH and continues the concerning results of the 2016 staff survey.	Separate Action Plan
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 25.6% BME 24.8%	White 26% BME 29%	Improved data for 2017. Better than last 2 years but still higher than 2015 (White 24.8% :BME 23.8%). NB high for all staff as per NHS. Gap in experience BME:White narrowed to less than 1%	Separate Action Plan
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 89.8% BME 77.8%	White 90% BME 75%	(NB 78% overall is NHS average for acute trusts - best score 94%). 2017 at White 89.8%: BME 77.8% is a 4.2% decrease for White/ 3.2% increase for BME since 2015. Gap narrowed to 11% but consistently lower belief in Equal	Separate Action Plan
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 7.4% BME 12.8%	White 12% BME 25%	Significantly poorer result for White and BME 2016 improved in 2017 but not as good as 2015's White 5.9%: BME 10.7%. Gap between White: BME experience still significant. Survey shows discrimination across different characteristics	Separate Action Plan
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	-33.4%	-33.6%	Concerning for the Trust. BME staff at 40.4% this year to 1 BME Board member. Difference is -33.4% no real change from 2015-2017. 1/15 voting members on the Board is of BME origin.	Separate Action Plan

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

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 EDHR Approach of the CQC during inspections was piloted, including the approach to the WRES. The Trust reviewed their EDHR Strategy Framework in 2016 to include the CQC approach and the WRES as well as the EDS2 requirements. This is to ensure that the Trust highlights and mirrors the more unified and cross linking approach being undertaken in these three areas.
The Trust has added additional areas to their data collection and analysis on ethnicity. This includes looking at applications and shortlisting, and promotions, starters and leavers information within our Annual Equality Reports. Also the data collected on ethnicity for our patients to be able to look at improving on a more comparable representation across the workforce and service users.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

We provide an action plan each year which is published on our website beside our WRES report template for that year

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