# Workforce Race Equality Standard

## **REPORTING TEMPLATE** (Revised 2016)

## Template for completion

**Name of organisation**

Northern Lincolnshire and Goole NHS Foundation Trust

**Date of report: month/year**

April 2017

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

Jayne Adamson Director of People and Organisational Effectiveness

**Name and contact details of lead manager compiling this report**

Karl Portz Equality and Diversity Lead

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

North East Lincolnshire CCG

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

Lisa Hilder Assistant Director of Strategic Planning

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

http://www.nlg.nhs.uk/about/trust/equality-and-diversity

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

Jayne Adamson 25th July 2017

Publications Gateway Reference Number: 05067

# Report on the WRES indicators

## 1. Background narrative

### a. Any issues of completeness of data

The data for each indicator has been provided in line with the NHS England technical guidance for NHS Trusts.

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

Non recognised

## 2. Total numbers of staff

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

6,503

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

7.9%

## 3. Self reporting

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

96%

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

In September 2017 the Trust will be moving to Electronic Staff Records Self Service Limited Access which will mean that all staff are able to manually update their personal data which will include equality monitoring data.

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

See above.

## 4. Workforce data

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

April 2017

## 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. | Percentage of BME staff in Band 1 - 9/VSM clinical roles against total clinical workforce = 10.6%<br><br>Percentage of | Percentage of BME staff in Band 1 - 9/ VSM clinical roles against total clinical workforce = 10.9%<br><br>Percentage of | In 2017 BME staff represents 7.88% of all staff in AfC bands 1-9 and VSM's. This represents a small decrease on last year where it was at 8.07%. The percentage of BME staff in a Band 8 position or above (including VSM) has increased from 5.68% last year to 6.96% this year. It also shows that there is a lower percentage of BME staff in bands 8-9 and VSM compared to their | A new Equality and Diversity post has been created in the Trust. The Equality and Diversity Lead is now in post.<br><br>It has been agreed at the Trust Board to conduct a deep dive into the WRES data and from this develop some key meaningful actions. These actions will form part of the Trust's Equality and |
| 2 | Relative likelihood of staff being appointed from shortlisting across all posts. | The relative likelihood of White staff being appointed compared to BME staff is 2.259 times greater | The relative likelihood of White staff being appointed compared to BME staff is 1.895 times greater | The table shows the numbers and percentages of white and BME staff that were shortlisted or appointed for positions between 1st April 2015 and 31st March 2016 and, 1st of April 2016 and 31st March 2017. The 2015/16 data show white staff have a likelihood which is 1.895 times greater than BME staff and in 2016/17 this likelihood as increased to 2.259 times greater. | See above. |
| 3 | Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year. | The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is | The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is | The table shows the relative likelihood of BME staff entering a formal disciplinary process compared to White staff. The figures in 2016 were exactly the same for white and BME staff. In 2017 BME staff where less likely to enter a formal disciplinary compared to white staff. | See above. |
| 4 | Relative likelihood of staff accessing non-mandatory training and CPD. | The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff is 0.713/0.51 = 1.39 | The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff is 0.69/0.623 = 1.1 | The table shows the relative likelihood of BME staff accessing non mandatory training compared to White staff which in 2016 shows a positive result of 1.1times greater. This figure has slightly improved in 2017 to still showing a positive result of 1.39 times greater. | See above. |

# 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)**<br>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 25.80<br>BME 23.68 | White 30.75<br>BME 20.59 | A higher percentage of white staff feel appear to be experiencing harassment, bullying or abuse from patients, relatives or the public. | See above. |
| 6 | KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. | White 23.96<br>BME 33.12 | White 26.17<br>BME 18.18 | BME staff feel they have over a 9% greater chance of experiencing harassment, bullying or abuse from colleagues than white staff. | See above. |
| 7 | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion. | White 86.19<br>BME 69.61 | White 88.02<br>BME 87.50 | BME staff feel they are 16% less likely to receive equal career development / promotional opportunities compared to white staff. This gap has significantly widened from last years figures. | See above. |
| 8 | Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?<br>b) Manager/team leader or other colleagues | White 6.14<br>BME 19.87 | White 7.50<br>BME 6.25 | 14% more BME staff feel they received less favourable treatment (harassment, bullying and/or abuse) from their manager/team leader than compared to their white colleagues. Again this gap has significantly widened from last years | See above. |
| | **Board representation indicator**<br>For this indicator, compare the difference for White and BME staff. | | | | |
| 9 | Percentage difference between the organisations' Board voting membership and its overall workforce. | BME Board Membership 6.7%<br><br>BME Voting | BME Board Membership 6.7%<br><br>BME Voting | The Board membership has changed in the last two reported years but this hasn't effected the diversity element. | See above. |

**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?

Please note the figures in WRES 2, 3 and 4 do not factor in the very small proportion on unknown ethnicities.

An equality and diversity strategy is under development which will identify our new set of equality objectives which will include WRES as a strategic priority.

## 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 WRES action plan will form part of the overall Equality and Diversity Delivery Plan 2017/18.

Click to lock all form fields and prevent future editing