Northern Lincolnshire and Goole NHS Foundation Trust

Northern Lincolnshire and Goole NHS FT

Workforce Race Equality Standard Report

August 2018

1.0	**BACKGROUND/CONTEXT**
1.1	The Workforce Race Equality Standard (WRES) was introduced from 1st April 2015 the NHS Equality and Diversity Council (EDC).
1.2	The link provided will take the reader to a short four minute video clip describing the Workforce Race Equality Standard. https://www.youtube.com/watch?v=G44C9yn-oo0
1.3	Research and evidence suggest that less favourable treatment of Black and Minority Ethnic (BME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients.
1.4	The WRES seeks to prompt inquiry to better understand why BME staff often receives much poorer treatment than White staff in the workplace and to facilitate the closing of those gaps.
1.5	In its simplest form, the WRES offers local NHS organisation the tools to understand their workforce race equality performance, including the degree of BME representation at senior management and board level. WRES highlights differences between the experience and treatment of White and BME staff in the NHS. The key focus is that it helps organisations to focus on where they are right now on this agenda, where they need to be, and how they can get there.
1.6	WRES requires NHS organisations to demonstrate progress against specific workforce metrics including a metric on Board representation.
2.0	**IMPLICATIONS FOR THE ORGANISATION**
2.1	As of the 1st April 2015, the WRES forms part of the standard NHS contract. From April 2016 it has also formed part of the CQC inspections under the 'well led' domain.
2.2	A key component to making progress against this standard is staff engagement and involvement.

3.0 DATA ANALYSIS – METRICS

	Indicator	31st March 2017		31st March 2018	
WRES 1	Percentage of BME staff in Bands 8-9, Very Senior Managers compared with the percentage of BME staff in the overall workforce *Note: VSM includes Executive Board Members and there were Senior Medical Staff but excludes Medical and Dental Grades eg. Medical Consultants.	**Descriptor**	**Indicator**	**Descriptor**	**Indicator**
		Number of BME Staff in Bands 8-9 and VSM	14	Number of BME Staff in Bands 8-9 and VSM	16
		Total Number of Staff in Bands 8-9 and VSM	201	Total Number of Staff in Bands 8-9 and VSM	214
		Percentage of BME Staff in Bands 8-9 *	**6.96%**	**Percentage of BME Staff in Bands 8-9 ***	**7.47%**
		Number of BME Staff in overall workforce	513	Number of BME Staff in overall workforce	523
		Number of Staff in overall workforce (including all staff groups and not disclosed staff)	6503	Number of Staff in overall workforce (including all staff groups and not disclosed staff)	6321
		Percentage of BME Staff in overall workforce	**7.88%**	**Percentage of BME Staff in overall workforce**	**8.27%**

The table above shows that in 2018 BME staff represents 8.27% of all staff in AfC bands 1-9 and VSM's. This represents a small increase on last year where it was at 7.88%. The percentage of BME staff in a Band 8 position or above (including VSM) has increased from 6.96% last year to 7.47% this year. It also shows that there is a lower percentage of BME staff in bands 8-9 and VSM compared to their representation in the overall workforce.

***** As recommended by NHS England Medical and Dental Grades are excluded in the 8-9 and VSM figures as these groups generally have a much higher proportion of BME staff. This group includes Consultants and in 2017 there were 324 BME staff and 151 white staff, and in 2018 there were 303 BME staff and 132 white staff.

Please note that the BME workforce should reflect the local population which across England is very diverse. The table below gives rounded figures from 2011 Census to show White and BME populations within the different regions.

Area	White Population	BME Population
England	87%	13%
Yorkshire and Humber	87%	13%
Inner London	55%	45%
North East Lincolnshire	94%	6%
Northern Lincolnshire	93%	7%
East Riding	93%	7%

	Indicator	2017			2018		
WRES 2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	**Descriptor**	**White**	**BME**	**Descriptor**	**White**	**BME**
		Number of shortlisted applicants	3319	610	Number of shortlisted applicants	3670	694
		Number appointed from shortlisting	780	64	Number appointed from shortlisting	877	90
		Ratio shortlisted / appointed Likelihood candidates are appointed from shortlisting	780/ 3319 **0.235**	64/610 **0.104**	**Ratio shortlisted / appointed** Likelihood candidates are appointed from shortlisting	877/ 3670 **0.238**	90/ 694 **0.129**
		The relative likelihood of White staff being appointed compared to BME staff is 0.235/0.104 = **2.259 greater**			The relative likelihood of White staff being appointed compared to BME staff is 0.238/0.129 = **1.844 greater**		

The table above shows the numbers and percentages of white and BME staff from shortlisting to appointment for positions between 1st April 2016 and 31st March 2017 and, 1st of April 2017 and 31st March 2018. The 2016/17 data show white staff have a likelihood which is 2.259 times greater than BME staff to be appointed from shortlisting. In 2017/18 this likelihood has slightly improved to a ratio of white staff having a 1.844 times greater chance of being appointed from shortlisting opposed to BME applicants. Therefore, the likelihood of BME staff being appointed after interview has increased.

Further analysis can be seen in WRES 2a which shows a break down between our Non-Medical and Medical Workforce.

WRES 2a

	Shortlisted	Appointed	Calculation
Non-Medical Workforce BME	442	64	64/442 = 0.145
Non-Medical Workforce White	3629	871	871/3629 = 0.24
The relative likelihood of White staff being appointed compared to BME staff is 0.24/0.145 = **1.655 greater**			
Medical Workforce BME	252	26	26/252= 0.103
Medical Workforce White	41	6	6/41= 0.146
The relative likelihood of White staff being appointed compared to BME staff shows 0.146/0.103 = **1.42**			

Interestingly breaking down the data in this way improves both our scores. It shows that in Non-Medical Staff, White Staff are 1.655 times more likely to be appointed from shortlisting than BME staff. Medical positions White Staff have a 1.42 times higher chance of being appointed than BME Staff.

As a comparator from the 2017 WRES data the National Picture shows that White Staff are 1.6 times more likely to be appointed from short listing than BME staff and the same data from Acute Trusts is similar with a figure of 1.58.

<table>
<tr><th></th><th>Indicator</th><th colspan="3">2017</th><th colspan="3">2018</th></tr>
<tr><td rowspan="4">WRES 3</td><td rowspan="4">Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*
*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.</td><td>Descriptor</td><td>White</td><td>BME</td><td>Descriptor</td><td>White</td><td>BME</td></tr>
<tr><td>Number of staff in workforce</td><td>5734</td><td>513</td><td>Number of staff in workforce</td><td>5563</td><td>523</td></tr>
<tr><td>Number of staff entering formal disciplinary process</td><td>72</td><td>3</td><td>Number of staff entering formal disciplinary process</td><td>65</td><td>3</td></tr>
<tr><td>Likelihood of entering a formal disciplinary process</td><td>72/5734
0.012</td><td>3/513
0.006</td><td>Likelihood of entering a formal disciplinary process</td><td>65/5563
0.012</td><td>3/523
0.006</td></tr>
<tr><td></td><td colspan="3">The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is therefore 0.006/0.012 = 0.5 (less likely to enter a formal disciplinary)</td><td colspan="3">The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is therefore 0.006/0.012 = 0.5 (less likely to enter a formal disciplinary)</td></tr>
</table>

The table above shows the relative likelihood of BME staff entering a formal disciplinary process compared to White staff. The figures in 2017 and 2018 were exactly the same for white and BME staff. The percentages show that BME staff are less likely to enter a formal disciplinary compared to White staff.

As these numbers are very low for BME staff (only 3 staff) and due to the possibility of the data being personal identifiable, these figures have not been broken-down further.

The 2017 WRES data shows that Nationally BME staff are 1.37 times more likely to enter a formal disciplinary process than White staff and within Acute Trusts this figure is 1.26 times more likely.

<table>
<tr><th></th><th>Indicator</th><th>2017</th><th>2018</th></tr>
<tr><td>WRES 4</td><td>Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff</td><td>
<table>
<tr><td>Descriptor</td><td>White</td><td>BME</td></tr>
<tr><td>Number of staff in workforce</td><td>5734</td><td>513</td></tr>
<tr><td>Number of staff accessing mandatory training</td><td>2925</td><td>366</td></tr>
<tr><td>Likelihood of accessing mandatory training</td><td>2925/ 5734

0.51</td><td>366/513

0.713</td></tr>
</table>
The relative likelihood of BME staff accessing non-mandatory training compared to White staff is therefore 0.713/0.51 = 1.39 times greater
</td><td>
<table>
<tr><td>Descriptor</td><td>White</td><td>BME</td></tr>
<tr><td>Number of staff in workforce</td><td>5563</td><td>523</td></tr>
<tr><td>Number of staff accessing mandatory training</td><td>3644</td><td>445</td></tr>
<tr><td>Likelihood of accessing mandatory training</td><td>3644/5563

0.65</td><td>445/523

0.85</td></tr>
</table>
The relative likelihood of BME staff accessing non-mandatory training compared to White staff is therefore 0.85/0.65 = 1.3 times greater
</td></tr>
</table>

The table above shows the relative likelihood of BME staff accessing non mandatory training compared to White staff. In 2017 it shows a positive result of 1.39 times greater. The 2018 figures is very similar showing a positive result of 1.3 times greater. Therefore, BME staff are more likely to access non-mandatory training and CPD than White Staff.

Further analysis of this data shows that in the Non-Medical Workforce access to non-mandatory training is nearly equal for BME and White staff. However, in the Medical workforce BME staff are more likely to receive non mandatory training with a figure of 1.24 time greater.

The WRES data for 2017 shows a reverse of this in that Nationally and in Acute Trusts White Staff are have a 1.2 times greater chance of receiving non-mandatory training.

The WRES indicators 5, 6, 7 and 8 below represent unweighted question level responses to key finding in the NHS staff survey for the Northern Lincolnshire and Goole NHS FT staff.

	Indicator	2016 Staff Survey Result	2017 Staff Survey Result
WRES 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>25.8</td></tr><tr><td>BME</td><td>23.69</td></tr></table>	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>26</td></tr><tr><td>BME</td><td>28</td></tr></table> Average Acute Trust score White 27% BME 28%
WRES 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>23.96</td></tr><tr><td>BME</td><td>33.12</td></tr></table>	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>27</td></tr><tr><td>BME</td><td>29</td></tr></table> Average Acute Trust score White 25% BME 27%
WRES 7	Percentage believing that trust provides equal opportunities for career progression or promotion	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>86.19</td></tr><tr><td>BME</td><td>69.61</td></tr></table>	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>79</td></tr><tr><td>BME</td><td>73</td></tr></table> Average Acute Trust score White 87% BME 75%
WRES 8	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>6.14</td></tr><tr><td>BME</td><td>19.87</td></tr></table>	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>8</td></tr><tr><td>BME</td><td>11</td></tr></table> Average Acute Trust score White 7% BME 15%
WRES 9	Boards are expected to be broadly representative of the population they serve (data 31/03/18)	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>93.33</td></tr><tr><td>BME</td><td>6.66</td></tr></table>	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>93.33</td></tr><tr><td>BME</td><td>6.66 **</td></tr></table>

2017 NHS Staff Survey Results:

- Indicator 5 - BME staff at NLaG feel that harassment, bullying or abuse from patients, relatives or the public in the last 12 months has increased by over 4% on last years figures and is 2% higher than experienced by their White colleagues.

- Indicator 6 – BME staff at NLaG feel they have a 2% greater chance of experiencing harassment, bullying or abuse from colleagues than white staff. However this percentage gap has significantly improved from the 9% gap in 2016.

- Indicator 7 - In 2016 BME staff felt 16% less likely to receive equal career development/promotional opportunities compared to white staff. However, this gap has significantly reduced in 2017 to 6%.

- Indicator 8 – In 2016 BME staff felt 14% more likely to receive less favourable treatment (harassment, bullying and/or abuse) from their manager/team leader compared to their white colleagues. However, this percentage gap has improved during 2017 showing the gap is now 3%.

**** WRES 9**

The voting Trust Board membership remains as was last year at 100% White.

4.0 PROGRESS, KEY PRIORITIES AND FURTHER ACTIONS REQUIRED

4.1 **Progress 2017/18**

- Equality and Diversity Strategy, and Equality Objectives – NLaG now has a Trust Board approved Equality and Diversity Strategy which will drive forward this agenda. As part of the strategy there are number of Equality Objectives of which one is to deliver against the Workforce Race Equality Standard. Another is to develop and form a number of staff equality support networks such as a BME staff network.

- In April the Trust Senior Management Team received a presentation from Yvonne Coghill National Director for the NHS England WRES team. As a result of this session and to align with our equality objective (developing staff networks) all BME staff in the organisation were invited to attend a Compassionate Leadership Conference – BME Staff Engagement Event. Over 30 BME staff attended this event and the general consensus from this group was to have an inclusive BME staff network at NLaG.

- An Equality Impact Assessment policy and procedure has been put in place to ensure policies, procedures and functions to not discriminate against any particular groups. Some members of the recruitment team, including the Trusts Head of Recruitment have received training on how to use this tool.

- All new staff receives face to face equality, diversity and inclusion training which has a focus on inclusive behaviours and exploring unconscious bias.

4.2 **Key Priorities 2018/19**

Going forward the key priorities are to increase the amount of BME staff in senior roles which are classified as non-medical posts, to ensure fairness in the recruitment process from short listing to appointment and to improve the experience of our BME staff.

- The number of BME staff in senior non-medical roles across the organisation is still very low in numbers.
- In the recruitment process measuring short listing to appointment, white applicants are 1.84 times more likely to be appointed than BME applicants.
- Although there have been some improvements in the National NHS staff survey against all the WRES indicators it shows that BME staff have a worse experience than that of their white colleagues against all indicators.

4.3 **Further Actions Required**

Ensure that all WRES actions are monitored through the Equality and Diversity delivery plan and report against these internally through agreed governance structures, and report bi- annually to our commissioners. More specific actions are to:

- Conduct further analysis of workforce data to identify gaps at local levels and to build a true organisational picture across different work areas.
- Interrogate and monitor employment data through the 'Trac recruitment system to identify trends.
- Refresh Equality Impact Assess in recruitment policies, procedures and processes.
- Ensure that WRES is mainstreamed into the NLaG Pride and Respect Programme.
- Develop and support an NLaG BME staff equality network.

The Workforce Race Equality Standard indicators	
Workforce indicators For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.	
1.	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce
2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.
4.	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff
National NHS Staff Survey findings For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question	
5.	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
Boards. **Does the Board meet the requirement on Board membership in 9**	
9.	Boards are expected to be broadly representative of the population they serve.