Northern Lincolnshire and Goole NHS Foundation Trust

Workforce Race Equality Standard Report for Trust Board

June 2019

1.0	**PURPOSE OF THE REPORT**
1.1	To update the Trust Board on progress against the Workforce Race Equality Standard Indicators. (See Appendix 1)
1.2	To update Trust Board on our submission and the revised data and information as per our contractual requirements.
1.3	To highlight key priorities and actions required to make improves against the Workforce Race Equality Standard.
2.0	**BACKGROUND/CONTEXT**
2.1	The Workforce Race Equality Standard (WRES) was introduced from 1st April 2015 the NHS Equality and Diversity Council (EDC).
2.2	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
2.3	Research and evidence suggest 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.
2.4	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.
2.5	In its simplest form, the WRES offers local NHS organisations the tools to understand their workforce race equality performance, including the degree of BME representation at senior management and board level. The 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.
2.6	The WRES requires NHS organisations to demonstrate progress against specific workforce metrics including a metric on Board representation.
3.0	**IMPLICATIONS FOR THE ORGANISATION**
3.1	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.

3.2 A key component to making progress against this standard is staff engagement and involvement.

4.0 DATA ANALYSIS – METRICS

4.1

	Indicator	31st March 2018		31st March 2019	
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	16	Number of BME Staff in Bands 8-9 and VSM	17
		Total Number of Staff in Bands 8-9 and VSM	214	Total Number of Staff in Bands 8-9 and VSM	247
		Percentage of BME Staff in Bands 8-9	**7.47%**	**Percentage of BME Staff in Bands 8-9**	**6.88%**
		Number of BME Staff in overall workforce	523	Number of BME Staff in overall workforce	531
		Number of Staff in overall workforce (including all staff groups and not disclosed staff)	6321	Number of Staff in overall workforce (including all staff groups and not disclosed staff)	6679
		Percentage of BME Staff in overall workforce	**8.27%**	**Percentage of BME Staff in overall workforce**	**7.95%**

The table above shows that in 2019 BME staff represents 7.95% of all staff in AfC bands 1-9 and VSM's. This represents a small decrease on last year where it was at 8.27%. The percentage of BME staff in a Band 8 position or above (including VSM) has also slightly decreased from 7.47% last year to 6.88% 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 2018 there were 303 BME staff and 132 white staff, and in 2019 there were 406 BME staff and 169 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%

4.2

	Indicator	2018		2019	
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	3670 / 694	Number of shortlisted applicants	4675 / 698
		Number appointed from shortlisting	877 / 90	Number appointed from shortlisting	1120 / 111
		Ratio shortlisted / appointed Likelihood candidates are appointed from shortlisting	877/3670 **0.238** / 90/694 **0.129**	**Ratio shortlisted / appointed** Likelihood candidates are appointed from shortlisting	1120/4675 **0.239** / 111/698 **0.159**
		The relative likelihood of White staff being appointed compared to BME staff is 0.238/0.129 = **1.844 greater**		The relative likelihood of White staff being appointed compared to BME staff is 0.239/0.159 **= 1.51 greater**	

The table above shows the numbers and percentages of white and BME staff from shortlisting to appointment for positions between 1st April 2017 and 31st March 2018 and, 1st of April 2018 and 31st March 2019. The 2017/18 data show white staff have a likelihood which is 1.844 times greater than BME staff to be appointed from shortlisting. In 2018/19 this likelihood has slightly improved to a ratio of white staff having a 1.51 times greater chance of being appointed from shortlisting opposed to BME applicants. Therefore, the likelihood of BME staff being appointed after interview has improved. We should also note that in 2016/17 the likelihood of white staff appointed from interview compared to BME staff was 2.259 times greater. Thus showing a continuous trend of improvement year on year.

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

WRES 2a	**2018**			**2019**		
	Shortlisted	Appointed	Calculation	Shortlisted	Appointed	Calculation
Non-Medical Workforce BME	442	64	64/442 = 0.145	451	83	83/451 = 0.184
Non-Medical Workforce White	3629	871	871/3629 = 0.24	4639	1113	1113/4639 = 0.24
	*The relative likelihood of White staff being appointed compared to BME staff is 0.24/0.145 = **1.655 greater***			*The relative likelihood of White staff being appointed compared to BME staff is 0.24/0.184 = **1.3 greater***		
Medical Workforce BME	252	26	26/252 = 0.103	247	28	28/247 = 0.113
Medical Workforce White	41	6	6/41 = 0.146	36	7	7/36 = 0.194
	*The relative likelihood of White staff being appointed compared to BME staff is 0.146/0.103 = **1.42 greater***			*The relative likelihood of White staff being appointed compared to BME staff shows 0.194/0.113 =**1.72 greater***		

Interestingly breaking down the data in this way improved both our scores in 2018. However, in 2019 the non-medical score has improved showing white staff having a 1.3 times greater chance of being appointed compared to BME staff but the medical score is slightly worsened with white staff having a 1.72 times greater chance of being appointed compared to BME staff.

As a comparator from the 2018 WRES data the National Picture shows that white staff are 1.45 times more likely to be appointed from short listing than BME staff.

4.3

	Indicator	2018			2019		
WRES 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.	**Descriptor**	**White**	**BME**	**Descriptor**	**White**	**BME**
		Number of staff in workforce	5563	523	Number of staff in workforce	5787	646
		Number of staff entering formal disciplinary process	65	3	Number of staff entering formal disciplinary process	38	4
		Likelihood of entering a formal disciplinary process	65/5563 **0.012**	3/523 **0.006**	Likelihood of entering a formal disciplinary process	38/5787 **0.007**	4/646 **0.006**
		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)**			The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is therefore 0.006/0.007 = **0.86 (less likely to enter a formal disciplinary)**		

The table above shows the relative likelihood of BME staff entering a formal disciplinary process compared to white staff. The figures are very low but 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 4 staff) and due to the possibility of the data being personally identifiable, these figures have not been broken-down further.

The 2018 WRES data shows reverse of our picture in that Nationally BME staff are 1.24 times more likely to enter a formal disciplinary process than white staff.

4.4

	Indicator	2018	2019
WRES 4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	See table below	See table below

Descriptor	White	BME
Number of staff in workforce	5563	523
Number of staff accessing mandatory training	3644	445
Likelihood of accessing mandatory training	3644/5563 **0.65**	445/523 **0.85**

The relative likelihood of BME staff accessing non-mandatory training compared to White staff is therefore 0.85/0.65 **= 1.3 times greater**

Descriptor	**White**	**BME**
Number of staff in workforce	5787	646
Number of staff accessing mandatory training	4722	566
Likelihood of accessing mandatory training	4722/5787 **0.82**	566/646 **0.88**

The relative likelihood of BME staff accessing non-mandatory training compared to White staff is therefore 0.88/0.82 **= 1.1 times greater**

The table above shows the relative likelihood of BME staff accessing non mandatory training compared to white staff. In 2018 it shows a positive result of 1.3 times greater. The 2018 figures still shows a positive result of 1.1 times greater. Therefore, BME staff are more likely to access non-mandatory training and CPD than white staff.

The WRES data for 2019 shows a similar result with BME staff having a 1.15 times greater chance of receiving non-mandatory training than white staff.

4.5

NHS Staff Survey 2018

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. It also includes the average scores for acute Trusts as a comparator.

.	Indicator	2017 Staff Survey Result	2018 Staff Survey Result
WRES 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	See table below	See table below
WRES 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	See table below	See table below

Ethnicity	%
White	26
BME	28

Average Acute Trust score
White 27%
BME 28%

Ethnicity	%
White	26
BME	28

Average Acute Trust score
White 28%
BME 30%

Ethnicity	%
White	27
BME	29

Average Acute Trust score
White 25%
BME 27%

Ethnicity	%
White	30
BME	40

Average Acute Trust score
White 26%
BME 29%

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>79</td></tr><tr><td>BME</td><td>73</td></tr></table> Average Acute Trust score White 87% BME 75%	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>80</td></tr><tr><td>BME</td><td>62</td></tr></table> Average Acute Trust score White 87% BME 72%
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>8</td></tr><tr><td>BME</td><td>11</td></tr></table> Average Acute Trust score White 7% BME 15%	<table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>8</td></tr><tr><td>BME</td><td>21</td></tr></table> Average Acute Trust score White 7% BME 15%

2018 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 remained the same as last year and is slightly less than reported in the National average scores. However, it should be noted that BME report a 2% higher experience than their white colleagues.

- Indicator 6 – There has been an increase in experiencing of harassment, bullying or abuse from colleagues for staff but this is significantly worse for our BME staff with an increase of 11% from last year's data and a gap of 10% between white and BME staff.

- Indicator 7 - In 2017 BME staff felt 6% less likely to receive equal career development/promotional opportunities compared to white staff. However, this gap has significantly worsened to an 18% gap in 2018.

- Indicator 8 – In 2017 BME staff felt 3% more likely to have personally experienced discrimination at work from their manager/team leader or other colleagues compared to white staff. However, this percentage gap has worsened during 2018 showing the gap is now 13%.

4.5 The table below shows the Trust Board representation between white and BME staff. The change in percentage between 2018 and 2019 relates to a reduction in the overall group size, the number of which are shown in brackets.

WRES 9	Boards are expected to be broadly representative of the population they serve	**Data at 31/03/18** <table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>93.33 (14)</td></tr><tr><td>BME</td><td>6.66 (1)</td></tr></table>	**Data at 31/03/19** <table><tr><th>Ethnicity</th><th>%</th></tr><tr><td>White</td><td>92.86 (13)</td></tr><tr><td>BME</td><td>7.14 (1)</td></tr></table>

5.0	**PROGRESS AND KEY PRIORITIES**
5.1	**Progress 2018/2019**

- Equality and Diversity Strategy, and Equality Objectives – NLaG now has a Trust Board approved Equality and Diversity Strategy which is driving 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 an ethnic minority staff network.

- An Equality Impact Assessment EIA) policy and procedure has been put in place to ensure policies, procedures and functions to not discriminate against any particular groups. A repository to support EIA governance has been developed to monitor and review completed EIA's, and to monitor any remedial actions required.

- As part of the Brexit process we understand that some members of our workforce have encountered a number of challenges. Therefore, during the year we have designed and delivered a number of workshops to support our European Union staff.

- Preliminary conversations have taken place to strengthen the links between the Trust's Pride and Respect Campaign and our staff from minority groups such as BME.

- The Trust Board as part of a Board development day received equality, diversity and inclusion training which had a focus on inclusive behaviours and exploring unconscious bias

- All staff as part of their mandatory training receive face to face equality, diversity and inclusion training which has a focus on inclusive behaviours and exploring unconscious bias

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

5.2 **Key Priorities 2018/19**

In general the WRES data can be very fragile and it would be inappropriate to lose focus on any areas such as recruitment and Trust Board representation. However, by far the most significant area which we must focus on relates to the NHS Staff Survey findings. The experiences of our BME staff in terms of:

- BME staff experiencing bullying, harassment or abuse from staff,
- Equal Opportunities for BME staff,
- And Discrimination at work experienced by BME staff.

6.0	**FURTHER ACTIONS REQUIRED**
6.1	Ensure that all WRES actions are monitored through the Equality and Diversity action plan and the Trust's NHS Staff Survey Action Plan To report progress against these internally through agreed governance structures and report these bi- annually to our commissioners through the equality and diversity reporting mechanism. More specific actions are to: • Continue the development of a BME staff equality network - Collect staff stories in relation to fairness, equal opportunities and discrimination, • Use staff experience/stories to inform training, recruitment services and operational HR. • Strengthen the links with the NLaG Pride and Respect Campaign and ensure that WRES is mainstreamed into the whole programme. • Strength links to the Freedom to Speak Up campaign. • To ensure Equality Impact Assessment are monitored and remedial actions completed.
7.0	**The report to be received.**
7.1	To note the contents of this report against the NHS Workforce Race Equality Standard.
7.2	Approve the data content which we are required to share with NHS England and our commissioners by 1st August 2018.
7.3	To agree the priorities, key areas of focus and WRES actions, and offer any support as identified.

Appendix 1.

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.