Leeds and York Partnership NHS Foundation Trust

Workforce Race Equality Standard Report 2016

Introduction

The Workforce Race Equality Standard (WRES) was introduced across the NHS from April 2015 to ensure that employees from BME backgrounds have equal access to career opportunities and receive fair treatment within the workplace.

The WRES was developed by NHS England in response to findings from a number of national reports which identified unacceptable disparities in the number of people from BME communities in senior leadership positions within the NHS and negative experiences of BME staff within the workforce. The WRES provides a national framework to enable NHS organisations to identify areas of potential inequalities, to benchmark progress against similar organisations, and over time to implement actions to improve race equality in the workforce.

As described by NHS England, the challenge to ensure that BME staff are treated fairly and their talents valued and developed, is one that all NHS organisations need to address because:

- Research shows that unfair treatment of BME staff adversely affects the care and treatment of all patients.
- Talent is being wasted through unfairness in the appointment, treatment and development of a large section of the NHS workforce.
- Precious resources are wasted through the impact of such treatment on the morale, discretionary effort, and other consequences of such treatment.
- Diverse teams and leaderships are more likely to show the innovation, and increase the organisational effectiveness, the NHS needs.
- Organisations whose leadership composition bears little relationship to that of the communities served will be less likely to deliver the patient focussed care that is needed.

In line with the requirements of the WRES an initial baseline report was produced in July 2015, which detailed data against the nine metrics within the Standard and identified improvement areas. This second WRES report provides details of our performance during 2015/16 and details of priorities and actions for 2016/17 to improve our performance.

The workforce data detailed in this report has been taken from the secure electronic staff system (ESR) and reflects the position of our Trust as at the 31st of March 2016. For the reporting period the proportion of staff who had self-reported their ethnicity stood at 100%. The data relating to the staff survey and been taken from the national Staff Survey findings for 2015.

As detailed within the WRES guidance White staff includes White British, Irish and any Other White and the BME staff category includes all other staff.

Using the above WRES guidance, the Census 2011 data shows that the BME populations that we serve for Leeds are 17.4% and 13.4% for York.

Workforce Race Equality Standard (WRES) and the NHS Equality Delivery System (EDS)

The EDS is designed to help local NHS organisations, in discussion with local stakeholders, review and improve their performance for service users, communities and staff in respect to all characteristics protected by the Equality Act 2010.

The Equality Act 2010 nine protected characteristics are: age; disability; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race (including nationality and ethnic origin); religion or belief; sex; and sexual orientation.

The WRES seeks to tackle one particular aspect of equality and within the guidance details that if successful, the approach may be adapted for other equality strands.

The WRES and EDS are complementary but distinct. The indicators used in the WRES, and the progress made in closing them, will assist LYPFT implement the EDS. Data reports published for the WRES will assist and align with EDS, in particular with the outcomes identified below in EDS Goals 3 and 4:

Goal	Outcome
3. Empowered, engaged and well-supported staff	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.3 Training and development opportunities are taken up and positively evaluated by all staff
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.6 Staff report positive experiences of their membership of the workforce
4. Inclusive leadership at all levels	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

The WRES Indicators

There are nine indicators within the WRES. Four of the indicators are specifically based on workforce data, four are based on data from staff survey indicators, and one considers Board composition. It is intended that the WRES will highlight any differences between the experience and treatment of White staff and BME staff in the NHS with a view to closing those metrics.

Indicator 9 requires NHS organisations to ensure their Boards are broadly representative of the communities they serve.

The Workforce Race Equality Standard Indicators
Leeds and York Partnership Foundation Trust Performance 2016

This second WRES report provides information against the nine indicators and where applicable comparison data against information within the 2014/15 report.

It should be noted that the total number of staff employed at the date of this report was 2582 and that the proportion of BME staff employed was 14.8%. The percentage of staff who had self-reported their ethnicity stood at 100%.

Indicator One	Percentage of BME and White 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.

Indicator One shows that BME staff are under-represented within the following NHS Agenda for Change (AfC) pay bands 1-9:

BME Workforce Under-representation in AfC Bands

	Clinical	**Non-clinical**
Bands	6	1
	7	3
	8a	4
	8b	5
	8c	6
	9	7
		8a
		8b
		8c
		8d
		9

Full details and a percentage breakdown for the clinical and non-clinical workforce by AfC pay bands can be accessed at ***Appendix 1*** of this report.

Representation decreases with Band progression, illustrating that **48%** of non-clinical BME staff within AfC Bands are represented within Bands 1-6. Only **15%** of staff within Bands 6-9 are from a BME background and these are represented at Band 6, 7 and 8A only.

Within clinical roles, the majority of BME staff are represented within Bands 2, 3, 4 and 5 and make up **62%** of staff within these bandings collectively. There is further under representation from Band 6 upwards with the exception of Band 8d where **25%** of BME staff are in clinical roles.

Indicator 2	Relative likelihood of BME staff being appointed from short listing compared to that of White staff being appointed from short listing across all posts.

Descriptor	BME	White
Number of shortlisted applicants	580	1992
Number appointed from short listing	81	406
Ratio short listing/appointed	**0.14**	**0.20**

Data was scrutinised from NHS Jobs (national data vacancy management system) for the 2015/16 period. Comparison with data for 2014/15 was not possible due to previous technical difficulties; full information has been available on the number of applications, the numbers shortlisted and the numbers appointed from 1st April 2015 which provides the above ratios.

Analysis illustrates that the relative likelihood of White staff being appointed from shortlisting compared to BME staff is **1.43** times greater.

Actions taken and planned

A revised centralised assessment centre recruitment process was introduced in January 2016 for clinical nursing and health support worker roles. This process uses values based methodologies whereby assessment and scoring is undertaken across four domains to increase impartiality. Full impact evaluation to compare recruitment conversion rates prior to the introduction of the revised process will be undertaken in January 2017.

Further actions are planned in 2016/17 including exploring how to collate a wider range of data; to further develop partnership work with local colleges; universities and employment support organisations and to review the impact of training for staff who are involved in the short-listing and recruitment process.

Indicator 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.

Descriptor	BME	White
Number of staff entering the formal	22	107

disciplinary process		
Number of staff in workforce	382	2183
Ratio	**1.18**	

Indicator 3 highlights that BME staff are represented **1.18** times more than White staff in formal disciplinary proceedings during this two year reporting period. **This illustrates a 15% decrease from the analysis undertaken for the 2015 WRES reporting period.**

It should be noted that these calculations do not include Bank staff as per the criteria outlined by the WRES guidance. If however, analysis is undertaken incorporating Bank staff, then findings illustrate that as at 31st March 2016, prevalence of BME Bank staff entering the formal disciplinary process was **3.67** times higher than for White Bank staff.

Please note that the data for this reporting period includes **all open** cases during reporting period and may include cases that remain open but entered into formal disciplinary outside of the reporting date parameters.

Actions taken and planned

Initial thematic analysis of the data has been undertaken to identify potential themes in relation to reasons for entering the disciplinary process and analysis by professional group and job role. A more detailed audit and review will be undertaken in 2016/17.

A comprehensive Bank staff service improvement project is currently being undertaken within the Trust. Identified improvement areas include support and development structures and processes for Bank staff. As a consequence of this work one of the aims is to reduce the number of BME Bank staff entering the formal disciplinary process through the further development of appropriate support structures.

Indicator 4	Relative likelihood of BME staff accessing non mandatory training and Continuous Professional Development (CPD) as compared to White staff.

2015/16	**BME**	**White**
Number of staff in workforce	382	2183
Number of staff accessing non mandatory training and CPD	49	356

Indicator 4 shows that during 2015/16 a higher percentage of White staff accessed non-mandatory training and CPD than BME staff. The relative likelihood of White staff accessing training is a ratio of **1.23** compared with BME staff. This is a 12.2% increase in the likelihood of White staff accessing non-compulsory training/CPD from the previous year's WRES reporting ratio of 0.15.

During the reporting period 12.8% of BME staff accessed non-mandatory training and CPD compared to 16.3% of White staff.

Actions taken and planned

The 2014/15 WRES data identified that a higher percentage of BME staff (15.3%) accessed non-mandatory training and CPD compared to White staff (11.2%).

Thematic analysis of the 2015/16 data will be undertaken to identify potential themes in relation to access to non-mandatory training and CPD and to share this information with services and teams. We also plan to explore how to collate a wider range of data and monitor ethnicity using the I-Learn system which was introduced in 2015 and will provide more detailed reports.

Indicator 5	Staff Survey**:** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

2015 Staff Survey	**BME Overall**	**White Overall**
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	39%	32%

Indicator 5 indicates that staff from BME groups experience more instances of harassment, bullying or abuse from patients, relatives or the public than for White staff. It is also an increase of 6% from the 2014 year's feedback where 33% of BME staff reported these behaviours. The figure for White staff (32%) remains consistent for both 2014 and 2015.

There is currently not a centralised electronic process within the incident reporting system Datix to record the demographic details of staff reporting incidents and therefore a comparison against the Staff Survey responses and recorded incidents on the Datix system could not be undertaken.

Actions taken and planned

During 2015 the Trust's Violence Ideas Implementation Group was established in response to Staff Survey feedback for this question. The group engaged with staff to identify and implement priority areas for action including the development of a revised post incident process to embed a consistent approach for supporting individuals and teams and for reporting and learning from incidents. This will be launched in 2016/17.

The Safewards model has been rolled out within a number of mental health inpatient areas during 2015. The model is comprised of 10 interventions to enhance behaviours and experience for both service users and staff within mental health inpatient settings. The details of the interventions are developed through co-production with service users and staff on the ward and

displayed within ward areas. Impact monitoring will be undertaken during 2016/17 including the level of reported incidents.

Scoping will be undertaken to explore processes for recording demographic data for staff reporting incidents of bullying, harassment or abuse from service users, relatives or the public.

Indicator 6	Staff Survey**:** Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

2015 Staff Survey	**BME Overall**	**White Overall**
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	24%	21%

Indicator 6 shows the percentage of staff reporting experiences of harassment, bullying or abuse from staff in the last 12 months is 3% higher for BME staff that for White staff from the 2015 staff survey.

Actions taken and planned

Further analysis of available data on reported cases has been undertaken which highlights that during 2015/16 there were 19 cases with 42% reported by BME staff. The highest occurrences were reported by Asian or Asian British staff (21.1%), followed by Mixed White and Asian staff (10.5%).

A behavioural framework is currently being developed through Trust-wide engagement and consultation as part of the Trust's current strategy development work and will be launched once this is completed. The framework will be incorporated within the staff annual appraisal process and impact will be monitored.

During 2016/17 the Freedom to Speak Up policy will be launched and appointment of a Freedom to Speak Up Guardian to support staff to raise a concern or wrongdoing that could harm the services we deliver. This includes a bullying culture and the Guardian will provide independent and impartial advice at any stage of raising a concern, with access to anyone within the organisation.

Indicator 7	Staff Survey**:** Percentage believing that Trust provides equal opportunities for career progression or promotion.

2015 Staff Survey	**BME Overall**	**White Overall**
Percentage believing that trust provides equal opportunities for career progression or	67%	90%

promotion		

Indicator 7 shows that the percentage of BME staff reporting that they **do not** believe that the Trust provides equal opportunities for career progression or promotion is **33%** compared with **10%** of white staff. This figure has increased from the 2014 staff survey findings whereby 25% of BME staff felt a lack of equal opportunity for career progression or promotion.
There is a 1% decrease in White staff believing that the Trust provides equal opportunities for career progression/promotion for 2015 compared with the 2014 staff survey.

Actions taken and planned

During 2015/16 extensive staff engagement work was undertaken in response to the 2014 staff survey feedback to improve the quality of staff annual appraisal and staff development processes.

The subsequent revised processes will be launched in June 2016 and aims to develop and embed inclusive values based approaches that fully support staff to develop within their current role and to support them with their future career development. Once fully established a quality audit process will be introduced which will include demographic analysis.

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

2014 Staff Survey	**BME Overall**	**White Overall**
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	14%	6%

Indicator 8 shows that the percentage of BME staff reporting that they have personally experienced discrimination at work from a manager/team leader or other colleague is more than double that of White staff.

Actions taken and planned

Initial analysis of formally reported grievance cases has been undertaken; there were a total of 13 grievances during 2015/16. 84.6% of grievances were reported by White Staff with the only other BME category as Black or Black British staff at 15.4%.

Indicator 9	Percentage difference between the organisation’s voting Board membership and its overall workforce

	BME Overall	White Overall
Number	1	11
Percentage	8.3%	91.7%

Indicator 9 shows that the percentage of Board members from a BME community at 8.3% is lower than the BME workforce of 14.8%.

In order to improve performance against this indicator, current under-representation will continue to be taken into account when recruiting and appointing new Non-Executive Directors and when renewing terms of office. In addition to support equality of opportunity, succession planning and associated criteria for appointments will continue to be a central focus for all Board positions. Within our Board development plans we will continue to focus on all areas of diversity to ensure that we have a representative Board, to support our inclusive leadership approach.

Improving LYPFT Performance against the WRES Indicators

Following the WRES reporting undertaken in April 2015, a WRES Ideas and Implementation Group (IIG) was established led by a cross section of BME staff with "Executive Sponsorship" from the Chief Executive and the Director of Workforce Development to take forward and to support the implementation of the actions resulting from the 2015 WRES organisational assessment.

The WRES IIG commissioned a brief survey which was disseminated to all BME staff within the organisation and included the following three areas for discussion:

1. How can the Trust unlock/release the talent amongst Black and Minority Ethnic (BME) staff within the organisation?
2. What could the organisation do to show it took discrimination against staff seriously?
3. What actions can the Trust take to address any barriers to professional development for BME staff?

The survey was distributed to a total of 370 BME staff on 24th August 2015 with a response rate of 92, equating to 24.8% responses.

A number of areas were identified for further consideration and development including: recruitment and career progression, training and development, talent management, culture and communication. Associated actions progressed during 2015/16 are detailed within this report and details of future actions for 2016/17.

Understanding and addressing disparities in the number of people from BME communities in senior leadership positions within the NHS and the experience of BME staff within the workforce continues to be a challenge for the NHS as a whole. Targeted work is therefore being undertaken through the Yorkshire and Humber Equality and Diversity Leads Network to work collectively on priority areas for action and to share best practice.

Conclusion

The report has highlighted aspects of the business and clinical rationale for race quality in the workforce, the regulatory framework, the data indicators associated with this, also progress to date and next steps. The report illustrates that actions have been undertaken to improve performance but that further improvements do need to be made. Improvements will take

organisational and personal commitment, adherence to NHS and Trust values, and resilience as significant improvements will take time to deliver.   Views are invited on the approach being taken to make progress and the Trust looks forward to reporting on further developments in due course

Leeds and York Partnership NHS Foundation Trust June 2016

WRES Indicator 1 – comparison of data for White and BME staff

The following tables provide a breakdown by pay bands.

Section 1

Breakdown by Agenda for Change pay bands 1 to 9 by clinical and non-clinical grades.

Band 1	**Clinical**	**Non-Clinical**
White		90%
BME		**10%**
Not Stated		
Band 2	**Clinical**	**Non-Clinical**
White	71%	82%
BME	10%	17%
Not Stated	19%	1%
Band 3	**Clinical**	**Non-Clinical**
White	82%	87%
BME	18%	**13%**
Not Stated	1%	
Band 4	**Clinical**	**Non-Clinical**
White	83%	92%
BME	17%	**8%**
Not Stated		
Band 5	**Clinical**	**Non-Clinical**
White	82%	93%
BME	17%	**7%**
Not Stated	1%	
Band 6	**Clinical**	**Non-Clinical**
White	91%	90%
BME	**8%**	**10%**
Not Stated	1%	
Band 7	**Clinical**	**Non-Clinical**
White	92%	98%
BME	**8%**	**2%**
Not Stated	1%	
Band 8A	**Clinical**	**Non-Clinical**
White	91%	97%
BME	**8%**	**3%**
Not Stated	1%	
Band 8B	**Clinical**	**Non-Clinical**
White	86%	90%
BME	**14%**	**10%**
Not Stated		

Band 8C	Clinical	Non-Clinical
White	90%	100%
BME	**10%**	**0%**
Not Stated		
Band 8D	**Clinical**	**Non-Clinical**
White	75%	100%
BME	**25%**	**0%**
Not Stated		
Band 9	**Clinical**	**Non-Clinical**
White	100%	0%
BME	**0%**	**0%**
Not Stated		

Section 2

Breakdown by Medical and Dental and VSM grades.

Consultants clinical	
White	72%
BME	28%
Not Stated	

Speciality Doctor clinical	
White	56%
BME	44%
Not Stated	

Specialty Registrar clinical	
White	43%
BME	57%
Not Stated	

Specialty Trainee clinical	
White	46%
BME	54%
Not Stated	

Associate Specialist clinical	
White	100%
BME	**0%**
Not Stated	

Trust Payscale clinical	
White	100%

BME	**0%**
Not Stated	

Trust Payscale non clinical	
White	93%
BME	**7%**
Not Stated	