Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Leeds & York Partnership NHS Foundation Trust

Date of report: month/year

August 2016

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

Susan Tyler, Director of Workforce

Name and contact details of lead manager compiling this report

Caroline Bamford, Head of Diversity and Inclusion, email: caroline.bamford@nhs.net, Telephone: 0113 38559915

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

Jane Williams, Leeds North CCG

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

Jane Williams, Leeds North CCG

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

www.leedsandyorkpft.nhs.uk/about_us/equality_diversity/humanrights

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

Susan Tyler, Director of Workforce, 5th July 2016

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

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

Metric 2- Information for recruitment conversion rates as detailed within the 2014/15 report were not accurate due to the way that information was retrieved from two different sources (NHS Jobs and ESR). This has been rectified from 1st April 2015, but has meant that comparison data cannot be provided for the 2014/15 period.

2. Total numbers of staff

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

2582

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

14.8%

3. Self reporting

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

100%

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

Personal information sheet for all new starters includes ethnicity data and data validation has been completed to capture any omitted data.

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

4. Workforce data

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

1st April 2015 - 31st March 2016

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.	Please see Appendix 1 to this report for the full breakdown of staff in each Agenda for Change Bands 1-9 and VSM	This is the first year that data has been requested in this format within the WRES report.	Please see Appendix 1 to this report for the full breakdown of staff in each Agenda for Change Bands 1-9 and VSM (including Executive Board members). Representation decreases with Band progression, illustrating that 48% of non-clinical BME staff within AfC Bands are represented	Further staff engagement work and data analysis has been undertaken to further understand and identify barriers to progression within various professional groups.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.43	1.33	There were accuracy issues with this data in 2014/15 and therefore comparisons cannot be made. The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 1.43 times greater.	Data capture processes were revised from 1st April 2016; reliable data has been produced and analyzed for 2015/16. Planned actions for 2016/17 include exploring how to collate a wider range of data; to further develop partnership work with local colleges; universities and employment support
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.	1.18	1.33	This figure is based on 129 cases over a two year period. Reporting and analysis and analysis is for substantive staff only. This data shows that the relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 1.18 times greater. This illustrates a 15% reduction from the 2014/15	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 review will be undertaken in 2016/17.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	1.23	0.15	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	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

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 32% BME 39%	White 32% BME 33%	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%	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
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 21% BME 24%	White 20% BME 23%	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.	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
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 90% BME 67%	White 91% BME 75%	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	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.
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 6% BME 14%	White 6% BME 17%	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.	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
	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.	-5.8	This is the first year that this WRES calculation has been used for this metric and		Indicator 9 shows that the percentage of Board members from a BME community is considerably lower than the BME population within the overall workforce.

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?

We have collected and reviewed data on ethnicity for a number of years and used this information to inform action in the Trust. This has been taken forward in the Trust Equality objectives and integrated with EDS2 work and the annual work plan for the Trust's Equality and Inclusion Group.

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 reviewed our organisationall objectives were reviewed in 2015, taking into account feedback from our EDS2 engagement and assessment processes; objective 5 links with the WRES "Review and improve equality of opportunity and outcomes in our recruitment and workforce development and support processes for people from BME communities". A more detailed report and progress on actions for 2015/16 can be accessed within our annual Equality, Diversity and Human Rights report for 2015/16. The report can be accessed via the following link: www.leedsandyorkpft.nhs.uk/about_us/equality_diversity/humanrights

Click to lock all form fields and prevent future editing