

Response ID ANON-R89M-87FU-T

Submitted to Workforce Race Equality Standard (WRES) reporting template
Submitted on 2022-08-02 18:09:58

Introduction

1 Name of organisation

Name of organisation:
United Lincolnshire Hospitals Trust

2 Date of report

Month/Year:
July 2022

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

Name and title of Board lead for the Workforce Race Equality Standard :
Paul Matthew - Director of Finance & Digital/People & OD

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Alison Marriott
EDI Project Manager
Email: alison.marriott@ulh.nhs.uk

5 Names of commissioners this report has been sent to

Complete as applicable::

NHS Lincolnshire Integrated Care Board

Workforce Race Equality Standard reporting template

6 Name and contact details of co-ordinating commissioner this report has been sent to

Complete as applicable.:

Kamljit Obhi - Senior Equality & Human Rights Manager
Email: kamljit.obhi@nhs.net
NHS Arden & GEM CSU

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

Unique URL link on which this Report and associated Action Plan will be found:
<https://www.ulh.nhs.uk/about/equality-diversity/nhs-workforce-race-equality-standard-wres/>

8 This report has been signed off by on behalf of the board on

Name::
Board representative for People & OD: Paul Matthew

Date::
To be presented at Trust Board on 6th September 2022 for sign-off

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

No specific issues at present

However the Trust would like to explore the merits of using of data from TRAC rather than ESR for Indicator 2, before next year's submission.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

None

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total number of staff employed within this organisation at the date of the report:

8513

12 Proportion of BME staff employed within this organisation at the date of the report?

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

16.76%

13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self-reported their ethnicity:

98.11%

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

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

Reporting in ESR continues to be imbedded through the pre-employment processes, at induction & in EDI core learning.

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

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

Yes - as part of the WDES metric 1 actions, a programme of raising awareness and building opportunities to update information into regular activities (e.g. induction, core learning, appraisal) is planned, in conjunction with our Communications & OD teams. This will also encourage self-reporting of other equalities information, such as disability. Self-reporting is high for ethnicity, but the picture is reversed for disability where it is low. This process of explaining why it is important to update equalities data in ESR has already begun through the WDES and WRES Engagement Workshops in June & July.

Workforce data

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

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

1st April 2021-31st March 2022

Workforce Race Equality Indicators

17 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.

Data for reporting year:

Please see DCF submission

(Replicated at Appendix 1 for Trust Board)

Data for previous year:

Please see DCF submission

(Replicated at Appendix 1 for Trust Board)

The implications of the data and any additional background explanatory narrative:

The percentage of BME staff in the Trust overall has increased again in this reporting period, and now stands at 16.76%.

BME colleagues now make up 25% of the Band 5 AfC Clinical workforce. Recruitment of internationally-trained Nurses and Allied Health Professionals has continued to be successful in this reporting period and is reflected in these percentages. However, BME representation drops to only 8.77% at Band 6 and 4.98% at Band 7.

Representation improves again at Bands 8a & 8b, and reaches 26.66% BME representation at Band 8c, nearly 10% above the Trust's average BME population. Small numbers of colleagues overall at these bands magnify the percentage, but it is positive to see progress with representation at some

senior bands and this highlights the importance of making every recruitment process count.

We are disappointed to report that in the Agenda for Change clinical workforce, there is no representation of BME colleagues in Bands 8d, 9 & VSM, which is also disappointing for our potential pipeline for Trust Board membership, and the lack of visible very-senior BME representation in the Trust for this section of the workforce.

The Trust still needs to make significant progress in equitable career progression, with representation at senior levels of the clinical Agenda for Change workforce, and to ensure that the 25% of BME colleagues at Band 5 AfC clinical are supported with career development opportunities to progress to Band 6, 7 and beyond.

The Medical & Dental workforce continues along the same trend of increasing numbers of BME colleagues across the grades. For non-consultant, non-trainee grades, the percentage of BME colleagues remains the highest and this group also has a very high proportion of Internationally-Trained Medical Graduates (IMG's). Overall, BME representation in our medical & dental workforce is now approaching 70%. The non-consultant grades combined are over 80% BME.

Specific actions to support the Medical & Dental workforce, including International Medical Graduates (IMGs) and those working at non-consultant grades, are included in the Trust's WRES Action Plan 2022-23. The Trust is anticipating further details about the local Medical Workforce Race Equality Standards (MWRES) as soon as they are available from the national MWRES team.

The Agenda for Change (AfC) non-clinical workforce continues on the trend of the greatest proportion of white colleagues in the Trust. There have been some senior appointments of BME colleagues in this section of the Trust's workforce which have improved the picture at Bands 8D and 9. At these bands, each single appointment makes a significant difference to the percentage, as the number of colleagues is very small at this level. It is very encouraging to see BME colleagues attracted to work at ULHT and appointed at these bands, where significant influence & impact can be made on strategy and direction for the Trust.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We have launched an anti-racism strategy with the full approval of the Trust Board from April 2022. This also forms one of our equality objectives for 2022-25.

We have promoted the DAL (Developing Aspirant Leaders) programme heavily this summer to work towards increasing representation at Bands 8d and above for the Agenda for Change Clinical workforce.

As part of our People Promise actions and as part of our equality objectives 2022-25, we are working towards implementation of the new International Medical Graduates induction programme, which two of colleagues have taken part in developing.

We have strengthened our Staff Networks in the reporting period and have appointed a remunerated Chair & Vice Chair, for our BAME staff network, with protected time for their role.

We have begun and continue to work with the new Lincolnshire Integrated Care Board (ICB) on the Lincolnshire Belonging Strategy - Workstreams are all linked to WRES and include: Overhauling Recruitment, Reducing the Disciplinary Gap, Reducing Bullying & Harassment and Encouraging & Supporting System Staff Networks.

One of our equality objectives (2022-25) is that we must implement the Model Employer recommendations without delay now and agree clear, staged targets to increase BME representation at senior levels of the Trust.

Please see our WRES Action Plan, when it is approved by the Trust Board and published, for further details of these actions and for further planned actions.

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

The likelihood of being appointed from shortlisting is 1.09

Data for previous year:

The relative likelihood last year was 0.83

The implications of the data and any additional background explanatory narrative:

Likelihood of being appointed from shortlisting has decreased slightly for BME colleagues in this reporting period (1.09, compared to 0.85 last year). This may have been influenced by increased success in international recruitment last year, however this success has continued this year - yet the ratio has decreased a little. It is still an improved performance overall since WRES reporting began, however it required continued attention.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust needs to understand this data at professional-group & divisional-level to ensure any issues are not "masked" by the Trust-wide ratio, and the reasons for the slightly-declining performance.

The Trust is taking an active leading role in the "Overhauling Recruitment" workstream of the Lincolnshire Belonging Strategy.

Please see our WRES Action Plan, when it is approved by the Trust Board and published, for further details of these actions and for further planned actions.

19 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.

Data for reporting year:

The relative likelihood of BME staff entering the formal disciplinary process is 1.13.

Data for previous year:

The relative likelihood last year was 1.47

The implications of the data and any additional background explanatory narrative:

The Trust's performance has improved for this indicator in this reporting period, which is a positive trend - however BME colleagues are still more likely to enter the disciplinary process and it is vital to ensure our progress continues to parity.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust is taking an active part in the Lincolnshire Belonging Strategy workgroup - "Reducing the Disciplinary Gap".

Please see our WRES Action Plan, when it is approved by the Trust Board and published, for further details of these actions and for further planned actions.

20 Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year:

The relative likelihood in this reporting year is 0.85, meaning that BME staff are slightly more likely to access non-mandatory training and CPD. It is possible that our medical & dental workforce were more able to access non-mandatory training and CPD in this reporting period as recovery from the Covid-19 pandemic progressed.

Data for previous year:

The relative likelihood in the previous reporting period was 1.28, meaning that BME colleagues were less-likely than white colleagues to access non-mandatory training & CPD.

The implications of the data and any additional background explanatory narrative:

This improvement is welcome, however the reasons for it are not clear and further investigation is required.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Further investigation is required to understand and maintain the improvement and to ensure all colleagues are able to access non-mandatory training and CPD.

Workforce Race Equality Indicators

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:

26.50%

BME:

25.30%

White:

27.60%

BME:

28.20%

The implications of the data and any additional background explanatory narrative:

This indicator, drawn from the National Staff Survey (NSS) 2021 data, has taken an improving trend this year, for both BME and white staff. Unusually, white colleagues are reporting a slightly worse experience this year than BME colleagues. The experience of white staff is in line with the national average

for white colleagues for this indicator.

Data held in other sources, such as Datix and lived experiences of Doctors in Training, includes further detail of the lived experiences of BME colleagues experiencing racial abuse from patients. The abuse is completely unacceptable and will not be tolerated by the Trust. The number of Datix incidents relating to racial abuse was around 95% of the total number of incidents reported by protected characteristic. Therefore the Trust approved an anti-racism strategy in April 2022 and subsequent implementation plan. This is being put into practice in partnership with colleagues who have opted to join the "United against Discrimination" working group, from across the Trust.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

This indicator links to the Trust's anti-racism strategy and the Lincolnshire Belonging Strategy workstream of "Reducing Bullying & Harassment". Aspects of it also form some of the Trust's People Promise actions. All of these workstreams are linked back to our equality objectives 2022-25.

Further detail can be found in the Trust's WRES Action Plan for 2022-23

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

White:

30.60%

BME:

32.30%

White:

31.20%

BME:

36.90%

The implications of the data and any additional background explanatory narrative:

Again, this is following an improving trend for both BME and white colleagues. However the Trust still performs below the national average for this indicator and it is clear that further action is urgently required to a) reduce the gap for BME colleagues, who report a higher level of abuse from colleagues and b) improve the Trust as a place to work for all, first to the national average, then better than average - top quartile of NSS.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

This indicator links to the Trust's anti-racism strategy and the Lincolnshire Belonging Strategy workstream "Reducing Bullying & Harassment", and aspects of it form part of the People Promise actions. A dedicated programme of "CQ Leading Inclusively with Cultural Intelligence" has begun, to ensure all Leading Together Forum members (approx. 300 staff) take part in this leadership training as soon as possible. All of these workstreams link to our equality objectives 2022-25.

23 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

White:

52%

BME:

42.4%

White:

53.5%

BME:

43.6%

The implications of the data and any additional background explanatory narrative:

The position for both BME and white staff has worsened for this indicator sadly. This is also borne out by the free text comments reported in the Trust's National Staff Survey (NSS) data 2021, regarding the perceived transparency of career progression and promotions in the Trust. It has also declined in the Workforce Disability Equality Standard (WDES) data for this reporting cycle. Confidence for all is lower than the national NHS average. However with BME staff reporting 10% less confidence, it is clear that targeted action is required too.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust is taking an active leading role in the "Overhauling Recruitment" workstream of the Lincolnshire Belonging Strategy.

Please see our WRES Action Plan 2022-23, when it is approved by the Trust Board and published, for further details of these actions and for further planned actions.

24 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:

8%

BME:

21.30%

White:

7.30%

BME:

19.50%

The implications of the data and any additional background explanatory narrative:

The position for both BME and white staff has worsened for this indicator sadly, but the gap has increased further with BME staff very significantly more likely to experience discrimination at work from manager/team leader/colleagues. It is clear that the anti-racism strategy approved by Trust Board in April 2022 must continue to be implemented.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

This indicator links to the Trust's anti-racism strategy and the Lincolnshire Belonging Strategy workstream "Reducing Bullying & Harassment", and aspects of it form part of the Trust's People Promise actions. All of these workstreams are linked back to our equality objectives 2022-25.

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:

Please see data entered into the Data Collection Framework (DCF)

(For Trust Board purposes, this information is provided at Appendix 1)

BME:

Please see data entered into DCF

(For Trust Board purposes, this information is provided at Appendix 1)

White:

Please see data entered into DCF

(For Trust Board purposes, this information is provided at Appendix 1)

BME:

Please see data entered into DCF

(For Trust Board purposes, this information is provided at Appendix 1)

The implications of the data and any additional background explanatory narrative:

Trust Board membership remains at 100% white, versus an overall workforce percentage of 16.76% BME, and a medical workforce nearing 70% BME. This is combined with low levels of BME representation at Band 9 and VSM Agenda for Change.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust will need to urgently agree it's Model Employer representation targets and recommendations are contained with the WRES Action Plan for Board Approval to support this.

The Trust has the opportunity to review and benchmark processes now, to increase the likelihood of attracting BME candidates in advance of any vacancies in Trust Board membership.

The Trust Board should be included in communications and awareness-raising regarding declaration of ethnicity in ESR, to reduce the "unknowns" to zero.

The actions for Indicator 1 of WRES will also assist with Board representation, when progression to VSM-level for BME colleagues is improved, creating a potential pipeline of candidates for Board-level progression.

Further details are included in the Trust's WRES Action Plan 2022-25

26 Are there any other factors or data which should be taken into consideration in assessing progress?

Are there any other factors or data which should be taken into consideration in assessing progress?:

The Trust has made progress in some key areas such as disparity of entry into formal disciplinary investigation, and BME representation has begun at the senior levels of Agenda for Change (AfC) non-clinical workforce. This is very welcome and is already making a positive difference.

The Trust has begun a large-scale programme of CQ - Leading Inclusively with Cultural Intelligence masterclasses, which has already reached most of the Trust Leadership Team (TLT) and has now begun with the Leading Together Forum (over 300 colleagues).

The Trust has approved and begun to implement its anti-racism strategy in partnership with colleagues, through the "United against Discrimination" working group.

In partnership with our staff networks and a wide range of colleagues through engagement workshops, a new set of equality objectives for 2022-25 has been developed since the last reporting cycle. These form the basis for the delivery of improvements in equity, inclusion and lived experience for the next three years (previously known as "Inclusion Strategy")

The Trust's WRES action plan, and its WDES action plan, have followed a similar pattern of engagement and co-production this year, with the data shared for discussion at workshops and ideas for actions captured, along with alignment with work which other teams may have begun or be considering. This has encouraged greater awareness of WRES and WDES in the Trust, and what it means in practice.

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

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 workstreams 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 for 2022-23 will be published at the following internet link on ULHT's public website once it has been approved by the Trust Board: <https://www.ulh.nhs.uk/about/equality-diversity/nhs-workforce-race-equality-standard-wres/>

In addition to the Lincolnshire Belonging Strategy (system-wide EDI strategy), the Anti-Racism strategy, the equality objectives and the People Promise Action Plan - which have all already been referenced in this report - the Trust's WRES action plan works within the following plans and frameworks:

a) The Trust has an Integrated Improvement Plan (IIP) and WRES sits within the focus area of culture & leadership. Under the refreshed delivery plan for the IIP, each Directorate is developing a targeted plan, which includes progress with WRES, and these will be reviewed at monthly Performance Review Meetings (PRMs).

b) The Trust is taking part in the pilot of EDS v3 currently. Following the reporting timelines for the pilot, the WRES action plan, Lincolnshire Belonging Strategy workstreams and the equality objectives will form part of the workforce reporting for EDS.