NHS

Workforce Race Equality Standard

REPORTING TEMPLATE

Template for completion

	Date of report: month/year
Name of provider organisation	April 2015
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	

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

IAN WARREN

Name and contact details of lead manager compiling this report

RICHARD WATSON. richard.watson@ulh.nhs.uk

Names of commissioners this report has been sent to

LWCCG. SWLCCG. LECCG. SLCCG

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

Unique URL link on which this report will be found (to be added after submission)

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

IAN WARREN

1. Background narrative

a. Any issues of completeness of data

Indicator 4. current recording of non Mandatory training at individual level required initial data to be manually checked against enthnicy.

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

None in comparison

2. Total numbers of staff

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

8455

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

10.8 %

3. Self reporting

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

98.6 %

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

Trust wide project to roll out ESR self-service to enable direct reporting

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

Trust wide project to roll out ESR self-service to enable direct reporting is ongoing as a phased project

4. Workforce data

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

2014 - 2015

5. Workforce Race Equality Indicators

For ease of analysis, as a guide we suggest a maximum of 150 words per indicator.

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, 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	13.4%	13.8 %	Inclusion of senior medics (Clinical Directors) is significant contribution to proportion.	Board sign off of Recruitment plans to encourage BME applicants
2 Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	18/134	19/137		Board sign off of Recruitment plans to encourage BME applicants
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.	14-15 12.2 % BME entering investigation 10.5 % progress to hearing	13-14 9.8% BME entering investigation 9% progress to hearing	Overall increase in % to current year. Number progressing to hearing is consistent with workforce % NB 33% reduction in total number of investigations in 14-15	Revised HR structure from 2015 and alignment of HR staff to sites with emphasis on informal resolution of Disciplinary matters to minimise total number of investigations
4 Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	10.3 %	N/A	169/1538 completed course entries by BME staff consistent with 10.8% of workforce ✚	OD team to produce future report inclusive of ethnicity. ✚

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 staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.						
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	31.44	White	32.76	whilst an increase for BME staff , they have a lower reported incidence of Harrassment	
		BME	29.86	BME	27.31		
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	26.17	White	28.67	whilst a decrease for BME staff, it remains significantly higher than non BME staff ✚	Trust objective to reenforce Trust behaviours and values for all staff and via appraisal framework ✚
		BME	30.77	BME	32.05		
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White	85.87	White	85.34	inconsistent score relation to accessing non mandatory learning. ✚	Trust recruitment & Retention strategy to encourage promotion. ✚
		BME	76.64	BME	75.00		
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	White	8.02	White	8.62	significantly higher proportion, and whilst a decrease. remains inequitable	Trust is promoting the Dignity at Work policy to encourage staff to raise concerns
		BME	14.41	BME	18.30		
	Does the Board meet the requirement on Board membership in 9?						
9	Boards are expected to be broadly representative of the population they serve	0% BME		0% BME		Trust board membership is not consistent with the Lincolnshire census of 2.4% BME ✚	Recruitment & Retention strategy to have reference re encouraging BME applicants ✚

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct staff surveys though those surveys for organisations that are not NHS Trusts may not follow the format of the NHS Staff Survey

Note 2. Please refer to the Technical Guidance for clarification on the precise means of each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the "well led domain."

Action taken during reporting period was the Trusts Listening into Action programme seeking engagement with all staff groups. The Trust has further developed its engagement strategy for 2015-2015 with the appointment of site engagement leads and a programme of 'Engagement the ULH way' with constant quarterly evaluation externally assessed.

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

Actions identified are linked within the Trusts Equality action plan.