

# Excellence in rural healthcare



United Lincolnshire  
Hospitals  
NHS Trust

<b>To:</b>	The Trust Board
<b>From:</b>	Tim Couchman, Equality, Diversity & Inclusion Lead
<b>Date:</b>	27 <sup>th</sup> April 2018

<b>Title:</b>	Staff Survey Results – Inclusion Aspects										
<b>Responsible Director:</b>	Martin Rayson, Director of Human Resources and Organisational Development										
<b>Purpose of the report:</b>	To provide members of the Trust Board with an analysis of the NHS Staff Survey data 2017 from an inclusion perspective and associated recommendations.										
<b>The report is provided to the Board for:</b>	<table border="1"> <tr> <td>Decision</td> <td><input type="checkbox"/></td> <td>Discussion</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input type="checkbox"/></td> <td>Information</td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
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<b>Summary/key points:</b>	<p>This report is presented to the Trust Board as an analysis of some of the key inclusion related aspects to the NHS Staff Survey 2017.</p> <p><u>Introduction:</u></p> <p>The increase of ULHT staff completing the NHS Staff Survey (from 39% in 2016 to 45% in 2017) is welcomed from an inclusion perspective, as it further strengthens the quality of the data.</p> <p>In the equality groups reported in the NHS Staff Survey 2017, the response</p>										

rates, when compared with the self-disclosure rates in the Electronic Staff Record (ESR) system, are as follows:

1) In relation to age:

Age group	Staff Survey Respondents	ESR
16 – 30	15 %	19 %
31 - 40	17 %	21 %
41 – 50	30 %	26 %
51 >	38 %	34 %

2) In relation to gender:

Gender	Staff Survey Respondents	ESR
Male	21 %	20.5 %
Female	77 %	79.5 %
Prefer not to say	2%	Not recorded

3) In relation to ethnic background:

Ethnic Background	Staff Survey Respondents	ESR (ca. 2% not known)
Black, Asian and Minority Ethnic	10 %	12 %
White	90 %	87 %

4) In relation to disability:

Disability status	Staff Survey Respondents	ESR (12.8 % not declared / unspecified)
Disabled	20 %	2.7 %
Not disabled	80 %	84.4 %

When compared with the Electronic Staff Record (ESR) data, the primary area of significant disparity remains disability.

Positive headline points:

- ✓ The percentage of staff experiencing discrimination at work in the last 12 months (KF20) at 11% remains below (better than) average (although there is still a 1% increase from 2016).
- ✓ The percentage of Black, Asian & Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives of the public in the last 12 months (KF25) has reduced to 26% (28% in 2016).
- ✓ The NHS Staff Survey identifies clinical directorates that appear to

perform well in relation to both equality and diversity indicators (KF20 & KF21), leading the way is Trust-wide Cardiology Services.

- ✓ In our local question asking whether staff identify with the same gender as given at birth the response rate of staff stating 'No' increased from 0% in 2016 to 1.4% in 2017. This would appear to highlight an increased confidence around LGBT+ issues in the Trust.

#### Negative headline points:

- The disparity in response rates between ESR (2.7%, a small decrease from 2.8% in 2016) and the NHS Staff Survey (20%, an increase from 16% in 2016) in relation to disability has increased.
- The Trust has unfortunately only been able to evidence limited progress in relation to the WRES indicators.
- The percentage of all staff believing that the organisation provides equal opportunities for career progression or promotion has decreased to 83% in 2017 from 87% in 2016 (the national average for acute trusts is 85%). As the score in 2015 was 89% this shows a continued decline and brings the Trust score below the national average for the first time.
- The percentage of white staff experiencing harassment, bullying or abuse from patients, relatives of the public in the last 12 months (KF25) has increased to 29% (27% in 2016).
- The percentage of BME staff responding to the question (Q17b) 'in the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?' has increased to 16% in 2017 (from 15% in 2016). This is higher than the incidence reported by white staff (7% in 2017).
- Disabled staff are the group reporting the least confidence in believing the organisation provides equal opportunities for career progression / promotion at 76% (80% in 2016), this is closely followed by BAME staff at 78% (no change from 2016).

#### Equality and Diversity section (KF20 & KF21):

##### KF20 – Percentage of staff experiencing discrimination at work in last 12 months:

Key finding for ULHT (p.14) – no statistically significant change since 2016

**Below (better than) average**

However, slight increase of 1 % compared with 2016 (11% in 2017, 10% in 2016 and 7% in 2015). National average in 2017 = 12%; Best 2017 score for acute Trusts = 8%.

This data is further disaggregated by occupational groups, clinical directorates / business groups / locations, part-time / full-time employment, age, gender, disability status and ethnic background.

##### KF21 – Percentage of staff believing the organisation provides equal opportunities for career progression or promotion:

Key findings for ULHT (p 14) – **Decrease (worse than 2016)**  
**Below (worse than) average**

2017 shows a decrease of 3% compared with 2016 (83% in 2017, 87% in 2016 and 89% in 2015). National average in 2017 = 85%. Best 2017 score for acute Trusts = 94%.

This data is further disaggregated by occupational groups, clinical directorates / business groups / locations, part-time / full-time employment, age, gender, disability status and ethnic background.



#### Workforce Race Equality Standard (WRES):

The WRES was mandated by NHS England in 2015 and delivery of the WRES forms part of the NHS Standard Contract.

In 2017, for the first time at ULHT, the voices of our BAME staff informed the WRES report and actions, through the newly formed BAME Staff Equality Network. The network holds the Trust to account in relation to delivery of the WRES actions for improvement.

The four WRES questions in the NHS Staff Survey (KF25, KF26, KF21 & Q17b) form four of the nine WRES indicators and are taken straight from the national Staff Survey database and auto-populate the Trust's WRES report.

Indicator	Description	White / BAME	ULHT 2017	Acute Trust Average	ULHT 2016	ULHT 2015	👍 or 👎
KF25	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	29%	27%	27%	25%	👎
		BAME	26%	28%	28%	18%	👍
KF26	% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	27%	25%	24%	26%	👎
		BAME	32%	27%	31%	47%	👎
KF21	% of staff believing that the organisation provides equal opportunities	White	83%	87%	87%	89%	👎
		BAME	78%	75%	78%	83%	same

	for career progression or promotion						
Q17b	In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	White	7%	7%	6%	4%	
		BAME	16%	15%	15%	12%	

The Trust has developed a new Inclusion Strategy for 2018-2021 which will be brought to the Board and published in May 2018. This brings together our inclusion, equality and diversity work in one place and the objectives we have set for both our staff and patient/service users equality work. These objectives move the Trust towards the achievement of our equality, diversity and inclusion 2021 vision. Our vision for our staff is that they:

1. Feel valued and fairly treated in a Trust that really cares.
2. Know the Trust as a Trust that people want to come and work for, stay with and thrive in, because of its commitment to equality, diversity and inclusion.
3. Are proud to work in an open and inclusive Trust.

The recommendations below reflect the objectives within the Strategy.

#### **Recommendations:**

- The Trust continues to actively support work and improvement around the WRES. Specifically through the BAME Staff Network and the sponsorship of the Equality, Diversity and Inclusion Lead on the NHS England WRES Expert Programme (commenced March 2018). Through this we can ensure the BAME voice is heard and the issues that cause the poorer scores in respect of discrimination, career progression and harassment/bullying can be fully explored.
- The Trust prioritises a focus on disability through support of the emerging MAPLE (Mental and Physical Lived Experience – disability) Staff Network and preparation for the new NHS England Workforce Disability Standard (WDES), scheduled for implementation in 2019. There is a need to encourage further those who are working with a disability to declare it so that we are able to shape a response to the challenges they may have.

- The Trust strengthens support for the existing and emerging staff equality networks, specifically through the designation of Executive sponsors for each network (commenced in December 2017).
- The Trust commences devolvement and support for equality and diversity accountability at a clinical directorate / business unit level through the development of metrics and indicators on the new InPhase system (project commenced April 2018).
- The Trust will be developing and implementing a new approach to talent management during the course of 2018/19. The first step is the new individual performance management system, which has a greater focus on individual potential and which has been launched in April. Within this approach we will ensure there is a focus on developing the talent in everyone and ensuring there are no barriers to people with protected characteristics joining and progressing within ULHT.
- The Trust is concerned about the staff survey results in respect of harassment and bullying by other staff. The Trust responded to the results in 2016 by running a “zero tolerance” campaign. We will run further campaigns in 2018, linked in particular to the staff charter and drawing on examples of best practice (e.g. the Social Partnership Forum “Tackling Bullying Call To Action”, which sets out our expectations of staff and managers.

We will also though follow up on the survey by seeking to get an understanding of the what prompts over 25% of staff (and over 30% of BAME staff) to indicate they have experienced harassment/bullying. It is only by getting a deeper understand and trying to identify patterns of behaviour, will we be able to target interventions to address this issue. Bullying issues only comprise a small percentage of grievances and, whilst there may be a “speaking out” issue, this suggests that there may be subtlety to the issues we face, which a “zero tolerance” campaign alone may not address.