

160731 Final Luton and Dunstable Hospital Trust - WRES – Action Plan 2016 – 2017 – Part of the EDHR Strategy

Workforce metrics – which compares the data for White and BME staff	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
<p><b>Indicator 1</b>  <b>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 - 2016 –</b></p> <p>See List at the end of the this action plan for results by bands / grades (VSM – Very Senior Management)</p>	<p><i>Previously this indicator was % of BME staff at bands 8 and 9 (excluding the board members) – 2016 =The Trust has 13-24% more BME in all clinical grades apart from those in ad-hoc spot salary arrangements where there is 19% less representation compared to the % of BME staff in the overall workforce. The opposite applies to non clinical grades where there is a small % gap in band 2 and 5 but larger less favourable gaps to BME across other grades especially at grade 4,7,8,9 where band 9 particularly reaches 38% gap (see list at the end of action plan)</i></p>	<p>Requires further exploration in conjunction with initiatives under indicators 2, 9 and 7.</p> <p>The Trust is committed to the NHS Equality and Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes.</p> <p>We aspire to be a leading Trust in the way we implement and deliver the EDS and Equality Objectives.</p>
<p><b>Indicator 2</b>  <b>Likelihood of BME staff being shortlisted compared to white staff</b></p> <p>The likelihood of white to BME staff being appointed is 1.96</p> <p>Last year it was 45% BME which was a different calculation</p>	<p>Total starters amount to 831 including circa 300 junior doctors recruited eternally and allocated to the Trust. It also includes a few starters who are not via the NHS JOBS recruitment process information such as if returning after retiring, or made permanent after fixed term/bank contracts / agency work.</p> <p>NOTE - We are using figures without the circa 300 junior doctors and others - e.g. just those via NHS jobs recruitment who have been through internal short listing which total 471.</p> <p>However, the data from all starters for their ethnicity is 53.30% White / 43% BME / 3.7% Not Given - This is a better representation across all starters than over the 471 shortlisted internally re: 64.33% White 33.55% BME and 2.12% Undisclosed.</p>	<p>Monitoring information is not disclosed to interview panels at the short listing stage of the recruitment process.</p> <p>However, this is also to do with appointment and so the interview process needs to be overviewed. Such as reviewing the cover of Equality and diversity during recruitment &amp; selection training for managers, and the training provided on protected characteristics.</p> <p>Consider the potential for unconscious bias</p>

160731 Final Luton and Dunstable Hospital Trust - WRES – Action Plan 2016 – 2017 – Part of the EDHR Strategy

<p><b>INDICATOR 3</b></p> <p><b>Likelihood of BME staff entering formal disciplinary compared to white staff</b></p> <p>2016 - 0.79 times more relatively likely for BME staff</p> <p>2015 - 1.32 times more relatively likely for BME staff</p>	<p>This is a further decline in percentages and disciplines since 2014 which is an improvement. There were 15 disciplines in 2016 (10 White and 5 BME) compared to 24 in 2015 (13 White and 11BME).</p> <p>In 2016 the number of White staff in the work force is 2,281 and BME 1,437. In terms of discipline the relative likelihood of BME entering the discipline process compared to white is 0.79 times greater.</p>	<p>We would like to maintain this result and improve upon it. We will continue regular audit of equality data in relation to formal disciplinary processes</p>
<p><b>INDICATOR 4</b></p> <p><b>Likelihood of BME staff accessing non mandatory training and CPD compared to white</b></p> <p><b>2016</b> - Relative likelihood of White accessing compared to BME = 0.99</p> <p><b>2015</b> - Relative likelihood of White accessing compared to BME = 0.69</p>	<p>For this the number of staff in the workforce totals 4629 rather than 3813 (as of March 2016) as it includes starter, leaver, bank and locum staff.</p> <p>The total attendances were 6510.</p> <p>From this data the relative likelihood of White accessing compared to BME = 0.99</p>	<p>Staff have access to learning to develop as professionals and enhance the services we offer. We have a strong Apprenticeship programme which enables staff paid at Bands 1 – 4 to access a relevant qualification in relation to their current role.</p> <p>In the 2015-16 financial year 100 staff enrolled onto different apprenticeship frameworks. These ranged from Level 2 in Customer Service and Business Administration to the Higher Level Apprenticeship in Management and Leadership. In 2015, for the first time, post graduate qualified staff were able to access higher level apprenticeship frameworks with the introduction of the CMI Level 5 Diploma in Management and Leadership. The Luton and Dunstable Hospital was the first Acute Trust to offer staff access to this nationally recognised qualification.</p> <p>A second cohort started in April 2016. New frameworks for 2016/17 year include the Higher</p>

160731 Final Luton and Dunstable Hospital Trust - WRES – Action Plan 2016 – 2017 – Part of the EDHR Strategy

		<p>Apprenticeship in Management and the Intermediate and Advanced Apprenticeship in Facilities Services. We will ensure that managers are aware of the opportunities and encourage engagement to continue to offer fair access to non-mandatory training</p> <p>An Annual Training Needs Analysis (TNA) is sent to Heads of Department and the Practice Education Team support Ward Managers in identifying training requirements. It is essential that the TNA is cascaded to the appropriate level within the Trust across all departments so that all learning needs can be captured.</p>
<p><b>National NHS Staff Survey Findings</b></p>		
<p><b>INDICATOR 5.</b> KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</p> <p>2016 White 32.4% BME 29.0%</p> <p>2015 White 29.3% BME 29.9%</p>	<p>BME experience has been reduced by circa 1% with a 3% gap in 2016 showing less experience of this for BME staff this year. However at 32.4% and 29% for White and BME staff respectively, this needs addressing for all staff.</p>	<p>Actions to be discussed include:</p> <ul style="list-style-type: none"> <li>- Review of prevention and management of abuse to staff at work policies and procedures and reporting.</li> <li>- Awareness raising of both Staff and service users as to the conduct expected, the level of tolerance, and remedial actions.</li> </ul>

160731 Final Luton and Dunstable Hospital Trust - WRES – Action Plan 2016 – 2017 – Part of the EDHR Strategy

<p><b>INDICATOR 6. KF 19.</b> Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</p> <p>2016 White 27.6% BME 30.8%</p> <p>2015 White 24.8% BME 23.8%</p>	<p>There is a higher % BME experience than last year. It has risen by 6%.</p> <p>Also the gap has increased 1% higher in BME to a 3% poorer experience for BME. This needs addressing across all staff as White Experience f this has increased by 4% also, but with initiatives to particularly improve and address the deterioration for BME results.</p>	<p>There is a need to address this generally and also specifically for BME.</p> <p>With reference to dignity and respect at work, the reviewed Bullying and Harassment policy has recently been in place from November 2015. In addition, training sessions on the prevention of bullying &amp; harassment are run on a regular basis to raise awareness around this issue</p> <p>Review equality programs, diversity and bullying &amp; harassment training and continue to address enforcement of our harassment policy. An action plan will be developed once data is available should this highlight any concerns.</p>
<p><b>INDICATOR 7. KF 27.</b> <b>Percentage believing the Trust provides equal opportunities for career progression or promotion</b></p> <p>2016 White 94.0% BME 71.8%</p> <p>2015 White 92.2% BME 73.9%</p>	<p>There has been a marked difference in BME to White belief in Equal career opportunities for 2 years results, but this has deteriorated this year from a gap of 18% to a gap of 22% which is a decrease for BME of 4%.</p>	<p>This needs further review. This year as part of our Workforce Equality Information Report and the WRES we have looked at ethnicity in applications, short listing, starters, promotion, discipline and grievance.</p> <p>We will be evaluating the results of our analysis and considering how we will ensure that our systems are fair and equitable. Where appropriate, our training courses such as 'Recruitment and Selection' will be updated in line with our findings. This is related to Indicator 1, 2 and 9 in particular.</p>

160731 Final Luton and Dunstable Hospital Trust - WRES – Action Plan 2016 – 2017 – Part of the EDHR Strategy

<p><b>INDICATOR 8. - KF 23. In the last 12 months have you personally experienced discrimination at work</b></p> <p>2016 White 6.0% BME 9.5%</p> <p>2015 White 5.9% - BME 10.7%</p>	<p>The results for BME experience of discrimination are much improved this year. BME experience has reduced by 1.2% and has reduced the gap from 4.8% to 3.5%. This should be further improved</p> <p>(Please note that there was an error on the 2015 WRES report submission for this indicator which incorrectly recorded the White and BME result as 10% and 21% respectively. It is not known why or how this error occurred but this has been corrected on the 2016 and 2015 reports on the website. The incorrect figures are however recorded on the National Benchmarking Report relevant to the 2015 survey data)</p>	<p>This is a much better result than last year but we would want to maintain this result and improve on it.</p> <p>Some of the initiatives proposed for Indicators 5 and 6 will help with this and also looking at leadership, management, Equalities and HBD training programmes.</p>
<p><b>INDICATOR 9. Compare the difference for White and BME staff: Percentage difference between the organisations Board voting membership and its overall workforce</b></p> <p>2016 - 32.8%</p> <p>2015 - 30.3%</p>	<p>(Previously this was that Boards are broadly representative of the population they serve 2015 White x 14 BME x1)</p> <p>In 2016 there is a 37.69% BME workforce and 1 of the 14 at 7.14% of voting members on the Board is of BME origin. The percentage difference between the board voting membership and overall workforce is -32.8%. Last year the difference was -30.3%. This compares less favourably to the ethnic mix of the workforce and the population being served. The Board is cognizant of this issue and takes positive action to encourage minority groups to apply for vacancies.</p>	<p>Further positive action is required to encourage applications to ensure that the Board is representative of the local population served, and reflective of the workforce – We will evaluate how this might be achieved and will ensure that executive search agencies are committed to diversity in their policies and processes.</p>

160731 Final Luton and Dunstable Hospital Trust - WRES – Action Plan 2016 – 2017 – Part of the EDHR Strategy

<p><b>DECLARATION</b> - In 2016 a small percentage of staff have not generally declared their ethnicity for staff records, 2.49%, which is an improvement on last year's figure of 3.45%.</p>	<p>In 2016 = 97.51% have declared their ethnicity for staff records - (in 2015 this was 96.55%)</p> <p>There are still some areas that need improving</p>	<ul style="list-style-type: none"> <li>- Improve the short list / appointment data</li> <li>- Look to include other areas such as training feedback, etc.</li> </ul>
---	---	--

Data for Indicator 1 – % BME in the Bands / Grades against the % BME in the workforce year ending March 31 <sup>st</sup> 2016			
	% in band	% work force	% variation
<b>NON CLINICAL</b>			
Band 1	32.73%	38.65%	-5.92%
Band 2	40.83%	38.65%	2.18%
Band 3	28.74%	38.65%	-9.91%
Band 4	22.08%	38.65%	-16.57%
Band 5	41.82%	38.65%	3.17%
Band 6	33.28%	38.65%	-5.37%
Band 7	24.32%	38.65%	-14.33%
band 8	22.45%	38.65%	-16.20%
Band 9	0.00%	38.65%	-38.65%
<b>OVER ALL TOTAL</b>	<b>34.09%</b>	<b>38.65%</b>	<b>-4.56%</b>
<b>CLINICAL</b>			
Consultants	62.88%	38.65%	24.23%
FY1	51.22%	38.65%	12.57%
FY2	57.58%	38.65%	18.93%
Junior Doctor	61.71%	38.65%	23.06%
Middle grade doctor	51.67%	38.65%	13.02%
Adhoc spot salary	18.75%	38.65%	-19.90%
<b>OVERALL TOTAL</b>	<b>58.84%</b>	<b>38.65%</b>	<b>20.19%</b>