LUTON &
DUNSTABLE
UNIVERSITY
HOSPITAL

CLINICAL EXCELLENCE, QUALITY & SAFETY

Luton and Dunstable University Hospital

Workforce Race Equality Standard

WRES Report 2020

(With reference to 2015-2019 WRES results)

9th July 2020

Submission of data deadline 31st August

Submission of Report Action Plan by 31st October

Trust Board Leads for the WRES	Angela Doak - Director of Human Resources Liz Lees - Chief Nurse.
Lead manager compiling this report	Diane Brown – Equality and Diversity Lead
Date this report was approved by the Trust Board	TBC

_____

Website URL where this report can be found: https://www.ldh.nhs.uk/corporate-information/equality-and-diversity/annual-reports-and-relevant-documents

Introduction and Background

WRES requirements

The WRES has been included in the NHS Contract since 2015 to ensure that Black Minority Ethnicities (BME) staff have equal access to career opportunities and fair treatment in the workplace. National NHS research data has indicated that less favourable treatment of BME staff can and does occur. The WRES was devised by NHS England and the NHS Equality and Diversity Council as a tool to enable NHS organisations to address this.

Nine WRES Indicators

The Trust submits WRES data annually to demonstrate progress against 9 indicators of workforce race equality.

Two indicators focus on BME representation across the Trust at Board Level, in senior management, and across all Pay Bands clinical and non-clinical. The rest of the indicators highlight any differences between the experience and treatment of White and BME staff. Four are in the National NHS Staff Survey and relate to experiences of patient and colleague conduct and belief in Equal Opportunities. The final 3 relate to discipline, shortlisting to appointment and access to non-mandatory training and continued professional development.

The data submitted is benchmarked nationally for transparency, and for sharing of learning and good practice. The National Report groups the Trust by type in all Acute Trusts and regionally by all Trusts in the Midlands and East of England. Trusts are expected to understand the data and report on it, and that any poor results will trigger their inquiry into the causes with robust evidence based action plans.

Care Quality Commission Inspections CQC

WRES performance is included in the CQC Inspections "well led" domain and supported by WRES advisors. This includes analysis of the Trust's WRES Report and action plan and how any issues have been addressed. The Trust's last CQC inspection was last summer 2018 and the results were good for the Trust.

Covid 19 - Health inequalities - The WRES data collections were paused in April 2020 as part of the initial response to COVID-19. However, the disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) and Disabled staff and communities, and concerns about a lack of recognition of this disproportionate impact on decision making, the data collections were resumed. As the impact and effects of COVID-19 are realised, the need to understand how best to respond is vital with any decisions that impact on ethnicities involving people.

Trust Commitment

The Trust publishes an Annual WRES report on the Trust website and an action plan for transparency, scrutiny and continuous improvement. The format of this report includes the responses required in the WRES data submission.

The Trust is one of the most diverse organisations in the NHS and in the UK. The Trust is committed to the WRES. Also to promoting equality and diversity in the workforce, and to the inclusive leadership crucially associated with good workforce and patient experience, such as increased staff morale and access to a wider talent pool and improved patient-centered care and innovation.

The WRES General Data

Completeness of data and reliability of year on year comparisons

Data is taken from the NHS Electronic Staff Record **ESR** payroll system. Staff provide their ethnicity on recruitment application forms and this is also included on Staff Appointment forms. This has been standard practice for a number of years and before the first WRES in 2015. A small percentage of staff have not declared their ethnicity which has been 1.5% to 3.97% of the workforce in the last 6 years. This is the best year yet at 1.5% non- declaration.

Percentage of staff who have not declared their ethnicity						
Report @ year	2020	2019	2018	2017	2016	2015
Percentage	1.50%	2.30%	3.97%	3.49%	2.49%	3.45%
Total Staff	4649	4353	4206	3950	3813	3880

Data can be compared to most of the previous data due to standard practice for capturing ethnicity e.g.: at recruitment stage and for capturing data at March 31st each year. **The total staff has ranged but generally increased from 3813 to 4649 over the 6 year period (a 22% increase / 836 staff) and the percentage of BME has increased annually from 37.7% in 2015 to 47.2% in 2020 with a corresponding decrease in White staff.**

Measures to improve the level of self-reporting by ethnicity

Steps taken in the last reporting period - ESR has been rolled out and improvements undertaken such as having internet access and a smart phone app for access. Staff can sign up for user training sessions and there is a training handout for staff with regard to its use. Staff are encouraged to apply for an account and to use it. At our Equality, Diversity and Human Rights weeks in May 2018 and 2019 we promoted a "what's it got to do with you?" initiative about the organisational and personal benefits and value of declaration.

Steps planned during the current period – 2018 had the highest non declaration at 3.97%. With further encouragement of ESR use and a continued "what's it got to do with you" initiative, current non declaration level is the lowest yet at 1.5%.

Workforce data

What period does our workforce data refer to? - Data is captured circa March 31st annually. This report captures data at from 1st April 2019 to 31st March 2020 as for years ending 2015 to 2019.

Ratio of BME to White Staff over the 6 year period						
	2020	2019	2018	2017	2016	2015
BME	47.2%	43.2%	40.1%	38.9%	37.7%	37.7%
White	51.4%	54.5%	56.0%	57.6%	59.8%	58.8%
The balance to 100% is the non-declared amount						

Ethnicity Percentages for the Workforce March 2020
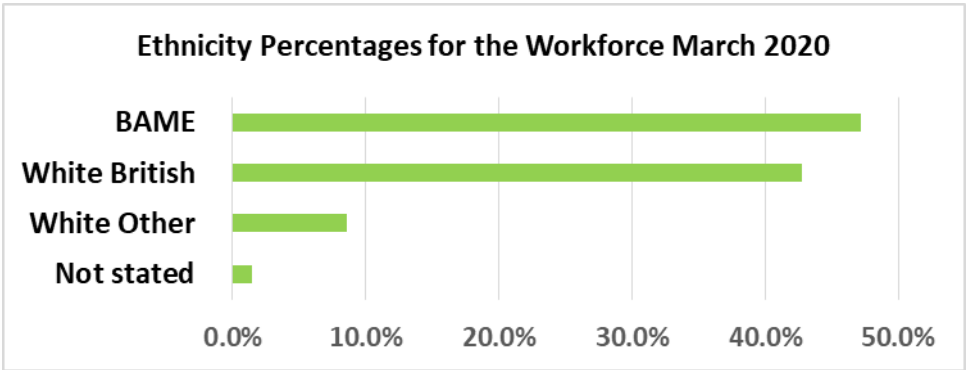
TOTAL NUMBER OF STAFF – employed at the Trust March 31st 2020 (compared to 2019)				
	2019		**2020**	
Total Staff numbers	4353	100.0%	**4659**	**100.0%**
Total BME staff -	1880	43.2%	**2199**	**47.2%**
Total White staff -	2372	54.5%	**2394**	**51.4%**
Proportion of total staff self-reporting ethnicity	4253	97.7%	**4551**	**97.7%**
Non- declaration by staff	100	2.3%	**70**	**1.5%**

INDICATORS - <u>Workforce Race Equality Indicators -</u>

For each of these workforce indicators, we compare the data for White and BME staff.

(1)<u>Indicator 1 - Percentage of BME staff in each salary range by clinical / non-clinical staff compared to the percentage of staff in the overall workforce.</u>

This includes Very Senior Managers (VSM) and Executive Board Members.

2020 BANDS	NON CLINICAL STAFF NC			CLINICAL STAFF CS			TOTAL ALL STAFF
	Total NC Staff	% BME IN BAND	Versus 47.2% BME	TOTAL CS Staff	% BME IN BAND	Versus 47.2% BME	
Band 1	27	33.3%	-14%	0	N/a	N/a	27
Band 2	271	12.5%	-35%	479	49.3%	2%	750
Band 3	207	19.6%	-28%	140	35.7%	-11%	347
Band 4	250	18.1%	-29%	180	35.6%	-12%	430
Band 5	106	4.2%	-43%	768	64.1%	17%	874
Band 6	64	2.9%	-44%	772	44.8%	-2%	836
Band 7	57	2.9%	-44%	398	31.7%	-16%	455
Band 8A	40	12.4%	-35%	97	34.0%	-13%	137
Band 8B	23	6.1%	-41%	26	15.4%	-21%	49
Band 8C	10	4.3%	-43%	13	38.5%	-23%	23
Band 8D	11	9.1%	-38%	0	N/a	N/a	11
Band 9	8	11.1%	-36%	1	0.0%	-43%	9
consultant	0	N/a	N/a	288	66.7%	22%	288
Junior	0	N/a	N/a	323	78.3%	27%	323
Middle	0	N/a	N/a	67	67.2%	19%	67
ADHOC				0	N/a	N/a	23
Ad-Hoc-Board	9	0.0%	0	0	N/a	N/a	
Ad-Hoc-Non	8	14.3%	-32.9%	0	N/a	N/a	
Ad-Hoc-Other	1	0	0	0	N/a	N/a	
Ad-Hoc-Apprentice	5	40%	-7%	0	N/a	N/a	
Grand Total	1097			3552			4649

The table below shows the results for this indicator in 2019

2019 BANDS	NON CLINICAL STAFF NC			CLINICAL STAFF			TOTAL ALL STAFF
	TOTAL NC Staff	% BME IN BAND	Versus 43.2% BME	TOTAL Clinical Staff	% BME IN BAND	Versus 43.2% BME	
Band 1	56	33.9%	-9%	1	0.0%	-43%	57
Band 2	240	29.6%	-14%	462	43.5%	0%	702
Band 3	195	28.7%	-14%	126	38.1%	-5%	321
Band 4	240	30.4%	-13%	168	35.7%	-7%	408
Band 5	88	27.3%	-16%	722	56.0%	13%	810
Band 6	67	31.3%	-12%	725	42.1%	-1%	792
Band 7	49	22.4%	-21%	372	30.6%	-13%	421
Band 8A	36	33.3%	-10%	91	38.5%	-5%	127
Band 8B	20	10.0%	-33%	27	22.2%	-21%	47
Band 8C	10	10.0%	-33%	5	20.0%	-23%	15
Band 8D	13	15.4%	-28%	5	20.0%	-23%	18

Band 9	3	0.0%	-43%	0		-43%	3
consultant		N/a	N/a	263	65.4%	22%	263
Junior		N/a	N/a	289	69.9%	27%	289
Middle		N/a	N/a	56	62.5%	19%	56
Ad-Hoc-Board	10	0.0%	-43%	2	0.0%	-43%	12
Ad-Hoc-Non	7	14.3%	-29%		N/a	N/a	7
Ad-Hoc-Other	1	0.0%	-43%	0		-43%	1
Ad-Hoc-Apprentice	4	50.0%	7%	0		-43%	4
Grand Total	**1039**			**3314**			**4353**

Supplementary information and analysis for indicator 1 follows:

Clinical Grades - the last 4 years show higher levels of BME in bands 2, 5 and 6 from 41.1% to 47.9%, last year's ratios are 42% to 56% due to a high increase at Band 5.

IN 2020 band 2 sees a 49% ratio and Band 5 a 64.1%.

Junior and Middle BME representation – trend to increase - respectively was:
- 2018 - 53.2% and 59.7% in 2018
- 2019 - 69.9% and 62.5% in 2019
- 2020 - 78.3% and 67.2% in 2020

Consultants – trend to increase
- 2018 – 65.8% BME
- 2019 – 65.4% BME
- 2020 – 66.7% BME

Clinical Band 9 grades - This year end March 31st 2020 there is 1 Clinical Band 9 Grade role which is held by a BME staff member.

The high increase in BME representation generally is reflected in the results for likelihood of BME and White moving from being shortlisted to being appointed – see Indicator 2.

The table below shows complete number data for White, BME and non- declared staff by band across Clinical and Non Clinical 2020.

Ethnicity Totals for Clinical and Non-Clinical Staff by Band in 2020									
	Non Clinical (NC)				**Clinical (CN)**				**TOTAL All staff**
Band	**Total NC staff**	**White**	**BME**	**Null**	**Total CN staff**	**White**	**BME**	**Null**	
Band 1	27	18	9		0	0	0	0	27
Band 2	271	173	94	4	479	235	236	8	750
Band 3	207	136	68	3	140	88	50	2	347
Band 4	250	169	78	3	180	114	64	2	430
Band 5	106	68	37	1	761	263	485	13	867
Band 6	64	38	24	2	772	417	346	9	836
Band 7	57	43	13	1	398	267	126	5	455

Band	Total NC staff	White	BME	Null		Total CN staff	White	BME	Null	TOTAL All staff
Band 8A	40	23	17	0		97	61	33	3	137
Band 8B	23	20	3	0		26	22	4	0	49
Band 8C	10	9	1	0		13	8	5	0	23
Band 8D	11	10	1	0		0	0	0	0	11
Band 9	8	7	1	0		1	1	0	0	9
Consultant	0	n/a	n/a	n/a		288	95	192	1	288
Junior	0	n/a	n/a	n/a		323	64	253	6	323
Middle	0	n/a	n/a	n/a		67	17	45	5	67
Ad-Hoc-Board	9	9	0							0
Ad-Hoc-Non	8	7	1							0
Ad-Hoc-Other	1	1	0							0
Ad-Hoc-Apprentice	5	3	2							0
Total	**1097**	**734**	**349**	**14**		**3545**	**1652**	**1839**	**54**	**4649**
		66.9%	31.8%				46.6%	51.2%		

Ethnicity Totals for Clinical and Non-Clinical Staff by Band in 2019										
	Non Clinical (NC)					**Clinical (CN)**				**TOTAL All staff**
Band	Total NC staff	White	BME	Null		Total CN staff	White	BME	Null	
Band 1	56	37	19			1	1			57
Band 2	240	158	71	11		462	253	201	8	702
Band 3	195	135	56	4		126	75	48	3	321
Band 4	240	164	73	3		168	105	60	3	408
Band 5	88	63	24	1		722	307	404	11	810
Band 6	67	43	21	3		725	406	305	14	792
Band 7	49	38	11			372	251	114	7	421
Band 8A	36	24	12			91	54	35	2	127
Band 8B	20	18	2			27	21	6		47
Band 8C	10	9	1			5	4	1		15
Band 8D	13	11	2			5	4	1		18
Band 9	3	3								3
Consultant						263	87	172	4	263
Junior						289	67	202	20	289
Middle						56	14	35	7	56
Ad-Hoc-Board	10	10				2	2			12
Ad-Hoc-Non	7	6	1							7
Ad-Hoc-Other	1	1								1
Ad-Hoc-Apprentice	4	1	2	1						4
Grand Total	**1039**	**721**	**295**	**23**		**3314**	**1651**	**1584**	**79**	**4353**

In 2020 - The Workforce is comprised of 76.4% (3545) Clinical and 23.6% (1097) Non-Clinical Staff showing a similar proportion to last year with a 289 increase in staff.

As can be seen from the charts below there is a marked increase for BME in non-clinical and clinical totals in 2020 compared to 2019, whereas White numbers have remained fairly static. This increase is showing as a trend in recruitment figures also.

2019 Comparing Clinical and Non Clinical Totals 2019					
Category	Non clinical totals	Non clinical %	Clinical Totals	Clinical %	Variation numbers
white	721	69.40%	1651	49.80%	930
BME	295	28.40%	1584	47.80%	1289
unknown	23	2.20%	79	2.40%	56
Total	1039		3314		2275
total %	23.90%		76.10%		

2020 Comparing Clinical and Non Clinical Totals 2020					
Category	Non clinical totals	Non clinical %	Clinical Totals	Clinical %	Variation numbers
white	734	66.9%	1652	46.6%	918
BME	349	31.8%	1839	51.9%	1490
unknown	14	1.3%	54	1.5%	40
Total	1097		3545		2448
total %	23.60%		76.40%		

Ethnicity representation all staff all pay bands 2020

Legend: White 1992, any other white 394, Black 549, Asian 1264, Mixed 105, Any other Ethn 270, Not stated 68
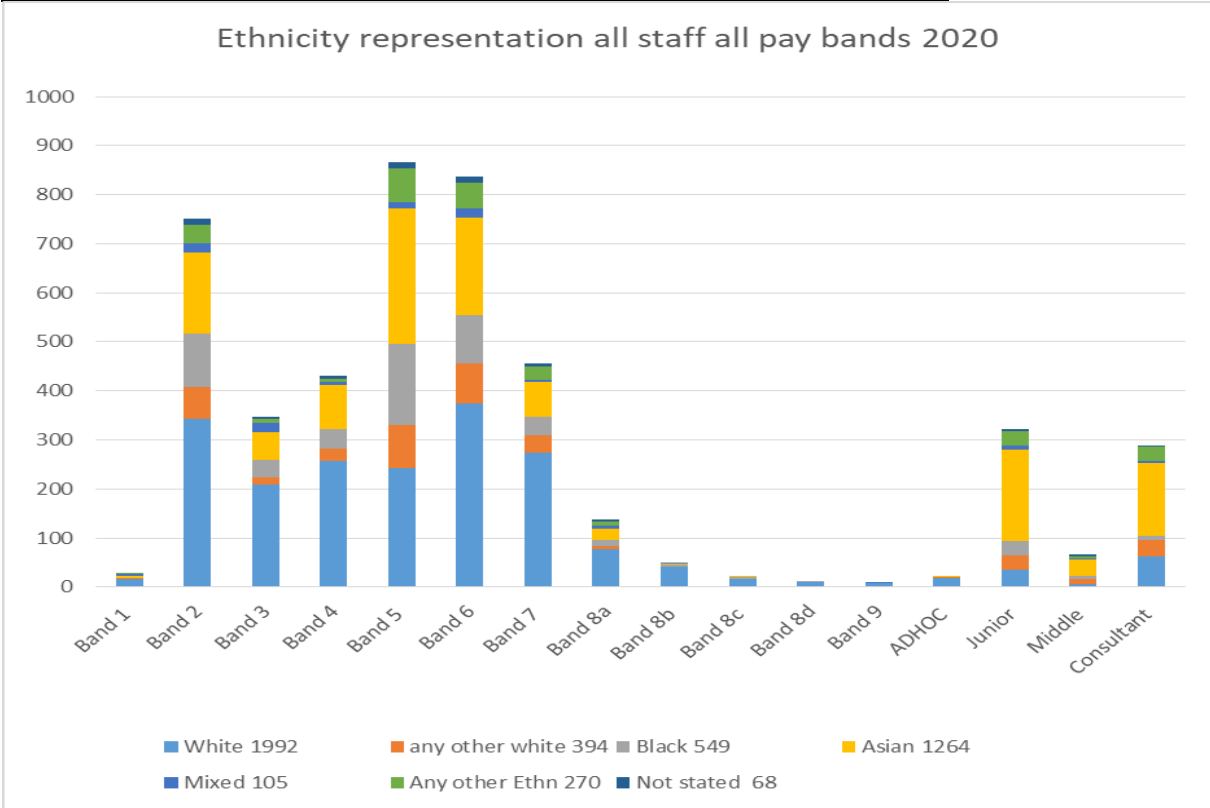
(2) Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

The likelihood of White to BME being appointed by year – (A figure below "1" indicates white are less likely than BME candidates to be appointed from shortlisting)

Last year the Trust reported that between 2016 to 2018 results showed that White are proportionally more likely to be appointed than BME over the last 4 years by 1.30 to 1.96 times. **In March 2019 the result was 0.43 and in March 2020 0.428 indicating White staff are less likely to be appointed from shortlisting in the last two years.**

Relative likelihood from shortlist to appointment						
Year End / ratio	2020	2019	2018	2017	2016	2015
Ratio	0.43	0.43	1.48	1.3	1.96	

Important to note: The WRES does not ask for the level of numbers across the ethnicities within the process. The numbers within each ethnicity category are used in the calculation. It does not show the proportions that apply, are shortlisted or recruited. For an organisation like the Trust which is seeing a steady increase in BME staff numbers and ratio's in addition to a circa 10% White Other ethnicity ratio, these are significant performance details. This shows that nearly 70% of applicants, 65% of those shortlisted and 80% of new employees, were from a BME background last year and this is a continuing trend.

Ethnicity	Applicants	short list	Offer	Work force
WHITE	27.0%	28.0%	14.9%	47.2%
BME	69.2%	65.0%	80.1%	51.4%
Not wish to say / not declared	3.8%	7.0%	5.0%	1.4%
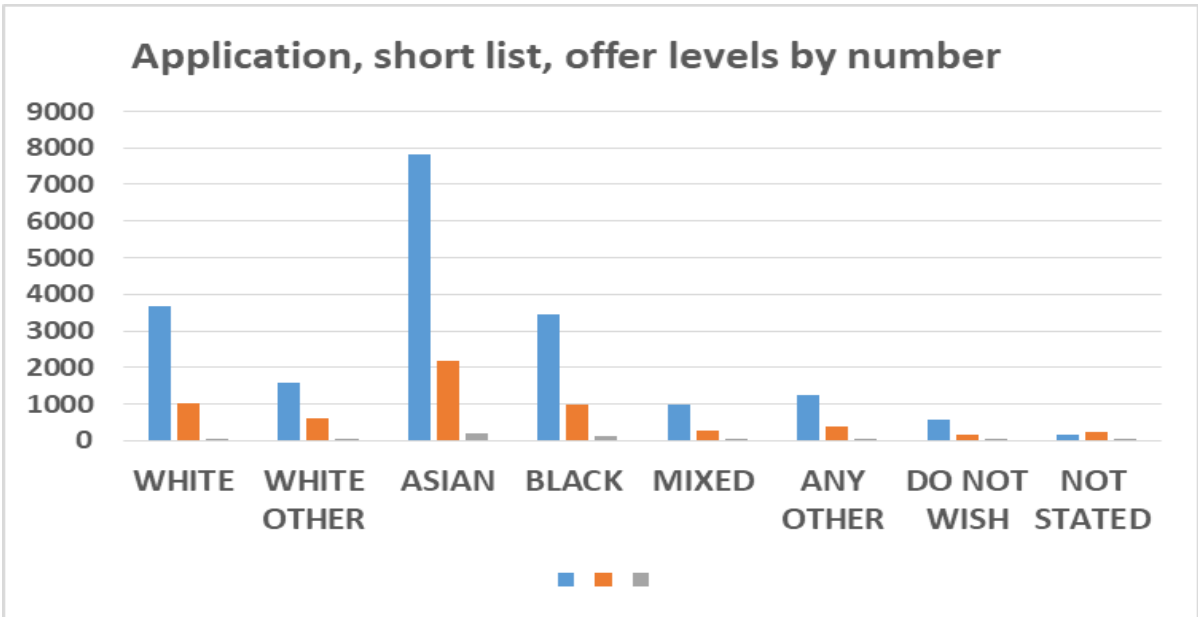
Within the process each category had a proportional increase within its representation except for White staff whose -14% representation result counterbalanced the other + results.

Ethncity Representation - Application, Short List, Offer - and Process results by percentage 2020

Legend: Applicants, Shortlist, Offer, Process
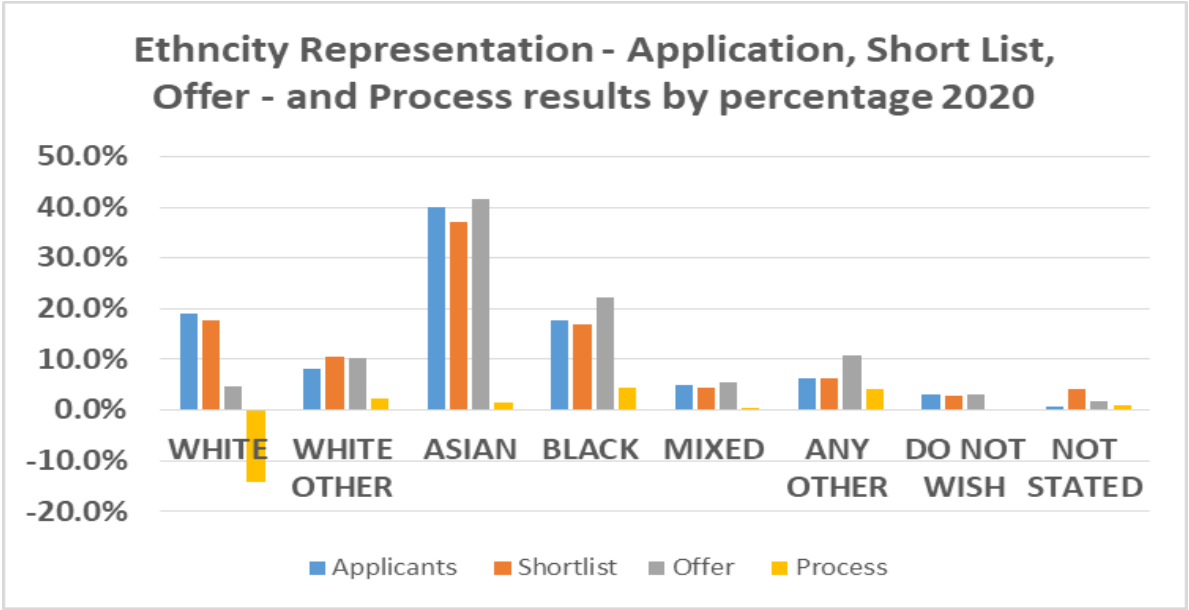
(3) Indicator 3 - **Relative likelihood of staff entering the formal disciplinary process, (by entry into a formal disciplinary investigation).**

This indicator is based on data from a two year rolling average of the current year and the previous year.

By Years ending March 31st :	2020	2019	2018	2017	2016	2015
Number of Disciplinary	33	37	37	38	15	24
Ratio	0.7	1.33	1.24	0.8	0.79	0.8

 - A figure below "1" indicates BME less likely **than** white to enter a formal disciplinary process

The relative likelihood of BME entering the discipline process was consistently less likely than for White staff over the three years from 2015 to 2017 at 0.79 to 0.80 and again in 2020. For 2019-2018 the result was less favourable to BME staff at 1.24% and 1.33% with more likelihood of being in a disciplinary. **This year the result is less likely for BME at 0.7% - The 6 year's results to March 2020 show 4 out of 6 years of BME being less likely to enter a disciplinary process than white.**

(4) Indicator 4 - **Relative likelihood of staff accessing non-mandatory training and Continued Professional Development (CDP)**

In 2015 and 2016, the Trust measured the number of training instances by BME and White staff when in fact the WRES requires an instance of training by a staff member and if they are White or BME. This meant Trust figures in 2015 and 2016 could not be benchmarked as they measured a different ratio to that required.

(However they do indicate the ratios of full level of non-mandatory and CPD training undertaken by BME or White staff).

In 2017 the erroneous ratio was amended and a neutral zero result was attained meaning that BME and White access to non-mandatory training and CPD was an equal likelihood.

By Years ending March 31st :	2020	2019	2018	2017	2016	2015
Ratio	0.94	0.98	1.12	Neutral	N/a	N/a

A figure below "1" indicates white staff are less likely to access non-mandatory training/ CPD than BME staff.

In 2018, the likelihood is 1.12 with more likelihood for White staff. **In 2019 and 2020 it is 0.98 and 0.94 which is less likelihood for White staff to access non-mandatory training and CDP than BME Staff.**

Workforce Race Equality Indicators 5-8 in the NHS Staff Survey

Note: **The latest staff survey was 2019 and the data from this is in this year-end 2020 WRES report, as is the case for all years of reporting.** Usually the report year is referred to rather than the survey year. This year the benchmarking charts have been added which show Trust performance against the average for all Acute Trusts.

For each of the four staff survey indicators, the outcomes of the responses for White and BME staff are compared. These relate to the percentage differences in experience or treatment between White and BME staff in terms of:

(5)INDICATOR 5

(KF 25) - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. (Lower score better)

This result is not good for staff overall

In 2020 the Gap between BME and White experience is the lowest it has been in the 6 years at 0.8% (with the range of gap between -2.2% to 6% over this period). In 2018 (survey data 2017) was a full survey and overall from the Trust staff responding the resulting gap was -2.2% showing a higher level of poor experience for White Staff.

For the last 2 years at least the Trust has had a marginally lower gap in experience between BME and White than the Acute Average.

The level of poor experience for both BME and White staff is still high across the NHS and Trust with scant improvement for the Acute Trust Average BME to White 29.9%: 28.2% and **the Trust's result at: BME to White 34%: 33.2% respective**ly. The Trust

has a higher experience of poor conduct for both BME and White by 3.7% to 5% against The Acute Trust Average.

Indicator 5 – Trust Results WRES Year end 2020 (2015-2019)						
Category	2020	2019	2018	2017	2016	2015
BME	34.0%	33.5%	30.8%	39.0%	32.4%	32.4%
White	33.2%	32.1%	33.0%	33.0%	29.0%	29.0%
Gap	0.8%	1.4%	-2.2%	6.0%	3.4%	3.4%

Indicator 5 Benchmark Results 2020				Indicator 5 Benchmark results 2019			
	TRUST	ACUTE Average	Varies		TRUST	ACUTE Average	Varies
BME	34.0%	29.9%	4.1%	BME	33.5%	29.8%	3.7%
White	33.2%	28.2%	5.0%	White	32.1%	28.4%	3.7%
Gap	0.8%	1.7%	-0.9%	Gap	1.4%	1.4%	0.0%

(6) INDICATOR 6 –

(KF 26) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. (Lower score better)

This result is not good for staff overall at 20.7 to 23.9%.

However, for both BME and White staff this is the best result this year out of the 6 years. For BME it was a surge to 7% better than last year and for White 3%.

The gap in experience between BME and White last year was 0.9% and this year it is at -3.2% showing a poorer level of experience for White staff. The basic difference as an average between BME and White experience over the 6 years is 0.4% poorer experience for White Staff.

Last year both BME and White staff results were close to the average for Acute Trusts. **This year the Trust's results are better than Acute Trust average by 8.1% for BME and 1.9% for White.**

TRUST RESULTS 2019 (and 2015-2018)						
Category	2020	2019	2018	2017	2016	2015
BME	**20.7%**	27.6%	24.7%	29.0%	32.4%	23.8%
White	**23.9%**	26.7%	25.6%	26.0%	29.0%	24.8%
Gap	**-3.2%**	0.9%	-0.9%	3.0%	3.4%	-1.0%

Indicator 6 Bench Marking Results 2020				Indicator 6 Bench Marking Results 2019			
Category	TRUST	ACUTE	Varies	Category	TRUST	ACUTE	Varies
BME	20.7%	28.8%	-8.1%	BME	27.6%	28.6%	-1.0%
White	23.9%	25.8%	-1.9%	White	26.7%	26.4%	0.3%
Gap	-3.2%	3.0%		Gap	0.9%	2.2%	

(7) INDICATOR 7

(KF 21) - Percentage believing that Trust provides equal opportunities for career progression or promotion (Higher score better)

Indicator 7 Trust Results 2020 (and 2015-2019)							
Category	2020	2019	2018	2017	2016	2015	average
BME	**78.0%**	83.5%	77.8%	75.0%	71.8%	73.9%	76.7%
White	**90.3%**	89.5%	89.8%	90.0%	94.0%	92.2%	91.0%
Gap	**-12.3%**	-6.0%	-12.0%	-15.0%	-22.2%	-18.3%	14.3%

Indicator 7 Benchmarking results 2020				Indicator 7 Benchmarking results 2019			
Category	TRUST	ACUTE average	Varies	Category	TRUST	ACUTE Average	Varies
BME	78.0%	74.4%	3.6%	BME	83.5%	72.1%	11.4%
White	90.3%	86.7%	3.6%	White	89.5%	86.5%	3.0%
Gap	-12.3%	-12.3%	0.0%	Gap	-6.0%	-14.5%	8.5%

Last year – the Trust had its lowest gap of the 6 years between BME and White belief with BME belief at 6% lower. It was the most balanced result at a belief ratio of 83.5% BME to 89.5% White. Also BME belief was 11.4% better than Acute Trust Average.

This year the Trust's BME and White belief at 78% and 90.3% respectively is still 3.6% better respectively than Acute Trust Average at 74.4% and 86.7% but the gap between BME and White has widened from 6% to match the Acute Average gap of having a result of 12.3% lower belief in BME.

(8) INDICATOR 8 - Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues. (Lower score better)

Last year for the Trust (after significantly poorer results for BME and White Staff in the 2017 report and not much better in 2018), the results for Indicator 8 in 2019 lowered experience level for both BME and White.

In 2020, there has been an improvement at 0.2% for White and 0.5% deterioration for BME. The gap has increased 0.7%

Indicator 8 – Trust WRES Results 2020 (and 2015-2019)						
Category	2020	2019	2018	2017	2016	2015
BME	**11.2%**	10.7%	12.7%	25.0%	9.4%	10.7%
White	**4.8%**	5.0%	7.4%	12.0%	6.0%	5.9%
Gap	**6.4%**	5.7%	5.3%	13.0%	3.4%	4.8%

Responses still indicate that 11.2% BME and 4.8% White staff responding to the survey have had a poor experience in relation to discrimination at the Trust with

BME 6.4% more likely to have experienced this. (NB when the type of discrimination experienced is looked at in the staff survey it is across protected characteristics and so a BME member of staff experiencing this may be reporting this as an instance of age or disability discrimination for instance).

The results for the Trust for the last 2 years are better than Acute Trust Averages for both BME and White Staff. There is less of a gap between BME and White staff at the Trust at 5.7% and 6.4% than for Acute Trust averages at 8% and 7.8%.

Indicator 8 Benchmarking Results 2020				Indicator 8 Benchmarking Results 2019			
Category	**TRUST**	**ACUTE average**	**Varies**	**Category**	**TRUST**	**ACUTE average**	**Varies**
BME	**11.2%**	13.8%	-2.6%	**BME**	**10.7%**	14.6%	-3.9%
White	**4.8%**	6.0%	-1.2%	**White**	**5.0%**	6.6%	-1.6%
Gap	**6.4%**	7.8%		**Gap**	**5.7%**	8.0%	

Workforce Race Equality Indicators

(9) Indicator 9 - Board representation indicator (compares the difference for White/ BME staff).

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

Trust Workforce = 47.2% BME at March 31st 2020
1 Board voting members BME of 15 = 6.66%
The difference is 47.2% - 6.66% = -40.5%

By year @ March 31st	2020	2019	2018	2017	2016	2015
Percentage difference	-40.5%	-36.6%	-33.4%	-33.6%	-32.8%	-30.3%
Board voting member	1	1	1	1	1	1
Total staff	4659	4353	4206	3950	3813	3880
Workforce BME %	47.2%	43.2%	40.1%	38.9%	37.7%	37.7%

Every year the workforce establishment has increased. From 3880 in 2015 to 4659 in 2020, gives an increase of 20.1% or 779 staff.

There is a much more significant increase of BME staff during this time as proportional representation of BME staff has also grown circa 9.5% in the 6 years with a significant 7.1% of that figure in the last 3 years. In 2015 BME numbered 1462 and in 2020, 2199 which is a 50.4% increase in BME or by 737 staff.

One Board member of BME background against a diverse workforce is not representative. The Trust now has 47.2% BME workforce and 1 of its 15 voting members on the Board is of BME origin 6.67%.

Position on indicator 9 – Board representation in 2020

- A prime consideration each year is that the workforce BME (now 47.2%) is an over-representation when compared to BME accessing the service (*circa 27% for main services). Both are increasing but the 20% gap will not close significantly anytime soon as the staff BME representation has a higher year on year increase.

- There is also awareness that the Trust is one of the more diverse Trusts in England. The WRES measures BME but White ethnicities are not captured in the same way. Since the Trust has 10% White Other Ethnicities in 2019 this has been added to the data reports and captured (the Annual Equality Reports for 2019 which can be viewed on the Corporate – Equality pages of the Trust website). This is left to the Trust to determine if a course of action is required for this area.

- New starters over the last 3 years have contributed to the 7.1% increase in BME numbers over that period. In 2020, recruitment data shows that nearly 70% of applicants, 65% of the shortlist and 80% of 289 new employees were from a BME background last year and this is a continuing trend.

- In 2020 **-** The Workforce is comprised of 76.4% (3545) Clinical and 23.6% (1097) Non- Clinical Staff showing a similar proportion to last year. The ratio of BME to White in Clinical (which is more than 3 times the staff size of Non–clinical) is 51.2% to 46.6% and in Non-clinical is 31.8% to 66.9%.

  On the Clinical Data (which is more than 3 times the staff size of Non–clinical) BME staff are over represented and White Staff are under-represented – this is particularly amongst medical and higher role / pay quartiles.

Role	Number	% BME	Over representation to Workforce BME %
Consultant	288	66.7%	22%
Junior	323	78.3%	27%
Middle	67	67.2%	19%
Total roles	**678**		

Bands 8a to 9

Non Clinical	number	BME %	Under	Clinical number	BME %	Under	Total
Band 8A	40	12.4%	-35%	97	34.0%	-13%	137
Band 8B	23	6.1%	-41%	26	15.4%	-21%	49
Band 8C	10	4.3%	-43%	13	38.5%	-23%	23
Band 8D	11	9.1%	-38%	0	N/a	N/a	11
Band 9	8	11.1%	-36%	1	0.0%	-43%	9
Total roles 229		**92**		**137**			

- It is the non-clinical roles that tend to lead to Board positions. With BME over-represented on the Clinical side and under-represented on the Non Clinical side this is causing an issue with representation on the Board. There is an issue with

career choice determining the route to the board and also with the balance of White and BME across these 2 areas.

- A basic trial ethnicity pay gap in September showed that Asian and Other Ethnicity were the highest paid followed by White, then Mixed, then Black ethnicity. The results were similar across male and female expect female were paid below the lowest male results. (NB: White Other Ethnicities at 10% of the workforce were not separated out in the data here).

Employees in Pay Quartiles September 2019					
Ethnic Origin	1	2	3	4	Total
White	680	602	607	557	2446
Asian	239	263	281	390	1173
Black	129	195	150	79	553
Other	20	24	51	49	144
Not Stated	34	25	27	33	119
Mixed	34	27	20	28	109
Total	1136	1136	1136	1136	4544

Employee in Pay Quartiles by White and by Other Main Ethnic groups Combined
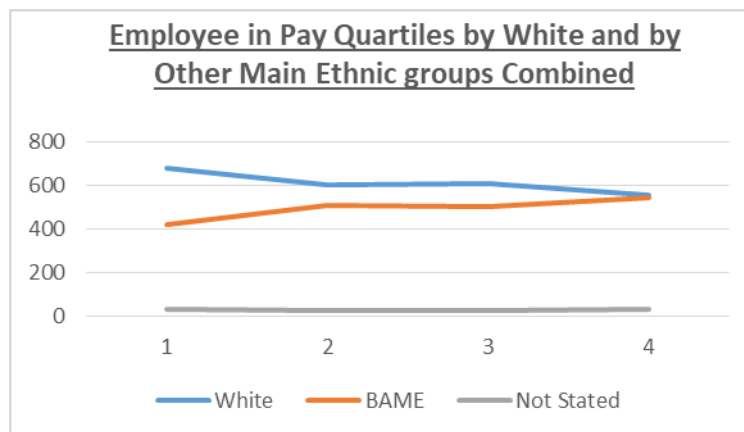
Other factors/ data which should be taken into consideration in assessing progress in indicator 9

The BME profile of the Trust in 2019 by Patient and Patient Division compared to the Workforce[1]; shows that the main services (emergency, inpatients and outpatients) have 26.3% to 28.7% BME attendance. These main services account for the majority of patient attendances and with an average of circa 27% BME representation, this is much lower than the 47.2% Workforce BME representation.

Maternity and healthy births have 42-43% BME attendance which is closer to the Workforce BME % and indicates future demographics with BME groups increasing.

---

[1] The Patient Equality Profiling is yet to be completed for year ending March 2020 – This has been delayed due to Covid-19

Ethnicity Profile Year Ending March 2019						
Ethnicity	**Emergency**	**Inpatient**	**outpatient**	**maternity**	**Healthy births**	**Workforce**
White	62.6%	67.9%	68.2%	56.5%	52.0%	54.5%
BME	28.7%	26.3%	27.4%	42.3%	47.7%	43.2%
Unknown	8.7%	5.8%	4.4%	1.3%	0.3%	2.3%

White Ethnicities and the Workforce Being Representative of the community it serves. Under the Workforce Race Equality Standard, ethnicity is measured by White, BME or Unknown categories. The WRES includes White Ethnicities within the White group. Any need for measurement of White Ethnicities is left to the Trust to determine.

Since the Trust is one of the more diverse in the UK, and our top requested interpretation includes Polish and Romanian, the next table separates out White and White ethnicities to reveal that White Ethnicities in 2015 are represented between 7.3% to 17% across the patient divisions and workforce and in 2019 higher across the groups and between 8.1% to 16.4%.

It is of particular note that representation in maternity and health babies is higher at 13% to17% in 2015 and 13.9 to 16.4% in 2019.

Ethnicity Profile taking account of White Ethnicities as a group and as of years ending March 2015 and 2019						
Ethnicity	**Emergency**	**Inpatient**	**outpatient**	**maternity**	**Healthy births**	**Workforce**
Ethnicity Profile Year Ending March 2015						
White	53.0%	62.2%	61.7%	42.4%	38.9%	49.8%
BME	27.6%	24.1%	24.3%	40.1%	47.7%	37.7%
White Other	9.5%	7.3%	7.1%	17.0%	13.1%	8.9%
Unknown	9.9%	6.5%	6.9%	0.5%	0.3%	3.5%
Ethnicity Profile Year Ending March 2019						
White	52.6%	59.6%	60.1%	42.5%	38.3%	45.5%
BME	28.7%	26.3%	27.4%	42.3%	44.7%	43.2%
White Other	10.0%	8.2%	8.1%	13.9%	16.4%	9.1%
Unknown	8.7%	5.8%	4.4%	1.3%	0.6%	2.3%

The BME profile is currently increasing more rapidly than the White profile. For instance general attendance has increased circa 15% over the last 4 years but Asian attendance as the main ethnic group has increased 42% in the same period.

This along with higher BME / Asian representation in maternity and childbirths indicates a more pronounced effect eventually and an increase in the current overall 26% BME Patient representation. (See the Annual Patient Equality Information Report 2019 which also covers trends in the 5 years between 2015 and 2019 https://www.ldh.nhs.uk/wp-content/uploads/2018/07/180727-Annual-Patient-Equality-Information-Report-2019.pdf   TBC

WRES Report Summary - Recommendations and Action Plan

The WRES responsibility requires a detailed WRES action plan, agreed by the Trust Board, and published on the Trust's website, beside this WRES report. The plan details actions and progress from the last report and sets out the next steps for expected progress against the WRES indicators. It may also identify links with other work streams agreed at board level, such as EDS2.

Annual Data and WRES reports are shared with and approved by the Trust Executive Team and Board. Last year in August 2018, the results were shared by the Equality, Diversity and Human Rights (**EDHR**) Committee and Clinical Operations Quality Committee (**COSQ**). Also the Care Quality Commission **(CQC)** included the Trust's performance in EDHR and the WRES within their inspection in 2018.

There are two key area priority areas that Trust works towards as progressing as part of the WRES actions, these are:

(1) Conduct - NHS Staff Survey Results indicators 5, 6, and 8 around poor experience of conduct and discrimination for all staff was deemed a priority for fair treatment, better experience, staff morale and wellbeing, and also for improving retention, performance and patient experience.

(2) Representation, Career progression and Belief in Fair, Equal Opportunities – Initiatives for evaluating representation of BME and White and improving the results for **WRES Indicators 1, and 9) which are:**
   - **Board representation** (Indicator 9) and **Senior Management representation** (Indicator 1).

(3) The Trust has improved appointments after short listing BME: White – (Indicator 3) so that for the last 3 years BME are more likely to be appointed than White. The Trust needs to chart this better through the recruitment process as this gives a broader picture of activity and performance. White other ethnicities need to be captured. The progress in this area should be shared to improve - **Belief in Equal Opportunities for career progression / promotion -** ratio of BME to White – (Indicator 7)

This is the link to our update on progress on our EDHR action plan for the WRES is https://www.ldh.nhs.uk/corporate-information/equality-and-diversity/annual-reports-and-relevant-documents TBC this needs review after discussion of the results of this report