

WORKFORCE RACE EQUALITY STANDARD REPORTING TEMPLATE

Workforce Race Equality Standard

Name of organisation:	Hull and East Yorkshire Hospitals NHS Trust
Date of report:	March 2018
Name and title of Board lead for the Workforce Race Equality Standard:	Ellen Ryabov/Theresa Cope, Chief Operating Officer
Name of lead compiling this report:	Sarah Dolby, HR Advisor
Names of commissioners this report has been sent to:	Hull Clinical Commissioning Group, East Riding of Yorkshire Clinical Commissioning Group
Name of co-ordinating commissioner this report has been sent to:	Hull Clinical Commissioning Group
Unique URL link on which this report and associated Action Plan will be found:	www.hey.nhs.uk
This report has been signed off by on behalf of the Board on (insert name and date):	Chris Long, Chief Executive

1. Background Narrative

Any issues of completeness of data: The data has been collected from the Trust's Electronic Staff Record (ESR) however the ethnic status of 144 staff is not stated, which represents 1.6% of the total workforce.

Any matters relating to reliability of comparisons with previous years: The Workforce Planning Team discovered an issue regarding how ESR categorises the new CT paycales as Consultants. This was rectified manually for the purposes of reporting the technical data for the Data Template and the issue was raised with the ESR National Reporting Group.

2. Total Numbers of Staff

Total number of staff employed within the Trust at the date of the report: 8,887

Proportion of BME staff employed within the Trust at the date of the report: 11.1% of the total staff employed

3. Self-Reporting

The proportion of total staff who have self-reported their ethnicity: 98.4%

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity? All new starters to the organisation are asked to complete an equality monitoring form and their details are recorded on ESR. Existing staff continue to be reminded to check their personal details and update their ESR entry where appropriate.

Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity? To improve the quality of data stored within ESR, the Workforce Planning Team will be re-launching ESR Self Service, highlighting to staff that they can update their personal information, including ethnicity, marital/partnership status and disability status.

4. Workforce Data

What period does the organisation's workforce data refer to: Staff in post at 31 March 2018 and activity during the financial year 2017/18.

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year 2017/18	Data for previous year 2016/17	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, compare the data for White and BME staff																													
1	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.	<p>See Appendix 2 for breakdown by pay banding.</p> <p>Where ethnicity is known for 31 March 2018:</p> <table border="1"> <tr> <td>Non-clinical workforce (White) =</td> <td>23.84%</td> </tr> <tr> <td>Non-clinical workforce (BME) =</td> <td>0.59%</td> </tr> <tr> <td>Clinical workforce (non-medical White) =</td> <td>57.41%</td> </tr> <tr> <td>Clinical workforce (non-medical BME) =</td> <td>4.10%</td> </tr> <tr> <td>Clinical workforce (medical and dental White) =</td> <td>6.01%</td> </tr> <tr> <td>Clinical workforce (medical and dental BME) =</td> <td>6.44%</td> </tr> </table>	Non-clinical workforce (White) =	23.84%	Non-clinical workforce (BME) =	0.59%	Clinical workforce (non-medical White) =	57.41%	Clinical workforce (non-medical BME) =	4.10%	Clinical workforce (medical and dental White) =	6.01%	Clinical workforce (medical and dental BME) =	6.44%	<p>See Appendix 2 for breakdown by pay banding.</p> <p>Where ethnicity is known for 31 March 2017:</p> <table border="1"> <tr> <td>Non-clinical workforce (White) =</td> <td>20.26%</td> </tr> <tr> <td>Non-clinical workforce (BME) =</td> <td>0.55%</td> </tr> <tr> <td>Clinical workforce (non-medical White) =</td> <td>60.96%</td> </tr> <tr> <td>Clinical workforce (non-medical BME) =</td> <td>3.68%</td> </tr> <tr> <td>Clinical workforce (medical and dental White) =</td> <td>6.09%</td> </tr> <tr> <td>Clinical workforce (medical and dental BME) =</td> <td>6.78%</td> </tr> </table>	Non-clinical workforce (White) =	20.26%	Non-clinical workforce (BME) =	0.55%	Clinical workforce (non-medical White) =	60.96%	Clinical workforce (non-medical BME) =	3.68%	Clinical workforce (medical and dental White) =	6.09%	Clinical workforce (medical and dental BME) =	6.78%	<p>BME representation has increased within the non-clinical and clinical (non-medical) groupings; however they are still under-represented in the higher pay bandings in comparison to White staff.</p> <p>The number of BME consultants increased by 23 in 2017/18, however there continues to be an under-representation of BME staff in senior medical management posts.</p> <p>There has been an increase in the number of clinical (non-medical) BME staff which may be attributable to the International Nurse Recruitment campaign.</p>	<p>Please see action plan.</p> <p>Actions link to EDS2 goals and the Trust Equality Objectives.</p>
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2	Relative likelihood of staff being appointed from shortlisting across all posts.	<p>White: 0.22</p> <p>BME: 0.16</p> <p>Relative likelihood: 1.38</p>	<p>White: 0.20</p> <p>BME: 0.14</p> <p>Relative likelihood: 1.39</p>	<p>The Trust has seen improvement in the likelihood metrics as follows:</p> <p>2014/15: 1.98</p> <p>2015/16: 1.67</p>	<p>Please see action plan.</p> <p>Actions link to EDS2 goals and the Trust</p>																								

	Indicator	Data for reporting year 2017/18	Data for previous year 2016/17	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
				2016/17: 1.39 2017/18: 1.38 The 2017/2018 data shows that White staff are still more likely than BME to be appointed from shortlisting.	Equality Objectives.
3	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.	White: 0.01 BME: 0.01 Relative likelihood: 0.94	White: 0.001 BME: 0.002 Relative likelihood: 1.59	There has been continuing improvement in the relative likelihood of BME staff entering a formal disciplinary process compared to White staff. In 2015/16 BME staff were twice as likely to enter the process (2.13), where as in 2017/18, BME staff were less likely than White staff. Whilst it is acknowledged that the data could be easily impacted (either negatively or positively) due to the low number of staff entering into the formal disciplinary process, the improvement may be due to the positive changes the Trust has made to organisational culture, and to the fact that managers are addressing issues rather than escalating them through the formal disciplinary process.	Please see action plan. Actions link to EDS2 goals and the Trust Equality Objectives.
4	Relative likelihood of staff accessing non-mandatory	White: 0.73 BME: 0.74	White: 0.75 BME: 0.71	The data shows a shift during the year from a position where	Please see action plan.

	Indicator	Data for reporting year 2017/18	Data for previous year 2016/17	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
	training and CPD.	Relative likelihood: 0.99	Relative likelihood: 1.07	<p>White staff were more likely to access non-mandatory training and CPD than BME staff, to one where White staff are now marginally less likely to access these opportunities.</p> <p>Currently the Trust only captures training/CPD that is available through HEY247 with no mechanism to record other means of training/CPD. The Trust will explore whether this can be recorded in the future.</p>	Actions link to EDS2 goals and the Trust Equality Objectives.
National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.					
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 25.02% BME: 20.95%	White: 25.60% BME: 21.00%	The percentage of White and BME staff experiencing bullying and abuse from patients, relatives and the public remains high.	Please see action plan. Actions link to EDS2 goals and the Trust Equality Objectives.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 27.59% BME: 27.12%	White: 30.56% BME: 29.77%	The number of staff experiencing bullying from other staff has improved compared to 2016/17, but overall the number remains higher than the average for acute Trusts in England.	Please see action plan. Actions link to EDS2 goals and the Trust Equality Objectives.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 89.60% BME: 80.60%	White: 88.30% BME: 87.32%	The percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion has decreased.	Please see action plan. Actions link to EDS2 goals and the Trust Equality Objectives.

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8	<p>Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?</p> <p>b) Manager/team leader or other colleagues</p>	<p>White: 5.32% BME: 11.04%</p>	<p>White: 6.02% BME: 12.84%</p>	<p>The number of staff reporting that they had experienced discrimination at work from their manager/team leader or colleagues in the last 12 months has improved for both White and BME staff.</p> <p>However, it remains the case that a higher proportion of BME staff still experience discrimination at work compared to White staff.</p>	<p>Please see action plan.</p> <p>Actions link to EDS2 goals and the Trust Equality Objectives.</p>
Board representation indicator For this indicator, compare the difference for White and BME staff.					
9	<p>Percentage difference between the organisations' Board voting membership and its overall workforce.</p>	<p>White: 12.7% BME: -11.1%</p>	<p>White: 12.7% BME: -11.0%</p>	<p>The voting membership of the Board at 31 March 2018 was 12, all of whom self-define as White. The Trust acknowledges that, in respect of ethnicity, the Board is not representative of the population it serves or its workforce.</p> <p>BME groups make up 5.9% of the population of Hull and 1.9% of the population of the East Riding of Yorkshire. BME groups within the Trust make up 11.1% of the workforce which is significantly higher than the local population served by the Trust.</p>	<p>Please see action plan.</p> <p>Actions link to EDS2 goals and the Trust Equality Objectives.</p>

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

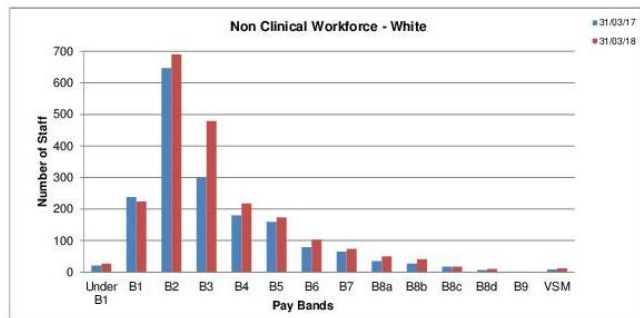
None

7. 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 work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

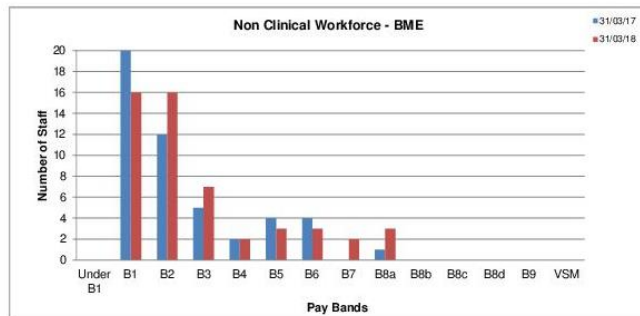
The Draft WRES Action plan is attached.

BREAKDOWN OF STAFF EMPLOYED ACROSS AFC PAYBANDS

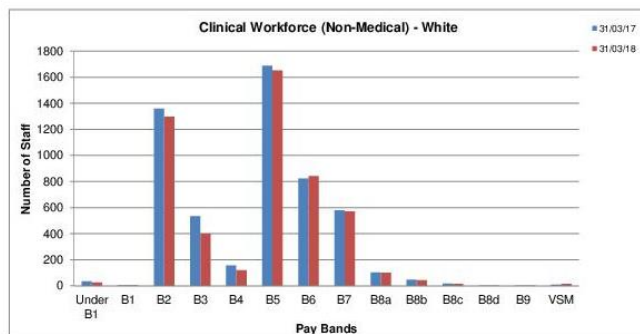
Non Clinical Workforce - White	31/03/17	31/03/18	Variance
Under B1	21	27	6
B1	238	224	-14
B2	647	690	43
B3	301	479	178
B4	180	218	38
B5	160	174	14
B6	79	103	24
B7	65	74	9
B8a	35	50	15
B8b	27	41	14
B8c	17	17	0
B8d	7	10	3
B9	0	0	0
VSM	9	12	3
Total	1786	2119	333



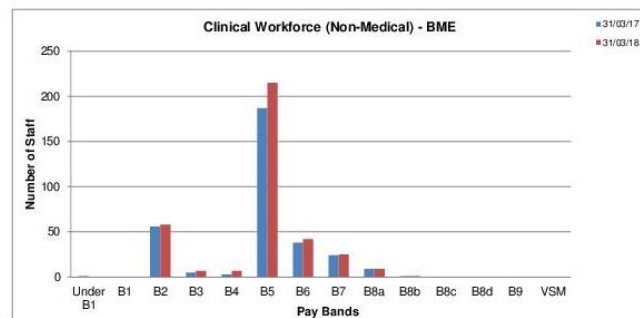
Non Clinical Workforce - BME	31/03/17	31/03/18	Variance
Under B1	0	0	0
B1	20	16	-4
B2	12	16	4
B3	5	7	2
B4	2	2	0
B5	4	3	-1
B6	4	3	-1
B7	0	2	2
B8a	1	3	2
B8b	0	0	0
B8c	0	0	0
B8d	0	0	0
B9	0	0	0
VSM	0	0	0
Total	48	52	4



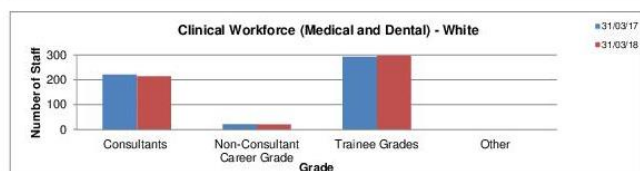
Clinical Workforce (Non-Medical) - White	31/03/17	31/03/18	Variance
Under B1	36	26	-10
B1	6	6	0
B2	1360	1299	-61
B3	535	400	-135
B4	158	121	-37
B5	1688	1652	-36
B6	824	842	18
B7	581	571	-10
B8a	103	102	-1
B8b	48	43	-5
B8c	18	17	-1
B8d	4	4	0
B9	4	3	-1
VSM	10	16	6
Total	5375	5102	-273



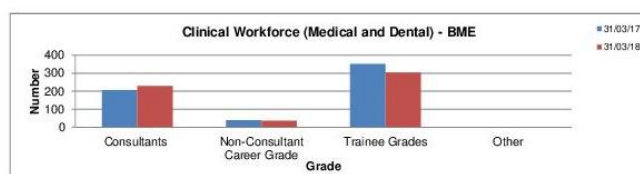
Clinical Workforce (Non-Medical) - BME	31/03/17	31/03/18	Variance
Under B1	1	0	-1
B1	0	0	0
B2	56	58	2
B3	5	7	2
B4	3	7	4
B5	187	215	28
B6	38	42	4
B7	24	25	1
B8a	9	9	0
B8b	1	1	0
B8c	0	0	0
B8d	0	0	0
B9	0	0	0
VSM	0	0	0
Total	324	364	40



Clinical Workforce (Medical and Dental) - White	31/03/17	31/03/18	Variance
Consultants	222	215	-7
Non-Consultant Career Grade	22	21	-1
Trainee Grades	293	298	5
Other	0	0	0
Total	537	534	-3



Clinical Workforce (Medical and Dental) - BME	31/03/17	31/03/18	Variance
Consultants	207	230	23
Non-Consultant Career Grade	39	37	-2
Trainee Grades	352	305	-47
Other	0	0	0
Total	598	572	-26



Self Declared - White	7698	7755	57
Self Declared - BME	970	988	18
Not Stated	148	144	-4
Grand Total	8816	8887	71

