WORKFORCE RACE EQUALIY STANDARD 2017/18 ACTION PLAN

Demographics of LCHS workforce at 31 March 2017		
White:- 95.49%	BME:- 2.94%	Other:- 1.72%

Purple (Excellent)	Green Delivering	Amber Developing	Grey Under developed

WRES Metrics	2017 result	2016 result	Context and actions 2017/18	Start dates and update
1. Percentage of staff of 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 the	See attached appendix a.		**Demographics of LCHS workforce at 31 March 2017** **Total Workforce** 2017 2016 <table><tr><td>**White**</td><td>1885</td><td>95.49%</td><td>2132</td><td>95.9%</td></tr><tr><td>**BME**</td><td>58</td><td>2.94%</td><td>68</td><td>3.1%</td></tr></table> **Demographics of Lincolnshire** The total population of Lincolnshire is 713,653 (Census 2011) = 97.59% white, BME 2.41%. In 2017, 58 members of staff identified as being from a black minority ethnic (BME) group. In 2016, 68 members identified as being from a BME group, In 2017 the data shows a drop in 10 BME Staff members as compared to the 2016 data. It is understood that a number of BME staff moved over to Lincoln County Council with the health visitors and school nurses.	current

clinical staff ***** change to Narrative from 2016 - 2017**		NHS Jobs training is being promoted through the Healthy Community Worker project, within Lincolnshire's local established migrant communities. Groups and 1:1 sessions are being held. These are advertised when attending health events along with raising awareness of vacancies. The Black, Minority Ethnic (BME) Staff Network is now in place. All staff networks are promoted with their own page on the staff explaining the aims and objectives of the networks, dates of meeting and contact details.	
		A pilot is being introduced for the BME staff network to have a closed Facebook page for the network to support more staff to be involved with network. From the success of LCHS Staff network page as well as ULHT has successfully launched a Facebook page for one of their staff networks. The pilot will run from the 1st June to end of August and evaluated with possible role out to the other staff networks. The intention is to increase group membership and flexibility of staff to be involved with the BME staff network.	current

| 2. Relative likelihood of White staff being appointed from shortlisting across all posts compared with BME staff | 0% | 1.35% | **Context: review of NHS Jobs Ethnicity data**
A review of NHS Jobs data was undertaken for the last financial year for ethnicity numbers of applicants being shortlisted and appointed. This was completed to look at the relative likelihood of white and BME staff being appointed at LCHS. |

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NHS Jobs ethnicity data April 2017- end of March 2018					
	Total	White	White other	BME	undisclosed
Applicants	5,278	4,793	243	182	60
Shortlisted	2,269	1,950	89	209	21
Appointed	106	102	2	2	0
Demographics Population total in Lincolnshire		White %	BME %		
Ethnicity Census Data (2011)	Population of Lincolnshire :- 713,653	97.59%	2.41%.		
LCHS ESR demographics 2017		Total	%		
White		1885	95.49%		
BME		58	2.94%		

The demographics comparing Lincolnshire's population and electronic staff records (ESR) shows LCHS to be representative of the population we serve.

| 3. Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared with white staff. This indicator will be based on data from a two year rolling average of the current year and the previous year. | 0% | 0% | On reviewing the data from 2016 and 2017 this showed only 5 cases of formal disciplinary. 2 identified as White British, 3 unknown. On review of the 3 unknown, they were identified as white.

To do a comparison data during the population of the 2018 WRES data template in June 2018. This will then be reported back to Quality and Risk.
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4. Relative likelihood of staff accessing non-mandatory training and CPD.	0.66%	0.79%	The ESR ethnicity staff data shows a decrease of 0.13% of BME staff accessing non-mandatory training. In 2017, 58 members of staff identified as being from a black minority ethnic (BME) group. (ESR data). Also in 2017, ESR ethnicity data shows a drop in numbers of 10 BME Staff compared to 2016. It is understood that a number of BME staff moved over to Lincoln County Council with the health visitors and school nurses. This could have contributed to the decrease of BME staff accessing non-mandatory training. The Trust will compare 2018 WRES data to 2017 & 2016 (date is taken at the 31st March), when the pre-populated template is sent from the NHS England WRES team in the second week of June 2018.	June 2018

Staff Survey WRES – ethnicity data taken from the staff survey 2017 & 2016

To give context:-

Staff Survey ethnic background data

	2017		2016	
	Number of questionnaires returned	**Percentage of survey respondents**	**Number of questionnaires returned**	**Percentage of survey respondents**
White	930	97%	1107	97%
BME	32	3%	32	3%
Did not specify	46		50	
Total	1,008	100%	1,189	100%

WRES metric	2017 Data	2016 data	Results	Actions	timescale
5. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last we months. **Average of community Trusts 2017 29%**	White 22% BME 28%	White 24% BME 25%	Decrease from 2016 for white staff of 2% Increased from 2016 for BME staff of 3%	Data taken from ESR shows:- **Total Workforce** 2017 — 2016 **White** 1885 95.49% | 2132 95.9% **BME** 58 2.94% | 68 3.1% **Demographics of Lincolnshire** The total population of Lincolnshire is 713,653 (Census 2011) = 97.59% white, BME 2.41%. LCHS Workforce demographics in 2017 (ESR 2017) Total workforce = 1,943, White = 1,885, BME = 58 Staff survey respondents: 1008, White = 930, BME 32 For white staff this metric has improved and there has been a reduction in staff experiencing harassment, bullying or abuse from patients, relative or the public. For BME staff the suggestion from the staff survey would say there has been an increase. In response to the staff survey results the Trust will introduce a campaign to reinforce the zero tolerance message by developing a survey for all staff regarding the prevalence of such issues and what LCHS can do to support this and also gain feedback on the support to develop zero tolerance of harassment, bullying and abuse posters. The feedback will be	

				analysed and inform the actions included in the WRES. Work will also be undertaken with staff network and the Speak up guardian and staff side to gain their views on a poster and supporting leaflets.	
6. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. **Average of community trusts 2017 26%**	**White 19%**	**White 22%**	**Decrease from 2016 for white staff of 3%**	The results show that for white staff this metric had reduced and for BME colleagues there has been an increase.	
	BME 31%	**BME 29%**	**Increase for BME staff in 2016 for BME of 2%**	To highlight the message of zero tolerance to staff experience harassment, bullying or abuse a survey is to be developed for all staff regarding prevalence of issues and what LCHS can do to support this is to get feedback to support development of a zero tolerance of harassment, bullying and abuse poster. At the same time, again highlighting the zero tolerance messages to design a Trust wide zero tolerance poster working with Staff Network, Speak Up Guardian and Staff Side.	
				To discuss with the Workforce and Transformation Executive Group to establish if a Bullying and Harassment Lead for the organisation should be appointed.	

7. KF21. Percentage believing that trust provides equal opportunities for career progression or promotion Average of community trusts 2017 76%	White 90%	White 84%	**Increase From 2016 for white of 6%**	This metric shows that there has been an improvement for white staff believing the Trust provides equal opportunities and a decrease for BME staff.	
	BME 67%	BME 71%	**Decrease from 2016 for BME of 4%**	In 2017, ESR ethnicity data shows a drop in numbers of BME Staff. It is understood that a number of BME staff moved over to Lincoln County Council with the health visitors and school nurses. The Trust will work with the Coaching Lead to discuss building on the present mentoring and coaching programme open to all staff to increase promotion. The intention is to encourage staff from all ethnic backgrounds to get involved with the coaching programme with the intention of providing advice on career planning and gaining promotion in the trust.	
				A pilot is being introduced for the BME staff network to have a closed Facebook page for the network to support more staff to be involved with network. From the success of LCHS Staff network page as well as ULHT who have successfully launched a Facebook page for one of their staff networks. The pilot will run from the 1st June to end of August and evaluated with possible role out to the other staff networks.	Start June 2018

8. Q17. In the last 12 months have you personally experience discrimination at work from any of the following b) Manager/team leader or other colleagues **Average of community trusts 2017 14%**	White 6%	White 5%	Increase of 1% from 2016 for white staff	For this metric there was an increase for white staff in experiencing discrimination at work, but for the BME community this decreased.	
	BME 7%	BME 12%	Decrease from 2016 of 5% for BME	To highlight the message of zero tolerance to staff experience discrimination in the workplace to include a question into the planned survey which is being developed for all staff regarding prevalence of issues and what LCHS can do to support this is to get feedback and highlight support mechanisms already in place i.e. Speak up Guardian, Staff Side and support counselling and to gain further suggestions on support mechanisms.	
				BME staff network to discuss data and identify any experiences and discuss actions to be taken	
				To review exit interview report for all staff, the purpose is to check for any themes against any of the protected characteristics.	

Board membership					
WRES metric	**2017 Data**	**2016 data**	**Results**	**Actions**	**timescale**
9. Percentage difference between the organisations Board voting members and its overall workforce ***** change to Narrative from 2016 - 2017**	**White Board 100%** **BME 0%**	**White 100%** **BME 0%**	**No change**	To raise awareness of the workforce race equality standard (WRES) LCHS hosted a Conference held on 19th January 2018. The key note speaker Yvonne Coghill, Director of the WRES team at NHS England. The conference also raised awareness of BME staff challenges nationally as well as locally. It gave members of LCHS staff a chance to share their experiences during recruitment processes and working for LCHS.	
				To suggest and discuss development of unconscious bias training/development. To be discussed at Q&R. People's unconscious biases are influenced by our background, culture, context and personal experiences. Primarily, unconscious bias training aims to increase awareness of unconscious bias and its impact on people who belong to groups denoted as having 'protected characteristics' under the Equality Act 2010 (age, race, sex, disability, religion or belief, gender reassignment, sexual	

				orientation, marriage and civil partnership, pregnancy and maternity). Other aims are to: reduce implicit/unconscious bias towards members of a group denoted as having a 'protected characteristic'; reduce explicit bias towards members of a group denoted as having a 'protected characteristic'; and change behaviour, in the intended direction, towards equality-related outcomes.	
				Reverse mentoring programme with Trust Board and BME staff to be discussed at quality and risk committee. Reverse mentoring is designed to empower employees to share their expertise and ideas with senior employees. The idea driving reverse mentoring is that matching up employees of different generations, for example, baby boomers with ever-connected millennials, facilitates the exchange of expertise and ideas. The benefits for LCHS would be to help foster an environment of growth and learning and support staff to feel involved within the	

***** Changes to indictors from 2016 to 2017

Table 1: The changes made to WRES indicators for the 2016 WRES data returns

Narrative for 2015 and 2016 changes

	Narrative for 2016 data return	Narrative for 2017 data return
WRES Indicator 1	Percentage of BME staff in Bands 8-9, VAM (including executive board members and senior medical staff) compared to the percentage of BME staff in overall workforce	Percentage of staff in each of the AfC Bands 2-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce
WRES indicator 9	Boards are expected to be broadly representative of the population they serve	Percentage difference between the organisations' board voting membership and its overall workforce

Appendix a) Ethnicity ESR demographics against pay band 2017