

Workforce Race Equality at LTHT 2021/2022

The below box sets out the key actions of the Trust for **September 2021 to August 2022**, which aim to improve race equality in the workplace. The table below shows how the actions link to the race disparity ratio introduced in 2021 by NHS England/Improvement and each of the 9 indicators of the NHS Workforce Race Equality Standard (WRES).

- For comprehensive data, please visit (To insert link to 'NHS Workforce Race Equality Standard Data Collection Submission 2021')
- For comprehensive action plan and updated review, please visit (To insert link to 'LTHT Workforce E&D Action Plan')

Our Race Equality Actions

A Inclusive Conversations To launch programme to enable and empower every Team Leader to raise meaningful conversations on inclusivity within their teams and in turn each and every member of their staff, continuously discussing and overcoming any issues.

B Mandatory Equality and Diversity Training To improve the compliance rate across the Trust in completing the mandatory e-learning package by working in collaboration with individual Clinical Service Units.

C Moving Forward & Moving Up Roll out of Cohort 3 of our positive action development programme Moving Forward for 18 BME staff in supervisory roles and launch of Moving Up career development programme for 48 staff from protected groups, including BME, to be empowered in the workplace and recruitment process.

D Reciprocal Mentoring Roll out of Cohort 2 of mentoring scheme to a) expand cultural competence and reduce unconscious bias of 12 staff at Board and senior management level and b) expand leadership skills of 12 BME staff.

E Inclusive Ambassadors Further roll out of Inclusion Ambassadors Programme to provide assurance of fairness in the recruitment and selection process. To increase numbers of IAs across Clinical Service Units and improve disability demographic profile, presence on every Band 8+ interview and launch of Stage 2 whereby IAs involved in the recruitment process at the outset at advert stage. To produce set of metrics beyond IAs to further ensure fairness in the recruitment and selection process, including explore Recruitment Training for all Interview Chairs.

F BME Champions, Dignity at Work Advisors and Freedom to Speak Up Champions To continue to improve the number and demographic profile of key support, ensuring it is reflective of the overall workforce and to in turn encourage and empower BME staff to report inequality.

G Management and Leadership Programmes To continue to incorporate equality, diversity and inclusion, including bias, privilege and microaggressions, into new management and leadership programme material to in turn enable and empower management to be consistently conscious and fair in all decision-making and generate healthy and inclusive working environment.

H Race Equality Training Further roll out of training developed by the BME Staff Network to raise awareness of race equality to in turn enable and empower staff to take positive action and contribute to creating a working environment free from racism.

I Leeds Citywide and West Yorkshire and Harrogate Race Equality Collaborative To continue to work in collaboration with partners across the city and region to launch and implement initiatives that are instrumental in bringing about positive change in the workplace for our BME staff.

J BME Allyship To continue to integrate the BME allyship programme to help facilitate courageous conversations that will be transformational for our Trust. To explore 'Train the Trainer' within CSUs to scale up the impact.

K Staff Engagement To amplify the voices of BME staff to help mend divides through awareness raising and cultural events. To launch 'Amplifying Voices, Mending Divides' produced by Co-Chair of BME Staff Network in collaboration with partners.

N / A **Race Disparity Ratio**
 Introduced by NHS England/Improvement in 2021 to further assist NHS organisations address race inequality in the workplace

Progression Ratios
 Probability of White staff versus BME staff being promoted through the lower, middle and upper bands

Non-clinical	2021		2020		2019		2018	
	W	B	W	B	W	B	W	B
Lower to Middle	8.79	12.81	9.86	14.96	10.82	18.69	10.95	20.45
Middle to Upper	1.27	1.89	1.33	1.77	1.37	1.46	1.42	1.82
Lower to Upper	11.18	24.25	13.15	26.46	14.79	27.25	15.60	37.29

Clinical Non-Medical	2021		2020		2019		2018	
	W	B	W	B	W	B	W	B
Lower to Middle	1.52	3.73	1.47	3.31	1.50	3.37	1.54	3.76
Middle to Upper	5.59	13.22	6.12	14.26	6.09	12.29	5.98	12.21
Lower to Upper	8.50	49.34	8.97	47.17	9.11	41.44	9.25	45.86

All	2021		2020		2019		2018	
	W	B	W	B	W	B	W	B
Lower to Middle	2.16	4.54	2.17	4.29	2.26	4.55	2.33	5.10
Middle to Upper	4.30	8.62	4.70	8.93	4.75	7.81	4.73	8.37
Lower to Upper	9.30	39.16	10.21	38.34	10.73	35.57	11	42.69

Disparity Ratios
 Comparison between the progression ratios for white and BME staff

Year	2021	2020	2019	2018
Lower to Middle	2.10	1.98	2.01	2.19
Middle to Upper	2.00	1.9	1.64	1.77
Lower to Upper	4.21	3.75	3.31	3.88

A	B	C	D	E	F	G	H	I	J	K
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

2021 Key Findings

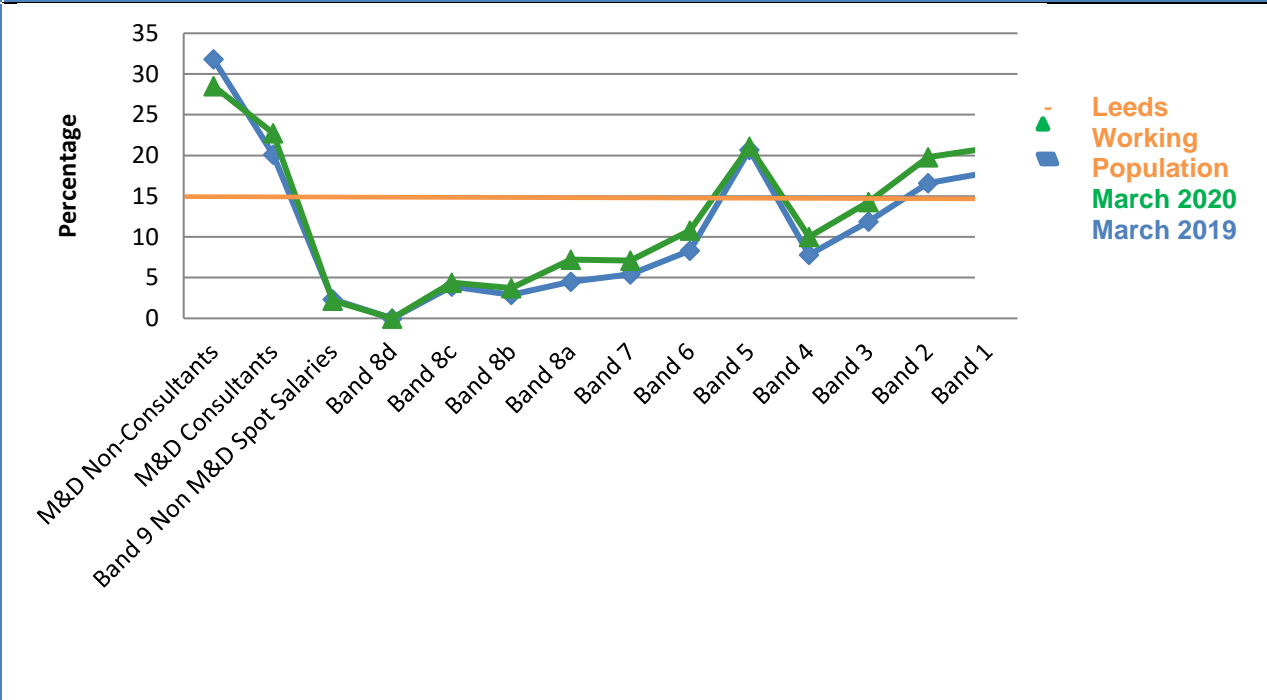
1 in 9.30 White staff progress through from lower to upper bands compared to 1 in 39.16 BME staff. This therefore means White staff are 4.21 more likely to progress through the organisation than BME staff, which is a rate that has progressively risen over the last 3 years and the highest since 2018. If organisations get the Race Disparity Ratio to 1.5 they will be close to achieving their Model Employer Target to reflect representation of BME staff at equal proportions in all AfC bands by 2025.

WRES Indicator

Summary Data

2021/2022 Actions

1
&
9
Representation across the organisation



2021/2022 Actions

A	B	C	D	E	F	G	H	I	J	K
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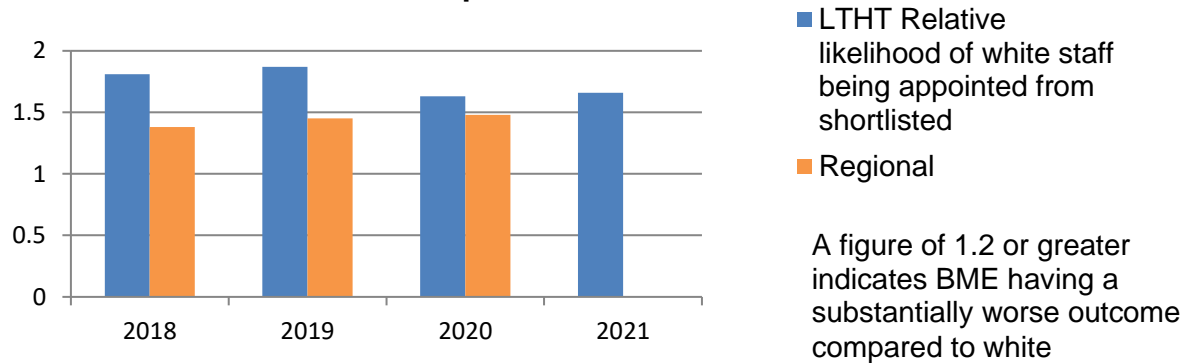
2021 Key Findings

Representative workforce across all protected characteristics at all levels
Overall BME representation remains broadly representative of the BME communities in Leeds, but not at all levels.

Representation of BME at Board and senior management levels
BME at Board has improved but remains underrepresented at 11.1% Underperforming against our improvement trajectory to reach equality by 2028 at senior management levels.

2 Likelihood of staff being appointed from shortlisted

Likelihood of white staff being appointed from shortlisted compared to BME staff



2021/2022 Actions

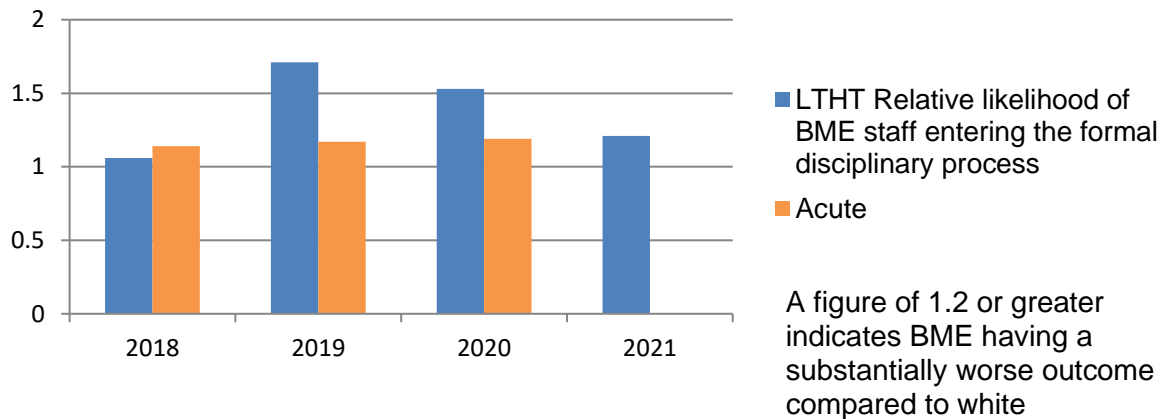
A	B	C	D	E	F	G	H	I	J	K
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2021 Key Findings

Equity of Experience
Shortlisted BME applicants are less likely to be appointed compared to white applicants and this remains an area for improvement. The likelihood ratio has slightly increased from 1.63 last year to 1.66 this year. This deteriorating trend compares the same regionally and nationally.

3 Likelihood of staff entering formal disciplinary process

Likelihood of BME staff entering the formal disciplinary process compared to white staff



2021/22 Actions

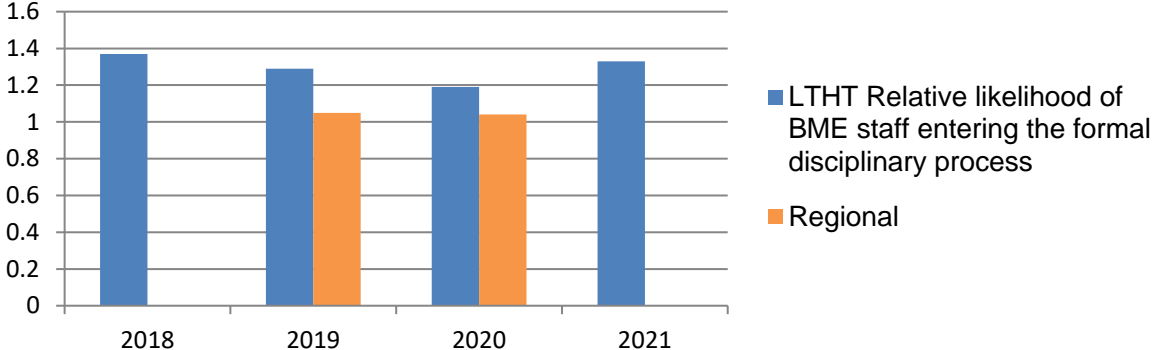
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2021 Key Findings

Equity of Experience
BME colleagues are more likely to enter the formal disciplinary process, however, the likelihood ratio has decreased from 1.53 to 1.21 and therefore has positively improved falling within the non-adverse range and aligned to the acute average.

4 Likelihood of staff accessing non-mandatory training and continuous personal development

Likelihood of white staff accessing non-mandatory training and continuous personal development to BME staff



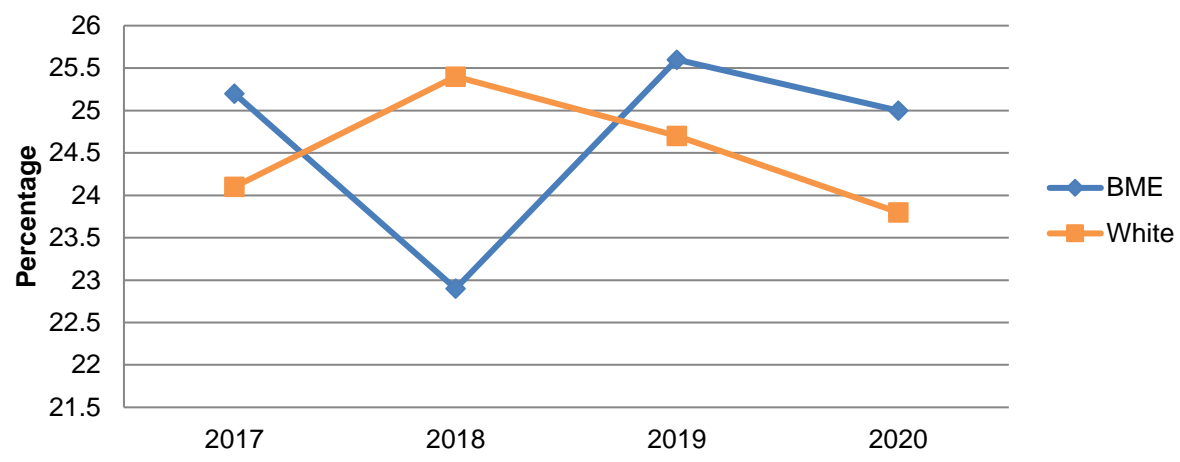
2021/22 Actions										
A	B	C	D	E	F	G	H	I	J	K
	✓	✓	✓		✓	✓	✓		✓	✓

2021 Key Findings

Belief in Equal Opportunities
 White staff are more likely to access non-mandatory training and continuous personal development compared to BME staff. Following year-on-year improvement, the likelihood ratio has deteriorated from 1.19 last year to 1.33 this year and fallen within the adverse range for BME staff. This differs from the regional and national trend up until 2020 where BME staff fall well within the positive range.

5 Percentage of staff experiencing harassment, bullying/abuse from patients, relatives/public

2020 NHS Staff Survey: Staff experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months



2021/22 Actions

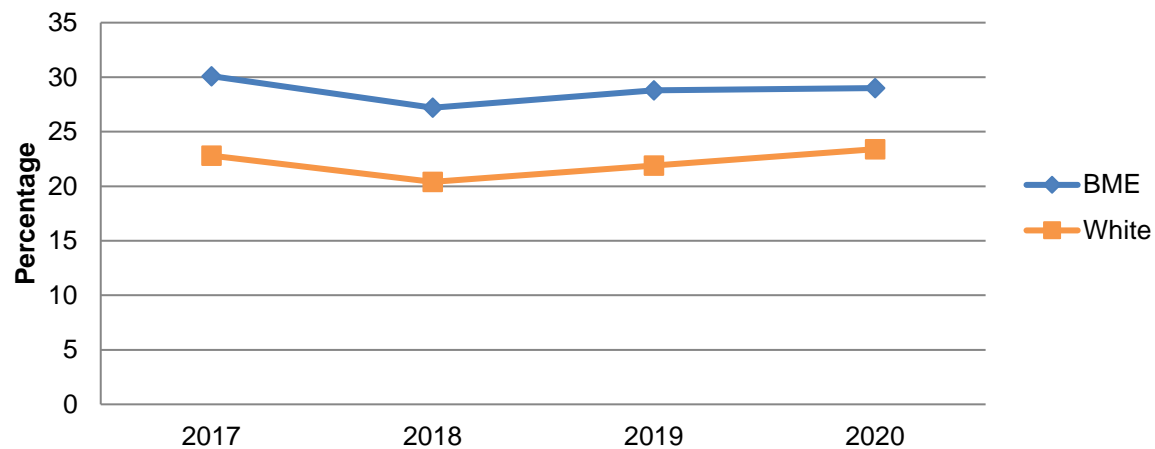
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2021 Key Findings

Staff survey results show a decrease in BME staff experiencing harassment, bullying/abuse from patients, relatives/public (25% compared to 25.6% last year). However, the gap in experience between BME staff and white colleagues has widened. Both BME and white LTHT colleagues report a better experience when compared to their counterparts in other Acute Trusts.

6 Percentage of staff experiencing harassment, bullying/abuse from staff

2020 NHS Staff Survey: Staff experiencing harassment, bullying or abuse from staff in the last 12 months



2021/22 Actions

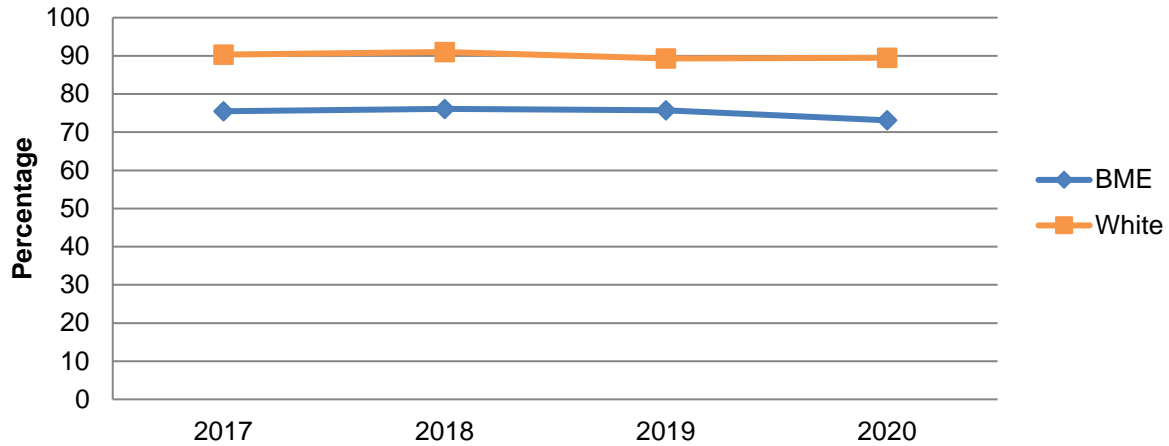
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2021 Key Findings

There is a marginal increase in BME staff (28.8% to 29%) and White staff (21.9% to 23.4%) experiencing harassment, bullying/abuse from staff along with a marginal reduction in gap in experience. Both BME and white LTHT colleagues report a better experience when compared to their counterparts in other Acute Trusts.

7 Percentage of staff believing Trust provides equal opportunities for career progression or promotion

2020 NHS Staff Survey: Staff believing that the organisation provides equal opportunities for career progression or promotion



2021/22 Actions

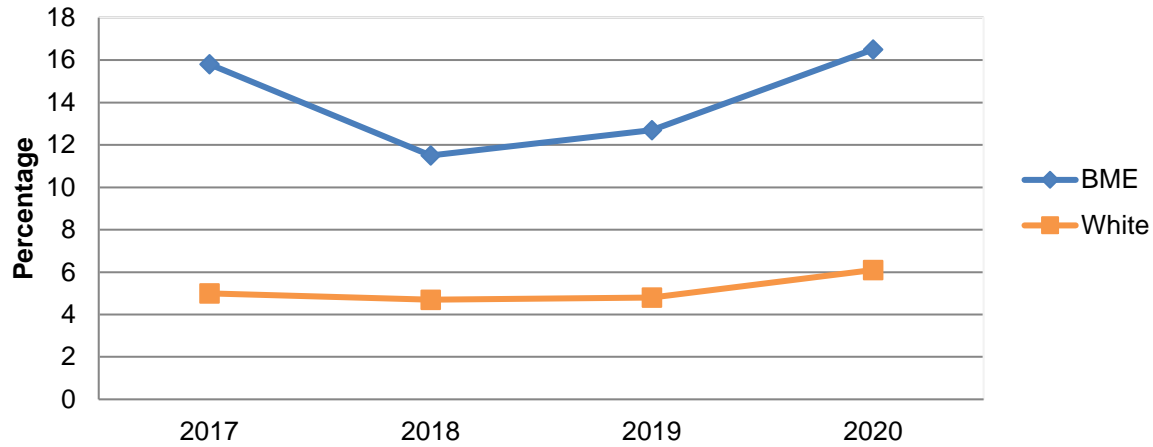
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2021 Key Findings

There is a marginal decrease in BME staff (75.7% to 73.1%) and marginal increase in white staff (89.3% to 89.5%) believing the Trust provide equal opportunities for career progression/promotion. This has resulted in the widening in the gap in experience. Both BME and white LTHT colleagues report a better experience when compared to their counterparts in other Acute Trusts.

8 Percentage of staff experiencing discrimination at work from their manager, team leader or other colleagues

2020 NHS Staff Survey: Staff experiencing discrimination from Manager/Team Leader or other staff in the last 12 months



2021/22 Actions

A	B	C	D	E	F	G	H	I	J	K
✓	✓				✓	✓	✓		✓	✓

2021 Key Findings

There is an increase in BME staff (12.7% to 16.5%) and white staff (4.8% to 6.1%) personally experiencing discrimination at work along with a further widening in the gap in experience. BME report a marginally better experience when compared to their counterparts in other Acute Trusts whilst white staff report the same.