Northern Lincolnshire and Goole NHS Foundation Trust

Workforce Race Equality Standard Report for Trust Board August 2022

1.0	**PURPOSE OF THE REPORT**
1.1	To update the Trust Board on progress against the Workforce Race Equality Standard (WRES) Indicators.
1.2	To update the Trust Board on our submission, the revised data, and information as per our contractual requirements.
1.3	To highlight key priorities and actions required during 2022/23, to make improvements against the WRES.
2.0	**BACKGROUND/CONTEXT**
2.1	The Workforce Race Equality Standard (WRES) was introduced from 1st April 2015 by the NHS Equality and Diversity Council (EDC).
2.2	The link provided signposts to a short four minute video clip describing the Workforce Race Equality Standard. https://www.youtube.com/watch?v=G44C9yn-oo0
2.3	Research and evidence suggest less favourable treatment of Black and Minority Ethnic (BME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients.
2.4	The WRES seeks to prompt enquiry to better understand why BME may staff receive poorer treatment than White staff in the workplace and to facilitate the closing of those gaps.
2.5	In its simplest form, the WRES offers local NHS organisations the tools to understand their workforce race equality performance, including the degree of BME representation at senior management and board level. The WRES highlights differences between the experience and treatment of White and BME staff in the NHS. The principal outcome of measuring performance against the standard is that it helps organisations to measure where they are against key best practice indicators, where they need to be, and how to plan for improvements to achieve and maintain optimum performance for each indicator.
2.6	The WRES requires NHS organisations to demonstrate progress against specific workforce metrics including a metric on Board BME representation.
3.0	**IMPLICATIONS FOR THE ORGANISATION**
3.1	As of the 1st April 2015, the WRES forms part of the standard NHS contract. From April 2016 it has also formed part of the CQC inspections framework under the 'Well Led' domain.
3.2	A fundamental component to enable making progress against this standard is staff engagement and involvement.

4.0 DATA ANALYSIS – METRICS FOR THE 9 WRES INDICATORS

4.1 WRES 1

	Indicator	31st March 2021		31st March 2022	
		Descriptor	**Indicator**	**Descriptor**	**Indicator**
WRES 1	Percentage of BME staff in Bands 8-9, Very Senior Managers, compared with the percentage of BME staff in the overall workforce *Note: VSM includes Executive Board Members and Senior Medical Staff but excludes Medical and Dental Grades e.g. Medical Consultants. There are a small number of staff with Ethnicity unknown/null and these have also been excluded	Number of BME Staff in Bands 8-9 and VSM	16	Number of BME Staff in Bands 8-9 and VSM	19
		Total Number of Staff in Bands 8-9 and VSM	250	Total Number of Staff in Bands 8-9 and VSM	268
		Percentage of BME Staff in Bands 8-9	**6.40%**	**Percentage of BME Staff in Bands 8-9**	**7.09%**
		Number of BME Staff in overall workforce	788	Number of BME Staff in overall workforce	959
		Number of Staff in overall workforce (including all staff groups and not disclosed staff)	6982	Number of Staff in overall workforce (including all staff groups and not disclosed staff)	6973
		Percentage of BME Staff in overall workforce	**11.28%**	**Percentage of BME Staff in overall workforce**	**13.75%**

The table above shows that in 2022 BME staff represents 13.75% of all staff in AfC bands 1-9, Medical workforce and Very Senior Managers (VSM's). This is an increase on last year of 2.47%. The increase in BME representation is largely due to an increase in BME staff within the medical and dental workforce. The percentage of BME staff in a Band 8 position or above (including VSM) has increased, from 6.4% in 2021 to 7.09% in 2022. It also shows that there is a lower percentage of BME staff in Bands 8-9 and VSM compared to BME representation within the overall workforce (13.75%).

As recommended by NHS England, Medical and Dental Grades (which includes Trainee Grades) are excluded in the Bands 8-9 and VSM figures as these groups generally have a much higher proportion of BME staff. This staff group in 2021 consisted of 424 BME staff and 135 white staff, and in 2022, 503 BME staff and 138 white staff. The total increase in BME representation within the medical workforce has increased by 7.38%.

The BME workforce should reflect the local population, which across England is very diverse from region to region. The table below gives rounded figures from 2011 Census data to show white and BME populations within the different regions. The 2021 Census data is not currently available.

<u>2011 Census data (rounded figures):</u>

Area	White Population	BME Population
England	87%	13%
Yorkshire and Humber	87%	13%
Inner London	55%	45%
North East Lincolnshire	94%	6%
Northern Lincolnshire	93%	7%
East Riding	93%	7%

4.2 **WRES 2**

	Indicator	31st March 2021			31st March 2022		
		Descriptor	**White**	**BME**	**Descriptor**	**White**	**BME**
WRES 2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	Number of shortlisted applicants	10469	4339	Number of shortlisted applicants	3928*	717*
		Number appointed from shortlisting	1119	77	Number appointed from shortlisting	1003	125
		Ratio shortlisted / appointed	1119/10469	77/4339	Ratio shortlisted / appointed	1003/3928	125/717
		Likelihood candidates are appointed from shortlisting	**0.107**	**0.018**	Likelihood candidates are appointed from shortlisting	**0.255**	**0.174**
		The relative likelihood of White staff being appointed compared to BME staff is 0.107/0.018= **6.02 greater**			The relative likelihood of White staff being appointed compared to BME staff is **1.46 greater**		

** The significant reduction in number of applicants shortlisted is due to a process change to how job adverts are managed through the NHS TRAC system.

The above table shows the relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts. The data periods used are between 1st April 2020 and 31st March 2021 and, 1st of April 2021 and 31st March 2022. The 2020/21 data shows white staff have a likelihood that is 6.02 times greater than BME staff to be appointed from shortlisting. In 2021/22 this likelihood decreased, to a ratio of white staff having a 1.46 times greater chance of being appointed from shortlisting compared to BME applicants, which shows a significant improvement.

As a comparator from the 2021 WRES data the National Picture shows that white staff are 1.61 times more likely to be appointed from shortlisting than BME staff.

4.3 **WRES 3**

	Indicator	31st March 2021				31st March 2022			
		Descriptor	**White**	**BME**	**Unknown**	**Descriptor**	**White**	**BME**	**Unknown**
WRES 3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*	Number of staff in workforce	5934	788	260	Number of staff in workforce	5813	959	201
		Number of staff entering formal disciplinary process	138	35**	12	Number of staff entering formal disciplinary process	78	18	6
		Likelihood of entering a formal disciplinary process	138/5934= 0.023	35/788= 0.044		Likelihood of entering a formal disciplinary process	78/5813= 0.013	18/959= 0.019	
		The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is therefore 0.044/0.023= 1.91 **(more likely to enter a formal disciplinary)**				The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is therefore 0.019/0.013= 1.4 (**more likely to enter a formal disciplinary)**			

*Note: this indicator is based on data from a two-year rolling average of the current year and the previous year.

The table above shows the relative likelihood of BME staff entering a formal disciplinary process compared to white staff. In 2021** the relative likelihood of BME staff entering a formal disciplinary process compared to white staff was 1.91, showing that BME staff were nearly twice as likely to enter the disciplinary process compared to white staff. In 2022, the relative likelihood of BME staff entering a formal disciplinary process compared to white staff decreased to 1.4.

**The high number of disciplinary sanctions for BAME staff in 2021 was due to concerns that were raised to the Head of Nursing in April 2020, in relation to unauthorised access to a patient's information which led to a full HR investigation. As a result of that investigation a number of staff where issued with a sanction. In total, 102 White staff / 32 BAME / 10 Ethnicity not stated or declared.

4.4 **WRES 4**

	Indicator	31st March 2021				31st March 2022			
		Descriptor	**White**	**BME**	**Unknown**	**Descriptor**	**White**	**BME**	**Unknown**
WRES 4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	Number of staff in workforce	5934	788	260	Number of staff in workforce	5813	959	201
		Number of staff accessing mandatory training	5306	735	246	Number of staff accessing mandatory training	4985	884	182
		Likelihood of accessing non-mandatory training	5306/5934 = 0.89	735/788= 0.93		Likelihood of accessing non-mandatory training	4985/5813= 0.86	884/959= 0.92	
		The relative likelihood of BME staff accessing non-mandatory training compared to White staff is therefore **0.93/0.89= 0.96 more likely**				The relative likelihood of BME staff accessing non-mandatory training compared to White staff is therefore 0.92/0.86= **1.07 more likely**			

The relative likelihood of BME staff accessing non-mandatory training in 2021 0.96 times more likely than white staff. In 2022, the relative likelihood of BME staff accessing non-mandatory training was 1.07 times more likely than White staff. Therefore, BME staff are more likely to access non-mandatory training and Continuous Professional Development (CPD) than white staff. There has been a decrease in the percentage of BAME staff accessing non mandatory training this due to the higher number of BAME staff employed in the organisation. An additional 149 BAME staff accessed non mandatory training in 2022.

4.5 **NHS Staff Survey 2021**

The WRES indicators 5, 6, 7 and 8 represent unweighted question level responses to key findings in the NHS staff survey for the Northern Lincolnshire and Goole NHS Foundation Trust staff. It also includes the average scores for acute Trusts as a comparator.

	Indicator	2020 Staff Survey Result		2021 Staff Survey Result	
WRES 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Ethnicity	%	Ethnicity	%
		White	21.80%	White	22.0%
		BME	24.60%	BME	31.9%
		Average Acute Trust score White 25.4 % BME 28.0%		Average Acute Trust score White 26.5% BME 28.8%	

WRES 5

BME staff report a 9.9% higher negative experience than their white colleagues. There has been an increase of 7% from the 20/21 for BME staff. This is above the average acute Trust score for both White and BME staff.

WRES 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Ethnicity	%	Ethnicity	%
		White	30.3%	White	28.80%
		BME	38.3%	BME	38.10%
		Average Acute Trust score White 24.4% BME 29.1%		Average Acute Trust score White 23.6% BME 28.5%	

WRES 6

There has been a slight decrease in staff experiencing harassment, bullying or abuse from colleagues for white staff. Although it remains the same for BME staff in 21 and 22, this is significantly worse for our BME staff with a gap of 9.3% between white and BME staff. This is 10% higher that the national acute trust average.

WRES 7	Percentage believing that trust provides equal opportunities for career progression or promotion	Ethnicity	%	Ethnicity	%
		White	52.00%	White	53.50%
		BME	48.40%	BME	40.10%
		Average Acute Trust score White 59.4% BME 45.2%		Average Acute Trust score White 58.6% BME 44.6%	

WRES 7

In 2020, 48.4% of BME staff felt that the trust provides equal opportunities for career progression or promotion. However, this percentage has decreased to 40.1% in 2021. It remains below the national average.

WRES 8	In the last 12 months have you personally experienced discrimination at work from the Manager/team leader or other colleagues	Ethnicity / %	Ethnicity / %
		White 6.8%	White 8.50%
		BME 18.9%	BME 21.40%
		Average Acute Trust score White 6.1% BME 16.8%	Average Acute Trust score White 6.7% BME 17.3%

WRES 8

In 2020, BME staff felt 12.1% more likely to have personally experienced discrimination at work from their manager/team leader or other colleagues compared to white staff. This gap increased slightly during 2021 to 12.9%. This is remains higher than the reported National average for BME staff.

WRES 9	Boards are expected to be broadly representative of the population they serve (data 31/03/22)	Ethnicity / %	Ethnicity / %
		White 92.9%	White 87.5%
		BME 7.1%	BME 12.5%

WRES 9

The Trust Board BME representation within the last year has risen from 7.1% in 2021 to 12.5% in 2022. The Trust Board BME representation is now closely aligned with the rest of the workforce which stands at 13.75%.

5.0 PROGRESS AND ACTIONS

5.1 Reporting and Assurance

- **Progress 2021/2022**
  The Trust Equality and Diversity Strategy and Equality Objective (2018 – 2022) are in place. In addition, an Equality, Diversity and Inclusion (EDI) two year action plan is now under development which will set out our commitment to actions required to redress disparity, progress, timescales and supporting evidence.
- We are continuing to work closely with and support the Trust's Freedom to Speak Up Guardian.
- All staff and managers, as part of their mandatory training, receive equality, diversity and inclusion training which has a focus on inclusive behaviours and exploring unconscious bias.
- All new staff receive equality, diversity and inclusion training which has a focus on inclusive behaviours and exploring unconscious bias. Additionally, we are launching a new People Leader Induction which will include unconscious bias and cultural awareness training.

- **Further Actions 2022/2023**
  - To ensure that all WRES actions are monitored through the Equality and Diversity two year action plan and included in the wider engagement and culture transformation programme of work.
  - Ensure the two year EDI action plan is regularly up dated and new actions are developed as required.
  - To provide reports on progress against the two year EDI action plan.
  - As part of strengthening culture awareness ensure that our staff equality networks (BAME Network) are represented and actively involved in the EDI Working Group and the Culture Transformation Working Group.
  - To look are breaking down data (where this is possible) to identify hotspot areas and take more bespoke action.

5.2 **Workforce and Recruitment**

- **Progress 2021/2022**
  All recruitment panels now include an equality representative. The Trust's Head of Recruitment has worked with the Trust EDI Lead through the Recruitment Review to ensure that all stages of the recruitment processes are fair and free from discrimination.

- **Further Actions 2022/2023**
  - To monitor recruitment and retention of staff and particularly, explore reasons staff leave the Trust by protected characteristic, and to identify any outliers.
  - To develop a Trust training package to strengthen cultural awareness and to recognise, understand and effectively manage unconscious bias within the recruitment process.

5.3 **Disciplinary and Staff Experience**

- **Progress 2021/2022**
  A key focus has been to engage with our staff and increase the visibility of EDI support in the workplace. Therefore, to give all staff an opportunity to openly discuss their concerns and experience we have held at least two face to face EDI engagement events each month so far in 2021/22. We have had over 800 conversations with a diverse range of staff this year to date. As part of these conversations we have also included Health and Wellbeing support as we recognise that staff from minority groups often have additional challenges in accessing this type of support. We have appointed a Chair for our BAME staff equality network and have grown our membership of our BAME Facebook group to over 70 members. In addition, to expand a reach out to our minority staff further we have launched an equality Twitter account @nlag4inclusion and the followers of the account are quickly growing, strengthening our social media promotion of the work we are doing. To support our new overseas nursing recruits we have introduced a face to face Equality, Diversity and Inclusion awareness session as part of their induction programme.

- **Further Actions 2022/2023**
  We are continuing to grow our BAME staff equality network. To ensure the network is able to influence decision making which shapes and influences their employee experience we will shortly form an EDI working group. This working group will inform the Trust's new Culture Transformation Programme and Leadership Strategy.

5.4	**Trust Board and Senior Leadership** • **Progress 2021/2022** We recognise that Trust Board and the senior leadership community has some elements of diversity. However, due to the small numbers these percentages are very fragile. We continue to review our data intermittently. • **Further Actions 22022/2023** To interrogate in more detail the diversity within the senior leadership community to understand areas of under-representation and consider what positive actions are required to address the gaps.
6.0	**The report to be received.**
6.1	To note the contents of this report against the NHS Workforce Race Equality Standard.
6.2	Approve the data content which we are required to share with NHS England and our commissioners.
6.3	To note the actions proposed for 22/23 and to monitor progress of those actions and wider culture transformation programme through the Workforce Committee.