

Workforce Race Equality Standard Report for Trust Board

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 the trust submission and the data, as per trust contractual requirements.
1.3	To highlight key priorities and actions required during 2023/24, to make improvements against the WRES.
2.0	BACKGROUND/CONTEXT
2.1	The Workforce Race Equality Standard (WRES) was introduced from 1 st April 2015 by the National Health Service (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 1 st April 2015, the WRES forms part of the standard NHS (National Health Service) contract. From April 2016 it has also formed part of the CQC (Care Quality Commission) 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
(a summary of the data is provided in Appendix 2)

4.1 WRES 1

	Indicator	31 st March 2022		31 st March 2023	
		Descriptor	Indicator	Descriptor	Indicator
WRES 1	Percentage of BME staff in Bands 8-9, Very Senior Managers (VSM), 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	19	Number of BME Staff in Bands 8-9 and VSM	19
		Total Number of Staff in Bands 8-9 and VSM	268	Total Number of Staff in Bands 8-9 and VSM	270
		Percentage of BME Staff in Bands 8-9	7.09%	Percentage of BME Staff in Bands 8-9	7.04%
		Number of BME Staff in overall workforce	959	Number of BME Staff in overall workforce	1165
		Number of Staff in overall workforce (including all staff groups and not disclosed staff)	6973	Number of Staff in overall workforce (including all staff groups and not disclosed staff)	7292
		Percentage of BME Staff in overall workforce	13.75%	Percentage of BME Staff in overall workforce	15.98%

The table above shows that in 2023 BME staff represents 15.98% of all staff in Agenda for Change (AfC) bands 1-9, Medical Workforce and Very Senior Managers (VSM's). This is an increase on last year of 2.23%. 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 remained largely the same. There is a lower percentage of BME staff in Bands 8-9 and VSM (7.04%) compared to BME representation within the overall workforce (15.98%).

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 2022 consisted of 503 BME staff and 138 white staff, and in 2023, 556 BME staff and 128 white staff. The total increase in BME representation within the medical workforce has increased by 3.79%.

4.2

WRES 2

	Indicator	31 st March 2022			31 st March 2023			
		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	717*	Number of shortlisted applicants	6040	2246	
		Number appointed from shortlisting	1119	125	Number appointed from shortlisting	1324	285	
		Ratio shortlisted / appointed	1119/10469	125/717	Ratio shortlisted / appointed	1324/6040	285/2246	
		Likelihood candidates are appointed from shortlisting	0.107	0.174	Likelihood candidates are appointed from shortlisting	0.219	0.128	
		The relative likelihood of White staff being appointed compared to BME staff is 1.46 greater				The relative likelihood of White staff being appointed compared to BME staff is 1.73 times greater		

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 2021 and 31st March 2022 and, 1st of April 2022 and 31st March 2023. The 2021/22 data shows white staff have a likelihood that is 1.46 times greater than BME staff to be appointed from shortlisting. In 2022/23 this likelihood increased, to a ratio of white staff having a 1.73 times greater chance of being appointed from shortlisting compared to BME applicants.

As a comparator from the 2022 WRES data the National Picture shows that white staff are 1.54 times more likely to be appointed from shortlisting than BME staff.

4.3

WRES 3

	Indicator	31 st March 2022				31 st March 2023			
		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	5813	959	201	Number of staff in workforce	5916	1165	211
		Number of staff entering formal disciplinary process	78	18	6	Number of staff entering formal disciplinary process	13	1	2
		Likelihood of entering a formal disciplinary process	$78/5813=$ 0.013	$18/959=$ 0.019	n/a	Likelihood of entering a formal disciplinary process	$14/5916=$ 0.002	$1/1165=$ 0.001	n/a
		The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is therefore $0.019/0.013= 1.4$ (BME staff are more likely to enter a formal disciplinary compared to white staff)				The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is therefore $0.001/0.002= 0.4$ (BME staff are less likely to enter the formal disciplinary process compared to white staff)			

*Note: this indicator is based on year end data.

The table above shows the relative likelihood of BME staff entering a formal disciplinary process compared to white staff. In 2022 the relative likelihood of BME staff entering a formal disciplinary process compared to white staff was 1.4. In 2023, the relative likelihood of BME staff entering a formal disciplinary process compared to white staff decreased to 0.4. This indicates that BME staff are no more likely to enter the formal disciplinary process than white staff. This decrease is largely due to disciplinary cases and formal suspensions throughout the course of 2022-23 reducing significantly owing to the roll out of the Just and Learning Culture Framework implemented towards the end of 2021-22. The framework was developed to ensure a just and learning approach to the management of adverse events involving people ensuring a compassionate approach in the management of concerns at an informal stage. Demonstrating the Trust values of kindness, courage and respect, the framework enables a proportionate means of achieving resolution to the concerns, with support and protection of individuals as the priority in all cases.

4.4 WRES 4

	Indicator	31 st March 2022			31 st March 2023				
		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	5813	959	201	Number of staff in workforce	5916	1165	211
		Number of staff accessing mandatory training	4985	884	182	Number of staff accessing mandatory training	5902	1152	211
		Likelihood of accessing non-mandatory training	$4985/5813=0.86$	$884/959=0.92$		Likelihood of accessing non-mandatory training	$5902/5916=1.00$	$1152/1165=0.99$	
		Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff $0.92/0.86=1.07$ more likely				Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff $1.00/0.99=1.01$ more likely			

The relative likelihood of white staff accessing non-mandatory training in 2023 is 1.01 times more likely than BME staff. Therefore, white staff are more likely to access non-mandatory training and Continuous Professional Development (CPD) than BME staff. An additional 268 BAME staff accessed non mandatory training in 2023 than in 2022 which is why the ratio has improved slightly.

4.5 **NHS Staff Survey 2022**

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	2021 Staff Survey Result		2022 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	22.0%	White	23.5%
		BME	31.9%	BME	33.1%
		Average Acute Trust score White 26.5% BME 28.8%		Average Acute Trust score White 26.9% BME 30.8%	

WRES 5

BME staff report a 9.6% higher negative experience than their white colleagues. There has been an increase of 1.2% from the 21/22 for BME staff. This is above the average acute Trust score for the BME staff.

	Indicator	2021 Staff Survey Result		2022 Staff Survey Result	
WRES 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Ethnicity	%	Ethnicity	%
		White	28.80%	White	27.9%
		BME	38.10%	BME	37.3%
		Average Acute Trust score White 23.6% BME 28.5%		Average Acute Trust score White 23.3% BME 28.8%	

WRES 6

There has been a slight decrease in staff experiencing harassment, bullying or abuse from colleagues for white staff. It remains significantly worse for our BME staff with a gap of 9.4% between white and BME staff. This is almost 10% higher than the national acute trust average.

	Indicator	2021 Staff Survey Result		2022 Staff Survey Result	
WRES 7	Percentage believing that trust provides equal opportunities for career progression or promotion	Ethnicity	%	Ethnicity	%
		White	53.50%	White	54.7%
		BME	40.10%	BME	47.1%
		Average Acute Trust score White 58.6% BME 44.6%		Average Acute Trust score White 58.6% BME 47.0%	

WRES 7

In 2021, 40.10% of BME staff felt that the trust provides equal opportunities for career progression or promotion. This percentage has increased since to 47.10% which is a

step in the right direction and remains in line with 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	8.50%	White	7.6%
		BME	21.40%	BME	22.4%
		Average Acute Trust score White 6.7% BME 17.3%	Average Acute Trust score White 6.5% BME 17.3%		

WRES 8

In 2022, BME staff felt 14.8% more likely to have personally experienced discrimination at work from their manager/team leader or other colleagues compared to white staff. This 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 31/03/23)				
		Ethnicity	%	Ethnicity	%
		White	87.5%	White	85.71%
		BME	12.5%	BME	14.29%

WRES 9

In 2023, the Trust Board BME representation has improved compared to the previous year from 12.5% in 2022 to 14.29% in 2023. However, the Trust Board BME representation is still less than the overall percentage of BME staff in the total workforce (15.98%).

See appendix 1 which gives a summary of the 2023 WRES data and a comparison to National and local data.

5.0 PROGRESS AND ACTIONS

5.1 Reporting and Assurance

• **Progress 2022/2023**

- The Trust's new Equality, Diversity and Inclusion Strategy which includes our Equality Objective (2023 – 2027) are in place. This was approved at the June 2023 Trust Board meeting. In addition, an Equality, Diversity, and Inclusion (EDI) action plan is now under development which will set out our commitment to actions required to redress disparity, progress, timescales and supporting evidence.
- The Health and Well Being group is now the Health and Well Being and Equality,

Diversity, and Inclusion Steering Group with a dedicated EDI remit.

- We are continuing to work closely with and support the wider People Directorate team and 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 delivering a managers leadership programme which includes unconscious bias and cultural awareness training.
- **Further Actions 2023/2024 (See Appendix 1)**
 - We continue to deliver progress against all WRES actions through the EDI action plan and included the wider engagement and culture transformation programme of work.
 - To provide reports as required against the EDI action plan.
 - As part of strengthening culture awareness ensure that our staff equality networks (BAME Network) are represented and actively involved in the Health and Well Being and EDI Steering Group and the Culture Transformation Working Group.
 - To look at breaking down data (where this is possible) to identify hotspot areas and take more bespoke action. This will include looking at our Medical Staff and Bank staff WRES data.

5.2 Recruitment and Retention

- **Progress 2022/2023**
 - All recruitment panels 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.
 - A great deal of work has been done to support and retain our Internationally Educated Nurses. We have a stay and thrive working group which is providing wholistic support to this group of staff in terms of on-boarding, their development and pastoral needs. We have had a number of engagement events to ensure this group of staff have a voice but more importantly they feel valued. Our contribution to this activity has resulted in achieving the NHS Pastoral Care Quality Award.
- **Further Actions 2023/2024 (See Appendix 1)**
 - To proactively understand the recruitment and retention of staff and particularly, explore reasons staff leave the Trust by protected characteristic, and to identify any outliers.
 - To specifically include unconscious bias awareness in recruitment as part of the Leadership programme.
 - To expand the Internally Educated Nurse programme to include other staff groups and involve pastoral care groups with an aim to developing a system wide approach.

5.3 Disciplinary and Staff Experience

- **Progress 2022/2023**
 - 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 a number of face to face EDI engagement events with a diverse range of staff.

	<ul style="list-style-type: none"> ➤ We arranged two large staff engagement events in Diana, Princess of Wales Hospital (DPOW) and Scunthorpe General Hospital (SGH) to celebrate inclusivity. These events gave our diverse staff including our Internationally Educated Nurses and our Staff Equality Network members an opportunity to meet the EDI team and the wider people directorate team. We also arranged for some external providers to have stalls to show case how they may be able to support our staff in different ways. Feedback from both these events has been excellent. ➤ We have grown and further developed our BAME staff equality network and have over 240 members who we correspond with. Our BAME Facebook group to over 90 members. We also have a Teams Channel for our Internationally Educated Nurse. <ul style="list-style-type: none"> ● Further Actions 2023/2024 (See Appendix 1) <ul style="list-style-type: none"> ➤ We are continuing to grow and develop our BAME staff equality network. ➤ To ensure the network is able to influence decision making which shapes and influences their employee experience we will ensure they are represented at the Health and Well Being, and EDI Steering Group. ➤ Arrange annually 4 large engagement events to celebrate inclusivity and intersectionality. ➤ We will be creating a Staff App to engage with all staff on EDI engagement.
5.4	<p>Trust Board and Senior Leadership</p> <ul style="list-style-type: none"> ● Progress 2022/2023 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 2023/2024 (See Appendix 1) <ul style="list-style-type: none"> ➤ To understand the impact of the new group structure and how this will affect the Trust Board diversity going forward. ➤ 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	<p>The report to be received.</p>
6.1	<p>To note the contents of this report against the NHS Workforce Race Equality Standard.</p>
6.2	<p>Approve the data content which we are required to share with NHS England and our commissioners.</p>
6.3	<p>To note the actions proposed for 23/24 and to monitor progress of those actions and wider culture transformation programme through the Workforce Committee.</p>

Appendix 1 - Workforce Race Equality Standard (WRES) Action Plan 2023/24

The Action Plan 2023/24 has been developed, based on the 2022/23 WRES technical data results, to help close the gaps in workplace experience between White and Black and Ethnic Minority (BAME) staff.

Action	WRES Indicator	Timescale	Lead
Explore ways that the Trusts newly introduced Equality, Diversity and Inclusion) EDI strategy can strengthen the addressing of Workforce Race Inequalities specifically taking into consideration the Group Structure of the organisation.	All	January 2024 / Ongoing	Workforce and Organisational Development (OD) EDI Team
Explore opportunities within the new Group Structure which can support this staff group – in particular, Leadership Development Opportunities.	Indicator 1	October / November 2023	EDI Team and Leadership Team
Continue to monitor progress against all WRES actions through the EDI action plan and included the wider engagement and culture transformation programme of work. To provide reports as required against the EDI action plan.	All	June 2024 / Ongoing	EDI Team and OD Team
As part of strengthening culture awareness ensure that our staff equality networks (BAME Network) are represented and actively involved in the Health and Well Being and EDI Steering Group and the Culture Transformation Working Group.	All	October 2023 / Ongoing	EDI Manager
To look at breaking down data (where this is possible) to identify hotspot areas and take more bespoke action. This will include looking at our Medical Staff and Bank staff WRES data.	Indicator 1,2, 3, 4	February 2024 / Ongoing	Organisational Development (OD) and EDI Team
To monitor recruitment and retention of staff and particularly, explore reasons staff leave the	Indicator 2	November 2023 / Ongoing	EDI Team and Head of Recruitment

Trust by protected characteristic, and to identify any outliers.			
To specifically include unconscious bias awareness in recruitment as part of the Leadership programme.	Indicator 2	November 2023	EDI Team
To explore expanding the Internally Educated Nurse programme to include other staff groups and involve pastoral care groups with an aim to developing a system wide approach.	Indicator 1,5,6,7,8	March 2024	EDI Team / Nursing
To grow and develop our BAME staff equality network. To ensure the network is able to influence decision making which shapes and influences their employee experience we will ensure they are represented at the Health and Well Being, and EDI Steering Group.	All	On-going	EDI Team
We will be creating and launching a Staff App to improve EDI engagement.	All	October 2023	EDI Team
To understand the impact of the new group structure and how this will affect the Trust Board diversity going forward.	Indicator 9	January 2024	EDI Team
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.	Indicator 1	April 2024	EDI Team

Appendix 2

Northern Lincolnshire and Goole NHS FT (NLaG) Workforce Race Equality (WRES) Data Summary 2023

The table below shows a summary of the NLaG WRES data for March 2022 and March 2023, and it identifies where improvements are required. It also shows a summary of NHS England's national picture of WRES data [WRES-indicator.png \(800x446\) \(england.nhs.uk\)](#) the average Acute Trust National Health Service (NHS) Staff Survey data and the Hull University Teaching Hospitals (HUTH) data as a comparator.

WRES 1	March 22		March 23			HUTH Comparator 2023	NHS Comparator 2022 Data
	Percentage of Black and Minority Ethnic (BME) Staff in Bands 8-9	7.09%	Percentage of BME Staff in Bands 8-9	7.04%	No Change Worse than National Comparator	Different Data Format	10.3%
	Percentage of BME Staff in overall workforce	13.75%	Percentage of BME Staff in overall workforce	15.98%	Improved Worse than National Comparator	18.7%	24.2%
WRES 2	March 22		March 23			HUTH Comparator	
	The relative likelihood of White staff being appointed compared to BME staff is	1.46 greater	The relative likelihood of White staff being appointed compared to BME staff is	1.73 greater	No Change Improvement Required Worse than National Comparator	1.3 greater	1.54 greater
WRES 3	March 22		March 23			HUTH Comparator	
	The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is	1.4 greater	The relative likelihood of BME staff entering a formal disciplinary process	0.4 less likely	Improved Positive Impact Better than National Comparator	1.06 greater	1.14 greater

			compared to White staff is				
WRES 4	March 22		March 23			HUTH Comparator	
	Relative likelihood of White staff accessing non-mandatory training and Continued Professional Development (CPD) compared to BME staff	1.07 more likely	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.01 more likely	No Change Positive Impact In-line with National Comparator	0.98 less likely	1.12 more likely
NHS Staff Survey		2021 Staff Survey Result	2022 Staff Survey Result			HUTH Comparator	Average Acute Trust
WRES 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months		White 22.0% BME 31.9%	White 23.5% BME 33.1%	No Change Improvement Required Worse than National Acute Trust Score	White 28.8% BME 33.0%	White 26.9% BME 30.8%	
WRES 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		White 28.80% BME 38.10%	White 27.9% BME 37.3%	No Change Improvement Required Almost 10% Higher than National Acute Score	White 21.5% BME 31.3%	White 23.3% BME 28.8%	
WRES 7 Percentage believing that trust provides equal opportunities for career progression or promotion		White 53.50% BME 40.10%	White 54.7% BME 47.1%	Small Improvement More Improvement Required In-line with National Acute Score	White 58.1% BME 46.6%	White 58.6% BME 47.0%	
WRES 8 In the last 12 months have you personally experienced discrimination at work from the		White 8.50% BME 21.40%	White 7.6% BME 22.4%	No Change Improvement Required Higher than National Acute Score	White 6.6% BME 16.4%	White 6.5% BME 17.3%	

Manager/team leader or other colleagues					
WRES 9	March 22	March 23		HUTH Comparator	NHS Comparator 2022 Data
Boards are expected to be broadly representative of the population they serve	White 87.5% BME 12.5%	White 85.71% BME 14.29%	No Change Positive Impact	White 88.2% BME 11.8%	White 86.8% BME 13.2%