

# Workforce Race Equality Standard (WRES) Report 2021- 2022

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## **About Workforce Race Equality Standards (WRES)**

The 2022 Workforce Race Equality Standard (WRES) report is the sixth publication, since the WRES was mandated for NHS organisations and covers all nine indicators.

### The report has the following key roles:

- To enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice
- To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda

#### Introduction

NHS Lincolnshire Integrated Care Board (ICB) is committed to ensuring that diversity and inclusion is at the heart of everything we do and to seek assurance from our providers that they do the same both to meet the contractual requirements in relation to the Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS) and also foster the culture of diversity and inclusion here in Lincolnshire.

BME leadership representation across the NHS has shown signs of improvement since the introduction of the WRES, however, there is a clear need for further accelerated improvement. Aspirational goals to increase BME representation at senior levels and across the workforce pipeline will reinforce the existing WRES programme of work.

Lincolnshire health and care system has good history of collaborative working. On the 1 July 2022 the CCG became an ICB and continues working with partner organisations across Lincolnshire to implement the national requirements for an Integrated Care System (ICS) structure.

This WRES report relates to Lincolnshire CCG workforce data for April 2021 to March 22 and shows performance information against the nine mandatory WRES metrics, with recommendations for improvements where appropriate. The WRES Action Plan 2022-23 enables the ICB to focus its work on gaps identified within data.

Publishing reports is one part of the 'due regard', it's about our commitment to ensuring we are inclusive in our service delivery and that our staff reflect the communities we serve. The report will be approved by NHS Lincolnshire ICB prior to publication on the website by 31 October 2022. The new requirement for NHSE WRES digital Data Submission on DSF will be undertaken at a later date when announced by NHSE.

### The Workforce Race Equality Standard indicators - explained

#### 1-4 Workforce indicators: For each of these four workforce Indicators, compare the data for white and BME staff

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: Non-Clinical staff; Clinical staff - of which Non-Medical staff, Medical and Dental staff

Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts

Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

## 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

Indicator 5: For each of these four workforce Indicators, compare the data for white and BME staff

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion

Indicator 8: In the last 12 months have you personally experienced discrimination at work from any Manager/team leader or other colleagues?

#### Board representation indicator: For this indicator, compare the difference for white and BME staff

Indicator 9: Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

### **Summary of outcomes 2021-22**

- **Indicator 1:** BME staff representation of workforce in 2021 increased by 3% in Bands 1-7 and Bands 8a-VSM increased by 1%.
- **Indicator 2:** Likelihood of white staff being appointed from short listing is 2.2 that is slight decrease from last year 2.64.
- **Indicator 3:** Likelihood of staff entering formal disciplinary process not enough data is available to calculate likelihood ratio of White/BME staff.
- **Indicator 4:** Likelihood of staff accessing non-mandatory training and CPD no central data collection to calculate likelihood ratio of White/BME staff.
- **Indicator 5:** BME staff experiencing harassment, bullying or abuse from patients, relatives and public in the last 12 months is 14.5% (above national average 9.7%) and White 11.8% (above national average 9.8%)
- **Indicator 6:** BME staff experiencing harassment, bullying or abuse from other staff in the last 12 months is 16.1% (above national average 13.6%) and White 17.7% (below national average 20.6%)
- **Indicator 7:** BME staff believing that Lincolnshire CCG provides equal opportunities for career progression or promotion is 68.8% (above national average 65.3%) and White 33.3% (below national average 36.5%)
- **Indicator 8:** BME staff experienced discrimination at work from Managers, Team leader or other colleagues in the last 12 months is 7.6% (above national average 4.7%) and White 16.7% (above national average 12.7%)
- **Indicator 9:** BME representation on CCG Board is 8.7% that is greater than the BME workforce representation of 6% and Lincolnshire BME community 2.4%.

Developing

# Indicator 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 disaggregated by: Non-Clinical Staff/Clinical staff

Indicator 1																
2020-2021												2021	2022			
Ethnicity Work Force Band 1 - 7			1-7	Band 8a - 9 VSM		Work Force		Band 1 - 7		Band 8a - 9		VSM				
White	289	88%	197	84%	84	97%	8	100%	363	93%	257	91%	102	96%	4	80%
BME	9	3%	8	3%	1	1%	0	0%	19	5%	17	6%	2	2%	0	0%
Not Disclosed	31	9%	29	12%	2	2%	0	0%	10	3%	7	2%	2	2%	1	20%
Total	329	100%	234	100%	87	100%	8	100%	392	100%	281	100%	106	100%	5	100%



#### What is the telling us?

- As the work force has increased over the period 2020-2021, and 2021-2022, the BME workforce representation has improved by 3% in Band 1-7 and 1% in Band 8a-9
- In comparison to the local BME population (2.4) the workforce is representative at Band 1-7 but not at Bands 8a-9.
- In 2021- 2022 there has been an improvement in staff disclosing their ethnicity.



## Indicator 2: Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting, across all posts

Indicator 2 - Recruitment										
	2020	- 2021	2021 - 20	22						
Ethnicity	White	BME	White	BME						
No. of staff in the workforce	289	9	363	19						
No. Shortlisted Applicants	158	58	495	80						
No. Appointed Applicants	43	6	163	12						
Ratio Shortlisting to Applicants	0.272	0.103	0.329	0.15						
Relative likelihood of White	Relative likelihood of White									
Candidates being Appointed	2.64			2.2						
Compared to BME Candidates										

## What the data telling us?

- In 2020-21, the white staff candidates were 2.64 times more likely to be appointed from shortlisting.
- In 2021-22, the white candidates are 2.2 times more likely to be appointed from shortlisting.
- For 2021-22 there is a slight improvement form the previous year of BME candidates to be appointed from shortlisting.

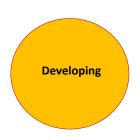


# Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Lincolnshire CCG	2021-22			
Indicator 3: Disciplinary Process	White	ВМЕ		
Number of staff in workforce	363	19		
Number of staff entering formal disciplinary				
Likelihood of White staff entering formal disciplinary				
Likelihood of BME staff entering formal disciplinary	-			
The relative likelihood of BME staff entering formal disciplinary compared to White staff	' <u>-</u>	_		

## What is the data telling us?

• There were very few people entering the formal disciplinary process and the number of formal disciplinary cases recorded was fewer than n=5 and are too small to identify any trends however, for 2021-22 of all Lincolnshire CCGs formal disciplinary cases (n=<5 are represented by a ' – '), BME staff were less likely than White staff to enter the formal disciplinary process



## Indicator 4: Relative likelihood of staff accessing nonmandatory training and CPD

Lincolnshire CCG	2021-22				
Indicator 4: Non-mandatory training and CPD	White	ВМЕ			
Number of staff in workforce	363	19			
Number of staff accessing non mandatory training and CPD	. – .				
likelihood of white staff accessing non-mandatory training and CPD					
likelihood of BME staff accessing non-mandatory training and CPD					
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	<b>'</b> _	6			

## What is the data telling us?

- Information for nonmandatory and CPD training is neither centrally collected nor available disaggregated by ethnicity and therefore it has not been possible to identify any trends.
- Where data is not available for reporting this is represented by (' – ') within the results table

Source: Non-mandatory training and CPD data held by Human Resources 1 April 2019 to 31 March 2022

Developing

## **Indicator 5-6: National NHS Staff Survey Indicators 2021**

Summary of 2021 Staff Survey outcomes	Lincolnshire CCG				
(WRES Indicators 5-6)	2021				
E VEST Developes of staff symposium because t	Of the total who responded those who said 'Yes':				
5 – KF25 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months					
	BME: 11.8% National Av: 9.8%				
C. KEOO Demonstrate of the first serious in the second of	Of the total who responded those who said 'Yes':				
6 – KF26 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White: 16.1% National Av: 13.6% BME: 17.7% National Av: 20.6%				

#### What is the data telling us?

- 14.5% of the White staff experienced harassment and bullying or abuse from patients, relatives or public in the last 12 months that is above national average of 9.7%. Upwards trend - Require Action.
- 11.8% of the BME staff experienced harassment bullying or abuse from patients, relatives or public in the last 12 months that is above the national average of 9.8%. Require Action
- 16.1% of the White staff said they experienced harassment, bullying or abuse from staff in last 12 months that is significantly above national average of 13.6%. Require Action
- 17.7% of the BME staff said they experienced harassment, bullying or abuse from staff in the last 12 months that is below national average of 20.6%.

Source: National NHS Staff Survey 2021



## **Indicator 7-8: National NHS Staff Survey Indicators** 2021

Summary of 2021 Staff Survey outcomes	Lincolnshire CCG				
(WRES Indicators 7-8)	2021				
7 – KF21 percentage believing that the CCG provides equal	Of the total who responded those who said Yes':				
opportunities for career progression or promotion	White: 68.8% National Av: 65.3% BME: 33.3% National Av:36.5%				
8 – Q17 In the last 12 months have you personally	Of the total who responded those who said 'Yes':				
experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues	White: 7.6% National Av: 4.7%				
	BME: 16.7% National Av: 12.7%				

#### What is the data telling us?

- 68.8% of staff believing that the CCG provides equal opportunities for career progression that is above the national average of 65.3%.
- 33.3% of the BME staff believing that the CCG provides equal opportunity for career progression that is below national average of 36.5%.
- White staff reporting experience of discrimination at work is 7.6% that is above national average of 4.7%.
- 16.7% of the BME staff
  experiencing discrimination at work
  that is significantly above the
  national average of 12.7% Require
  Action

Source: National NHS Staff Survey 2021



## Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce

		Li		shire CC )- 2021	G .	Lincolnshire CCG 2021-22					
	GB / Board		Workforce		% Difference	GB / Board		Workforce		% Difference	
White	19	82.6%	257	91%	-8.4%%	14	77.8%	289	88%	-10.2%	
ВМЕ	2	8.7%	17	6%	+2.7%	2	11.1%	9	2.7%	+8.4%	
Not disclosed	2	8.7%	7	3%	-5.7%	2	11.1%	31	9.3%	-1.8%	
Total	23	100%	281	100%		18	100%	329	100%		

## What is the data telling us? In comparison to 2020-21 and

2021-22 data for Governing Body (GB) shows: -

- BME representation has increased from 8.7% to 11.1%.
- This is higher then the local BME local population of 2.4% BME.
- BME representation is 8.4% higher than the organisation's workforce of 2.7%.
- Not all GB members are disclosing their ethnicity - 8.7% last year and 11.1% Requires action.

\*Source: Electronic Staff Record (ESR) as at 31 March 2022

				RAG stat	tus key		
Lincolnshire ICB WRES Action Plan 2022-23					BME experience equivalent to White experience		
or	Status and	Point for focus	Action		Some difference between BME and White experience		vner / Named ICB Lead
	priority level				Large difference between BME and White experience		
9	Medium Medium	Senior BME Representation Bands 8+ and VSM  Board Leadership and Commitment	<ul> <li>Assess what the potential barriers to and VSM</li> <li>The ICB to Implement NHSE &amp; I Monacross the Leadership Team and with content/uploads/2019/01/wres-le</li> <li>The ICB will develop initiatives to en</li> </ul>	•	HR Lead with support from EDI Senior Operational Managers Delivery Group review/monitor's progress ICB Board		
	Medium – High	Recruitment – ensure the likelihood of BME and White candidates being shortlisted and appointed is equal	<ul><li>training</li><li>Align work with the Lincolnshire pa Belonging Strategy.</li><li>Ensure Positive Action initiatives ar</li></ul>	rtners to	had Recruitment and Selection and Unconscious Bias support positive action initiatives identified in the ered throughout the recruitment and selection process rough to appointment of BME candidates.		HR Lead with support from EDI Senior Operational Managers Delivery Group review/monitor's progress ICB Board
	Medium	Ensure that disciplinary data is captured including by ethnicity Embedding reliable data capture by ethnicity	ethnicity gap in rates of disciplinar	tency col	late, monitor and compare data year on year in	•	HR Lead with support from EDI Senior Operational Managers Delivery Group review/monitor's

· Participate in National NHS Staff Survey to facilitate benchmarking

Indicato

1 and 9

5 and 6

Medium -

High

Focus on reducing

incidences of bullying and

harassment within the ICB

rational Delivery Group Evaluate March 2023 nitor's capture by ethnicity progress ICB Board Medium - Review the Learning and Development Strategy to meet the ICB and Lincolnshire System Belonging Review To assess the impact of • HR Lead with support non-mandatory training Strategy to ensure non mandatory training is accessible to all and support the career development from EDI Dec 2022 High for BME staff. on BME career Senior Operational Managers Delivery Group progression • Encourage managers and staff to enter their non-mandatory activity to be able to monitor the Evaluate review/monitor's uptake of non-mandatory training. March 2023 Embedding reliable data progress capture by ethnicity

• Ensure that Staff Survey Outcomes Action Plan aligns with WRES Strategy ambitions A Fair

Experience for All: Closing the ethnicity gap in rates of disciplinary action across the NHS

ICB Board

from EDI

• HR Lead with support

Senior Operational

**Planned Date** 

Review Dec 2022

**Evaluate** March 2023

Review

Dec 2022

**Evaluate** 

Review

Review

Dec 2022

Dec 2022

March 2023