

NHS Workforce Race Equality Standard (WRES) Report 2022-2023



Lincolnshire
Integrated Care Board

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What is the NHS Workforce Race Equality Standard?

The NHS England WRES was devised to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Implementing the WRES is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the [NHS standard contract](#).

The purpose of the WRES is to help NHS organisations to review their equality data against 9 WRES indicators and to produce action plans which will facilitate the closure of gaps in outcomes and experience evidenced in the NHS workplace (as a whole) between White and BME staff, as well as help to improve BME representation at Board Level.

All WRES data submitted by NHS organisations is used by NHSE to produce a national picture of WRES practice. The national report has the following key roles:

- To enable NHS 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.

The 2022 national WRES report is the seventh publication since it was mandated and can be accessed via the link: [NHS England » NHS Workforce Race Equality Standard \(WRES\) 2022 data analysis report for NHS trusts](#)

Introduction

NHS Lincolnshire Integrated Care Board (LICB) is committed to ensuring that equality, diversity and inclusion is at the heart of everything we do and seek assurance from our providers that they do the same, so we all meet the contractual requirements in relation to the WRES and Equality Delivery System (EDS).

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, will reinforce the existing WRES programme of work.

This WRES report relates to LICB workforce data for April 2022 to March 2023 and shows performance information against the 9 mandatory WRES metrics, with recommendations for improvements where appropriate.

The WRES Action Plan 2023-2026 enables the ICB to focus its work on gaps identified within data.

Publishing the LICB WRES report is an important part of giving 'due regard' to the Public Sector Equality Duty (PSED). It's about our commitment to ensuring we are inclusive in our service delivery and that our staff reflect the communities we serve. This report has been approved by LICB prior to publication deadline of 31 October 2023.

What are the 9 WRES indicators?

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























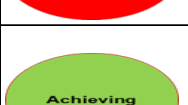




National NHS Staff Survey indicators (or equivalent): For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff

Indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
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 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: <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board
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Summary of WRES outcomes for 2022-2023

RAG Rating		Change	Indicator	2022-23 Explanation
2021-2022	2022-2023			
			1	BME staff representation of workforce in 2023 has decreased by 1% in Bands 1-7 and in Bands 8-9 increased by 3% to 5%. In 2023, overall there has been an improvement in staff disclosing their ethnicity in Bands 8-9. The Ideal is that the workforce is reflective of the local BME population and that all staff declare their ethnicity
			2	Likelihood of White candidates being appointed from short listing compared to BME candidates is 1.32, which is an improvement of 0.88, compared to last year likelihood of 2.2. The ideal is a ratio of 1, and the appointment of White and BME candidates is representative of the communities we serve
			3	Likelihood of staff entering formal disciplinary process – limited data is available to calculate likelihood ratio of White or BME staff. The ideal is that there are no disparities in White or BME staff entering the formal disciplinary process
			4	Likelihood of staff accessing non-mandatory training and CPD – whilst there is a slight improvement, there is limited central data collection to calculate likelihood ratio of White or BME staff. Where data is not available for reporting this is represented by ‘—’ within the results table. The ideal is there is no disparity in White or BME staff accessing non-mandatory training and CPD
			5	BME staff experiencing harassment, bullying or abuse from patients, relatives and public in the last 12 months is 22.2% (11.9% above national average of 10.3%) and White 9% (1.3% below the national average of 10.3%). The ideal is that no one experiences harassment, bullying or abuse in any form. We should aim towards a significant reduction in BME staff experiencing harassment, bullying or abuse from patients, relatives and the public and be the same or below the national average
			6	BME staff experiencing harassment, bullying or abuse from other staff in the last 12 months is 16.7% (5.5% above national average of 11.2%) and White 10.9% (0.4% below national average of 11.2%). This is an improvement from 2021-22 survey. The ideal is that no one experiences harassment, bullying or abuse in any form. We should aim towards a significant reduction in BME staff experiencing harassment, bullying or abuse from other staff and be the same or below the national average
			7	BME staff believing that Lincolnshire ICB provides equal opportunities for career progression or promotion is 25% (13.3% below the national average 38.3%) and White 45.5% (13.8% below the national average of 59.3%). The ideal is that the ICB offers opportunities to all staff to support career progression or promotion
			8	BME staff experienced discrimination at work from Managers, Team Leader or other colleagues in the last 12 months is 4% (9.3% below the national average of 13.3%) and White 4.5% (which is the same as the national average of 4.5%). The ideal is to have no staff experiencing discrimination at work as previously specified. We should continue to reduce numbers of staff experiencing discrimination in the workplace
			9	BME representation on ICB Board is 2 (13.3%) and exceeds the representation of the Lincolnshire BME Population of 4% (2021 Census). The ideal is that the Lincolnshire BME representation on the Board is reflective of the Lincolnshire's BME population



Indicator 1: % of staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the % of staff in the overall workforce disaggregated by: Non-Clinical Staff/Clinical staff

Indicator 1 - % of staff across AfC Bands																
	2021-2022								2022-2023							
Ethnicity	Work Force		Band 1-7		Band 8a-9		VSM		Work Force		Band 1-7		Band 8a-9		VSM	
White	363	93%	257	91%	102	96%	'-	80%	347	94%	229	94%	110	95%	8	100%
BME	19	5%	17	6%	'-	2%	0	0%	18	5%	12	5%	6	5%	0	0%
Not Disclosed	10	3%	7	2%	'-	2%	'-	20%	'-	1%	'-	1%	0	0%	0	0%
Total	392	100%	281	10%	281	100%	5	100%	368	100%	244	100%	116	100%	8	100%

What is the data telling us?

Where data is not available for reporting this is represented by '-' within the results table.

- The work force has decreased during the period 2021-2022 and 2022-2023.
- In comparison to the local BME population of 4%, the workforce slightly decreased by 1. For Bands 1-7, the overall number has decreased by 5 (1%) and Bands 8a-9 have increased by n=5 (5%).
- In 2022- 2023 overall there has been an improvement in staff disclosing their ethnicity, especially in the Bands 8-9.

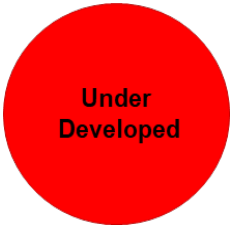


Indicator 2: Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting, across all posts

Indicator 2 - Recruitment				
	2021-2022		2022-2023	
Ethnicity	White	BME	White	BME
No. Staff in the workforce	363	19	347	18
No. Shortlisted applicants	495	80	357	73
No. Appointed applicants	163	12	97	15
Ratio - Shortlisting to Applicants	0.329	0.15	0.27	0.21
Relative likelihood of White candidates being appointed compared to BME candidates	2.2		1.32	

What is the data telling us?

- In 2022-23, White candidates are 1.32 times more likely to be appointed from shortlisting. This an improvement 0.88 from 2021-22, when the White candidates were 2.2 times more likely to be appointed from short listing.
- A ratio of 1 is the ideal where White and BME candidates are being appointed.



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

Indicator 3 - Disciplinary Process				
	2021-22		2022-23	
Ethnicity	White	BME	White	BME
No. Staff in workforce	363	19	349	18
No. 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	!!	!!	!!	!!

What is the data telling us?

- For 2022-23, there were very few people entering a formal disciplinary process. Therefore, the number of formal disciplinary cases recorded was fewer than n=5.

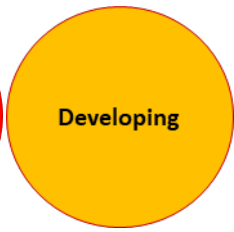
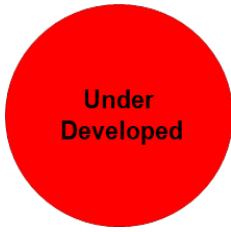


Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD



Indicator 4 - Non-mandatory training and CPD				
	2021-2022		2022-2023	
Ethnicity	White	BME	White	BME
No. Staff in Workforce	399	33	349	18
No. Staff accessing non-mandatory training and CPD	'-'	0	12	'-'
Likelihood of White staff accessing non-mandatory training and CPD	0.25%	0	3.44%	5.56%
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	0		0.62	

What is the data telling us?

- Where data is not available for reporting this is represented by ‘-’ within the results table.
- 0.62 (ratio is 1-1) of White staff are more likely to access non-mandatory training compared to BME staff.
- Whilst there is a slight improvement of all staff accessing non-mandatory training there is still work to do to narrow the gap.



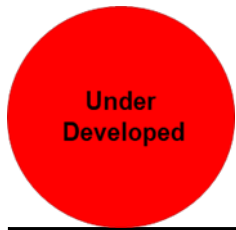
Indicator 5-6: Staff experiencing harassment, bullying or abuse for patients or public / managers in the last 12 months

Indicator 5-6 - staff experiencing harassment, bullying or abuse for patients or public / managers in the last 12 months 2022-2023		
Summary of Staff Survey Outcomes (WRES Indicators 5-6)	2021-2022	2022-2023
 <p>15-Q14a - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 14.5%</p> <p>National AV: 9.7%</p> <p>BME: 11.8%</p> <p>National Av: 9.8%</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 9.0%</p> <p>National AV: 10.3%</p> <p>BME: 22.2%</p> <p>National AV 10.3%</p>
 <p>16-Q14b-c - Percentage of staff experience harassment, bullying or abuse from staff in the last 12 months</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 16.1%</p> <p>National Av: 13.6%</p> <p>BME: 17.7%</p> <p>National Av: 20.6%</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 10.9%</p> <p>National AV: 11.2%</p> <p>BME: 16.7%</p> <p>National AV 11.2%</p>



What is the data telling us?

- 9% of the White staff experienced harassment and bullying or abuse from patients, relatives or public in the last 12 months that is below the national average of 10.3%.
- 22.2% 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 10.3%.
- 10.9% of the White staff said they experienced harassment, bullying or abuse from staff in last 12 months that is slightly below the national average of 11.2%.
- 16.7% of the BME staff said they experienced harassment, bullying or abuse from staff in the last 12 months which is below last year, however this is higher than the national average of 11.2%.

See Action Plan



Indicator 7-8:– % believing the ICB provides equal opportunities for career progression or promotion and personally experience discrimination at work from manager or colleagues in 12 months

Indicator 7-8 - % believing the ICB provides equal opportunities for career progression or promotion and personally experience discrimination at work from manager or colleagues in 12 months		
Summary of Staff Survey Outcomes (WRES Indicators 5-6)	2021-2022	2022-2023
 <p>I7 - Q15 - Percentage believing that the ICB provides equal opportunteis for career progression or promotion</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 68.8%</p> <p>National AV: 65.3%</p> <p>BME: 33.3%</p> <p>National Av: 36.5%</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 45.5%</p> <p>National AV: 59.3%</p> <p>BME: 25%</p> <p>National AV 38.3%</p>
 <p>I8-Q17b - In the last 12 months have you personally expereinced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 7.6%</p> <p>National Av: 13.6%</p> <p>BME: 17.7%</p> <p>National Av: 20.6%</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 4.5%</p> <p>National AV: 4.5%</p> <p>BME: 4%</p> <p>National AV 13.3%</p>

What is the data telling us?

- 45.5% of White staff believe that the ICB provides equal opportunities for career progression which is 13.8% below the national average of 59.3%.
- 25% of the BME staff believe that the ICB provides equal opportunity for career progression which is 13.3% below the national average of 38.3%.

See action plan

- 4.5% of White staff reported experiencing discrimination at work, which is equal to the national average of 4.5%.
- 4% of the BME staff reported experiencing discrimination at work, which is 9.3% below the national average of 13.3%
- This is a significant % decrease in staff experiencing discrimination within in the ICB and nationally.



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

Indicator 9 - % difference between the organisations' Board voting membership and its overall workforce										
	2021-22 (Lincolnshire CCG)					2022-23 (Lincolnshire ICB)				
Ethnicity	GB/Board		Workforce		% Difference	GB/Board		Workforce		% Difference
White	14	77.8%	289	88%	-10.2%	13	86.6%	349	94.2%	-7.6%
BME	2	11.1%	9	2.7%	8.4%	1	6.7%	18	5%	1.7%
Not Disclosed	2	11.1%	31	9.3%	-1.8%	1	6.7%	3	0.8%	-5.9%
Total	18	100%	329	100%		15	100%	370	100%	

What is the data telling us?

In comparison of the 2021-22 and 2022-23 data for Governing Body (GB)/Board shows that BME representation on ICB Board is 2, (13.3%) and exceeds the representation of the Lincolnshire BME Population of 4% (2021 Census).

The ideal is that the Lincolnshire BME representation on the Board continues to be reflective of the Lincolnshire's BME population.

*Source: Electronic Staff Record (ESR) as of 31 March 2023

LICB WRES Action Plan 2023-2026

WRES indicator	Areas of focus/objective	Action required	Strategic links	Outcome achieved
Indicator 4 Mandatory Training	Improve the take-up and recording of non-Mandatory training	<ul style="list-style-type: none"> Encourage Staff to record non-mandatory training through more frequent communication of its importance e.g., via team briefs, other media Managers are regularly reminded of the importance of ongoing dialogue during 1:1 and appraisals re the recording of training as well as offering opportunities to attend courses/workshops 	NHS EDI workforce improvement plan, high impact area 2 - Overhaul recruitment processes and embed talent management processes. People plan – developing our people	Evidence of comms exercises and availability of more data from ESR
Indicators 5-6 Bullying and Harassment (B&H)	Reduce the incidents of harassment, bullying and abuse on staff from patients’ relatives and public	<ul style="list-style-type: none"> Anti-harassment and anti-racism stance/policy to be developed including review processes for incident reporting and timelines Tackling bullying and racial harassment training for all staff Anti-bullying and harassment Public posters and leaflets to be developed, displayed and distributed 	Lincs ICS Anti racism campaign strategy NHS EDI workforce improvement plan, high Impact Action 6 - Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	Improved staff confidence to report incidents. Improved manager confidence in dealing with incidents and providing support to staff
	Reduce the incidents of harassment, bullying and abuse staff on staff	<ul style="list-style-type: none"> Frequent comms to all staff on LICB stance on B&H via relevant channels e.g., face book, team talk/brief etc. Developing managers caring conversational skills through training to enable them to support staff e.g., via 1:1s/appraisals 	People Plan – Value Our People (Drive to reduce Bullying and harassment)	
Indicator 7 Career progression or promotion	Improve Percentage of staff believing that the ICB provides equal opportunities for career progression or promotion	<ul style="list-style-type: none"> Develop a learning and development strategy link to the Lincolnshire System for staff development and targeted approach to under representation e.g., via positive action initiatives, professional development opportunities to support their career progression Managers to recommend more Learning development opportunities for all staff via 1:1s/appraisals Targeted approach – offer BAME staff, via positive action initiatives, professional development opportunities to support their career progression 	NHS EDI workforce improvement plan – High Impact Action 2 People Plan – pathways in Health and care Careers Develop our People Retain our People NHS LTWF Plan Grow workforce fight culture working and training differently	Strategy developed and implementation plans for delivery. Availability of more data from ESR
Indicator 8 Discrimination at work - Manager, Team Leader, Other Colleagues	Support staff who have experienced discrimination at work to report incidents and discuss impact	<ul style="list-style-type: none"> Frequent comms to all staff on LICB stance on discrimination via relevant channels e.g., face book, team talk/brief etc. Managers to engage in conversations - developing managers conversational skills through training to enable them to support staff e.g., via 1:1s/appraisals Anti-discrimination training for managers and staff 	NHS EDI workforce improvement plan – High Impact Action 6 High Impact Action 2	Evidence of improved staff confidence to report incidents and improved manager confidence in dealing with incidents and providing support
Indicator 9 Board representation	Continue to improve Board diversity and representation	<ul style="list-style-type: none"> Review the Board Recruitment process and develop a targeted approach to recruitment, selection of Board members from different backgrounds e.g., through positive action initiatives:- Assess uses of current methods of attraction advertising Shortlisting and interviewing – training on tackling bias and discrimination Implement system Inclusive Recruitment Toolkit 	NHS EDI workforce improvement plan – High Impact Action 2 System Inclusive Recruitment Toolkit	Revised Board recruitment and selection process – positive action
General across all indicators Disclosure of Ethnicity	Highlight the importance of disclosure of ethnicity to address barriers and gaps in practice	<ul style="list-style-type: none"> Ongoing communication of the importance of disclosure e.g., team talk, training, bulletins Team meetings and managers 1:1 conversation with staff 	NHS EDI Workforce Improvement plan – High impact Action 2	Evidence of comms Availability of more data from ESR

Implementation of WRES Action Plan

- WRES action plan linked to NHS Workforce Improvement Plan – high impact areas and to Equality Delivery System (EDS) Domain 2 Workforce, Health and Wellbeing actions
- Year 1: Staff awareness raising through comms exercises and development of relevant policies and training
- Year 2: Focus on improving equality practices through policy reviews, delivery of training and manager/staff development
- Year 3: Ongoing training and comms to improve practice and reviews of what has worked and what hasn't
 - Set up a WRES task and finish working group to support implementation of actions, monitoring and review.
 - Undertake 6 monthly reviews of outcomes of the actions