

NHS Workforce Race Equality Standard (WRES) Report 2023-2024



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 2023 national WRES report (published March 24) is the eighth publication since it was mandated and can be accessed via the link: [NHS England » NHS Workforce Race Equality Standard 2023 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 2023 to March 2024 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. The report will be approved by LICB prior to publication deadline of 31 October 2024.

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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Explanation of symbols used for Indicators 1-9

RAG Indicator	Explanation
	Under developed
	Developing
	Achieving
	Data is not available -
	NHS Staff Survey data - no data is published 10 and under WRES data - no data is published 5 and under

Summary of WRES outcomes for 2023-2024

RAG Rating			Change	Indicator	2023-24 Explanation
2021-2022	2022-2023	2023-2024			
WRES data - Total of 380 Staff					
				1	BME staff representation of the workforce in 2024 has increased overall by 3% from 5% to 8%. With an increase in Bands 1-7 of 4%, Bands 8a-9 2% and VSM 14%. NHS Lincolnshire ICB has a 8% BME representation which is higher than the Lincolnshire BME population of 4%.
				2	Likelihood of White candidates being appointed from short listing compared to BME candidates is 3.32, compared to 1.32 in 2022-2023. This is moving further away from the ideal ratio of 1.
				3	Likelihood of staff entering formal disciplinary process for 2023-24 was nil for White and BME. For 2022-2023 the number of formal disciplinary cases recorded was fewer than n=5 for BME staff and 12 for White 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. The ideal is that both BME and White staff should have fair opportunities to access non-mandatory training and CPD.

Summary of WRES outcomes for 2023-2024

RAG Rating			Change	Indicator	2023-24 Explanation
2021-2022	2022-2023	2023-2024			WRES data - Total of 380 Staff For indicators 5&6 and 7&8 the BME n=10> the Staff Survey show a score less than 10 as '-'
				5	7.48% 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 7.66%. Improving by 0.18%. Compared to 2022-2023 the national average has gone down 10.3% to 6.25%. The ideal is that no one experiences harassment, bullying or abuse in any form.
				6	12.60% 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 15.57% (2.97%). Compared to 2022-2023 the national average has almost doubled from 11.2% to 20.93%. The ideal is that no one experiences harassment, bullying or abuse in any form.
				7	64.14% of White staff believe that the ICB provides equal opportunities for career progression which is 13.8% above the national average of 53.72%. Compared to 2022-2023 the national average has gone down by 1.81% to 36.49%. The ideal is that the ICB staff to receive fair and equitable opportunities for career progression or promotion.
				8	4.73% of White staff reported experiencing discrimination at work, which is less than the national average of 5.08%. Compared to 2022-2023 the national average has slightly increased by 1.20% to 14.50%. The ideal is to have comparable data of BME staff to eliminate discrimination faced by all staff. We should continue to reduce numbers of staff experiencing discrimination in the workplace.
				9	In comparison of the 2022-23 and 2023-24 data for the Board shows that BME representation for the ICB Board is 2, (18.2%) 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.

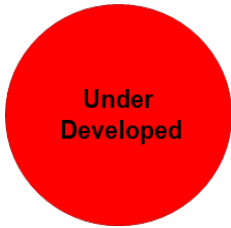


Indicator 1: % of staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the % of staff in the overall workforce disaggregated by: Non-Clinical Staff/Clinical staff

2023-2024								
Ethnicity	Work Force		Band 1-7		Band 8a-9		VSM	
White	345	91%	225	90%	108	92%	12	86%
BME	32	8%	22	9%	8	7%	'	14%
Not Disclosed	'	1%	'	1%	'	1%	0	0%
Total	377	100%	247	100%	116	100%	12	100%
2022-2023								
Ethnicity	Work Force		Band 1-7		Band 8a-9		VSM	
White	347	94%	229	94%	110	95%	8	100%
BME	18	5%	12	5%	6	5%	0	0%
Not Disclosed	'	1%	'	1%	0	0%	0	0%
Total	368	100%	244	100%	116	100%	8	100%
2021-2022								
Ethnicity	Work Force		Band 1-7		Band 8a-9		VSM	
White	363	93%	257	91%	102	96%	'	80%
BME	19	5%	17	6%	'	2%	0	0%
Not Disclosed	10	3%	7	2%	'	2%	'	20%
Total	392	100%	281	10%	281	100%	'	100%

What is the data telling us?

- The work force has increased during the period 2022-2023 and 2023-2024 by 12 staff.
- During the 2022-2023 and 2023-2024, the BME workforce representation has increased overall by 3%, from 5% to 8%. With an increase in Bands 1-7 of 4%, Bands 8a-9 2% and VSM 14%
- The local BME population is 4%, NHS Lincolnshire ICB in 2024 has 8% BME representation in 2024.



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			2023-2024		
Ethnicity	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown
No. Staff in the workforce	363	19	10	347	18	'	345	32	'
No. Shortlisted applicants	495	80	7	357	73	'	222	41	8
No. Appointed applicants	163	12	6	97	15	'	54	'	6
Ratio - Shortlisting to Applicants	0.329	0.15	0.85	0.27	0.21	0.67	0.24	0.073	0.75
Relative likelihood of White candidates being appointed compared to BME candidates	2.2			1.32			3.32		

What is the data telling us?

- In 2023-24, White candidates are 3.32 times more likely to be appointed from shortlisting. This a decrease of 2 from the previous ratio of 1.32 times more likely to be appointed from shortlisting in 2022-23
- A ratio of 1 is the ideal where White and BME candidates are being appointed.
- Develop Positive Action initiatives to target a wider pool of applicants from BME communities.



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		2023-24	
Ethnicity	White	BME	White	BME	White	BME
No. Staff in workforce	363	19	347	18	345	32
No. staff entering formal disciplinary	''	''	12	''	''	''
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 2023-24, staff entering the formal disciplinary process was nil for White and BME.
- For 2022-2023 the number of formal disciplinary cases recorded was fewer than n=5 for BME staff.

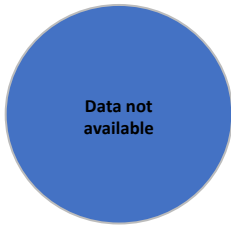


Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

Indicator 4 - Non-mandatory training and CPD						
	2021-2022		2022-2023		2023-2024	
Ethnicity	White	BME	White	BME	White	BME
No. Staff in Workforce	399	33	349	18	344	21
No. Staff accessing non-mandatory training and CPD	1	0	12	1	34	1
Likelihood of White staff accessing non-mandatory training and CPD	0.25%	0	3.44%	5.56%	9.58%	15.15%
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	0		0.62		0.63	

What is the data telling us?

- 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.
- The ideal is that both BME and White staff should have fair opportunities to access non-mandatory training and CPD.



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

What is the data telling us?

Indicator 5-6 - staff experiencing harassment, bullying or abuse for patients or public / managers in the last 12 months 2023-2024			
Summary of Staff Survey Outcomes (WRES Indicators 5-6)	2021-2022	2022-2023	2023-2024
I5-Q14a - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Of the total who responded those who said 'Yes': White: % National AV: 9.7% BME: '-' National Av: 9.8%	Of the total who responded those who said 'Yes': White: 9.0% National AV: 10.3% BME: 22.2% National AV 10.3%	Of the total who responded those who said 'Yes': White: 7.48 % National AV: 7.66% BME: '-' National AV: 6.25%
I6-Q14b-c - Percentage of staff experience harassment, bullying or abuse from staff in the last 12 months	Of the total who responded those who said 'Yes': White: 16.1% National Av: 13.6% BME: 17.7% National Av: 20.6%	Of the total who responded those who said 'Yes': White: 10.9% National AV: 11.2% BME: 16.7% National AV 11.2%	Of the total who responded those who said 'Yes': White: 12.60% National AV: 15.57% BME: '-' National AV 20.93%

- *BME - n=10> (the Staff Survey show a score less than 10 as '-') no comparison can be made as the data is not available.
- 7.48% 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 7.66% an improvement of 0.18%.
- Compared to 2022-2023 the national average has gone down 10.3% to 6.25%.
- 12.60% 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 15.57% (2.97%).
- Compared to 2022-2023 the national average has almost doubled from 11.2% to 20.93%.



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 7-8)	2021-2022	2022-2023	2023-2024
I7 - Q15 - Percentage believing that the ICB provides equal opportunities for career progression or promotion	Of the total who responded those who said 'Yes': White: 68.8% National AV: 65.3% BME: 33.3% National Av: 36.5%	Of the total who responded those who said 'Yes': White: 45.5% National AV: 59.3% BME: 25% National AV 38.3%	Of the total who responded those who said 'Yes': White: 64.14 % National AV: 53.72 % BME: '-' National AV: 36.49 %
I8-Q17b - In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues	Of the total who responded those who said 'Yes': White: 7.6% National Av: 13.6% BME: 17.7% National Av: 20.6%	Of the total who responded those who said 'Yes': White: 4.5% National AV: 4.5% BME: 4% National AV 13.3%	Of the total who responded those who said 'Yes': White: 4.73% National AV: 5.08% BME: '-' National AV: 14.50%

What is the data telling us?

*BME - n=10> (the Staff Survey show a score less than 10 as '-') no comparison can be made as the data is not available.

- 64.14% of White staff believe that the ICB provides equal opportunities for career progression which is 13.8% above the national average of 53.72%.
- Compared to 2022-2023 the national average has gone down by 1.81% to 36.49%.
- 4.73% of White staff reported experiencing discrimination at work, which is less than the national average of 5.08%.
- Compared to 2022-2023 the national average has slightly increased by 1.20% to 14.50%.



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

Ethnicity	2023-24 (Lincolnshire ICB)				
	Board		Workforce		% Difference
White	9	81.8%	345	90.8%	-9.0%
BME	2	18.2%	32	8.42%	9.8%
Not Disclosed	0	0.0%	3	0.8%	-0.8%
Total	11	100%	380	100%	

Ethnicity	2022-23 (Lincolnshire ICB)				
	Board		Workforce		% Difference
White	13	86.6%	349	94.2%	-7.6%
BME	1	6.7%	18	5%	1.7%
Not Disclosed	1	6.7%	3	0.8%	-5.9%
Total	15	100%	370	100%	

Ethnicity	2021-22 (Lincolnshire CCG)				
	Board		Workforce		% Difference
White	14	77.8%	289	88%	-10.2%
BME	2	11.1%	9	2.7%	8.4%
Not Disclosed	2	11.1%	31	9.3%	-1.8%
Total	18	100%	329	100%	

What is the data telling us?

- In comparison of the 2022-23 and 2023-24 data for the Board shows that BME representation for the ICB Board is 2, (18.2%) 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.

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 linking 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 June 23 – Train: grow the workforce. Retain: right culture and improving retention. Reform: 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 Develop Zero tolerance policy 	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

Achievements 2023-24

- Task and finish working group was be set up to support implementation of the action plan objectives in Q1
- Training sessions developed and delivery commenced Q2 and Q3:
 - Tackling bully and harassment in the workplace
 - Anti-racism training: 'Let's talk about Racism and Discrimination in the workplace'
- Work started on developing further sessions in Q4 to be delivered in 2024-25 around:
 - Tackling bias and discrimination in recruitment and selection – based on system recruitment and selection toolkit
 - Disability discrimination training – specific areas of training yet to be decided based on staff feedback on key focus area and priorities.
- Commenced work on drafting Zero Tolerance policy which reiterates LICBs stance on anti-bullying, anti-racism and anti-harassment and discrimination. Linked with these areas, public posters and leaflets to be developed, displayed and distributed by end of Q4.
- Team talk news – presentation around EDI updates /promotion of training delivered