

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 2024/25, 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

4.1 WRES 1

	Indicator	31 st March 2023		31 st March 2024	
		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	270	Total Number of Staff in Bands 8-9 and VSM	273
		Percentage of BME Staff in Bands 8-9	7.04%	Percentage of BME Staff in Bands 8-9	6.96%
		Number of BME Staff in overall workforce	1165	Number of BME Staff in overall workforce	1374
		Number of Staff in overall workforce (including all staff groups and not disclosed staff)	7292	Number of Staff in overall workforce (including all staff groups and not disclosed staff)	7679
		Percentage of BME Staff in overall workforce	15.98%	Percentage of BME Staff in overall workforce	17.89%

The table above shows that in 2024 BME staff represents 17.89% 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 1.91%. The increase in BME representation is largely due to an increase in BME staff within the clinical 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 (6.96%) compared to BME representation within the overall workforce (17.89%).

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 2023 consisted of 556 BME staff (81.3%) and 128 white staff, and in 2024, 593 BME staff (81.3%) and 136 white staff.

4.2

WRES 2

	Indicator	31 st March 2023			31 st March 2024		
		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. *Staff who declined to state Race not included in figures	Number of shortlisted applicants	6040	2246	Number of shortlisted applicants	2884	974
		Number appointed from shortlisting	1324	285	Number appointed from shortlisting	721	133
		Ratio shortlisted / appointed	1324/6040	285/2246	Ratio shortlisted / appointed	721/2884	133/974
		Likelihood candidates are appointed from shortlisting	0.219	0.128	Likelihood candidates are appointed from shortlisting	0.25	0.137
		The relative likelihood of White staff being appointed compared to BME staff is 1.71 greater			The relative likelihood of White staff being appointed compared to BME staff is 1.82 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 2022 and 31st March 2023 and, 1st of April 2023 and 31st March 2024. The 2022/23 data shows white staff have a likelihood that is 1.71 times greater than BME staff to be appointed from shortlisting. In 2023/24 this likelihood increased, to a ratio of white staff having a 1.82 times greater chance of being appointed from shortlisting compared to BME applicants.

As a comparator from the 2023 WRES data the National Picture shows that white staff are more likely to be appointed from shortlisting than BME staff 76% of NHS Trusts.

4.3

WRES 3

	Indicator	31 st March 2023				31 st March 2024			
		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	5916	1165	211	Number of staff in workforce	6098	1374	207
		Number of staff entering formal disciplinary process	13	1	2	Number of staff entering formal disciplinary process	35	15	5
		Likelihood of entering a formal disciplinary process	13/5916=0.002	1/1165=0.001	n/a	Likelihood of entering a formal disciplinary process	35/6098=0.57	15/1374=1.09	n/a
		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)			The relative likelihood of BME staff entering a formal disciplinary process compared to White staff is therefore $1.09/0.57=1.91$ (BME staff are more 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 2023 the relative likelihood of BME staff entering a formal disciplinary process compared to white staff was 0.4 (Less likely). In 2024, the relative likelihood of BME staff entering a formal disciplinary process compared to white staff increased to 1.67 times more likely. This indicates that BME staff are more likely to enter the formal disciplinary process than white staff. The numbers are proportionately low compared to the whole workforce. This increase is largely due to disciplinary cases and formal suspensions throughout the course of 2023 reducing significantly owing to the roll out of the Just and Learning Culture Framework implemented towards the end of 2022/23. 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. However, now the framework is fully in place disciplinary cases will continue to be monitored for fairness.

4.4 WRES 4

	Indicator	31 st March 2023			31 st March 2024				
		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	5916	1165	211	Number of staff in workforce	6098	1374	207
		Number of staff accessing mandatory training	5902	1152	211	Number of staff accessing mandatory training	6005	1340	200
		Likelihood of accessing non-mandatory training	$5902/5916=1.00$	$1152/1165=0.99$	n/a	Likelihood of accessing non-mandatory training	$6005/6098=0.98$	$1340/1374=0.98$	n/a
		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 $0.98/0.98=1.00$ (no difference)			

The relative likelihood of staff accessing non-mandatory training in 2023 and 2024 is similar or the same for both staff groups.

4.5 NHS Staff Survey 2023

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.

WRES 5

WRES 5	Indicator	2022 Staff Survey Result		2023 Staff Survey Result	
		Ethnicity	%	Ethnicity	%
	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	White	23.5%	White	23.8%
		BME	33.1%	BME	34.6%
		Average Acute Trust score White 26.9% BME 30.8%		Average White 24.72% BME 28.11%	

BME staff report a 10.8% higher negative experience than their white colleagues. There has been an increase of 1.5% from the 2022 for BME staff. This is above the average acute Trust score for the BME staff.

WRES 6

WRES 6	Indicator	2022 Staff Survey Result		2023 Staff Survey Result	
		Ethnicity	%	Ethnicity	%
	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	27.9%	White	24.8%
		BME	37.3%	BME	35.5%
		Average Acute Trust score White 23.3% BME 28.8%		Average White 22.4% BME 26.2%	

There has been a slight decrease in staff experiencing harassment, bullying or abuse from colleagues for all staff. However, it remains significantly worse for our BME staff with a gap of 10.7% between white and BME staff. This is 9.3% higher than the national average.

WRES 7

WRES 7	Indicator	2022 Staff Survey Result		2023 Staff Survey Result	
		Ethnicity	%	Ethnicity	%
	Percentage believing that trust provides equal opportunities for career progression or promotion	White	54.7%	White	56.0%
		BME	47.1%	BME	45.8%
		Average Acute Trust score White 58.6% BME 47.0%		Average White 58.8% BME 49.6%	

In 2023, 45.8% of BME staff felt that the trust provides equal opportunities for career progression or promotion. This percentage has decreased since 2022 from 47.1%.

WRES 8

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	7.6%	White	6.8%
		BME	22.4%	BME	21.9%
		Average Acute Trust score		Average	
		White 6.5%		White 6.7%	
		BME 17.3%		BME 16.2%	

In 2023, BME staff felt 15.1% 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

WRES 9	Boards are expected to be broadly representative of the population they serve				
		Ethnicity	%	Ethnicity	%
		White	85.71%	White	88.8%
		BME	14.29%	BME	11.2%

In 2024, the Trust Board BME representation has decreased compared to the previous year from 14.29% in 2023 to 11.2% in 2024. The numbers are very small but Trust Board BME representation is still much less than the overall percentage of BME staff in the total workforce (17.89%).

WORKFORCE RACE EQUALITY STANDARD ACTION PLAN 2024/2025

The Action Plan 2024/25 has been developed, based on the 2023/24 WRES technical data results, to help close the gaps in workplace experience between White and Black and Ethnic Minority (BAME) staff. A separate detailed workplan supports the Action Plan.

Action	Metric	Delivery Timescale	Lead Responsibility
<p>1. Introduce the new Zero Tolerance to Racism Framework and Reporting tool</p> <ul style="list-style-type: none"> • Create tools to enable the Trust to embed it's Anti-Racist stance • Support the Trust to tackle all forms of racism • Support our BAME Staff 	<p>Indicators 5, 6, 8</p> <p>EDS 2022 2B</p>	<p>November 2024/Ongoing</p>	<p>EDI Team</p>
<p>2. Explore ways that the Trusts EDI strategies can strengthen the addressing of Race Inequalities</p> <ul style="list-style-type: none"> • Specifically taking into consideration the Group Structure of the organisation. 	<p>All</p> <p>EDS 2022 3</p>	<p>April 2025/Ongoing</p>	<p>EDI Team</p>
<p>3. Develop and Grow the BAME Staff Network</p> <ul style="list-style-type: none"> • To have a named Executive sponsor and Chair and Deputy in place for the Disability Staff 	<p>All</p> <p>EDS 2022 2B</p>	<p>30 November 2024/Ongoing</p>	<p>EDI Team</p>

<p>Network.</p> <ul style="list-style-type: none"> • Staff Network Chair and Deputy Chair to have agreed Job Description and Person Specifications • Develop a full engagement plan in partnership with the EDI team • Ensure governance arrangements are in place. 			
<p>5. Support Internationally Educated Staff</p> <ul style="list-style-type: none"> • Continue support our Internationally Educated nurses • Explore how we support our Internally Educated Doctors • Explore how we support our Internationally Educated AHPs • Provide Cultural Competence training to managers • 	<p>Indicators 1, 2, 7</p> <p>EDS 2022 2B, 2C</p>	<p>April 2025/Ongoing</p>	<p>EDI Team / Nursing</p>
<p>6. Review the use of Value Based Recruitment in the Trust from an EDI perspective</p> <ul style="list-style-type: none"> • Assess the inclusivity of the process and if there are issues recommend options to change VBR that will offer equality of opportunity irrespective of cultural background. 	<p>Indicator 2, 7</p> <p>EDS 2022 2D</p>	<p>February 25/Ongoing</p>	<p>EDI Team/Recruitment</p>

<p>7. EDI Education – Embracing the Challenges of Inclusive Leadership</p> <ul style="list-style-type: none"> • Deliver EDI training on all Corporate Induction Courses • Design a specific EDI course – ‘Embracing the Challenges of Inclusive Leadership’ • Deliver the Embracing the Challenges of Inclusive Leadership as part of • leadership training (one/two course/s each month. 	<p>All</p> <p>EDS 2022 2B, 2C</p>	<p>November 2024/ongoing</p>	<p>EDI Team/OD Support</p>
<p>8. Engagement Events</p> <ul style="list-style-type: none"> • Celebrate Black History Month • Canteen events and walk arounds, DPOW, SGH and Goole. • General EDI engagement events 	<p>All</p> <p>EDS 2022 2B, 2C</p>	<p>October/November 2024/Ongoing</p>	<p>EDI Team</p>
<p>9. Health and Well Being Response</p> <ul style="list-style-type: none"> • Ensure the BAME Network are aware of Health and Wellbeing support available. • Ensure that independent support is fully accessible to all staff when suffering from stress, abuse, bullying and physical violence. 	<p>All</p> <p>EDS 22 2A, 2B, 2C</p>	<p>Ongoing</p>	<p>EDI Team / Health and Wellbeing Business Partner</p>

<p>10. Equality Impact Assessments</p> <ul style="list-style-type: none"> • Review and update the current equality impact assessment policy and procedure. • Ensure that policies are procedures are equality impact assessed. • Provide equality impact assessment training and support. 	<p>All EDS22 3C, 3B</p>	<p>January 2025/Ongoing</p>	<p>EDI Team</p>
<p>11. Learning Accessibility Review</p> <ul style="list-style-type: none"> • Conduct a Learning Accessibility Review • Ensure that when staff arrive at training, they are able to access their training equitably. 	<p>4 EDS22 2D</p>	<p>Ongoing</p>	<p>EDI Team / Education Team</p>