Workforce Race Equality Standard (WRES) Report and Action Plan 2023-2024

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Introduction

The Workforce Race Equality Standard (WRES) is an annual data collection, analysis and action-planning requirement that highlights the experiences of Black, and Minority Ethnic (BME) colleagues compared to their white counterparts within an organisation. The standard is a requirement for all NHS health care providers through the NHS standard contract, to improve the experience and outcomes for BME colleagues.

The WRES requires NHS organisations to demonstrate progress against nine metrics specifically focused on race equality and suggests actions to address the disparities identified. The data and statistics used in this report reflect Workforce indicators from ESR and Trac as at 31st March 2023, NHS Staff Survey results from the latest (i.e. 2022) staff survey, and a Board representation indicator.

This WRES report and action plan has been developed in line with the national NHS EDI Improvement Plan, launched in June 2023, and following a process of face-to-face and virtual engagement sessions with a wide range of stakeholders, kindly facilitated by Ryan Kelleher, Improvement Manager.

In line with NHS England WRES reporting, the acronym BME (Black & Minority Ethnic) is used on this occasion, instead of possible alternatives such as "minoritised".

Summary

- 77.5% of the ULHT workforce is white
- This is down 3.8% compared to last year
- 20.6% is from a Black, Asian or minority ethnic background
- This is up 3.8% compared to last year
- 1.9% is unknown
- This is the same as last year

Areas where the Trust is performing well and has seen significant improvement are:

- Indicator 3, which is relative likelihood of entry into formal disciplinary process if you are Black or Minority Ethnic

- Continuing success in Indicator 4, relative likelihood of accessing non-mandatory training & CPD.
- Indicators 6 and 8, which consider bullying, harassment, abuse and discrimination from other staff towards BME staff, are at their best-ever levels of performance and are now rapidly closing the gap with NHS national average performance

Areas of most concern/focus are;

Indicator 1 – Representation in Agenda for Change non-clinical roles and above Band 5 in clinical roles.

Major Actions Proposed;

- Launch Mutual Mentoring Programme
- Career Conversations for all, but also targeted groups such as experienced Internationally-Educated Nurses and other Agenda for Change Clinical BME colleagues.
- Action for Indicator 2, a deep and broad inclusive recruitment review – from multiple perspectives, throughout the whole process, end-to-end.
- A Talent Management plan for diversity in Executive and Senior Leadership roles (national NHS EDI Improvement Plan requirement)
- Actions for Indicator 8, including training and support for line managers of international recruits.

Indicator 9 – Trust Board representation

- Trust Board to agree their EDI objectives in line with national NHS EDI Improvement Plan
- A Trust Board-specific inclusive recruitment review

Workforce Race Equality Standard (WRES) Action Plan 2023-24				
WRES Indicator	**Current WRES Performance**	**Lead**	**Actions**	**Timescale**
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.

NHS EDI Improvement Plan: High Impact Action 2 | 🔴

Please see Appendix 1 | Director of People & OD

Supported by:

Deputy Director, People & OD (Nico)

Deputy Director, People & OD (Lindsay)

Leads of Recruitment, EDI & | Establish Mutual Mentoring Programme – "Mentoring Together"

Continue with Career Conversations action from Gender Pay Gap Action Plan, extending to all:

Establish meaningful early career conversations with internationally-educated colleagues in Agenda for Change Clinical roles, recognising where they have substantial previous experience, to ensure targeted career support.

To incorporate good practice examples from Northants "Levelling-Up" programme for Internationally-Educated | To establish actions and launch both by January 2024:

Mutual Mentoring – Launch at end October 2023

Career Conversations – January 2024 |

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"Embed fair and inclusive recruitment processes and talent management strategies that target under-representation & lack of diversity"		OD (Simon, Alison, Damien)	Nurses, and the Great Western Hospitals "Stay & Thrive" initiative.	ELT/TLT Talent Management Plan – by June 2024
		Staff Networks	Ensure Black, Asian and Minority Ethnic colleagues in Agenda for Change non-clinical roles and their line managers are well-supported to engage in Mutual Mentoring and Career Conversations too.	Wider recruitment opportunities & social mobility – by October 2024
			Establish and enact a talent management plan for Executive and Senior Leadership Teams, which includes improvements in the diversity of these teams.	
		Lincolnshire ICB People Hub	Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan and Lincolnshire Integrated Care Board (ICB)	
			Measurable outcomes:	

			Improvement in the relative likelihood of being appointed (please also see Indicator 2 below)	
			Improvement in the National Staff Survey (NSS) question "Access to career progression, training & development opportunities" (please also see Indicator 7 below)	
			Year-on-year improvement in race and disability representation, including senior leadership (Bands 8c and above)	
			Improvement in HEE NETS (National Education & Training Survey) metric on quality of training	
			All of the measurable outcomes in this plan are linked to the NHS EDI Improvement Plan, published in June 2023 NHS equality, diversity and inclusion (EDI) improvement plan	NHS Employers	
Relative likelihood of staff being appointed from shortlisting across all posts.	Trust overall:	Director of People & OD Supported by:	The use of a more reliable source of data (Trac) this year, as planned in last WRES and WDES Action Plans, has highlighted this area of improvement. It is more likely that a shortlisted candidate will be	Review completed and actions identified & agreed by end October 2023

High Impact Action 2	1.60 Medical 1.16 Non- Medical 1.71	Deputy Director, People & OD (Nico) Deputy Director, People & OD (Lindsay) Leads of Recruitment & EDI (Simon, Alison)	appointed to the role after the interview/assessment process if they do not state their disability or ethnicity. The Trust will undertake a deep and broad Inclusive Recruitment review, including feedback from staff networks, use of the CQ-Leading Inclusively model and "No More Tick Boxes" guidance NHSE-Recruitment-Research-Document-FINAL-2.2.pdf (england.nhs.uk). The aim is to ensure that the process and training is even more inclusive from end-to-end, at all touchpoints & stages, from the perspective of candidates as well as recruiting managers and the recruitment team. Measurable outcomes Improvement in the relative likelihood of being appointed score, with overall aim of parity (1.0)	Identified actions completed and in place by end April 2024
Relative likelihood of staff entering the formal disciplinary procedure, as measured by entry into formal investigation.	🟢 0.82	Director of People & OD	To continue with the Culture & Leadership Programme (CLP), including launch and embedding of the Mersey Restorative Just and Learning Culture model at the Trust. Restorative Just and Learning Culture :: Mersey Care NHS Foundation Trust	June 2024

High Impact Action 6: "Create an environment that eliminates the conditions in which bullying, harassment, discrimination and physical violence at work can occur"		Deputy Directors of People & OD (Lindsay, Nico)	Measurable outcomes Maintain our improved WRES Indicator 3 at parity Reduction in number of formal grievances and dignity at work cases Continued reduction in Employment Tribunals citing race discrimination	
4. Relative likelihood of accessing non-mandatory training & CPD High Impact Action 2	🟢 0.84	Deputy Director of People & OD AD – OD, Wellbeing & Inclusion Head of OD	Data confirms that Black, Asian and Minority Ethnic staff are more likely to access non-mandatory training. Action: OD review of who is accessing non-mandatory training, by role (acknowledging that a high percentage of medical and clinical staff are from Black, Asian & Minority Ethnic backgrounds) and protected characteristics (race, disability, gender and any other available data in ESR).	By end April 2024

			Measurable outcome: the Trust understands any disparities for other groups sharing a protected characteristic by April 2024, and has identified and agreed actions to close the gap(s).	
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. High Impact Action 6	27.4% National NHS Average: 30.8% Gap is closing and better than NHS average, but BME	Associate Director - OD, Wellbeing & Inclusion (Interim: Lindsay) Lead for EDI (Alison) plus United against Discrimination working group	Complete the implementation of United against Discrimination programme. Summary of remaining actions: Launch QR code reporting system, which includes anonymous option Develop a workshop (virtual and face-to-face options) for "calling-out" and "calling-in". Topics to include: racism, LGBTQ+ hate, misogyny, ageism, religious discrimination, ableism etc. Develop in conjunction with Staff Networks. Finalise regular discrimination case and outcome reporting (anonymised), through the People & OD Scorecard.	In progress Target completion date: 30th September 2023

	colleagues are 1.8% more likely to experience these behaviours than White colleagues		Measurable outcome: Incremental improvement in NSS results For 2023/24 - achieve upward score and positive trajectory, whilst maintaining current above-national NHS average performance for this particular indicator.	
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. High Impact Action 6	🟠 31.8% National NHS average: 28.8%	Associate Director - OD, Wellbeing & Inclusion Lead for EDI (Alison) plus United against Discrimination working group	This indicator has improved to a "best-ever" position. However BME colleagues are still 5% more likely to experience these behaviours than White colleagues. Continue implementation of United Against programme (see actions detailed in indicator 5) To continue with the Culture & Leadership Programme with emphasis on respect and civility.	Target completion date: 30th September 2023 June 2024

			Measurable outcomes from 2023-2024 onwards:	
			Continue upward scores and positive trajectory for NSS results for this indicator.	
			Achieve 'national average score' for Acute Trusts in all related indicators	
			Achieve above average scores and position ULHT in upper quartile for NSS results for all related indicators	
Percentage believing that trust provides equal opportunities for career progression or promotion High Impact Action 2	 47.4% National NHS average: 47%	Deputy Directors People & OD (Nico, Lindsay) Supported by: Leads of Recruitment, EDI & OD (Simon, Alison, Damien)	Gap is closing and better than NHS average, but BME colleagues are still 9% less likely to believe that career progression or promotion is fair at this Trust. Mutual Mentoring "Mentoring Together" & Career Conversations – as per Indicator 1. Inclusive recruitment review – as per Indicator 2. Access to non-mandatory training – as per Indicator 4.	Mutual Mentoring – Launch at end October 2023 Career Conversations – By January 2024 OD review of who is accessing non-

			Measurable outcome:	mandatory training by end April 2024
			Incremental improvement in NHS Staff Survey results for 2023/24 onwards	
			Continue above-average score when benchmarked nationally and the positive trajectory for NSS results for this indicator.	
			Close the disparity gap by 3% each year, until parity is achieved	
Percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues	18.6%	Associate Director - OD, Wellbeing & Inclusion Lead for EDI (Alison) plus United against	This has improved significantly and is the best-ever performance at this Trust. However there is still disparity (a gap) between the experiences of BME colleagues and White colleagues, of 11.2% Please see Actions for indicators 5 and 6 above, plus:	Target completion date United against Discrimination: 30th September 2023

| High Impact Action 5: "Implement a comprehensive induction, on-boarding and development programme for internationally-recruited staff" Also High Impact Actions 2 and 6 | National NHS average: 17.3% | Discrimination working group Medical Director's Office, Medical Workforce Team & International On-boarding Team for Nurses & AHP's | Ensure that on-boarding, induction and ongoing support programmes for internationally-educated colleagues take account of the United against Discrimination messages and processes available, and also national standards such as Health Education England's Welcoming & Valuing International Medical Graduates and NHS England's International Recruitment Programme. To include a programme of training and support for those who are receiving and line-managing international recruits into their teams. Measurable outcomes from 2023-2024 onwards: Continue upward scores and positive trajectory for NSS results for this indicator. Achieve 'national average score' for Acute Trusts in all related indicators Achieve above average scores and position ULHT in upper quartile for NSS results for all related indicators | On-boarding, training for line managers and ongoing support for all: by end March 2024 |

9. Percentage difference between the organisation's Board voting membership and	🔴	Trust Board	There is no substantive* BME representation on ULHT Board, compared to the BME workforce of c.11% of the Agenda for Change clinical staff group and 75% in the Medical & Dental group.	

its overall workforce BME representation. High Impact Action 1: "Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable"	See Appendix 1	Supporting colleagues: Trust Board Secretary AD – OD, Wellbeing & Inclusion. Lead for EDI	Trust Board to agree EDI objectives which are SMART and have been cascaded & communicated widely in the Trust. One of these objectives should aim to increase the diversity and representation of BME and Disabled people holding voting membership of the Board. Inclusive Recruitment and Selection review specifically regarding Board recruitment process, with improvements identified & agreed. Measurable Outcomes In 2026, Trust Board representation is in line with the Lincolnshire population we serve, based on 2021 Census data for the county of Lincolnshire. That it also reflects our workforce, which is more diverse in terms of ethnic background and disability/long-term conditions than the Lincolnshire population, at around 20% Trust-wide for both.	By end September 2023 By end December 2023 By end 2026

			The Board has reviewed relevant data to understand where EDI areas of concern are, including this WRES action plan, and prioritised actions. Progress will be tracked and monitored via the Board Assurance Framework (BAF). *The Board has one BME member on secondment from another Trust and therefore not on ULHT's ESR. They are a non-voting member.	By March 2024

Appendix 1

Indicator 1 – Representation at each Band, compared to Trust overall percentage

1a)	Agenda for Change Non-Clinical Workforce			
	White	**BME**	**Unknown**	**Percentage compared to overall workforce (20.6% BME)**
Under Band 1	1	1	0	50%
Band 1	47	0	1	0%
Band 2	1383	46	12	3.2%
Band 3	540	21	4	3.7%
Band 4	325	8	2	2.4%
Band 5	185	4	1	2.1%
Band 6	137	5	3	3.45%
Band 7	88	2	2	2.2%
Band 8a	57	0	0	0%
Band 8b	39	1	0	2.6%
Band 8c	17	0	0	0%
Band 8d	8	1	0	12.5%
Band 9	13	0	0	0%

| VSM | 5 | 0* | 0 | 0% |

*There is one BME colleague who is on secondment to the Trust, therefore is not on the Trust's ESR.

1b)	**Agenda for Change Clinical Workforce**			
	White	**BME**	**Unknown**	**Percentage compared to overall workforce (20.6% BME)**
Under Band 1	8	0	0	0%
Band 1	0	0	0	0%
Band 2	997	120	11	10.6%
Band 3	227	10	1	4.2%
Band 4	167	143	6	45.25%
Band 5	933	589	42	37.6%
Band 6	866	103	16	10.4%
Band 7	508	31	1	5.7%
Band 8a	193	20	3	9.2%
Band 8b	39	4	0	9.3%
Band 8c	15	4	0	21%
Band 8d	11	0	0	0%
Band 9	5	0	0	0%
VSM	1	0	0	0%

1c)	**Medical & Dental Workforce**			
	White	**BME**	**Unknown**	**Percentage compared to overall workforce (20.6% BME)**

Consultants	121	225	19	61.6%
Non-consultant career grade	19	206	20	84%
Trainee grades	66	327	25	78.2%
Other	0	0	0	0

Indicator 9 – Representation on Trust Board

	White	BME	Unknown
Total Board members	10	0	5
of which: Voting Board members	8	0	3
: Non-Voting Board members	2	0	2
Total Board members	10	0	5
of which: Exec Board members	7	0	0
: Non Executive Board members	3	0	5
Number of staff in overall workforce	7021	1871	169
Total Board members - % by Ethnicity	66.7%	0.0%	33.3%
Voting Board Member - % by Ethnicity	72.7%	0.0%	27.3%
Non-Voting Board Member - % by Ethnicity	50.0%	0.0%	50.0%
Executive Board Member - % by Ethnicity	100.0%	0.0%	0.0%
Non-Executive Board Member - % by Ethnicity	37.5%	0.0%	62.5%
Overall workforce - % by Ethnicity	77.5%	20.6%	1.9%
Difference (Total Board -Overall workforce)	-10.8%	-20.6%	31.5%
Trend (compared to 2022)	**Down 14.1%**	**Down 3.8%**	**Up 18%**

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