

Workforce Race Equality Standard (WRES) Report 2023-2024 and Action Plan 2024-2027



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Introduction:

“Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

In April 2015, after engaging and consulting with key stakeholders including other NHS organisations across England, the WRES was mandated through the NHS standard contract, starting in 2015/16.” NHS England WRES website.

The WRES is the first NHS England equality standard and was followed in 2019 by the WDES. Both NHS England equality standards draw on workforce data, NHS Staff Survey data and leadership data. Further information about the WRES can be located on the NHS England WRES website: [NHS England » NHS Workforce Race Equality Standard](#)

NHS England commenced work and trialling of the Medical WRES and WRES for Bank staff in 2023-2024. In May 2024 the NHS England Mandated Standards Team informed NHS Trust’s that no reporting for either the Medical WRES or WRES for Bank staff would be required in the current reporting cycle for 2023-2024 data.

Methodology:

The data for the WRES report was collated and prepared in the first quarter of 2024-2025. The workforce data has been verified by the Equality, Diversity and Inclusion (EDI) team. The verified workforce data has been submitted to the NHS England Mandated Standards Team utilising the national data reporting platform ahead of the reporting deadline of the 31 May 2024.

The NHS Staff Survey data is taken straight from the national staff survey database. NHS Staff Survey data is in the public domain and can be accessed on the NHS Staff Survey website: [Local results for every organisation | NHS Staff Survey \(nhsstaffsurveys.com\)](https://www.nhs.uk/staffsurvey/Local-results-for-every-organisation/).

Over the summer 2024, the data is being shared with the Trust's REACH (Race, Ethnicity and Cultural Heritage) staff network, the Equality, Diversity and Inclusion Group and other professional leads for consideration and active engagement in relation to the actions for improvement required. The resulting action plan will be produced in partnership with our staff networks and published by 30 September 2024, as required by NHS England. For the first time the Lincolnshire Community and Hospitals NHS Group EDI Teams will be working on joint action plans across the group model.

This current report provides an overview of the data by metric and compares the data to the previous years' reports, as appropriate. Unfortunately, the Trust failed to submit the first WRES data report appropriately in 2015 and was recorded as non-reporter, as the data quality was poor and incorrect and the person who compiled the data had left the Trust. However, since 2016 the Trust has completed and submitted the WRES data appropriately.

Since starting the WRES in 2016, the Trust has been tracking the trends over time for each of the WRES metrics. For the first time in this report, the data trends are reviewed and analysed. Infographics relating to the data trends for each of the metrics are provided in Appendix 1.

WRES Indicator 1:

WRES Indicator 1 reviews the workforce and compares the data relating to white staff and black, Asian and minority ethnic staff. The indicator further disaggregates the data and compares clinical staff, non-clinical staff and medical staff. The full and detailed data report for this indicator is available upon appropriate formal request.

In general terms the percentage of black, Asian and minority ethnic staff employed by the Trust has increased in 2023-2024 to a total of 24.6%. This is an increase of 4% compared to the 2022-2023 data. This also continues the

trend of an increasing black, Asian and Minority ethnic workforce in the Trust in recent years.

The data continues to confirm that the majority of our black, Asian and minority ethnic colleagues work in clinical and medical roles. In clinical roles the biggest challenge the Trust needs to address is in relation to the high number of black, Asian and minority ethnic staff in Agenda for Change pay band 5 and the disproportionately lower numbers in higher pay bandings. There exist similar challenges the Trust needs to address in relation to the medical workforce. Actions to address these issues need to be reviewed and implemented.

In reviewing and analysing the higher-level trend data for this indicator from 2016 to the current reporting cycle, the most noteworthy point is the steady increase in the percentage of the black, Asian and minority ethnic staff in the workforce. In 2016 black, Asian and minority ethnic staff comprised a total of 10.9% of the workforce, over the years this has increased to a total of 24.6% in the current reporting cycle. Please refer to the infographic in appendix 1 for this WRES indicator.

The Trust, like most NHS organisations, has for many decades proudly developed and grown a diverse workforce across all protected characteristic groups. In relation to race this has predominantly, but not exclusively, been in the clinical workforce and in recent years there has been a particular focus on growing the internationally educated nursing workforce. The focus in developing and growing the internationally educated nursing workforce can be seen by the steeper increase in staff from 2021 onwards. In reviewing and developing appropriate actions the Trust will be mindful of some of the disparities identified above and seek to redress the imbalances identified in our more detailed data.

WRES Indicator 2:

WRES Indicator 2 reviews Trust recruitment data and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and the relative likelihood of staff being appointed from shortlisting across all posts.

The Trust data for this indicator for 2023-2024 confirmed that to a likelihood of 1.64 white staff are more likely to be appointed from shortlisting across all posts. This is a slight deterioration of 0.04 when compared with the 2022-2023 data. Further, following improvement in years prior to 2022-2023 this deterioration needs to be reviewed and robust actions put in place as a matter of urgency.

In reviewing and analysing the higher-level trend data for this indicator from 2016 to the current reporting cycle, it is noted that although the data in the first few years of the WRES continued to deteriorate, from 2019 to 2021 the Trust saw an improvement in the data and indeed, in one year, 2021, black, Asian and minority ethnic people were slightly more likely than white people to be appointed from shortlisting. Sadly thereafter the data started to deteriorate and the Trust now has data almost matching the worst data return recorded in 2018. Please refer to the infographic in appendix 1 for this WRES indicator.

The Trust must urgently review the detailed action plans from last year to overhaul the recruitment processes and align to the NHS EDI Improvement Plan, High Impact Action to overhaul recruitment processes. Revised and new actions, revised and developed in partnership with the REACH network, must be implemented as a matter of urgency.

WRES Indicator 3:

WRES Indicator 3 reviews the Trust Human Resources data and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator specifically reviews the relative likelihood of staff entering the formal disciplinary procedure, as measured by entry into the formal investigation process.

The Trust data for this indicator for 2023-2024 confirmed that the likelihood is 1.0. This means there is parity in the numbers of white and black, Asian and Minority Ethnic staff entering the formal disciplinary procedure. In 2022-2023 the likelihood was 0.82, which meant that white staff were more likely to enter the formal disciplinary procedure. With the embedding of Just Culture in the organisation it is envisaged that the new Just Culture approach will have a direct impact on the numbers of formal disciplinary cases in the Trust.

In reviewing and analysing the higher-level trend data for this indicator from 2016 to the current reporting cycle, the most noteworthy point is the steady decline in the relative likelihood of the black, Asian and minority ethnic staff entering the formal disciplinary process. Although there were increases in 2020 and 2021, thereafter the continue decrease toward parity continued. It is imperative that the Trust continues to implement improvements in this area and particularly in relation to the Just Culture approach. Please refer to the infographic in appendix 1 for this WRES indicator.

WRES Indicator 4:

WRES Indicator 4 reviews Trust training data and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and the relative likelihood of staff accessing non-mandatory training and continued professional development (CPD).

The Trust data for this indicator for 2023-2024 confirmed to a likelihood of 0.74 black, Asian and minority ethnic staff are more likely to access non-mandatory training and CPD. This means that white staff are less likely to access non-mandatory training and CPD and the Trust needs to focus ensuring parity, which would be a relative likelihood score of 1.0. One of the challenges, however, in relation to this indicator and linked to indicator 1, is why this increase in black, Asian and minority ethnic accessing non-mandatory training and CPD, is currently not translating to an increase of these staff in more senior positions. Trust actions are being reviewed and implemented to address this matter.

In reviewing and analysing the higher-level trend data for this indicator from 2016 to the current reporting cycle, the most noteworthy point is the steady journey to parity in the relative likelihood of the black, Asian and minority ethnic staff accessing non-mandatory training and CPD, and then how since 2022 the likelihood of black, Asian and minority ethnic staff accessing non-mandatory training and CPD has increased significantly. In one sense, when one compares this to the increase in internationally educated staff, particularly nurses, since 2022 (see indicator 1 above), the resulting increase in uptake in non-mandatory training and CPD is understandable. The Trust needs to now

explore the disproportionate underrepresentation of black, Asian and minority ethnic staff, particularly in higher Agenda for Change pay bandings and develop actions, in partnership with the REACH network, to redress these imbalances. Please refer to appendix 1 below for the data trend infographic related to this indicator.

WRES Indicator 5:

WRES Indicator 5 is taken from the NHS Staff Survey 2023 and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and percentages of staff reporting they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

The percentages of white and black, Asian and minority ethnic staff reporting they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months has reduced slightly for both groups. For white staff this has reduced from 25.64% in 2022 to 24.25% in 2023. For black, Asian and minority ethnic staff the figure has reduced from 27.42% in 2022 to 25.23% in 2023. Whilst this continued reduction is welcome and our data is now below the national average for comparable Trusts, we still have more work to do and to further embed the United Against all Forms of Discrimination campaign.

In reviewing and analysing the data trends for this indicator from 2016 to the current reporting cycle, it is noted that the first figure in 2016 for black, Asian and minority ethnic staff is quite an outlier when compared with the rest of the data. This is probably due to the fact that 2016 was the last year in which the Trust only invited a 20% sample of the workforce to complete the NHS Staff Survey. From 2017 onwards the entire workforce was invited to undertake the NHS Staff Survey. This in turn is likely to explain the increases noted for all staff, before the start of a gradual reduction in all staff reporting harassment, bullying or abuse from patients, relative of the public in the last 12 months. It is noted that in 2023 there was a slight spike in the numbers of black, Asian and minority ethnic staff reporting this, but thankfully in the current reporting cycle this has reduced. However, with some 25% of all staff reporting harassment, bullying or abuse from patients, relatives or the public in the 12 months, the

work of the United Against All Forms of Discrimination campaign must continue. Please refer to appendix 1 for the data trend infographic related to this indicator.

WRES Indicator 6:

WRES Indicator 6 is taken from the NHS Staff Survey 2023 and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and percentages of staff reporting they have experienced harassment, bullying or abuse from staff in the last 12 months.

The percentages of white and black, Asian and minority ethnic staff reporting they have experienced harassment, bullying or abuse from staff in the last 12 months has increased slightly for white staff, but reduced by 5% for black, Asian and minority ethnic staff. For white staff this has increased from 26.85% in 2022 to 26.88% in 2023. For black, Asian and minority ethnic staff the figure has reduced from 31.76% in 2022 to 26.74% in 2023. Whilst we particularly welcome the 5% reduction for black, Asian and minority ethnic staff, and our data still remains above the national average for comparable Trusts. We still have more work to do and to further embed the United Against all Forms of Discrimination campaign.

In reviewing and analysing the data trends for this indicator from 2016 to the current reporting cycle, as noted above in indicator 5, the first data return for black, Asian and minority ethnic staff in 2016 is likely to be linked with the smaller sample of 20% of the workforce being invited to undertake the NHS Staff Survey in that year. With the full workforce being invited to take the survey from 2017 onwards the data quality improves. Similar to indicator 5, after an initial increase in the numbers of all staff reporting harassment, bullying and abuse from staff in the last 12 months, from 2019/2020 a general decrease commences. However, it remains of significant concern that >25% of all staff continue to report harassment, bullying or abuse from staff members. This emphasizes the importance of the United Against All Forms of Discrimination campaign, alongside divisions and directorates understanding hotspots in their areas and developing and implementing actions to address

inappropriate harassment, bullying or abuse amongst colleagues. Please refer to the infographic relating to this indicator in appendix 1.

WRES Indicator 7:

WRES Indicator 7 is taken from the NHS Staff Survey 2023 and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

Please note that with the implementation of the NHS People Promise from 2022 the algorithm associated with the original NHS Staff Survey question changed. It is for this reason that the data trend can only cover the years 2022-2024.

The percentage of black, Asian and minority ethnic staff reporting they believe the organisation provides equal opportunities for career progression or promotion has increased by 4% from 47.42% in 2022 to 51.62% in 2023. However, for white staff the percentage has decreased slightly from 56.51% in 2022 to 56.40% in 2023. The percentage score for black, Asian and minority ethnic staff is above the national average, whereas the score for white staff is below the national average for comparable Trusts.

In reviewing and analysing the data trends for this indicator from 2022-2024 it is encouraging to see a steady improvement in staff reporting for this indicator. However, it is noted that an approximate disparity of 5% exists between the experience of black, Asian and minority ethnic staff and white staff. The Trust action plan is being reviewed and further actions, agreed with our networks, will be implemented. Please refer to the data trend infographic for this indicator in appendix 1.

WRES Indicator 8:

WRES Indicator 8 is taken from the NHS Staff Survey 2023 and compares the data relating to white staff and black, Asian and minority ethnic staff. This

indicator compares specifically the data and percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.

The percentage of black, Asian and minority ethnic staff reporting they have experienced discrimination at work from a manager / team leader or other colleague in the last 12 months has decreased from 18.64% in 2022 to 17.21% in 2023. However, for white staff the percentage has increased from 7.37% in 2022 to 8.34% in 2023. Both scores are above the national averages for comparable Trusts. We still have more work to do and to further embed the United Against all Forms of Discrimination campaign.

In reviewing and analysing the data trends for this indicator from 2016 to the current reporting cycle, it noteworthy that after relatively low percentage scores in 2016, the data for both black, Asian and minority ethnic staff and white staff deteriorated. This might in part be due to the Trust moving from a 20% sample NHS Staff Survey to a full staff survey from 2017, but also that the WRES started to focus peoples' minds on discrimination. Whilst in the current reporting cycle it is encouraging that black, Asian and minority ethnic staff are reporting a reduction in discrimination, there has been an increase reported by white staff. However, one of the primary areas of concern since the inception of the WRES is significant disparity in experience (currently at around 9% in 2024). This needs to be addressed in the review and updating of the WRES action plans in collaboration with the REACH network. Please refer to the appendix 1 for the infographic associated with this indicator.

WRES Indicator 9:

WRES Indicator 9 reviews the organisation's leadership in relation to the establishment of the Trust Board.

In the 2022-2023 WRES data return all members of the Trust Board identified as white or their ethnicity was unknown. In the 2023-2024 WRES data return of the 15 Trust Board members 10 identified as white, 1 as black, Asian or minority ethnic heritage and 4 were ethnicity unknown. Compared to the overall workforce data (WRES Indicator 1) there is an underrepresentation of black, Asian and minority ethnic leaders at Trust Board level.

Please refer to the infographic in appendix 1 for the data trends for this indicator from 2016 – 2024.

Conclusion:

In this report, for the first time, we have included a data trend analysis of the WRES from 2016 through to the current reporting cycle. Whilst for most of the WRES indicators there is, over time, an encouraging improvement, this is not true for all indicators and indeed, there remains room for continued improvement across all indicators, as we continue to strive for equity in experience for all our staff.

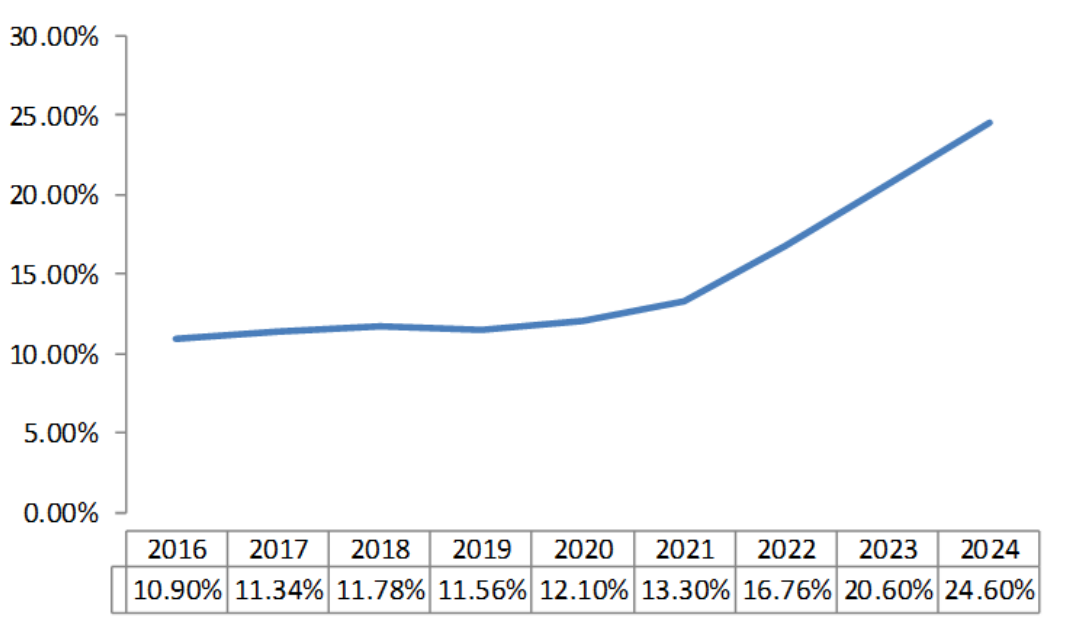
In appendix 2 the high level WRES Action Plan 2024-2027 is presented. In line with recognised best practice, we have moved to a three-year action plan, as this provides a more structured approach to delivering improvement actions, particularly those where a longer term and more detailed approach is required. Further, the action plan will be refreshed, developed and updated as new annual reporting data is published. Sitting behind the high-level action plan is a detailed operational delivery action plan through which milestones in task and action delivery are scheduled and monitored over the three-year duration of the plan. The REACH staff network plays an active role in delivery and seeking assurance in relation to the action plans. In appendix 3 the full and detailed WRES Action Plan 2024-2027 is presented.

Please note that each of the WRES actions is cross referenced to the NHS Equality, Diversity and Inclusion Improvement Plan, High Impact Actions.

Looking ahead, as the Lincolnshire Community and Hospitals NHS Group establishes, it is envisaged, that even through from a regulatory perspective each organisation will be required to report their own WRES data, we will look towards producing a unified LCHG action plan from 2025.

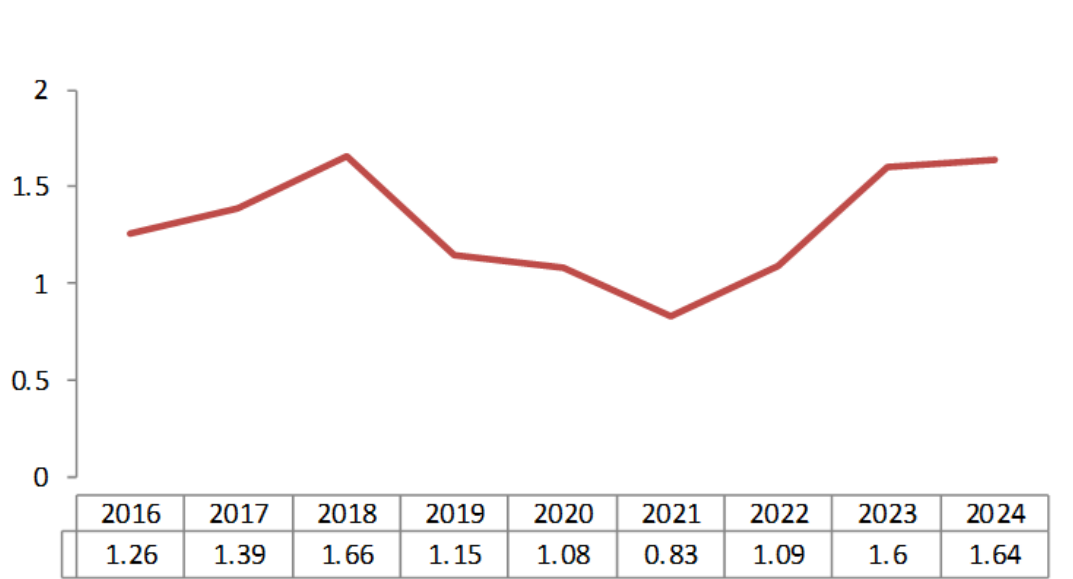
Appendix 1:

WRES Indicator 1:



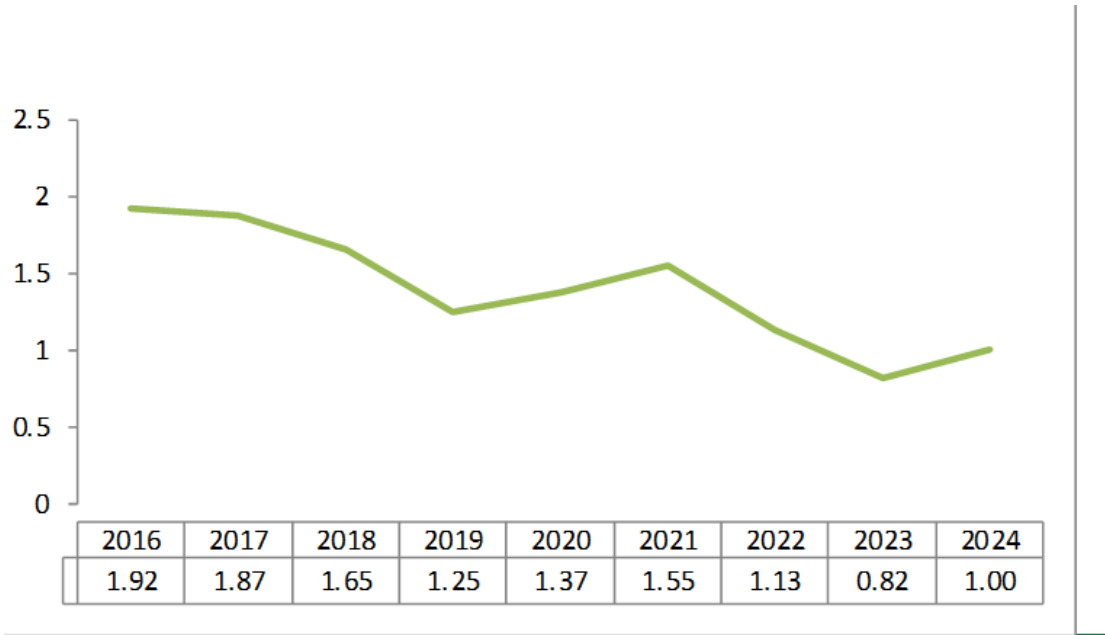
Indicator Selected	<input type="text" value="1"/>
Indicator Definition	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

WRES Indicator 2:



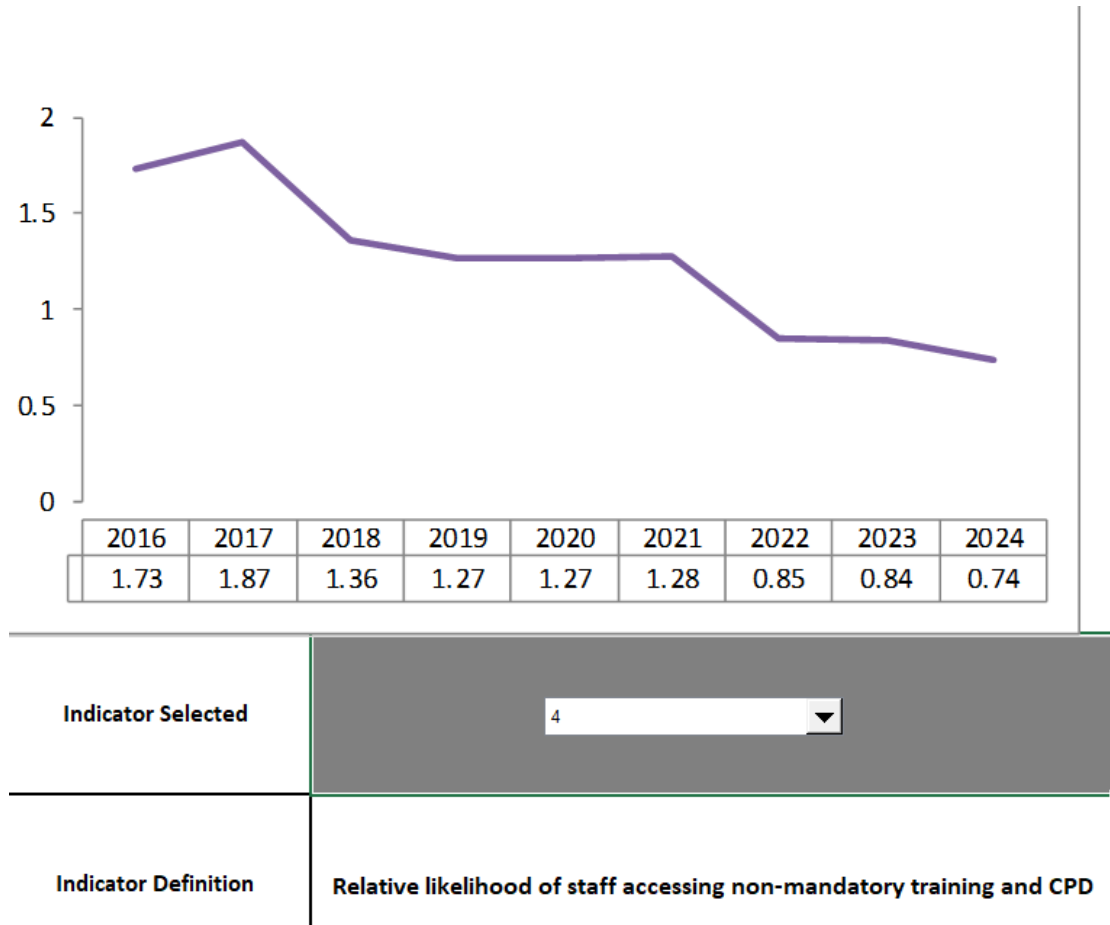
Indicator Selected	2
Indicator Definition	Relative likelihood of staff being appointed from shortlisting across all posts

WRES Indicator 3:

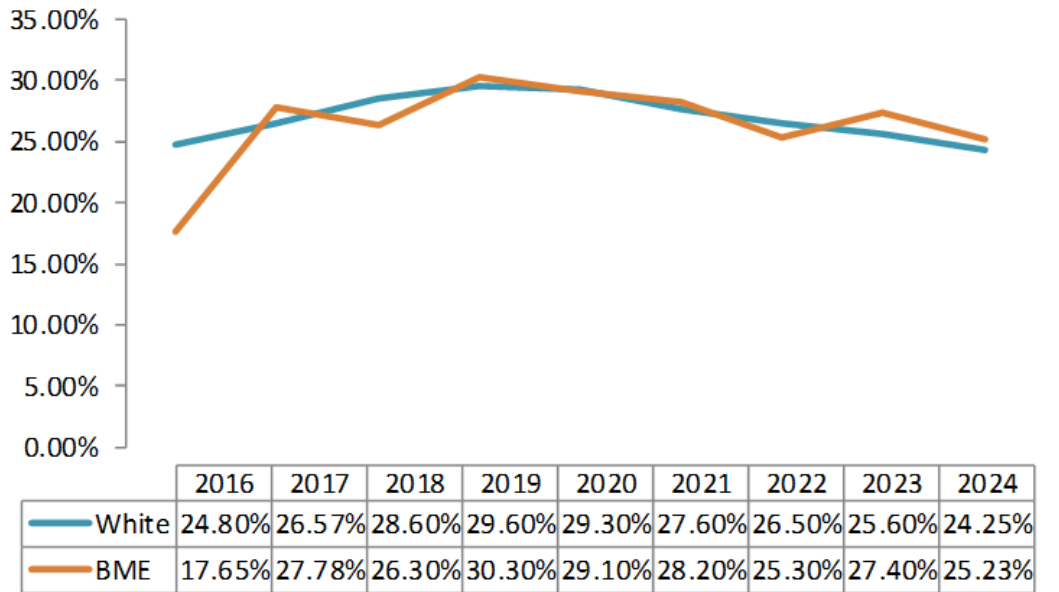


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Indicator Definition	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

WRES Indicator 4:

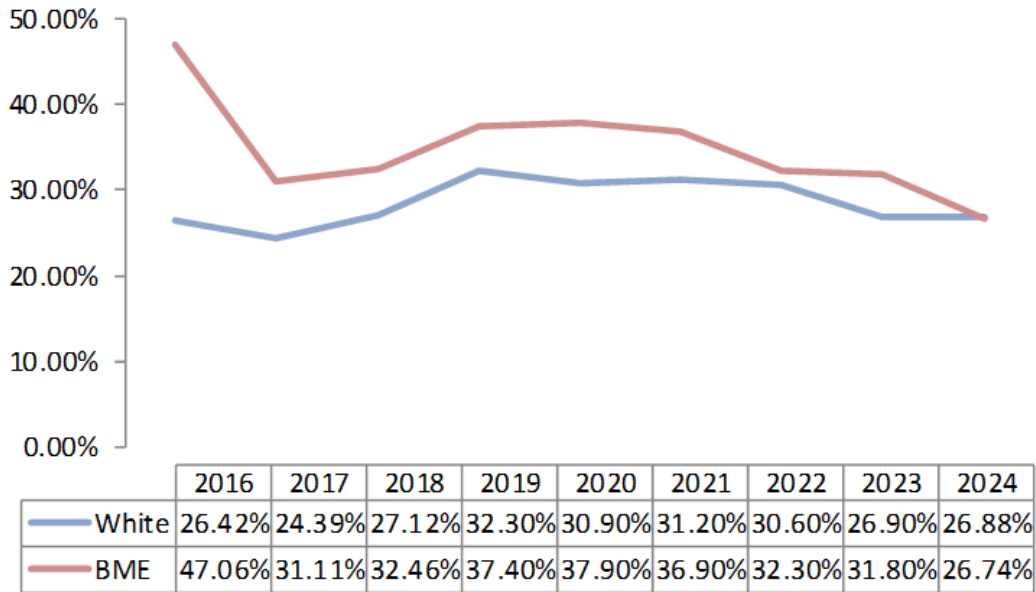


WRES Indicator 5:



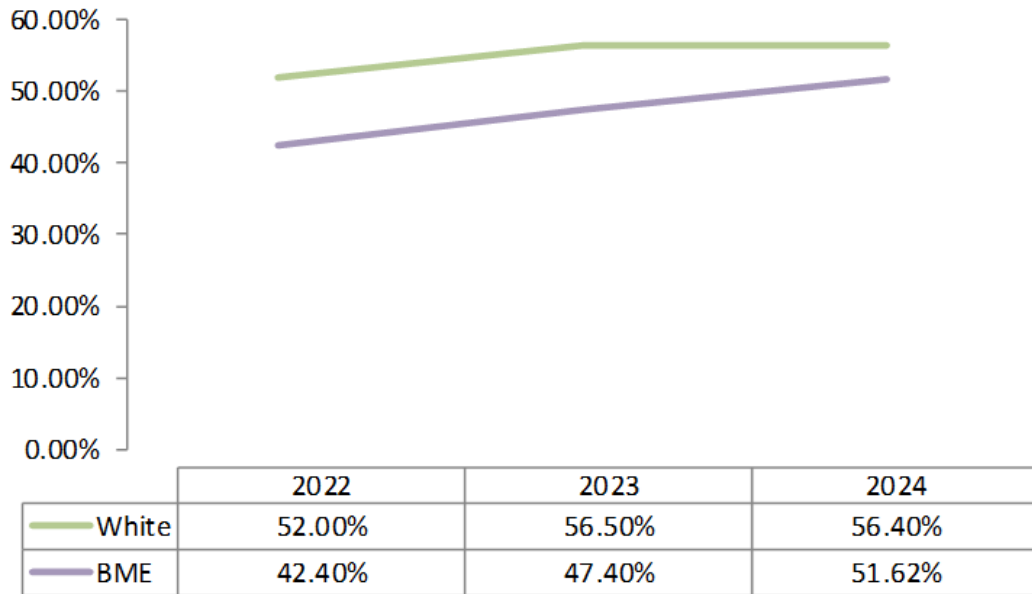
Indicator Selected	5 ▼
Indicator Definition	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

WRES Indicator 6:



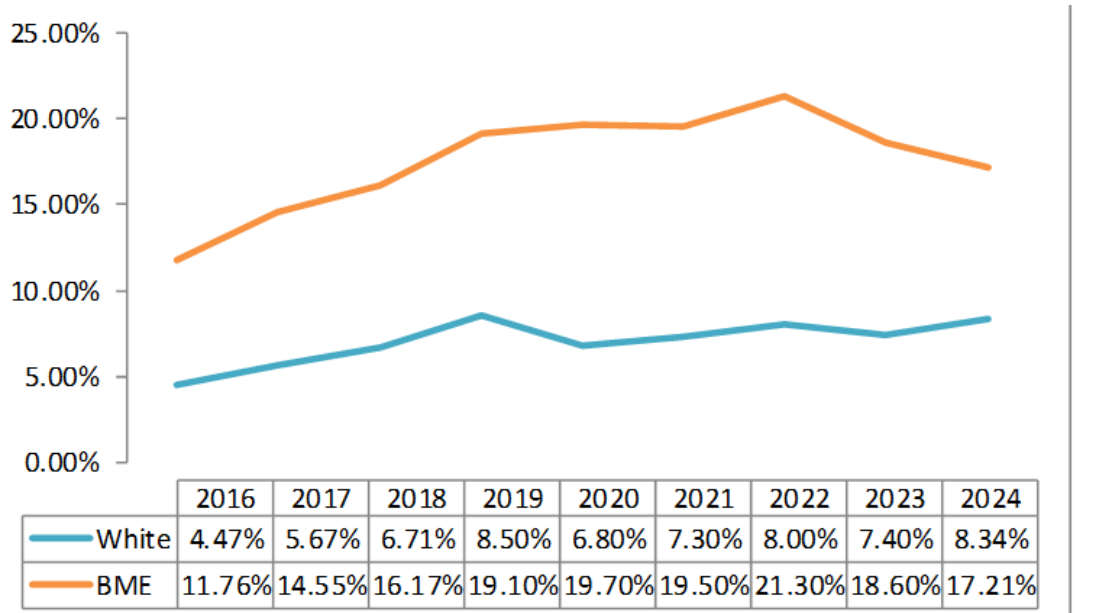
Indicator Selected	6 ▼
Indicator Definition	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

WRES Indicator 7:



Indicator Selected	7
Indicator Definition	Percentage believing that the Trust provides equal opportunities for career progression or promotion

WRES Indicator 8:



Indicator Selected	<input type="text" value="8"/>
Indicator Definition	Percentage of staff personally experiencing discrimination at work from Manager/team leader or other colleagues

WRES Indicator 9:

2016	2017	2018	2019	2020	2021	2022	2023	2024
All Board members identify as white	All Board members identify as white	One Board member identified as BME	All Board members identify as white	All Board members identify as white	All Board members identify as white	All Board members identify as white	All Board members identify as white	One Board member identified as BME

Indicator Selected	<input type="text" value="9"/>
Indicator Definition	Trust Board Representation Indicator

Appendix 2:

WRES Action Plan 2024-2027

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.

Task1

Establish Reciprocal Mentoring Programme with new Group Trust Board and Group Staff Networks.

High Impact Action 1

Task 2

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.

High Impact Actions 2 & 5

Task 3

To incorporate good practice examples from Northants “Levelling-Up” programme for Internationally Educated Nurses, and the Great Western Hospitals “Stay & Thrive” initiative or other emerging best practice initiatives.

High Impact Actions 2 & 5

Task 4

Establish and enact a talent management plan for Trust Board and Senior Leadership Teams, which includes improvements in the diversity of these teams.

High Impact Actions 1 & 2

Task 5

Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan and Lincolnshire Integrated Care Board (ICB)

High Impact Action 2

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

Task 1

Implement the Lincs ICB Inclusive Recruitment Toolkit.

High Impact Action 2

Task 2

The Trust will undertake a deep and broad Inclusive Recruitment review, including feedback from staff networks.

High Impact Action 2

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

Task 1

Implement the new Just Culture at the Trust.

High Impact Action 6

Task 2

Deliver Leading Inclusively with Cultural Intelligence (CQ) Programme to LCHG leaders.

High Impact Action 6

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

Task 1

To better understand the data for this indicator which informs that staff from black, Asian and minority ethnic heritages are accessing non-mandatory training and CPD to greater levels than white heritage staff and the disparity with Indicator 1 that black, Asian and minority ethnic staff are more represented in junior A&C and medical grades.

High Impact Actions 2 & 5

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

Task 1

Relaunch and expand the implementation of United against all forms of Discrimination programme. Trust to become an anti-racist organisation.

High Impact Action 6

Task 2

Deliver a workshop for “calling out and calling in”. Topics to include: racism, LGBTQ+ hate, misogyny, ageism

High Impact Action 6

Task 3

Design a programme of training / support for those who are receiving and line-managing international recruits into their teams.

High Impact Actions 5 & 6

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

Task 1

Relaunch and expand the implementation of United against all forms of Discrimination programme.

High Impact Action 6

Task 2

Implement the award winning Lincs ICB Allyship toolkit

Task 3

Complete the NHS Culture & Leadership Programme (CLP) with emphasis on respect and civility.

High Impact Action 6

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

Task 1

Reciprocal Mentoring programme & Career Conversations – as per Indicator 1.

Task 2

Inclusive recruitment review – as per Indicator 2.

Task 3

Access to non-mandatory training and CPD – as per Indicator 4.

Indicator 8: Percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues.

Task 1

Please see Actions for indicators 5 and 6 above.

Indicator 9: Percentage difference between the organisation's Board voting membership and its overall workforce BME representation.

Task 1

Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

High Impact Action 1

Appendix 3:

Full WRES Action Plan 2024-2027:



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24_2027_vers_1_0.doc