



Workforce Committee Report

Workforce Race Equality Standard (WRES) Submission 2022										
Report to:	Work	kforce Co	ommittee		Da	te:	12	2 th July 2	2022	
Report of:	Director for Workforce & Education			Pı	epared by:	Lc	Louisa Graham			
Purpose of Report										
For approv	al	\boxtimes	For noting		For	discussion		\boxtimes	For information	
Executive Summary:										
The purpose of this report is to share the data which will form the submission and subsequent publication of the 2022 Workforce Race Equality Standard (WRES) for our Trust. It sets out priority areas for action based on analysis of the results which include workforce data and findings from the latest staff survey. The Committee are asked to review and approve the contents of the report for publication and to consider the areas for action and associated next steps which are to consult with the Ethnicity Inclusion Forum with regards to the results, understand their lived experience, the actions which will make the greatest impact and to seek feedback on the draft action plan, making changes where necessary. The priority areas recommended for action are those which are indicating ethnic minority colleagues are being adversely impacted or disadvantaged according to the four-fifths rule are: Indicator 2 — Relative likelihood of staff being appointed from short listing across all posts. Indicator 4 — Access to non-mandatory training and continuous professional development. Indicator 8 — In the last 12 months, have you personally experienced discrimination at work from your manager or colleagues. Indicator 1 and 9 — Increased representation of ethnic minority colleagues in senior, VSM or voting Board member roles. It is recommended that the Committee, receive the report, note the content, approve the priority areas for action and approve external publication of our results.										
	Tru	st Str	ategic Aims ar	nd Ar	nbitio	ns suppo	ort	ed by	this Paper:	
Aim	S							Am	bitions	
To offer excel communities	lent he	ealth ca	re and treatment to	our lo	cal	Consistently Deliver Excellent Care				
· ·	•		ighest standard of s hire and South Cum	•	sed	☐ Great Place To Work				×
	To drive innovation through world-class education,									
teaching and research Fit For The Future										
			Prev	vious	cons	deration				
Equality, Diver	sity an	nd Inclus	ion Steering Group.							

INTRODUCTION

The Workforce Race Equality Standard (WRES) is a mandated requirement through the NHS standard contract and is the seventh report since it was established in 2016. Organisations are mandated to report and publish their WRES data on an annual basis, illustrating organisational progress against nine indicators relating to workforce race equality. This report allows us as an organisation to understand where the data indicates the areas of greatest challenge and where we are performing well. It also enables us to benchmark our position as a Trust against nationally available findings for each of the 9 WRES Indicators.

RESULTS

For each of the indicators the data is compared for White and Black, Minority Ethnic colleagues. National staff survey averages have been included for comparative purposes. National staff survey averages and organisational results for the last 3 years have been included for comparative purposes where applicable to the metric being reviewed.

Summary Data

Improvements have been seen for Ethnic Minority colleagues across the following four WRES indicators;

- Indicator 3 Likelihood of entering a formal disciplinary process. This score has improved since last year (now below the race disparity ratios) and indicates no adverse impact for ethnic minority colleagues.
- Indicator 5 Percentage of colleagues experiencing bullying, harassment or abuse from the public. This score has improved since last year (now below the race disparity ratios), is better than the national benchmark, indicating no adverse impact for ethnic minority colleagues.
- Indicator 6 Percentage of colleagues experiencing bullying, harassment or abuse from colleagues. This score is in its best position to date, it is within the race disparity ratio and better than the national benchmark.
- Indicator 7 Percentage believing the Trust provides equal opportunities for career progression or promotion.

 This score has both improved since last year and is within the race disparity ratio boundaries to indicate no adverse impact for ethnic minority colleagues.

The following indicator shows a **deterioration** in the experience of our Ethnic Minority colleagues;

- **Indicator 1 Representation.** Action is needed to increase the representation of ethnic minority colleagues in more senior roles, whilst the position has improved since last year, further action is required.
- Indicator 2 Relative likelihood of appointment from shortlisting. The race disparity ratio is slightly above the desired boundaries to indicate no adverse impact, the position has also slightly deteriorated since last year.
- Indicator 4 Access to non-mandatory training and continuous professional development. This metric saw the biggest deterioration in the last 12 months in comparison to last years position. The race disparity ratio indicates there is an adverse impact on ethnic minority groups.
- Indicator 8 Percentage of colleagues experiencing discrimination from managers or colleagues. Whilst this years position is better than the 2021 report, the race disparity ratio for this metric is the highest out of all 9 indicators. It is important to note that our race disparity ratio is better than the national benchmark, however as an organisation we must continue to strive to improve this.
- Indicator 9 Ethnic diversity of Voting Board Members. Action needs to be taken to further enhance the diversity of our board so it is proportionately representative of the ethnic makeup of our wider workforce and community.

The approach used by both the national WRES team and the Race Disparity Unit, with regard to the ongoing Race Disparity Audit work, is to utilise what is referred to as the four-fifths (or "80 percent") rule to highlight whether

practices have an <u>adverse impact</u> on an identified group e.g., a sub-group of ethnicity. If the relative likelihood of an outcome for one sub-group compared to another is **less than 0.8** or higher than **1.2**, then the process would be identified as having an adverse impact on one of those sub-groups.

INDICATOR 1 – REPRESENTATION

This section details the percentage of colleagues in each of the AFC bands 1-9 and VSM for both clinical and non-clinical colleagues who are white and belonging to an ethnic minority background compared with colleagues in the overall workforce.

As detailed below the greatest representation of ethnic minority colleagues in non-clinical roles are in bands 2 and below (below band 1 tend to be apprentices) and in band 8b (35.71% of band 8b colleagues are from and ethnic minority background). Across all bands with the exception of apprentices, bands 2 and band 8b colleagues ethnic minority colleagues are underrepresented when compared against the Trust wide ethnic minority workforce.

From a clinical workforce perspective the highest percentage of ethnic minority colleagues can be found in band 5 roles, this could in part be due to extensive international recruitment in the last 12 plus months. With the exception of band 5 clinical roles, ethnic minority colleagues are underrepresented in all other bands when compared against the Trust wider ethnic minority workforce.

It is positive to note that across the majority of the agenda for change bands we have seen an increase in the percentage of ethnic minority colleagues within our workforce in the last 12 months. Areas for improvement are to increase the percentage of ethnic minority colleagues in more senior roles 8a and above, specifically in band 9 and VSM roles.

Agenda for Change Workforce

Non-Clinical	% Ethnic Minority Background 2021	% Ethnic Minority Background 2022	Clinical	% Ethnic Minority Background 2021	% Ethnic Minority Background 2022
Under Band 1	20.0	25.0	Under Band 1	33.3	0
Band 1	15.8	22.2	Band 1	0	0
Band 2	23.8	24.8	Band 2	13.5	17.4
Band 3	10.4	10.1	Band 3	13.1	19.0
Band 4	7.4	7.4	Band 4	18.0	12.6
Band 5	11.2	10.7	Band 5	25.7	35.0
Band 6	10.0	11.5	Band 6	12.5	14.7
Band 7	10.4	10.9	Band 7	8.4	9.1
Band 8a	5.6	8.2	Band 8a	8.4	9.4
Band 8b	25.0	26.3	Band 8b	8.3	7.5
Band 8c	4.2	7.7	Band 8c	0	6.7
Band 8d	0	0	Band 8d	20.0	10.0
Band 9	0	0	Band 9	0	0
VSM	0	0	VSM	0	0
Total	15.7	16.3	Total	20.9	25.1

The medical and dental workforce has a higher proportion of ethnic minority colleagues in all roles than white colleagues. We have seen further increases in percentages as indicated below in comparison to last years data across all medical and dental roles.

Medical and Dental Workforce

Role	% Ethnic Minority Background 2021	% Ethnic Minority Background 2022
Consultants	50.4	53.1
Of which Senior Medical Manager	51.1	53.3
Non-consultant career grade	67.5	68.4
Trainee grades*	65.3	66.4

*Excludes Lead Employer Medical and Dental Trainees

Towards the end of 2019 the WRES team issued "A Model Employer" document which set out the challenge of ensuring Black, Asian and Minority Ethnic representation at all levels of the workforce by 2028, particularly across senior management bands (8a and above). If we review the trajectory as shown below we can see that as a Trust we are making strong progress already exceeding the expected trajectory for 2022 for bands 8a – 8d, however as mentioned earlier in the narrative for this indictor with further work needed to support the progression or recruitment of colleagues from an ethnic minority background into band 9 and VSM roles. It is encouraging to note that we are already exceeding in a number of areas the expected trajectory for 2023.

Model Employer Proposed Trajectory for bands 8a and above

	2019		2020		2021		2022		2023
	Ambition	Actual	Ambition	Actual	Ambition	Actual	Ambition	Actual	Ambition
Band 8a	16	16	17	16 (-1)	19	21 (+2)	20	27 (+7)	22
Band 8b	4	6 (+2)	5	6 (+1)	5	8 (+3)	6	8 (+2)	6
Band 8c	1	1	1	1	2	1 (-1)	2	3 (+1)	3
Band 8d	0	0	0	0	0	1 (+1)	1	1 (-)	1
Band 9	0	0	0	0	0	0	1	0 (-1)	1
VSM	0	0	0	0	0	0	1	0 (-1)	1

The progression race disparity ratio below compares the progression of white colleagues through an organisation with the progression of Black, Asian and Minority Ethnic colleagues. If the race disparity ratio is greater than 1.0 this means that progression favours white colleagues. If it is below 1.0 this means that progression favours Black, Asian and Minority Ethnic colleagues. The race disparity ratios for Agenda for Change colleagues is calculated at three tiers which are:

- Lower to middle band 5 and under
- Middle to upper bands 6 7
- Upper bands 8a and above

As shown in the tables below and overleaf for this years data, for non-clinical colleagues there have been improvements across all of the tiers consistently over the last 3 years this data has been measured. However, colleagues from an ethnic minority background still have a worse experience with regards to progression up the bands, with white colleagues being twice more likely to be in a more senior role (8a and above) compared with ethnic minority colleagues.

For clinical colleagues, this was a different picture with all of the race disparity ratios deteriorating for colleagues from an ethnic minority background when compared against last years data. For the upper tier it was found that it was in favour of white colleagues with a band 8a and above being 3 times more likely to be occupied by a white colleague.

Progression Race Disparity Ratios for Non-Clinical Colleagues in AFC Bands

	Lower to Middle	Middle to Upper	Lower to Upper
2022	1.63	1.23	2.00
2021	1.75	1.47	2.58
2020	1.78	1.55	2.76

Progression Race Disparity Ratios for Clinical Colleagues in AFC Bands

	Lower to Middle	Middle to Upper	Lower to Upper
2022	2.33	1.50	3.49
2021	1.88	1.46	2.74
2020	2.01	1.78	3.57

INDICATOR 2 – LIKELIHOOD OF APPOINTMENT FROM SHORTLISING

The table below, indicates the likelihood of white and ethnic minority candidates being appointed from shortlisting. The race disparity ratio for this indicator has deteriorated since last year, moving to 1.28 (from 1.23). This means that white candidates are 1.28 times more likely to be appointed from shortlisting than candidates from and ethnic minority. The disparity ratio is slightly above the range of 0.8 - 1.2, therefore further action needs to be taken.

	20	21	20	022
	White (n=)	Ethnic Minority Background (n=)	White (n=)	Ethnic Minority Background (n=)
Number of				
shortlisted	7131	2608	7319	2861
applicants				
Number appointed	2716	806	3201	981
from shortlisting	2710	000	3201	301
Relative likelihood	38.09%	30.90%	43.75%	34.29%
of appointment				
Race disparity ratio	1.	23	1	.28

INDICATOR 3 – LIKELIHOOD OF ENTERING FORMAL DISCIPLINARY PROCESSES

The data displayed in the table below shows that for this reporting year 2021 – 2022 we have seen the race disparity ratio significantly decrease, meaning this is no longer an area for action in this reporting year. Furthermore 6 out of 2116 Black, Asian and Minority Ethnic colleagues entered formal disciplinary proceedings (0.28% of the ethnic minority workforce), compared to 27.5 out of 7175 white colleagues (0.38% of white workforce).

	2021		2022	
	White (n=)	Ethnic Minority Background (n=)	White (n=)	Ethnic Minority Background (n=)
Number of colleagues entering the disciplinary process	31.5	9.5	27.5	6
Race disparity ratio	1.24		0.74	

INDICATOR 4 – ACCESS TO NON-MANDTORY TRAINING AND CONTIONUOUS PROFESSIONAL DEVELOPMENT

This indicator has deteriorated in the last 12 months, with the race disparity ratio of 1.48 indicating that colleagues from ethnic minority groups are almost 1.5 times less likely to be able to access non mandatory and continuous professional development than their white counterparts. This information is displayed in the table overleaf. Whilst ability for all colleagues both from white and ethnic minority backgrounds to access training and professional development has reduced substantially from last year probably due to Covid-19, we need to take further action to support a higher proportion of colleagues from an ethnic minority background to develop in the next 12 months.

The race disparity ratio for this indicator is at its highest since 2016 when the ratio was 1.49.

	2021		2022	
	White (%)	Ethnic Minority Background (%)	White (%)	Ethnic Minority Background (%)
Likelihood of colleagues accessing non-mandatory training and CPD	69.39%	62.24%	17.60%	11.91%
Race disparity ratio	1.11		1.48	

INDICATOR 5 – BULLYING AND HARRASSMENT FROM THE PUBLIC

As displayed in the Organisation Data (taken from the National Staff Survey 2021 Results) for this indicator found that 16.2% of ethnic minority staff and 21.6% of white colleagues have experienced bullying, harassment or abuse from patients, relatives or other members the public in the last 12 months. The race disparity ratio of 0.75 indicates there is no adverse impact for ethnic minority colleagues for this indicator, this is an improvement from our last years WRES submission for indicator 5. Our race disparity ratio is more favourable for ethnic minority colleagues than the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	White	Ethnic Minority Background	Race Disparity Ratio	Change From 2020 - 2021
Lancashire Teaching	21.6%	16.2%	0.75	Improvement
Hospitals				
National Benchmark	26.5%	28.8%	1.08	Improvement

Performance for this indicator as indicated in the table below over the last 3 years has indicated a mixed picture, with 2020 seeing a deterioration after a number of years of improvement.

Organisation Data Over Time

	White	Ethnic Minority	Race Disparity Ratio	Change From
		Background		Previous Year
2020	22.5%	19.5%	0.87	Deterioration
2019	25.6%	19.5%	0.76	Improvement
2018	26.1%	21.9%	0.83	Improvement

Ethnic Group National Staff Survey Data

From reviewing National Staff Survey Data for this item for this WRES indicator, it was found that colleagues from Any Other Ethnic Group (n=35.6%), Any Other Asian Background (n=34.4%), African (n=26.8%), Pakistani (n=24.9%), Chinese (n=23.1%), Indian (n=21.1%) and White-Black Caribbean (n=20.8%) backgrounds reported experiencing more than 1 incidence of bullying, harassment or abuse from patients, relatives or other members of the public in the last 12 months. For the Organisation overall (this includes feedback from colleagues with protected characteristics), 22.4% of those colleagues who completed the National Staff Survey reported more than 1 incidence for comparison purposed.

INDICATOR 6 – BULLYING AND HARRASSMENT FROM COLLEAGUES

The data displayed below for indicator 6, highlights an improvement from our 2020 - 2021 WRES reporting position with a race disparity ratio of 0.89 for colleagues experiencing harassment, bullying or abuse from colleagues in the last 12 months. As the 0.89 ratio falls between 0.8 and 1.2 is it considered that there are no adverse impacts for ethnic minority colleagues. Our race disparity ratio is more favourable for ethnic minority colleagues than the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	White	Ethnic Minority Background	Race Disparity Ratio	Change From 2020 - 2021
Lancashire Teaching	20.3%	18.2%	0.89	Improvement
Hospitals				
National Benchmark	23.6%	28.5%	1.21	Improvement

Performance for this indicator as indicated in the table below over the last 3 years has indicated again a further mixed picture and inconsistent patterns or trends, with 2019 seeing a small improvement, with other years seeing a deterioration in the race disparity ratio.

Organisation Data Over Time

	White	Ethnic Minority	Race Disparity Ratio	Change From
		Background		Previous Year
2020	23.6%	26.2%	1.11	Deterioration
2019	25.9%	24.0%	0.92	Improvement
2018	26.4%	27.5%	1.04	Deterioration

Ethnic Group National Staff Survey Data

From reviewing National Staff Survey Data for this item for this WRES indicator, it was found that colleagues who identified as being from a Mixed Multiple Ethnic Background reported the greatest incidence of bullying, harassment and abuse from colleagues with 46.7% reporting one or more incident. Colleagues from Any Other Ethnic Group

(n=38.5%), Any Other Asian Group (n=27.3%) and Any other White background (n=25.4%) reported experiencing more incidences of bullying, harassment and abuse compared with other ethnic minority groups and the organisation overall which was 19.2% of colleagues report 1 or more instances.

INDICATOR 7 – CAREER PROGRESSION AND PROMOTION

As displayed in the Organisation Data for this indicator for 2021, 45.5% of ethnic minority colleagues and 44.6% of white colleagues believes our organisation provided equal opportunities for career progression and promotion. The race disparity ratio of 0.74 indicates there is no adverse impacts for colleagues from an ethnic minority background, this is an improvement from our last years WRES submission for indicator 7. Our race disparity ratio is slightly more favourable for ethnic minority colleagues than the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	White	Ethnic Minority Background	Race Disparity Ratio	Change From 2020
Lancashire Teaching Hospitals	60.7%	45.5%	0.74	Improvement
National Benchmark	58.6%	60.7%	0.76	Improvement

Performance for this indicator as indicated in the table below has consistently improved over the last 4 years.

Organisation Data Over Time

	White	Ethnic Minority Background	Race Disparity Ratio	Change From Previous Year
2020	62.4%	49.5%	0.79	Same
2019	62.4%	49.7%	0.79	Improvement
2018	58.3%	47.5%	0.83	Improvement

Ethnic Group National Staff Survey Data

The National Staff Survey data when broken down by ethnic minority group found that colleagues who did not believe there was equal opportunities for career progression or promotion were from Any Other Ethnic Group (n=42.9%), Pakistani (n=31.3%), Indian (n=19.9%) and Any Other White background (n=17.3%). For comparison 9.4% of those who completed the National Staff Survey did not believe we offered equal opportunities for career progression or promotion.

INDICATOR 8 – EXPERIENCE OF DSCRIMINATION FROM MANAGER OR COLLEAGUES

The table overleaf displaying the Organisation Data for indicator 8, shows that 12.5% of ethnic minority colleagues and 6.9% of white colleagues have experienced discrimination at work from a manager, team leader of other colleagues. This leads to a race disparity ratio of 1.81. This indicates there is a negative impact for colleagues with ethic minority backgrounds for this indicator. Furthermore this race disparity ratio is the worst out of all of the WRES indicators measured. Whilst the organisations race disparity ratio is more favourable than the national benchmark, improvement work needs to take place to reduce discrimination against colleagues from ethnic minority backgrounds.

Organisation Data for 2021 and National Benchmark Comparator

	White	Ethnic Minority Background	Race Disparity Ratio	Change From 2020
Lancashire Teaching	6.9%	12.5%	1.81	Improvement
Hospitals				
National Benchmark	6.7%	17.3%	2.58	Improvement

This year we have seen an improvement in the race disparity ration, this is the first time since the introduction of WRES we have found an improvement in levels of discrimination experienced.

Organisation Data Over Time

	White	Ethnic Minority Background	Race Disparity Ratio	Change From Previous Year
2020	6.0%	17.6%	2.93	Deterioration
2019	5.8%	12.9%	2.22	Deterioration
2018	7.4%	13.5%	1.82	Deterioration

Ethnic Group National Staff Survey Data

To look more closely of the experience of different ethnic minority groups the National Staff Survey data for this item was reviewed, it was found that colleagues who identify themselves as having Any Other Ethnic Background experience the most discrimination with 35.7% stating they have personally experienced discrimination, this was followed by Pakistani colleagues (n=20.4%), Indian (n=18%) being the second and third highest. The organisational average for this item was 7.8% colleagues reporting to have experienced discrimination from colleagues or their manager.

INDICATOR 9 – BOARD MEMBERSHIP

7.1% of the Board's voting membership has an ethnic minority background, compared with an overall workforce of 22.5% - a difference of -17.0%. This negative value of -17.0% indicated that the percentage of ethnic minority members on the board of directors is lower than in our whole workforce, therefore could be not proportionately representative of our workforce.

WRES ACTION PLAN

Organisations are mandated to produce a detailed WRES action plan, elaborating on the priority areas identified in this report and setting out the next steps with milestones for expected progress against the WRES indicators. The actions to supporting improvements against WRES are incorporated within the Workforce and Organisational Development strategic action plan for equality, diversity and inclusion. A copy of the draft strategic action plan is provided in Appendix 1. The draft strategic action plan, alongside this WRES report will be discussed with colleagues who participate in the organisations Ethnic Minority Inclusion Forum.

The strategic action plan will need to address the priority areas for improvement as found through the analysis of our data against the 9 WRES indicators alongside the views, ideas and actions valued by colleagues in the Ethnic Minority Inclusion Forum. For clarity the strategic action plan for the next 12 months to support WRES improvements are:

 Increasing the likelihood of candidates from an ethnic minority background being appointed from short listing across all posts/bands.

- Increase the percentage of colleagues from an ethnic minority background occupying more senior roles (specifically Band 9, VSM and voting Board member roles).
- Increase the opportunity for colleagues from an ethnic minority background to access non-mandatory and continuous professional development opportunities.
- Reducing the percentage of colleagues from an ethnic minority background experiencing discrimination at work from their manager, team leader or other colleagues

Next steps:

- To share this report with the Ethnic Minority Inclusion Forum to seek their views and lived experience in relation
 to these findings as well as to understand the actions they believe will help to reduce inequality and increase
 inclusion.
- To share the draft Workforce and Organisational Development strategic action plan for equality, diversity and inclusion and seek their views on the content, understand what else forum members would want to see and make further amendments based on feedback.
- Submit results and action plan to the WRES team.
- Communicate results and action plan to our workforce through
 - Sharing results and actions with the Equality, Diversity and Inclusions Steering Group, for consideration
 as to how themes from the WRES report can support both corporate and divisional levels actions.
 - Sharing through Divisional Workforce Committee meetings.
 - o Sharing further updates with the Ethnic Minority Inclusion forum.
 - Managers Update Sessions.
 - o Specific organisation wide communications in conjunction with the Communications team.
- Publish our results and action plan externally on the Trust website
- The strategic action plan will be implemented, with progress measured through the Equality Strategy Group and outcomes will be reviewed utilising the 2022 Staff Survey in conjunction with 2022 workforce data results.

FINANCIAL IMPLICATIONS

Research evidence indicates that, when ethnic minority colleagues report greater engagement, there is a correlation with safer care for patients, reduced turnover, less sickness absence and improved financial performance.

LEGAL IMPLICATIONS

Unsatisfactory progress may leave the Trust open to legal challenges. We are required to demonstrate all staff have access to provision of services and are not discriminated against because of a protected characteristic.

RISKS

Unsatisfactory progress would be a risk to our reputation; both as a provider of Excellent Care with Compassion but also as an employer of choice.

IMPACT ON STAKEHOLDERS

There is a wide body of research evidence within the NHS which tells us that the experiences of our ethnic minority colleagues acts as a good barometer for the experience of our patients; the more positive the experience of our ethnic minority colleagues, the more positive the experience of our patients.

RECOMMENDATIONS

It is recommended that the Committee:

- Receive the report and note the content.
- Approve the priority areas for action.
- Approve publication of our results externally.