



# Workforce Committee Report

## Workforce Race Equality Standard (WRES) Submission 2021

<b>Report to:</b>	Workforce Committee	<b>Date:</b>	13 <sup>th</sup> July 2021
<b>Report of:</b>	Strategy, Workforce & Education	<b>Prepared by:</b>	M Davis

### Purpose of Report

<b>For approval</b>	<input checked="" type="checkbox"/>	<b>For noting</b>	<input type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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### Executive Summary:

The purpose of this report is to share the data which will form the submission and subsequent publication of the 2021 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 co-produce an action plan with the Black Asian & Minority Ethnic Inclusion forum and will be shared with the committee at a future meeting.

The priority areas recommended for action are those which are indicating BME colleagues are being adversely impacted or disadvantaged according to the four-fifths rule;

**Metric 2** – Relative likelihood of staff being appointed from short listing across all posts - **1.23 times greater if White**

**Metric 3** – Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation – **1.32 times greater if BME**

**Metric 8** – In the last 12 months, have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues? - **2.94 times greater if BME**

It is recommended that the Committee:

- Receive the report and note the content;
- Approve the priority areas for action:
  - Increase the likelihood of BME staff being appointed from short listing across all posts
  - Reduce the likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
  - Reduce the % of BME colleagues experiencing discrimination at work from their manager, team leader or other colleagues
  - Increasing BME representation across senior, non-medical roles
  - Reducing the disparity ratio from 3.25

### Trust Strategic Aims and Ambitions supported by this Paper:

**Aims****Ambitions**

To offer excellent health care and treatment to our local communities	<input type="checkbox"/>	Consistently Deliver Excellent Care	<input type="checkbox"/>
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	<input type="checkbox"/>	Great Place To Work	<input type="checkbox"/>
To drive innovation through world-class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money	<input type="checkbox"/>
		Fit For The Future	<input type="checkbox"/>
Previous consideration			

## 1. Introduction

The Workforce Race Equality Standard (WRES) is a mandated requirement through the NHS standard contract which has been in place since 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. Our Big Plan Strategy (2019) and the Equality Strategy (2019-2023) detail the strategic interventions designed to improve equality and inclusion; they will continue to be informed by priority areas of concern identified through the WRES in addition to staff survey results, other engagement events, research and best practice. There are nine WRES indicators broadly categorised into Workforce, Staff Survey and Board representation (listed in Appendix 1).

## 2. Discussion

The data for each of the WRES indicators is presented in Appendix 2. For each of the indicators the data is compared for White and BME colleagues. National staff survey averages have been included for comparative purposes. In previous reports we have reviewed the percentage movement across metrics which would indicate this year there are five metrics which have seen improvements and three areas which have deteriorated, specifically;

Over the last twelve months **improvements** have been seen for black and minority ethnic (BME) colleagues across the following indicators;

- 2) Relative likelihood of staff being appointed from short listing across all posts
- 3) Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
- 4) Relative likelihood of staff accessing non-mandatory training and CPD
- 9a) Percentage difference between the organisations' Board membership and its overall workforce disaggregated: by voting membership of the Board

The following indicators show a **deterioration** in the experience of our BME colleagues;

- 6) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
- 7) Percentage believing that the trust provides equal opportunities for career progression or promotion
- 8) In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

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 adverse impact 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. If we adopt this approach, then although metric 3 (likelihood of staff entering formal disciplinary process) has improved on the previous year, at 1.32 the ratio is higher than 1.20 and so would indicate this process *is* having an adverse impact on BME groups. We need to focus on both the change in experience from previous years but also review the metrics in line with the four-fifths rule as this will enable us to focus on the areas where BME colleagues are adversely impacted.

If we apply this approach to the current year's results; the metrics which indicate there is **no adverse impact on our BME colleagues are**;

		Current Ratio	Change from last year
<b>Metric 4</b>	Relative likelihood of staff accessing non-mandatory training and CPD	1.11	Improved, was 1.15
<b>Metric 5</b>	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	0.87	Deteriorated, was 0.76
<b>Metric 6</b>	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	1.11	Deteriorated, was 0.93
<b>Metric 7</b>	Percentage believing that the Trust provides equal opportunities for career progression or promotion	1.20	Deteriorated, was 1.16

The areas which indicate there **is an adverse impact on our BME colleagues** are as follows;

		Current Ratio	Change from last year
<b>Metric 2</b>	Relative likelihood of staff being appointed from short listing across all posts	1.23	Improved, was 1.33
<b>Metric 3</b>	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	1.32	Improved, was 2.07
<b>Metric 8</b>	In the last 12 months, have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues?	2.94	Deteriorated, was 2.22

In respect of metrics relating to our workforce profile, appendix 3 shows the number and percentage of clinical and non-clinical colleagues across all pay bands. The greatest representation of BME staff is at apprentice level (25%), band 5 (24.2%) and across Medical and Dental groups. BME colleagues are under-represented from band 6 upwards with no representation in bands 9 or VSM level.

Towards the end of 2019 the WRES team issued "A Model Employer" document (appendix 4) which set out the challenge of ensuring BME representation at all levels of the workforce by 2028, particularly across senior

management bands (8a and above). If we review the trajectory (Table 1 below) we can see that as a Trust we are on track for 2021, exceeding the number of BME colleagues suggested at band 8a, 8b and 8d.

Table 1: 2019 Model Employer Proposed Trajectory for bands 8a <

	2019		2020		2021	
	Ambition	Actual	Ambition	Actual	Ambition	Actual
Band 8a	16	<b>16</b>	17	<b>16 (-1)</b>	19	<b>21 (+2)</b>
Band 8b	4	<b>6 (+2)</b>	5	<b>6 (+1)</b>	5	<b>8 (+3)</b>
Band 8c	1	<b>1</b>	1	<b>1</b>	2	<b>1 (-1)</b>
Band 8d	0	<b>0</b>	0	<b>0</b>	0	<b>1 (+1)</b>
Band 9	0	<b>0</b>	0	<b>0</b>	0	<b>0</b>
VSM	0	<b>0</b>	0	<b>0</b>	0	<b>0</b>

At the end of March this year NHS England and NHS Improvement wrote to organisations to request each organisation review their workforce, identify where there is underrepresentation of BME staff, and provide a plan on how each organisation proposes to incorporate six actions (noted in appendix 5) into our recruitment and promotion pathway. As part of this review, the concept of Race Disparity Ratios (RDRs) has been introduced, which is the difference in proportion of BME staff at various Agenda for Change bands in the Trust compared to the proportion of White staff at those bands. The data is calculated at three tiers;

bands 5 and below ('lower')

bands 6 and 7 ('middle')

bands 8a and above ('upper')

If Trusts have a disparity ratio of greater than 1.5 between Band 1-5 and Band 8/Band 9 ('lower to upper') tiers further action plans need to be submitted to detailing proposals to reduce the disparity to 1.5 or below. Table 2 (below) shows the Race Disparity Ratios for Lancashire Teaching Hospitals. Each ratio exceeds 1.5 with the greatest disparity between the 'lower to upper' tier - this will be an priority area for improvement noted in the action plan.

Table 2: Race Disparity Ratios for Lancashire Teaching Hospitals

Lower to Middle	Middle to Upper	Lower to Upper
1.92	1.69	3.25

## 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 will be co-produced with the Trust's Black Asian & Minority Ethnic Inclusion forum and will be shared with the Committee at a future meeting for subsequent agreement by the Board. The action plan will then be published on our Trust website, alongside our WRES data for 2020-21.

The WRES action plan will seek to address the organisation's key priority areas for improvement which are:

- Increasing the likelihood of BME staff being appointed from short listing across all posts
- Reducing the likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
- Reducing the % of BME colleagues personally experiencing discrimination at work from their manager, team leader or other colleagues

- Increasing BME representation across senior, non-medical roles
- Reducing the disparity ratio from 3.25

#### **Next steps:**

- Co-produce the action plan in conjunction with the Trust's Inclusion forum
- Share action plan with Workforce Committee and submit for agreement by the Board
- Submit results and action plan to the WRES team
- Communicate results and action plan to our workforce through
  - Sharing through Divisional Workforce Committee meetings
  - Sharing with the Black Asian & Minority Ethnic Inclusion forum
  - Managers Update Sessions
  - Specific organisation wide communications in conjunction with the Communications team
- Publish our results and action plan on the Trust website
- The action plan will be implemented, progress measured through the Equality Strategy Group and outcomes will be reviewed utilising the 2021 Staff Survey in conjunction with 2022 workforce data results.

### **3. Financial implications**

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

### **4. 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.

### **5. 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.

### **6. Impact on stakeholders**

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

### **7. Recommendations**

It is recommended that the Committee:

- Receive the report and note the content;
- Approve the priority areas for action:
  - Increase the likelihood of BME staff being appointed from short listing across all posts
  - Reduce the likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
  - Reduce the % of BME colleagues experiencing discrimination at work from their manager, team leader or other colleagues
  - Increasing BME representation across senior, non-medical roles
  - Reducing the disparity ratio from 3.25

## Appendix 1 – Workforce Race Equality Standard (WRES) Indicators

### Workforce Indicators

1. Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
2. Relative likelihood of staff being appointed from shortlisting across all posts
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4. Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD)

### National NHS Staff Survey indicators

*For each of the four staff survey indicators, the outcomes of responses for White staff are compared to the outcomes of the responses for Black and Minority Ethnic (BME) staff*

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7. Percentage believing that trust provides equal opportunities for career progression or promotion
8. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

### Board representation indicator

*For this indicator, the difference for White staff and BME staff are compared*

9. Percentage difference between the organisations' Board membership and its overall workforce disaggregated
  - By voting membership of the Board
  - By executive membership of the Board

## **Appendix 2 – Completed WRES Metrics for 2020-2021**

### **Any issues of completeness of data?**

The figures exclude Pennine doctors as they do not appear on our ESR system.

### **Any matters relating to reliability of comparisons with previous years?**

The staff survey response rate by Black and Minority Ethnic (BME) colleagues has been reviewed. 1749 (19.4%) of our workforce identify as BME and 497 respondents to the staff survey recorded their ethnicity as BME which means 28% of our BME workforce have responded to the national staff survey. This is a slight decrease increase on last year's figures. Anything less than 40% means we must review this information with slight caution less than 40% is not considered representative.

### **Total number of staff employed within this organisation at the date of the report?**

9,008 (w.e.f. 31<sup>st</sup> March 2021)

### **Proportion of BME staff employed within this organisation at the date of the report?**

19.4% (1749)

### **The proportion of total staff who have self-reported their ethnicity?**

99.2% (8934)

### **Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?**

Yes colleagues have been encouraged to review (and update if necessary) their personal data set.

### **Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?**

No

## **WORKFORCE DATA**

### **What period does the organisation's workforce data refer to?**

The "reporting year" refers to 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021

Metric 1. 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.	Data for current reporting year 2020-21		Data for reporting year 2019-20	
	NON CLINICAL	CLINICAL	NON CLINICAL	CLINICAL
Under Band 1	0.6	13.9	1.9	6.9
Band 1	(3.6)	n/a	0.9	(18.1)
Band 2	4.4	(5.9)	5.0	(4.3)
Band 3	(8.7)	(6.5)	(8.6)	(6.4)
Band 4	(12.0)	(1.4)	(11.4)	(6.9)
Band 5	(8.2)	6.3	(6.5)	6.5
Band 6	(9.3)	(6.9)	(7.7)	(7.2)
Band 7	(9.0)	(11.0)	(9.3)	(10.4)
Band 8a	(13.9)	(11.0)	(12.9)	(11.5)
Band 8b	5.6	(11.1)	6.9	(12.9)
Band 8c	(15.2)	(19.4)	(14.0)	(18.1)
Band 8d	(19.4)	0.6	(18.1)	(18.1)
Band 9	(19.4)	(19.4)	(18.1)	(18.1)
VSM	(19.4)	(19.4)	(18.1)	(18.1)
M&D Consultant		30.9		30.6
M&D Non-Consultant Career Grade		48.1		53.3
M&D Trainee Grades		45.9		41.2

**The implications of the data and any additional background explanatory narrative;**

**NB:** The figures presented for this indicator should be read in the following way:

*For the current reporting year, the proportion of 'Under Band 1', non-clinical BME staff was 0.6 percentage points HIGHER than the proportion of BME staff in the Trust's overall workforce. For the previous year, the proportion of 'Under Band 1', non-clinical BME staff was 1.9 percentage points HIGHER than the proportion of BME staff in the Trust's overall workforce.*

WORKFORCE METRICS	Data for current	Data for current	Data for reporting
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	reporting year 2020-2021	reporting year 2019-2020	year 2018-19			
<b>Metric 2.</b> Relative likelihood of staff being appointed from short listing across all posts.	1.23 times greater if White (improved yet greater than 1.20)	1.33 times greater if White	1.52 times greater if White			
Links to EDS2 outcome 3.1 “Fair NHS recruitment and selection processes lead to a more representative workforce at all levels”						
<b>Metric 3.</b> Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. * This indicator is based on data from a two year rolling average of the current year and the previous year	1.32 times greater if BME (improved yet greater than 1.20)	2.07 times greater if BME	1.56 times greater if BME			
<b>Metric 4.</b> Relative likelihood of staff accessing non-mandatory training and CPD.	1.11 times greater if White(improved and less than 1.20)	1.15 times greater if White	1.07 times greater if White			
Links to EDS2 outcome 3.3 “Training and development opportunities are taken up and positively evaluated by all staff”						
STAFF SURVEY METRICS	Data for current reporting year 2020		Data for reporting year 2019	Data for reporting year 2018		
<b>Metric 5.</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	22.49% (National Av 25.36%)	White	25.62 % (National Av. 28.23%)	White	26.14% (National Av. 28.19%)
	BME	19.52% (National Av 28.01%)	BME	19.53 % (National Av. 29.95%)	BME	21.91% (National Av. 29.79%)
Ratio	0.87 (National Av = 1.10)		0.76 (National Av = 1.06)		0.84 (National Av = 1.06)	
<b>Metric 6.</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	23.63% (National Av 24.37%)	White	25.92 % (National Av. 25.80%)	White	26.43% (National Av. 26.36%)
	BME	26.21% (National Av 29.07%)	BME	24.03 % (National Av. 28.77%)	BME	27.53% (National Aver6age 28. 3%)
Ratio	1.11 (National Av = 1.19)		0.93 (National Av = 1.11)		1.04 (National Av = 1.09)	
Links to EDS2 outcome 3.4 “When at work, staff are free from abuse, harassment, bullying and violence from any source”						

<b>Metric 7.</b> Percentage believing that trust provides equal opportunities for career progression or promotion.	White	89.03% (National Av 87.67%)	White	86.83 % (National Av. 86.71%)	White	82.97% (National Av. 86.52%)
	BME	74.12% (National Av 72.47%)	BME	74.68 % (National Av. 74.39%)	BME	74.49% (National Av. 72.25%)
<b>Ratio</b>	1.20 (National Av =1.21 )		1.16 (National Av = 1.17)		1.11 (National Av = 1.20)	
<b>Metric 8.</b> In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White	5.97% (National Av 6.09%)	White	5.82 % (National Av. 6.02%)	White	7.40% (National Av. 6.59%)
	BME	17.58% (National Av 16.77%)	BME	12.93 % (National Av. 13.85%)	BME	13.54% (National Av. 14.63%)
<b>Ratio</b>	2.94 (National Av = 2.75)		2.22 (National Av = 2.30)		1.83 (National Av = 2.22)	
<b>BOARD REPRESENTATION</b>	Data for current reporting year 2020		Data for reporting year 2019		Data for reporting year 2018	
<b>Metric 9.</b> Percentage difference between the organisations’ Board membership and its overall workforce disaggregated:  • By voting membership of the Board   • By executive membership of the Board	The proportion of BME voting members is <b>13.5 percentage points LOWER</b> than the proportion of BME staff in the Trust’s overall workforce		The proportion of BME voting members is 11.8 percentage points LOWER than the proportion of BME staff in the Trust’s overall workforce		The proportion of BME voting members is 16.7 percentage points LOWER than the proportion of BME staff in the Trust’s overall workforce	
	The proportion of BME Board Executive members is <b>19.4 percentage points LOWER</b> than the proportion of BME staff in the Trust’s overall workforce		The proportion of BME Board Executive members is 18.1 percentage points LOWER than the proportion of BME staff in the Trust’s overall workforce		The proportion of BME Board Executive members is 16.7 percentage points LOWER than the proportion of BME staff in the Trust’s overall workforce	

### Appendix 3 – Workforce Profile Analysis

	White		BME		Number & Percentage within each band					Percentage of total workforce at that band	
	NON CLINICAL	CLINICAL	NON CLINICAL	CLINICAL	WHITE	BME	UNKNOWN	WHITE	BME	WHITE (7217)	BME (1749)
Apprentice	4	2	1	1	6 (75%)	2 (25%)	-	3533 (83.6%)	662 (15.7%)	0.08%	0.11%
Band 1	16	-	3	-	16 (84.2%)	3 (15.8%)	-			0.22%	0.17%
Band 2	860	739	271	117	1599 (79.8%)	388 (19.4%)	16			22.16%	22.18%
Band 3	446	785	54	117	1231 (87.1%)	171 (12.1%)	10			17.06%	9.78%
Band 4	374	307	30	68	681 (87%)	98 (12.5%)	4			9.44%	5.60%
Band 5	156	1,135	20	396	1291 (75.1%)	416 (24.2%)	11	2995 (82%)	628 (17.2%)	17.89%	23.79%
Band 6	95	953	11	138	1048 (86.6%)	149 (12.3%)	13			14.52%	8.52%
Band 7	86	570	10	53	656 (90.5%)	63 (8.7%)	6			9.09%	3.60%
Band 8a	67	184	4	17	251 (91.3%)	21 (7.6%)	3	370 (91.4%)	31 (7.7%)	0.93%	1.20%
Band 8b	15	32	5	3	47 (83.9%)	8 (14.3%)	1			0.65%	0.46%
Band 8c	23	18	1	-	41 (97.6%)	1 (2.4%)	-			0.57%	0.06%
Band 8d	4	4	-	1	8 (88.9%)	1 (11.1%)	-			0.11%	0.06%
Band 9	10	3	-	-	13 (100%)	-	-			0.18%	-
VSM	8	2	-	-	10 (100%)	-	-			0.14%	-
M&D Consultant	-	207	-	215	207 (48.5%)	215 (50.4%)	5	-	-	2.87%	12.29%
M&D Non-Consultant Career Grade	-	24	-	54	24 (30%)	54 (67.5%)	2	-	-	0.33%	3.09%
M&D Trainee Grades	-	81	-	158	81 (33.5%)	158 (65.3%)	3	-	-	1.12%	9.03%
Non-Executive Director	-	-	-	-	7	1	-	7 (87.5%)	1 (12.5%)	0.10%	0.06%
					<b>7217</b>	<b>1749</b>	<b>74</b>				

Overall BME colleagues account for 19.4% of our workforce.

## Appendix 4 – Model Employer



Appendix 4 - Model  
Employer WRES.pdf

## **Appendix 5 – Six National Actions (NHS England & NHS Improvement)**

**Action 1:** Ensure ESMs own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other under-represented groups) as part of objectives and appraisal by:

- a) Setting specific KPIs and targets linked to recruitment.
- b) KPIs and targets must be time limited, specific and linked to incentives or sanctions

**Action 2:** Introduce a system of ‘comply or explain’ to ensure fairness during interviews this system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair.

**Action 3:** Organise talent panels

- a) Create a ‘database’ of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff
- b) Agree positive action approaches to filling roles for under-represented groups
- c) Set transparent minimum criteria for candidate selection into talent pools

**Action 4: Enhance EDI support available**

- a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies
- b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.

**Action 5: Overhaul interview processes to incorporate**

- a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.
- b) Ensure adoption of values based shortlisting and interview approach
- c) Consider skills based assessment such as using scenarios.

**Action 6:** Adopt resources, guides and tools to help leaders and individuals have productive conversations about race