



Workforce Committee Report

Workforce Race Equality Standard (WRES) Submission 2023							
Report to:	Workforce Committee			Date:	11 th July 2023		
Report of:	Chief People Officer			Prepared by:	Louisa Graham		
Purpose of Report							
For approval	<input checked="" type="checkbox"/>	For noting	<input type="checkbox"/>	For discussion	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
Executive Summary:							
<p>The purpose of this report is to share the data which will form the submission and subsequent publication of the 2023 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 Trust is part of the Lancashire and South Cumbria Integrated Care Board (ICB) Belonging Delivery Group and are working collaboratively to identify some key objectives with the aim to improve the WRES data.</p> <p>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:</p> <p>Indicator 2 – Relative likelihood of staff being appointed from short listing across all posts.</p> <p>Indicator 7 – Percentage of staff believing that trust provides equal opportunities for career progression or promotion.</p> <p>Indicator 8 – In the last 12 months, have you personally experienced discrimination at work from your manager or colleagues.</p> <p>Indicator 1 and 9 – Increased representation of ethnic minority colleagues in senior, VSM or voting Board member roles.</p> <p>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.</p>							
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 checked="" 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							
Equality, Diversity and Inclusion Steering Group.							

INTRODUCTION

The Workforce Race Equality Standard (WRES) is a mandated requirement through the NHS standard contract and is the eighth 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 WRES indicators;

- **Indicator 3 – Likelihood of entering a formal disciplinary process.**
This score has remained static since last year and indicates no adverse impact for ethnic minority colleagues.
- **Indicator 4 – Access to non-mandatory training and continuous professional development.** This metric has improved since last year. The race disparity ratio is 1.02 and indicates there is no adverse impact on ethnic minority groups.

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.
- **Indicator 2 – Relative likelihood of appointment from shortlisting.** The metric score has worsened from last year illustrating white colleagues are 1.34 times more likely to be appointed from shortlisting.
- **Indicator 5 – Percentage of colleagues experiencing bullying, harassment or abuse from the public.** This score has worsened since last year from 16.2% to 17.2%. However the race disparity ratio is 0.8 indicating there is no adverse impact on ethnic minority groups.
- **Indicator 6 – Percentage of colleagues experiencing bullying, harassment or abuse from colleagues.** This score has worsened since last year from 18.2% to 22.7%. However the race disparity ratio is 1.09 indicating there is no adverse impact on ethnic minority groups.
- **Indicator 7 - Percentage believing the Trust provides equal opportunities for career progression or promotion.** The percentage of ethnic minority colleagues reporting they believe there are equal opportunities for career development or promotion has improved since last year from 45.5% to 48.5% yet the race disparity ratio has deteriorated and indicate an adverse impact for ethnic minority colleagues.
- **Indicator 8 – Percentage of colleagues experiencing discrimination from managers or colleagues.** The percentage of colleagues reporting they've experienced discrimination from managers or colleagues has worsened slightly since last year from 12.5% to 12.9%.. The race disparity ratio is 1.98 and an indication that ethnic minority colleagues are twice as likely to report experiencing discrimination from managers or colleagues than white colleagues.
- **Indicator 9 – Ethnic diversity of Voting Board Members.** At present there is no ethnic minorities represented on the Trust Board. 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 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.

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 of 31 March 2023, the Trust Headcount was 9,989. White 7238 (72.5%), ethnic minority 2620 (26.2%), unknown 131 (1.3%).

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). Across all bands with the exception of apprentices, bands 1 and 2, 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. 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 2022	% Ethnic Minority Background 2023	Clinical	% Ethnic Minority Background 2022	% Ethnic Minority Background 2023
Under Band 1	25.0	71.4	Under Band 1	-	100
Band 1	22.2	40.0	Band 1	-	N/A
Band 2	24.8	25.8	Band 2	17.4	21.0
Band 3	10.1	14.0	Band 3	19.0	23.9
Band 4	7.4	9.1	Band 4	12.6	13.1
Band 5	10.7	11.4	Band 5	35.0	44.6
Band 6	11.5	13.8	Band 6	14.7	17.1
Band 7	10.9	14.3	Band 7	9.1	9.6
Band 8a	8.2	7.5	Band 8a	9.4	10.6
Band 8b	26.3	7.4	Band 8b	7.5	6.4
Band 8c	7.7	16.7	Band 8c	6.7	4.5
Band 8d	-	-	Band 8d	10.0	9.1
Band 9	-	10.0	Band 9	-	-
VSM	-	-	VSM	-	-
Total	16.3	17.8	Total	25.1	29.5

We have seen further increases in clinical band 5 roles and this large increase may be attributed to the successful recruitment of nurses from overseas.

The medical and dental workforce has a higher proportion of ethnic minority colleagues in all roles than white colleagues.

Medical and Dental Workforce

Role	% Ethnic Minority Background 2022	% Ethnic Minority Background 2023
Consultants	53.1	52.6
Of which Senior Medical Manager	53.3	37.7
Non-consultant career grade	68.4	69.3
Trainee grades*	66.4	71.4

*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 have made strong progress in achieving and for some bands exceeding the expected trajectory for 2023 for bands 8a – 8d, however as mentioned earlier in the narrative for this indicator with further work needed to support the progression or recruitment of colleagues from an ethnic minority background into band 9 and VSM roles.

Model Employer Proposed Trajectory for bands 8a and above

	2020		2021		2022		2023	
	Ambition	Actual	Ambition	Actual	Ambition	Actual	Ambition	Actual
Band 8a	17	16 (-1)	19	21 (+2)	20	27 (+7)	22	32 (+10)
Band 8b	5	6 (+1)	5	8 (+3)	6	8 (+2)	6	5 (-1)
Band 8c	1	1	2	1 (-1)	2	3 (+1)	3	5 (+2)
Band 8d	0	0	0	1 (+1)	1	1 (-)	1	1 =
Band 9	0	0	0	0	1	0 (-1)	1	1 =
VSM	0	0	0	0	1	0 (-1)	1	0 (-1)

INDICATOR 2 – LIKELIHOOD OF APPOINTMENT FROM SHORTLISTING

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 1.34 (from 1.28). This means that white candidates are 1.34 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.

	2022		2023	
	White (n=)	Ethnic Minority Background (n=)	White (n=)	Ethnic Minority Background (n=)
Number of shortlisted applicants	7316	2861	6376	3793
Number appointed from shortlisting	3201	981	2108	934
Relative likelihood of appointment	43.75%	34.29%	33.06%	24.62%
Race disparity ratio	1.28		1.34	

INDICATOR 3 – LIKELIHOOD OF ENTERING FORMAL DISCIPLINARY PROCESSES

The data displayed in the table below shows that for this reporting year 2022 – 2023 we have seen the race disparity ratio remain static and below the race disparity ratio, meaning this is not a priority area for action in this reporting year.

	2021 - 2022		2022 - 2023	
	White (n=)	Ethnic Minority Background (n=)	White (n=)	Ethnic Minority Background (n=)
Average Number of colleagues entering the disciplinary process (over 2yr rolling period)	42.5	9.5	47.5	13.0
Race disparity ratio	0.76		0.76	

INDICATOR 4 – ACCESS TO NON-MANDATORY TRAINING AND CONTINUOUS PROFESSIONAL DEVELOPMENT

This indicator has improved significantly in the last 12 months, with the race disparity ratio of 1.02 indicating that colleagues from ethnic minority groups are almost equal in being 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 improved it is important to ensure we make further progress over the next 12 months.

The race disparity ratio for this indicator is at its lowest in the past 6 years.

	2022		2023	
	White (%)	Ethnic Minority Background (%)	White (%)	Ethnic Minority Background (%)
Percentage of colleagues accessing non-mandatory training and CPD	17.65%	11.90%	18.01%	17.7%
Race disparity ratio	1.48		1.02	

INDICATOR 5 – BULLYING AND HARRASSMENT FROM THE PUBLIC

As displayed in the Organisation Data (taken from the National Staff Survey 2022 Results) for this indicator found that 17.2% of ethnic minority staff and 21.2% 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 0.81 indicates there is no adverse impact for ethnic minority colleagues for this indicator, this is an deterioration 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 2022 and National Benchmark Comparator

	White	Ethnic Minority Background	Race Disparity Ratio	Change From 2021
Lancashire Teaching Hospitals	21.2%	17.2%	0.81	Deterioration
National Benchmark	26.9%	30.8%	1.14	Deterioration

Performance for this indicator as indicated in the table below over the last 4 years has indicated a mixed picture, with 2020 and 2022 seeing a deterioration after a year of improvement.

Organisation Data Over Time

	White	Ethnic Minority Background	Race Disparity Ratio	Change From Previous Year
2022	21.2%	17.2%	0.81	Deterioration
2021	21.6%	16.2%	0.75	Improvement
2020	22.5%	19.5%	0.87	Deterioration
2019	25.6%	19.5%	0.76	Improvement

Ethnic Group National Staff Survey Data

From reviewing National Staff Survey Data for this item for this WRES indicator by ethnic minority group it was found that 18.6% of Black/African/Caribbean/Black British colleagues experienced at least one incidence of bullying, harassment or abuse from patients, relatives or other members of the public over the previous 12 months, with, 17.5% of Asian/Asian British colleagues also experiencing bullying, harassment and abuse from patients or other members of the public.

	Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic groups				
Comparator (Organisation Overall)	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ Multiple ethnic groups	Other ethnic groups	White
n = 4440	n = 657	n = 97	n = 77	n = 31	n = 3538
20.4%	17.5%	18.6%	15.8%	13.3%	21.2%

INDICATOR 6 – BULLYING AND HARRASSMENT FROM COLLEAGUES

The data displayed below for indicator 6, highlights a deterioration from last year's WRES reporting position with a race disparity ratio of 1.08 for colleagues experiencing harassment, bullying or abuse from colleagues in the last 12 months. As the 1.08 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 2022 and National Benchmark Comparator

	White	Ethnic Minority Background	Race Disparity Ratio	Change From 2021
Lancashire Teaching Hospitals	20.9%	22.7%	1.08	Deterioration
National Benchmark	23.3%	28.8%	1.24	Deterioration

Performance for this indicator, as shown in the table below, over the last 3 years has indicated again a further mixed picture and inconsistent patterns or trends, with 2019 and 2021 seeing a small improvement, with other years seeing a deterioration in the race disparity ratio.

Organisation Data Over Time

	White	Ethnic Minority Background	Race Disparity Ratio	Change From Previous Year
2022	20.9%	22.7%	1.08	Deterioration
2021	20.3%	18.2%	0.90	Improvement
2020	23.6%	26.2%	1.11	Deterioration
2019	25.9%	24.0%	0.93	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 who identified as being from Other Mixed Ethnic Background reported the greatest incidence of bullying, harassment and abuse from colleagues with 25.8% reporting one or more incident.

	Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic groups				
Comparator (Organisation Overall)	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ Multiple ethnic groups	Other ethnic groups	White
n = 4440	n = 657	n = 97	n = 77	n = 31	n = 3538
21.3%	22.3%	23.2%	23.4%	25.8%	20.8%

INDICATOR 7 – CAREER PROGRESSION AND PROMOTION

As displayed in the Organisation Data for this indicator for 2022, 48.5% of ethnic minority colleagues and 62% of white colleagues believes our organisation provided equal opportunities for career progression and promotion. The race disparity ratio of 1.28 indicates there is an adverse impact for colleagues from an ethnic minority background. Our race disparity ratio is slightly more favourable for ethnic minority colleagues than the national benchmark.

Organisation Data for 2022 and National Benchmark Comparator

	White	Ethnic Minority Background	Race Disparity Ratio	Change From 2021
Lancashire Teaching Hospitals	62.0%	48.5%	1.28	Deterioration
National Benchmark	58.6%	47.0%	1.25	Improvement

Performance for this indicator as indicated in the table below has remained fairly static over the last 4 years with a dip in 2021.

Organisation Data Over Time

	White	Ethnic Minority Background	Race Disparity Ratio	Change From Previous Year
2022	62.0%	48.5%	1.28	Improvement
2021	60.7%	45.5%	1.33	Deterioration
2020	62.4%	49.5%	1.26	Same
2019	62.4%	49.7%	1.26	Improvement

Ethnic Group National Staff Survey Data

The National Staff Survey data when broken down by ethnic minority group found that colleagues from Mixed/Multiple Ethnic Groups were most likely to state they did not believe there was equal opportunities for career progression or promotion. For comparison 62.0% of white colleagues believe the Trust provide equal opportunities for career progression and promotion. The race disparity ratio in addition to colleagues experience as measured through the staff survey indicates we need to take further action.

	Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic groups				
Comparator (Organisation Overall)	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ Multiple ethnic groups	Other ethnic groups	White
n = 4440	n = 657	n = 97	n = 77	n = 31	n = 3538
59.2%	49.6%	44.8%	42.1%	45.2%	62.0%

INDICATOR 8 – EXPERIENCE OF DISCRIMINATION FROM MANAGER OR COLLEAGUES

The table below displaying the Organisation Data for indicator 8, shows that 12.9% of ethnic minority colleagues and 6.5% of white colleagues have experienced discrimination at work from a manager, team leader or other colleagues. This leads to a race disparity ratio of 1.98. This shows there is a negative impact for colleagues with ethnic minority backgrounds for this indicator, furthermore this race disparity ratio is the worst out of all of the WRES indicators measured. Whilst the organisation's 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 2022 and National Benchmark Comparator

	White	Ethnic Minority Background	Race Disparity Ratio	Change From 2021
Lancashire Teaching Hospitals	6.5%	12.9%	1.98	Deterioration
National Benchmark	6.5%	17.3%	2.66	Deterioration

This year we have seen a deterioration in the race disparity ratio. The results across the last four years have remained fairly static aside from an increase in ethnic minority colleagues reporting discrimination in 2020.

Organisation Data Over Time

	White	Ethnic Minority Background	Race Disparity Ratio	Change From Previous Year
2022	6.5%	12.9%	1.98	Deterioration
2021	6.9%	12.5%	1.81	Improvement
2020	6.0%	17.6%	2.94	Deterioration
2019	5.8%	12.9%	2.22	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 are from a Black / African / Caribbean ethnic group report experiencing the most discrimination with 15.6% stating they have personally experienced discrimination from their manager or colleagues, this was followed by Asian / Asian British colleagues at 13.4% . The organisational average for this question was 7.9% colleagues reporting to have experienced discrimination from colleagues or their manager.

	Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic groups				
Comparator (Organisation Overall)	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ Multiple ethnic groups	Other ethnic groups	White
n = 4440	n = 657	n = 97	n = 77	n = 31	n = 3538
7.9%	13.4%	15.6%	10.4%	10.0%	6.5%

INDICATOR 9 – BOARD MEMBERSHIP

At present 0% of the Board's voting membership has an ethnic minority background, compared with an overall workforce representation of 26.2%. As there are no ethnic minority board members this is 26.2% lower than our workforce, therefore is not proportionately representative.

MEDICAL WRES (MWRES) & BANK WRES

For the first time this year, the national WRES team have asked organisations to provide additional workforce data to further explore and quantify race disparities experienced in both the medical workforce and the bank workforce.

Medical WRES

It has been recognised that the medical workforce has several challenges which sets it apart from the rest of the healthcare profession, and so a bespoke set of indicators, the MWRES, were developed in 2020. The publication of the very first national MWRES report in 2021 identified racial disparity experienced by minority ethnic doctors in terms of recruitment, promotion, pay, experience of bullying and harassment, and representation in senior positions. This was especially evident for international medical graduates and specialty and associate specialist (SAS) doctors.

There are eleven MWRES indicators overall and some of the indicators have subsections. The indicators present data on Workforce ethnicity composition, Career Progression, Rewards and Staff feedback. Four of the indicators focus on workforce data, six are based on data from the national NHS Staff Survey questions, one indicator focuses upon minority ethnic representation on boards in Royal and Other Medical Colleges and one indicator focuses on minority ethnic representation as Deans of Medical Schools.

MWRES indicators

Indicator	Indicator Description	2023 Data Source
1a	Number of staff in each medical and dental sub group, disaggregated by ethnicity	Trust Data
1b	Number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity and origin of primary medical qualification	Trust Data
1c	Number of clinical academics disaggregated by ethnicity	Medical Schools Council
2	Consultant recruitment following completion of postgraduate training, disaggregated by ethnicity	Trust Data via TRAC/NHS jobs
3a	Complaints, referrals to the GMC, and GMC Investigations, disaggregated by ethnicity and origin of primary medical qualification	Trust Data & GMC Data
3b	Deferral of revalidation, disaggregated by ethnicity and origin of primary medical qualification	Trust Data & GMC Data
4a	Admissions into medical schools disaggregated by ethnicity	UCAS
4b	Differential pass rates in Royal College postgraduate examinations	All Medical Colleges (AoMRC)
4c	Annual review of competence progression (ARCP) - unsatisfactory outcomes by PMQ - core medical training	GMC Data
5-10	NHS Staff Survey	NHS Staff Survey Data
11a	Number of doctors on college boards (royal colleges and other medical colleges), disaggregated by ethnicity, type of board membership, and voting rights	All Medical Colleges (AoMRC)
11b	Number of senior staff in medical schools, disaggregated by ethnicity	Individual Medical Schools

Just like the WRES, the MWRES aims to highlight any differences between the experience and treatment of white medical colleagues and ethnic minority medical colleagues in the NHS, with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

This year organisations have only been asked to provide data to the national teams in respect of three metrics;

Metric 1a – The composition of the Medical & Dental Workforce

Metric 1b – Clinical Excellence Awards

Metric 2 – Consultant Recruitment

Metric 1a – Composition of Medical & Dental Workforce*

The number of staff in each medical and dental contract group as at the last calendar day of the stated financial year.

Role	2022-2023					Total
	White	Black	Asian	Other	Not Known	
Medical Director	1	-	-	-	-	1
Clinical Director **	-	-	-	-	-	-
Consultant	211	17	173	51	7	459
SAS	25	6	39	14	3	87
Locally Employed Doctor	36	20	50	46	1	153
Doctor in Postgraduate Training	36	11	40	21	3	111
All other medical and dental staff	-	-	-	-	-	-
Total	309 38.1%	54 6.7%	302 37.2%	132 16.3%	14 1.7%	811

* Excludes Lead Employer Doctors-in-Training

** Definition of Clinical Director "... usually works for a Primary Care Network (PCN), supporting a group of practices in partnership with community services, social care, mental health and other healthcare providers. Clinical Directors are accountable leaders, responsible for delivery and key to leading improvement and challenging poor outcomes across the PCN"

Due to the national definition of Clinical Director, our Clinical Directors have been incorporated into the 'Consultant' category which hampers our ability to review representation across senior level medical positions. White and Asian colleagues make up the largest section of the medical and dental workforce at 38.1% and 37.2% respectively.

Metric 1b – Clinical Excellence Awards

The number of staff eligible for, and who were awarded a Clinical Excellence Award within the stated financial year.

	2022-2023				
	White	Black	Asian	Other	Not Known
No. eligible to apply	132	12	130	30	6
No. applied	132	12	130	30	6
No. awarded	132	12	130	30	6

Since COVID, all eligible to apply for a Clinical Excellence Award have received one so there has been no disparity between those who applied and those who were awarded. Consideration will need to be given to the application and decision-making process to ensure the process is fair and equitable when it reverts back.

Metric 2 – Consultant Recruitment *

Consultant Recruitment within the stated financial year.

	2022-2023				
	White	Black	Asian	Other	Not Known
No. of applicants	30	4	116	40	6
No. shortlisted	17	3	45	19	5
No. appointed	11	2	22	9	4
% appointed from shortlisting	64.7%	66.7%	48.9%	47.4%	80%

* Figures do not represent a full 12 months as TRAC deletes historical data after 12 months. Data was extracted on 29th June 2023 and so covers 29th June 2022-31st March 2023.

Bank WRES

In addition, this year the national team are expanding the scope of WRES to cover bank-only workers for the first time too. To support NHS England's strategic aims of improving the quality of bank provision as a flexible option for staff, a set of indicators has been developed for NHS bank only workers aligned to the People Promise and People Plan. The Bank WRES will focus on colleagues who choose to work in the NHS on a casual contract and who have no other NHS employment contract in place; the aim is to understand how ethnicity and gender (along with contract type) intersects with experience for this part of the NHS workforce.

Metric 1:	Percentage of *active workers by ethnic group and gender across key grades and staff groups.
Metric 2:	Relative likelihood of bank workers entering a formal disciplinary process by ethnic group in the last 12 months.
Metric 3:	Relative likelihood of bank workers being formally dismissed by ethnic group, in the last 12 months (for conduct and capability).
Metric 4a:	Percentage of bank workers experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in last 12 months.
Metric 4b:	Percentage of bank workers experiencing harassment, bullying or abuse from: other colleagues in the last 12 months
Metric 4c:	Percentage of bank workers experiencing harassment, bullying or abuse from: Managers in the last 12 months.
Metric 4d:	Percentage of bank workers who experienced harassment, bullying or abuse at work who then proceeded to report it?
Metric 5a:	Percentage of bank workers that have personally experienced physical violence from patients/service users, their relatives, or other members of the public in the last 12 months.
Metric 5b:	Percentage of workers who experienced physical violence at work who then proceeded to report it?
Metric 6a:	Percentage workers who would, in the next 12 months consider moving to work in a form of permanent employment in the NHS.
Metric 6b:	Percentage of bank workers that feel there are opportunities to develop their career in the organisation.
Metric 6c:	Percentage of workers whose main paid source of work is on the bank.
Metric 6d:	How long have bank only workers solely worked on the bank.
Metric 7a:	Percentage of bank workers that have in the last 12 months personally experienced discrimination at work from managers/ team leaders or colleagues.
Metric 7b:	Percentage of bank workers that have in the last 12 months personally experienced discrimination at work from: patients, relatives, or members of the public.
Metric 8a:	Percentage of bank workers who feel that the organisation values their work contribution.
Metric 8b:	Percentage of bank workers that feel safe to speak up about anything that concerns them in their organisation.
Metric 8c:	Percentage of bank workers that think the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.)
Metric 8d:	Percentage of bank workers that feel they receive the respect they deserve from colleagues at work.
Metric 9:	Percentage of bank workers who were originally recruited to the NHS from outside of the UK and now work in a bank only position.

This year, organisations have been asked to provide data to the national teams in respect of three metrics only;

Metric 1: Percentage of *active workers by ethnic group and gender across key grades and staff groups.

Metric 2: Relative likelihood of bank workers entering a formal disciplinary process by ethnic group in the last 12 months
This indicator (2) is also applicable to externally provided bank workers used in NHS organisations.

Metric 3: Relative likelihood of bank workers being formally dismissed by ethnic group, in the last 12 months (for conduct and capability).

Metric 1: Percentage of *active workers by ethnic group and gender across key grades and staff groups.

Clinical

	Clinical																	
	Female									Male								
	Non-AFC	Under band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7+	Non-AFC	Under band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7+
White: British	-	-	-	169	311	16	54	39	12	-	-	-	30	50	-	5	1	2
White: Irish	-	-	-	1	8	-	-	1	-	1	-	-	-	5	-	-	-	-
White: Any other White background	-	-	-	5	15	-	-	-	-	-	-	-	-	6	-	-	-	-
BME - Mixed: White and Black Caribbean	-	-	-	5	2	-	2	1	-	-	-	-	1	2	-	-	-	-
BME - Mixed: White and Black African	-	-	-	1	3	-	-	-	-	-	-	-	1	1	-	-	-	-
BME - Mixed: White and Asian	-	-	-	2	1	-	-	-	-	-	-	-	1	1	-	-	-	-
BME - Mixed: Any other mixed background	-	-	-	-	3	-	-	-	-	-	-	-	-	2	-	-	-	-
BME - Asian or Asian British: Indian	-	-	-	27	33	-	5	1	-	-	-	-	11	14	-	-	-	-
BME - Asian or Asian British: Pakistani	-	-	-	16	13	1	1	-	-	-	-	-	4	3	-	1	-	-
BME - Asian or Asian British: Bangladeshi	-	-	-	2	4	-	-	-	-	-	-	-	-	1	-	-	-	-
BME - Asian or Asian British: Any other Asian background	-	-	-	-	4	-	1	-	-	-	-	-	-	5	-	-	-	-
BME - Black or Black British: Caribbean	-	-	-	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-
BME - Black or Black British: African	-	-	-	19	58	-	4	-	-	-	-	-	4	11	-	1	-	-
BME - Black or Black British: Any other Black background	-	-	-	-	3	-	1	-	-	-	-	-	-	-	-	-	-	-
BME - Other Ethnic Groups: Chinese	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
BME - Other Ethnic Groups: Any other ethnic group	-	-	-	3	3	-	-	-	-	-	-	-	-	5	-	-	-	-
Not stated	1	-	-	-	4	-	-	1	-	-	-	-	-	2	-	-	-	-

There are significantly more female clinical bank workers than males. Across both male and female groups, the majority of bank colleagues sit at band 3. The majority of bank workers are White: British with Chinese being the least represented.

Non-clinical

	Non-Clinical																	
	Female									Male								
	Non-AFC	Under band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7+	Non-AFC	Under band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7+
White: British	-	-	-	69	10	-	-	1	1	-	-	-	60	1	4	-	-	2
White: Irish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
White: Any other White background	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BME - Mixed: White and Black Caribbean	-	-	-	1	-	-	-	-	-	-	-	-	1	1	-	-	-	-
BME - Mixed: White and Black African	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BME - Mixed: White and Asian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BME - Mixed: Any other mixed background	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
BME - Asian or Asian British: Indian	-	-	-	14	1	-	-	-	-	-	-	-	25	1	-	-	-	-
BME - Asian or Asian British: Pakistani	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-
BME - Asian or Asian British: Bangladeshi	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BME - Asian or Asian British: Any other Asian background	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
BME - Black or Black British: Caribbean	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-
BME - Black or Black British: African	-	-	-	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-
BME - Black or Black British: Any other Black background	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BME - Other Ethnic Groups: Chinese	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
BME - Other Ethnic Groups: Any other ethnic group	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Not stated	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-

There are similar numbers of female and male clinical bank workers. Across both male and female groups, the majority of bank colleagues sit at band 2. The majority of bank workers are White: British.

Medical & Dental

	Medical & Dental	
	Female	Male
	NULL	NULL
White: British	14	24
White: Irish	-	-
White: Any other White background	2	2
BME - Mixed: White and Black Caribbean	-	-
BME - Mixed: White and Black African	-	-
BME - Mixed: White and Asian	1	2
BME - Mixed: Any other mixed background	-	2
BME - Asian or Asian British: Indian	7	5
BME - Asian or Asian British: Pakistani	9	24
BME - Asian or Asian British: Bangladeshi	2	1
BME - Asian or Asian British: Any other Asian background	2	2
BME - Black or Black British: Caribbean	-	1
BME - Black or Black British: African	3	4
BME - Black or Black British: Any other Black background	1	-
BME - Other Ethnic Groups: Chinese	1	4
BME - Other Ethnic Groups: Any other ethnic group	1	5
Not stated	1	2

There are significantly more male medical and dental bank workers than female. The majority of bank workers are White: British with Asian or Asian British, Pakistani a close second.

Metric 2: Relative likelihood of bank workers entering a formal disciplinary process by ethnic group in the last 12 months

	White: British	White: Any other white background	BME: Mixed, White & Black Caribbean	BME: Black or Black British, Caribbean	BME: Black or Black British, African
Number of colleagues entering the disciplinary process	2	1	1	1	1

Metric 3: Relative likelihood of bank workers being formally dismissed by ethnic group, in the last 12 months (for conduct and capability)

	White: British	White: Any other white background	BME: Mixed, White & Black Caribbean	BME: Black or Black British, Caribbean	BME: Black or Black British, African
Number of colleagues being formally dismissed	1	1	1	-	1

At present, in isolation, it is not possible to draw any conclusions from our data as a Trust however we will review the national MWRES and Bank WRES reports once they are published, discuss the themes with our Ethnicity Ambassador forum and determine any additional actions we can take as a result. It is anticipated that the MWRES will be published in March 2024.

WRES ACTION PLAN

Nationally, NHS England have set six targeted actions to address direct and indirect prejudice and discrimination, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The improvement plan aims to improve the outcomes, experience and culture for those with protected characteristics under the Equality Act 2010 (although it is not limited to these groups) and links to the NHS People Plan. The six actions are as follows, all of which have been built into our strategic EDI action plan:

- 1) Chief Executives, Chairs and Board Members must have specific and measurable EDI objectives to which they

will be individually and collectively accountable.

- 2) Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
- 3) Develop and implement an improvement plan to eliminate pay gaps.
- 4) Develop and implement an improvement plan to address health inequalities within the workforce.
- 5) Implement a comprehensive induction, onboarding and development programme for internationally-recruited colleagues.
- 6) Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

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 both the Equality, Diversity and Inclusion Strategic Action Plan and the dedicated workforce focused actions as outlined in Our People Plan which is the Workforce and Organisational Development Strategy for the strategic aim To Be Supportive and Inclusive. A copy of the strategic action plan for equality, diversity and inclusion is provided in Appendix 1, this brings together the actions under the EDI Strategy and People Plan into one document. The draft strategic action plan, alongside this WRES report will be discussed with colleagues who participate in the organisation's Ethnicity Ambassador Forum.

In addition to the Trust wide EDI Strategy and People Plan, we are working collaboratively with the Lancashire and South Cumbria Integrated Care Board (ICB) Belonging Delivery Group. There is a ICB Belonging Group focus on improving the following key WRES metrics that are again in alignment with the Trust's EDI action plan:

- Increase diverse recruitment from shortlisting
- Targeted talent management and career development opportunities
- Reduction in bullying and harassment from the public and patients
- Equal board representation

The strategic action plan addresses 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).
- Reducing the percentage of colleagues from an ethnic minority background experiencing discrimination at work from their manager, team leader or other colleagues

Work has already commenced to support the career progression of ethnic minority colleagues with the launch of the Inclusive Leadership in Lancs programme in 2021. The programme was co-designed with colleagues, specifically to support our talented ethnic minority aspiring leaders of the future who currently occupy band 5-8a posts. The first cohort has completed all learning elements and will be evaluated over the next few months culminating in a celebratory graduation event. Part of the evaluation will seek to understand how the programme has benefitted the development of colleagues in addition to what other support would be beneficial in supporting their ongoing career progression.

We have also taken positive action to ring fence a proportionally representative percentage of accredited (e.g. Institute

of Leadership and Management Level 2, Consultant Leadership Development etc.) and non-accredited (e.g. Continuous Improvement Programmes, Core People Management Skills, Senior Leadership Development etc.) taught programmes for colleagues with protected characteristics.

A Zero Tolerance toolkit has recently launched as part of a Trust wide campaign to encourage colleagues who are bystanders to challenge inappropriate behaviour whilst promoting an environment of safety, mutual care, respect and understanding, aiming to support a reduction in discrimination, violence, aggression, bullying and abuse.

An action scheduled for progression over the next 6 months is to overhaul our recruitment processes and embed a talent management strategy that targets under-representation and lack of diversity and specifically addresses the issues around attracting and retaining younger talent, as well as equity of career progression opportunities for staff of all protected characteristics and particularly for internationally recruited staff.

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 additional actions they believe will help to reduce inequality and increase inclusion.
- To consult and co-produce with the Ethnic Minority Inclusion Forum on the 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.
- 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.
 - Sharing further updates with the Ethnic Minority Inclusion forum.
 - Managers Update Sessions.
 - 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 Staff Survey in conjunction with 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.



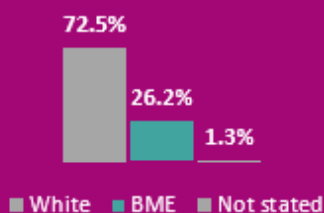
THE WORKFORCE RACE EQUALITY STANDARD 2023



The NHS Workforce Race Equality Standard (WRES) was devised to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. There are nine WRES indicators. The infographic (for 2023) below highlights any differences between the experience and treatment of White colleagues and ethnic minority colleagues, as an organisation we are committed closing those gaps through the development and implementation of actions to bring about continuous improvement over time.

OUR DATA AND KEY FINDINGS

REPRESENTATION



APPOINTMENTS

White candidates are **1.34** times more likely than ethnic minority candidates to be appointed from shortlisting

DISCIPLINARY PROCESS

Ethnic minority colleagues are **0.76** times less likely to enter a formal disciplinary process than white colleagues

TRAINING AND DEVELOPMENT

White colleagues are **1.02** times more likely to access non-mandatory training and CPD compared to ethnic minority colleagues

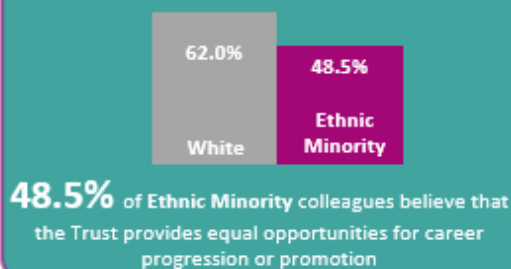
BULLYING AND HARRASSMENT FROM PATIENTS AND THE PUBLIC



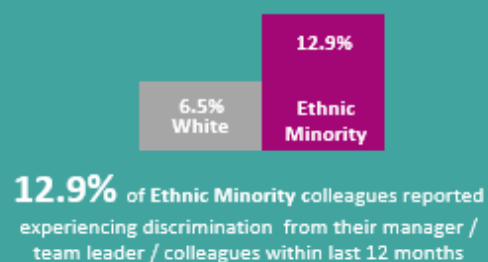
BULLYING AND HARRASSMENT FROM COLLEAGUES



CAREER PROGRESSION



DISCRIMINATION



BOARD MEMBERSHIP

0 Board Members identify as belonging to an ethnic minority group, out of a total of 15 Board Members