**LLR ICB - NHS Workforce RACE EQUALITY STANDARD 2022/2023**

**Introduction**

1. The NHS Workforce Race Equality Standard (WRES) was introduced to the NHS in April 2015 and included in the NHS standard contract the same year. WRES baseline data has been provided and published by the NHS since 1 July 2015.
2. The main purpose of the WRES is to help NHS organisations to review their data against the nine WRES indicators and produce an action plan to close the gaps in workplace experience between White, and Black, and Minority Ethnic (BME) staff. The WRES also places an obligation on NHS organisations to improve BME representation at Board level.
3. The requirements of the WRES are highlighted in the ‘We are the NHS: People Plan 2020/21 – action for us all’ which focusses on the need to have robust action plans in place to address equality and inclusion in the workplace. The ICB must also publish progress against the goals contained in NHSE ‘A Model Employer’ to ensure that at every level the workforce is representative of the overall BME workforce.
4. At present, Integrated Care Boards (ICBs) are not required to undertake the WRES assessment. Recent correspondence from the NHS WDES team (April 2023) noted ‘At the moment, there is no mandate for ICBs to submit WDES and WRES data. Any information we receive will therefore be voluntary, but we will support, as we can, any organisation that wants to use the WDES and WRES methodology. What we are not planning to do at the moment is collect data from ICBs, nor publish an overall report on it’.
5. If the WRES had been mandated, the latest technical guidance also states that ‘formally, ICBs are not required by the NHS standard contract to fully apply the WRES to themselves as some ICB workforces may be too small for the WRES indicators to either work properly or to comply with the Data Protection Act.’ However, the guidance goes on to say ‘ICBs should commit to the principles of the WRES and apply as much of it as possible to their own workforce. In this way, ICBs can demonstrate good leadership, identify concerns within their workforces, and set an example for their providers’. The report will ensure that the ICB can make informed decisions whilst protecting the anonymity of staff.
6. As part of our commitment to workforce equality and inclusion it is important to commit to this standard as part of our continuous EDI improvement journey. The ICB plays an active role in the development of Equality and Inclusion across the LLR system and needs to be an active in progressing and collaborating with partners on the standard. This is particularly important following the launch of the Workforce EDI NHSE Improvement Plan in June (noted below).
7. In June 2023, NHSE launched their new **Workforce** **Equality, Diversity and Inclusion (EDI) Improvement Plan** which sets out six measurable actions for NHS organisations to address inequalities across the nine protected characteristics in the Equality Act 2010.  Addressing all forms of discrimination and inequalities, will enable our workforce to use their full range of skills and experience to deliver the best possible care to our patients and service users. The action plan attached incorporates all the relevant actions contained in the Improvement Plan which aims to address any issues contained in this report.
8. As the ICB is a newly constituted organisation this year’s analysis will act as baseline data. It covers the period 1st July 2022 - March 31st 2023. The WRES was also paused for CCGs in 2021-22 so any comparison would not be possible in any case.
9. Note on terminology: The term “BME” is used throughout this report to mirror the wording of the WRES. However, this term is becoming less used in favour of more inclusive language which does not combine all minority ethnic groups together.

**The WRES Reporting Tool**

1. The Workforce Race Equality Standard applies to all types of providers of nonprimary healthcare services operating under the full-length version of the NHS Standard Contract, and so is applicable to NHS providers, independent sector providers, and voluntary sector providers.
2. ICBs have two roles in relation to the WRES - as a commissioner of NHS services and as employers. In both roles, our work is shaped by key statutory requirements and policy drivers including those arising from:

* The NHS Constitution
* The Equality Act (2010) and the Public Sector Equality Duty
* The NHS standard contract and associated documents
* The ICB Improvement and Assessment Framework.
* Workforce Equality, Diversity and Inclusion (EDI) Improvement Plan
* Equality Delivery System 2022

1. In addition to the NHS standard contract, the ICB Improvement and Assessment Framework requires ICBs to give assurance to NHS England that our providers are implementing and using the WRES. Therefore, implementing the WRES and working on its results together with the subsequent action plans is a part of contract monitoring arrangements between the ICB and our system provider organisations.
2. The use of WRES evidence is also a requirement of new Equality Delivery System 2022 under the ‘**Workforce health and well-being’**Domainto ensure that there is symmetry across the NHS mandated standards.

**The WRES Indicators**

1. With over one million employees, the NHS is mandated to show progress against several indicators on workforce equality, including a specific indicator to address the low numbers of BME Board members across the organisations.
2. The nine WRES indicators (Appendix 1) that NHS organisations report against on an annual basis are based on existing data sources which include Electronic Staff Records (ESR) and NHS Staff Survey results. Caution must be taken when looking at the data due to the small number of staff employed by the ICB. When publishing the data, we will ensure that no one can be identified.

**Analysis of WRES (based on LLR ICB combined data for the reporting period 1st July 2022 – 31st March 2023)**

**WRES 2022/23 – Key Findings**

1. The table below provides an overview of the ICBs workforce which includes employed and non-employed individuals on the payroll on 31 March 2023.

|  |  |
| --- | --- |
|  | **2023** |
| LLR ICBs’ area BME population\* | 27.5% |
| Number of staff employed within the organisation | 339 |
| Proportion of BME staff | 31.6 % |
| Proportion of staff self-reporting their ethnicity | 89.3% |

\* ICB area BME population data taken from 2021 Census

**Analysis:**

* The data demonstrates that the BME workforce at the ICB is more than representative of the BME population across LLR population by 4.1%
* The number of staff self-reporting their ethnicity is 89.3%

**LLR ICBs WRES Data Summary**

1. **WRES Indicator 1: percentage of staff both clinical and non – clinical combined in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Percentage of LLR ICB staff in each AfC Band** | | | |
|  | **White** | **BME** | **Unknown** |
| **2023** | **2023** | **2023** |
| Under Band 1 | 50% | 50% | 0% |
| Band 1 | 0% | 0% | 0% |
| Band 2 | 0% | 0% | 100% |
| Band 3 | 100% | 0% | 0% |
| Band 4 | 27.8% | 66.7% | 5.5% |
| Band 5 | 56.7% | 36.7% | 6.6% |
| Band 6 | 56.9% | 39.2% | 3.9% |
| Band 7 | 53.4% | 44.4% | 2.2% |
| Band 8A | 64.3% | 27.1% | 8.56% |
| Band 8B | 69.4% | 25% | 5.6% |
| Band 8C | 67.9% | 28.6% | 3.5% |
| Band 8D | 100% | 0% | 0% |
| Band 9 | 70% | 20% | 10% |
| VSM\* | 47.7% | 9.5% | 42.8% |
| Other | 28.6% | 21.4% | 50% |
| **Total** | **57.8%** | **31.6%** | **10.6%** |

**VSM includes senior employees that are not on Agenda for Change pay bands and includes other Governing Body members who are not banded.**

**Analysis of Indicator 1.**

* BME Representation of total staff in Bands Under 1-6 is 40.4 %
* BME Representation of total staff in Bands 7 – 8C is 31.3%
* BME Representation of total staff in Bands 8D, 9 and VSM is 10.8%
* BME Representation of total staff in “Other Bands” is 21.4%

The figures indicate that BME staff are represented less at the higher bands compared to the lower and middle bands.

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **White** | **BME** | **Unknown** |
| **2023** | **2023** | **2023** |
| Number of shortlisted applicants | 69 | 83 | 16 |
| Number appointed from shortlisting | 21 | 15 | 7 |
| Relative likelihood of appointments from shortlisting | 30.43% | 18.07% | 43.75% |

**Analysis of indicator 2:**

* The relative likelihood of appointment indicates that white applicants have a **1.68** better chance of securing a position than BME candidates.

1. **WRES Indicator 3: Relative likelihood of staff entering the formal disciplinary process.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **White** | **BME** | **Unknown** |
| **2023** | **2023** | **2023** |
| Number of staff entering the formal disciplinary process | N/A | N/A | N/A |
| Relative likelihood of staff entering the formal disciplinary process | N/A | N/A | N/A |

**Analysis of Indicator 3**

* We cannot meaningfully report against this metric given the very small number of formal disciplinary cases we have in the ICB.

1. **WRES Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **White** | **BME** | **Unknown** |
| **2023** | **2023** | **2023** |
| Number of staff accessing non-mandatory training and CPD | Not collected | Not collected | Not collected |
| Likelihood of staff accessing non-mandatory training and CPD | N/A | N/A | N/A |

1. **WRES Indicators 5-8 - LLR ICB National NHS Staff Survey results 2022**

|  |  |  |  |
| --- | --- | --- | --- |
| **LLR ICB National NHS Staff Survey results 2022: WRES indicators 5-8** | | | |
| **Staff survey question** | **White staff** | **BME staff** | **BME Median\*** |
| Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months | 2.7% | 0.0% | 8.3% |
| Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months | 12.8% | 21.7% | Median benchmark\* 20.0% |
| Percentage believing that the organisation provides equal opportunities for career progression or promotion | 64.9% | 57.8% | 38.3% |
| In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues | 1.4% | 13.3% | 13.3% |

**\***Average calculated as the median for benchmark group

**Analysis of indicators 5-8**

**The staff survey results indicate that:**

* BME staff are more likely to experience harassment, bullying or abuse from colleagues (21.7%) compared to white staff (12.8%). This is a difference of 8.9%
* 64.9% of white staff believe that the organisation provides equal opportunities for career progression or promotion compared to 57.8% of BME staff. This is, however, more than the median figure for ethnically diverse employees.
* 13.3 % of BME staff have personally experienced discrimination at work from a manager/team leader or other colleagues compared to 1.4% of white staff. This is a difference of nearly 12%.

1. **WRES Indicator 9: Percentage difference between the organisation’s Board voting membership and its overall workforce**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **White** | **BME** | **Unknown** |
| **2023** | **2023** | **2023** |
| LLR ICB area population\* | 72.5% | 27.5% | 0 |
| Overall total workforce | 196 | 107 | 36 |
| Percentage of members who sit on the Board who are either White/BME or status unknown | 41.2% | 5.9% | 52.9% |
| Of which, Voting members | 41.2% | 5.9% | 52.9% |
| Of which, Exec Board members | 60% | 0 | 40% |
| Non-Executive | 33.3% | 8.3% | 58.3% |

\* ICB area BME population data taken from 2021 Census

**Analysis of indicator 9.**

The total number of BME members on the ICB Board is 5.9% (and voting) which is less than representative of the workforce and local demographic profile. There were 52.9% of board members who did not register their ethnicity. **However, it is recognised that the data is not truly reflective as not all the Board members are on the ICB payroll.**

**Contract monitoring arrangements and the WRES**

1. The ICB with support from the Quality Team continues to ensure that the WRES is being monitored through the full NHS contract. The ICB receives regular reports and is assured that the WRES is being reported and monitored through its governance arrangements.

**Accessibility Check**

**All charts are described in Alt text.**

**Where merged cells exist, the curser moves on logically to next cell.**

**All tables have narrative underneath explaining the overall findings.**

**WRES Report: Final Approved 14/12/2023**

**Appendix 1**

## **The Workforce Race Equality Standard indicators**

|  |  |
| --- | --- |
|  | Workforce indicators  For each of these four workforce Indicators, compare the data for white and BME staff |
| 1. | Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:   * Non-Clinical staff * Clinical staff - of which   + Non-Medical staff   + Medical and Dental staff   Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes. |
| 2. | Relative likelihood of staff being appointed from shortlisting across all posts.  Note: This refers to both external and internal posts  Data should be taken at year end. |
| 3. | Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.    Note: Data should be taken at year end. |
| 4. | Relative likelihood of staff accessing non-mandatory training and CPD |
|  | National NHS Staff Survey indicators (or equivalent)  For each of the four staff survey indicators, compare the outcomes of the responses for white and 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 of staff 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?  b) Manager/team leader or other colleagues |
|  | Board representation indicator  For this indicator, compare the difference for white and BME staff |
| 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 |