

Public Trust Board – 31st August 2021

Workforce Race Equality Standard Metrics Report 2020/21

Purpose of the Report

- The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract from 2015/16 to address the finding that the NHS treats black and minority ethnic (BME) staff less favourably in their recruitment, promotion, discipline and career progression.
- The present report aims to fulfil the Trust's statutory duties in relation to the WRES metrics, which include actions for the Trust's Board:
 - Approve the 2020/21 WRES metrics for submission to NHS England via a reporting portal and publication on the Trust's website, by 31st August 2021 and 31st October 2021, respectively;
 - Approve the 2020/21 WRES metrics for presentation to the lead commissioner.
 - Approve the 2021/22 WRES action Plan (attached as appendix 1 to the report)
- Assurance is provided that the Trust's statutory duties in relation to the WRES metrics will be met if the above actions are undertaken.

Analysis of the Issue

- Analysis of the WRES metrics indicates that BME staff are at a disadvantage or have poorer outcomes when compared to White staff in terms of
 - Career progression
 - Recruitment
 - Non-mandatory training
 - Bully, harassment and abuse from other staff
 - Belief that the Trust provides equal opportunities in career progression
 - Discrimination from other staff
 - Representation on the Trust's board
- These findings reflect long-term trends that are being addressed through the Trust's WRES Action Plan. The WRES action plan was, and continues to be developed in collaboration with the BME Staff Support Group and senior leaders, including board members. It is a further statutory requirement that the WRES action plan is seen by the Trust's board for approval, and published on the Trust's website by 31st October 2021. The WRES technical guidance states that boards should "own this work and how progress is to be made and monitored."
- Please see the report that accompanies this summary for the full analysis of the WRES metrics.

Proposal

- It is asked that the Trust's Board approves the 2020/21 WRES metrics for two purposes:
 - Submission to NHS England via a reporting portal by 31st August 2021,
 - Publication of the accompanying WRES metrics report and action plan on the Trust's public-facing website by 31st October 2021
- These are statutory requirements.
- The requirements above reflect an annual governance cycle.
- The 2020/21 WRES Metrics Report, which is intended for publication on the Trust's public-facing website, is provided below for information.

Decision required

- Please approve the WRES metrics for submission to NHS England.
- Please approve the accompanying WRES metrics report and action plan for publication on the Trust's public-facing website.
- Failure to comply to with the WRES Regulations can result in
 - enforcement action undertaken by the Equality and Human Rights Commission
 - formal investigations and assessments
 - action to ensure that the metrics are produced and published
- Ultimately, a failure to act upon the equality issues indicated by the WRES metrics could result in a failure to deliver workforce equality, diversity and inclusion (item 24 on the Trust's risk register).

Governance table

For Board and Board Committees:	Public Trust Board 31.8.21
Paper sponsored by:	Sarah Willis (Director of Human Resources and Organisational Development)
Paper authored by:	Haseeb Ahmad (Head of Equality, Diversity and Inclusion); Iain Darker (Data Analyst: Equality, Diversity and Inclusion)
Date submitted:	2nd August 2021
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Equality, Diversity and Inclusion Workforce Group, 28th July 2021

<p>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</p>	<p>Assured</p>	
<p>State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</p>	<p>This report is part of an annual governance cycle</p>	
<p>STEP up to GREAT strategic alignment*:</p>	<p>High Standards</p>	
	<p>Transformation</p>	
	<p>Environments</p>	
	<p>Patient Involvement</p>	
	<p>Well Governed</p>	<p>X</p>
	<p>Single Patient Record</p>	
	<p>Equality, Leadership, Culture</p>	<p>X</p>
	<p>Access to Services</p>	
	<p>Trust Wide Quality Improvement</p>	
<p>Organisational Risk Register considerations:</p>	<p>List risk number and title of risk</p>	<p>24. Failure to deliver workforce equality, diversity and inclusion</p>
<p>Is the decision required consistent with LPT's risk appetite:</p>	<p>na</p>	
<p>False and misleading information (FOMI) considerations:</p>	<p>na</p>	
<p>Positive confirmation that the content does not risk the safety of patients or the public</p>	<p>Confirmation provided</p>	
<p>Equality considerations:</p>	<p>Y</p>	

Workforce Race Equality Standard

Leicestershire Partnership NHS Trust

March 2021

Introduction to the Workforce Race Equality Standard

Research over the past two decades and longer indicates that the NHS treats black and minority ethnic (BME) staff less favourably in their recruitment, promotion, discipline and career progression. In 2014, the NHS Equality and Diversity Council agreed action to ensure employees from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract from 2015/16.

The WRES comprises nine specific metrics to compare the profile and experiences of BME and White staff within an NHS organisation. The purpose of the metrics is to inform a local action plan that will target specific areas within a given organisation where the treatment or experience of BME staff is poor. The WRES metrics will also enable the organisation to demonstrate progress in areas where the treatment of BME staff needs to improve; and facilitate challenge where progress is not being made.

NHS Trusts are required to submit WRES data centrally, to NHS England, by the end of August. An action plan and the metrics must be ratified by the Trust's Board and must be published on the Trust's website by the end of September.

The WRES metrics

Metric 1. Pay Bands

Description of metric 1:

- The percentage of BME staff in each of the Agenda for Change Pay Bands 1 to 9 and VSM (including executive Board members) compared with the percentage of BME staff in the overall workforce, calculated separately for non-clinical and for clinical staff.

Narrative for metric 1:

- At March 2021, BME staff made up 24.4% of Leicestershire Partnership NHS Trust's (LPT) substantive workforce of known ethnicity (1287/5278).
- This represents a significant increase over the past three years, from 22.6% BME staff observed at March 2019 (1171/5178), through 23.5% BME staff at March 2020 (1221/5203); part of a long-term trend for year-on-year increases in the percentage of BME staff in the substantive workforce from 16.6% (924/5564) at March 2012.
- Ethnicity was known (declared on the Electronic Staff Record) for 97.2% of the substantive workforce at March 2021 (5278/5429). Thus, there were 151 staff for whom ethnicity was not known.
- Non-clinical:
 - BME people were overrepresented at Band 2 (37.3%, 98/263) and Band 3 (33.2%, 93/280). This largely reflected an overrepresentation of Asian British people in lower-level Administrative roles.
 - BME people were proportionately represented from Band 4 (29.3%, 55/188) to Band 8a (26.6%, 17/64).
 - There was a significant drop in BME representation at Band 8b (R%, R/35), with low levels of representation from Band 8b to Very Senior Manager level in general (R%, R/70).
- Clinical:
 - Bands 2 to 4 (essentially Additional Clinical Services):
 - BME people were overrepresented at the lowest pay band, Band 2 (37.0%, 194/524), and were underrepresented at higher bands, Bands 3 and 4 (16.6%, 127/767). This was especially the case for Black British staff.
 - Bands 5 and above (primarily Registered Nurses):
 - BME people were proportionately represented at Band 5 (24.2%, 171/707), and were underrepresented at higher bands, Bands 6 and above (15.7%, 289/1845). This was especially the case for Black British staff.
 - Medical:
 - BME staff were overrepresented in Medical roles (63.9%, 129/202), particularly Asian British staff. This reflected occupational segregation, with Asian British staff underrepresented in Registered Nursing roles.

- The distribution of BME staff by pay band across the workforce has changed little over the period March 2019 to March 2021, or indeed over the longer term.
- The WRES does not consider staff who work solely on the Bank for LPT (i.e., staff who work for LPT on a zero-hours contract and who do not have a substantive role with the Trust):
 - Bank staff are more likely to come from a BME background (45.5% BME, 456/1004) than substantive staff (24.4% BME, 1287/5278).
 - Bank staff typically work at lower pay bands than substantive staff (69.4% of Bank staff are at Band 4 and below, 761/1096, whilst 38.2% of Substantive staff are at Band 4 and below, 2073/5429 – figures include staff of unknown ethnicity).
 - Consequently, the WRES underestimates the percentage of BME staff in LPT’s overall workforce, especially at lower pay bands.
- The ethnicity profile of substantive staff at Leicestershire Partnership NHS Trust, by individual pay band, at March 2019, March 2020, and March 2021 is detailed in Table 1, to the standard WRES specification. A summarised version of this information is given in Table 2, with pay bands grouped to convey the principle trends observed.

Table 1: Metric 1: The ethnicity profile of substantive staff at Leicestershire Partnership NHS Trust, by pay band, at March 2019, March 2020, and March 2021

Table in 7 columns by 31 rows (including header row)

Pay Band	Percentage BME staff March 2019	Percentage BME staff March 2020	Percentage BME staff March 2021	Number of BME staff March 2019	Number of BME staff March 2020	Number of BME staff March 2021
Substantive Staff Overall	22.6%	23.5%	24.4%	1171 out of 5178	1221 out of 5203	1287 out of 5278
Non-clinical Band 1	R%	R%	R%	R out of 15	R out of 10	R out of R
Non-clinical Band 2	34.0%	33.1%	37.3%	90 out of 265	86 out of 260	98 out of 263
Non-clinical Band 3	32.2%	32.7%	33.2%	96 out of 298	88 out of 269	93 out of 280
Non-clinical Band 4	25.3%	28.3%	29.3%	49 out of 194	54 out of 191	55 out of 188
Non-clinical Band 5	31.7%	30.3%	30.3%	46 out of 145	43 out of 142	46 out of 152
Non-clinical Band 6	28.8%	30.1%	28.4%	30 out of 104	34 out of 113	31 out of 109
Non-clinical Band 7	29.1%	27.3%	28.7%	30 out of 103	27 out of 99	29 out of 101
Non-clinical Band 8a	25.5%	27.6%	26.6%	14 out of 55	16 out of 58	17 out of 64
Non-clinical Band 8b	R%	R%	R%	R out of 38	R out of 42	R out of 35
Non-clinical Band 8c	R%	R%	R%	R out of 21	R out of 18	R out of 17
Non-clinical Band 8d	R%	R%	R%	R out of R	R out of R	R out of 11
Non-clinical Band 9	R%	R%	R%	R out of R	R out of R	R out of R
Non-clinical VSM	R%	R%	R%	R out of R	R out of R	R out of R
Clinical Band 1	R%	R%	R%	R out of 23	R out of 20	R out of R
Clinical Band 2	31.3%	36.8%	37.0%	155 out of 496	193 out of 525	194 out of 524
Clinical Band 3	16.2%	16.5%	19.1%	76 out of 468	80 out of 485	93 out of 487
Clinical Band 4	12.7%	12.4%	12.1%	29 out of 229	31 out of 249	34 out of 280
Clinical Band 5	22.9%	22.0%	24.2%	179 out of 782	162 out of 735	171 out of 707
Clinical Band 6	15.1%	16.1%	16.5%	167 out of 1107	181 out of 1125	190 out of 1149
Clinical Band 7	11.8%	13.9%	16.0%	48 out of 406	57 out of 411	71 out of 443
Clinical Band 8a	10.4%	10.2%	9.4%	15 out of 144	16 out of 157	16 out of 170
Clinical Band 8b	R%	R%	R%	11 out of 58	R out of 60	R out of 58
Clinical Band 8c	R%	R%	R%	R out of 14	R out of 14	R out of 18
Clinical Band 8d	R%	R%	R%	R out of R	R out of R	R out of R
Clinical VSM	no staff	R%	R%	no staff	R out of R	R out of R
Medical Trainee Grade	58.2%	66.2%	66.1%	32 out of 55	43 out of 65	41 out of 62
Medical Non-consultant	48.0%	47.6%	57.1%	12 out of 25	10 out of 21	16 out of 28
Medical Consultant	64.2%	66.1%	62.9%	70 out of 109	72 out of 109	66 out of 105
Medical Senior Manager	R%	R%	R%	R out of R	R out of R	R out of R

Key to colour coding in table: ● BME staff overrepresented, ○ BME staff proportionately represented, ● BME staff underrepresented

Table 2: Metric 1: The ethnicity profile of substantive staff at Leicestershire Partnership NHS Trust, by grouped pay bands, at March 2019, March 2020, and March 2021

Table in 7 columns by 8 rows (including header row)

Pay Band Group	Percentage BME staff March 2019	Percentage BME staff March 2020	Percentage BME staff March 2021	Number of BME staff March 2019	Number of BME staff March 2020	Number of BME staff March 2021
Substantive Staff Overall	22.6%	23.5%	24.4%	1171 out of 5178	1221 out of 5203	1287 out of 5278
Non-clinical Bands 2 to 8a	30.5%	30.7%	31.8%	355 out of 1164	348 out of 1132	369 out of 1159
Non-clinical Bands 8b to VSM	R%	R%	R%	R out of 75	R out of 74	R out of 70
Clinical Band 2	31.3%	36.8%	37.0%	155 out of 496	193 out of 525	194 out of 524
Clinical Bands 3 to 4	15.1%	15.1%	16.6%	105 out of 697	111 out of 734	127 out of 767
Clinical Band 5	22.9%	22.0%	24.2%	179 out of 782	162 out of 735	171 out of 707
Clinical Bands 6 to VSM	14.0%	14.9%	15.7%	243 out of 1734	264 out of 1773	289 out of 1845

Key to colour coding in table: ● BME staff overrepresented, ○ BME staff proportionately represented, ● BME staff underrepresented

Metric 2. Recruitment

Description of metric 2:

- Relative likelihood of White people compared to BME people being appointed from shortlisting across all posts. The percentage of White people appointed from shortlisting divided by the percentage of BME people appointed from shortlisting.

Narrative for metric 2:

- In 2020/21 White people were more likely than BME people to be appointed from amongst those shortlisted (White people were 1.46 times more likely than BME people to be appointed from shortlisting).
- This represents a deterioration of the position observed in 2019/20 when White people were 1.14 times as likely as BME people to be appointed from shortlisting (statistically equivalent). The position in 2020/21 is more similar to the positions observed in 2016/17, 2017/18, and 2018/19 when White people were 1.45, 1.33, and 1.97 times more likely than BME people to be appointed from shortlisting, respectively by year. Indeed, the value for 2020/21, 1.46, appears to reflect regression to the mean following an unusually high value of 1.97 in 2018/19 and an unusually low value of 1.14 in 2019/20. Please refer to Table 3.

Table 3: Metric 2: The relative likelihood of White people and BME people being appointed from amongst those shortlisted at Leicestershire Partnership NHS Trust during 2018/19, 2019/20, and 2020/21

Table in 4 columns by 6 rows (including header row)

Recruitment	2018/19	2019/20	2020/21
Relative likelihood of appointment from shortlisting (White/BME)	1.97	1.14	1.46
Percentage of White people appointed from shortlisting	9.7%	11.3%	12.0%
Percentage of BME people appointed from shortlisting	4.9%	10.0%	8.2%
Number of White people appointed from shortlisting	371 out of 3844	341 out of 3005	400 out of 3327
Number of BME people appointed from shortlisting	124 out of 2525	186 out of 1861	171 out of 2082

Key to colour coding in table: ● BME people disadvantaged

Metric 3. Formal disciplinary process

Description of metric 3:

- Relative likelihood of BME staff compared to White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation, based on data from the most recent two-year rolling average (however, potentially, there will be a switch to one-year windows in the current reporting year, to be confirmed when new guidance is released, consequently, figures based on a one-year window for 2019/20 and 2020/2021 are also provided below). The percentage of BME staff entering the formal disciplinary process divided by the percentage of White staff entering the formal disciplinary process.

Narrative for metric 3:

- In the two-year window 2019/20 to 2020/21, BME staff and White staff were similarly likely to enter formal disciplinary proceedings (BME staff were 0.74 times as likely as White staff to enter formal disciplinary proceedings).
- This is similar to the positions observed for the two previous two-year windows 2017/18 to 2018/19 and 2018/19 to 2019/20, when BME staff were 1.35 and 0.59 times as likely as White staff to enter formal disciplinary proceedings, respectively (both statistically equivalent).
- This indicator is liable to vary to a large degree year-on-year due to the relatively small number formal disciplinary proceedings (even when aggregated across a two-year window). Please refer to Table 4. For reference, in the two-year windows to March 2016 and March 2017, the relative likelihoods were close to 1 (1.19 and 1.17 respectively), but in the two-year window to March 2018 relative likelihood was higher at 1.92.
- The official WRES statistics do not consider Bank staff. A supplementary analysis of formal disciplinary proceedings amongst Bank staff for the two-year period 2019/20 to 2020/21 indicated that, overall, bank staff were 4.4 times more likely than substantive staff to enter formal disciplinary proceedings. Of particular relevance to the WRES, amongst bank staff, BME bank staff were 3.81 times more likely than White bank staff to enter formal disciplinary proceedings.

Table 4: Metric 3 (two-year windows): The relative likelihood of BME staff and White staff entering the formal disciplinary process at Leicestershire Partnership NHS Trust during the two-year windows 2017/18 to 2018/19, 2018/19 to 2019/20, and 2019/20 to 2020/21

Table in 4 columns by 6 rows (including header row)

Formal disciplinary process	2017/18 to 2018/19	2018/19 to 2019/20	2019/20 to 2020/21
Relative likelihood of entering the formal disciplinary process (BME/White)	1.35	0.59	0.74
Percentage of BME staff entering the formal disciplinary process	1.5%	0.8%	0.9%
Percentage of White staff entering the formal disciplinary process	1.1%	1.4%	1.2%
Number of BME staff entering the formal disciplinary process	17 out of 1171	10 out of 1221	11 out of 1287
Number of White staff entering the formal disciplinary process	43 out of 4007	55 out of 3982	46 out of 3991

Key to colour coding in table: ● BME staff disadvantaged

- Potentially, new guidance, not yet officially released, will require this indicator to be calculated based on a one-year window from the present reporting year. Consequently, figures based on a one-year window are provided below for the substantive workforce.
- In the one-year window 2020/21, BME staff and White staff were similarly likely to enter formal disciplinary proceedings (BME staff were 1.24 times as likely as White staff to enter formal disciplinary proceedings). This is similar (statistically equivalent) to the position observed for the one-year window 2019/20 when BME staff were 0.53 times as likely as White staff to enter formal disciplinary proceedings. When calculated using a one-year window, this indicator is liable to vary to an even larger degree year-on-year than when calculated using a two-year window due to the small number formal disciplinary proceedings. Please refer to Table 5.

Table 5: Metric 3 (one-year windows): The relative likelihood of BME staff and White staff entering the formal disciplinary process at Leicestershire Partnership NHS Trust during the one-year windows 2019/20 and 2020/21

Table in 3 columns by 6 rows (including header row)

Formal disciplinary process	2019/20	2020/21
Relative likelihood of entering the formal disciplinary process (BME/White)	0.53	1.24
Percentage of BME staff entering the formal disciplinary process	R%	R%
Percentage of White staff entering the formal disciplinary process	R%	R%
Number of BME staff entering the formal disciplinary process	R out of 1221	R out of 1287
Number of White staff entering the formal disciplinary process	R out of 3982	R out of 3991

Key to colour coding in table: ● BME staff disadvantaged

Metric 4. Non-mandatory training

Description of metric 4:

- Relative likelihood of White staff compared to BME staff accessing non-mandatory training and CPD. The percentage of White staff accessing non-mandatory training divided by the percentage of BME staff accessing non-mandatory training.

Narrative for metric 4:

- In 2020/21 White staff were more likely than BME staff to access non-mandatory training (White staff were 1.06 times more likely than BME staff to access non-mandatory training).
- This is similar to the positions observed in 2018/19 and 2019/20 when White staff were 1.09 and 1.10 times as likely as BME staff to access non-mandatory training, respectively by year. Please refer to Table 6.
- In particular, White staff were more likely than Asian British staff (1.07 times more likely) to access non-mandatory training, reflecting occupational segregation in the workforce. White staff were overrepresented in Registered Nursing roles, where non-mandatory training was more common, whilst Asian British staff were overrepresented in Administrative and Clerical roles where non-mandatory training was less common. Nonetheless, the overall levels of those accessing non-mandatory training increased in 2020/21 for both White and BME staff.

Table 6: Metric 4: The relative likelihood of White staff and BME staff accessing non-mandatory training and CPD during 2018/19, 2019/20, and 2020/21

Table in 4 columns by 6 rows (including header row)

Non-mandatory training	2018/19	2019/20	2020/21
Relative likelihood of accessing non-mandatory training (White/BME)	1.09	1.10	1.06
Percentage of White staff accessing non-mandatory training	61.7%	80.4%	88.3%
Percentage of BME staff accessing non-mandatory training	56.8%	73.2%	83.5%
Number of White staff accessing non-mandatory training	2473 out of 4007	3203 out of 3982	3526 out of 3991
Number of BME staff accessing non-mandatory training	665 out of 1171	894 out of 1221	1075 out of 1287

Key to colour coding in table: ● BME staff disadvantaged

- Please note: when an outcome (such as undertaking non-mandatory training) is common for both groups considered in a likelihood ratio, the difference between the two groups can be statistically significant even though the likelihood ratio is close to 1. Under these circumstances, the odds ratio gives a clearer indication of the degree of difference – in both 2019/20 and 2020/21, the odds of White staff undertaking non-mandatory training was 1.50 times greater than the odds of BME staff undertaking non-mandatory training.

Metric 5. Harassment, bullying or abuse from patients, relatives or the public

Description of metric 5:

- The percentages of White staff and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months, derived from the NHS Staff Survey.

Narrative for metric 5:

- The 2020 NHS Staff Survey indicated that White staff and BME staff were similarly likely to suffer harassment, bullying or abuse from patients / service users, their relatives or other members of the public (22.3%, 487/2183 White staff and 24.4%, 126/516 BME staff).
- However, Black British staff in particular were more likely than White staff to suffer this type of harassment, bullying or abuse (39.6%, 36/91). Please refer to Table 7. This may reflect that Black British staff are overrepresented in frontline clinical roles, including Additional Clinical Services and Registered Nursing. There is a long-term trend, back to at least 2015, for Black British staff to be at a greater risk of harassment, bullying or abuse from patients / service users, their relatives or other members of the public.
- The NHS Staff Survey goes only to substantive staff. LPT conducts its own survey of bank staff. For reference, in 2020, levels of harassment, bullying or abuse from patients / service users, their relatives or other members of the public were similar amongst BME bank staff in general, (37.7%, 26/69) and White bank staff (29.2%, 38/130), but were higher for Black British bank staff in particular (51.2%, 19/37), mirroring the position observed for substantive staff.

Table 7: Metric 5: The percentages of White staff and BME staff who experienced harassment, bullying or abuse from patients / service users, their relatives or other members of the public, Staff Survey 2018, Staff Survey 2019, Staff Survey 2020

Table in 4 columns by 7 rows (including header row)

Harassment, bullying or abuse from patients, relatives or the public	2018	2019	2020
Percentage White staff	23.1%	22.9%	22.3%
Percentage BME staff	24.0%	23.4%	24.4%
Percentage Black British staff	33.3%	39.5%	39.6%
Number White staff	460 out of 1991	429 out of 1876	487 out of 2183
Number BME staff	117 out of 488	102 out of 435	126 out of 516
Number Black British staff	27 out of 81	34 out of 86	36 out of 91

Key to colour coding in table: ● BME staff disadvantaged

Metric 6. Harassment, bullying or abuse from other staff

Description of metric 6:

- The percentages of White staff and BME staff experiencing harassment, bullying or abuse from other staff in last 12 months, derived from the NHS Staff Survey.

Narrative for metric 6:

- The 2020 NHS Staff Survey indicated that BME staff were more likely than White staff to suffer harassment, bullying or abuse from other staff (24.8%, 128/516 BME staff and 19.8%, 432/2187 White staff). This is similar to the position for BME staff observed in 2019 when levels of harassment, bullying or abuse from other staff were at 24.4%, but represents a deterioration relative to 2018 when levels of harassment, bullying or abuse from other staff were at 20.1% for BME staff. Please refer to Table 8.
- The levels of harassment, bullying or abuse from other staff suffered by Black British staff have been elevated over the long-term (32.8%, 20/61 Black British staff in 2017 and 32.9%, 27/82 Black British staff in 2018), but recently levels of this type of abuse have been more similar to the levels suffered by BME staff in general (27.7%, 23/83 Black British staff in 2019 and 25.6%, 23/90 Black British staff in 2020)*.
- The NHS Staff Survey goes only to substantive staff. LPT conducts its own survey of bank staff. For reference, in 2020, levels of harassment, bullying or abuse from other staff were similar amongst BME bank staff in general (18.8%, 13/69), and amongst Black British bank staff in particular (R%, R/37), when compared to White bank staff (15.9%, 21/132). This represents an improvement on the position observed in 2019 for BME bank staff when levels of harassment, bullying or abuse from other staff were higher amongst BME bank staff in general (52.3%, 67/128), and amongst Black British bank staff in particular (65.1%, 54/83), than amongst White bank staff (24.8%, 30/121). However, it is noted that the overall number of respondents to the Bank Staff Survey dropped considerably between 2019 and 2020, from 475 to 210 respondents. Amongst those of known ethnicity, there was a particular drop in the number of responses from Black British Additional Clinical Services staff (from 70 in 2019 to 30 in 2020); Black British Additional Clinical Services staff are most likely to experience bullying and harassment from other staff.

Table 8: Metric 6: The percentages of White staff and BME staff who experienced harassment, bullying or abuse from other staff, Staff Survey 2018, Staff Survey 2019, Staff Survey 2020

Table in 4 columns by 7 rows (including header row)

Harassment, bullying or abuse from other staff	2018	2019	2020
Percentage White staff	18.8%	19.9%	19.8%
Percentage BME staff	20.1%	24.4%	24.8%
Percentage Black British staff*	32.9%	27.7%	25.6%
Number White staff	374 out of 1994	373 out of 1879	432 out of 2187
Number BME staff	98 out of 487	107 out of 438	128 out of 516
Number Black British staff*	27 out of 82	23 out of 83	23 out of 90

Key to colour coding in table: ● BME staff disadvantaged

* Levels of harassment, bullying or abuse from other staff are underestimated for Black British staff relative to White staff and relative to the pooled BME group. This is because the figures for White and BME staff come from the official WRES statistics which are calculated for NHS England's WRES Team to reflect harassment, bullying or abuse from *all* staff. This is done by combining responses to two questions from the NHS Staff Survey at the individual respondent level. One question relates to harassment, bullying or abuse from managers, and the other to harassment, bullying or abuse from other colleagues. Meanwhile figures for Black British staff are derived locally from summary data. It is not possible to gain a combined figure for harassment, bullying or abuse from *all* staff from these summary data. Consequently, the levels of harassment, bullying or abuse reported for Black British staff relate to that from other colleagues only (not managers).

Metric 7. Equal opportunities for career progression or promotion

Description of metric 7:

- The percentages of White staff and BME staff believing that the Trust provides equal opportunities for career progression or promotion, derived from the NHS Staff Survey.

Narrative for metric 7:

- The 2020 NHS Staff Survey indicated that BME staff, and especially Black British staff, were less likely than White staff to believe that the Trust provides equal opportunities for career progression or promotion (71.6%, 250/349 BME staff, 61.5%, 32/52 Black British staff, and 89.8%, 1428/1590 White staff).
- The position for BME staff has remained low across 2018 and 2019 (75.3% and 68.4% respectively), as has the position for Black British staff in particular (55.8% and 55.4% respectively). Please refer to Table 9.
- The NHS Staff Survey goes only to substantive staff. LPT conducts its own survey of bank staff. For reference, in 2020, belief that the Trust provides equal opportunities for career progression or promotion was lower amongst BME bank staff in general (62.5%, 15/24), and Black British bank staff in particular (R%, R/13), than amongst White bank staff (88.6%, 78/88). This is similar to the position observed in 2019 when belief that the Trust provides equal opportunities for career progression or promotion was also lower amongst BME bank staff in general (49.4%, 43/87), and Black British bank staff in particular (47.3%, 26/55), than amongst White bank staff (75.0%, 54/72).

Table 9: Metric 7. The percentages of White staff and BME staff who felt that the organisation provides equal opportunities for career progression or promotion, Staff Survey 2018, Staff Survey 2019, Staff Survey 2020

Table in 4 columns by 7 rows (including header row)

Equal opportunities for career progression or promotion	2018	2019	2020
Percentage White staff	90.7%	88.0%	89.8%
Percentage BME staff	75.3%	68.4%	71.6%
Percentage Black British staff	55.8%	55.4%	61.5%
Number White staff	1310 out of 1444	1145 out of 1301	1428 out of 1590
Number BME staff	244 out of 324	193 out of 282	250 out of 349
Number Black British staff	29 out of 52	31 out of 56	32 out of 52

Key to colour coding in table: ● BME staff disadvantaged

Metric 8. Discrimination at work from a manager, team leader or other colleagues

Description of metric 8:

- The percentages of White staff and BME staff experiencing discrimination at work from their manager / team leader or other colleagues in last 12 months, derived from the NHS Staff Survey.

Narrative for metric 8:

- The 2020 NHS Staff Survey indicated that BME staff, and especially Black British staff, were more likely than White staff to have experienced discrimination at work from their manager / team leader or other colleagues (14.5%, 74/511 BME staff, 26.1%, 23/88 Black British staff, and 5.9%, 129/2175 White staff).
- The position for BME staff has remained elevated across 2018 and 2019 (10.8% and 13.1% respectively), as has the position for Black British staff in particular (16.9% and 17.6% respectively). Please refer to Table 10.
- Notably, the present levels of discrimination for BME staff overall, and Black British staff in particular, are at their highest levels since at least 2015 (when discrimination from other staff was at 12.9% for BME staff overall and 20.7% for Black British staff in particular).
- The NHS Staff Survey goes only to substantive staff. LPT conducts its own survey of bank staff. For reference, in 2020, levels of discrimination at work from a manager / team leader or other colleagues were similar amongst BME bank staff in general (37.7%, 26/69) and White bank staff (29.2%, 38/130), but were higher amongst Black British bank staff in particular (51.4%, 19/37). Compared to 2019, this represents an improvement for BME bank staff overall, but there was no change for Black British bank staff. In 2019, levels of discrimination at work from a manager / team leader or other colleagues were higher amongst BME bank staff in general (41.4%, 53/128), and Black British bank staff in particular (49.4%, 41/83), than amongst White bank staff (16.5%, 20/121).

Table 10: Metric 8: The percentages of White staff and BME staff who experienced discrimination at work from their manager / team leader or other colleagues in last 12 months, Staff Survey 2018, Staff Survey 2019, Staff Survey 2020

Table in 4 columns by 7 rows (including header row)

Discrimination at work from a manager / team leader or other colleagues	2018	2019	2020
Percentage White staff	4.3%	5.8%	5.9%
Percentage BME staff	10.8%	13.1%	14.5%
Percentage Black British staff	16.9%	17.6%	26.1%
Number White staff	85 out of 1987	108 out of 1863	129 out of 2175
Number BME staff	52 out of 481	57 out of 434	74 out of 511
Number Black British staff	13 out of 77	15 out of 85	23 out of 88

Key to colour coding in table: ● BME staff disadvantaged

Metric 9. Board representation

Description of metric 9:

- Percentage difference between BME representation in the organisation's Board membership and the organisation's overall workforce, disaggregated by the Board's voting membership and executive membership.

Narrative for metric 9:

- At March 2021, compared to the level of representation in the workforce overall, BME people were underrepresented
 - amongst board members overall (-12.6% difference in representation),
 - and amongst executive board members (-14.4% difference in representation);
- however, BME people were proportionately represented
 - amongst voting board members (-6.2% difference in representation).
- This represents an improvement on the position observed at March 2020.
- Please refer to Table 11.

Table 11: Metric 9. Differences in the levels of representation of BME people amongst board members (overall, voting members, and executives), relative to the level of representation of BME people in the workforce overall, at March 2019, at March 2020, and at March 2021

Table in 4 columns by 5 rows (including header row)

Board representation	March 2019	March 2020	March 2021
Percentage BME in the substantive workforce overall	22.6%	23.5%	24.4%
Difference between percentage BME amongst all board members and the substantive workforce overall	-15.5%	-17.6%	-12.6%
Difference between percentage BME amongst voting board members and the substantive workforce overall	-13.5%	-14.4%	-6.2%
Difference between percentage BME amongst executive board members and the substantive workforce overall	-22.6%	-23.5%	-14.4%

Key to colour coding in table: ● BME people underrepresented

Leicestershire Partnership Trust

Draft WRES Action Plan 2021/22

Objective 1. Ensure Recruitment and Selection processes are inclusive and free from bias where candidates from Black, Asian and Minority Ethnic backgrounds have an equitable outcome compared to their white colleagues from application to appointment across all employment roles with an aim of eliminating any race equality disparities by 2025.

No.	Action	Lead	By When	Milestone	Progress	RAG
1	Undertake a robust review (rehaul) of the Recruitment and Selection Policy and develop a “Recruiting for Inclusion Policy and process” in line with the 6 National Race Equality High Impact Actions (REHIA) listed at the end of this action plan	Head of Employee Relations and Head of EDI	March 2022	<ul style="list-style-type: none"> • Commencement of review September 2021 • Engagement with stakeholders October 2021 • Production of revised policy and process March 2022 	Diverse panel process in place and being monitored in line with 6 high impact Race Equality and Inclusion Strategy (REHIA) actions. REHIA (actions 2 and 5) to overhaul R&S processes will be addressed through this review.	B

Objective 2. Ensure that BAME staff are benefiting from Talent Management, Succession Planning and Career Progression leading to achievement of LPT model employer target of 24% by 2025

No.	Action	Lead	By When	Milestone	Progress	RAG
2	Establish Talent Management and succession planning Processes enabling BAME staff to progress in to senior management positions in line with model employer targets (24% BAME staff into band 8a and above roles by 2025)	Head of OD and Head of EDI	March 2022	<ul style="list-style-type: none"> • Develop On-Merit plan aligning to LPT, Group, regional and national Talent Management strategies September 2022 • Launch programme October 2022 	Action 3 of the National 6 high impact actions require focus on establishing criteria for talent pools. System wide EDI Taskforce have set Talent Management, Succession Planning and Career Progression as a key priority for 2021/22. Talent Management and Succession	A

					Planning Strategy in place and includes focus on model employer target. TM pilot programme has started with Executive Directors and will be cascaded down management tiers.	
3	Continue to provide targeted Interview Skills training for BAME colleagues.	Recruitment Manager	March 2022	<ul style="list-style-type: none"> Dates set and advertised for 2021/22 (September 2021) 	These sessions are being regularly run. Numbers are small but positively received. Continuation of these sessions are planned for 2021/22 with an aim of increasing participation.	A
4	Provide targeted career development opportunities for BAME colleagues	Head of OD	March 2022	<ul style="list-style-type: none"> Run 4 cohorts of We Nurture training to BAME colleagues Work in collaboration with the Midlands Academy to run local Stepping Up Programme 	2 nd cohort We Nurture Programme is underway. Working with Midlands Leadership Academy to run local Stepping Up Programme. All leadership programmes were put on hold during the pandemic.	A

Objective 3. Create a culturally inclusive organisation for Black, Asian and Minority Ethnic Colleagues in order that there are demonstrable improvements in WRES staff survey indicators 7 and 8

No.	Action	Lead	By When	Milestone	Progress	RAG
5	Deliver a series of Listening events for staff who are BAME, Disabled and LGBT.	Head of EDI in collaboration with chairs of staff networks	March 2022	<ul style="list-style-type: none"> Agree timetable of LIA events (August 2022) Ensure outputs from events feature in staff network highlight reports to EDI Workforce Group (December 2021) 	A number of Trustwide and directorate level Listening events have taken place during 2020/21. Plans are to continue these as they have worked well as a mechanism for raising concerns and feedback.	G
6	Continue to deliver impactful Race and Cultural Intelligence Learning Sets which include	EDI Lead	March 2022	<ul style="list-style-type: none"> Communicate requirement for all line-managers to attend the learning sets August 2021 	Over 200 managers have attended the training to date.	G

	lived experience of BAME staff to all line-managers			<ul style="list-style-type: none"> •Report numbers attending to EDI Workforce Group (September 2021) 		
7	Complete 2 nd Cohort Reverse Mentoring Programme	Head of EDI	December 2021	<ul style="list-style-type: none"> •Arrange midway Reflective training session for mentees (July 2021) •All reverse mentoring meetings concluded (October 2021) •Celebratory Event (December 2021) 	2 nd programme is underway and midway through programme delivery. 3 Peer support sessions have taken place. Newsletter developed and shared with participants. Feedback is positive.	G
8	Delivery of Cultural Intelligence train the trainer Masterclasses for EDI specialists in line with Midlands academy process	Head of EDI	November 2021	<ul style="list-style-type: none"> •Commencement of procurement process (July 2021) •Appointment of provider September 2021 •Commencement of project November 2021 	Midlands Leadership Academy are leading on the development of a procurement process to secure a suitable provider of Cultural Intelligence/competency training. Service specification has been drawn up and project group established.	A
9	Develop EDI outcome based Objectives within all leadership appraisals.	Head of EDI and Head of OD	January 2022	<ul style="list-style-type: none"> •Develop guidance October 2021 •Consult on guidance November 2021 •Roll out of guidance for implementation January 2022 	TBC	B
10	Integrate the Inclusive Decision Making Framework (IDMF) within LPT's Due Regard process	Head of EDI	December 2021	<ul style="list-style-type: none"> •LLR IDMF workshops delivered (September 2021) •Process for integrating approach commenced (October 2021) •LPT IDMF integrated documentation complete December 2021 	IDMF workshops being run during July through to September. This will enable a better understanding of the application of the IDMF and how LPT Due Regard (EIA) processes can be integrated with the IDMF.	B
11	Ensure that key/important events and festivals are celebrated and used as learning	Chair of BAME Staff Support Network	March 2022	<ul style="list-style-type: none"> •Calendar of events and festivals developed (July 2021) 	Plans are in place for South Asian Heritage Month and Black History Month. Vaisakhi has been marked for 2021 – plans will be developed	A

	opportunities for staff from all backgrounds			<ul style="list-style-type: none"> • Delivery of important events (SAHM and BHM) November 2021 • Celebration of other key events (Diwali, Vaisakhi etc (March 2022) 	for key festivals for 2021/2022. Best practice from 2020 will be used to develop future activities. BAME SSN Chair has been working with the SSN to co-design and Co-deliver. Working with NHFT to deliver a programme across both Trusts.	
12	Ensure the Together Against Racism Strategy and WRES Action plan are clearly aligned to ensure clarity and synergy of work streams.	Head of EDI and Director of Corporate Governance	July 2021	<ul style="list-style-type: none"> • WRES Action Plan and Together Against Racism Strategy launched (August 2021) • Communication regarding how both complement each other issued (July 2021) • Ongoing communication to key stakeholders to ensure clarity of vision and scope for each will be ongoing throughout 2021/22 	Plans in place to communicate this through Team Brief and staff bulletin.	A

6 National High Impact Race Equality actions

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 setting specific KPIs and targets linked to recruitment which are time limited, specific and linked to incentives or sanctions
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.
3. Organise talent panels, creating a 'database' of individuals by system who are eligible for promotion and development opportunities and ensure these are advertised to all staff, agree positive action approaches to filling roles for under-represented groups and set transparent minimum criteria for candidate selection into talent pools
4. Enhance EDI support available to train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies and to ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.
5. Overhaul interview processes to incorporate training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used, ensure adoption of values-based shortlisting and interview approach and consider skills-based assessment such as using scenarios.
6. Adopt resources, guides and tools to help leaders and individuals have productive conversations about race.