

Trust Board:

26th September 2023

Workforce Race Equality Standard Metrics Report 2022/23 and Action Plan 2022 - 2024

Purpose of the Report

- The Workforce Race Equality Standard (WRES) includes nine metrics comparing experiences and outcomes for White and Black, Asian and Minority Ethnic (BAME) staff. This data is used to develop action plans for improvement in the areas of: career progression and representation at higher bands, recruitment, disciplinary processes, non-mandatory training, Staff Survey data, and Trust Board representation.
- All NHS Trusts were required to submit WRES data to NHS England and NHS Improvement, by May 31st 2023.
- This report provides a summary of each WRES metric (page 5) and then further detail (page 8), followed by breakdowns by Directorate (page 27) and professional group (page 31). Headcounts of 10 or below have been redacted from this report.
- An accompanying action plan has been produced with considerable consultation and involvement from:
 - DMH, FYPCLDA and CHS directorate equality groups
 - REACH Staff Support Network
 - The Organisational Development team
 - The Human Resources team
 - The Recruitment team
 - The Equality, Diversity & Inclusion team
 - International Recruitment
- The Board is asked to approve the report and action plan for publication on the Trust's website by October 31st 2023, and submission to the Co-ordinating Commissioner. This will satisfy the Trust's statutory duties.

Analysis of the issue

- Analysis of the WRES metrics indicates that staff from minority ethnic backgrounds are at a disadvantage or have poorer outcomes when compared to White staff in terms of:

- career progression
- recruitment
- entry to disciplinary processes
- belief that the Trust provides equal opportunities in career progression
- experiences of discrimination
- representation on the Trust’s board

Proposal

- It is asked that the Board approves the 2022/23 WRES report and action plan for publication on the Trust’s public-facing website by 31st October 2023.
- The requirements above reflect an annual governance cycle.

Decision required

Briefing – no decision required	
Discussion – no decision required	
Decision required – detail below	X

- Please approve the WRES report and action plan for publication on the Trust’s public website by 31st October 2023.
- Failure to comply with the WRES Regulations would be a breach of the NHS Contract and could result in 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 73 on the Trust’s risk register).

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board	
	Sarah Willis (Director of Human Resources and Organisational Development)	
Paper authored by:	Roisin Ryan (EDI Specialist), Haseeb Ahmad (Head of Equality, Diversity and Inclusion)	
Date submitted:	15 th September 2023	
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):		
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
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	This report is part of an annual governance cycle	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	X
	Reaching Out	
	Equality, Leadership, Culture	X
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	73. Failure to deliver workforce equality, diversity and inclusion
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public	Y	
Equality considerations:	Y	

Workforce Race Equality Standard

Leicestershire Partnership NHS Trust

March 2023

Contents:

1.	Summary of 2022/23 WRES metrics	page 5
2.	Detailed analysis	page 8
3.	Appendix 1: Directorate data	page 27
4.	Appendix 2: Professional Group data	page 31

Summary: at LPT in 2022/23, colleagues from a Black, Asian or minority ethnic (BAME) background made up 26.9% of our workforce, and were...

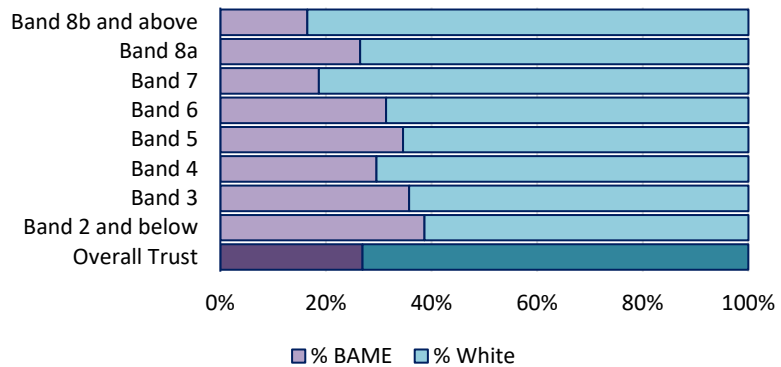
Metric 1 (p.9)

Under-represented at non-clinical Bands 7, and 8b and above.

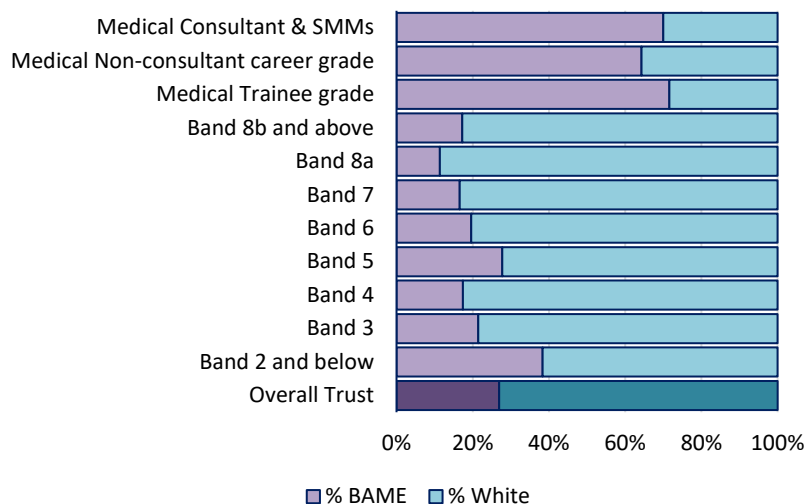
Under-represented at clinical Bands 3 and 4, and 6 and above.
Over-represented at Band 2 and in medical roles.

The percentage of BAME staff across the trust has improved. The percentage of BAME staff at bands 8A and above is still lower than the overall figure, but this has improved since last year.

Non-Clinical: %BAME and %White staff at each band



Clinical: %BAME and %White staff at each band

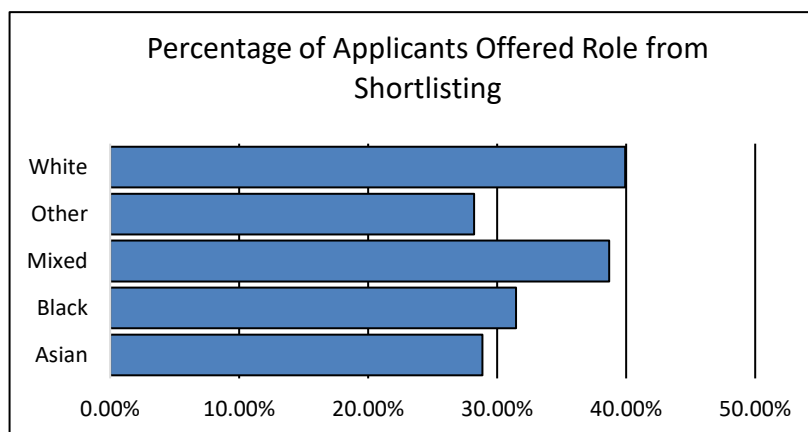


Metric 2 (p.13)

Less likely to be offered a role when shortlisted than White applicants. White applicants were 1.32 times more likely than BAME applicants to be made an offer from shortlisting.

Recruitment data has been calculated differently to last year, so results between years cannot be directly compared.

Percentage of Applicants Offered Role from Shortlisting



Metric 3 (p.15)

Almost twice as likely (1.90 times) to enter a formal disciplinary process as White colleagues.

This is worse than last year.

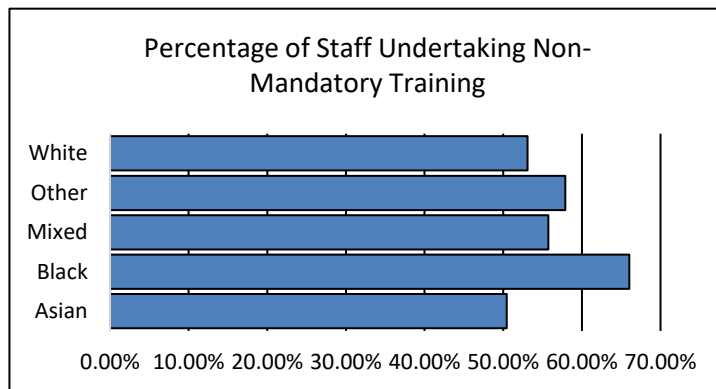
Formal disciplinary process	2020/21	2021/22	2022/23
Relative likelihood (BAME/White)	1.24	1.64	1.90

Metric 4 (p.16)

BAME and White colleagues were similarly likely to access non-mandatory training.

This is similar to last year.

Non-mandatory training	2020/21	2021/22	2022/23
Relative likelihood of accessing training (White/BAME)	1.06	1.07	0.97

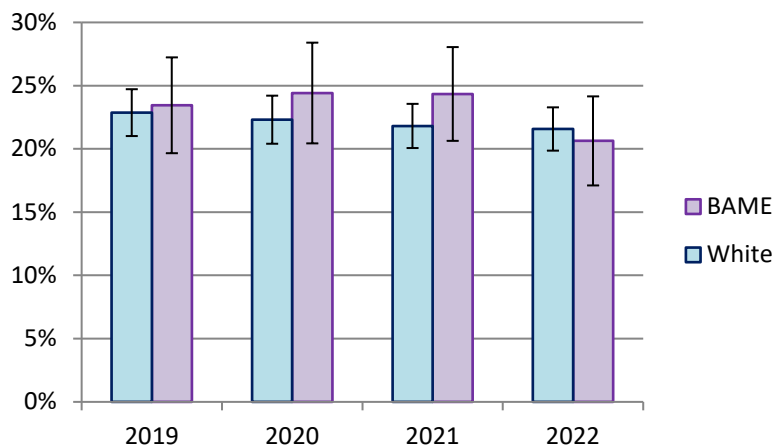


Metric 5 (p.17)

Similarly likely to experience bullying, harassment or abuse from the public (20.6% BAME, 21.6% White).

Black and Mixed colleagues were more likely to experience this (31.3% Black, 29.6% Mixed).

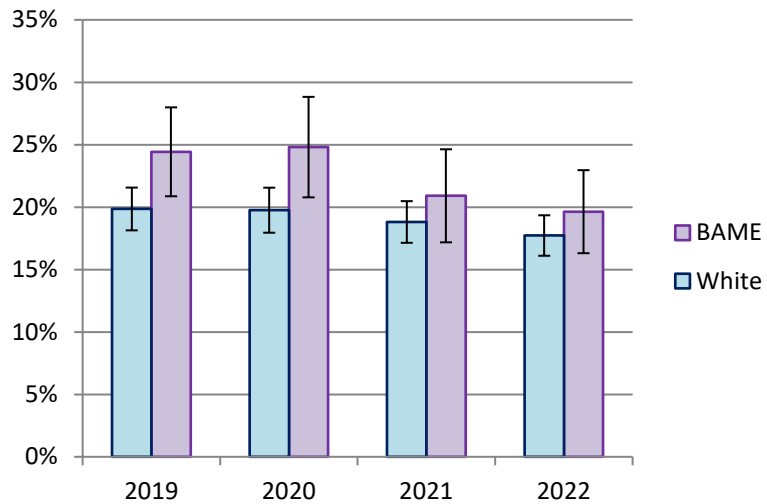
This is an improvement on last year.



Metric 6 (p.19)

More likely to experience bullying, harassment or abuse from colleagues or managers (19.6% BAME, 17.7% White).

This is an improvement on last year.

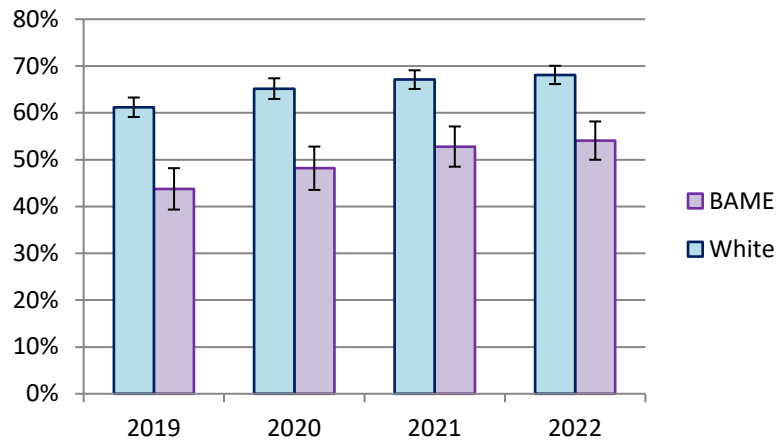


Metric 7 (p.22)

Less likely to feel that career progression processes are fair (54.1% BAME, 68.1% White).

Black and Other colleagues were least likely to respond positively to this question (39.6% Black, 35.3% Other).

This is similar to last year.

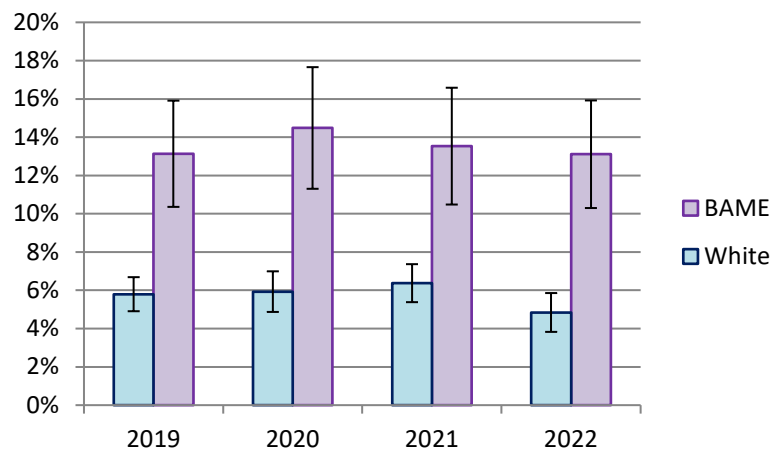


Metric 8 (p.24)

More likely to experience discrimination (13.1% BAME, 4.8% White).

Black colleagues were more likely to experience discrimination in particular (18.1% Black, 10.5% Asian).

This is a slight improvement on last year.



Metric 9 (p.26)

Underrepresented among total and executive Board members (-5.8%, -10.2% compared to workforce), but overrepresented among voting Board members (+6.4%). **This is similar to last year.**

Full Analysis

Introduction to the Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) includes nine metrics comparing experiences and outcomes for White and BAME staff. This data is used to develop action plans for improvement.

All NHS Trusts are required to submit WRES data to NHS England and NHS Improvement, by May 31st 2023. An action plan must be agreed by the Trust Board and published on the Trust's website by October 31st 2023.

Note on data:

The "four-fifths" rule is used to identify significant differences between groups. If the relative likelihood of an outcome for one group compared to another is less than 0.80 or higher than 1.25, then the difference can be considered significant.

Headcounts of 10 or below have been redacted from this report. Bank staff are be considered separately in the Bank WRES report.

Chinese colleagues are now included within the category "Asian" rather than "Other", in line with Census 2021 and Staff Survey data.

Note on terminology:

The term "BAME" 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. Therefore, as well as comparing colleagues from White and BAME backgrounds, further analysis is provided where possible which analyses the differences in outcomes for White, Asian, Black, Mixed and Other minority ethnicities.

Benchmarking of last year's data

National **2021/22** WRES data broken down by organisation was made available in March 2023, allowing comparisons to be made.

- LPT performed better than, or the same as, other Trusts in the Midlands as a whole. As with the previous year, the exception was in Indicator 1. LPT has a race disparity when comparing the ethnic profile of colleagues at lower bands to the ethnic profile of colleagues at higher bands. BAME colleagues were under-represented from Band 7 upwards (non-clinical) and Band 6 upwards (clinical), with the exception of medical colleagues.
- With regards to Staff Survey responses from BAME colleagues, LPT performed better than Trusts nationally, and in the Midlands, across all indicators. For example, LPT was in the best 9% of Trusts when looking at how many BAME colleagues feel the Trusts provides equal opportunities for career progression.
- Board representation of the ethnic profile of the entire workforce at LPT was about average, better than 58% of Trusts. LPT scored better than 87% of Trusts when looking specifically at voting Board member representation.

The WRES metrics

Metric 1. Pay Bands

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

Narrative for metric 1:

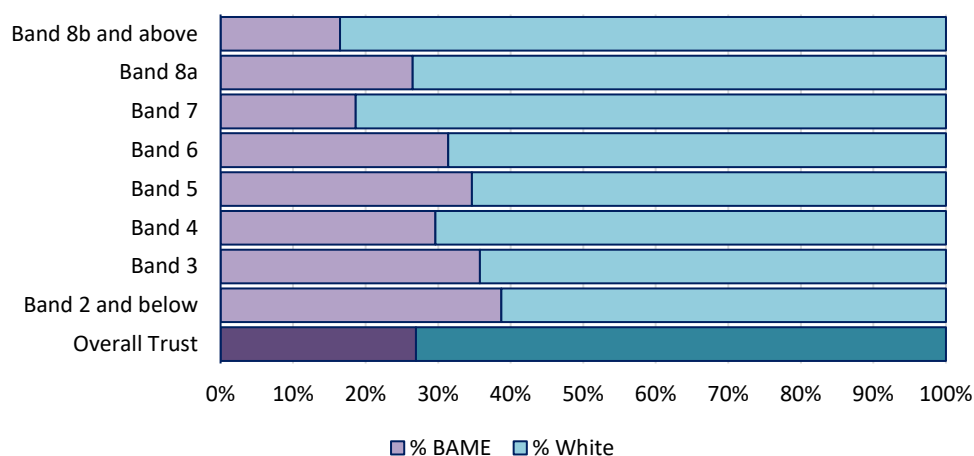
- At March 2023, BAME colleagues made up 26.9% (1618/6007) of LPT's substantive workforce of known ethnicity, up from 25.6% (1409/5511) in March 2022.
- 220 colleagues had no ethnicity recorded on ESR, or had declined to disclose this information. Ethnicity was known for 96.5% (6007/6227) of the substantive workforce, similar to last year (96.8%, 5511/5691).
- Trends are similar to those seen in previous years.
- Model Employer: our target is to have the same level of BAME representation at Bands 8a and above as the workforce overall. In March 2023, our BAME representation at Bands 8a and above (including senior medical managers) was **17.4%** in contrast to the overall workforce at **26.9%**.
- Non-clinical:
 - Colleagues from BAME backgrounds were overrepresented at Bands 2, 3 and 5. This over-representation is primarily due to the proportion of Asian colleagues at this level, as Black colleagues remain under-represented, particularly at bands 5 and over.
 - Colleagues from BAME backgrounds are proportionately represented at Band 8a.
 - BAME representation drops at Band 7, then also at Band 8b and above.
- Clinical:
 - Bands 2 to 4 (mostly Additional Clinical Services):
 - BAME colleagues are overrepresented at Band 2, but representation worsens at Bands 3 and 4. This trend can particularly be seen when looking specifically at Black colleagues.
 - Bands 5 and above (mostly Registered Nurses and Allied Health Professionals):
 - BAME colleagues are proportionately represented at Band 5, but representation drops for Bands 6 and up. This drop in representation seen at higher bands is more stark for Black colleagues.
 - Medical:
 - Colleagues from BAME backgrounds are overrepresented in Medical roles (69.9%), an increase since last year (67.4%). Black colleagues are also over-represented in medical roles (11.9%), although not to the extent of Asian colleagues (49.8%).

Table 1: Metric 1: The ethnicity profile of substantive colleagues (of known ethnicity)

Pay Band	Percentage BAME colleagues March 2021	Percentage BAME colleagues March 2022	Percentage BAME colleagues March 2023	Number of BAME colleagues March 2021	Number of BAME colleagues March 2022	Number of BAME colleagues March 2023
Substantive Colleagues Overall	24.4%	25.6%	26.9%	1287 out of 5278	1409 out of 5511	1618 out of 6007
Non-clin Bnd 1 & below	R	R		R	R	
Non-clinical Band 2	37.3%	39.2%	38.7%	98 out of 263	104 out of 265	195 out of 504
Non-clinical Band 3	33.2%	35.1%	35.7%	93 out of 280	105 out of 299	119 out of 333
Non-clinical Band 4	29.3%	26.9%	29.6%	55 out of 188	52 out of 193	66 out of 223
Non-clinical Band 5	30.3%	31.2%	34.6%	46 out of 152	49 out of 157	71 out of 205
Non-clinical Band 6	28.4%	32.8%	31.4%	31 out of 109	40 out of 122	38 out of 121
Non-clinical Band 7	28.7%	23.4%	18.6%	29 out of 101	25 out of 107	22 out of 118
Non-clinical Band 8a	26.6%	25.8%	26.5%	17 out of 64	16 out of 62	18 out of 68
Non-clinical Band 8b	R	R	R	R	R	R
Non-clinical Band 8c	R	R	R	R	R	R
Non-clinical Band 8d	R	R	R	R	R	R
Non-clinical Band 9	R	R		R	R	
Non-clinical VSM	R	R	R	R	R	R
Clinical Bnd 1 & below	R	R		R	R	
Clinical Band 2	37.0%	38.1%	38.3%	194 out of 524	175 out of 459	175 out of 457
Clinical Band 3	19.1%	20.9%	21.4%	93 out of 487	115 out of 550	119 out of 555
Clinical Band 4	12.1%	15.8%	17.4%	34 out of 280	53 out of 336	64 out of 367
Clinical Band 5	24.2%	25.0%	27.7%	171 out of 707	179 out of 717	201 out of 725
Clinical Band 6	16.5%	18.2%	19.6%	190 out of 1149	215 out of 1181	232 out of 1183
Clinical Band 7	16.0%	17.9%	16.5%	71 out of 443	91 out of 508	92 out of 556
Clinical Band 8a	9.4%	10.2%	11.4%	16 out of 170	17 out of 166	21 out of 184
Clinical Band 8b	R	20.0%	20.5%	R	12 out of 60	15 out of 73
Clinical Band 8c	R	R	R	R	R	R
Clinical Band 8d	R	R	R	R	R	R
Clinical Band 9			R	R		R
Clinical VSM	R	R	R	R	R	R
Medical Trainee Grade	66.1%	70.7%	71.6%	41 out of 62	53 out of 75	58 out of 81
Medical Career Grade	57.1%	55.2%	64.3%	16 out of 28	16 out of 29	18 out of 28
Medical Consultants & Senior Med. Managers	61.9%	66.7%	70.0%	66 out of 105	72 out of 108	77 out of 110
	R	R		R	R	

Graph A: The ethnicity profile of substantive colleagues (of known ethnicity) of each band compared to overall

Non-Clinical: %BAME and %White staff at each band



Clinical: %BAME and %White staff at each band

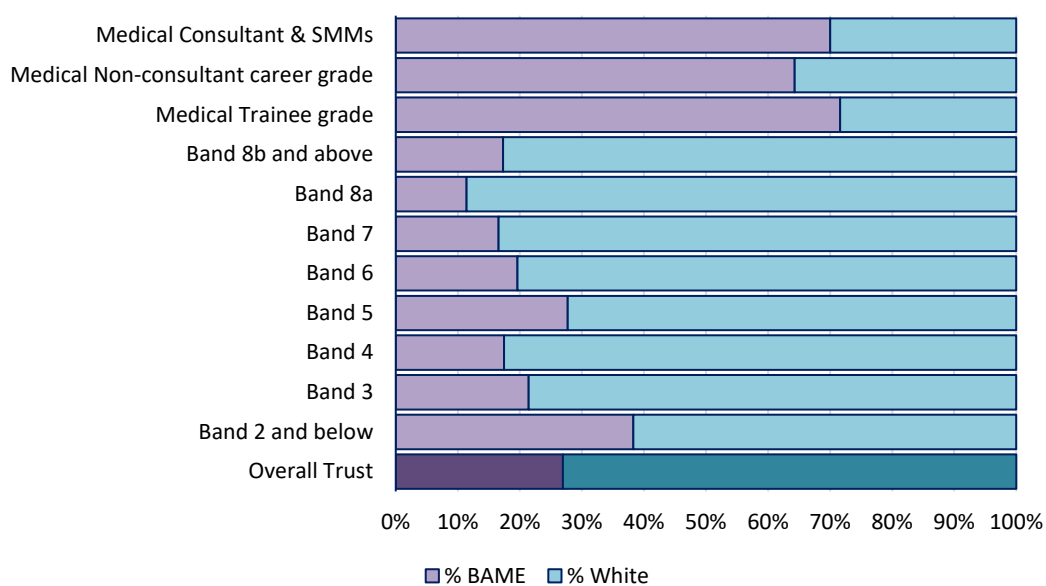
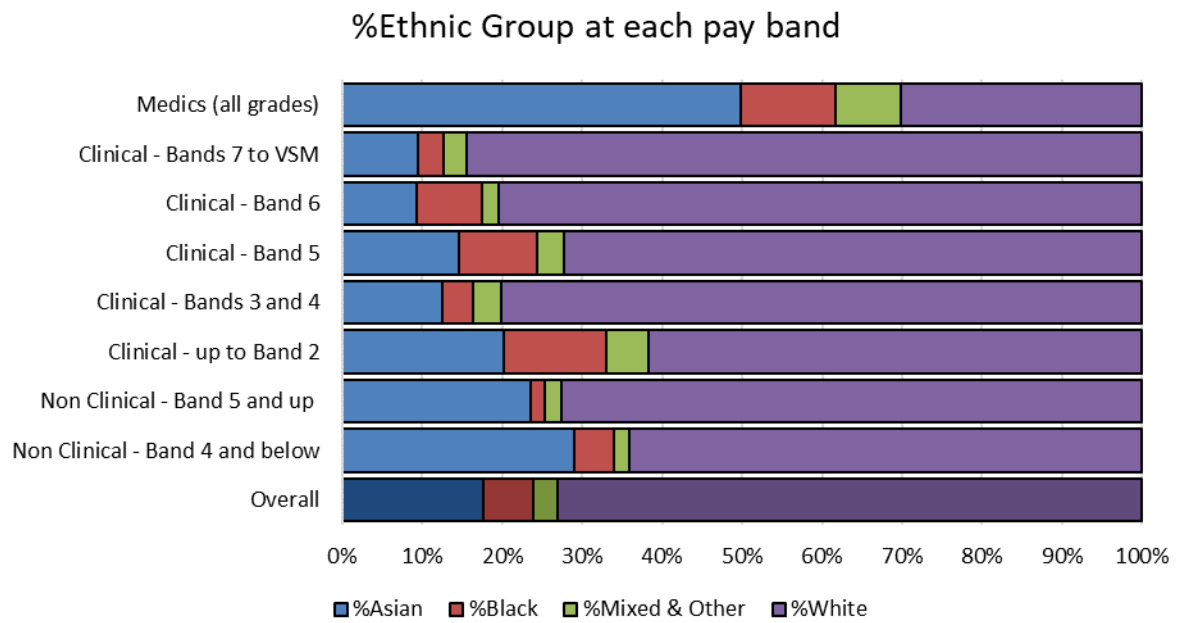


Table 2: Metric 1: The ethnic groups of substantive colleagues (of known ethnicity)

	Asian	Black	Mixed & Other	White
Overall	17.6%	6.3%	3.0%	73.1%
Non Clinical - Band 4 and below	29.0%	5.0%	1.9%	64.2%
Non Clinical - Band 5 and up	23.5%	1.9%	2.0%	72.6%
Clinical - up to Band 2	20.1%	12.9%	5.3%	61.7%
Clinical - Bands 3 and 4	12.5%	3.9%	3.5%	80.2%
Clinical - Band 5	14.6%	9.8%	3.3%	72.3%
Clinical - Band 6	9.3%	8.2%	2.1%	80.4%
Clinical - Bands 7 to VSM	9.5%	3.2%	2.8%	84.5%
Medics (all grades)	49.8%	11.9%	8.2%	30.1%

Graph B: The ethnic groups of substantive colleagues (of known ethnicity) of each group of bands compared to overall



Metric 2. Recruitment

Relative likelihood of White people compared to BAME people being made an offer across all posts.

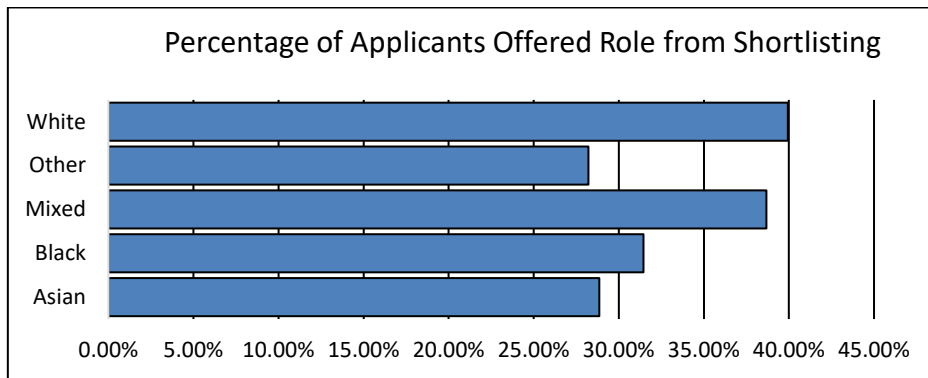
- In 2022/23 White people were 1.32 times more likely than BAME people to be made an offer from amongst those shortlisted.
- In 2022/23, some changes have been made to the calculations due to the functionality of our new recruitment system, NHS Jobs 3:
 - Data for the number of people **recruited** is not available for 2022/23 in NHS Jobs 3. Therefore, the number of people **made offers** is used here, in contrast with previous years. Internal candidates will appear in the number of shortlisted candidates, but as their offers are not currently recorded on NHS Jobs 3, they will not appear in the number of candidates offered roles. Therefore, the number of people offered roles is underestimated.
 - Only vacancies which had reached the point of offer are included in the figures. Vacancies at earlier stages are excluded because outcomes were unknown for these applicants. Applicants who withdrew from the process prior to offers being made have also been excluded. This improves our data quality.
 - Had 2021/22 data been calculated in the same way, data shows White candidates were 1.49 times more likely to be made offers than BAME candidates, suggesting improvement has been made since last year.

Table 3: Metric 2: The relative likelihood of White people and BAME people being appointed from amongst those shortlisted

Recruitment	2019/20	2020/21	2021/22	2022/23*
	RECRUITED			MADE OFFERS
Relative likelihood of appointment from shortlisting (White/BAME)	1.14	1.46	1.79	1.32
% White people appointed from shortlisting	11.3%	12.0%	15.5%	39.9%
% BAME people appointed from shortlisting	10.0%	8.2%	8.7%	30.3%
Number of White people appointed/made offers from shortlisting	341 out of 3005	400 out of 3327	596 out of 3842	783 out of 1961
Number of BAME people appointed/made offers from shortlisting	186 out of 1861	171 out of 2082	207 out of 2386	429 out of 1415

*It is not possible to make comparisons with previous years, as 2022/23 data has been calculated differently.

Graph C: The percentage of shortlisted applicants of each ethnic group offered roles



Metric 3. Formal disciplinary process

Relative likelihood of BAME colleagues compared to White colleagues entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

- In 2022/23, BAME colleagues were almost twice as likely (1.90 times) to enter a formal disciplinary process as White colleagues. Due to small figures, a more detailed breakdown by ethnic group is not possible.
- This trend is seen across just under half of NHS trusts, where in 2021/22 BAME staff were significantly more likely than white staff to enter the formal disciplinary process.

Table 4: Metric 3: The relative likelihood of BAME colleagues and White colleagues entering the formal disciplinary process

Formal disciplinary process	2020/21	2021/22	2022/23
Relative likelihood (BAME/White)	1.24	1.64	1.90
% BAME colleagues entering formal disciplinary	R	R	0.9%
% White colleagues entering formal disciplinary	R	R	0.5%
n. BAME colleagues entering formal disciplinary	R out of 1287	R out of 1409	14 out of 1618
n. White colleagues entering formal disciplinary	R out of 3991	R out of 4102	20 out of 4389

Metric 4. Non-mandatory training

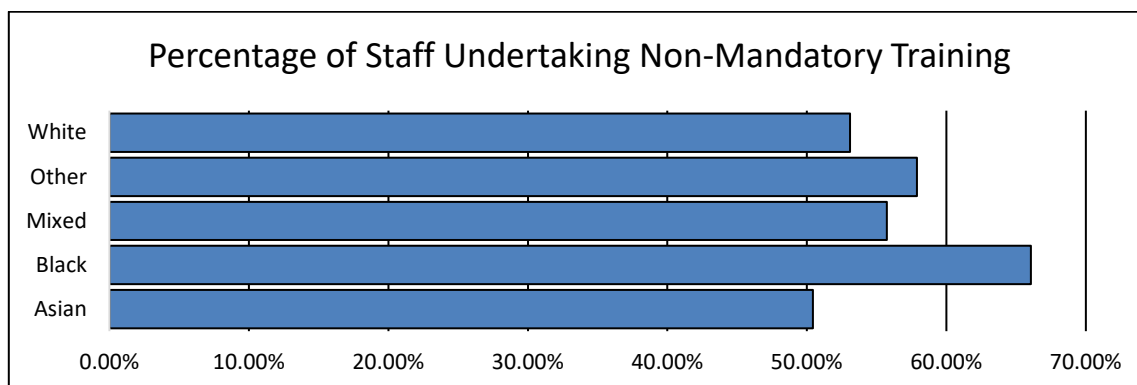
Relative likelihood of White colleagues compared to BAME colleagues accessing non-mandatory training and CPD. The percentage of White colleagues accessing non-mandatory training divided by the percentage of BAME colleagues accessing non-mandatory training.

- In 2022/23 White colleagues were similarly likely to BAME colleagues to access non-mandatory training (0.97 times), defined as any training recorded on ULearn which is not listed on the mandatory or role essential training registers.
- This is similar to the positions observed in previous years.

Table 5: Metric 4: The relative likelihood of White colleagues and BAME colleagues accessing non-mandatory training during 2018/19, 2019/20, 2020/21, and 2021/22

Non-mandatory training	2019/20	2020/21	2021/22	2022/23
Relative likelihood of accessing training (White/BAME)	1.10	1.06	1.07	0.97
% White colleagues accessing training	80.4%	88.3%	71.6%	53.1%
% BAME colleagues accessing training	73.2%	83.5%	66.6%	54.8%
n. White colleagues accessing training	3203 out of 3982	3526 out of 3991	2936 out of 4102	2330 out of 4389
n. BAME colleagues accessing training	894 out of 1221	1075 out of 1287	939 out of 1409	886 out of 1618

Graph D: The percentage of colleagues of each ethnic group undertaking non-mandatory training



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

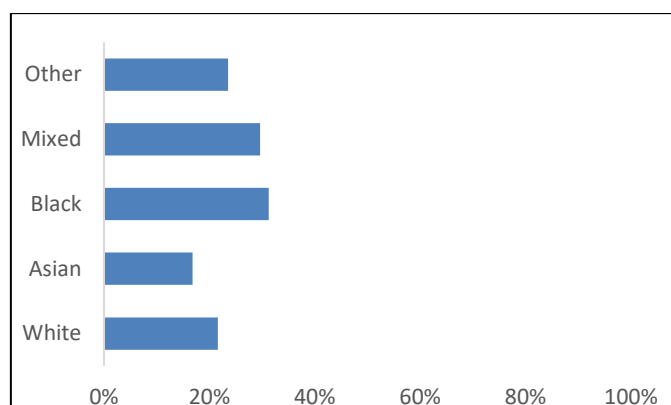
The percentages of White colleagues and BAME colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months, derived from the NHS Staff Survey.

- White colleagues and BAME colleagues were similarly likely to suffer harassment, bullying or abuse from patients, service users, their relatives or other members of the public (20.6%, 124/601 BAME colleagues and 21.6%, 488/2262 White colleagues). There was a decrease in this abuse experienced by BAME colleagues since last year.
- LPT's results for this metric were better than Trusts of a similar type in the benchmark group (31.5% BAME colleagues and 25.4% White colleagues).
- Black colleagues in particular were more likely than any other ethnic group to suffer this type of harassment, bullying or abuse (31.3%). This reflects a long-term trend and may be due in part to the higher proportion of Black colleagues in clinical patient-facing roles. However, there has been an improvement since last year.

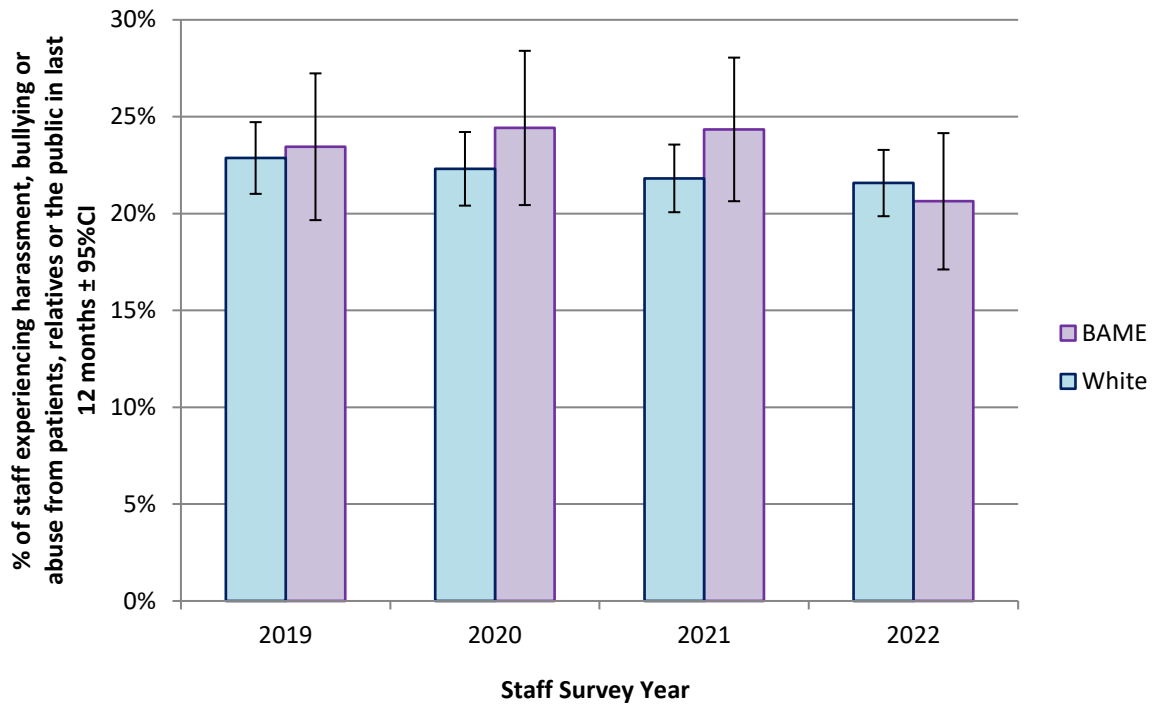
Table 6: Metric 5: Percentages of White & BAME colleagues who experienced harassment, bullying or abuse from patients/service users, their relatives or other members of the public, according to the Staff Survey

Harassment, bullying or abuse from patients, relatives or the public	2019	2020	2021	2022
% White colleagues	22.9%	22.3%	21.8%	21.6%
% BAME colleagues	23.4%	24.4%	24.3%	20.6%
<i>Asian</i>		18.2%	16.9%	16.8%
<i>Black</i>		39.6%	43.7%	31.3%
<i>Mixed</i>		33.3%	38.0%	29.6%
<i>Other</i>		45.0%	38.1%	23.5%
n. White colleagues	429 out of 1876	487 out of 2183	488 out of 2237	488 out of 2262
n. BAME colleagues	102 out of 435	126 out of 516	139 out of 571	124 out of 601
<i>Asian</i>		R	R	R
<i>Black</i>		R	R	R
<i>Mixed</i>		R	R	R
<i>Other</i>		R	R	R

Graph E: Metric 5: The percentages of colleagues from each ethnic group who experienced harassment, bullying or abuse from patients / service users, their relatives or other members of the public



Graph F: Metric 5: The percentage of colleagues who experienced harassment, bullying or abuse from patients / service users, their relatives or other members of the public



Metric 6. Harassment, bullying or abuse from other colleagues

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

- This metric is based on a combined figure of responses from 2 questions:
 - 14b. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?
 - 14c. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?

A breakdown by ethnic group is possible for each question individually (Tables 9 and 10) but not the overall metric (Table 8).

- BAME colleagues were similarly likely to White colleagues to suffer harassment, bullying or abuse from other colleagues (19.6%, 118/601 BAME colleagues and 17.7%, 402/2268 White colleagues). The discrepancy between White and BAME responses is similar to last year, and the percentages have reduced for both BAME and White colleagues.
- LPT's results for this metric were slightly better for BAME colleagues than Trusts in the benchmark group, and similar for White colleagues (22.8% BAME colleagues and 17.3% White colleagues).
- **Bullying, harassment and abuse from managers:** Black (18.1%) colleagues report more bullying, harassment and abuse from managers than White (8.2%) or Asian (7.3%) colleagues do. These trends follow a similar pattern to 2021 responses. The position has worsened for Black colleagues since last year.
- **Bullying, harassment and abuse from colleagues (not managers):** White colleagues report less bullying, harassment and abuse from other colleagues than other ethnic groups. There has been an improved position since last year for all BAME groups with the exception of people from Other backgrounds.

Table 7: Metric 6: The percentages of White colleagues and BAME colleagues who experienced harassment, bullying or abuse from other colleagues (including managers), Staff Survey

Harassment, bullying or abuse from other colleagues	2019	2020	2021	2022
% White colleagues	19.9%	19.8%	18.8%	17.7%
% BAME colleagues	24.4%	24.8%	20.9%	19.6%
n. White colleagues	373 out of 1879	432 out of 2187	420 out of 2233	402 out of 2268
n. BAME colleagues	107 out of 438	128 out of 516	120 out of 574	118 out of 601

Graph G: Metric 6: The percentage of colleagues who experienced harassment, bullying or abuse from other colleagues (including managers)

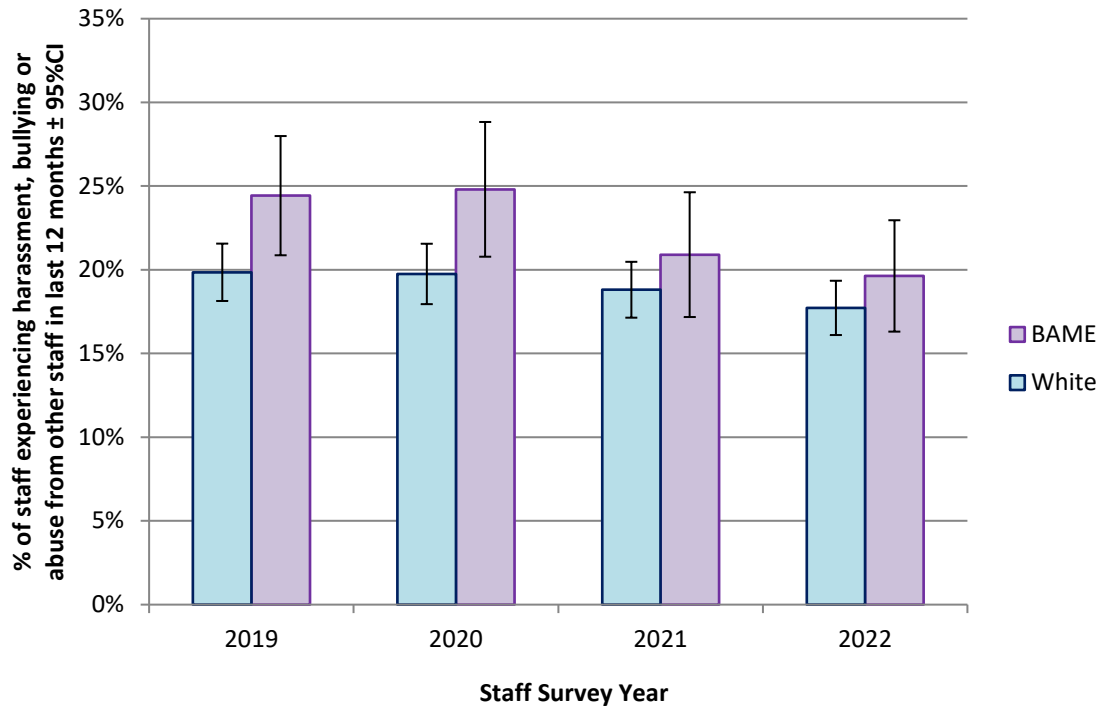


Table 8: Staff Survey Question 14b: The percentage of colleagues who experienced harassment, bullying or abuse from managers

Harassment, bullying or abuse from managers	2019	2020	2021	2022
% White colleagues	10.3%	10.6%	9.4%	8.2%
% BAME colleagues	14.3%	12.7%	9.8%	9.2%
<i>Asian</i>		9.9%	8.1%	7.3%
<i>Black</i>		18.0%	11.7%	18.1%
<i>Mixed</i>		12.5%	18.0%	7.4%
<i>Other</i>		38.1%	14.3%	11.8%
n. White colleagues	194 out of 1891	230 out of 2181	208 out of 2216	185 out of 2253
n. BAME colleagues	63 out of 442	65 out of 513	56 out of 570	55 out of 595
<i>Asian</i>		R	R	R
<i>Black</i>		R	R	R
<i>Mixed</i>		R	R	R
<i>Other</i>		R	R	R

Graph H: Metric 6: Percentage of colleagues who experienced harassment/bullying/abuse from managers, by ethnic group

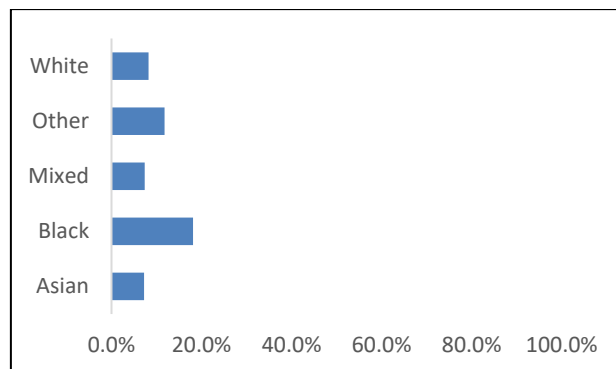
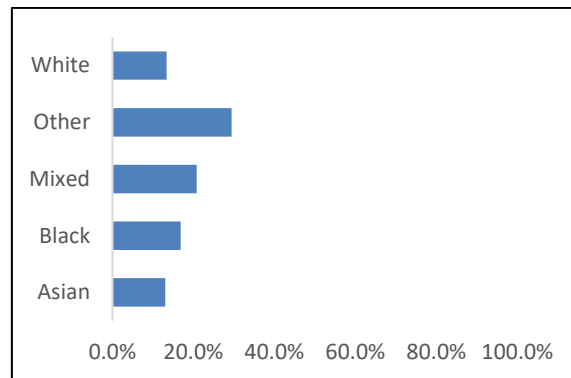


Table 9: Staff Survey Question 14c: The percentage of colleagues who experienced harassment, bullying or abuse from colleagues (not managers)

Harassment, bullying or abuse from colleagues (not managers)	2019	2020	2021	2022
% White colleagues	14.7%	13.9%	14.3%	13.4%
% BAME colleagues	20.1%	20.6%	16.4%	15.3%
Asian		19.3%	14.8%	13.0%
Black		25.6%	19.8%	16.8%
Mixed		17.8%	21.6%	20.8%
Other		26.3%	19.0%	29.4%
n. White colleagues	274 out of 1858	300 out of 2152	315 out of 2207	300 out of 2247
n. BAME colleagues	87 out of 433	104 out of 506	93 out of 566	91 out of 596
Asian		R	R	R
Black		R	R	R
Mixed		R	R	R
Other		R	R	R

Graph I: Metric 6: Percentage of colleagues who experienced harassment/bullying/abuse from colleagues (not managers)



Metric 7. Equal opportunities for career progression or promotion

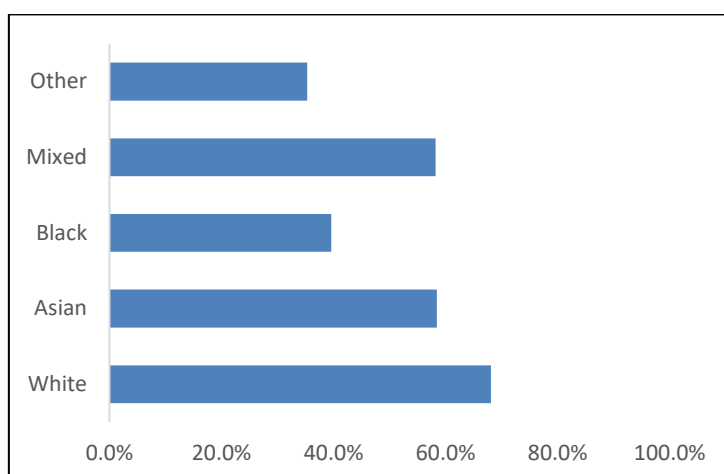
The percentages of White colleagues and BAME colleagues believing that the Trust provides equal opportunities for career progression or promotion, derived from the NHS Staff Survey.

- BAME colleagues, and especially Black colleagues, were less likely than White colleagues to believe that the Trust provides equal opportunities for career progression or promotion (54.1% BAME colleagues, 39.6% Black colleagues, and 68.1% White colleagues). However, there have been improvements to the overall figures for BAME colleagues responding positively to this question.
- LPT's results for this metric were better than Trusts in the benchmark group (49.6% BAME colleagues and 62.3% White colleagues).

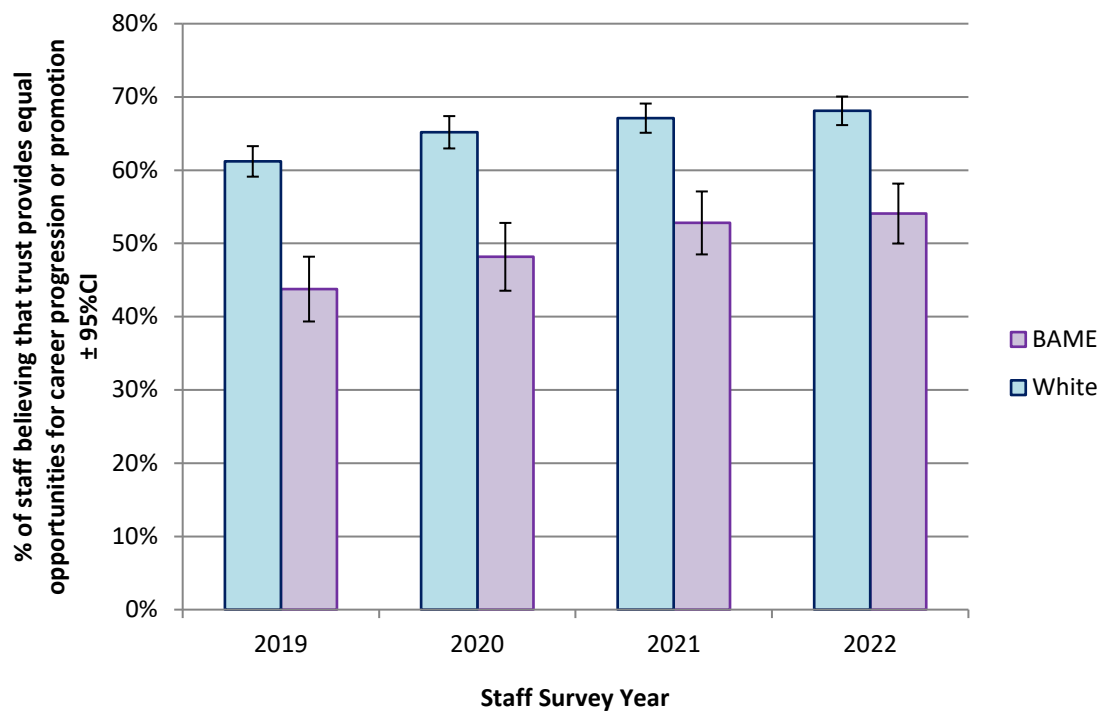
Table 10: Metric 7. The percentages of White colleagues and BAME colleagues who felt that the organisation provides equal opportunities for career progression or promotion, Staff Survey

Equal opportunities for career progression or promotion	2019	2020	2021	2022
% White colleagues	61.2%	65.2%	67.1%	68.1%
% BAME colleagues	43.8%	48.2%	52.8%	54.1%
<i>Asian</i>		52.9%	56.0%	58.4%
<i>Black</i>		34.8%	41.2%	39.6%
<i>Mixed</i>		46.9%	52.0%	58.2%
<i>Other</i>		28.6%	47.6%	35.3%
n. White colleagues	1145 out of 1871	1428 out of 2191	1495 out of 2228	1546 out of 2270
n. BAME colleagues	193 out of 441	250 out of 519	302 out of 572	325 out of 601
<i>Asian</i>		R	R	R
<i>Black</i>		R	R	R
<i>Mixed</i>		R	R	R
<i>Other</i>		R	R	R

Graph J: Metric 7: The percentages of colleagues from each ethnic group who feel the Trust offers equal opportunities for career progression



Graph K: Metric 7: The percentage of colleagues feeling the Trust provides equal opportunities for career progression



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

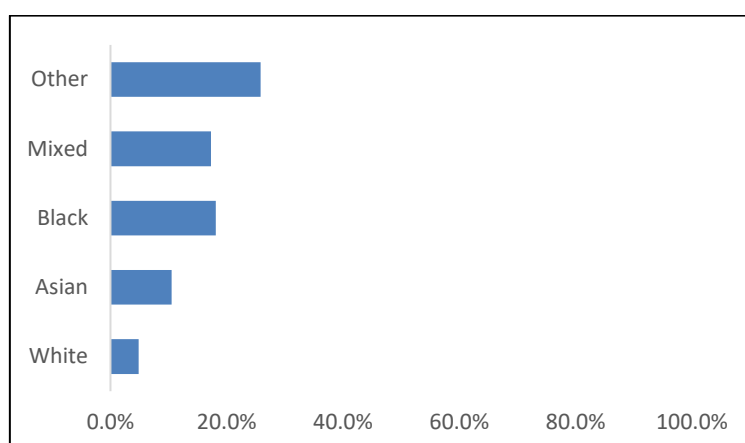
The percentages of White colleagues and BAME colleagues experiencing discrimination at work from their manager / team leader or other colleagues in last 12 months, derived from the NHS Staff Survey.

- BAME colleagues were more likely than White colleagues to have experienced discrimination at work from their manager / team leader or other colleagues (13.1%, 78/595 BAME colleagues, and 4.8%, 109/2251 White colleagues). However, this does represent a slight improvement on last year for Black colleagues. Mixed ethnicity and Other ethnicity colleagues have reported more discrimination, but small numbers make these percentages variable year on year.
- LPT's results for this metric in 2022 were slightly better for BAME colleagues than Trusts in the benchmark group (13.6% BAME colleagues and 5.7% White colleagues).

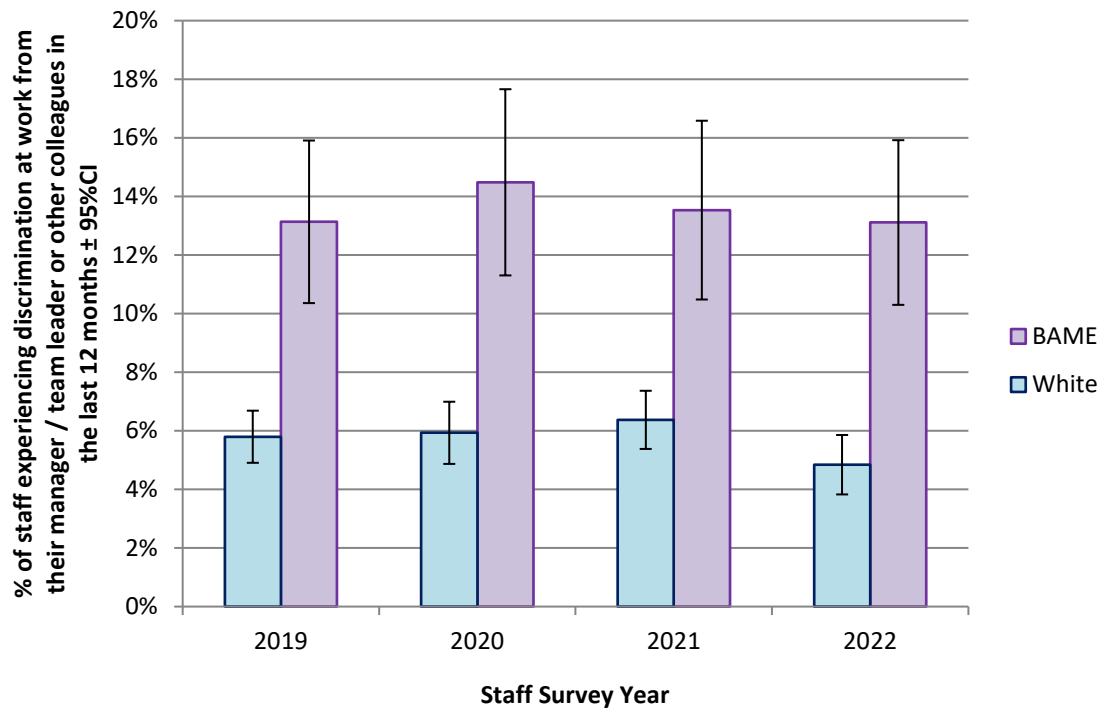
Table 11: Metric 8: The percentages of White colleagues and BAME colleagues who experienced discrimination at work from their manager / team leader or other colleagues in last 12 months, Staff Survey

Discrimination at work from a manager / team leader or other colleagues	2019	2020	2021	2022
% White colleagues	5.8%	5.9%	6.4%	4.8%
% BAME colleagues	13.1%	14.5%	13.5%	13.1%
<i>Asian</i>		11.6%	10.6%	10.5%
<i>Black</i>		26.1%	23.3%	18.1%
<i>Mixed</i>		12.2%	15.7%	17.3%
<i>Other</i>		20.0%	15.0%	25.8%
n. White colleagues	108 out of 1863	129 out of 2175	142 out of 2228	109 out of 2251
n. BAME colleagues	57 out of 434	74 out of 511	77 out of 569	78 out of 595
<i>Asian</i>		R	R	R
<i>Black</i>		R	R	R
<i>Mixed</i>		R	R	R
<i>Other</i>		R	R	R

Graph L: Metric 8: The percentages of colleagues from each ethnic group who experienced discrimination from managers or colleagues



Graph M: Metric 8: The percentage of colleagues who experienced discrimination



Metric 9. Board representation

Description of metric 9:

- Percentage difference between BAME 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:

- In March 2023, compared to the level of representation in the workforce overall, BAME people were underrepresented:
 - amongst board members overall (-5.8% difference in representation),
 - and amongst executive board members (-10.2% difference in representation);
- However, BAME people were over-represented
 - amongst voting board members (+6.4% difference in representation).
- This represents a year-on-year improvement since March 2020 for overall and voting Board members. Please refer to Table 13.

Table 12: Metric 9. Differences in the levels of representation of BAME people amongst board members (overall, voting members, and executives), relative to the level of representation of BAME people in the workforce overall, at March 2019, at March 2020, at March 2021, and at March 2022

Board representation	March 2020	March 2021	March 2022	March 2023
Percentage BAME in the substantive workforce overall	23.5%	24.4%	25.6%	26.9%
Difference between all board members and the substantive workforce overall (%BAME)	-17.6%	-12.6%	-8.9%	-5.8%
Difference between voting board members and the substantive workforce overall (%BAME)	-14.4%	-6.2%	1.7%	6.4%
Difference between executive board members and the substantive workforce overall (%BAME)	-23.5%	-14.4%	-8.9%	-10.2%

Appendix 1: Directorate Data

INDICATOR 1

CHS	BAME	White	%BAME (of known status)	%White (of known status)
Band 2 and below	47	193	19.6%	80.4%
Band 3	84	239	26.0%	74.0%
Band 4	16	125	11.3%	88.7%
Band 5	84	281	23.0%	77.0%
Band 6	59	282	17.3%	82.7%
Band 7 and above, including Medical	37	217	17.1%	82.9%
total	327	1337	19.7%	80.3%

DMH	BAME	White	%BAME (of known status)	%White (of known status)
Band 2 and below	139	141	49.6%	50.4%
Band 3	75	198	27.5%	72.5%
Band 4	29	89	24.6%	75.4%
Band 5	91	130	41.2%	58.8%
Band 6	116	282	29.1%	70.9%
Band 7	34	152	18.3%	81.7%
Band 8a and above	24	107	18.3%	81.7%
Medical	59	24	71.1%	28.9%
total	567	1123	33.6%	66.4%

FYPCLDA	BAME	White	%BAME (of known status)	%White (of known status)
Band 2 and below	66	87	43.1%	56.9%
Band 3	47	158	22.9%	77.1%
Band 4	51	190	21.2%	78.8%
Band 5	50	173	22.4%	77.6%
Band 6	57	357	13.8%	86.2%
Band 7	27	154	14.9%	85.1%
Band 8a and above	11	105	9.5%	90.5%
Medical	37	22	62.7%	37.3%
total	346	1246	21.7%	78.3%

Enabling, Hosted, and WB	BAME	White	%BAME (of known status)	%White (of known status)
Band 2 and below	118	170	41.0%	59.0%
Band 3	32	55	36.8%	63.2%
Band 4	34	56	37.8%	62.2%
Band 5	47	74	38.8%	61.2%

Band 6	38	113	25.2%	74.8%
Band 7	24	102	19.0%	81.0%
Band 8a and above	31	94	24.8%	75.2%
Medical	54	19	74.0%	26.0%
total	378	683	35.6%	64.4%

Directorate	Not Stated (n)	Not Stated (% of directorate)
CHS	31	1.8%
DMH	69	3.9%
FYPCLDA	36	2.2%
Enabling, Hosted, Workforce Bureau	84	7.3%

INDICATOR 2

Directorate	% White Offered roles of those shortlisted (offered/shortlisted)	% BAME Offered roles of those shortlisted (offered/shortlisted)	Likelihood ratio (White/BAME)
CHS	43.2% (244/565)	27.8% (83/299)	1.56
DMH	41.5% (233/561)	36.0% (200/555)	1.15
FYPCLDA	38.1% (234/614)	26.7% (92/345)	1.43
Enabling, Hosted, Workforce Bureau	31.9% (61/191)	25.0% (49/196)	1.28

STAFF SURVEY

Indicator 5: Percentage of BME staff and White staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

CHS	Yes	Total	%Yes
White	187	765	24.4%
BAME	31	141	22.0%

DMH	Yes	Total	%Yes
White	157	481	32.6%
BAME	63	167	37.7%

FYPCLDA	Yes	Total	%Yes
White	125	693	18.0%
BAME	23	146	15.8%

Indicator 6 part 1: Percentage of BME staff and White staff experiencing harassment, bullying or abuse from staff in the last 12 months (managers)

DMH	Yes	Total	%Yes
-----	-----	-------	------

White	66	479	13.8%
BAME	21	165	12.7%

FYPCLDA	Yes	Total	%Yes
White	49	690	7.1%
BAME	12	147	8.2%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
White	25	322	7.8%
BAME	14	146	9.6%

Indicator 6 part 2: Percentage of BME staff and White staff experiencing harassment, bullying or abuse from staff in the last 12 months (colleagues, not managers)

CHS	Yes	Total	%Yes
White	94	764	12.3%
BAME	25	138	18.1%

DMH	Yes	Total	%Yes
White	91	479	19.0%
BAME	33	166	19.9%

FYPCLDA	Yes	Total	%Yes
White	80	684	11.7%
BAME	17	146	11.6%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
White	35	320	10.9%
BAME	16	146	11.0%

Indicator 7: Percentage of BME staff and White staff believing that trust provides equal opportunities for career progression or promotion

CHS	Yes	Total	%Yes
White	561	771	72.8%
BAME	81	140	57.9%

DMH	Yes	Total	%Yes
White	296	482	61.4%
BAME	78	167	46.7%

FYPCLDA	Yes	Total	%Yes
White	475	693	68.5%
BAME	81	148	54.7%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
White	214	324	66.0%
BAME	85	146	58.2%

Indicator 8: Percentage of BME staff and White staff experiencing discrimination at work from their manager / team leader or other colleagues in the last 12 months

CHS	Yes	Total	%Yes
White	33	764	4.3%
BAME	13	138	9.4%

DMH	Yes	Total	%Yes
White	44	475	9.3%
BAME	36	166	21.7%

FYPCLDA	Yes	Total	%Yes
White	25	691	3.6%
BAME	15	144	10.4%

Appendix 2: Professional Group Data

Please note: Students (e.g. Student Health Visitors, Student Physiotherapists) are included in their relevant Staff Group for Indicator 1, but not for the Staff Survey results.

INDICATOR 1

Additional Clinical Services	BAME	White	%BAME (of known status)	%White (of known status)
Band 2 and below	175	282	38.3%	61.7%
Band 3	119	435	21.5%	78.5%
Band 4	62	302	17.0%	83.0%
Band 5 and above	13	45	22.4%	77.6%
total	369	1064	25.8%	74.2%

Admin & Clerical	BAME	White	%BAME (of known status)	%White (of known status)
Band 2 and below	99	148	40.1%	59.9%
Band 3	116	195	37.3%	62.7%
Band 4	65	154	29.7%	70.3%
Band 5	71	126	36.0%	64.0%
Band 6	38	83	31.4%	68.6%
Band 7 and above	55	221	19.9%	80.1%
total	444	927	32.4%	67.6%

AHPs	BAME	White	%BAME (of known status)	%White (of known status)
Band 5	32	84	27.6%	72.4%
Band 6	64	313	17.0%	83.0%
Band 7 and above	31	177	14.9%	85.1%
total	127	574	18.1%	81.9%

Ancillary	BAME	White	%BAME (of known status)	%White (of known status)
total	100	191	34.4%	65.6%

Medical	BAME	White	%BAME (of known status)	%White (of known status)
total	153	66	69.9%	30.1%

Nursing	BAME	White	%BAME (of known status)	%White (of known status)
Band 5	148	384	27.8%	72.2%
Band 6	148	579	20.4%	79.6%

Band 7	47	282	14.3%	85.7%
Band 8a and above	12	109	9.9%	90.1%
total	355	1354	20.8%	79.2%

Scientific & Technical	BAME	White	%BAME (of known status)	%White (of known status)
Band 5 and below	11	20	35.5%	64.5%
Band 6	19	53	26.4%	73.6%
Band 7	17	39	30.4%	69.6%
Band 8a and above	23	101	22.8%	77.2%
total	70	213	24.7%	75.3%

INDICATOR 2

Staff Group	% White Offered roles of those shortlisted (offered/shortlisted)	% BAME Offered roles of those shortlisted (offered/shortlisted)	Likelihood ratio (White/BAME)
Additional Clinical Services	37.8% (232/613)	31.1% (153/492)	1.22
Admin and Clerical	32.6% (196/602)	22.5% (126/561)	1.45
AHPs	54.9% (130/237)	39.3% (46/117)	1.40
Nursing	43.9% (181/412)	39.2% (74/189)	1.12
Scientific and Technical	43.8% (28/64)	62.5% (20/32)	0.70

STAFF SURVEY

Indicator 5: Percentage of BME staff and White staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Additional Clinical Services	Yes	Total	%Yes
White	99	484	20.5%
BAME	28	118	23.7%

Admin & Clerical	Yes	Total	%Yes
White	76	613	12.4%
BAME	14	239	5.9%

AHPs	Yes	Total	%Yes
White	67	339	19.8%
BAME	19	62	30.6%

Medical	Yes	Total	%Yes
White	17	35	48.6%

BAME	16	44	36.4%
------	----	----	-------

Nursing	Yes	Total	%Yes
White	210	670	31.3%
BAME	42	114	36.8%

Indicator 6 part 1: Percentage of BME staff and White staff experiencing harassment, bullying or abuse from staff in the last 12 months (managers)

Admin & Clerical	Yes	Total	%Yes
White	54	611	8.8%
BAME	20	239	8.4%

Nursing	Yes	Total	%Yes
White	69	669	10.3%
BAME	16	109	14.7%

Indicator 6 part 2: Percentage of BME staff and White staff experiencing harassment, bullying or abuse from staff in the last 12 months (colleagues, not managers)

Additional Clinical Services	Yes	Total	%Yes
White	64	482	13.3%
BAME	27	116	23.3%

Admin & Clerical	Yes	Total	%Yes
White	79	608	13.0%
BAME	26	239	10.9%

Nursing	Yes	Total	%Yes
White	118	664	17.8%
BAME	27	113	23.9%

Indicator 7: Percentage of BME staff and White staff believing that trust provides equal opportunities for career progression or promotion

Additional Clinical Services	Yes	Total	%Yes
White	335	486	68.9%
BAME	63	118	53.4%

Admin & Clerical	Yes	Total	%Yes
White	424	616	68.8%
BAME	141	240	58.8%

AHPs	Yes	Total	%Yes
White	228	339	67.3%
BAME	36	60	60.0%

Medical	Yes	Total	%Yes
White	17	35	48.6%
BAME	25	44	56.8%

Nursing	Yes	Total	%Yes
White	469	672	69.8%
BAME	48	115	41.7%

Indicator 8: Percentage of BME staff and White staff experiencing discrimination at work from their manager / team leader or other colleagues in the last 12 months

Additional Clinical Services	Yes	Total	%Yes
White	26	481	5.4%
BAME	15	113	13.3%

Admin & Clerical	Yes	Total	%Yes
White	25	609	4.1%
BAME	24	240	10.0%

Nursing	Yes	Total	%Yes
White	41	667	6.1%
BAME	28	114	24.6%

WRES Action Plan 2023 - 2024

Executive Sponsor: Sarah Willis

Objective 1. Ensure Recruitment and Selection processes are inclusive and free from bias where candidates from ethnic and cultural minority 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.

Action Number	Action	Accountable Person	Date	Milestones	Progress	KPIs & Outcomes (including WRES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1	Review Recruitment processes for inclusivity	Resourcing Manager	Winter 2023	Recruitment & Selection policy updated early 2023, with stakeholder feedback	To add interview debrief guidance and guidance for diverse panels - should be inclusive, as well as diverse. At least 80% of panels are ethnically diverse - July 2023. To add guidance for feeding back to those who are unsuccessful. Social media/recruitment marketing for 2023 will be inclusive. We have a schedule of events (schools, colleges, unis) for 2023. StaffNet has examples of inclusive adverts. Inclusive job descriptions to be added at a later date (completion date TBC) Trialling sharing interview questions with candidates beforehand.	Improvement in metrics 1, 2, 7 Increase in number of people from ethnic and cultural minorities being recruited to roles in LPT.	[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	Ongoing	Amber
2	Continue to work towards having 100% ethnically diverse recruitment panels, with inclusion of diverse panel members at each stage, not just asking an EDI question at the interview.	Resourcing Manager, HRBPs	Ongoing	Identify hotspot areas where recruitment panels are not diverse, and work with managers. Identify any quick wins (e.g. managers not filling out panel information)	Diverse panel % is monitored through Directorate EDI groups, and by HRBPs. Additional question on recruitment paperwork for interview panelists to provide feedback on whether they thought the interview process was fair. Continue to promote Recruitment & Selection training. Reinforce the need for a diverse panel at shortlisting as well as interview.	Improvement in metrics 1, 2, 7 Improved feedback from people acting as diverse panel members, that they felt included and listened to during the whole process	[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	Ongoing	Amber

Objective 2. Ensure that staff from ethnic and cultural minorities are benefiting from Talent Management, Succession Planning and Career Progression leading to achievement of LPT model employer target of 25.6% by 2025

Action Number	Action	Accountable Person	Date	Milestone	Progress	KPIs & Outcomes (including WRES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1	Establish Talent Management and succession planning Processes enabling Black, Asian and minority ethnic staff to progress into senior management positions in line with model employer targets	Head of OD and EDI	Mar-24	Develop talent management plan aligning to LPT, Group, regional and national Talent Management strategies. Launch programme. Create an Inclusive Talent Management toolkit for managers. June 2023 - Secondment Policy feedback provided for policy review to ensure it is fully inclusive	Regional: Inclusive Culture and Leadership programme across LLR has inclusive talent management as a key component (BAME Nursing and Midwifery Development Programme, Developing Diverse Leadership). Introduction of the Developing You, Developing Me programme for bands 8a and 8b nurses and AHPs from cultural and ethnic minority backgrounds Local: BAME Interview Skills sessions are regularly run and have positive feedback. Scoping Careers Advice sessions, run on Teams, as an addition. We Nurture Programme is due to be restarted in 2023. Provisional: Scope for Growth talent management pilot to commence in 2023. Managers will be trained on talent conversations incorporating cultural competency and targeted provision for cultural and ethnic minorities. EDI team and Staff Networks to be consulted to make sure framework is inclusive. Local opportunities for exposure which puts people in a favourable position for development, not just promotions.	Improvement in metrics 1, 2, 4, and 9 Increased number of development opportunities available for staff from ethnic and cultural minorities. If possible, track the number of attendees who go on to receive promotions/development.	[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	Ongoing	Amber
2	Identify additional specific needs of International recruits.	Head of Nursing, Midwifery and AHP equalities, Head of International Nursing Recruitment	Mar-24	Preceptorship programme for international nurses is well established.	Head of Nursing, Midwifery and AHP equalities appointed at ICB to progress career opportunities, experience, and development for staff from ethnic and cultural minorities. IR Nurses had an additional 4 sessions added to the usual preceptorship programme	Improvement in metrics 1, 2, 4	[5] Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff	New (due to feedback, and performance for indicator 1: representation at higher bands)	Blue
3	Engagement events: career development for nurses and AHPs from ethnic and cultural minorities	Associate Director of AHPs, Heads of Nursing, EDI team, Communications	Sep-24	2 initial Trust-wide events went ahead in 22/23 and were well attended (40 - 80 people at each one) Hold a further event to share updates and hear from staff	Feedback to be gathered via REACH Network in July - what career progression support is needed? Engagement event to go ahead on 27th September 2023 for nurses and AHPs from ethnic and cultural minorities. To be publicised. FYPCLDA have held Directorate-specific listening events for staff from ethnic and cultural minorities. Now working through actions as a QI project.	Improvement in metrics 1, 2, 4 Qualitative feedback from listening/engagement events	[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	New (due to feedback, and performance for indicator 1: representation at higher bands)	Amber

Objective 3. Create a culturally inclusive organisation for colleagues from ethnic and cultural minorities

Action Number	Action	Accountable Person	Date	Milestone	Progress	KPIs & Outcomes (including WRES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1	Continue to deliver impactful Race and Cultural Intelligence Learning Sets which include lived experience of Black, Asian and minority ethnic staff to all line-managers	Head of EDI and EDI Specialist	Sessions ongoing	Communicate requirement for all line-managers to attend the learning sets.	Over 250 leaders have attended the training to date, and sessions are being well attended and well received. There is a schedule of monthly sessions planned until the end of the financial year, with lived experience contributors for each one. Content updated to reflect learning from the MC tribunal case (NHS England) These sessions will be compulsory as part of the line manager pathway.	Improvement in metrics 1, 2, 3, 6, 7, 8 Increased numbers attending Positive feedback received following sessions	[6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Ongoing	Green
2	LPT Board has developed a Together Against Racism strategy with our buddy trust, NHFT.			Board member anti-racism pledges have been committed to. Boards and stakeholders have met at two Joint Board Workshops to determine priorities and actions. Determined the vision, completed a SWOT analysis	An action plan for Together Against Racism has been developed, now moving into measurable actions, with strong links into this WRES action plan. * Workforce: inclusive recruitment, inclusive leadership, addressing racist abuse, career development * Patients: equality data, PCREF, cultural competency * Communities: engagement, strategy & partnerships, procurement	Improvements across WRES metrics 1, 2, 3 and 8, and Staff Survey responses relating to race and staff engagement.	[1] Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable;	Revised (to prioritise key actions relating to WRES performance, esp. around indicator 2: recruitment)	Green

3	Develop EDI outcome based objectives within appraisals.	Head of EDI and Head of OD	Dec-22	December 2022: roll out. Summer 2023: embed guidance in appraisal training.	Complete - December 2022. Head of OD looking at how to embed the guidance into appraisal training. Monitor the impact over time - are people meeting their EDI objectives?	Improvements across metrics 5, 6, 7, 8	[1] Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable;	Ongoing	Green
4	Complete next Cohort of Reverse Mentoring Programme	Head of EDI	Ongoing	3rd cohort complete. 4th cohort programme underway	Cohort 3 feedback has been reviewed and is very positive. Cohort 4 underway.	Improvements across metrics 1, 2, 6, 7, 8 Positive feedback from mentors and mentees.	[6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Ongoing	Green
5	Ensure that key/important events and festivals are celebrated and used as learning opportunities for staff from all backgrounds	Chair of REACH Staff Support Network	Ongoing	Calendar of events and festivals developed. Delivery of important events such as Black History Month, South Asian Heritage Month, Divali, Vaisakhi etc.	REACH SSN Chair has been working with the SSN to co-design and co-deliver. Working with NHFT to deliver a programme across both Trusts. REACH face to face event in April was well-attended and very well received. Monitor demographics of who attends sessions to ensure we are reaching as many people as possible (e.g. professional group, clinical/non-clinical, directorate)	Improvement in staff engagement score in Staff Survey for staff from ethnic and cultural minorities. Increased attendance at events and REACH meetings.	[6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Ongoing	Green
6	Cultural Competency Programme to improve CC across LPT leadership	Head of EDI	May-23	Programme commencing July 2022. Review success of programme in 2023.	Refresher sessions for Enablers have taken place. Reports have gone out to senior leaders who completed Cultural Competency 360s with invitations to book debrief sessions with Enablers for more guidance and support. CC completers are now being given feedback on their reports. As we review the programme's success, need to consider how to continue to embed this work, including in Enabling and Hosted services.	Improvements across metrics 3, 6, 7, 8 as managers' improved cultural competency reduces bias and discrimination in teams. Positive feedback from Enablers and participating senior leaders.	[6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Ongoing	Green
7	Directorate EDI meetings have been established for all three clinical directorates.	Directorate leads	Jun-23	Meetings set up	FYPCDLA has an established regular EDI meeting with action logs and work programmes for workforce and patient topics. CHS has an established Patient and Carer Experience Group which has covered EDI topics. Going forward, there will be a separate EDI meeting. DMH has commenced meetings, focused on workforce EDI topics. Consider how to involve Enabling and Hosted services in EDI work.	Improvements across all WRES metrics on a directorate basis.	[2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity; [4] Develop and implement an improvement plan to address health inequalities within the workforce; [6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	New (to reflect the premise of the high impact actions, that EDI is everyone's responsibility)	Amber

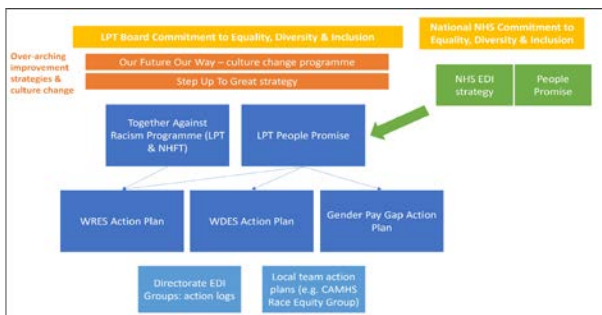
Objective 4. Reduce the amount of bullying, harassment and abuse experienced by colleagues from ethnic and cultural minorities

Action Number	Action	Accountable Person	Date	Milestone	Progress	KPIs & Outcomes (including WRES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1	Zero Tolerance campaign relaunch, with additional supportive materials to encourage speaking up	EDI Specialist, Communications	Aug-22	Relaunch of campaign in August 2022. Training for teams offered Autumn 2022 onwards. Mainly delivered in team meetings. Review progress - listening events July 2023	Training publicised via Comms. Zero Tolerance Listening Event took place on 7th July - virtual and in person, with executive attendance. Feedback has been compiled and themes identified. Next steps are to set up a working group to progress this work. Zero Tolerance is supported by the system-wide Active Bystander training programme, which has had very positive feedback. As more sessions become available, continue to promote this to LPT colleagues.	Improvements in metric 5 Increased number of Ulysses incident reports (as we are aware of under-reporting) but increase in number of incidents with actions recorded to resolve.	[6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur; [4] Develop and implement an improvement plan to address health inequalities within the workforce	Revised (following feedback on campaign, and continuing performance across Staff Survey indicators)	Amber

Objective 5: review disciplinary processes to ensure equity among all colleagues

Action Number	Action	Accountable Person	Date	Milestone	Progress	KPIs & Outcomes (including WRES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1	Review disciplinary processes for substantive and bank staff to ensure principles of equity and just culture are embedded at every stage	HR, EDI	Summer 2023	Review processes and themes of disciplinary cases in 2023. Present findings and make any necessary changes.	Head of OD attending Restorative Just Culture course (Northumbria Uni). Learning to be shared through Change Leaders. Additional scrutiny required before referrals to professional bodies; particularly for international staff/staff from cultural and ethnic minorities, e.g. Head of Nursing, Midwifery and AHPs Inclusion ICB & Head of International Recruitment LPT advice to be sought prior to referrals to prevent any bias. Following MC tribunal case, an action plan has been developed to look at what we can do to embed just culture (more detail can be found in that action plan) * All discrimination cases to be brought under the new Resolution Policy * Deep dive of the staff survey to discover if there are any hot spots of disproportionate staff experience. * Regular review of cases by Head of HR and EDI, by protected characteristic. * Focus particularly on Bank staff experiences as this is where most discrepancy exists.	Improvement in indicator 3 (WRES) and indicator 2 (Bank WRES) Reduction in number of disciplinary cases concluded with no case to answer which could have avoided a formal process.	[6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur	Revised (due to NHS England tribunal case recommendations, and indicator 3 performance/Bank WRES indicators 2 and 3 performance: disciplinary/dismisal processes)	Amber
2	Review investigations training and support for managers	HR	Summer 2023	Just Culture is included in Essentials of HR training. June 2023: Review training available. Present findings and make any necessary changes.	Following MC tribunal case, an action plan has been developed to look at what we can do to embed just culture. * HR Team to attend Race Equality and Cultural Intelligence Training * Review online investigations training * Active Bystander Programme to be rolled out more consistently from 2023 following train the trainer training in June. * Looking into the Cultural Ambassador training programme	Improvement in indicator 3 (WRES) and indicator 2 (Bank WRES) Reduction in number of disciplinary cases concluded with no case to answer which could have avoided a formal process.	[6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur	New (due to NHS England tribunal case recommendations, and indicator 3 performance/Bank WRES indicators 2 and 3 performance: disciplinary/dismisal processes)	Amber

LPT equality and diversity strategy: connections between action plans



Key
Green - complete
Amber - in progress
Red - delays expected
Blue - not yet started