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|  | **Agenda Item No:**  |
| **SUMMARY REPORT** | **BOARD OF DIRECTORS** | **Date: 03.09.2022** |
| **Report Title:**  | **Workforce Race Equality Standard Report 2022** |
| **Executive/ Non-Executive Lead:** | Sean Leahy – Executive Director of People and Culture |
| **Report Author(s):** | Lorraine Hammond – Director of Employee Experience |
| **Report discussed previously at:** |  |
| **Level of Assurance:**  | **Level 1** | **x** | **Level 2** |  | **Level 3** |  |

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| **Risk Assessment of Report – *mandatory section*** |
| Summary of risks highlighted in this report | n/a |
| Which of the Strategic risk(s) does this report relates to: | SR1 Safety |  |
| SR2 People (workforce) | x |
| SR3 Systems and Processes/ Infrastructure |  |
| SR4 Demand/ Capacity |  |
| SR5 Essex Mental Health Independent Inquiry |  |
| SR6 Cyber Attack |  |
| SR7 Capital |  |
| SR8 Use of Resources |  |
| Does this report mitigate the Strategic risk(s)? | ~~Yes~~/ No |
| Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*  | ~~Yes~~/ No |
| If Yes, describe the risk to EPUT’s organisational objectives and highlight if this is an escalation from another EPUT risk register. |  |
| Describe what measures will you use to monitor mitigation of the risk |  |

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| **Purpose of the Report**  |
| his report provides the Board of Directors:* Oversight of Trust performance relative to the 9 indicators within the Workforce Race Equality Standard (WRES)
* Seek approval for the publication of the data set in line with National reporting requirements
 | **Approval** | x |
| **Discussion** | x |
| **Information** |  |

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| **Recommendations/Action Required** |
| The Board of Directors is asked to:1. Note the contents of the report
2. Discuss the paper and approve the publication of data in line with National requirements.
3. Request any further information or action
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| **Summary of Key Issues** |
| The report will show progress against a number of indicators of workforce equality and to understand the experience of staff as well as the nature of the challenges. |
| **Relationship to Trust Strategic Objectives** |
| SO1: We will deliver safe, high quality integrated care services |  |
| SO2: We will enable each other to be the best that we can | x |
| SO3: We will work together with our partners to make our services better | x |
| SO4: We will help our communities to thrive | x |

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| **Which of the Trust Values are Being Delivered** |
| 1: We care | x |
| 2: We learn  | x |
| 3: We empower  | x |

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| **Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:** |
| **Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives** |  |
| **Data quality issues** |  |
| **Involvement of Service Users/Healthwatch** |  |
| **Communication and consultation with stakeholders required** |  |
| **Service impact/health improvement gains** |  |
| **Financial implications:****Capital £****Revenue £****Non Recurrent £**  |  |
| **Governance implications** |  |
| **Impact on patient safety/quality** |  |
| **Impact on equality and diversity** |  |
| **Equality Impact Assessment (EIA) Completed** | **YES/NO**  | **If YES, EIA Score** |  |

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| **Acronyms/Terms Used in the Report** |
| WRES | Workforce Race Equality Standard |  |  |
| BWRES | Bank Workforce Race Equality Standard |  |  |
| ESR | Electronic Staff Record |  |  |

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| **Supporting Reports/ Appendices /or further reading** |
| WRES Breakdown and Indicators – Appendix 1BME Staff Appointment Trajectory Chart and Ambition Modelling – Appendix 2 |

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| **Lead** |
| *Report prepared by:* *Lorraine Hammond**Director of Employee Experience | 02.09.2022**On behalf of:**Sean Leahy**Executive Director of People and Culture* |

**WORKFORCE RACE EQUALITY STANDARD 2022**

**1 PURPOSE**

In 2015, the WRES was created to provide an impetus to the race equality agenda and to challenge organisations to improve their performance in relation to race equality and diversity as well as to ensure employees from black, Asian and minority ethnic (**BME**) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Whilst we as an organisation use “BAME” when reporting this data, the WRES report uses BME, but this does not omit those of Asian heritage.

**2 INTRODUCTION**

The [NHS Workforce Race Equality Standard 2021 data analysis report for NHS Trusts](https://www.england.nhs.uk/wp-content/uploads/2022/04/Workforce-Race-Equality-Standard-report-2021-.pdf) has found:

* As at 31 March 2021, **22.4%** (309,532) of staff working in NHS trusts in England were from a black and minority ethnic (**BME**) background **(+3.3%)**
* **36.2%** of staff from an “other” Asian background (i.e., other than Bangladeshi, Chinese, Indian, or Pakistani) **experienced harassment, bullying or abuse from patients, relatives or the public** in the last 12 months.
* **16.7%** of **BME** staff had personally experienced **discrimination at work from a manager**, team leader or other colleagues

**3 EXECUTIVE SUMMARY**

The percentage of BME staff in EPUT is **22.7%**, which has **declined by 2%** since the previous WRES report. As such, the key thrust of the WRES remains a priority to the Trust as we seek to maintain and further develop our organisational culture.

**EPUT** has seen **modest improvement** in their scores in comparison to 2021. Improvements has been made in **six out of the nine WRES indicators in 2022** (below), whereas in 2021, we only saw improvement in three out of nine. Nationally, of the nine indicators, five are trending positively and three are showing deterioration.

In other areas, however, there is still a need for **significant improvement in EPUT** to enhance the experience of our BME workforce in the following areas.

**4 EPUT WRES PERFORMANCE**

A summary of the EPUT’s position for 21/22, with trend indicators and benchmarked performance is presented in the table in Appendix A. This data is taken from both our Electronic Staff Record (April 2021 – March 2022) and our Staff Survey (2021) and this data has been shared with NHS England’s WRES Team via a Data Collection Framework on August 31st 2022. Progress against these indicators has been measured against the previous WRES 2021 report and the 2021 national averages. The detail of each indicator is presented below:

**Indicator 1: Overall percentage of BME staff in Bands 1-9 and VSM.**

Performance against this indicator has slightly improved. The **BME non-clinical workforce** in Bands 4, 5 and 6 **continues to grow on a positive, but slow trajectory** and now stands at **1.15%.** Whilst this is a marginal increase since 2021, it offers a positive signal for the development pipeline into more senior roles. The number of **BME** **Clinical Workforce** (of which is non-medical) has seen positive growth in Bands 7, 8a and 8d which an increase of **1.5%** since 2021.Whilst clinical staff disparity ratios are available for the previous year’s report on [Model Health System](https://model.nhs.uk/home), these are expected for release for 2022 in December (End Q3).

The **BME** **Clinical (medical and dental) Workforce** shows a steady in year growth with an increase of **2.24%** and at continue to be a diverse and representative group. There will be a more specific focus on Medical and Dental Roles in the MWRES (Medical WRES)

**It is important to note:** NHS England has developed a separate WRES for Bank Staff which will be known as (**BWRES**), therefore **figures for 2022 no longer include Bank Staff like they did in 2021**. This change has had a significant impact on Indicators 1-4 and 9 due to staff from Black, Asian and Minority Ethnicity (BME) groups working in bank roles not being accounted for in this report. EPUT’s overall bank workforce figures have also decreased in these bands due to a reduced number of Mass Vaccination Programme bank staff in these bands compared to last year.

**Indicator 2: Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts:**

Performance against this indicator has seen marginal improvement. With White staff only being 1.44 times more likely to be appointed from shortlisting. In EPUT we have seen an **decrease of 0.15** in likelihood and are slightly **below the National average by 0.17.**

**Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to White staff.** **As measured by entry into a formal disciplinary investigation**

At EPUT, the relative likelihood of BME staff entering the formal disciplinary process has marginally decreased this year. There is still need for further improvement as based on these figures, **BME staff were approximately three times more likely to enter a formal disciplinary process than their white counterparts**, performance has deteriorated when compared to the National average with our ratio 1.97 points higher.

In 21/22 of the 33 formal disciplinary cases, 16 related to BME staff members. In total, disciplinary cases have reduced by nearly 67.3% for BME Staff and 69.4% for staff overall in 21/22 compared to 20/21

**Indicator 4: Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.**

Performance against this indicator has improved with a likelihood ratio below one meaning that BME Staff are more likely to access these types of career development than their White counterparts. This is a **great achievement** for EPUT as the Trust was considered one of the lowest performing Trusts in this indicator in the [**NHS Workforce Race Equality Standard 2021 data analysis report for NHS Trusts**](https://www.england.nhs.uk/wp-content/uploads/2022/04/Workforce-Race-Equality-Standard-report-2021-.pdf)

**Indicator 9 – Percentage difference between the organisations’ Board voting membership and its overall workforce**

BME Board representation currently stands at **25%** which has deteriorated since 2021, however, we are significantly performing above the National average by **7.5%.** With **22.7%** organisational BME representation, the differential between BME workforce composition and BME board composition is **2.3%**.

When comparing the Board Executive BME membership (1 member or **12.5%**) and our overall BME workforce (**22.7%**). The representation difference is **10.2%**; this is **2.4%** lower than the national average.

**Indicators 5-8: Staff Experience.**

These indicators are directly drawn from the EPUT’s 2021 NHS Staff Survey Results. Comparative data from 2020 is also shown and this year the Staff Survey are now measured against seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale).

Performance against two of these indicators have improved, whilst two have deteriorated.

Indicator 5 (*staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months*) is trending negatively and has increased significantly within EPUT by **6.1%**, as well as the national average by **7.8%**.

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| **Staff Survey Indicators** **(data taken from Staff Survey 2021)** | **EPUT 2020** | **EPUT 2021** | **EPUT 21 / 22****Diff.** | **National 2021 Bench.** | **EPUT 2021 Diff. (National)** |
| 5 | Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months.*Lower % = Improvement****EPUT 2021 – 22 = Decline******Higher than 2021 National Average*** | White: 28.2% | White: 27.7% | **-0.5%** | White: 26.2% | +1.5% |
| BME:33.5% | BME:39.6% | **+6.1%** | BME:31.8% | **+7.8%** |
| 6 | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.*Lower % = Improvement****EPUT 2021 – 22 = Decline******Higher than 2021 National Average*** | White:22.2% | White:21.1% | **-1.1%** | White:18.1% | +3% |
| BME:26.7% | BME:28.0% | **+1.3%** | BME:22.9% | **+5.1%** |
| 7 | Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.*Higher % = Improvement****EPUT 2021 – 22 = Improvement******Same as National Average*** | White:60.9% | White:62.6% | **+1.7%** | White:61.0% | +1.6% |
| BME:41.2% | BME:48.9% | **+7.7%** | BME:48.9% | **0%** |
| 8 | Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months.*Lower % = Improvement****EPUT 2021 – 22 = Improvement******Higher than 2021 National Average*** | White:6.6% | White:7.0% | **+0.4%** | White:6.0% | +1% |
| BME:17.7% | BME:16.6% | **-1.1%** | BME:14.4% | **-3.3%** |

**5 CONCLUSION**

The in-year trend in WRES indicators **shows a broadly improving picture** with improvements both within the Trust as well as nationally.

Despite progress, there are still significant improvements to be made in the following areas:

* Relative likelihood of BME staff entering the formal disciplinary process compared to white staff, as measured by entry into a formal disciplinary investigation. (**Indicator 3**)
* Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months. (**Indicator 5**)
* Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. (**Indicator 6**)

**6 NEXT STEPS**

Our draft WRES Action Plan 2022-2023 (**Appendix B**) has been fully refreshed to address the key themes identified by the data. We will consult with our Ethnic Minority and Race Equality Staff Network (EMREN) Network and key stakeholders on this plan (September 20th 2022) and further develop accordingly for submission to Board for approval.

**7 ACTION REQUIRED**

Board are asked to:

* Note the contents of the report
* Approve publication in line with National requirements.
* Request any further information or action

**Report prepared by:**

**Lorraine Hammond**

**Director of Employee Experience | 14.09.2022**

On behalf of:

Sean Leahy

Executive Director of People and Culture

**Appendix A: Breakdown and Results of WRES Indicators**

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| Key |
| **Symbol** | **Meaning** |
| **▲** ▼ | An Improvement from EPUT’s WRES 2021 Data  |
| ▼**▲** | A Decline from EPUT’s WRES 2021 Data  |
| - | No Change from EPUT’s WRES 2021 Data |

**Indicator 1:** Percentage of BME staff in each of the AfC Bands 1 - 9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

 (Percentage rounded to 2dp)

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| **1a) Non-Clinical Workforce** |
|  | **2021** | **2021 %** | **2022** | **2022 %** | **Trend** |
| **Band 1** | **Band 1 Removed from Grading System** |
| **Band 2** | 98 | 1.05% | 54 | 0.89% | ▼ |
| **Band 3** | 119 | 1.27% | 48 | 0.79% | ▼ |
| **Band 4** | 36 | 0.38% | 39 | 0.64% | **▲** |
| **Band 5** | 12 | 0.13% | 15 | 0.25% | **▲** |
| **Band 6** | 15 | 0.16% | 16 | 0.26% | **▲** |
| **Band 7** | 8 | 0.09% | 8 | 0.13% | - |
| **Band 8a** | 8 | 0.09% | 7 | 0.12% | ▼ |
| **Band 8b** | 5 | 0.05% | 5 | 0.08% | - |
| **Band 8c** | 3 | 0.03% | 3 | 0.05% | - |
| **Band 8d** | 1 | 0.01% | 1 | 0.02% | - |
| **Band 9** | 0 | - | 0 | - | - |
| **VSM** | 2 | 0.02% | 3 | 0.05% | **▲** |

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| **1b) Clinical Workforce (of which non-medical)** |
|  | **2021** | **2021 %** | **2022** | **2022%**  | **Trend** |
| **Band 1** | 0 | - | 0 | **-** | **-** |
| **Band 2** | 611 | 6.53% | 5 | 0.08% | ▼ |
| **Band 3** | 335 | 3.58% | 253 | 4.17% | ▼ |
| **Band 4** | 133 | 1.42% | 79 | 1.30% | ▼ |
| **Band 5** | 324 | 3.46% | 184 | 3.03% | ▼ |
| **Band 6** | 286 | 3.06% | 281 | 4.63% | ▼ |
| **Band 7** | 115 | 1.23% | 136 | 2.24% | **▲** |
| **Band 8a** | 33 | 0.35% | 49 | 0.81% | **▲** |
| **Band 8b** | 19 | 0.20% | 19 | 0.31% | **-** |
| **Band 8c** | 5 | 0.05% | 4 | 0.07% | ▼ |
| **Band 8d** | 0 | - | 2 | 0.03% | **▲** |
| **Band 9** | 0 | - | 0 | 0.00% | **-** |
| **VSM** | 1 | 0.01% | 1 | 0.02% | **-** |
| **Clinical Workforce (of which Medical and Dental)** |
| **Consultants** | 63 | 0.67% | 66 | 1.09% | **▲** |
| *Of which, Senior Medical Manager* | 1 | 0.01% | 1 | 0.02% | **-** |
| **Non Consultant, Career Grade** | 33 | 0.35% | 33 | 0.54% | **-** |
| **Trainee Grades** | 48 | 0.51% | 62 | 1.02% | **▲** |
| **Other** | 1 | 0.01% | 2 | 0.03% | **▲** |

**NB:** NHS England has developed a separate WRES for Bank Staff which will be known as (BWRES), therefore figures for 2022 no longer include Bank Staff like they did in 2021. This change has had a significant impact on Indicators 1-4 and 9 due to staff from Black, Asian and Minority Ethnicity (BAME) groups working in bank roles not being accounted for in this report. EPUT’s overall bank workforce figures have also decreased in these bands due to a reduced number of Mass Vaccination Programme bank staff in these bands compared to last year.

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| **Workforce Indicators** **(Data taken from April 2021 – March 2022)** | **EPUT****2021** | **EPUT****2022** | **EPUT****Diff.** | **National 2021****Bench.** | **EPUT 2021 Diff****(National)** |
| 1 | Percentage of staff in each of the AfC Bands 1-9 and VSM (includingexecutive Board members) compared with the percentage of staff in the overall workforce*Higher % = Improvement****EPUT 2021 – 22 = Decline******Higher than 2021 National Average*** | BME24.7% | BME22.7% | **-2%** | BME22.4% | **+0.3%** |
| 2 | Relative likelihood of white staff being appointed from shortlisting compared to BME staff*Lower Ratio = Better, with “1” being equal likelihood.****EPUT 2021 – 22 = Improvement******Lower than 2021 National Ratio*** | 1.59 | 1.44 | **-0.15** | 1.61 | **-0.17** |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process compared to white staff, as measured by entry into a formal disciplinary investigation.*Lower Ratio = Better, with “1” being equal likelihood.****EPUT 2021 – 22 = Improvement******Higher than 2021 National Ratio*** | 3.40 | 3.11 | **-0.29** | 1.14 | **-1.97** |
| 4 | Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff*Lower Ratio = Better, with “1” being equal likelihood. Figure below 1 means that White Staff are less likely than BME Staff.* ***EPUT 2021 – 22 = Improvement******Lower than 2021 National Ratio*** | 1.64 | 0.84 | **-0.80** | 1.14 | **-0.30** |
| 9i | Percentage difference between the organisations’ Board voting membership and its overall workforce*A score of 0 = equality of representation. Minus numbers caused by larger percentage in overall workforce****EPUT 2021 – 22 = Decline******Lower than 2021 National Average*** | White2.9% | White-6.1% | -3.2% | White13.1% | 19.2% |
| BME0.3% | BME2.3% | **+2%** | BME-9.8% | **-7.5%** |
| 9ii | Percentage difference between the organisations’ Board Executive membership and its overall workforce*A score of 0 = equality of representation. Minus numbers caused by larger percentage in overall workforce****EPUT 2021 – 22 = Improvement******Lower than 2021 National Average*** | White13.6% | White12.7% | -0.9% | White8.2% | +4.5% |
| BME-10.4% | BME-10.2% | **-0.2%** | BME-12.6% | **-2.4%** |

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| **Staff Survey Indicators** **(data taken from Staff Survey 2021)** | **EPUT 2020** | **EPUT 2021** | **EPUT 21 / 22****Diff.** | **National 2021 Bench.** | **EPUT 2021 Diff (National)** |
| 5 | Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months.*Lower % = Improvement****EPUT 2021 – 22 = Decline******Higher than 2021 National Average*** | White: 28.2% | White: 27.7% | -0.5% | White: 26.2% | +1.5% |
| BME:33.5% | BME:39.6% | **+6.1%** | BME:31.8% | **+7.8%** |
| 6 | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.*Lower % = Improvement****EPUT 2021 – 22 = Decline******Higher than 2021 National Average*** | White:22.2% | White:21.1% | **-**1.1% | White:18.1% | +3% |
| BME:26.7% | BME:28.0% | **+1.3%** | BME:22.9% | **+5.1%** |
| 7 | Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.*Higher % = Improvement****EPUT 2021 – 22 = Improvement******Same as National Average*** | White:60.9% | White:62.6% | +1.7% | White:61.0% | +1.6% |
| BME:41.2% | BME:48.9% | **+7.7%** | BME:48.9% | **0%** |
| 8 | Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months.*Lower % = Improvement****EPUT 2021 – 22 = Improvement******Higher than 2021 National Average*** | White:6.6% | White:7.0% | +0.4% | White:6.0% | +1% |
| BME:17.7% | BME:16.6% | **-1.1%** | BME:14.4% | **+3.3%** |

**\*CHANGES TO DATA CALCULATION FOR INDICATOR 7**

* For 2021, the way in which data for Staff Survey Q15 is reported has changed, with the inclusion of “don’t know” responses in the base of the calculation.
* All these changes have been applied retrospectively so all historical results for Q15 and data shown in the average calculations are comparable across years. However, the figures shown may not be directly comparable to the results reported in previous years.
* Full details of how the data are calculated are included in the Technical Document below

