

Confidential Trust Board

6th August 2020

Report Title:	Workforce Race Equality Standard
Executive/NED Lead:	Leigh Howlett, Director of HR & OD
Report author(s):	Tendai Ndongwe, Head of Equality, Diversity and Inclusion
Previously considered by:	N/A

Approval **Discussion** **Information** **Assurance**

Executive summary	
<p>NHS England resumed mandatory data collection and reporting for the NHS Workforce Race Equality Standard (WRES) on the 19th May 2020 following a suspension due to Covid-19. The WRES data must be submitted to NHS England and our local commissioners by August 31st 2020 with a subsequent WRES Action Plan approved and published on our Trust website by 31 October 2020.</p> <p>This report provides the Trust Board with an overview of the WRES workforce data against the nine indicators (metrics) and assurance of compliance.</p> <p>It gives an analysis and recommended actions to address the gaps between the experiences of Black, Asian and Minority Ethnic staff (BAME) in comparison to their White counterparts.</p>	
Action Required of the Board	
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve for the latest WRES data set results for 2020 and the WRES summary of report for submission to NHS England and our local commissioners. • Note the findings of the WRES data. • Endorse the proposal to present detailed WRES action plan for Trust Board in October 2020. 	
Link to Strategic Objectives (SO)	Please tick
SO1 Keep people in control of their health	<input checked="" type="checkbox"/>
SO2 Lead the integration of care	<input type="checkbox"/>
SO3 Develop our centres of excellence	<input type="checkbox"/>
SO4 Support and develop our staff	<input checked="" type="checkbox"/>
SO5 Drive technology enabled care	<input type="checkbox"/>
Risk Implications for the Trust (including any clinical and financial consequences)	Risk that staff do not fulfil their individual and professional potential.
Trust Risk Appetite	The Board has a cautious risk appetite when it comes to compliance and regulatory issues. Where the laws, regulations and standards are about the delivery of safe, high quality care, it will make every effort to meet regulator expectations and comply with them and will only challenge them if there is strong evidence or argument to do so.
Legal and regulatory implications (including links to CQC outcomes, Monitor, inspections, audits, etc)	Compliance with the WRES is a mandatory requirement
Financial Implications	None in this report
Equality and Diversity	This report provides positive assurance of compliance with the Equality Act 2010 and the NHS Workforce Equality Standards as required in the Standard NHS Contract.

NHS WORKFORCE RACE EQUALITY STANDARD REPORT

1 Purpose

The purpose of this report is to provide the Trust Board with the latest WRES data for 2020 and give assurance that the Trust is complying with the requirements of the WRES. The Trust is required to submit our WRES data to NHS England by 31st August 2020. We are subsequently required to develop a WRES Action Plan that is published and approved by the 31st October 2020.

This report provides an analysis of the data in relation to of Black, Asian and Minority Ethnic (BAME) staff and discusses the opportunity to renew and reinvigorate the WRES work programme to improve race equality at ESNEFT. The Trust will be working with our newly formed BAME Staff Network – EMBRACE (Equality & Moving Beyond Race) to develop the WRES Action Plan. This will support the Trust to develop an anti-racist framework for the organisation and support the organisation to improve the staff experience for BAME colleagues working in the organisation. The Trust Board has taken progressive steps to improve race equality, most notably:

- The launch of our BAME Staff Network in May 2020 and delivery of two webinars in partnership with EMBRACE Network, CEO and the Trust Chair.
- The Trust's Risk Assessment toolkit jointly produced with involvement from the BAME Network.
- We have achieved approximately 98% data completeness of staff disclosing their ethnicity on their Electronic Staff Record (ESR) due to the work to prioritise BAME staff having completed risk assessments.

2 Background

The NHS Workforce Race Equality Standard (WRES) was introduced in 2015 to reveal and help close the gaps in workplace inequalities between black and minority ethnic (BAME) and white staff working in the NHS. Due to the COVID-19 pandemic, NHS England had suspended the WRES and WDES¹ data collection and reporting for 2020. WRES and WDES reporting was resumed in response to the disproportionate impact of the virus on BAME communities and BAME staff working in the NHS.

Our WRES data gives the Trust an opportunity to actively consider where the disparities lie in relation to race equality within our workforce. As an organisation, we recognise that there is still much more to do to tackle the underlying causes of structural inequality and the lack of diversity at the most senior levels of the organisation. Renewing our approach to WRES, gives the Trust an opportunity to adopt an anti-racist framework² by working closely with our minority ethnic staff to value and understand their experiences.

NHS academic and researcher Roger Kline asserts in his recent article **"After the speeches: what now for NHS staff race discrimination?"** June 2020:

'Boards and teams must prioritise psychological safety so they become inclusive... Boards must understand that whilst improved BAME representation is crucial, the benefits are limited without inclusive behaviours and culturally sensitive psychological support.... 'Boards and leaders must model inclusive behaviours they expect of others with consequences if they do not. The focus of NHS work around race equality must change. Remorselessly challenging racism must go hand in hand with supporting those who want to eliminate discrimination, question their own privilege and be allies'³.

¹ WDES – NHS Workforce Disability Equality Standard.

² "Anti-racism is an active and conscious effort to work against multidimensional aspects of racism," **Robert J. Patterson, professor of African American Studies at Georgetown University** - <https://www.businessinsider.com/what-is-anti-racism-how-to-be-anti-racist-2020-6?r=US&IR=T>

³ After the speeches: what now for NHS staff race discrimination? by Roger Kline. <https://blogs.bmj.com/bmjleader/2020/06/13/after-the-speeches-what-now-for-nhs-staff-race-discrimination-by-roger-kline/>

Engaging and working with our staff network Embrace to co - produce a revised WRES action plan will be the critical factor in supporting the organisation in development of an effective strategy to become an anti-racist organisation and improve race equality.

Workforce Race Equality Standard (WRES) Indicators

There are nine indicators that make up the WRES. These are split across Workforce data, Staff Survey results and Board Representation and compare data between White Staff and Black, Asian and Minority Ethnic (BAME) Staff. These metrics are detailed in the table below:

WRES Indicator	Metric descriptor
WRES indicator 1	Percentage of staff in each of the Agenda for Change Bands 1-9 and VSM (including executive board members compared with the percentage of staff in the overall workforce.
WRES indicator 2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants
WRES indicator 3	Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff
WRES indicator 4	Relative likelihood of BAME staff accessing non-mandatory training and CPD
WRES indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
WRES indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
WRES indicator 7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion
WRES indicator 8	In the last 12 months have you personally experienced discrimination at work from ... manager/team leader or other colleagues?
WRES indicator 9	Percentage difference between the organisation's board voting membership and its overall workforce.

In addition to the above, the national WRES Implementation Team set a national indicator:

April 2019 – March 2028	Work towards the ambitious challenge of ensuring black and minority ethnic (BAME) representation at all levels of the workforce. This includes leadership being representative of the overall BAME workforce by 2028.
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3 Key issues – Data Analysis

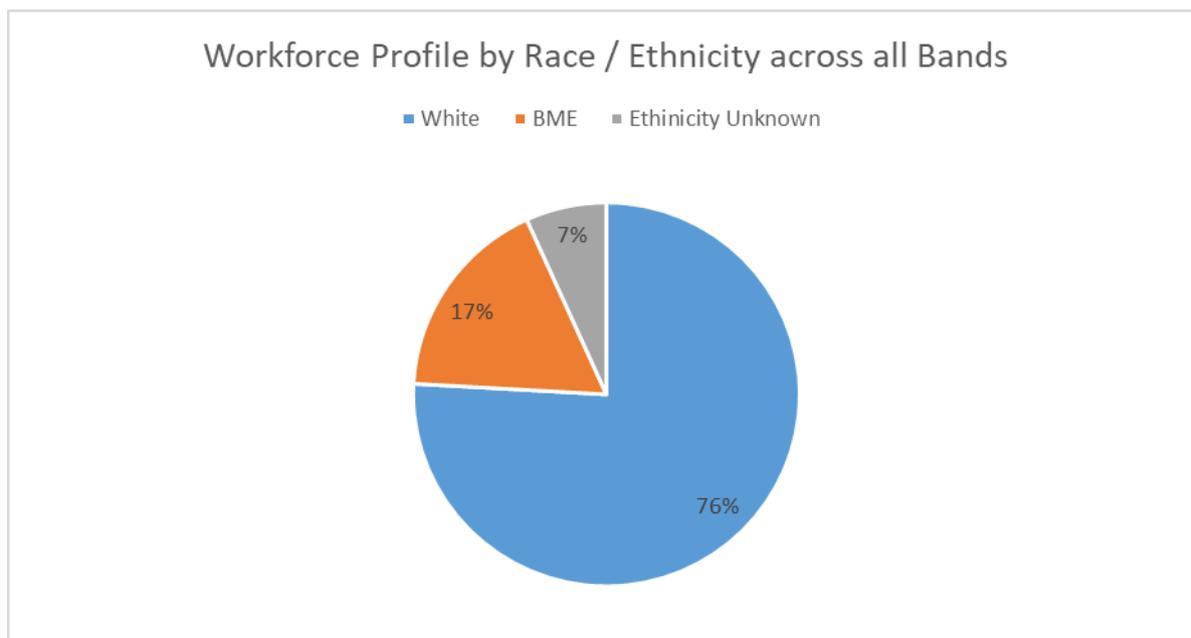
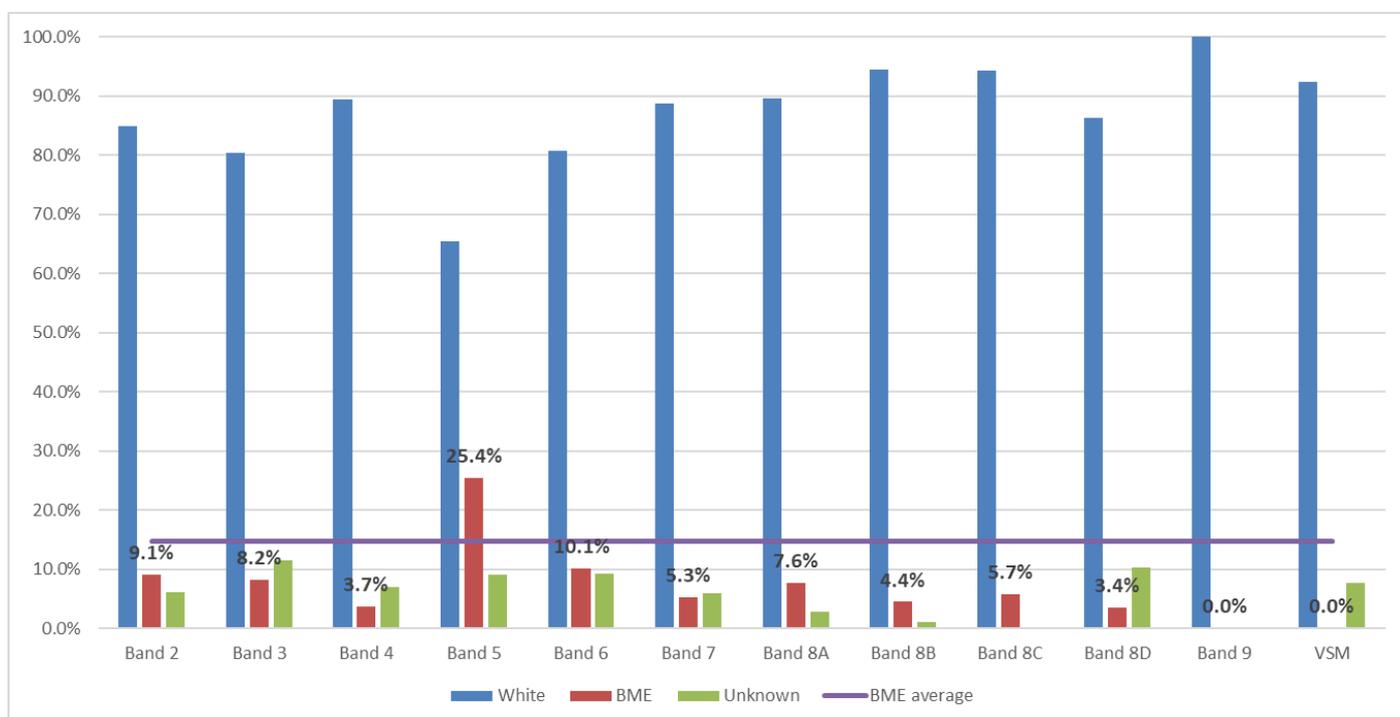


Figure 1 WRES Data 2020

Our workforce data indicates that 17% of our workforce come from Black, Asian and Minority ethnic (BAME) communities. This is an increase of 3% from last year’s reported figures (2019) where BAME staff made up 14% of the total workforce. Our workforce data indicates that BAME staff are disproportionately overrepresented in lower bands within the organisation and NHS Staff Survey indicators identify further disparities in experiences in comparison to white colleagues.

WRES data – Ethnicity and across all pay bands 2019

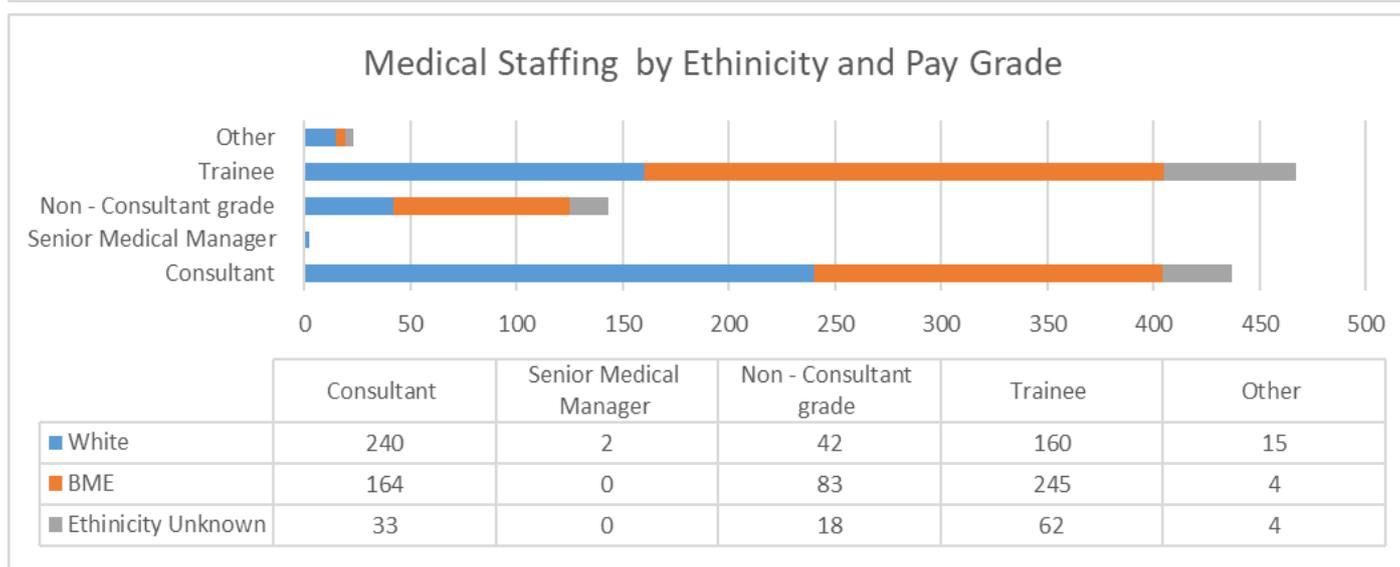
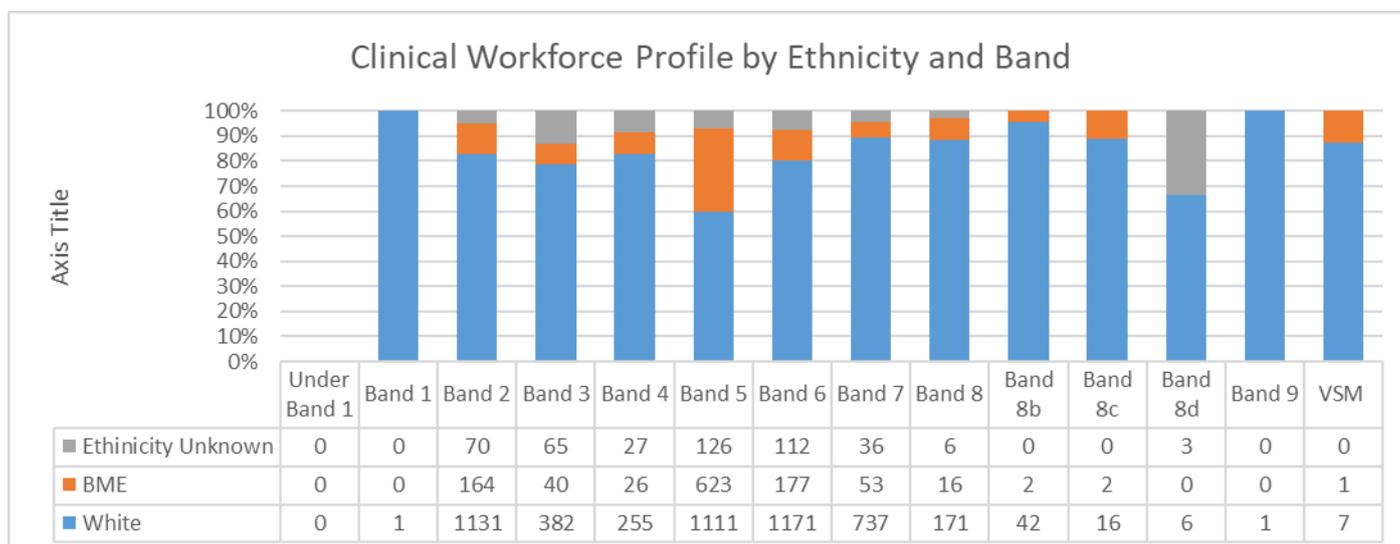
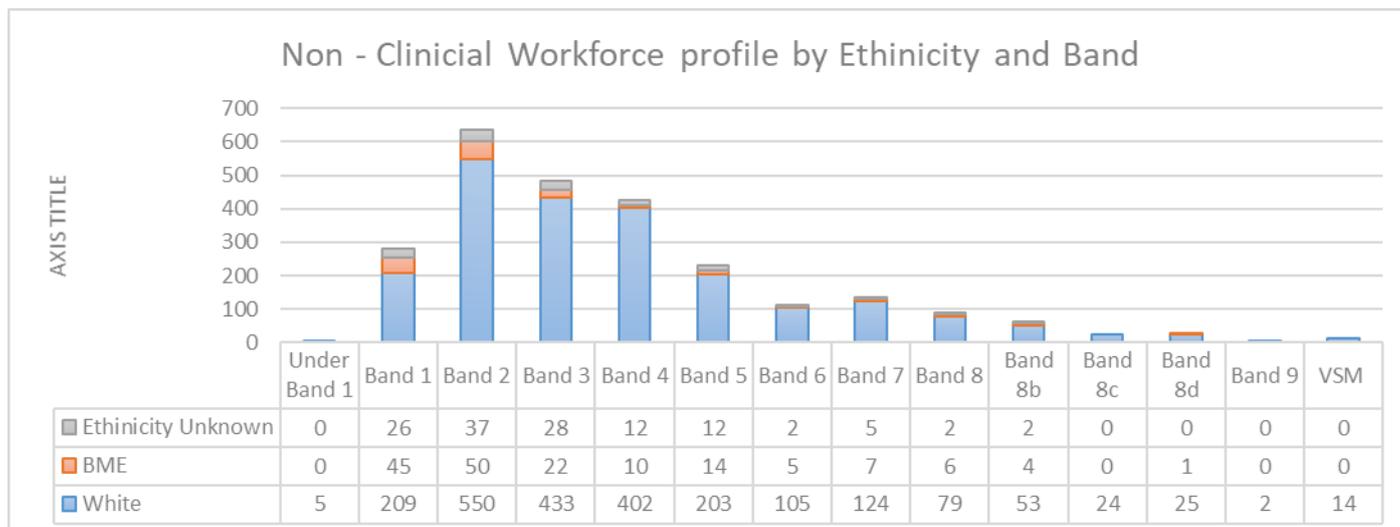


Source: WRES data submission for 2019

The 2019 data showed that BAME staff were overrepresented at Band 5 and disproportionately underrepresented at higher grades in the Trust.

4 WRES 2020 Data Analysis

WRES indicator 1: Percentage of staff in each of the Agenda for Change Bands 1-9 and VSM (including executive board members compared with the percentage of staff in the overall workforce.



Analysis: The data under Metric 1 indicates BAME Staff are underrepresented at senior level roles. A key focus for the WRES Action plan needs to consider is actions to be taken to improve talent management and support the career development of BAME colleagues.

WRES indicator 2: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants

	White	BAME	Ethnicity Unknown
Number of shortlisted applicants	4113	1131	183
Number of appointed applicants	347	92	26
Relative likelihood of shortlisting / appointing	8.44%	8.13%	14.21%
Relative likelihood of White staff being appointed in comparison to BAME Staff	1.04%		

Analysis: This indicates that White and BAME staff are recruited approximately the same level, white staff are 0.04% more likely to be appointed which is not statistically very significant. However, considering the lack of senior level representation further work would need to be undertaken to ensure that this is an accurate reflection of recruitment as part of the WRES Action Plan.

WRES indicator 3: Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff

	White	BAME	Ethnicity Unknown
Number of Workforce	7716	1764	688
Number of entering the formal disciplinary process	37	9	2
Likelihood of staff entering formal process in comparison to White Staff	0.44%	0.51%	0.29%
Relative likelihood of BAME Staff entering for	1.06%		

Analysis: This indicates that White and BAME staff are entering the formal disciplinary process as relatively the the same level, BAME staff are 0.06% more likely to enter the disciplinary process which is not statistically very significant.

WRES indicator 4 Relative likelihood of BAME staff accessing non-mandatory training and CPD

	White	BAME	Ethnicity Unknown
Number of Staff in post	7716	1764	688
Number of staff accessing non-mandatory training and CPD	0	0	0
Likelihood of staff accessing non mandatory training and development	0	0	0
Relative likelihood of White Staff accessing non mandatory training and CPD	0	0	0

Analysis: Data not available. The Trust records attendance of training and development programmes however, this needs to be triangulated against demographic information. This indicates that the Trust is unable to identify which groups of staff are accessing development opportunities and which groups of staff are not. The national WRES Implementation Team have indicated they will be increasing reporting for this indicator.

WRES Indicators

National NHS Staff Survey indicators (or equivalent) Comparison of the outcomes of the response for White and BAME staff		2019 Staff Survey Results ⁴	2018 Staff Survey Results ⁵	Analysis
Metric 5	Percentage of BAME staff, compared to White staff, experiencing harassment, bullying or abuse from; patients/service users, their relatives or other members of the public	Patients/service users, their relatives or other members of the public: BAME - 33.8% White - 28.8%	Patients/service users, their relatives or other members of the public: BAME - 29.2% White - 29.6%	BAME staff experienced a higher proportion of bullying, harassment and abuse from patients and service users than White colleagues.
Metric 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BAME - 33.7 % White 27.9 - %	BAME - 32.8% White - 28.1%	This indicator has increased for BAME Staff, and decreased for their white counterparts. There is 5.8% difference between the experiences of BAME staff in comparison to their white colleagues.
Metric 7	Percentage believing that trust provides equal opportunities for career progression or promotion	BAME - 75.3% White - 84.2%	BAME - 70.8% White - 81%	For both BAME Staff and White, there has been a positive improvement. However, the gap in experience is very significant between the two groups of staff. This is a significant disparity with a difference of 8.9% in experience.
Metric 8	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	BAME - 16.4% White 5.5 - %	BAME - 16.4% White 7.1 - %	The data shows that there is a significant difference in experience for BAME Staff in comparison to White staff with a difference of 10.9%. There is an increase from last year's figures.

Metric 9 Board Representation		Analysis
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by:	Total number of Board members - 22 Total number of BAME staff - 1764 Total number of White staff - 7714 Total number unknown - 688	The data indicates that BAME people are underrepresented at Trust Board, specifically in respect of our Executive Directors.
• Total Board ethnicity	Unknown - 8.7% BAME - 4.3% White - 87%	
▪ Voting membership of the Board	BAME - 0% White - 100%	
▪ Executive membership of the Board	BAME - 0% White - 100%	
▪ Non-Executive directors	Unknown - 33.3% % BAME - 16.7% White - 50.7%	
▪ % difference between the voting membership and overall workforce	White staff - 11 % BAME Staff - minus 13% Unknown - 1.9%	

⁴ <http://www.nhsstaffsurveyresults.com/homepage/local-results-2019/workforce-equality-standards-wres-2019/>

5 Next Steps

The focus for our race equality work will be protecting, supporting and engaging with our BAME staff as we recover from the COVID 19 pandemic. The pandemic has exposed and exacerbated longstanding health and social inequalities affecting BAME communities in the UK. In addition to the global pandemic's impact on BAME communities, the unlawful killing of George Floyd sparked an international reaction through the Black Live Matters campaign. The 'Black Lives Matter' campaign is about the systems and process that support and propagate structural racial discrimination and inequalities. Therefore, it is imperative that the Trust uses the WRES Action as an opportunity to address racial disparities within our organisation and the wider NHS system.

The data from the Trust WRES Metrics (2020) indicate that the priority needs to be given to developing actions that will:

- Improve BAME staff representation across senior levels of the organisation
- Reduce the gaps in experience between white and BAME staff in terms of career progression, experiencing promotion and discrimination
- Support managers to understand structural and individual acts of racism and develop cultural intelligence⁶ programmes (such as the RCN Cultural Ambassador Programme⁷ and Reverse Mentoring).
- Value and promote the voice of BAME Staff within decision-making.

Further data analysis and engagement activity is to be planned as part of the WRES Action Plan to provide WRES data to a Divisional and CDG leadership teams. This will enable operational areas to better understand their workforce profile in terms of race and agree actions to be taken locally to improve experience for both BAME and white colleagues.

The EMBRACE network will have a pivotal role in supporting the Trust as this work develops.

6 Recommendations

The Board is asked to

- Approve for the latest WRES data set results for 2020 and the WRES Summary of Report for submission to NHS England and our local commissioners (Appendix 1)
- Note the findings of the WRES data and progress taken so far to improve race equality
- Endorse the proposal to present detailed co-produced WRES action plan for Trust Board in October 2020
- Agree to receive a detailed WRES Action plan in October 2020 that will meet the reporting deadline of the 31st October 2020.

⁶ Cultural intelligence can be understood as the capability to relate and work effectively across cultures. Originally, the term cultural intelligence and the abbreviation "CQ" was developed by the research done by Christopher Earley (2002) and Earley and Soon Ang (2003) - <https://theewgroup.com/what-is-cultural-intelligence/>

⁷ <https://www.rcn.org.uk/magazines/bulletin/2019/october/reducing-the-risk-of-discrimination-rcn-cultural-ambassador-programme>

APPENDIX 1

NHS Workforce Race Equality Standard Online Reporting Form

Trust information		Responses
1	Name of organisation	East Suffolk and North Essex Foundation Trust
2	Date of completing this report	21 July 2020
3	Name and title of Board lead for the Workforce Race Equality Standard	Leigh Howlett, Director of Human Resources and OD
4	Name, job title and e-mail address of the lead compiling this report	Tendai Grace Ndongwe, Head of Equality, Diversity and Inclusion Tendai.ndongwe@esneft.nhs.uk
5	Name and e-mail address of the commissioner(s) that the trust' 2020 WRES annual report (metrics data and action plan) will be sent to	TBC
6	Unique URL link or existing web page on which the trust' 2020 WRES annual report (metrics data and action plan) will be published	https://www.esneft.nhs.uk/about-us/equality-diversity-and-inclusion/nhs-workforce-standards/
7	Date of board meeting at which the trust's 2020 WRES annual report (metrics data and action plan) were, or will be, ratified	6 August 2020

1. Background narrative

NHS Workforce Race Equality Standard Online Reporting Form

Trust information		Responses
a.	Any issues of completeness of data	None – Data extracted directly from ESR via National Business Intelligence Report.
b.	Any matters relating to reliability of comparisons with previous years	Colchester & Ipswich Hospitals merged to form East Suffolk and North Essex Foundation on the 01/07/2018. This is the first complete year of reporting as ESNEFT. The data for 2018/19 was a combination of the two different Trusts for the period Apr - Jun and then ESNEFT from July - March.
2. Total numbers of staff		
a.	Employed within this organisation at the date of the report	10,168
b.	Proportion of BAME staff employed within this organisation at the date of the report	17%
3. Self-reporting		
a.	The proportion of total staff who have self-reported their ethnicity	93.23%
b.	Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity	Roll out of ESR employee self-service to all staff
c.	Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity	Trust wide email to review data and reminders to staff to access ESR employee self-service to update their records.

NHS Workforce Race Equality Standard Online Reporting Form

Trust information		Responses			
a.	What period does the organisation's workforce data refer to?	01 April 2019 to 31 March 2020			
	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
For each of these four workforce indicators, <u>compare the data for White and BAME staff</u>					
1	Percentage of 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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	White staff - 75.9% BAME staff - 17.3%	White staff - 70.3% BAME staff - 14.7%	The Trust has seen an increase in the proportion of BAME Staff. The data for this indicators shows that BAME Staff are disproportionately underrepresented at senior levels of the organisation.	The WRES Action Plan will identify career development and mentoring opportunities to help support the development of BAME colleagues. The action plan will be co-produced with the BAME Network.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.04%	1.21%	The data shows that likelihood of white and BAME staff being appointed is at the relatively the same rate. This is a favourable change from last year's figures.	Further work will commence to look into having greater diversity in the recruitment and selection processes. Through the WRES Action Plan and work with our BAME Network.
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	1.06%	0.58%	The previous year's figures indicate that BAME staff were less likely to enter the formal disciplinary process. This year's figures show that BAME staff are entering the disciplinary process at the same rate as their white counterparts.	The Trust is looking to explore programmes such as the RCN Cultural Ambassadors programme to help support the organisation to remove bias from its processes.

NHS Workforce Race Equality Standard Online Reporting Form

Trust information		Responses			
4	Relative likelihood of staff accessing non-mandatory training and CPD.	NA	NA	No data provided. The Trust does capture training data and we are in the process of ensuring that demographic information is triangulated against workforce records to better understand who is accessing non-mandatory training and development opportunities.	A review of the Trust's Talent Management Strategy and facilitated discussion with BAME Staff and other Staff Networks will be explored about what actions can be taken forward to support BAME colleagues career development.
National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BAME staff.</u>					
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	BAME - 33.8% White - 28.8%	BAME - 29.2% White - 29.6%	The data shows that this indicator has decreased for white, which is positive. However, for BAME Staff this has increased.	A key area of focus will be to identify actions that can be
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	BAME - 33.7 % White 27.9- %	BAME - 32.8% White - 28.1%	The data is indicating that BAME Staff are experiencing Bullying and Harassment at higher levels in comparison to white colleagues. This has increased from previous years figures.	The Trust will be reviewing the Bullying and Harassment (B&H) Policies from Ipswich Hospital and Colchester to have a single ESNEFT policy. We will work with our Staff Networks - including the BAME Staff /EMBRACE, to develop an action plan to encourage staff to report concerns and a workshop/training programme to support managers with develop their cultural intelligence and management of B&H.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	BAME - 75.3% White - 84.2%	BAME - 70.8% White - 81%	The gap in experience is notably large between White and BAME Staff.	See 4. This will be a key area of focus.

NHS Workforce Race Equality Standard Online Reporting Form

Trust information		Responses			
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	BAME – 16.4%	BAME – 16.4%		See 6 above.
		White 5.5 – %	White 7.1 – %		
Board representation indicator For this indicator, <u>compare the difference for White and BAME</u>					
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	White staff 11.1%	White staff 13.9%		The Trust is looking to explore Reverse Mentoring and how we can be more proactive is the use of positive action as part of the recruitment processes at the most senior levels of the organisation.
		BAME staff -13.00%	BAME staff - 4.1%		