

WORKFORCE RACE EQUALITY STANDARD 2024

1 PURPOSE

The Executive Team Meeting is asked to:

- Approve the data in Section 4 as well as Appendix A.
- Approve the submission of this data to NHS England's Mandated Standards Team (Formerly WDES Team) via their Data Collection Framework (DCF) by Friday 31st May 2024.
- Await an action plan following stakeholder development, due to be approved by The Executive Team and published by the organisation on Thursday 31st October 2024.

The report highlights findings in the Workforce Race Equality Standard (WRES) 2024 report (measuring our performance in relation to race equality and inclusivity). It provides an overview of the national NHS position as well as a detailed breakdown and comparison of EPUT's most recent data to the previous year.

This data will be presented to EPUT Stakeholders to inform a subsequent action plan to continue to enhance the experience for BME staff.

2 INTRODUCTION

The WRES was created to lead the race equality agenda in the NHS and to challenge organisations to improve their performance in relation to race equality and diversity. The goal of this is for employees from Black, Asian and minority ethnic (BME) backgrounds to have equal access to opportunities and receive fair treatment in the workplace. We as an organisation have opted to use the term BME instead of "*BAME*" when reporting this data to align with the wider NHS.

In 2023, this report also contained data submitted for the Bank Workforce Race Equality Standard (BWRES) and Medical Workforce Race Equality Standard (MWRES). NHS England's Mandated Standards team (formerly the WRES and WDES Teams) are still reviewing this data and have explained that update is not required from NHS organisations for April 2023 – March 2024.

3 EXECUTIVE SUMMARY

EPUT has seen **improvements in six out of the nine WRES indicators**.

The latest WRES data states that **29.2%** of the Trusts workforce are from a BME background. This is **an increase of 2.8% from the previous year's report**.

EPUT data shows that whilst improvements continue in relation to equality and inclusivity, there remains **a disparity in the negative experience of BME staff in all indicators**, with **bullying and harassment from service users, discrimination and the likelihood of entering formal disciplinary process higher** than compared to their white counterparts.

The data demonstrates the areas of focus for that are required to improve the experience of our BME workforce.

4 EPUT WRES PERFORMANCE

This data is taken from our **ESR (1 April 2023 – 31 March 2024)** and our **2023 Staff Survey** results which was shared with the Mandated Standards Team (formerly the WRES Team) via a **Data Collection Framework (DCF) before May 31st 2024**. The details of each Indicator is presented below with further information available in **Appendix A**.

A summary of the EPUT's position for Q1 2024-25, with trend indicators and benchmarked performance is presented below, with additional information in **Appendix A**.

Progress against these indicators has been measured against EPUT's previous WRES report and the 2023 national averages where this data has been published. The detail of each indicator is presented below:

Indicator 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

Performance against this indicator has **improved by 2.8%**, with approximately 320 BME staff joining the Trust since the previous reporting period. **29.2% of our staff are from a BME background**, which is above the national average (26.4%).

The **BME non-clinical workforce has seen an increase in staff at bands 4, 6, 7, 8a, 8b, 8c and 8d** in comparison to our previous report. The **majority of BME staff however remain in bands 2 – 4**, with **fewer BME staff working at bands 7, 8, 9 and VSM** in comparison to their white counterparts.

The **BME clinical workforce (non-medical)** has also seen **significant growth in bands 3, 5, 6, 7 and 8a**, this data shows **fewer BME staff working at bands 7, 8, 9 and VSM** in comparison to their white counterparts.

The **medical and dental workforce has a larger proportion of BME staff in comparison to their white counterparts**. This section has seen growth in many areas including an increase in BME staff at Consultant, Career and Trainee grades.

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 a decline**. In **2023, the relative likelihood ratio of 0.77 showed that BME staff were more likely to be appointed from shortlisting** compared to their white counterparts during that period – this was attributed to the International Nurses recruitment campaign. The latest data shows that this is **now 1.24** which highlights that **white staff were more likely to be appointed** during this period (based on shortlisting and appointment figures in **Appendix A**).

When reviewing the number of **BME staff that were successfully appointed from shortlisting**, there was a **significant difference in the numbers of staff both shortlisted and appointed**, from **1994 shortlisted and 744 appointed (37% appointed from shortlisting)** in last year's report to **2379 shortlisted and 430 appointed (18.1% appointed from shortlisting)**. An increase in shortlisted staff compared to a decrease in successfully appointed staff led to a decrease in the percentage of successful appointments.

It should be noted that despite this increase, **EPUT remains below the national average of 1.59**.

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

The likelihood of **BME staff entering formal disciplinary processes** compared to their white counterparts has **increased from 1.86 times more likely to 3.47 times more likely** during this year's reporting period.

The Employee Relation team has advised that the increase in part can be attributed to a revised strategy (zero tolerance) for the management of sleeping on duty and sexual safety issues as well as

the increase in our workforce (the figures published by NHS Digital show an overall workforce growth of 40% at EPUT between December 2019 and December 2023). During this period, EPUT have proactively promoted that staff raise concerns and speak up about behaviours that do not align with best practice in our new behaviour framework. Whilst it is positive to see an increase in incidents reported, it has led to a significant increase in Employee Relations activity.

This will be one of the key focuses in the ongoing action plan developed with workforce stakeholders and the EMREN.

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

The likelihood of BME staff accessing non-mandatory training and CPD compared to white staff has improved from the previous year, showing that they were nearly equal (1.07) in likelihood of accessing career progression and development during this period. EPUT is also performing better than the national average in this area (1.12). This continues to be attributed to the RISE Programme which is targeted at BME staff from bands 2 – 8a.

Symbol	Key
▲ ▼	Improvement / Increase
▼ ▲	Decline / Decrease
-	No Change
	Current data for BME staff experience at time of reporting.

Workforce Indicators (Data taken from ESR, ER and Recruitment teams, April 2023 – March 2024)		EPUT Progress			National 2023 WRES
		EPUT 2023	EPUT 2024	23 - 24 Diff.	
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. <i>(full breakdown in Appendix A)</i> <i>Higher % = Improvement</i>	26.4%	29.2%	▲ 2.8%	26.4%
2	Relative likelihood of White staff being appointed from shortlisting compared to BME staff <i>Higher = Worse, "1" being equal likelihood. Figure below 1 means that BME Staff are more likely than White Staff.</i>	0.71	1.24	▲ 0.53	1.59
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff. <i>Lower Ratio = Better, with "1" being equal likelihood.</i>	1.86	3.47	▲ 1.61	1.03

Workforce Indicators (Data taken from ESR, ER and Recruitment teams, April 2023 – March 2024)		EPUT Progress			National 2023 WRES
		EPUT 2023	EPUT 2024	23 - 24 Diff.	
4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff <i>Lower Ratio = Better, with "1" being equal likelihood. Figure below 1 means that White Staff are less likely than BME Staff.</i>	1.39	1.07	▼0.32	1.12

Indicators 5-8: Staff Experience

These indicators are taken from EPUT's 2023 NHS Staff Survey Results. Comparative data is used from the 2022 Staff Survey results to demonstrate progression:

- Performance against **three of these indicators has improved.**
- Indicator five (*Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months*) shows that **BME staff reporting experiences of harassment, bullying or abuse is both higher than the national average and the Staff Survey score of the previous year.**
- Indicator Six (*Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months*) **shows an improvement, with the experiences of BME Staff both improving from the previous year**, being lower than the national average and being near-equal to the experience of their white counterparts (which has also decreased) during this period.
- Despite improvements, these **indicators still show a disparity in the reported experiences of BME staff in comparison to their white counterparts.**

Staff Survey Indicators (data taken from Staff Survey 2023)		EPUT Progress			National Average 2023
		EPUT 2022	EPUT 2023	22 / 23 Diff.	
5	Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months. <i>Lower % = Improvement</i>	White: 27.8%	White 22.5%	▼5.3%	White 26.9%
		BME: 33.0%	BME: 34.0%	▲1%	BME: 30.5%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. <i>Lower % = Improvement</i>	White 21.6%	White 20.3%	▼1.3%	White 21.7%
		BME: 26.0%	BME: 21.8%	▼4.2%	BME: 27.5%
7	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion. <i>Higher % = Improvement</i>	White: 61.6%	White: 63.7%	▲2.1%	White 59.4%
		BME: 52.7%	BME: 53.3%	▲0.6%	BME: 46.7%
8	Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months.	White: 6.7%	White: 6.6%	▼0.1%	White 22.5%
		BME: 6.7%	BME: 5.5%	▼1.2%	BME: 22.5%

Staff Survey Indicators (data taken from Staff Survey 2023)	EPUT Progress			National Average 2023
	EPUT 2022	EPUT 2023	22 / 23 Diff.	
<i>Lower % = Improvement</i>	14.8%	13.6%		16.4%

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

Whilst we have seen an additional member of BME staff as a Board voting member (**Appendix A**), increasing the percentage from 26.7% to 33.3%, this has also been matched by an increase in the overall percentage of BME staff in the workforce. Whilst this leads to a larger percentage difference (Indicator 9i), it should also be noted that increases in both percentages is a positive for BME staff representation at senior levels in EPUT.

As there is also an increase in BME staff at Executive Board Level (**Appendix A**), this is reflected in Indicator 9ii with a reduction in the difference between BME staff at Board Executive Level in comparison to the overall proportion of BME staff in the workforce. This is positive as it suggests our Executive Board was more representative during this period.

It is important to note that the Non-Executive Directors has more diverse representation than our Executive Team.

Workforce Indicators (Data taken from April 2023 – March 2024)	EPUT Progress		
	EPUT 2023	EPUT 2024	Difference Gap
9i Percentage difference between the organisations’ Board voting membership and its overall workforce <i>A score of 0 = equality of representation between membership and workforce Minus numbers caused by larger percentage in overall workforce</i>	White (66.7% / 70.6%) -3.9%	White (60% / 68.7%) -8.7%	Larger
	BME (26.7% / 26.4%) 0.3%	BME (33.3% / 29.2%) 4.1%	Larger
9ii Percentage difference between the organisations’ Board Executive membership and its overall workforce <i>A score of 0 = equality of representation between membership and workforce. Minus numbers caused by larger percentage in overall workforce</i>	White (88.9% / 70.6%) 18.3%	White (80% / 68.7%) 11.3%	Smaller
	BME (11.1% / 26.4%) -15.3%	BME (20% / 29.2%) -9.2	Smaller

5 PEOPLE AND EDUCATION STRATEGY INDICATORS

Our **People and Education Strategy (2024 - 2028)** uses the data from Indicators 5 – 8 (based on 2023 Staff Survey data) to gauge performance as an organisation in achieving race equality and preventing discrimination or disparities. The information below shows our current progress in comparison to the targets set by these indicators.

- A **0.6% increase** in the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
 - This is currently at 53.3%, **below EPUT’s PES target of 60%**

- A **1% increase** in the percentage of BME staff reporting experiences of harassment, bullying or abuse from patients / service users, relatives or the public.
 - This is currently at 34%, **above EPUT's PES target of 30%**.
- A **4.2% reduction** in the percentage of BME staff reporting experiences of harassment, bullying or abuse from staff.
 - This is currently at 21.8%, **above EPUT's PES target of 20%**
- A **1.2% reduction** in the percentage of BME staff reporting experiences of discrimination at work from a manager / team leader or other colleagues.
 - This is currently at 13.6%, **above EPUT's PES target of 10%**.

Three out of four of these indicators are progressing in line with our PES targets, and show improvements in the experiences of BME staff. These will be updated following the completion of the Staff Survey in Q4 2024-25.

Comparison to the People and Education Strategy targets show that we as an organisation are moving towards the goals set for 2028, and whilst they are attainable, improvements are still required in these areas.

6 CONCLUSION

Whilst we have worked hard to improve the experiences of BME staff, the WRES 2024 report highlights areas for improvement. We will continue to support BME staff across the Trust as well as working in collaboration with our Executive Sponsor, EMREN and Employee Experience Team to drive improvement and facilitate the voices of our staff from these groups.

Based on the findings of the WRES, key areas of focus for 2024/25 should be:

- Relative likelihood of BME staff entering the formal disciplinary process compared to white staff. **(WRES Indicator 3)**
- Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months. **(WRES Indicator 5)**
- Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months. **(WRES Indicator 8)**

7 NEXT STEPS

The Trust's WRES Action Plan 2023-2025, will be refreshed following consultation with our Ethnic Minority and Race Equality Staff Network (EMREN) Network and other key stakeholders in our workforce. This will continue to address the key themes identified in this report and align them with the NHS England Equality Diversity and Inclusion Improvement Plan.

8 ACTION REQUIRED

The Executive Team are asked to:

- Approve the data in Section 4 as well as **Appendix A**.
- Approve the submission of this data to NHS England's Mandated Standards Team (Formerly WRES Team) via their Data Collection Framework (DCF) by **Friday 31st May 2024**.

- Await an action plan following stakeholder development, due to be approved by The Executive Team and published by the organisation on Thursday 31st October 2024.

Report prepared by:

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Director of Employee Experience

On behalf of:

Andrew McMenemy
Chief People Officer

Appendix A: Breakdown of WRES Data

1a) Summary of Key Figures Taken from WRES DCF	WRES 2023	WRES 2024
Number of white staff in overall workforce	4489	4712
Number of BME staff in overall workforce	1677	2004
Number of staff (ethnicity unknown on ESR)	190	139
Total substantive (permanent) workforce	6356	6855
Number of shortlisted applicants (White)	2603	2921
Number appointed (White)	693	657
Percentage of successful appointments (White)	26.6%	22.5%
Number of shortlisted applicants (BME)	1994	2379
Number appointed (BME)	744	430
Percentage of successful appointments (BME)	37%	18.1%
Number of shortlisted staff (ethnicity unknown on ESR)	186	158
Number appointed (ethnicity unknown in ESR)	116	25
Percentage of successful appointments (ethnicity unknown on ESR)	62%	15.3%
Number of white staff entering formal disciplinary process	19	23
Number of BME staff entering formal disciplinary process	13	34
Number of staff (ethnicity unknown on ESR) entering formal disciplinary process	1	0
Number of white staff accessing non-mandatory training and CPD	543	1023
Number of BME staff accessing non-mandatory training and CPD	146	406
Number of staff (ethnicity unknown on ESR) accessing non-mandatory training and CPD	27	71
White Board Members	12	12
White Executive Board Members	8	8
BME Board Members	4	5
BME Executive Board Members	1	2
(Ethnicity unknown on ESR) Board Members	1	1
(Ethnicity unknown on ESR) Executive Board Members	0	0

1b) Non-Clinical Workforce				
	2023		2024	
NHS Banding (AfC)	White	BME	White	BME
Band 1	Band 1 Removed from Grading System (No Staff in Band 1 or Below)			
Band 2	265	56	261	61
Band 3	485	52	522	56
Band 4	346	35	364	43
Band 5	156	15	157	15
Band 6	107	14	105	20
Band 7	72	11	86	15
Band 8a	41	7	44	8
Band 8b	23	5	20	6
Band 8c	14	3	21	5
Band 8d	11	2	11	3
Band 9	5	0	6	0
VSM	24	3	22	2

1c) Clinical Workforce (of which non-medical)				
NHS Banding (AfC)	2023		2024	
	White	BME	White	BME
Band 1	Band 1 Removed from Grading System (No Staff in Band 1 or Below)			
Band 2	18	3	10	3
Band 3	581	319	582	394
Band 4	378	129	420	86
Band 5	309	298	308	421
Band 6	752	302	784	367
Band 7	526	152	574	178
Band 8a	185	46	202	58
Band 8b	85	25	94	27
Band 8c	28	4	28	3
Band 8d	14	5	14	7
Band 9	2	0	3	0
VSM	2	1	2	1
1d) Clinical Workforce (of which Medical and Dental)				
Consultants	28	66	29	79
<i>Of which, Senior Medical Manager</i>	0	1	0	1
Non Consultant, Career Grade	12	46	12	56
Trainee Grades	31	74	31	90
Other	7	8	0	0