Workforce Race Equality Standard (WRES) Report 2020

Data for East Kent Hospital’s Workforce Race Equality Standard 2020.

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# Introduction

## The Workforce Race Equality Standard (WRES) has been in place for five years, the main aims are:

* To improve workplace experiences and employment opportunities for Black Asian & Minority Ethnic (BAME) people in the NHS
* The WRES also applies to BAME people who want to work in the NHS. This can be achieved by taking positive action to help address race equalities in the application process.

## The Equality Diversity Council [EDC NHS] placed a priority on the development of the WRES to tackle race equalities.

## The EDC NHS prioritised the development of the WRES to tackle race equalities - the WRES was identified as the best means to achieve this by helping the NHS to improve by:

* BAME representation at Senior Management and Board level.
* To provide better working environments for the BAME workforce.

## The WRES is a tool to identify gaps between BAME & White staff experiences in the workplace this is measured through a set of Metrics. Closing the gaps will achieve:

* Tangible progress in tackling discrimination
* Promoting a positive culture.
* Valuing all staff for their contribution to the NHS

## This will provide an environment in the NHS whereby all staff are valued and supported across its entire diverse workforce. The result will be high quality patient care and improved health outcomes for all.

## The WRES supports EDS2 goals in relation to a representative workforce and is already embedded in the Trust;

* Better Health outcomes
* Improved patient access and experience.
* Representative and supported workforce
* To provide better working environments for the BAME workforce.

## “A key message is that real and sustained changes will only be made by determined senior leadership and commitment. This requires a shift beyond over reliance on Diversity Managers and HR Directors to drive change. This should be viewed as a strategic opportunity to demonstrate commitment to diversity and to leverage improvements in patient care.” *Technical Guidance for the NHS Workforce Race Equality Standard (WRES) July 2018*

# NHS Standard Contract

## The Workforce Race Equality Standard applies to all types of providers of non-primary healthcare services operating under the full-length version of the NHS Standard Contract, and so is applicable to NHS providers, independent sector providers, and voluntary sector providers.

## Since April 2015, the WRES has been included in the full-length NHS Standard Contract, which is mandated for use by NHS commissioners when commissioning non-primary health services. The Contract requires all providers of NHS services (other than primary care) to address the issue of workforce race inequality by implementing and using the WRES. Service Condition 13.6 of the NHS Standard Contract 2020/21 states the following in relation to the WRES:

The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.

## Service Condition 13.7 states that

The Provider must work towards the achievement of its bespoke targets for black and ethnic minority representation amongst Staff at Agenda for Change Band 8a and above, as described in the NHS Model Employer Strategy

## Schedule 6A of the NHS Standard Contract requires that providers report annually on their compliance with the WRES. These provisions do not apply to the shorter-form version of the NHS Standard Contract, which is typically used for commissioning lower value services with smaller providers.

# Changes to NHS England data submission

## Due to COVID-19 this year NHS England have not required the submission of data for indictors 5, 6, 7 and 8. They are included in this report.

# Business Benefits to the Trust

## Simon Stevens said that,

*“We want an NHS of the people, by the people, for the people. That’s because care is far more likely to meet the needs of patients we are here to serve when NHS Leadership is drawn from diverse communities.”*

## There are numerous benefits for the Trust through the implementation of the WRES – which all make good business sense:

* Recruitment – this would open up access to a young BAME labour market.
* Would add value to the Trust as a “diverse employer”, raising awareness of different cultures, traditions and religious beliefs. Which in turn would provide greater understanding when delivering patient care, particularly in relation to dignity and respect.
* This would enhance and empower mutual respect from all staff and from our communities.
* The WRES will demonstrate our commitment as a Trust to deliver a diverse workforce, representative of the communities we serve.
* It would demonstrate to our own BAME staff the Trust commitment to ensure staff are treated equitably and appropriately free from discriminatory practices.
* The WRES will provide a transparency of what the Trust is delivering and evidence to prove progress.

# Legal Duties

The Trust needs to fulfil legal duties regarding Protected Characteristics as detailed in the Equality Act 2010 in particular relating to the General Equality Duty as follows:

## Eliminate unlawful discrimination, harassment and victimisation

The Trust has in place policies and process to eliminate discrimination and harassment of all staff and continues to take legal responsibility for all Protected Characteristics.

## Advance equality of opportunity between different groups.

To mitigate risk the Trust may want to consider developing a baseline assessment of current resources and initiatives for all staff support across Protected Characteristics.

## Foster good relations between different groups

* Reduce any negative impact by positive market communication. It is critical to make sure staff teams are engaged and understand the rationale and see the value of the work.
* Clarity about what positive action is, it’s not about giving BAME staff an unfair advantage but addressing inequalities.

# Workforce indicator 1

## Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

• Non-Clinical staff

• Clinical staff - of which

- Non-Medical staff

- Medical and Dental staff

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.

## **Non-Clinical staff**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Non clinical | **BAME** | **Not Stated** | **White** | **Grand Total** | **% of BAME Staff** | **Average BAME Staff %** | **% Difference** | **% Not Stated** | **% of White Staff** |
| Apprentice |  | 1 | 6 | 7 | 0 | 4.25% | -4.25% | 14.29% | 85.71% |
| Band 1 |  |  | 1 | 1 | 0 | 4.25% | -4.25% | 0.00% | 100.00% |
| Band 2 | 26 | 64 | 533 | 623 | 0.041734 | 4.25% | -0.08% | 10.27% | 85.55% |
| Band 3 | 19 | 46 | 420 | 485 | 0.039175 | 4.25% | -0.33% | 9.48% | 86.60% |
| Band 4 | 13 | 30 | 270 | 313 | 0.041534 | 4.25% | -0.10% | 9.58% | 86.26% |
| Band 5 | 12 | 21 | 129 | 162 | 0.074074 | 4.25% | 3.16% | 12.96% | 79.63% |
| Band 6 | 4 | 24 | 97 | 125 | 0.032 | 4.25% | -1.05% | 19.20% | 77.60% |
| Band 7 | 3 | 14 | 77 | 94 | 0.031915 | 4.25% | -1.06% | 14.89% | 81.91% |
| Band 8A | 2 | 8 | 57 | 67 | 0.029851 | 4.25% | -1.26% | 11.94% | 85.07% |
| Band 8B | 2 | 5 | 46 | 53 | 0.037736 | 4.25% | -0.48% | 9.43% | 86.79% |
| Band 8C | 1 | 1 | 5 | 7 | 0.142857 | 4.25% | 10.04% | 14.29% | 71.43% |
| Band 8D |  | 3 | 14 | 17 | 0 | 4.25% | -4.25% | 17.65% | 82.35% |
| Exec Director |  | 1 | 4 | 5 | 0 | 4.25% | -4.25% | 20.00% | 80.00% |
| VSM | 2 | 3 | 13 | 18 | 0.111111 | 4.25% | 6.86% | 16.67% | 72.22% |
| Grand Total | 84 | 221 | 1672 | 1977 | 0.042489 | 4.25% |  | 11.18% | 84.57% |

This table shows the distribution of BAME staff in Non-Clinical Bands.

Band 5, 8C and VSM show the percentage of BAME staff is more than the percentage of staff across the workforce.

All other bands indicate the percentage of BAME staff is less than the percentage of staff across the workforce.

## **Clinical staff**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinical** | **BAME** | **Not Stated** | **White** | **Grand Total** | **% of BAME Staff** | **Average BAME Staff %** | **% Difference** | **% Not Stated** | **% of White Staff** |
| **Apprentice** | 1 |  | 7 | 8 | 12.50% | 21.33% | -8.83% | 0.00% | 87.50% |
| **Band 2** | 239 | 187 | 884 | 1310 | 18.24% | 21.33% | -3.08% | 14.27% | 67.48% |
| **Band 3** | 31 | 38 | 264 | 333 | 9.31% | 21.33% | -12.02% | 11.41% | 79.28% |
| **Band 4** | 73 | 37 | 230 | 340 | 21.47% | 21.33% | 0.14% | 10.88% | 67.65% |
| **Band 5** | 329 | 199 | 820 | 1348 | 24.41% | 21.33% | 3.08% | 14.76% | 60.83% |
| **Band 6** | 204 | 149 | 813 | 1166 | 17.50% | 21.33% | -3.83% | 12.78% | 69.73% |
| **Band 7** | 76 | 80 | 640 | 796 | 9.55% | 21.33% | -11.78% | 10.05% | 80.40% |
| **Band 8A** | 14 | 12 | 114 | 140 | 10.00% | 21.33% | -11.33% | 8.57% | 81.43% |
| **Band 8B** |  | 12 | 52 | 64 | 0.00% | 21.33% | -21.33% | 18.75% | 81.25% |
| **Band 8C** |  | 3 | 15 | 18 | 0.00% | 21.33% | -21.33% | 16.67% | 83.33% |
| **Band 8D** |  | 2 | 3 | 5 | 0.00% | 21.33% | -21.33% | 40.00% | 60.00% |
| **Band 9** |  |  | 2 | 2 | 0.00% | 21.33% | -21.33% | 0.00% | 100.00% |
| **Consultant** | 182 | 71 | 201 | 454 | 40.09% | 21.33% | 18.76% | 15.64% | 44.27% |
| **Non-Consultant** | 98 | 32 | 46 | 176 | 55.68% | 21.33% | 34.35% | 18.18% | 26.14% |
| **Trainee Grade** | 166 | 209 | 89 | 464 | 35.78% | 21.33% | 14.45% | 45.04% | 19.18% |
| **Exec Director** |  |  | 1 | 1 | 0.00% | 21.33% | -21.33% | 0.00% | 100.00% |
| **Grand Total** | 1413 | 1031 | 4181 | 6625 | 21.33% | 21.33% |  | 15.56% | 63.11% |

This table shows the distribution of BAME staff in Clinical Bands.

Band 4, Band 5, Consultant, Non-Consultant, Trainee Grade show the percentage of BAME staff is more than the percentage of staff across the workforce.

All other bands indicate the percentage of BAME staff is less than the percentage of staff across the workforce.

## **All Trust Staff**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trust** | **BAME** | **Not Stated** | **White** | **Grand Total** | **% of BAME Staff** | **Average BAME Staff %** | **% Difference** | **% Not Stated** | **% of White Staff** |
| **Apprentice** | 1 | 1 | 13 | 15 | 6.67% | 17.40% | -10.74% | 6.67% | 86.67% |
| **Band 1** |  |  | 1 | 1 | 0.00% | 17.40% | -17.40% | 0.00% | 100.00% |
| **Band 2** | 265 | 251 | 1417 | 1933 | 13.71% | 17.40% | -3.69% | 12.98% | 73.31% |
| **Band 3** | 50 | 84 | 684 | 818 | 6.11% | 17.40% | -11.29% | 10.27% | 83.62% |
| **Band 4** | 86 | 67 | 500 | 653 | 13.17% | 17.40% | -4.23% | 10.26% | 76.57% |
| **Band 5** | 341 | 220 | 949 | 1510 | 22.58% | 17.40% | 5.18% | 14.57% | 62.85% |
| **Band 6** | 208 | 173 | 910 | 1291 | 16.11% | 17.40% | -1.29% | 13.40% | 70.49% |
| **Band 7** | 79 | 94 | 717 | 890 | 8.88% | 17.40% | -8.53% | 10.56% | 80.56% |
| **Band 8A** | 16 | 20 | 171 | 207 | 7.73% | 17.40% | -9.67% | 9.66% | 82.61% |
| **Band 8B** | 2 | 17 | 98 | 117 | 1.71% | 17.40% | -15.69% | 14.53% | 83.76% |
| **Band 8C** | 1 | 4 | 20 | 25 | 4.00% | 17.40% | -13.40% | 16.00% | 80.00% |
| **Band 8D** |  | 5 | 17 | 22 | 0.00% | 17.40% | -17.40% | 22.73% | 77.27% |
| **Band 9** |  |  | 2 | 2 | 0.00% | 17.40% | -17.40% | 0.00% | 100.00% |
| **Exec Director** |  | 1 | 5 | 6 | 0.00% | 17.40% | -17.40% | 16.67% | 83.33% |
| **Consultant** | 182 | 71 | 201 | 454 | 40.09% | 17.40% | 22.69% | 15.64% | 44.27% |
| **Non-Consultant** | 98 | 32 | 46 | 176 | 55.68% | 17.40% | 38.28% | 18.18% | 26.14% |
| **Trainee Grade** | 166 | 209 | 89 | 464 | 35.78% | 17.40% | 18.37% | 45.04% | 19.18% |
| **VSM** | 2 | 3 | 13 | 18 | 11.11% | 17.40% | -6.29% | 16.67% | 72.22% |
| **Grand Total** | 1497 | 1252 | 5853 | 8602 | 17.40% | 17.40% | 0.00% | 14.55% | 68.04% |

This table shows the distribution of BAME staff in all Bands

Band 5, Consultant, Non-Consultant, Trainee Grade show the percentage of BAME staff is more than the percentage of staff across the workforce.

All other bands indicate the percentage of BAME staff is less than the percentage of staff across the workforce.

# Workforce Indicator 2

## Relative likelihood of staff being appointed from shortlisting across all posts

## The relative likelihood of being appointed from shortlisting for all staff was at its highest in 2015/16 when it indicated that White Applicants were 1.5 times more likely to be appointed than BAME Applicants. The relative likelihood of appointment has decreased since 2016, White Applicants now being only 1.13 times more likely than BAME Applicants to be appointed. A figure below “1” would indicate that white candidates are less likely than BME candidates to be appointed from shortlisting.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Likelihood White** | **Likelihood BAME** | **Relative Likelihood** |
| **2015** | 0.24 | 0.16 | 1.51 |
| **2016** | 0.36 | 0.24 | 1.51 |
| **2017** | 0.21 | 0.18 | 1.17 |
| **2018** | 0.22 | 0.18 | 1.21 |
| **2019** | 0.20 | 0.15 | 1.31 |
| **2020** | 0.26 | 0.23 | 1.13 |

# Workforce Indicator 3

## Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. Note: This indicator is be based on data from a two-year rolling average of the current year and the previous year.

## The system for recording disciplinary investigations changed after 2017 and this change is the cause of the higher numbers reported after that date.

## Whilst the actual numbers increased after 2017 the relative likelihood remains consistently low.

## A figure below “1” indicates that BAME staff members are less likely than white staff to enter the formal disciplinary process.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Ethnicity** | **Entering disciplinary system** | **Total No. of Staff** | **Likelihood** | **Relative Likelihood** |
| **2016** | **White** | 56 | 5864 | 0.0095 | 0.56 |
| **BAME** | 6 | 1125 | 0.0053 | 0.56 |
| **Not declared** | 10 | 958 | 0.0104 | 0.56 |
| **2017** | **White** | 58 | 5678 | 0.0102 | 0.35 |
| **BAME** | 4 | 1120 | 0.0036 | 0.35 |
| **Not declared** | 7 | 1032 | 0.0068 | 0.35 |
| **2018** | **White** | 121 | 5515 | 0.0219 |  |
| **BAME** | 10.5 | 1164 | 0.0090 |  |
| **Not declared** | 22 | 1179 | 0.0187 |  |
| **2019** | **White** | 156 | 5573 | 0.0280 | 0.36 |
| **BAME** | 12 | 1206 | 0.0100 | 0.36 |
| **Not declared** | 17.5 | 1266 | 0.0138 | 0.36 |
| **2020** | **White** | 66 | 5853 | 0.0113 | 0.50 |
| **BAME** | 8.5 | 1497 | 0.0057 | 0.50 |
| **Not declared** | 24 | 1252 | 0.0192 | 0.50 |

# Workforce Indicator 4

## Relative likelihood of staff accessing non-mandatory training and CPD

## A figure below “1” would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.

## In 2019 and 2020 the relative likelihood was exactly one (1.00) indicating that BAME and White staff were equally likely to access the training.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Ethnicity** | **Staff accessing non-mandatory training** | **Staff not accessing non-mandatory training** | **Grand Total** | **Likelihood** | **Relative likelihood** |
| **2015** | **BAME** | 362 | 715 | 1077 | 0.34 | 1.16 |
| **Not Stated** | 225 | 439 | 664 | 0.34 |
| **White** | 2254 | 3551 | 5805 | 0.39 |
| **2016** | **BAME** | 304 | 821 | 1125 | 0.27 | 1.25 |
| **Not Stated** | 340 | 598 | 938 | 0.36 |
| **White** | 1981 | 3883 | 5864 | 0.34 |
| **2017** | **BAME** | 475 | 645 | 1120 | 0.42 | 1.21 |
| **Not Stated** | 527 | 505 | 1032 | 0.51 |
| **White** | 2911 | 2767 | 5678 | 0.51 |
| **2018** | **BAME** | 525 | 639 | 1164 | 0.45 | 0.97 |
| **Not Stated** | 506 | 673 | 1179 | 0.43 |
| **White** | 2402 | 3112 | 5514 | 0.44 |
| **2019** | **BAME** | 393 | 756 | 1149 | 0.34 | 1 |
| **Not Stated** | 327 | 939 | 1266 | 0.26 |
| **White** | 1959 | 3671 | 5630 | 0.35 |
| **2020** | **BAME** | 625 | 872 | 1497 | 0.42 | 1 |
| **Not Stated** | 421 | 831 | 1252 | 0.34 |
| **White** | 2446 | 3407 | 5853 | 0.42 |

# **Workforce Indicator 5**

## Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

## Historically BAME staff have always reported lower levels of harassment, bullying or abuse from patients, relatives or the public although the level has increased consistently. However, in 2020 the for the first time BAME staff reported higher levels of harassment, bullying or abuse from patients than white staff.

## The chart below compares EKHFT figures with all 85 Acute Trusts. It is clear that EKHUFT BAME staff consistently report higher levels of harassment, bullying or abuse from patients than our benchmark group.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **White** | 33.54 | 32.19 | 32.68 | 33.73 | 33.6 | 33.4 |
| **BAME** | 31.21 | 31.77 | 30.89 | 33.33 | 33.2 | 35.3 |

# Workforce Indicator 6

## Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

## From 2015 until 2018 the percentage of BAME staff reporting harassment, bullying or abuse from staff was lower than white staff. The last two years have shown a swing so that currently BAME staff report higher levels of harassment, bullying or abuse from staff than white staff.

## The chart below indicates that EKHUFT staff consistently report higher levels of harassment, bullying or abuse from staff than our benchmark group. (Benchmark group- All acute trusts)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **White** | 41.82 | 42.22 | 35.94 | 34.42 | 35.70 | 32.40 |
| **BAME** | 38.35 | 39.43 | 34.59 | 31.96 | 39.50 | 35.70 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | **2018.0** | **2019.0** | **2020.0** |
| **White ERKHUFT** | 34.4 | 35.7 | 32.4 |
| **BAME EKHUFT** | 32.0 | 39.5 | 35.7 |
| **White: Average Acute** | 24.8 | 26.4 | 25.8 |
| **BAME: Average Acute** | 27.1 | 28.6 | 28.8 |

# Workforce Indicator 7

## Percentage of staff believing that the trust provides equal opportunities for career progression or promotion.

## BAME staff have consistently reported much lower levels of confidence that the trust provides equal opportunities for career progression or promotion.

## All EKHUFT staff have consistently reported much lower levels of believing that the trust provides equal opportunities for career progression or promotion than the average score for our Benchmark Group (All acute trusts).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **White** | 77.4 | 82.5 | 83.7 | 83.4 | 81.2 | 85.6 |
| **BAME** | 67.6 | 67.4 | 74.7 | 74.2 | 70.7 | 74.4 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | **2018** | **2019** | **2020** |
| **White EKHUFT** | 83.4 | 81.2 | 85.6 |
| **BAME EKHUFT** | 74.1 | 70.7 | 74.4 |
| **White: Average Acute** | 86.8 | 86.5 | 86.7 |
| **BAME: Average Acute** | 75.1 | 72.3 | 74.4 |

# Workforce Indicator 8

## Percentage of staff personally experienced discrimination at work from Manager/team leader or other colleague

## BAME staff have always reported much higher levels of discrimination at work from Manager/team leader or other colleague.

## All EKHUFT staff report much higher levels of discrimination at work from Manager/team leader or other colleague than their peers in our benchmark group.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **White** | 10.5 | 9.0 | 8.1 | 8.6 | 8.7 | 7.5 |
| **BAME** | 19.6 | 20.6 | 16.6 | 17.3 | 19.8 | 17.2 |

# Workforce Indicator 9

## Percentage difference between the organisations’ Board membership and its overall workforce disaggregated: By voting and executive membership of the Board.

## The difference between the organisations’ Board membership and its overall workforce consistently reduced during until this year when the percentage of BAME board members was significantly less.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Exec Director** | **Non-Executive Director & Chair** | **Grand Total** |
| BME | 0 | 1 | 1 |
| Not Stated | 2 | 2 | 4 |
| White | 5 | 5 | 10 |
| Grand Total | 7 | 8 | 15 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
| 9A | Percentage difference between the organisations’ Board membership and its overall workforce disaggregated: By voting membership of the Board | White | 8.44% | -7.31% | 6.04% | 8.44% | -2.61% | -1.4% |
| Not Stated | -7.86% | 14.83% | -13.18% | -7.86% | 4.26% | 12.1% |
| BAME | -0.59% | -7.53% | 7.14% | -0.59% | -1.66% | -10.7% |
| 9B | Percentage difference between the organisations’ Board membership and its overall workforce disaggregated: By executive membership of the Board | White | 13.20% | 11.74% | 13.18% | 13.20% | 2.16% | 3.4% |
| Not Stated | -15.00% | -11.83% | -13.18% | -15.00% | -1.45% | 14.0% |
| BAME | 1.80% | 0.09% | 0.00% | 1.80% | -0.70% | -17.4% |

+ve number indicates higher percentage on Board than in Workforce

-ve number indicates lower percentage on Board than in Workforce

# Action Plan

## The Head of EDI has developed the following action Plan to address the major issues identified in the WRES report.

## Progress on these actions will be monitored by the EDI Steering Group and the Strategic Workforce Committee.

Action plan actions are to enable BAME nurse midwife and AHP progression into senior leadership positions, publicity campaign to increase reporting of protected characteristics, work with KPMG, campaign to highlight policies protecting staff from harassment, continue conscious inclusion training for managers. Work with KPMG and inclusion training is underway, the rest have not started.

Key code for action table. 

1. **Next Steps**
   1. EKHUFT is expected to publish data for each of the indicators and use this information to develop a local action plan to improve the experience of BAME staff. Year-to-year comparisons will demonstrate progress and challenges.
   2. NHS England has sent the Head of EDI a pre-populated WRES spreadsheet based on data from the NHS Staff Survey and ESR for the period 1 April 2019 – 31 March 2020 (similar to the Workforce Disability Equality Standard (WDES) process).
   3. The checked and completed spreadsheet was submitted via the Strategic Data Collection Service (SDCS) before 31 August 2020.
   4. By 31 October 2020, EKHUFT must publish the Board ratified WRES Metrics and action plan on our website.
   5. The raw data submitted to NHS England via SDCS will enable high-level comparative analysis across all NHS Trusts and Foundation Trusts.

# Conclusion

## BAME staff fare-well in just two of the WRES Indicators. 3. The relative likelihood of staff entering the formal disciplinary process and 4. The relative likelihood of staff accessing non-mandatory training and CPD.

## BAME staff appear to be disadvantaged in all other areas.

## There is now an urgent need to bring about change at EKHUFT particularly as these figures have not changed for the better since 2015.

## It is anticipated that the action plan for 2020/21 will address these issues.