

Workforce Race Equality Standard Report and Action Plan 2023/24

Authored by: Juliana Ansah, Head of EDI
Accountable Director Tanya Carter,
Chief People Officer

Draft subject to approval at P&CC Committee



Contents

Introduction	3
Our People	4
Racial Disparity	5
Summary of Key Findings	6
Our Priorities	9
Action Plan	10
Appendices	
A. Workforce Race Equality Standard (WRES)	13
B. Medical Workforce Race Equality Standard (MWRES)	19
C. Bank Workforce Race Equality Standard (BWRES)	26

Introduction

The Workforce Race Equality Standard (WRES) is a national standard. The purpose of the WRES is to identify inequity and agree action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

East London NHS Foundation Trust is committed to meeting the requirements of the Workforce Race Equality Standard for NHS Trusts' and to reporting the outcomes of all equality surveys. ELFT submitted the Trust's workforce data to the National Workforce Equality team in 2023 as per our contractual obligations for:

- Workforce Race Equality Standard (WRES)
- Medical Workforce Race Equality Standard (MWRES)
- Bank Workforce Race Equality Standard (BWRES)

To support this work, the Trust have launched the **Equality Programme Board** to provide a space for equality initiatives to be implemented, monitored, and scrutinised. The system includes functions that will:

- Analytically discuss, review and identify racial discrimination within policy, processes and systems.
- Develop and seek agreement for items of work based on analysis and priority
- Mitigate risk and appropriate management measures which will form the basis of formal recommendations
- Ensure policies and procedures pertaining to racism remain up to date in light of local or national learning
- Oversee the development of training pertinent and its delivery to staff teams

Our People

Over half of the workforce at ELFT are BME (55%). Staff have access to support with career and wellbeing, in addition to resources and networking opportunities through the Trust's RaCE Network.

We understand that true progress lies in integration, hence we strive to make EDI a natural part of our everyday routines and culture. We understand that those who fit within the BME category are not a homogenous group, so we listen to the voices of our diverse workforce when building our plans and initiatives and developing the support we offer.

Throughout this report you will see the abbreviations BME. At ELFT we use various terms such as ethnically diverse and global majority. However, the WRES data return and national reports refer to BME staff and White Staff so for consistency we continue to use the abbreviation BME in our tables and charts, BME in the context of the WRES are any staff that identify as being in a ethnicity group other than 'White'.

BME REPRESENTATION

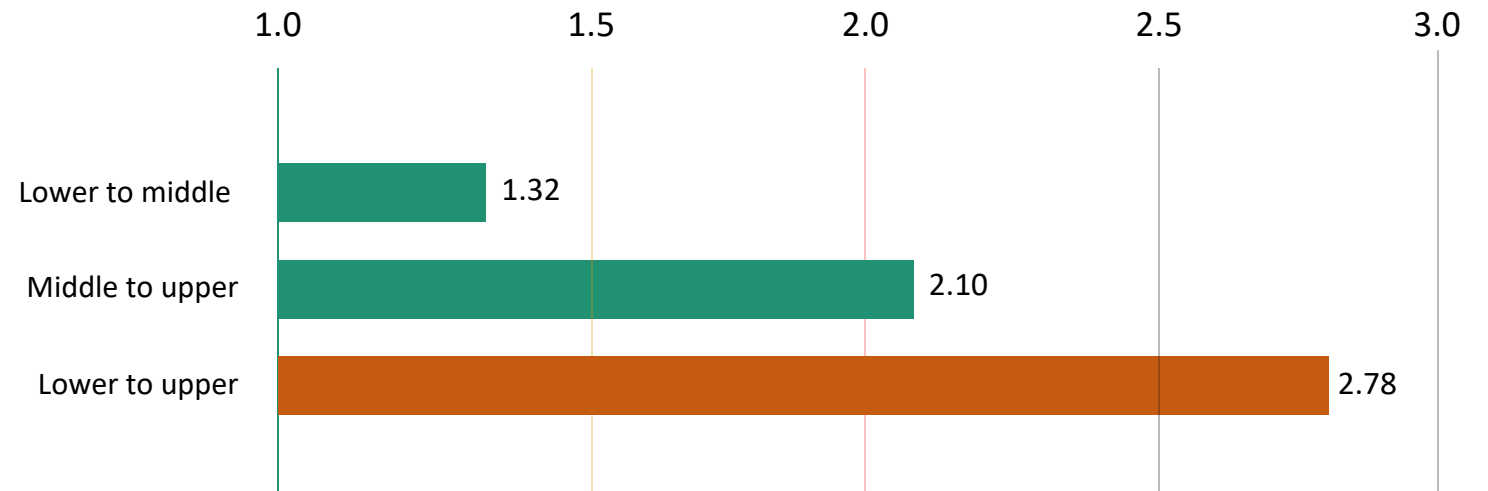


Racial Disparity

The race disparity ratio compares the progression of white staff through the organisation with the progression of BME staff through the organisation. If the race disparity ratio is greater than "1.0" this means that progression favours white staff, whilst if the race disparity ratio is below "1.0", this means that progression favours BME staff.

Lower	Bands 5 and under
Middle	Bands 6 to 7
Upper	Bands 8a and above

	not significantly different from 1.0 (which is equity)
	higher than "1.0" (or equity) to a small degree
	higher than "1.0" (or equity) to a medium degree
	higher than "1.0" (or equity) to a significant degree



WORKFORCE RACE EQUALITY STANDARD (WRES)

The Trust have submitted the Workforce Race Equality Standard (WRES) data since its implementation in 2018/19. The WRES is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The purpose of the WRES is to identify inequity and agree action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Metric	Key findings
1	<ul style="list-style-type: none"> Band 8A-8B non-Clinical continues to see a downward trend whereas Clinical roles are seeing a steady year on year increase. There is an overrepresentation of BME staff in Band 1-4 for both Clinical and non-Clinical roles.
3	Relative likelihood of BME staff entering the formal disciplinary process is significantly greater than white staff and has doubled since 2022. It is also more than double the national average.
4-8	All metrics relating to staff experience, continue to deteriorate.
5	African (44%) and Bangladeshi (41%) reported experiencing the highest rate of harassment.

MEDICAL WORKFORCE RACE EQUALITY STANDARD (MWRES)

This is the first year that Trusts have been mandated to collated data for the Medical Workforce Equality Standard (MWRES). The publication of the National MWRES report in 2021 identified the racial disparity experienced by BME doctors in terms of recruitment, promotion, pay, experience of bullying and harassment, and representation in senior positions. This was especially evident for international medical graduates and specialty and specialist (SAS) doctors.

Indicator	Key findings
1	<ul style="list-style-type: none"> No Asian or Black Medical Director's in 2021/22 or 2022/23 There is a significantly greater amount of Asian Consultant (29%) compared to Black Consultants (4.4%).
1b	Clinical Excellence Awards are divided and distributed in an equal share amongst all eligible consultants. In 2023 the number awarded by ethnicity was White (108), Asian (56) and Black (9).
2	One Black Consultant was appointed in 22/23, compared to 11 White and 6 Asian.

BANK WORKFORCE RACE EQUALITY STANDARD (BWRES)

This is the first year that a WRES collection for Bank Staff has been mandated. Its main purpose is to understand the detail of the active bank workforce and key elements of its demographics by position as this has not previously been measured across the NHS. There are an estimated 150,000 bank-only workers in NHS trusts and to support NHS England's strategic aim of improving the quality of bank provision as a flexible option for staff, it has been decided that the scope of the NHS Workforce Race Equality Standard (WRES) will be expanded to cover bank-only workers for the first time.

Key findings

There is a large representation of both Black Men and Black Women in Clinical Band 3-5 roles. Particularly Clinical Band 3 where there are 8 times more Black staff (268) than the next highest group, White (32), and 9.5 more than Asian (28).

White and Asian Bank Staff make up the highest number of Medical and Dental Bank Staff at 119 for both. There are 32 Black staff on Medical and Dental Bank.

Overall there are more Women (658) on Bank than Men (436), this is also true for each ethnic group.

Black Women represent the largest number of Bank Staff (252), followed by White women (193), and Black Men (180).

Black Bank Staff represent the highest group entering the formal disciplinary process. This is reflective in Metric 3 of WRES - where BME staff are almost 3 times more likely to enter the formal disciplinary process. No Bank worker has been from any ethnicity has been dismissed in the last 12 months.

Our Priorities

Areas for improvement

In October 2023 the national WRES team sent the Trusts three high priority areas for improvement. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts. It is impractical to undertake actions to improve all aspects of racial equality, so this will help to target where resources and effort may be best placed.

Indicator 1: Career progression in non-clinical roles (lower to upper levels)

Indicator 3: Likelihood of entering formal disciplinary proceedings

Indicator 5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months against BME staff

Areas of best performance

These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally. In 2023 the Trust did not perform in the best 10% for any of the WRES metrics.

Indicator 9: Although BME representation for Executive Board members show no inequity, the Trust ranked in the best 13% Nationally for overall Board representation.

Action Plan

This year's action plan focuses on the indicators that have deteriorated and those where the data remains high, so experiences are negative. The National advice is not to necessarily focus on all indicators but on those that require addressing the most. In saying this there will naturally be other organisational interventions that will have a positive impact on experiences of BME staff.

In order to improve our priority indicators, we have agreed to use guidance from the NHS High Impact Intervention report. We have created a list of actions to support us in achieving the below:

1. Significantly reduce the number of BME staff entering formal disciplinary proceedings
2. Increase BME representation across all non-clinical roles
3. Cultural-change campaigns and training to challenge harassment, bullying, and abuse, as well as the attitudes that arise from racism.

To ensure that this report plays a key role in our journey towards becoming anti-discriminatory organisation, we have also aligned WRES actions with four themes to reflect the [Trust's People Strategy](#).

- New Ways of Works
- Looking After Our People
- Belonging in the NHS
- Growing and Developing for the Future

 Not Due  Not Started  In Progress  Completed

Workforce Race Equality Action Plan 2023/24

This plan includes actions for all non-clinical, clinical, and medical and dental BME staff

	Action	Lead	Due	WRES Metrics	Status
1.0	New Ways of Working				
1.1	FTSU Guardian to report experiences of BME staff who have been through disciplinary process to the Equality Programme Board quarterly.	Freedom to Speak Up Guardian	Nov 2023	3	
1.2	Review and update flexible working polices	Head of People Relations	Mar 2024	3	
2.0	Looking After Our People				
2.1	Anti-Racism workshops to be held with BME staff including managers to scope areas of improving awareness of systematic racism	Chief People Officer	Nov 2023	5	
2.2	Produce Ethnicity Pay Gap Reporting	Head of Informatics	Mar 2024	1	
3.0	Belonging in the NHS				
3.1	Develop cultural competency learning for all staff and managers.	Head of EDI	Dec 2023	5	
3.2	Launch second 'Race In The Workplace' survey via the FLAIR programme.	Head of EDI	Dec 2023	5	
3.3	Support Staff RaCE Network to enable it to run effectively and deliver on network strategy in line with Trust strategy and Equality Plans.	Head of EDI	May 2023	All	
3.4	Refocus the appraisal process to ensure that BME staff have clarity of objectives and career progression	Head of People Development	Mar 2024	1	
4.0	Growing and Developing for the Future				
4.1	Managerial Supervision process to be Equality Impact Assessed	Director of People Development	Oct 2023	All	
4.2	Zero Tolerance campaign	Head of EDI	Mar 2024	3, 5	
4.3	Launch Career Progression Quality Improvement project	Chief People Officer	Nov 2023	1	

High Impact Actions for Medical WRES

This plan is intended to support the achievement of national strategic EDI outcomes, which are to:

- Address discrimination, enabling staff to use the full range of their skills and experience to deliver the best possible patient care
- Increase accountability of all leaders to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010 and the Messenger Review
- Support the levelling up agenda by improving EDI within the NHS workforce, enhancing the NHS’s reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce
- Make opportunities for progression equitable, facilitating social mobility in the communities we serve.

The actions below link directly to the MWRES and Equality Delivery System 2022; and will be monitored at the Equality Programme Board and Joint Staff Committee.

5	Action	Lead	Due	Indicator	
5.1	Launch Medical Gender Pay Gap Quality Improvement workstream	Recruitment and Medical Team	May 2023	3	
5.2	Launch Quality Improvement Project for Specialty and Specialist Doctors (SAS) career progression	Recruitment and Medical Team	Mar 2024	3, 5	
5.3	Launch International Medical Graduates (IMG) Recruitment project, which includes five work streams	Recruitment and Medical Team	Mar 2024	2,5	
5.4	Review recruitment process for senior Medical leads	Recruitment and Medical Team	Mar 2024	2,5	
5.5	Review CEA process to ensure equity.	Recruitment and Medical Team	Mar 2025	3	

Appendix A

ELFT

Workforce Race Equality
Standard (WRES)

2023

Workforce Metric 1

The following metric shows the representation of BME staff. Definitions are based on Electronic Staff Record (ESR) occupation codes, with the exception of medical and dental staff, which are based upon grade codes.

Metric 1 - Staff Representation		2022	2023		Comment
Percentage of BME 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.	Overall BME Percentage	53.7%	55.4%	↑	There is an overrepresentation of BME staff in Band 1-4 for both Clinical and non-Clinical roles.
	Non-clinical Band 1 - 4	59.4%	57.9%	↓	
	Non-clinical Band 5 - 7	54.5%	56.6%	↑	An increase in BME staff within Clinical and Non-Clinical bandings 5-7 shows a steady improvement in recruitment.
	Non-clinical Band 8A - 8B	41.6%	38.7%	↓	
	Non-clinical Band 8C - VSM	22.5%	28.1%	↑	Band 8A-8B non-Clinical continues to see a downward trend whereas Clinical roles are seeing a steady year on year increase.
	Clinical Band 1 - 4	65.5%	67.7%	↑	
	Clinical Band 5 - 7	55.0%	56.5%	↑	Increased representation in Medical & Dental Consultant and Non-Consultant positions continue to increase. ELFT rank high compared to other London Trusts and Mental health Trusts across the England.
	Clinical Band 8A - 8B	34.6%	36.4%	—	
	Clinical Band 8C - VSM	19.6%	22.5%	↑	
	Medical and Dental Consultants	41.3%	42.3%	↑	CEA briefing sessions advised consultants the types of additional activities they could apply for CEAs.
	Medical and Dental Non-Consultants	46.8%	58.7%	↑	Trust uses certified and validated competency frameworks to inform and develop our staff including for recruitment at senior level
	Medical and Dental Trainees	55.8%	56.2%	↑	

↓ Needs Improvement

↑ Improved

— No Change

Workforce Metric 2 - 4

The following metric shows the relative likelihood for BME staff across all clinical and non-clinical posts.

Metric 2 - Recruitment	2022	2023		Comment
<p>Relative likelihood of White staff being appointed from shortlisting across all posts <i>(A figure below 1.00 indicates that BME staff are more likely than white staff to be appointed from shortlisting)</i></p>	1.23	1.40	↓	<p>The Trust performed better than 62% of Trusts and worse than 38% of Trusts.</p> <p>Specifically, 683 out of 2312 white candidates were appointed from shortlisting (29.5% of white candidates) compared to 899 out of 4262 BME candidates (21.1% of BME candidates).</p>
Metric 3 - Disciplinary	2022	2023		Comments
<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation <i>Note: This indicator is based on year-end data, it was previously based on a two-year rolling average.</i></p>	1.45	2.91	↓	<p>The Trust performed better than 11% of Trusts and worse than 89% of Trusts.</p> <p>This likelihood is significantly greater than white staff and has doubled since 2022. It is also more than double the national average.</p> <p>Specifically, 41 BME staff entered formal disciplinary proceedings (1.03% of the BME workforce) compared to 11 white staff (0.35% of the white workforce).</p>
Metric 4 - CPD	2022	2023		Comment
<p>Relative likelihood of staff accessing non-mandatory training and CPD <i>(A figure below 1.00 indicates that BME staff are more likely than white staff to be appointed from shortlisting)</i></p>	0.81	0.90	—	<p>The Trust performed better than 70% of Trusts and worse than 30% of Trusts.</p> <p>A new Learning Academy launched in February 2022 which transforms the way we all access learning across the Trust.</p>

↓ Needs Improvement

↑ Improved

— No Change

National NHS Staff Survey Metric 5 & 6

The following Staff Survey Metrics, compare the responses for both BME and white staff

Metric 5 - Bullying and Harassment		2022	2023		Comment
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	33%	35.9	↓	The Trust performed better than 18% of Trusts and worse than 82% of Trusts. Analysis shows that BME Nurses and Midwives (48%) and Healthcare Assistants (54%) reported experiencing the highest rate of harassment, bullying or abuse from patients. For Ethnicity African (44%) and Bangladeshi (41%) reported experiencing the highest rate of harassment.
	White	33%	26.8%	↑	

Metric 6 - Bullying and Harassment		2022	2023		Comment
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	BME	22%	22.4%	—	Trust performed better than 42% of Trusts and worse than 58% of Trusts. BME Allied Health Professionals (26%) reported experiencing the highest rate of harassment, bullying or abuse from other staff in 2023.
	White	21%	27.6%	↓	

↓ Needs Improvement

↑ Improved

— No Change

National NHS Staff Survey Metric 7 & 8

The following Staff Survey Metrics, compare the responses for both BME and white staff

Metric 7 - Career Progression		2022	2023		Comment
KF21. Percentage believing that trust provides equal opportunities for career progression or promotion	BME	50%	48.2%	↓	Trust performed better than 57% of Trusts and worse than 43% of Trusts. 50% of BME men and Women believe that trust provides equal opportunities for career progression or promotion. BME Allied Health Professionals (56%) and Nursing and Midwifery Registered (53%) reported the poorest outcomes.
	White	61%	63.3%	↑	

Metric 8 – Discrimination		2021	2022		Comment
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	BME	15%	17.2%	↓	Trust performed better than 37% of Trusts and worse than 63% of Trusts. BME Administrative and Clerical (21%) and Nursing and Midwifery Registered (19%) have reported the highest rates compared to 10% and 13% for white groups, respectively.
	White	9%	10.3%	↓	

↓ Needs Improvement

↑ Improved

— No Change

Board Representation - Metric 9

This metric shows the percentage of BME staff on the organisations Board.

Metric 9 – Board Representation		2022	2023		Comment
Percentage difference between the organisations’ Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator.	Overall Trust Board	52.60%	50.0%	↓	At March 2023, the difference between BME representation on the board and in the workforce was -5.4%. BME members were underrepresented on the board by one member in terms of a headcount. The Trust performed better than 75% of Trusts and worse than 25% of Trusts. There has been a decrease in BME Board representation, since 2021 and 2022 where ELFT were ranked best 5% overall nationally.
	Voting Membership	52.94%	50%	↓	
	Non-voting Executives	50%	50%	—	
	Executive Team	50%	60%	↑	
	Non-executive Team	55.56%	37.5%	↓	

↓ Needs Improvement

↑ Improved

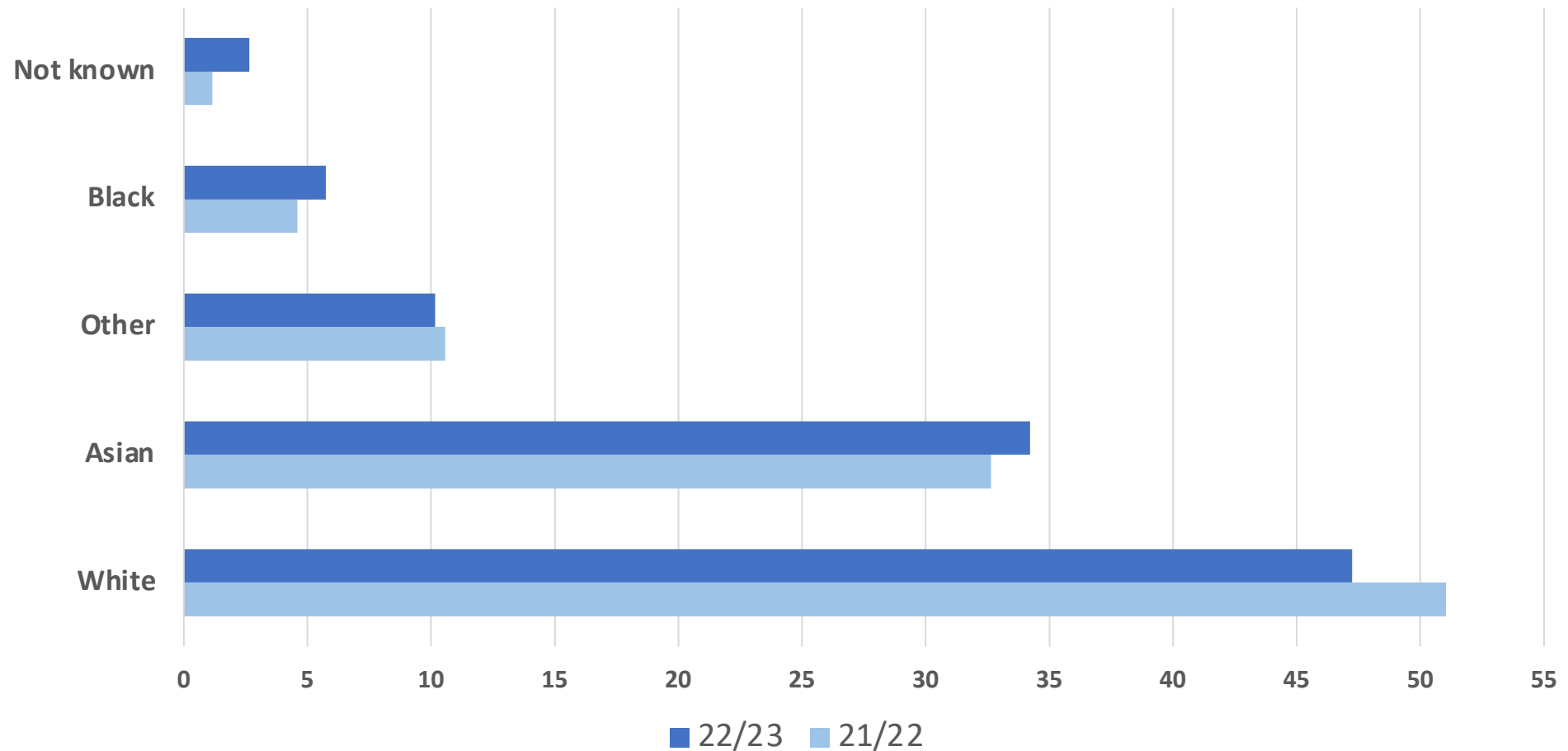
— No Change

Appendix B

ELFT Medical Workforce Race Equality Standard (MWRES) 2023

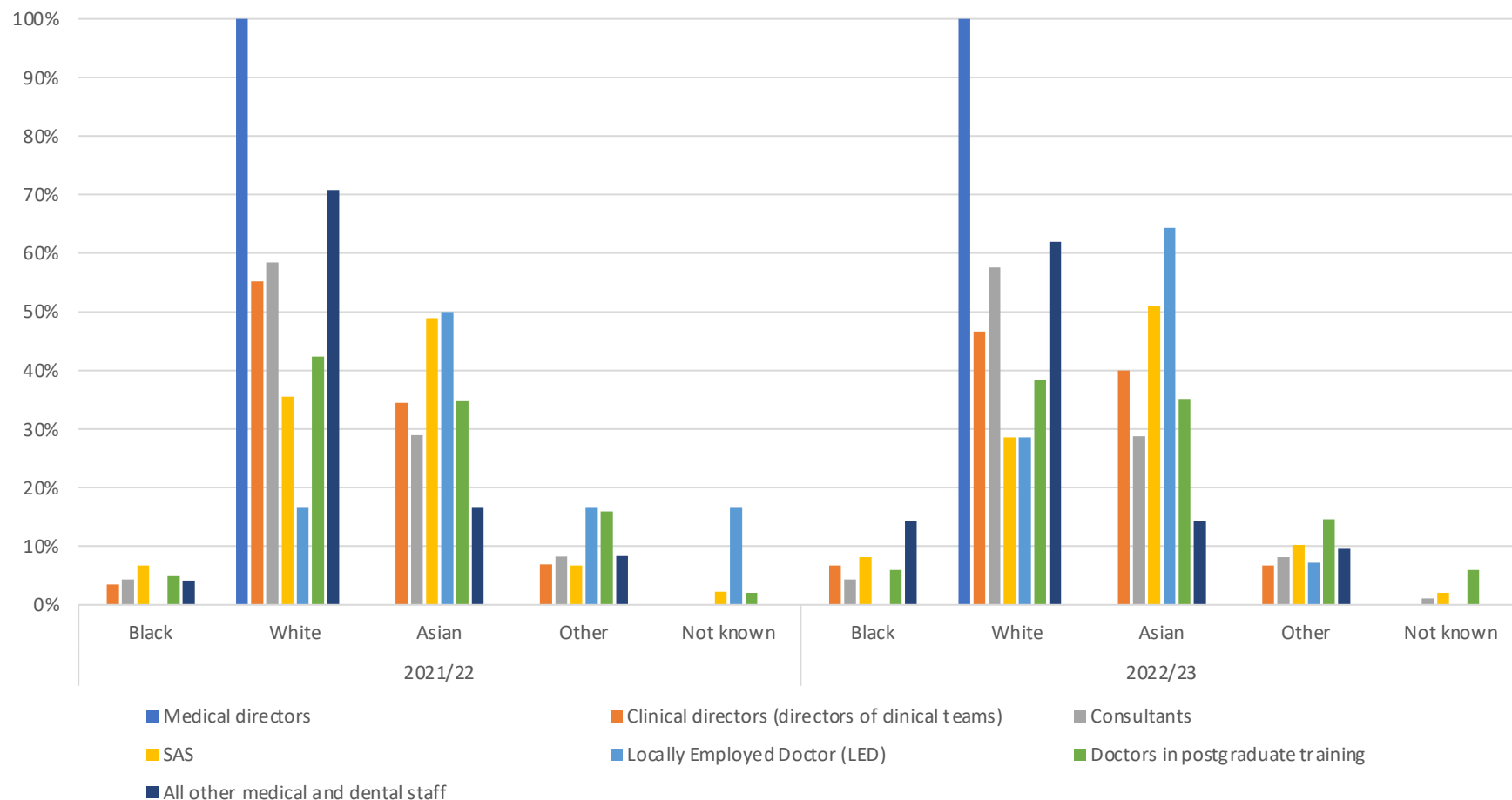
The percentage of medical and dental workforce by ethnicity

The following metric shows the percentage of medical and dental staff by ethnicity (based on the workforce as at 31st March in the reporting year)



Metric 1A: The medical and dental workforce

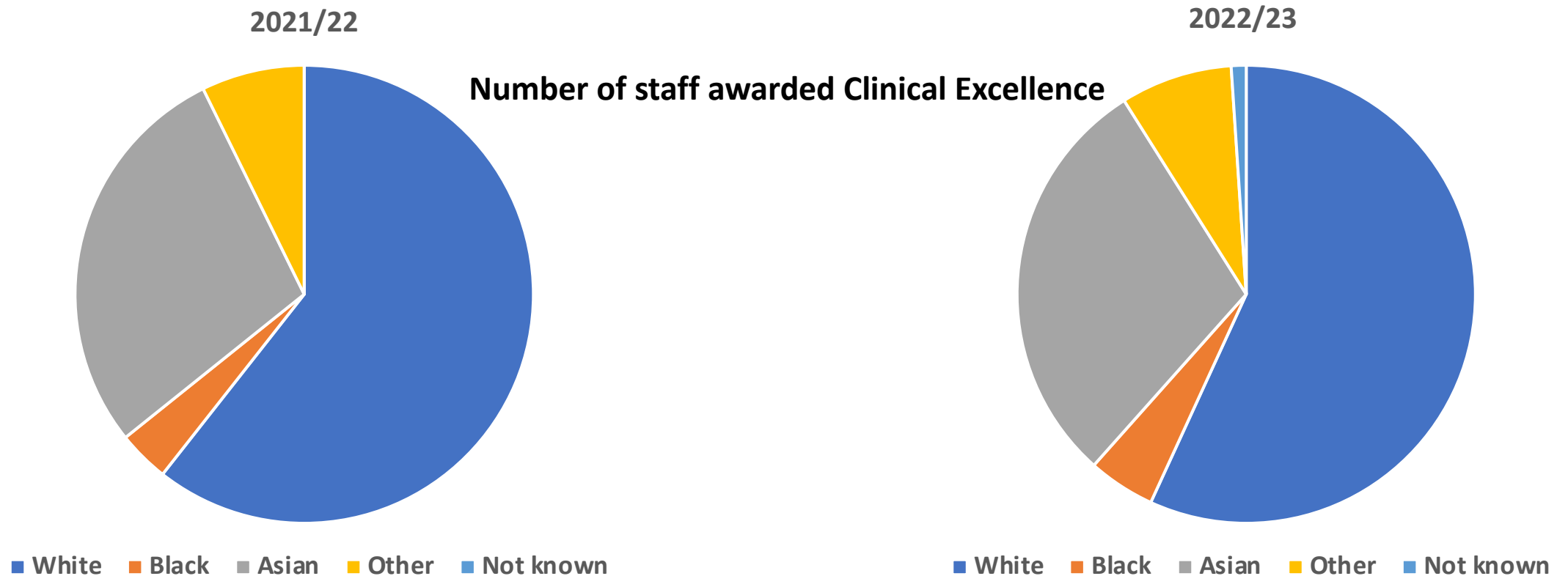
The following chart shows the percentage of staff in each medical and dental subgroup, disaggregated by ethnicity (based on the workforce as at 31st March in the reporting year)



- All 5 Medical Directors are white.
- No Black or Asian Medical Director's in both 2021/22 & 2022/23
- There is a significantly greater amount of Asian Consultant (29%) compared to Black Consultants (4.4%).

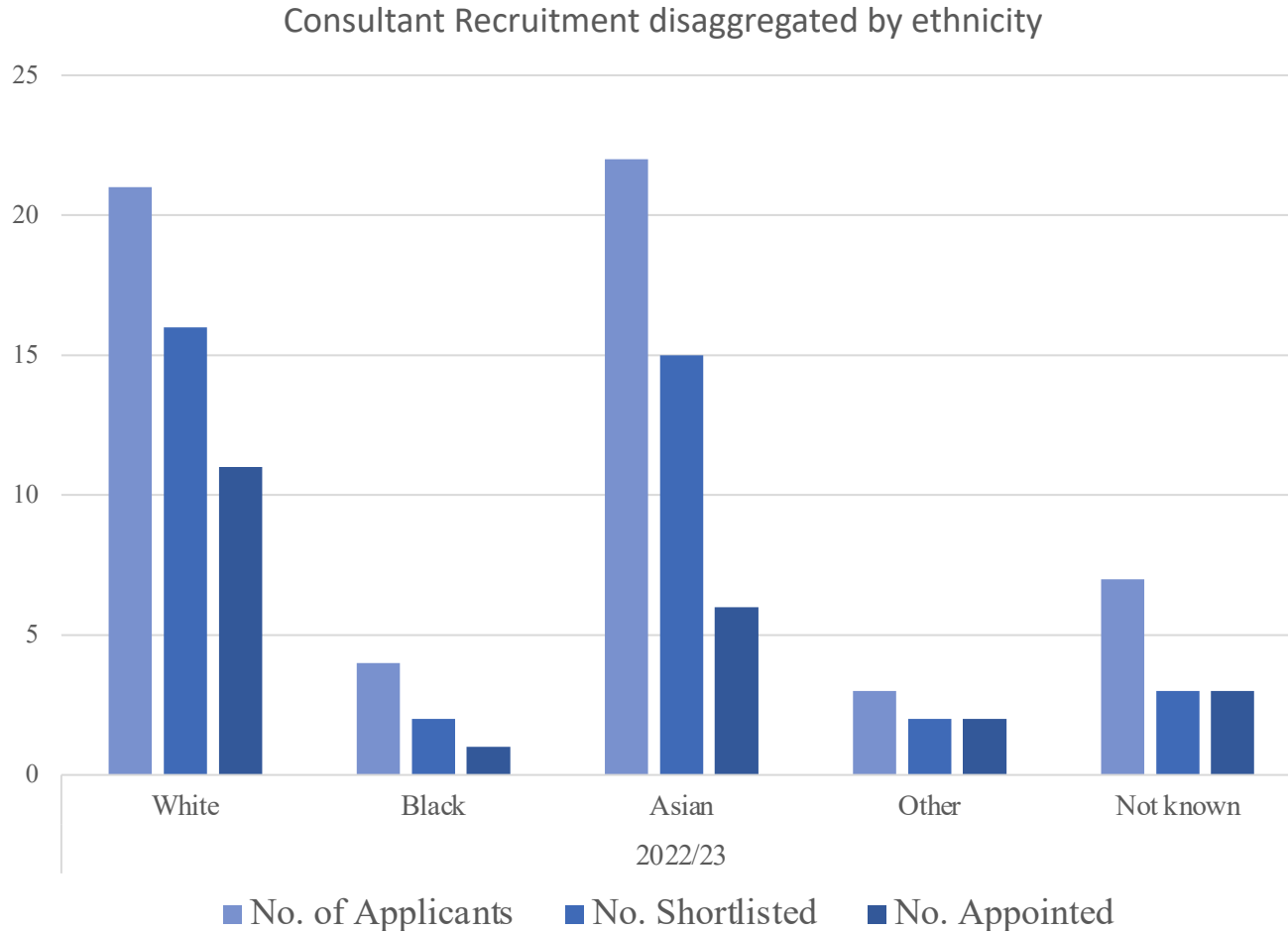
Metric 1b: Clinical Excellence Awards

The following chart shows the number of staff who were awarded a Clinical Excellence Award, disaggregated by ethnicity (based on the financial year). At ELFT Clinical Excellence Awards are divided and distributed in an equal share amongst all eligible consultants. Although this provides a fairer process, it has been identified that there is an underrepresentation of Black professionals who are eligible. Work is underway to improve recruitment and career progression options for BME Medical and Dental professionals.



Metric 2: Consultant Recruitment 2022/23

The following metric shows the number of Consultants recruited, disaggregated by ethnicity (based on the financial year)



- Of all 23 candidates that were appointed, 48% of those were white, 26% were Asian, and 4% were Black.
- A similar number of Asian (22) and White (21) candidates applied, half of white applicants were appointed, whereas just a quarter of Asian applicants were appointed.
- One Black Consultant was appointed in 22/23, compared to 11 White and 6 Asian.

We do not hold data consultant recruitment data for 2021/22 due to Trac system not storing data for longer than 12month. We have mitigated this by ensuring data in pulled from the system two annually.

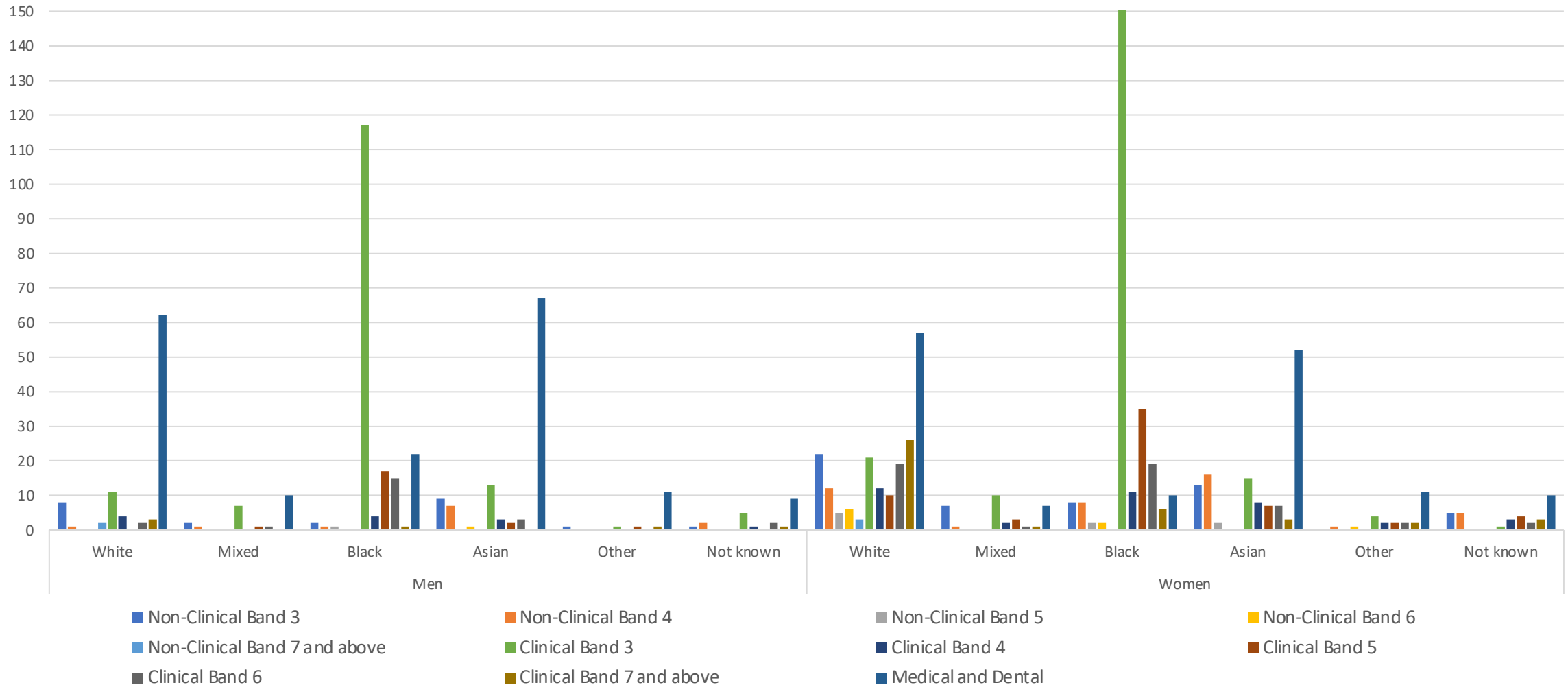
Appendix C

Bank Workforce Race Equality Standard (BWRES) 2023

BANK WORKFORCE RACE EQUALITY STANDARD (BWRES) REPORT

Metric 1: The Bank Non-Clinical and Clinical Banding Workforce by Ethnicity and Gender

The following metric shows the number (headcount) of staff in each banding, disaggregated by ethnicity and gender (based on the workforce as at 31st March in the reporting year)



Metric 2 & 3: Disciplinary Process and Dismissals

The following metrics shows the number of Bank workers that have entered the formal disciplinary process and have been dismissed as a result, by ethnicity.

	White	Black	Asian	Other	Not known
Metric 2					
Number of bank workers entering the formal disciplinary process in the last 12 months (including externally provided bank workers)	<5	5	<5	<5	0
Metric 3					
Number of bank worker dismissals in the last 12 months	0	0	0	0	0

Although there were fewer than 5 people entering the formal disciplinary process from each ethnicity, Black Bank workers represented the highest referrals. This is reflective in Metric 3 of WRES - where BME staff are almost 3 times more likely to enter the formal disciplinary process.

No Bank worker from any ethnicity has been dismissed in the last 12 months.

National NHS Staff Survey Metric 4 - 9

The following metrics are taken from the 2022 National Staff Survey. As this is the first year that Bank staff were included in the survey, the uptake was low. 37 Bank staff at ELFT completed the survey. Data is too low to report.

4a	Percentage of bank workers experiencing harassment, bullying or abuse from patients/service users. their relatives. or other members of the public in last 12months.
4b	Percentage of bank workers experiencing harassment, bullying or abuse from: other colleagues in the last 12
4c	Percentage of bank workers experiencing harassment, bullying or abuse from: Managers in the last 12 months.
4d	Percentage of bank workers experiencing harassment, bullying or abuse at work who then proceeded to report it?
5a	Percentage of bank workers that have personally experienced physical violence from patients / service users, their relatives, or other members of the public in the last 12 months.
5b	Percentage of workers who experienced physical violence at work who then proceeded to report it?
6a	Percentage workers who would. in the next 12 months consider moving to work in a form of permanent employment in the NHS.
6b	Percentage of bank workers that feel there are opportunities to develop their career in the organisation.
6c	Percentage of workers whose main paid source of work is on the bank.
6d	How long have bank only workers solely worked on the bank
7	Percentage of bank workers who were originally recruited to the NHS from outside of the UK and now work in a bank only position
8a	Percentage of bank workers who feel that the organisation values their work contribution.
8b	Percentage of bank workers that feel safe to speak up about anything that concerns them in their organisation.
8c	Percentage of bank workers that think the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.)
8d	Percentage of bank workers that feel they receive the respect they deserve from colleagues at work.
9a	Percentage of bank workers that have in the last 12 months personally experienced discrimination at work from managers / team leader or other colleagues.
9b	Percentage of bank workers that have in the last 12 months personally experienced discrimination at work from: Patients, relatives, or members of the public.