



Workforce Race Equality Standard (WRES) Report 2022/23

Two of the boroughs that we support are some of the most diverse in London, so we want to make sure that our staff represent the rich diversity of our clients.

The Workforce Race Equality Standard (WRES) reporting provides an opportunity to review the ethnic diversity of our organisation and identify areas of improvement.

This report is a great way to develop and review a tailored action plan with the intention of improving and ensuring employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

WRES reporting is a requirement for NHS commissioners and NHS healthcare providers, including independent organisations. ([NHS, England](#)).

There are nine WRES indicators. As an independent sector provider with less than 100 BME staff, Mind CHWF is required to assess its performance against five indicators. This report will cover 4 indicators.

Definition:

The definitions of "Black and Minority Ethnic/BME" and "White" used in WRES follow the national reporting requirements of ethnic category in the NHS data model.

"White" staff include white British, Irish, Eastern European and any other white background.

The "BME" staff category includes mixed white and black Caribbean, mixed white and black African, mixed white and Asian, any other mixed background, Asian or Asian British-Indian, Asian or Asian British-Pakistani, Asian or Asian British-Bangladesh, any other Asian background, Black or black British-Caribbean, Black or black British African, any other background, Chinese, and any other ethnic group.

Method of data collection:

This report covers the period from 1st April 2022 to 31st March 2023. For the purpose of this report, the data has been collected from:

1. Equal opportunities forms, filled out as part of internal recruitment and by new starters.
2. Up-to-date data audit forms completed by staff and Trustees.

This report compares data with previous years to assess trends and provide a progress report on reaching Mind CHWF's WRES/BME representation targets by 2028.

Mind CHWF data for 2022-2023, will also be compared to those published by comparable service providers, such as East London Foundation Trust ([ELFT](#)) and Northeast London

Foundation Trust ([NELFT](#)) for the same years. Benchmarking data from other charities, such as local Minds has not been possible as published WRES reports from charities have not been found.

It is worthwhile noting the following data limitations:

- Not every member of staff has disclosed their ethnicity – 8.5% of the ethnicity data is classed as undisclosed.¹
- 48% of candidates from across all recruitment drives did not disclose their ethnicity.²
- As a relatively small organisation headcount changes can lead to fluctuations in percentages, so these should be used primarily to understand trends.

WRES Indicator 1:

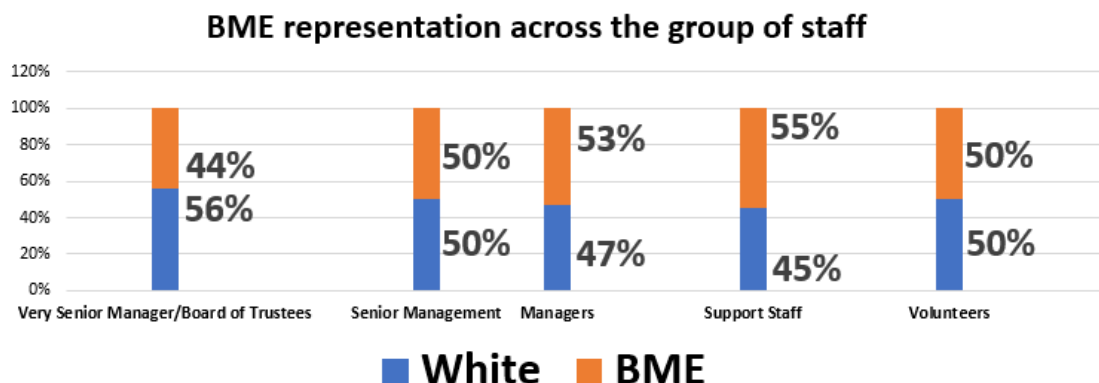
The first indicator requires organisations to compare the white and BME percentage of staff, including the Board of Trustees, within groups of staff.

Our data indicates we are achieving some of our representation targets, with manager level posts remaining an area for improvement.

No	Groups of staff	White				BME			
		22-23	21-22	19-20	18-19	22-23	21-22	19-20	18-19
1	Senior Executive /Board of Trustees	56%	56%	70%	60%	44%	44%	30%	40%
2	Senior Management	50%	50%	88%	88%	50%	50%	12%	12%
3	Managers	47%	46%	40%	45%	53%	54%	60%	55%
4	Support Staff	45%	53%	62%	59%	55%	47%	38%	41%
5	Volunteers	50%	36%	26%	-	50%	64%	74%	-

The graph below further illustrates the spread of BME representation across the 5 group of staff identified in the table above.

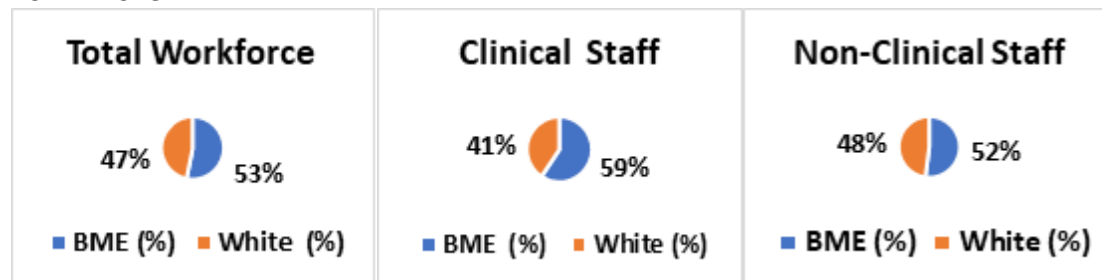
Graph 1



Pie charts 1 and 2 below illustrate the spread of BME representation across the total workforce and within Clinical and Non-Clinical functioning posts over the last two years.

Chart 1

2022 - 2023



Internal Benchmarking:

Compared to the previous year (2021-2022), the BME data for 2022-2023 shows:

1. A slight decrease in BME representation in the total workforce **53%** < 54%. This is still significantly high compared to 2019-2020 (26%)
2. A decrease within the Clinical Workforce **59%** < 67%. Once again still noticeable better compared to BME data in 2019-2020 (23%)
3. A slight increase of BME members of staff within the Non-Clinical Workforce **52%** > 51%. In 2019-2020, this figure was 40%.
4. A noticeable increase in BME representation in the Support Staff group (**+8%**).
5. Figures have remained the same within 2 staff groups; Senior Executive 1/Board of Trustees (**44%** BME representation), and Senior Management (**50%** split).
6. A slight decrease in BME representation in the Manager staff group **53%** < 54%. A noticeable lower figure compared to 2019-2020 (60%).

7. A significant decrease in BME representation in the Volunteer staff group **50%** < 64%. And significantly lower compared to 2019-2020 (74%).

There is increased BME representation within the paid workforce - BME paid staff make up **53%** > 49% of the paid workforce, which is an increase (+18%) compared to 2019-2020 (35%).

As reported above, if volunteers are included, **53%** < 54% of the entire workforce is of BME origin.

Overall, BME representation compared to previous years in the Manager and Volunteer staff group, and within the Clinical Workforce has decreased:

- Manager staff group **53%** < 60% (2019-2020). As outlined below, this figure does not meet the target set for 2022-20223.
- Volunteer staff group **50%** < 74% (2019-2020).
- Clinical Workforce **59%** < 67% (2021-2022). However, as highlighted below, this figure exceeds the target for 2022-20223 and almost meets the target for 2027-2028.

These are of course an area for improvement as Managers play a critical role in how staff experience working in the organisation. For instance, the risk and impact of 'unconscious bias' can be reduced by having better BME representation at management levels. Volunteers also impact the experiences at service delivery.

Mind CHWF aims to become a majority BME organisation by 2028, where the composition of our organisation reflects the profile of communities we serve. Table 2 below shows Mind CWHF's 2022-2023 position compared to BME targets set.

Table 2

	20-21 BME (TARGETS)	22-23 BME (TARGETS)	22-23 BME (ACTUAL PERCENTAGES)	27-28 BME (TARGETS)
Senior Executive /Board of Trustees	50%	55%	44%	60%
Senior Management	12%	20%	50%	50%
Managers	55%	65%	53%	70%
Support Staff	50%	60%	55%	70%
Clinical Staff	25%	40%	59%	60%

As seen in the last WRES reporting, BME representation in Senior Management and within the Clinical Staff group exceed targets sets for 2022-2023, and already meet (Senior Management) or on track (Clinical Staff group) to meet targets for 2027-2028.

As indicated in table 2 above, for Mind CHWF to reach its targets for 2027-2028, improvement is required within the following staff groups:

1. Senior Executive /Board of Trustees (+16)
2. Managers (+17)
3. Support Staff (+15)

Increased BME representation at Support Staff level is important – if staff on the frontline do not ethnically represent the communities that we serve then this could negatively impact on service users' experiences, and in some cases create a barrier for accessing much needed support.

External Benchmarking:

The following outlines how Mind CHWF BME representation compares to ELFT and NELFT:

1. Non - Executive level **44%** is better than NELFT = 42% and ELFT = 37.5%.
2. Executive level/Senior Manager (equivalent) **50%** - Whilst NELFT percentage is significantly less (33%), ELFT is at 60% in the Executive Team.
3. Total workforce **53%** > 43% (NELFT). However, ELFT (55%) is slightly higher.

Unfortunately, once again, benchmarking data from comparable charities have not been found. BME representation in the charity sector remains at 9% ([ACEVO](#)). This has been the case over the past eight years ([Charity Digital](#)).

WRES Indicator 2:

The second indicator requires organisations to show the likelihood of white candidates being appointed from shortlisting across all posts in relation to both external and internal posts. **Our data indicates no differences in the likelihood of white and BME candidates being appointed.**

Internal Benchmarking:

Across *all posts advertised (internally and externally)* there has been an improvement. In 2022-2023, the relative likelihood of white candidates being appointed from shortlisting, across all posts, compared to BME candidates is 1. ³

When analysing the data for *internally advertised posts* for 2022-2023, the likelihood of appointing white candidates is 0, meaning that BME candidates were more likely to be appointed from shortlisting. This is an improvement to 2021-2022 when the likelihood was in favour of white candidates (2.14).

Over the years, there has been a decreasing trend in the likelihood to appoint white candidates at *external recruitment*: 3.46 (2019-2020) > 1.01 (2021-2022). And in 2022-2023 it has further decreased to 1. From the posts advertised externally, 4 members of Mind CHWF staff, who are from BME communities, were appointed, which is an indication that the organisation is developing its BME talent pool.

These results suggest that recruitment trends will support Mind CHWF goal to become a majority BME organisation by 2028.

External Benchmarking:

Across *all posts*, the relative likelihood of NELFT and ELFT appointing white candidates from shortlisting compared to BME candidates is 1.89 and 1.40 respectively. Mind CHWF is therefore performing better at 1.

WRES Indicator 3:

The third indicator requires organisations to report the likelihood of BME staff entering the formal disciplinary process compared to white staff over the last two years. We have low volumes of disciplinaries annually, which makes establishing trends difficult. However, **there is no evidence that BME staff are more likely to enter the disciplinary process.**

Internal Benchmarking:

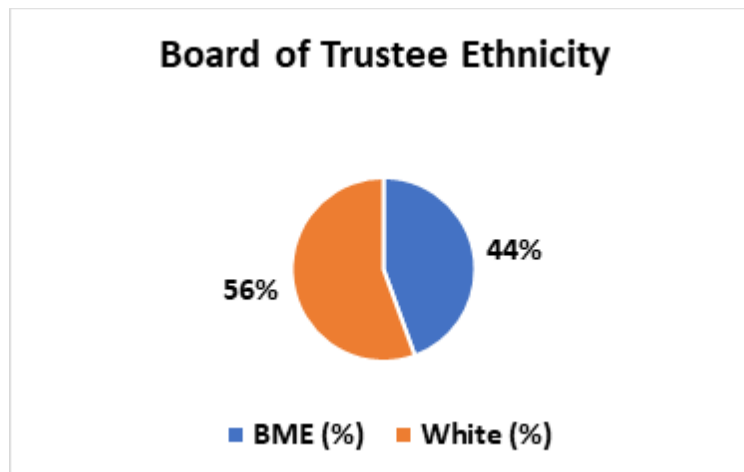
One member of staff (white) went through two formal disciplinary processes in 2022-2023. ⁴

External Benchmarking:

In comparison, NELFT reported that the likelihood of BME staff entering the formal disciplinary process is 2 times more likely compared to White staff, and ELFT reported a likelihood of 2.91 (indicating that their formal disciplinary processes are almost 3 times more likely to involve a BME member of staff).

WRES Indicator 9:

The ninth indicator is Board representation – this is the percentage difference between (1) the organisations’ Board voting membership and its overall workforce and (2) the organisations’ Board executive membership and its overall workforce.



Mind CHWF’s Board is a Board of Trustees (BoT) who have voting rights and are non-executive members. The WRES measure also includes the Chief Executive, who is not a non-executive director. Mind CHWF’s Board is composed of 9 Trustees, 4 of whom are of BME origin. Therefore, **44%** of the BoT is of BME origin, which is a significant increase from years 2019-2020 (up by 34%) and 2018-19 (23%).

As reported above, if volunteers are included, **53%** of the entire workforce is of BME origin, meaning that the BME representation percentage difference between the Board and overall workforce is +9% (53%-44%).

Internal Benchmarking:

To become a majority BME organisation by 2028, earlier WRES reports set the target of increasing both percentages (BME representation at BoT and the entire workforce) rather than the two percentages being close to equal. The overall goal is 60% BME representation by 2028.

It is worth noting here that two additional trustees have since been appointed, who are of BME origin. In the reporting period of 2023-2024, Mind CHWF has almost reached the BME representation goal at Board level (55%).

See section above outlining 2022-2023 figures for WRES indicator 1, and internal benchmarking trends.

External Benchmarking:

In the comparable period, NELFT and ELFT reported 1% and 17.5% (respectively) percentage difference between BME representation at BoT and the entire workforce. Once again, Mind CHWF aim is to increase the percentage of BME representation in both groups rather than the two percentages being close to equal.

Recommendations:

WRES Indicator 1:

- As indicated in table 2 above, for Mind CHWF to reach its targets for 2027-2028, improvement is required within the following staff groups:
 1. Senior Executive /Board of Trustees (+16)
 2. Managers (+17)
 3. Support Staff (+15)
- Identify ways to encourage more staff to confirm their ethnicity.

WRES Indicator 2:

- The results for 2022-2023 suggest that recruitment trends will support Mind CHWF goal to become a majority BME organisation by 2028.
- Engage internally appointed BME candidates in 2022-2023 to understand their recruitment experience and identify what works to improve BME representation.
- Identify ways to encourage candidates to provide their ethnicity.

WRES Indicator 9:

Continue with the following initiatives, which have been put in place and have had a positive impact over the years:

- Reviewing trustee BME representation as part of a governance review with a particular focus on BAME MH/H&SC professional *(already underway, may need additional focus on succession planning as %BME trustees will reduce in 23/24)*
- Reformatting Board meetings and working – albeit accepting that this would be a longer-term goal – towards a Board that best represents our community in diversity and with strong links with our area. *(already underway via service user board representation.)*

Overall recommendation, engage the Diversity and Inclusion Focus Group as well as the Race Equity Steering Group to gather ideas on how we could guarantee Mind CHWF meeting 2028 BME representation targets.