NHS
Great Western Hospitals
NHS Foundation Trust

Workforce Race Equality Standard Report

2020-2021

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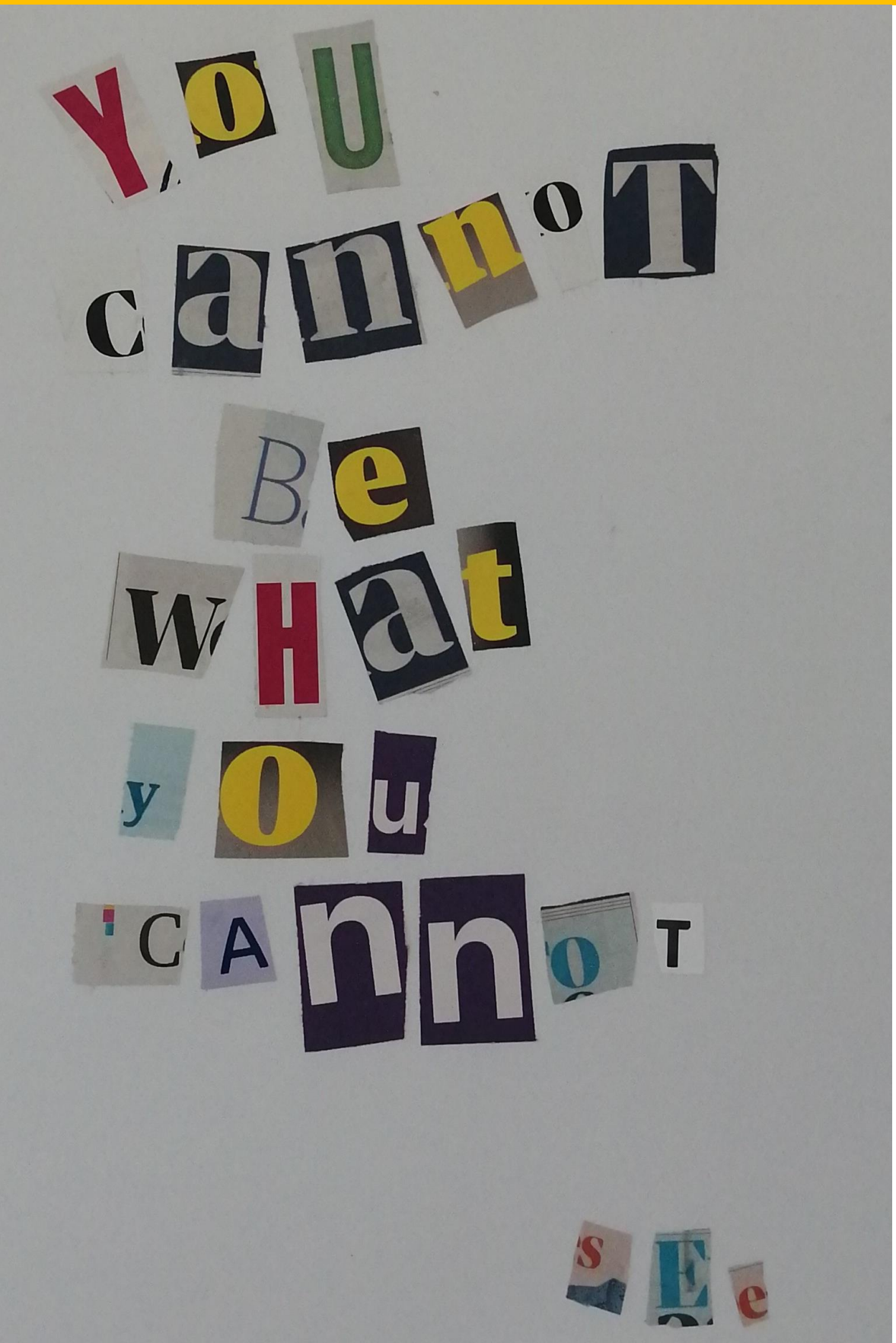


Report summary

The NHS Workforce Race Equality Standard (WRES) is an important mechanism to achieve workplace equality, and has several key functions. Firstly, to help NHS commissioners and NHS healthcare providers (including independent organisations) review their data against nine WRES equality indicators. Second, to produce action plans to close the gaps in workplace experience between White, and Black and Minority Ethnic staff (BME. See note on page 26). Third, to improve BME representation at the Board level of their organisation.

A WRES return is completed annually. It requires comparative information on workforce indicators for White and BME staff, and also compares national NHS Staff Survey data for these groups.

Our WRES Report is composed of several elements that together help us to plan and develop an approach to improve the work experiences of our BME staff. Progress is measured against the nine WRES indicators and we compare our present position with results from previous years.

“To truly succeed, we need a hunger of the mind, and that requires the knowledge of everyone around us.”

Our findings show that there are a number of areas where we are demonstrating progress, and some areas that present a more mixed picture. For example, we have either exceeded or matched our mandated BME recruitment targets to senior positions (as set out by NHS England). However, our BME staff at Bands 5 and 6, who make up the largest proportion of our BME workforce, do not progress at the same rate and in the same numbers as their White colleagues.

A clearer picture can be seen with our rates of appointment from shortlisting for White and BME staff. We are far closer to a figure of ‘parity’ (that is to say, an equal likelihood of appointment for White and BME applicants) than the national figure, and we are closer to parity in 2021 than we were in 2018. We are working closely with our local partners and developing a system-wide approach to overhauling recruitment and promotion practices.

BME staff are also less likely to enter formal disciplinary processes. Not only does this also counter the national trend, it represents an improvement on last year’s figures, which showed an increased likelihood of BME staff entering the formal disciplinary process.

Rates of bullying and harassment faced by staff (from managers, team leaders or colleagues) is an area where we need to focus attention, and we are seeking to address this through staff training, improved awareness of and access to our Trust policies, our wellbeing service, and more accurate data collection. It is difficult to gauge whether the increase is due to added pressures imposed by the Covid19 pandemic, and/or greater staff confidence in raising issues.

Patrick Ismond
Lead for Equality, Diversity and Inclusion

You Cannot Be What Cannot See

Over the years, there has been a strong business and moral case for greater diversity at senior levels of organisations. We know, for example, that a wide range of perspectives, not merely token representation, is critical to effective governance; that diversity is essential to navigate the complex and dynamic issues that organisations now face; and that organisations become greater advocates for diversity when they get this right, since they have more direct beneficial experiences with it.

Perhaps what is less heralded is the degree to which just ‘seeing’ difference can raise our aspirations about the possible. The quote on page 3 of this report has been repeated numerous times, and refers to visual representation as a driver for change. I first heard it as a teacher in a Community Education college in Leeds, in 1991. My students spoke about why it was so important to see before they felt they could do, particularly with regards to leadership positions. They spoke passionately about how this directly affected their aspirations, in a more profound way than being presented with statistics and data.

Patrick Ismond
Lead for Equality, Diversity and Inclusion

What is the WRES?

The Workforce Race Equality Standard (WRES) was launched and mandated for all NHS Trusts in 2015/16, with the first report published in June 2016. It was introduced to ensure employees from Black and Minority Ethnic (BME. See also note, page 26) backgrounds have equal access to career opportunities, and receive fair treatment in the workplace.

There are nine WRES indicators, including four relating to the workplace covering recruitment, promotion, career progression and staff development, as well as one which specifically measures BME representation at Board level. The remaining four indicators cover harassment, bullying or abuse from managers, colleagues, patients, relatives or the public.

The aim is for results to be published annually in order to support organisations, particularly those with lower scores, to continuously improve standards. Trusts can compare their performance with others in the same region or providing similar services.

This workforce data is reporting against the period from 1 April 2020 to 31March 2021.

Note: The definitions of BME (Black and Minority Ethnic) and White as used in the WRES have followed the national reporting requirements of ethnic categories in the NHS data model and dictionary and are used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity. WRES definitions, in line with the categories taken from the 2001 Census, are as follows:

White	BME	Not known
A - White - British	D - Mixed White and black Caribbean	Z - not stated
B - White - Irish	E - Mixed White and black African	NULL
C - Any other White background	F - Mixed White and Asian	Unknown
	G - Any other mixed background	
	H - Asian or Asian British - Indian	
	J - Asian or Asian British - Pakistani	
	K - Asian or Asian British - Bangladeshi	
	L - Any other Asian background	
	M - Black or black British - Caribbean	
	N - Black or black British - African	
	P - Any other black background	
	R - Chinese	
	S - Any other ethnic group	

Note: Please see Appendix 1 for the WRES reporting metrics.

Our WRES Report for 2021 contains a number of elements:

- Key Findings from our 2020/21 data, and comparisons with the National NHS WRES report 2020;
- Comparison with findings from previous GWH NHS FT WRES reports;
- The GWH Model Employer – 10 year plan;
- The NHS Employers Disparity Ratios;
- Recommendations for future action.

What is the WRES?

WRES data sources include:
- The Electronic Staff Record (ESR);
- TRAC recruitment system;
- Annual Staff Survey (Autumn 2020).

To evaluate our position and see what action we need to take, we have compared our data this year with the national WRES results, and have also compared our current position with our previous position in 2019.

Where possible, we have compared our position with that of local partners in the Bath, Swindon and Wiltshire Integrated Care System (BSW ICS). Datasets extracted from the South West Workforce Planning and Intelligence Systems Information Pack were used to create a quarterly report for the BSW/South West Region, and any compatible metrics have been taken from the report released in December 2020.

Overall Picture

The total number of staff as at 31 March 2021 is shown below, and compared with previous years.

	2018/19	2019/20	2020/21
Total Number of Staff (Headcount)	4755	5211	5462

The following table and graph show the changing proportions of staff, by ethnicity, from 2018/19, to 2020/21 (31 March).

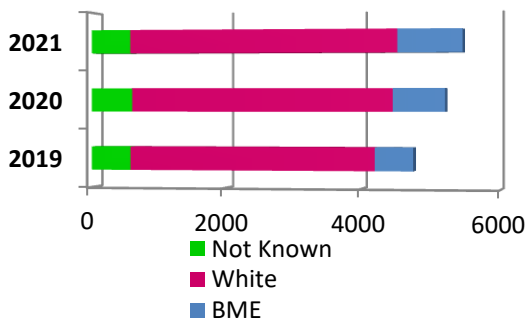
	2018/19		2019/20		2020/21	
	Headcount	% of Staff	Headcount	% of Staff	Headcount	% of Staff
White	3613	76.0%	3846	73.8%	3943	72.2%
BME	556	11.7%	753	14.5%	938	17.2%
Not Known	586	12.3%	612	11.7%	581	10.6%
Total Number of Staff	4755	100.0%	5211	100.0%	5462	100.0%

+707

From 2019 to 2021, our overall workforce has increased by **14.87%**.

Over that same period, our BME workforce increased by **68.87%**

+382



BME Working Population

BSW ICS Average	GWH NHS FT
4.6%	17.2%

According to datasets extracted from the BSW ICS, GWH NHS FT has a greater proportion of BME employees in its overall workforce, at 17.2%, as shown in the table opposite.

What is the WRES?

The following table compares our current data on ethnicity with that of previous years.

	2018/19		2019/20		2020/21	
	Headcount	% of Staff	Headcount	% of Staff	Headcount	% of Staff
Ethnicity Declared	4169	87.7%	4599	88.3%	4881	89.4%
Ethnicity Not Declared	586	12.3%	612	11.7%	581	10.6%
Total Number of Staff	4755	100.0%	5211	100.0%	5462	100.0%

What we know

We need to improve the way we collect data on personal protected characteristics such as ethnic background, sexuality and disability.

What action we will take

Improve the self-reporting of ethnicity and other personal protected characteristics. Please see Appendix 3a for further information.

The Annual Staff Survey – Trust Completion

+13%

- Since 2019, the increased percentage of staff who completed the Annual NHS Staff Survey in 2020;
- It was completed by **660** Great Western Hospital NHS FT staff in 2020;
- We achieved an **overall response rate** of **53.4%** from all eligible respondents;
- **81** BME staff completed the survey in 2020.

What is the WRES?

The National Picture – Key Findings from the NHS 2020 WRES report

The NHS 2020 WRES report was published in February 2021, and refers to data from 2019-2020. Its key findings are reproduced below.

+2.9%

21.0% (273,359) of staff working in NHS trusts and clinical commissioning groups (CCGs) in England were from a black and minority ethnic (BME) background. This is a 2.9% increase from 2017. There were 56,715 more BME staff and 37,602 more White staff in 2020 compared to 2017.

+30.3%

of BME staff, and 27.9% of White staff, reported experiencing harassment, bullying or abuse from patients, relatives or the public. This is an increase for both groups.

In 2016 the corresponding figures were 28.4% for BME staff and 27.5% for White staff.

+41.7%

The percentage increase in the total number of BME staff at very senior manager (VSM) level. From 108 staff in 2017, to 153 in 2020.

0

No improvement for BME and White staff regarding perceptions of discrimination, bullying, harassment and abuse; and on beliefs regarding equal opportunities in the workplace.

x1.61

The rate at which White applicants were more likely to be appointed from shortlisting compared to BME applicants. This is worse than in 2019 (1.46) which itself showed no improvement on the previous year.

There has been year on year fluctuation but no overall improvement over the past five years. It was 1.60 in 2017.

+1.6%

The percentage increase in BME board members in NHS trusts. This is an improvement from 8.4% in 2019.

In 2017, 7.0% of board members were from a BME background.

x1.16

The rate at which BME staff were more likely than White staff to enter the formal disciplinary process.

This is an improvement on 2019 (1.22) and a significant improvement from 2017 when the rate was 1.37.

+22.2%

The number of BME board members in trusts increased by 61 (22.2%) between 2019 and 2020

What is the WRES?

The national results demonstrate positive change in a range of areas including an overall increase of BME staff across the NHS compared with the previous year; an increase in BME representation at very senior management (VSM) and executive board level; and an increase in BME nurses, midwives and health visitors at Bands 6 and above.

While these increases are welcome, there is still work to be done. The national report also showed an increase in discrimination against BME staff, and a much lower percentage of BME staff who believe their organisation provides equal opportunities for promotion.

The full report can be found at:
Workforce-Race-Equality-Standard-2020-report.pdf (england.nhs.uk)

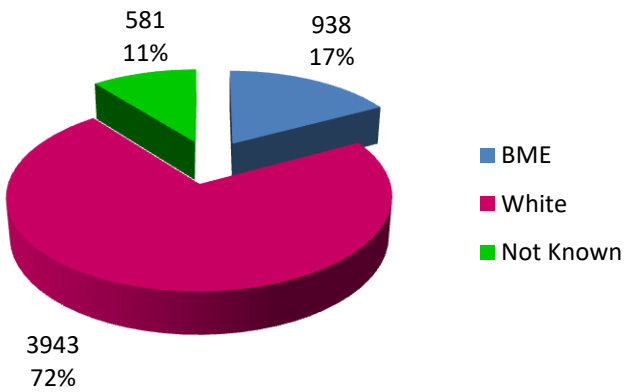
Indicator 1
BME Workforce as at 31 March 2021

This indicator looks at the percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM.

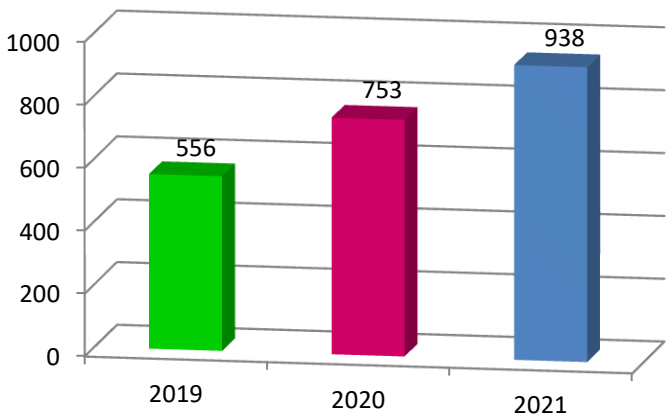
When compared with our results from 2019, our Trust has in general, made improvements. Scores are either shown as percentages or as a decimal number (see Indicators 2,3 and 4 below).

+5.5% (382) **The percentage (and numerical) increase in BME Trust staff since 2019**

- As at 31 March 2021, 17.2% (938) of staff working for The Great Western Hospitals NHS Foundation Trust were from a Black and Minority Ethnic (BME) background.
- There was a 9.1% (330) increase in White staff in the corresponding period.



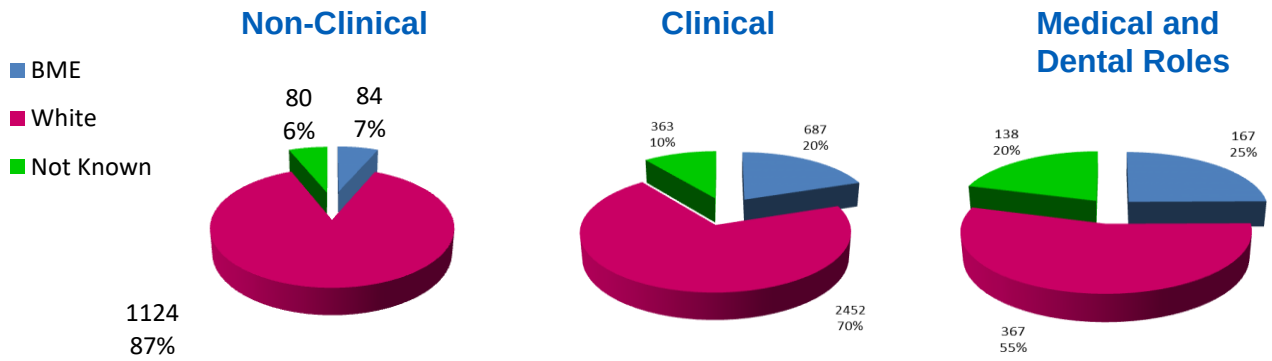
There has been a steady increase in the number of people from BME backgrounds employed by the Trust, as can be seen in the graph below. This increase has been boosted by the recruitment of international nurses.



Indicator 1
BME Workforce as at 31 March 2021

Clinical and Non-clinical Roles

The following pie charts show the percentage of BME staff in clinical and non-clinical roles compared with White staff. 4,174 (76.4%) of our staff are clinical, compared to 1,288 (23.6%) non-clinical.



A large proportion of our BME workforce are…

Band 5 Clinical Staff

Our 300 BME Band 5 clinical staff represent **32.8%** of the total number of Band 5 Clinical staff **(914).**

What we know

The 2020 WRES report identified that BME staff in Bands 5 and 6 do not progress at the same rate and in the same numbers as their White colleagues in their respective organisations.

What action we will take

Identify the issues affecting career progression for BME staff at Bands 5,6. Please see the action plan in Appendix 3a for further information.

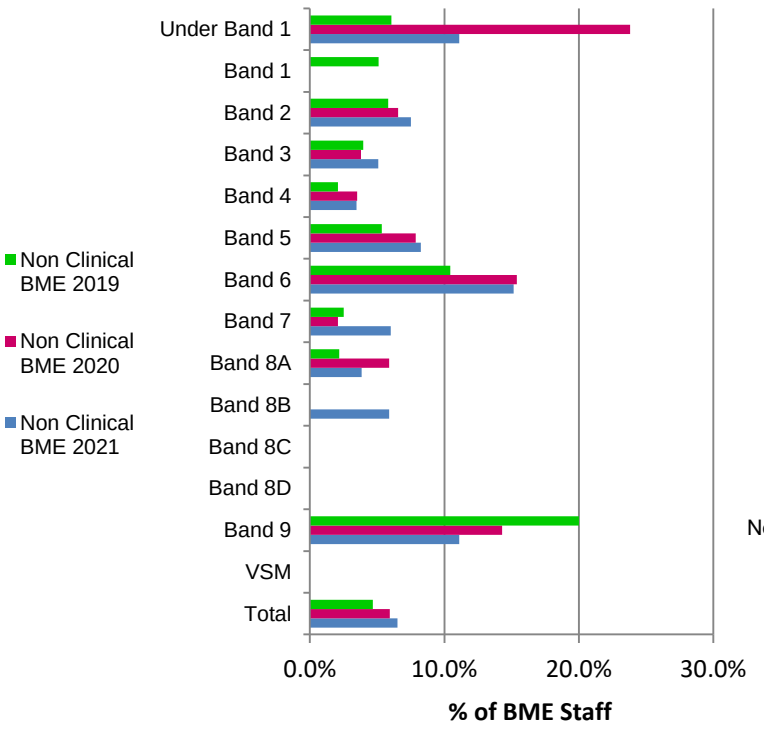
Indicator 1
BME Workforce as at 31 March 2021

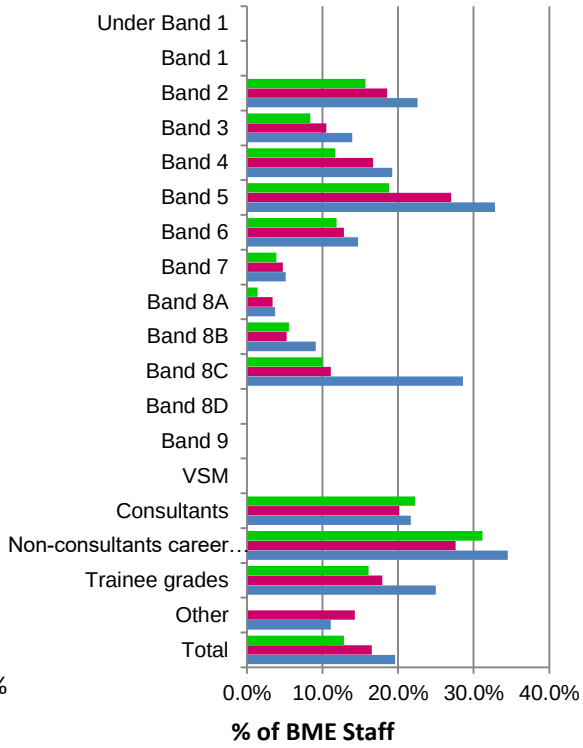
A breakdown of the workforce by pay band and ethnicity – clinical and non-clinical roles:

	Non Clinical						Clinical, Medical and Dental					
2021	**WHITE**	**BME**	**Not Known**	**Total**	**White %**	**BME %**	**WHITE**	**BME**	**Not Known**	**Total**	**White %**	**BME %**
Under Band 1	15	2	1	18	83.3	11.1	7	0	0	7	100.0	0.0
Band 1	1	0	0	1	100.0	0.0	2	0	0	2	100.0	0.0
Band 2	391	34	28	453	86.3	7.5	430	141	54	625	68.8	22.6
Band 3	310	18	26	354	87.6	5.1	234	41	19	294	79.6	13.9
Band 4	126	5	13	144	87.5	3.5	176	54	51	281	62.6	19.2
Band 5	86	8	3	97	88.7	8.2	481	300	133	914	52.6	32.8
Band 6	52	10	4	66	78.8	15.2	646	123	67	836	77.3	14.7
Band 7	46	3	1	50	92.0	6.0	343	20	27	390	87.9	5.1
Band 8A	48	2	2	52	92.3	3.8	93	4	10	107	86.9	3.7
Band 8B	15	1	1	17	88.2	5.9	19	2	1	22	86.4	9.1
Band 8C	18	0	0	18	100.0	0.0	4	2	1	7	57.1	28.6
Band 8D	4	0	0	4	100.0	0.0	7	0	0	7	100.0	0.0
Band 9	8	1	0	9	88.9	11.1	1	0	0	1	100.0	0.0
VSM	4	0	1	5	80.0	0.0	9	0	0	9	100.0	0.0
Consultants							145	51	39	235	61.7	21.7
Non-consultants career grade							45	29	10	84	53.6	34.5
Trainee grades							171	86	87	344	49.7	25.0
Other							6	1	2	9	66.7	11.1
Total	**1124**	**84**	**80**	**1288**	**87.3%**	**6.5%**	**2452**	**687**	**363**	**3502**	**70.0%**	**19.6%**

Indicator 1
BME Workforce as at 31 March 2021

The following graphs show the changing proportions of BME staff in movement between pay bands over the last 3 years, for clinical and non-clinical staff.



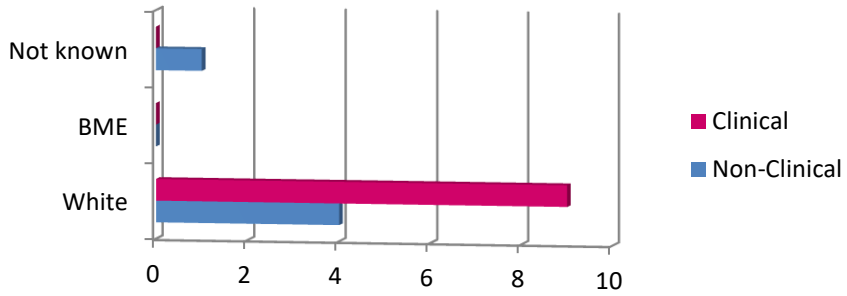


When we compare our findings in 2019 to our findings in 2021…

- The highest percentage change in BME non-clinical staff numbers occurred at Band 7, and for staff under Band 1.
- There is a percentage drop for BME non-clinical staff at Band 9 level. This appears more marked, given the small numbers of BME staff at that level.
- As confirmed earlier, the greatest movement for BME clinical staff is into Band 5.
- There are noticeable increases in trainee grade and Band 8c BME clinical staff.

Indicators 1, 9
BME Staff in Senior Management Positions

0 The number of BME staff at Very Senior Manager (VSM) Level in 2021



	Overall Workforce		Executive Board Voting Membership		% Difference
	No. in Workforce	% in Workforce	No. on Board	% on Board	
BME	938	17.2%	0	0.0%	-17.2%
White	3943	72.2%	5	100.0%	27.8%
Not Known	581	10.6%	0	0.0%	-10.6%
Total	5462	100.0%	5	100.0%	

Aim

To have one BME member of staff at this level by 2024. (**Note: this position has changed for 2021/22, and the change will be reflected in our next report**).

The WRES 'Model Employer' Leadership Strategy

In 2019 NHS England produced a plan for each Trust across the country, titled the **WRES 'Model Employer' leadership strategy**. The plan sets out an example of a commitment to meet the aspiration to improve BME representation across the workforce and at leadership positions in the NHS, as set out in the **NHS Long Term Plan**.

Each Trust received a **bespoke plan** setting out the suggested goal setting trajectory for Bands 8a to VSM BME recruiting. The following table contains the suggested trajectory based on Great Western Hospitals NHS

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8A	3	4	5	6	8	9	11	11	12	13	14
Band 8B	1	1	2	2	2	2	3	3	3	4	4
Band 8C	1	1	1	2	2	2	2	2	2	2	2
Band 8D	0	0	0	0	0	1	1	1	1	1	1
Band 9	1	1	1	1	1	1	1	1	1	1	1
VSM	0	0	0	0	0	0	1	1	1	1	1

Indicators 1, 9
BME Staff in Senior Management Positions

The table below shows that Great Western Hospitals NHS Foundation Trust has either **matched or exceeded the ambitions set for staff at the six levels.**

	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2021 Ambition	Gap
Band 8A	3	2	6	6	**6**	0
Band 8B	1	1	1	3	**2**	+1
Band 8C	1	1	1	2	**2**	0
Band 8D	0	0	0	0	**0**	0
Band 9	1	1	1	1	**1**	0
VSM	0	0	0	0	**0**	0

Updated guidelines were received in May 2021 in relation to the Model Employer goals. These not only altered the approach but bought forward the timescale and expanded the scope to include Bands 6 and 7. The target does not include Medical & Dental staff, where the proportions are generally already above our target.

2021	Total Staff	BME Staff (Actual)	BME Target 16% by 2025	Gap	% (Actual)
Band 6	902	133	**144**	-11	15%
Band 7	440	23	**70**	-47	5%
Band 8a	159	6	**25**	-19	4%
Band 8B	39	3	**6**	-3	8%
Band 8C	25	2	**4**	-2	8%
Band 8D	11	0	**2**	-2	0%
Band 9	10	1	**2**	-1	10%
VSM	14	0	**2**	-2	0%
Total	1600	168	**256**	-88	11%

Indicators 1, 9
BME Staff in Senior Management Positions

The 'Race Disparity Ratio'

The 'Disparity Ratio' has been developed as a metric by the national WRES team to help set trajectories and monitor them. It is the difference in proportion of BME staff at various AfC bands in a Trust compared to proportion of White staff at those bands. It is presented at three tiers:

- Bands 5 and below ('lower');
- Bands 6 and 7 ('middle')
- Bands 8a and above ('upper')

The **Progression Ratio** is the probability of White staff versus BME staff being promoted through the lower, middle and higher bands. The data submitted by organisations as part of the WRES 2020 survey has been used to calculate the disparity ratio, and is based on a 16% return of BME staff.

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	2,259	603	328
6 and 7	1,087	156	99
Band 8a+	230	12	16
Grand Total	**3,576**	**771**	**443**

	White	BME	
Lower to middle	**2.08**	**3.87**	
Middle to upper	**4.73**	**13.00**	
Lower to upper	**9.82**	**50.25**	← **Progression Ratios**

Disparity ratio - lower to middle	**1.86**	
Disparity ratio - middle to upper	**2.75**	
Disparity ratio - lower to upper	**5.12**	← **Disparity Ratio**

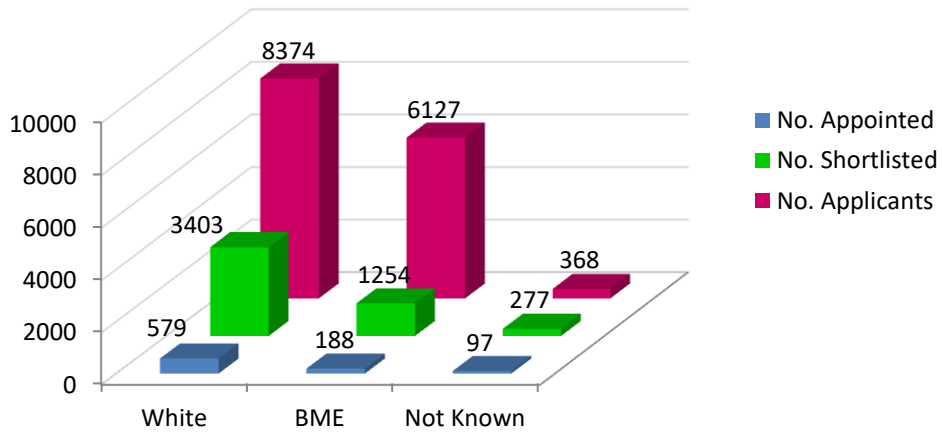
Our **disparity ratio is 5.12**. This means that White staff are 5.12 times more likely to progress from lower to the upper employment bands as BME staff.

Indicator 2
BME Appointments from Shortlisting

The rate at which White applicants were more likely to be appointed than BME applicants…

x 1.59	Our Trust in 2019
x 1.13	Our Trust in 2021

- During 2020/21, a total of 6127 BME people applied for jobs at GWH;
- 1284 were shortlisted and interviewed, and 188 were appointed;
- If BME staff were equally as likely to be appointed from shortlisting as White candidates, then the above figure for White staff would be 1.
- In 2021, this ratio was closer to 'one' than it was in 2020. We are therefore showing an IMPROVEMENT in our position.



Great Western Hospitals NHS FT is in a more equitable position compared to the national picture.

- When we look at the national picture, we find that White applicants are 1.61 times more likely to be appointed than BME applicants.
- The issue of inclusive recruitment is in the process of being reviewed nationally and locally to redress the balance.
- There is a commitment within the NHS People Plan to overhaul the recruitment and promotion processes.
- A six point action plan has been developed and is subject to consultation, which is aimed at system wide improvement in this area.
- Over the coming months, Great Western Hospitals NHS Foundation Trust will be working on the plan with partner organisations across the BSW ICS.

What action we are taking

Continue work at wider system level to redress issues with recruitment. See Appendix 3b.

Indicator 3
BME Staff entering the formal disciplinary process

The rate at which BME staff were likely to enter the formal disciplinary process, compared with their White colleagues…

x 0.72	Our Trust in 2021
x 1.16	The National Picture in 2020*

*** At the time this report was written, the latest national results were for 2020**

Notes:

- A disciplinary process is a formal way for an employer to deal with an employee's 'unacceptable or improper behaviour' ('misconduct'); and/or performance ('capability').
- Before starting a disciplinary process, it is recommended that an employer first see whether the problem can be resolved in an informal way. This can often be the quickest and easiest solution.

- Our Trust figure is 0.72 for BME staff, which shows that BME staff were less likely than White staff to enter the formal disciplinary process.
- If BME staff were equally as likely to enter the formal disciplinary process as White staff, then the figure for BME staff would be 1.
- This is a positive move for BME staff, because last year's figures showed an increase in the likelihood of BME staff entering the formal disciplinary process.
- We have bettered the national picture which, as can be seen above, shows that BME staff are more likely than White staff to enter the formal disciplinary process.

Indicator 4
BME Staff accessing Non-Mandatory/CPD training

The rate at which White staff are likely to access non-mandatory/CPD training, compared with their BME colleagues.

x 0.92	Our Trust in 2021
x 1.16	The National Picture in 2020

- White staff are less likely to access non-mandatory/CPD training than BME staff.
- This is a stable position, with similar ratios being seen in previous years.
- If White staff were equally as likely to access training as BME staff, then the figure for BME staff would be 1.

Note on indicators 2,3,4: A score of one, or 'parity', means that the measure affects both BME and White staff equally.

Indicators 5, 6
BME Staff experiencing harassment, bullying or abuse

22.5%

The percentage of BME staff who reported experiencing harassment, bullying or abuse from patients, relatives or the public.

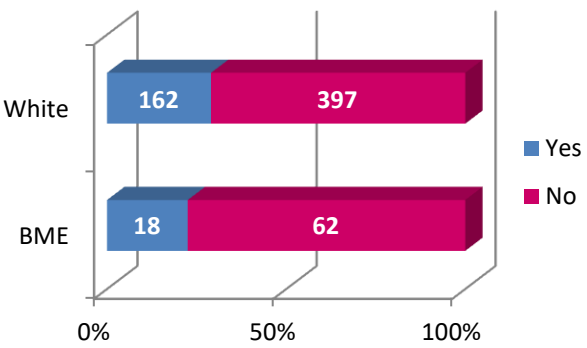
- This is a similar finding for BME staff, when compared to data from both 2018/19 and 2019/20.
- **29%** of White staff also reported experiencing harassment, bullying or abuse from patients, relatives or the public.
- GWH figures are lower when compared to the national average across the benchmark group, which record figures of 28.0% for BME staff and 25.4% for White staff in 2020.

21.0%

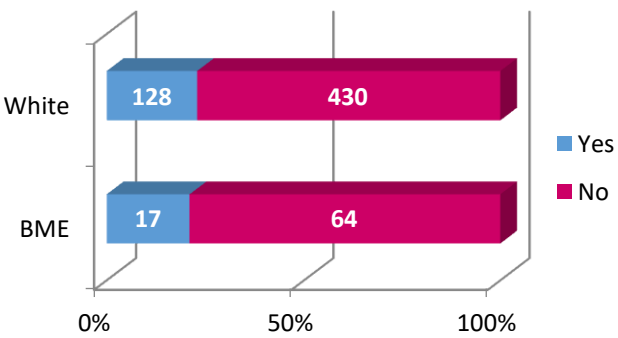
The percentage of BME staff who reported experiencing harassment, bullying or abuse from other members of staff.

- This is a decrease for BME staff looking back at both 2018/19 and 2019/20.
- GWH figures are also lower when compared to the national average across the benchmark group – 29.1% of BME staff and 24.4% of White staff in 2020.
- **22.9%** of White staff also reported experiencing harassment, bullying or abuse from other members of staff.

BME and White staff who reported experiencing harassment, bullying or abuse from patients, relatives or the public.



BME and White staff who reported experiencing harassment, bullying or abuse from other members of staff.



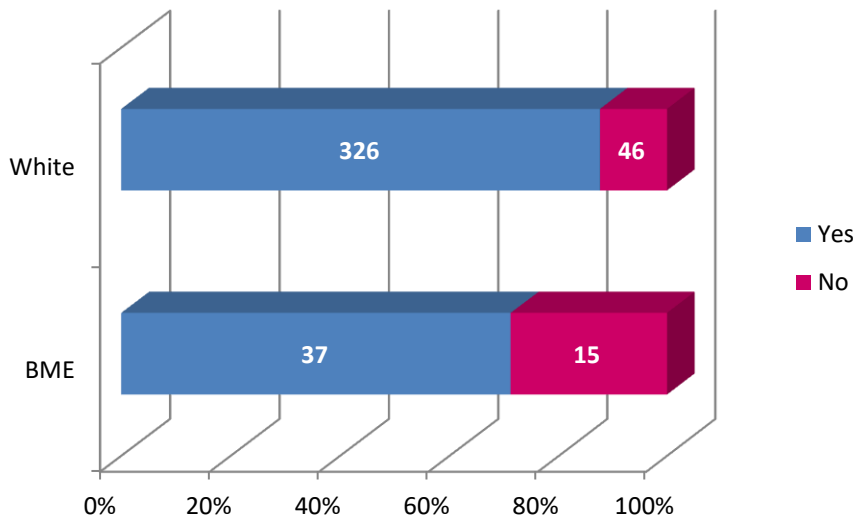
Indicator 7

BME Staff believing the Trust provides equal opportunities for career progression or promotion

The percentage of BME staff who believe Great Western Hospitals NHS FT provides equal opportunities for career progression or promotion.	**71.2%**
National WRES findings for the percentage of BME staff who believe their organisation provides equal opportunities for career progression or promotion.	**72%**

- This is a similar finding to the previous year for both BME and White staff groups in our Trust, and an increase from 2019.
- This is a similar picture for BME and White staff nationally. The national figures are 72.5% of BME staff and 87.7% of White staff (82.7% for White staff at our Trust).

BME and White staff who believe that Great Western Hospitals NHS FT provides equal opportunities for career progression or promotion.



Indicator 8
BME Staff experiencing harassment bullying or abuse

The percentage of BME staff who reported experiencing discrimination from managers, team leaders or colleagues.	16.0%

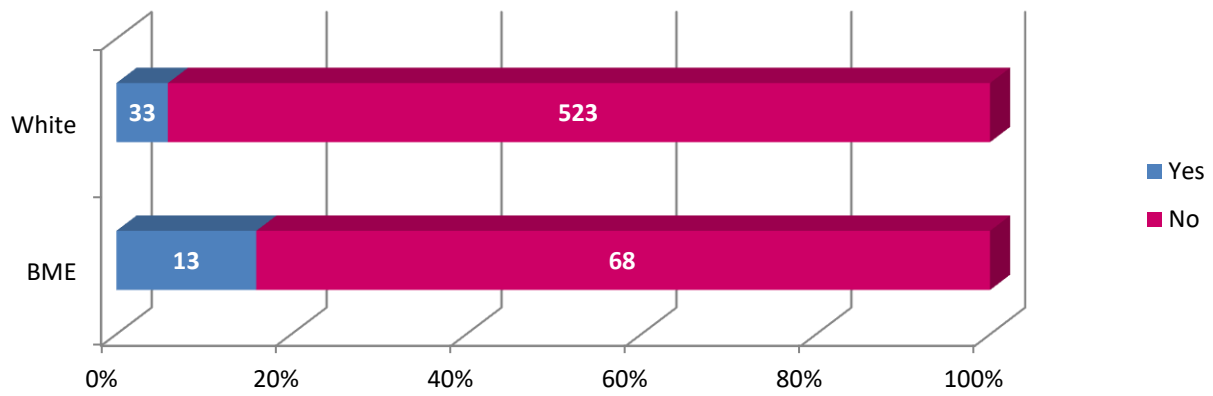
We note that:

- There has been an increase in the number of BME staff experiencing discrimination when compared with the 2019/20 figures. In 2019/20, 8.8% of BME staff reported experiencing discrimination. In the corresponding period, the figure for White staff rose from 3.4% to 5.9%.

However:

- Our Trust figures are slightly better than the national average. Across the benchmark group, 16.8% of BME staff and 6.1% of White staff reported experiencing discrimination from managers, team leaders or colleagues in 2020

BME and White staff who reported experiencing discrimination from managers, team leaders or colleagues.



What we know

Although our figures are marginally better the national averages, this is still a concern across all staff groups.

What action we are taking

We operate a zero tolerance policy to all forms of discrimination, and are seeking to make that more visible (through clear reporting channels, management training and coaching, and promoting our Freedom to Speak Up and Wellbeing services, for example) ; as well as providing clear routes to reporting.

Summary of the WRES Indicator Scores

Below is a summary of the WRES indicator scores for our Trust over the last three years, shown as either a percentage or as an indicator (with an indicator score of one, or 'parity', being the overall aim). Comparisons are between figures from 2020 and 2021, to rate our 'direction of travel', with an assessment of positive or negative referring to the indicator's impact on BME staff.

	WRES Indicator	2019 (benchmark year)	2020	2021	Impact on BME Staff/ Direction of Travel	
1	Increased representation across **some** staff grades and bands	11.7 %	14.5 %	17.2 %	Up +ve	⇧
2	Likelihood of White staff being appointed from shortlisting	x 1.59	x 1.27	x 1.13	Up +ve	⇧
3	Likelihood of BME staff entering disciplinary process	x 0.57	x 0.83	x0.72	Down +ve	⇩
4	Likelihood of BME staff accessing non-mandatory training and CPD	x 0.97	x 0.91	x 0.92	Similar	⇔
5	Percentage of staff experiencing harassment bullying or abuse from patients	22.8% BME 26.5% White	22.8% BME 29.6% White	22.5% BME 29.0% White	Similar	⇔
6	Percentage of staff experiencing harassment bullying or abuse from other staff	29.6% BME 24.5% White	22.8% BME 21.6% White	21.0% BME 22.9% White	Down +ve	⇩
7	Percentage believing Trust provides equal opportunities for career progression or promotion	67.9% BME 82.7% White	72.5% BME 87.5% White	71.2% BME 87.6% White	Similar	⇔
8	Percentage experiencing discrimination from manager/ team leader or colleagues	9.3% BME 5.6% White	8.8% BME 3.4% White	16.0% BME 5.9% White	Up -ve	⇧
9	Percentage difference/change between Board membership (BME) and overall workforce percentage (BME)	0%	0%	0%	Similar	⇔

Key

Improvement for BME staff | Similar findings | Deterioration for BME staff

Summary of Key Findings

Key areas of progress from our 2021 WRES report are:

- A 5.5% (382) overall increase in BME staff numbers since 2019;
- The greatest movement for BME clinical staff is into Band 5 (from 18.8% to 32.8% of clinical staff);
- Noticeable increases in the proportions of trainee grade (from 16.1% to 25%) and Band 8c (from 10% to 28.6%) BME clinical staff.
- White applicants are more likely to be appointed to job roles from shortlisting than BME applicants, but the ratio is closer to parity now than in 2020.
- BME staff were less likely than White staff to enter the formal disciplinary process. This bucks the national trend, and is an improvement on our own position from 2019.

There are areas where our progress is less marked. Namely:

- There are no BME staff at VSM level in the Trust in 2021 (but see note on page 15) .
- Harassment, bullying or abuse from managers or colleagues towards BME staff has risen from 8.8% to 16.0%.
- Harassment, bullying and abuse from patients, relatives or the public remained the same (around 25%); and equal opportunities for career progression and promotion remained the same.
- The Disparity Ratio has been developed as a metric by the national WRES team to help set trajectories and monitor them. It is the difference in proportion of BME staff at various AfC bands in a Trust compared to proportion of White staff at those bands. Our disparity ratio is 5.12. This means that white staff are 5.12 times more likely to progress from lower to the upper employment bands as BME staff.
- The national WRES findings indicate that BME Band 5 clinical staff struggle to attain promotions to higher grades and bands.
- There is a percentage drop for BME non-clinical staff at Band 9 level (from 20% to 11%). This appears more marked, given the small numbers of BME staff at that level.

What action we are taking

To improve the work experience for our BME staff, we will continue to engage with EDI Leads and Staff Networks across the BSW Integrated Care System, to share best practice and resources.

Summary of Key Findings

Our Action Plans

Following the results of the Trust WRES, our action plans have been developed and updated (see Appendices 3a and 3b). Principally, our focus is to address the reporting of personal protected characteristics; and support our BME colleagues to ensure they have an equal opportunity to recruitment and progression within the workforce.

Alongside the above action plans, we will:

- Develop and publish progress against the Model Employer goals in line with the NHS People Plan, to ensure that at every level the workforce is representative of the overall workforce;
- Work to reduce levels of harassment, bullying or abuse from manager or colleagues
- Work to reduce levels of discrimination at work by manager/team leader or colleague
- Work to reduce levels of harassment, bullying and abuse from patients, relatives or the public
- Continue our work as part of the BSW ICS, and our commitment to delivering the People Plan. We will work with our regional partners to develop a joined-up approach to EDI for the future.

A Note on the Use of Acronyms

Although the acronym BME is used throughout this report (for reasons of national consistency), our staff network has continued to use the acronym BAME (Black, Asian and Minority Ethnic). This is because the network recognises the changing, cyclical nature of language in the area; that one label will not encompass the entirety of experiences and identities in a way that we all agree; and that the most important consideration is to disaggregate data within the label, to get an accurate picture of health inequalities, and staff progression. It is important to then use the monitoring data to understand where the gaps are, and develop strategies and action plans to close them.

Appendix 1

Workforce Race Equality Standard Indicators

For each of these four workforce Indicators, compare the data for White and BME staff.

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 are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.

2. **Relative likelihood of staff being appointed from shortlisting across all posts**

Note: This refers to both external and internal posts

3. **Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**

Note: This indicator will be based on data from a two year rolling average of the current year and the previous year. For consistency, organisations should use the same methodology as the have always used.

4. **Relative likelihood of staff accessing non-mandatory training and CPD**

Appendix 1

National NHS Staff Survey indicators (or equivalent)

For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.

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

6. **Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

7. **Percentage believing that trust provides equal opportunities for career progression or promotion**

8. **In the last 12 months have you personally experienced discrimination at work from any of the following?**
    - Manager/team leader
    - other colleagues

Board representation indicator

For this indicator, compare the difference for White and BME staff.

9. **Percentage difference between the organisations' Board membership and its overall workforce disaggregated:**

    - By voting membership of the Board
    - By executive membership of the Board

Note: This is an amended version of the previous definition of Indicator 9

Appendix 2

NHS WRES Model Employer Goals

NHS

To: NHS Trust - HRD's
Sent via Email Communication

CC: Regional EDI leads

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

Contact Email: england.wres@nhs.net

24th May 2021

Dear Colleague,

RE: Workforce Race Equality Standard (WRES) Model Employer Goals

We have recently received several queries in relation to WRES related model employer goals for NHS local trusts and felt it would be beneficial to write to you directly and provide some advice and guidance for your organisation.

1. Local NHS trusts/ organisations will develop their own annual Model Employer trajectories with strategies and action plans. Each individual organisation will understand their own workforce and plans for service development.
2. It would be preferable to undertake this target setting at ICS level and not just individual organisations.
3. The national WRES team are happy to provide advice and guidance on your action plan upon request, the turnaround time for this would be 3 working days. This is not a mandatory requirement; this support is available should you find this of value.
4. The intention of the Model Employer target is to reflect representation of ethnic minority staff at equal proportions in all AfC pay scales by 2025.
   a. This means that in organisations with more than 19% ethnic minority workforce overall, there should be at least 19% representation in bands 6 and above.
   b. For organisations with lower than 19% ethnic minority workforce, the target for their representation in bands 6 and above should reflect the proportion who are in the workforce (*for example: if an organisation has an overall ethnic minority workforce of 8%, the target for bands 6 and above should be at least 8%).*
   c. The 19% - or equivalent in low ethnic minority workforces – is a minimum. Organisations with a larger ethnic minority workforce should be aiming to match their representation at higher bands to their overall workforce representation.
5. Your plan may require different strategies for different bands (e.g. *focussing on recruitment, or promotion, or staff development etc).*

Appendix 2

6. There is an ongoing pilot of inclusive recruitment and promotion which may inform best practice in this area. Outputs of this will be rapidly disseminated and may help trusts with their action plans.
7. The 'disparity ratio' has been developed as a metric by the national WRES team to help set trajectories and monitor them. Supporting documentation is included as Annex A, and the WRES team can provide additional input if you require.

If you have any additional queries or concerns in relation to the information provided above please contact us directly via england.wres@nhs.net and a member of the team will contact you.

Yours sincerely,

Anton Emmanuel
Head of WRES

NHS England and Improvement

Appendix 3a

Trust Action Plan

Key action	Steps to achieve action	Status/ due by	Desired outcomes
Improve data collection on personal protected characteristics.	Regular communication through internal media about the importance and significance of data reporting. EDI Lead to work with Head of Quality to ensure that a standard set of equality data is recorded across all directorates in the Trust.	Ongoing/ Dec-21	Improve services and improve issues of EDI for staff.
Ensure that BME staff at Bands 5,6 progress at the same rate as their White colleagues	Promote reciprocal mentoring program to BME Network; Identify issues through confidential questionnaire to Trust staff at Bands 5, 6; Conduct focus groups to discuss. Report findings to Board; Link findings to NHS Staff Survey; Review recruitment and promotion processes to ensure equality of access and opportunity.	Completed Ongoing/ Oct-21 Ongoing Planned Planned Ongoing (below)	An increase in BME staff numbers at Band 7 and above.

Appendix 3b

Trust and BSW ICS Action Plan

	Key action	Steps to achieve action	Status/ due by	Desired outcomes
1.	**Ensure Executive and Very Senior Managers (ES&VM) own the agenda, as part of culture changes in organisations, with improvements in Black Asian and Minority Ethnic representation (and other under-represented groups) as part of objectives and appraisal by:** **a) Setting specific KPIs and targets linked to recruitment.** **b) KPIs and targets must be time limited, specific and linked to incentives for which ES&VMs are accountable**	Executive Lead appointed to EDI Agenda To ensure an inclusive and responsive approach based on staff feedback through new starter survey. Increase diversity of applications from under-represented groups. Monitor and report our EDI data from candidate application to appointment. Staff Networks (LGBQT, DAN, BME)	Completed On-going On-going Completed	Increasing engagement with local communities and through the Trust Staff Networks
		BSW (system wide themes/ actions) System wide oversight of KPIs and progress to identify and share areas of best progress via OPDG dashboard presented quarterly	31 March 2022	
2.	**Introduce a system of constructive and critical challenge to ensure fairness during interviews.** **This system includes requirements for diverse Interview panels, and the presence of an equality representative who has authority to stop the selection process before offer is made, if it is deemed unfair and complements the need for accountability**	Adopting diverse interview panels for Exec and VSM OR across the Trust where possible Explore the inclusion of patients on focus groups. Recruiting managers to undertake 'License to Recruit' mandatory training which includes EDI and unconscious bias training Pilot the introduction of a 'critical friend', to observe and review consistency across interview panels (target areas based on experience feedback, ensuring different roles and banding are included).	31 December 2022 31 March 2022 31 March 2022 31 March 2022	Training to be included as role essential Monitoring of training compliance
		BSW (system wide themes/ actions) BSW programme of Unconscious Bias/ EDI awareness in recruitment training BSW programme of Train the trainer training developed for above	31 March 2023 31 March 2022	

Appendix 3b

	Key action	Steps to achieve action	Status/ due by	Desired outcomes
3.	**Organise talent panels to:** **a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff** **b) Agree positive action approaches to filling roles for under-represented groups** **c) Set transparent minimum criteria for candidate selection into talent pools**	Standardise adverts to include applicants welcomed from underrepresented groups Use CPD/Appraisals to support Divisions creating a database of individuals who are eligible for promotion. Ensure this succession planning data is captured in Divisional workforce planning Collate feedback from wider community groups to reach candidates (areas to include; where we advertise, type of advertisement, language used…)	30 June 2021 31 March 2022 31 October 2021	Monitoring of progress through relevant governance routes
		BSW (system wide themes/ actions) BSW Talent management process/ system to support EDI agenda BME/ minority group Leadership training cohort/ marketing for L7 Senior Leader Apprentice and other leadership training BSW Leadership Community of Practice to be developed and to develop strategy and plan to collaborate to include EDI Lead and EDI focus	 31 March 2022 31 Sept 2021 31 July 2021	
4.	**Enhance EDI support available to:** **a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies** **b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.**	Incorporate questions for bands 8a level roles that enable candidates to demonstrate their EDI experience, commitment and engagement Internal communications to promote the importance of completing effective Equality Impact Assessments and the governance process on monitoring EIA's.	30 Sept 2021 31 March 2022	Monitoring of progress through relevant governance routes
		BSW (system wide themes/ actions) VBR pack to include compulsory EDI questions for band 8a + roles Develop and roll out BSW System e-learning/training package for EHIAs	 All 31 March 2022	

Appendix 3b

	Key action	Steps to achieve action	Status/ due by	Desired outcomes
5.	**Overhaul interview processes to incorporate:** **a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.** **b) Ensure adoption of values based shortlisting and interview approach.** **c) Consider skills-based assessment such as using scenarios**	Compulsory for all recruiting managers to complete the License to Recruit training to promote good practise (training includes EDI, unconscious bias and safeguarding). This will be monitored and reported. Create best practise document that can be distributed to recruiting managers across the Trust. Values based recruitment to be explored and implemented across the system (BSW RRS Objective)	31 Dec 2022 31 October 2021 31 March 2022	Monitoring of progress through relevant governance routes
		BSW (system wide themes/ actions) VBR pack developed and available system use including SJTs	31 March 2022	
6.	**Adopt resources, guides and tools to help leaders and individuals have productive conversations about race**	Developing a range of teaching resources that focus on intersectionality (audio visual, newsletter, fresh eyes, feedback from all networks – BME, DAN, LGBQT…)	31 March 2022	Monitoring of progress through relevant governance routes
		BSW (system wide themes/ actions) BSW EDI Leads Network to share and scope tools/ guidelines and policies and identify areas of good practice for sharing and adoption BSW EDI Leads Network to review new guidance and tools issued at regional and national level and to present and recommend to wider OPDG as part of regular highlight reporting BSW EDI Lead will work with Staff Support Network Leads across the system to ensure Staff Networks are fully involved in developing relevant guidance, tools and resources at a local level across the ICS.	Ongoing By Sept 2022 By Sept. 2022	

Note: The plan to overhaul recruitment processes has not been finalised at Executive level, and is a local, system wide approach with our partners