



Great Western Hospitals  
NHS Foundation Trust

# Workforce Race Equality Standard (WRES) Report

## 2021-2022



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# Foreword



Click the image (above) to see Alicia discussing the WRES

## What does the WRES mean to me?

It means evidence for change and improvement. It helps provide the data to improve the experience of ethnic minorities in the NHS.

## Why is the WRES important?

It gives the NHS in our case the GWH, the evidence of what we do well and what we need to improve on. It looks at areas of change and development.

## If I could take one detail away from the WRES, what would it be?

Talent-we have so many talented staff across the NHS but they are not recognised due to the colour of their skin or their name. We only have to look at the GWH to see how things have improved and the good work we continue to do. We need to find ways to support out colleagues and showcase the skills they have to provide a great service.

**Alicia Messiah**  
Chair, BAME Network



# 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. But see also note on page 5). 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.

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 more senior positions (as set out by NHS England). In the last year, the number of Very Senior Managers (VSMs – which includes Non Executive Directors and Associate Non-Executive Directors) in the Trust has risen from zero to three, which represents a 17.6% increase. However, our BME staff at Bands 5 and 6, who make up the largest proportion of our BME workforce, still do not progress at the same rate and in the same numbers as their White colleagues. BME staff are also less likely to enter formal disciplinary processes. This counters the national trend, and at Trust level, the gap between the proportion of BME and White staff entering the formal disciplinary process has grown smaller, since 2020/21.

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 now, than we were in our benchmark year (2018-2019). We are working closely with our local partners and developing a system-wide approach to overhauling recruitment and promotion practices.

Rising rates of bullying and harassment faced by all 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.

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. For the first time, our action plan has been agreed with and is jointly owned by our neighbouring acute Trusts. The range of issues are consistent across our organisations, and we are seeking to share best practice and resources, and develop a co-ordinated approach.



**Listen to an audio recording of this report summary**



**Dr Patrick Ismond**  
Lead for Equality, Diversity & 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 (or BME. Also see note below) 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.

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

- A - White – British
- B - White – Irish
- C - Any other White background

### BME

- D - Mixed White and black Caribbean
- E - Mixed White and black African
- F - Mixed White and Asian
- 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

### Not known

- Z - not stated
- NULL
- Unknown

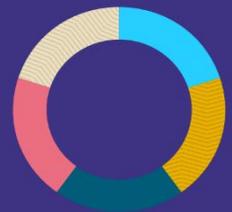
**This workforce data is reporting against the period  
1 April 2021 to 31 March 2022**

### Our WRES Report for 2021/22 contains a number of elements.

- Comparison with latest national findings for all participating NHS organisations;
- Comparison with findings from previous GWH NHS FT WRES reports;
- Comparison with latest average NHS Staff Survey findings, for the benchmark group assigned by NHS England. In our case, the benchmark group is 'Acute and Acute and Community Trusts'.
- A Summary of key findings;
- The GWH Model Employer – 10 year plan;
- The NHS Employers Disparity Ratios.
- An updated action plan, 2022-2023.

### A Note on the use of BAME / BME Acronyms

Although 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. A recent study, by the NHS Race and Health Observatory (RHO), reached the same conclusions. The RHO study can be accessed [here](#).



### THE POWER OF LANGUAGE

A CONSULTATION REPORT ON THE USE OF COLLECTIVE TERMINOLOGY AT THE NHS RACE & HEALTH OBSERVATORY

# What is the WRES?

## WRES data sources include:

- The Electronic Staff Record (ESR); TRAC recruitment system; Annual Staff Survey (Autumn 2021).
- 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 2020/21.
- Where possible, we have also 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 latest report, released in December 2021.

## Overall Picture

The total number of staff as at 31 March 2022 is shown below, and compared with previous years.

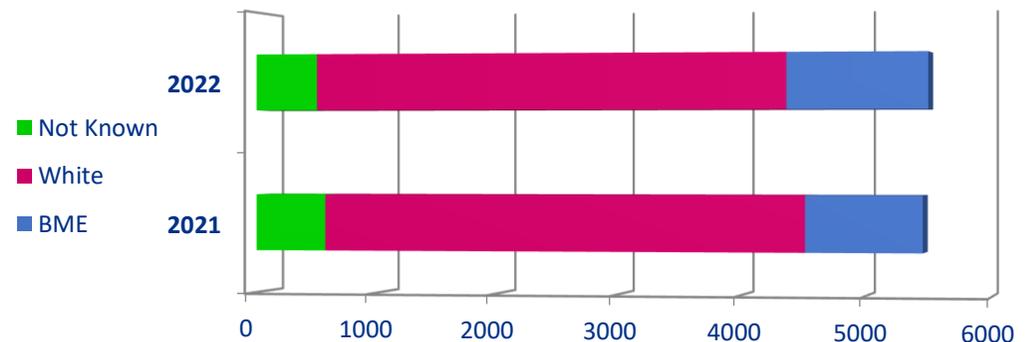
	2020/21	2021/22
<b>Total Number of Staff (Headcount)</b>	<b>5462</b>	<b>5502</b>

BME WTE NHS Staff	
<p><b>BSW ICS Average</b> 15.9%</p>	<p><b>GWH NHS FT</b> 20.6%</p>

Our Trust has a higher proportion of BME WTE NHS staff in its overall workforce than the BSW workforce average, as shown by the figures opposite.



The changing proportions of staff, by ethnicity, for reporting years 2020/21 and 2021/22.



# WRES: The National Picture

The national NHS 2021 WRES report was published in March 2022, and refers to data from the 2020-2021 reporting year. Its key findings are reproduced below.

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

**+ 3.3%**

As at 31 March 2021, **22.4%** (309,532) of staff working in NHS trusts in England were from a black and minority ethnic (BME) background. This is an **increase from 19.1%** in 2018. There were 74,174 more BME staff and 71,296 more white staff in 2020 compared to 2018.

**+48.3%**

The total number of BME staff at very senior manager level has **increased by 48.3%** since 2018 from 201 to 298.

**x1.61**

White applicants were 1.61 times more likely to be appointed from shortlisting compared to BME applicants; this is the same as 2020. There has been year-on-year fluctuation but no overall improvement over the past six years.

**x1.14**

BME staff were 1.14 times more likely to enter the formal disciplinary process compared to white staff. This reflects little change from 2020 (1.16) and a significant improvement from 2016 when it was **1.56**. BME staff were more than 1.25 times more likely to enter the formal disciplinary process at 50.0% of trusts.

**16.7%**

**16.7%** of BME staff had personally experienced discrimination at work from a manager, team leader or other colleagues in 2020; the highest level since 2015 (14%).

**+12.6%**

12.6% of board members in NHS trusts were from a BME background. This is an improvement from **10.0%** in 2020.

**+25.6%**

The number of BME board members in NHS trusts **increased by 86 (25.6%)** between 2020 and 2021.

**43.5%**

**43.5%** of staff from a Gypsy or Irish Traveller background experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

**36.2%**

**36.2%** of staff from an "other" Asian background (i.e., other than Bangladeshi, Chinese, Indian, or Pakistani) experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

**35.3%**

**35.3%** of staff from an "other" black background (i.e., other than African or Caribbean) experienced harassment, bullying or abuse from other staff in the last 12 months. This has **increased from 32.8%** in 2016.

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 accessed [here](#).

# WRES: The South West Position

The graphic below shows the most recent position in the South West

Our region's results demonstrate positive change in a range of areas including an overall increase in BME staff across the NHS compared with the previous year; and an overall increase in BME representation both at very senior management (VSM) and executive board level.

However, the SW position also showed that BME staff are more likely than their

White colleagues to enter the formal disciplinary process, and experience a disproportionate increase in levels of personal discrimination The full report can be accessed [here](#).

**2021 22.4%**  
**2020 21.1%**  
33,000 increase in BME staff

**1.3% increase in BME VSMs in last year**

**In 50% of trusts BME applicants were significantly more likely than white applicants to enter the formal disciplinary process**

**In 71.5% of trusts white applicants were significantly more likely than BME applicants to be appointed from shortlisting**

**Only 57.5% of staff from a black background believed their trust provides equal opportunities for career progression, lowest for black women**

**There is wide variation regional in distribution of BME staff**

**BME representation falls markedly from 29.7% at band 5 to 19.0% at band 6**

**12.6% of trust board members are from BME background up from 10% in 2020**

**The expansion in board members is primarily in non-executives**

**Personal experience of discrimination increased during the pandemic for all staff, but proportionately more for BME people. 1 in 6 BME staff reported this**

# Data on Ethnicity

The following table compares our current data on ethnicity with that of previous years. The total staff number for 2020/21 differs slightly from the Workforce Disability Equality Standard (WRES) data, because last year's data snapshots were taken at different points in time.

	2020/21		2021/22	
	Headcount	% of Staff	Headcount	% of Staff
<b>Ethnicity Declared</b>	<b>4881</b>	<b>89.4%</b>	<b>4994</b>	<b>90.8%</b>
<b>Ethnicity Not Declared</b>	<b>581</b>	<b>10.6%</b>	<b>508</b>	<b>9.2%</b>
<b>Total Number of Staff</b>	<b>5462</b>	<b>100.0%</b>	<b>5502</b>	<b>100.0%</b>

### 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 are taking

Please see **Appendix 2** for further information.

## The Annual Staff Survey – Trust Completion Rates

**- 6.0%**

- The decreased percentage of staff completing the NHS Staff Survey in 2021, when compared with 2020;
- It was completed by **2,428** Great Western Hospital NHS FT staff in 2021;
- We achieved an **overall response rate** of 47.1% from all eligible respondents;
- An increase from **81 to 371** BME staff completed the survey in 2021.

# NHS WRES Indicators

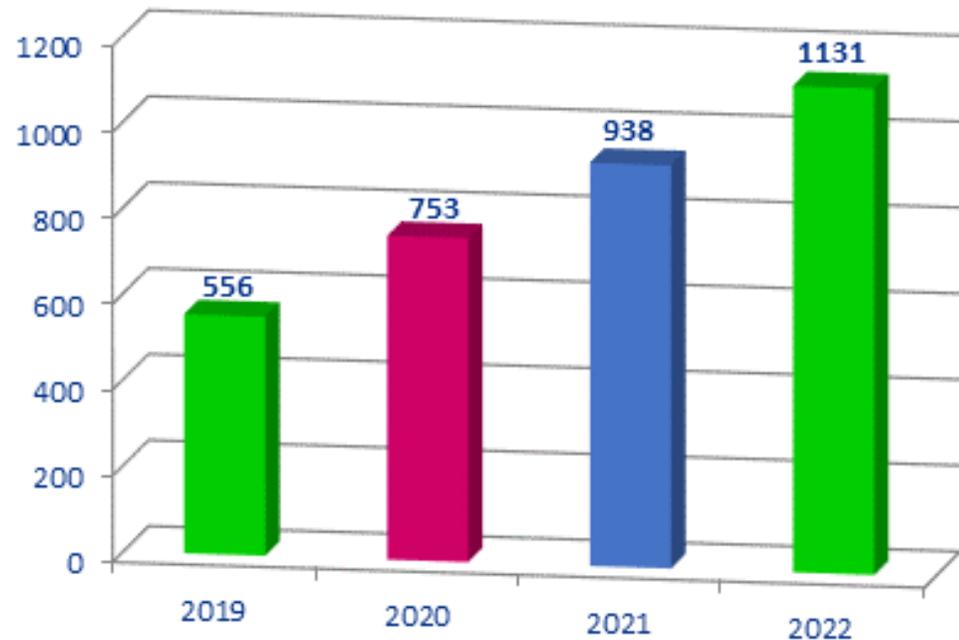
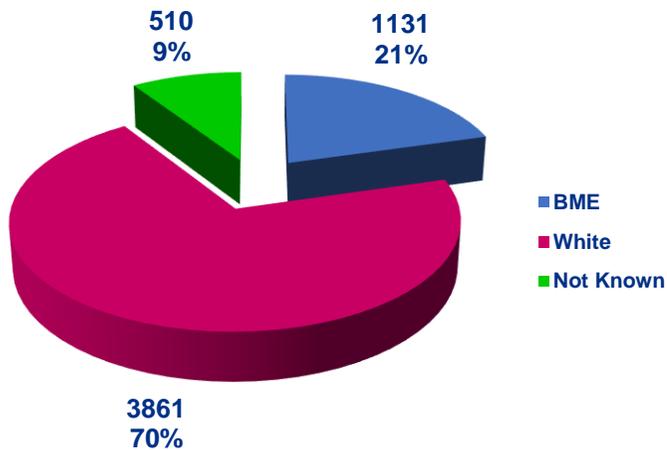
# Indicator 1: BME Workforce as at 31 March 2022

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 2020/21, our Trust has, in general, changed. Scores are either shown as percentages or as a decimal number (see Indicators 2,3 and 4 below).

**+ 20.6% (193)**      **The percentage (and numerical) increase in BME Trust staff since 2021**

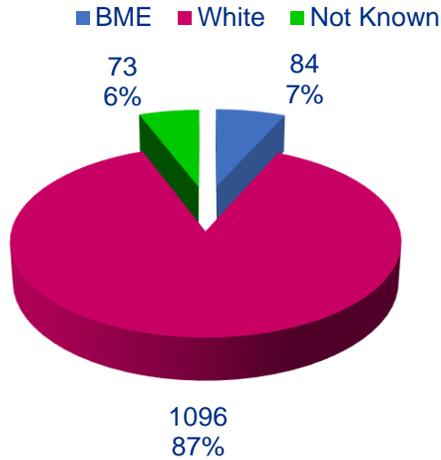
- As at 31 March 2022, 20.5% (1131) of staff working for The Great Western Hospitals NHS Foundation Trust were from a Black and Minority Ethnic (BME) background.
- There was a 2% (82) decrease in White staff in the corresponding period.

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.

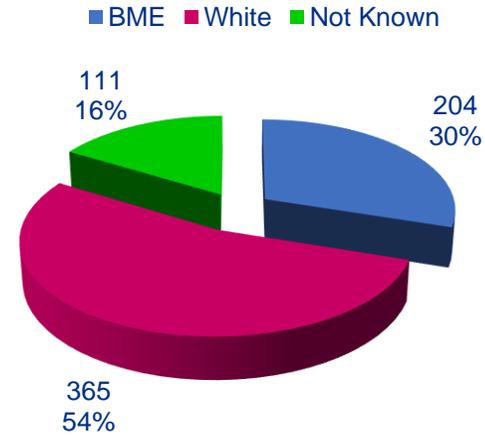


# Indicator 1: BME Workforce as at 31 March 2022

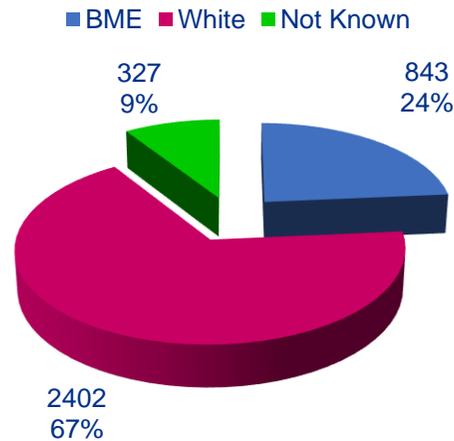
## Non-clinical



## Medical and Dental



## Clinical



The pie charts (above and opposite) show the percentage of BME staff in clinical and non-clinical roles compared with White staff. 4,252 (77.2%) of our staff are clinical, compared to 1,253 (22.8%) non-clinical.

# Indicator 1: BME Workforce as at 31 March 2022

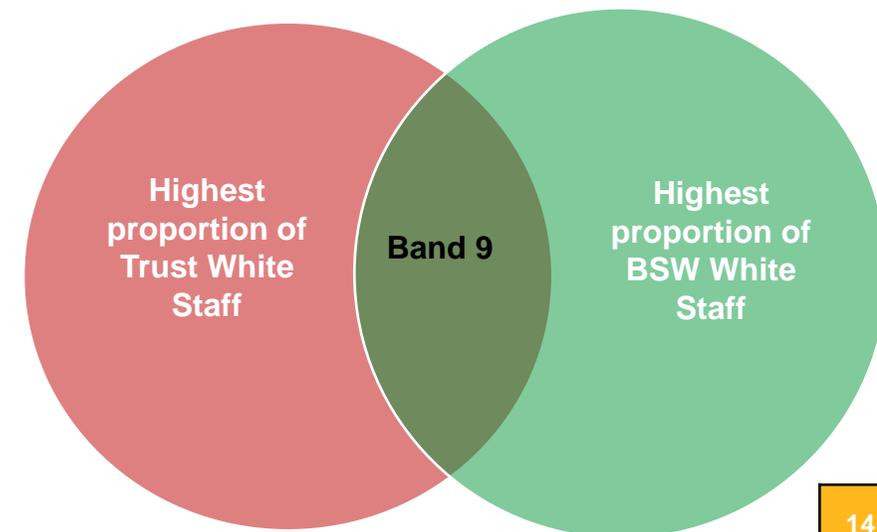
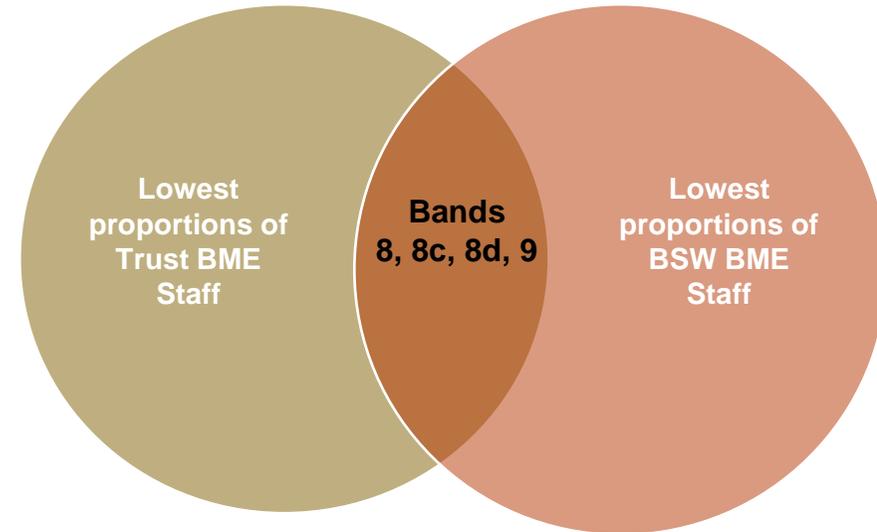
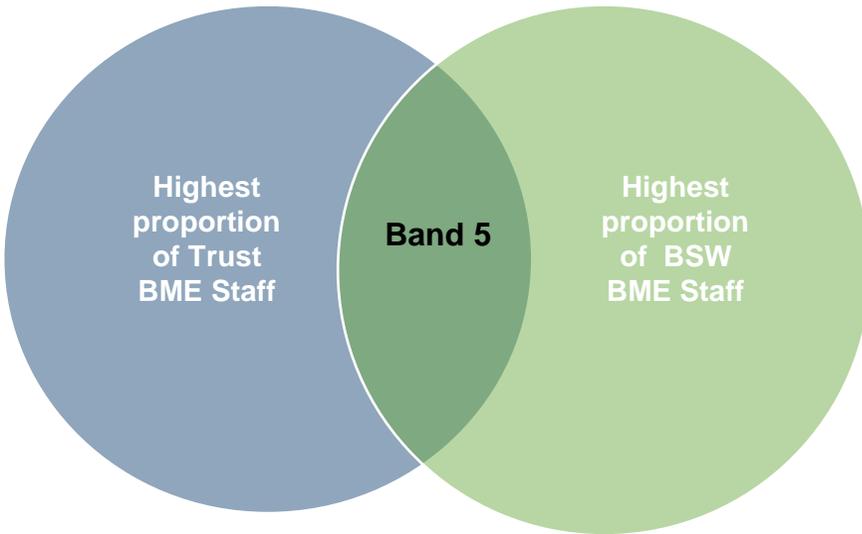
A breakdown of the workforce by pay band and ethnicity – clinical and non-clinical roles

2022	Non Clinical						Clinical, Medical and Dental					
	WHITE	BME	Not Known	Total	White %	BME %	WHITE	BME	Not Known	Total	White %	BME %
Under Band 1	16	1	0	17	94.1	5.9	4	0	0	4	100.0	0.0
Band 1	1	0	0	1	100.0	0.0	2	0	0	2	100.0	0.0
Band 2	360	30	23	413	87.0	7.2	418	169	55	642	65.1	26.3
Band 3	302	16	22	340	88.6	4.7	240	40	15	295	81.4	13.6
Band 4	129	4	12	145	88.4	2.7	169	40	10	219	77.2	18.3
Band 5	71	11	3	85	83.5	12.9	440	422	135	997	44.1	42.3
Band 6	51	11	5	67	76.1	16.4	636	133	67	836	76.1	15.9
Band 7	56	4	2	62	90.3	6.5	357	31	33	421	84.8	7.4
Band 8A	48	3	2	53	90.6	5.7	105	4	9	118	89.0	3.4
Band 8B	16	0	1	17	94.1	0.0	15	2	2	19	78.9	10.5
Band 8C	20	0	0	20	100.0	0.0	5	1	1	7	71.4	14.3
Band 8D	3	0	0	3	100.0	0.0	10	0	0	10	100.0	0.0
Band 9	8	1	0	9	88.9	11.1	1	1	0	2	50.0	50.0
VSM	15	3	0	18	83.3	16.7	0	0	0	0	0.0	0.0
Consultants							143	54	38	235	60.9	23.0
Non-consultants career grade							44	26	12	82	53.7	31.7
Trainee grades							171	121	55	347	49.3	34.9
Other							7	3	6	16	43.8	18.8
<b>Total</b>	<b>1096</b>	<b>84</b>	<b>70</b>	<b>1250</b>	<b>87.5%</b>	<b>6.7%</b>	<b>2767</b>	<b>1047</b>	<b>438</b>	<b>4252</b>	<b>65.1%</b>	<b>24.6%</b>

# Indicator 1: BME Workforce as at 31 March 2022

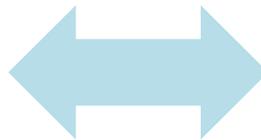
## Comparing our Trust with the Overall BSW Workforce...

The employment levels of BME staff working for the Trust and our system are comparable, as shown by the Venn diagrams



### What we know

The 2020 and 2021 National WRES reports 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.

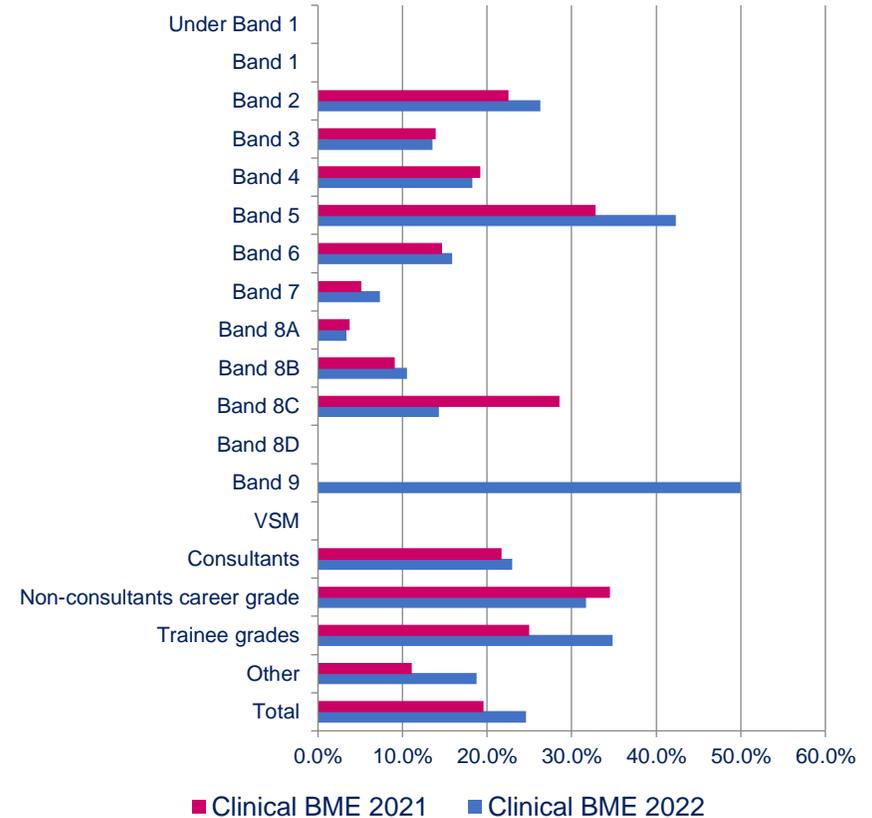
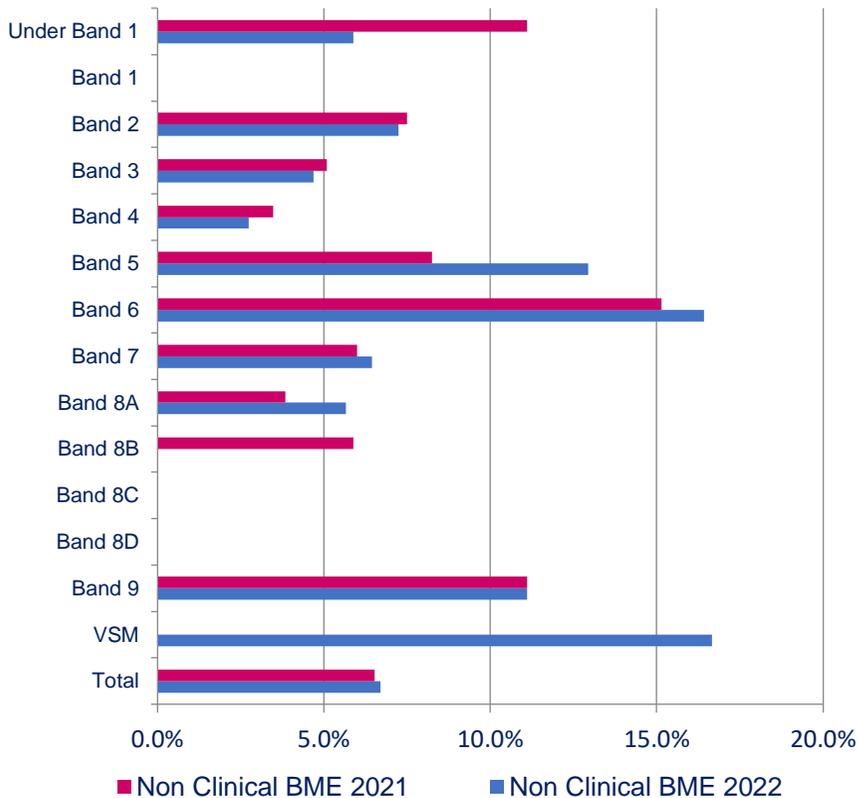


### What action we will take

Identify the issues affecting career progression for BME staff at Bands 5,6. Please see the action plan in **Appendix 2** for further information.

# Indicator 1: BME Workforce as at 31 March 2022

The following graphs show the changing proportions of BME staff in movement between pay bands over the last 2 years, for clinical and non-clinical staff.



## When we compare our findings from 2020-2021 to our findings from 2021-2022:

- Band 5 represents the level of greatest movement (into) for both clinical and non-clinical staff, and is also the band where most BME staff are concentrated.
- There are noticeable increases in trainee grade and Band 5 BME clinical staff.
- There is a percentage drop for BME clinical staff at Band 8c level. This appears more marked, given the small numbers of BME staff at that level.

# Indicators 1,9: BME Staff in Senior Management Positions

3\*

The number of BME staff at Very Senior Manager (VSM) Level in 2022

Indicator 9 looks at the percentage difference between the organisations' Board voting membership and its overall workforce, for White and BME staff (see also note overleaf).

	Overall Workforce		Board Voting Membership		% Difference
	No. in Workforce	% in Workforce	No. on Board	% on Board	
<b>BME</b>	1131	20.6%	1	7.1%	<b>-13.5%</b>
<b>White</b>	3863	70.2%	13	92.9%	<b>22.7%</b>
<b>Not Known</b>	508	9.2%	0	0.00%	<b>-9.2%</b>
<b>Total</b>	5502	100.0%	14	100.00%	

### BME Workforce Aim

The Trust exceeded its aim to have one BME member of staff at this level by 2024, which is an improvement from it's last reported position.

### 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 Foundation Trust 2018 staff demographics.

# Indicators 1, 9: BME Staff in Senior Management Positions

## 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 6 to VSM BME recruiting. The following table contains the suggested trajectory based on Great Western Hospitals NHS Foundation Trust 2021/22 staff demographics. The target does not include Medical & Dental staff, where the proportions are generally already above our target.

2022	Total Staff	BME Staff (Actual)	BME Target 16% by 2025	Gap	% (Actual)
<b>Band 6</b>	903	144	144	0	16%
<b>Band 7</b>	483	35	70	-35	7%
<b>Band 8a</b>	171	7	25	-18	4%
<b>Band 8B</b>	36	2	6	-4	6%
<b>Band 8C</b>	27	1	4	-3	4%
<b>Band 8D</b>	13	0	2	-2	0%
<b>Band 9</b>	11	2	2	0	18%
<b>VSM</b>	18	3*	2	1	16.7%
<b>Total</b>	1662	194	255	-61	12%

The above target will be reviewed every four years, and is currently linked to the percentage of BME staff as at the 2020-2021 level.

### \*Note

This number includes two Associate Non-Executive Directors (NED). The Associate NED role is used in the NHS to support Board succession strategy and achieve a balance of Board level skills. The role is aimed at attracting potential Non-Executive Director candidates who do not yet have (sufficient) Board-level experience, or currently do not have the required availability – but have the ability and potential to succeed in a Trust Board-level role. This is a developmental post for someone looking to take the next step in their career in utilising skills associated with strategic business management; and together with others, governing and leading as part of a Board. It also serves to attract individuals to areas where there is under-representation. Associate Non-Executive Directors are not Directors of the Trust or Board members and do not have the associated rights or liabilities, instead what they have is the ability to learn and influence as they do, so that they operate as a full member of the team but without the same degree of accountability.

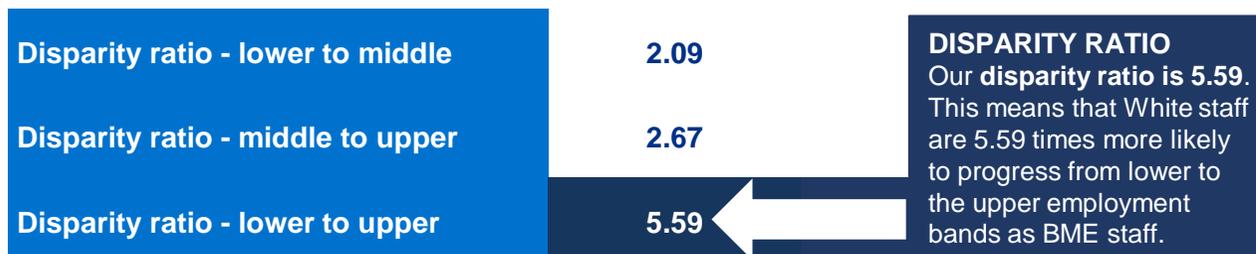
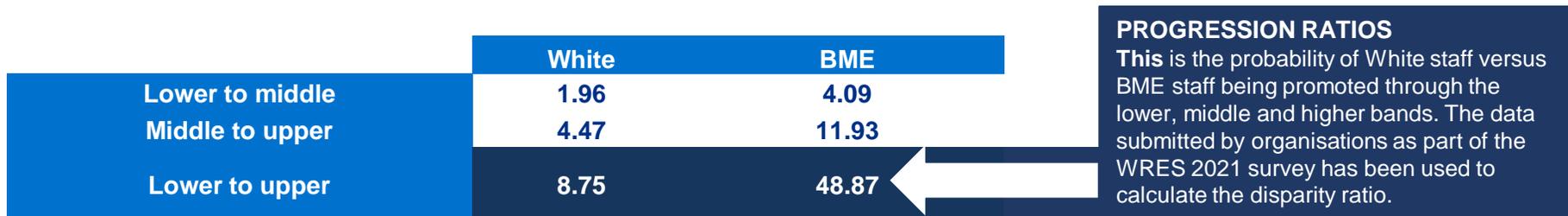
# Indicators 1, 9: BME Staff in Senior Management Positions

## 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')

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	2,152	733	278
6 and 7	1,100	179	107
Band 8a+	246	15	15
<b>Grand Total</b>	<b>3,498</b>	<b>927</b>	<b>400</b>



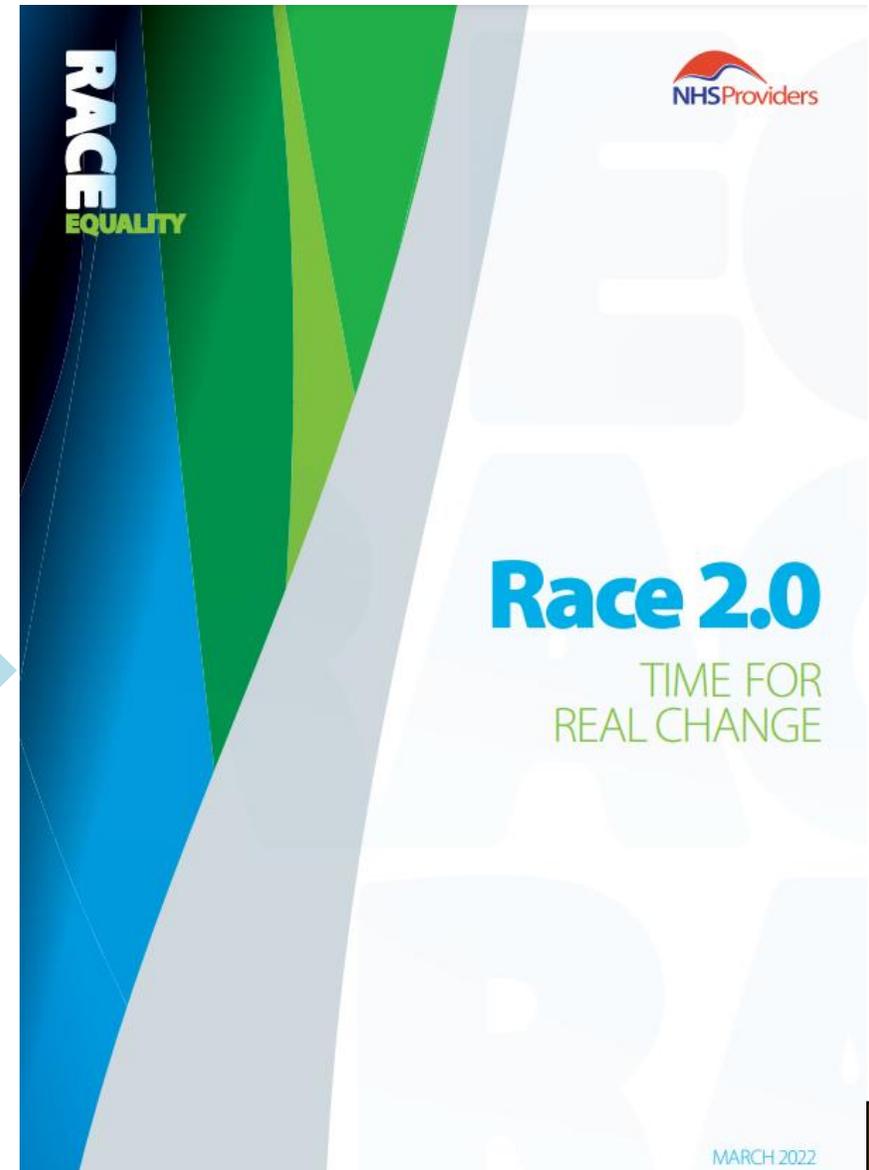
# BME Staff in Senior Management Positions: The Bigger Picture

A report from *NHS Providers* outlines members' views on the progress they feel their Trust boards are making towards racial equality. Despite areas of progress, only 4% of respondents – chairs, CEOs and NEDs – felt that race equality was fully embedded as a core part of their board's business.

The report highlights trust leaders' views on what constitutes good practice. Ten key priorities were identified, including: building closer engagement with staff and community networks, fostering safe spaces, better education, focusing on personal values and behaviours, and openly challenging discrimination.

The full report from NHS Providers, titled *Race 2.0*, can be accessed by clicking on the image (opposite).

Our action plan aligns with a key finding of this study. See **Appendix 2**



# Indicator 2: BME appointments from shortlisting

This measure looks at the rate at which White applicants were more likely to be appointed than BME applicants...

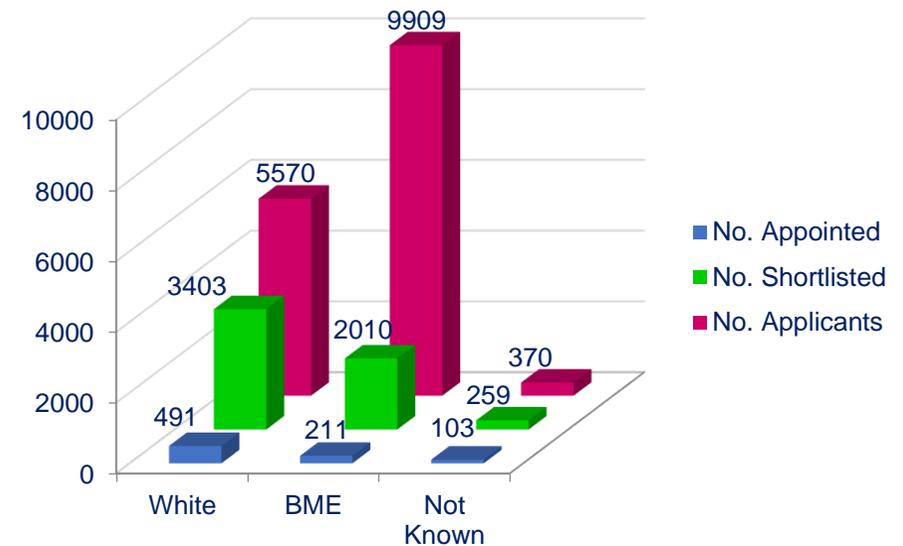
x 1.13	Our Trust in 2020/21
x 1.61	Latest national result (2020/21)
x 1.37	Our Trust in 2021/22

We are in a more equitable position compared to the national picture. However, our current position is less equitable than last year, when we were closer to parity.

- Also:
- 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 aimed at system wide improvement in this area.
  - Over the coming months, Great Western Hospitals NHS Foundation Trust will continue to work 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 4.

Applications, shortlisting and appointments, for BME and White staff



- During 2021/22, a total of 9909 BME people applied for jobs at GWH;
- 2010 were shortlisted and interviewed, and 211 were appointed;
- If BME staff were equally as likely to be appointed from shortlisting as White candidates, then the rate for White staff (x1.37) would be 1.
- Although this ratio is further from parity than it was in 2020/21, it is not significantly worse.

# Indicator 3: BME staff entering the formal disciplinary process

This measure looks at 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 2020/21
x 1.14	Latest national result (2020/21)
x 0.81	Our Trust in 2021/22

- Our most recent Trust figure is 0.81 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.
- The figure is closer to parity than last year, and also shows a slightly higher 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.

### 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.

# Indicator 4: BME staff accessing non-mandatory/CPD training

This indicator looks at 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 2020/21
x 1.14	Latest national result (2020/21)
x 1.01	Our Trust in 2021/22

- White staff are slightly more likely to access non-mandatory/CPD training than BME staff.
- This is a stable position, although in our previous year, data showed that White staff were slightly less likely to access non-mandatory/CPD training.
- If all staff were equally as likely to access training, then the figure for BME staff would be 1.

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

# Latest NHS Staff Survey Data (2021)

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

**34.8%**

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

- This is a much higher rate (+12.3%) for BME staff, when compared to data from 2020.
- The rate for White staff is also higher (+2.8%) than last year, but less markedly than for BME staff.
- GWH figures are higher when compared to the latest national benchmark average (2021), which records figures of 28.8% for BME staff and 26.5% for White staff.

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

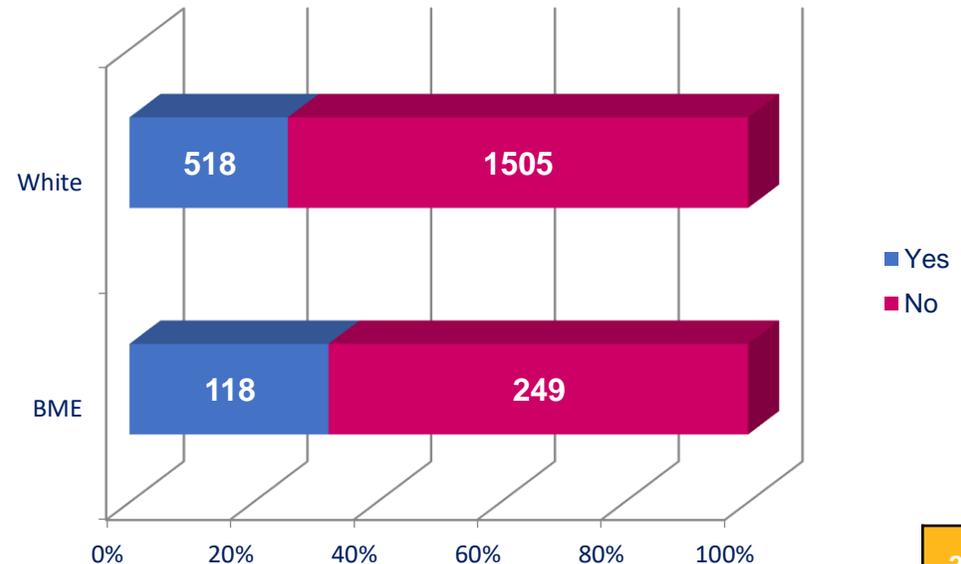


**32.2%**

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

- This is a significant increase (over 10%) for BME staff, since last year.
- **25.6%** of White staff also reported experiencing harassment, bullying or abuse from other members of staff.
- GWH figures are higher when compared to the latest national benchmark average (2021), which records figures of 28.5% for BME staff and 23.6% for White staff.

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



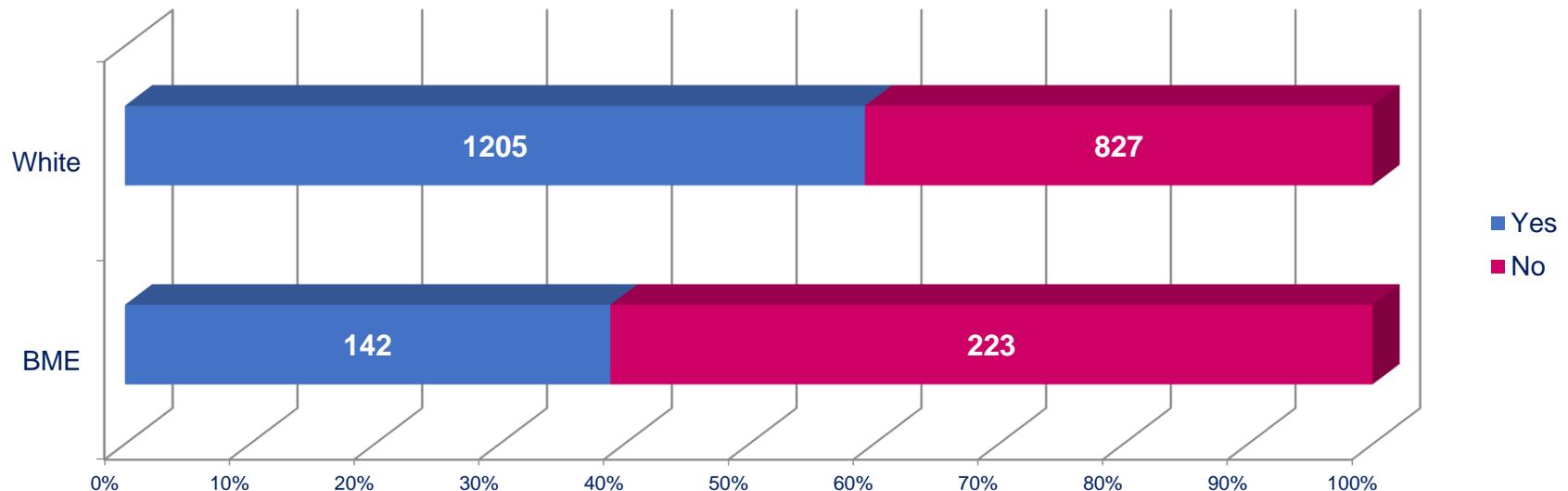
# Indicator 7: BME Staff believing the Trust provides equal opportunities for career progression or promotion

This indicator looks at the rate at percentage of BME staff who believe Great Western Hospitals NHS FT provides equal opportunities for career progression or promotion.



- The finding for Trust BME staff is worse than the previous year (by -6.8%), whilst the finding for White staff is an improvement (by +1.3%) on last year's figures.
- Whilst the finding for Trust BME staff is below the benchmark national average (ibid), the finding for White staff has remained relatively constant (-0.7%).

**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

This indicator looks at the rate at the percentage of BME staff who reported experiencing discrimination from manager / team leader or other colleagues.

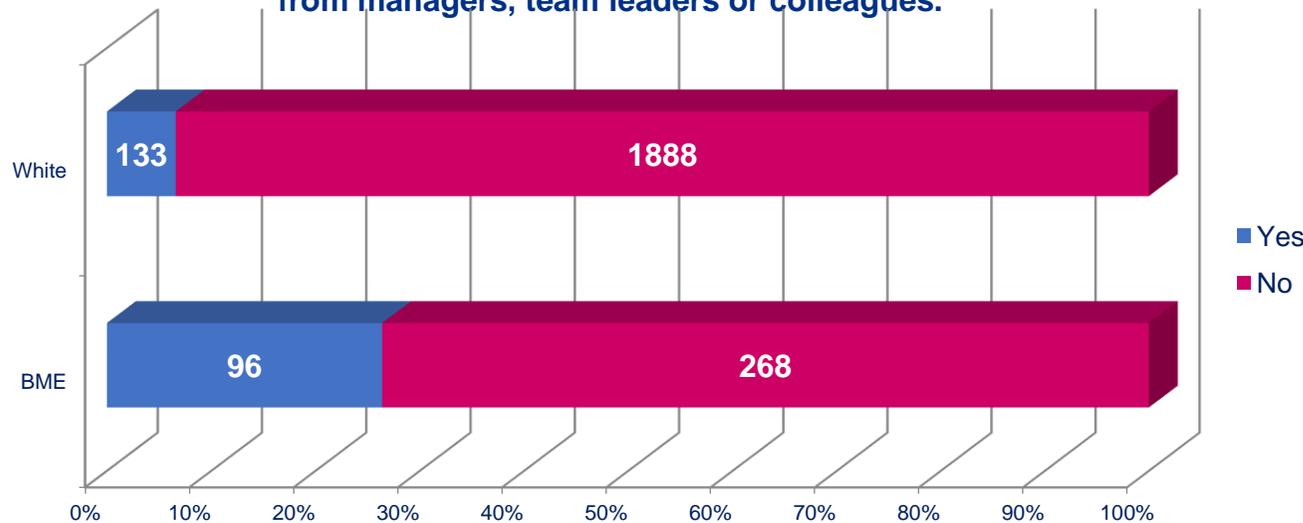
<b>17.3%</b>	<b>Benchmark Organisations Average in 2021</b>
<b>26.4%</b>	<b>Our Trust Average in 2021</b>

### What we know

Although our figures are marginally better than the national averages for White staff, this is still a general concern across all staff groups

- There has been an increase in the number of BME staff experiencing discrimination when compared with the 2020 figures. In 2020, 16% of BME staff reported experiencing discrimination. In the corresponding period, the figure for White staff was 5.9%.
- Most recent Trust figures for White staff (6.6%) are comparable with the national average; but, as shown above, figures for Trust BME staff are almost 10% worse.

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



### 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.



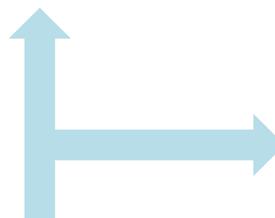
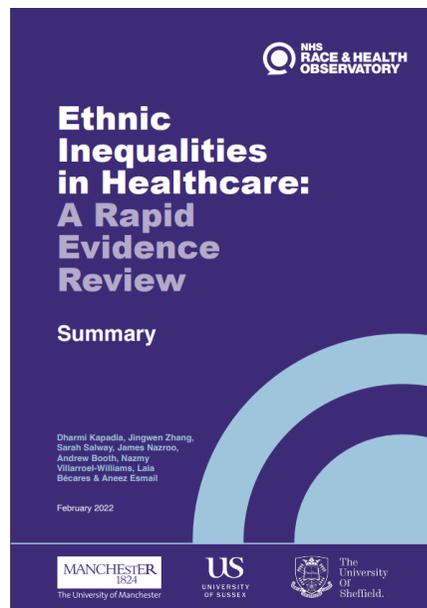
# Staff Survey Findings – The Bigger Picture

## Ethnic Inequalities in Healthcare

A study by the NHS Race and Health Observatory, reviewing ethnic inequalities in healthcare and within the NHS workforce, contained several findings that align closely with the NHS national staff survey results. Most notably, the review found:

- NHS ethnic minority staff enduring racist abuse from other staff and patients and this was particularly stark for Black groups. Most of the qualitative studies on experiences of racist abuse in the NHS workforce have been undertaken with nurses (and particularly Black African nurses or those that have been internationally recruited), indicating a lack of research on the experiences of other ethnic minority groups working in the NHS.
- Limited and mixed evidence on ethnic inequalities in NHS staff mental health and wellbeing. Notably, there was very limited evidence connecting the racist experiences endured by staff and their mental health, wellbeing and likelihood of burnout, and indeed other health outcomes. The studies on career progression were largely qualitative and conducted mainly with women; these studies showed how racism played out in the workplace to hamper ethnic minority staff's career progression and professional development. There was also evidence for an ethnic pay gap in most staff sectors in the NHS and which was evident for Black, Asian, Mixed and Other groups, but less so for Chinese groups.

Click on the image (below) to access the full study



Our action plan aligns with the findings of these studies. See **Appendix 3**

## BMA Racism in Medicine Survey

(launched in October 2021, published March 2022)

Interim findings...

- Just over 90% of Black and Asian respondents, 73% of Mixed respondents, and 64% of White respondents said racism in the medical profession is an issue
- 76% of the doctors surveyed experienced racism at least once in the last two years, with 17% experiencing these racist incidents on a regular basis.
- Low-level of reporting for racist incidents - 71% of doctors who experienced racism chose not to report
- Experiences of racism had a negative impact on wellbeing, staff retention, and career progression.

Click on the image (below) to access the full study



# Summary of Key Findings for 2021-2022

## Key areas of progress from our 2021/22 WRES report are:

- A 20.6% (193) overall increase in BME staff numbers since 2020/21;
- The greatest movement for BME (clinical and non-clinical) staff is into Band 5 (from 32.8% to 42.3% of clinical staff);
- Noticeable increases in the proportions of BME clinical trainee grade (from 25% to 34.9%) and non-clinical VSMs (from 0% to 16.7%);
- BME staff were less likely than White staff to enter the formal disciplinary process. This bucks the national trend, but the gap between the proportion of BME and the proportion of White staff entering the formal disciplinary process has grown smaller, since 2020/21.

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

- White applicants are more likely to be appointed to job roles from shortlisting than BME applicants, with the ratio similar to the previous year;
- All harassment and bullying indicators have shown a deterioration, and this is more marked for BME staff. In particular, harassment, bullying or abuse from patients, relatives or members of the public has increased from 22.8% to 32.8% for BME staff.
- Fewer staff believe the Trust provides equal opportunities for career progression or promotion, with the decline marked for BME staff. The figure for BME staff has declined from 45.7% to 38.9%, since last year;
- 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 5.59. This means that white staff are 5.59 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 continue to struggle to attain promotions to higher grades and bands.

# About Our Action Plans



## Joint ownership of our action plans

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. With this wider engagement in mind, our Trust action plan has been agreed with and is jointly owned by our neighbouring acute Trusts. The range of issues are consistent across our organisations (although our key steps to achieve the actions and completion dates may differ).

## Our Action Plans

Following the results of the Trust WRES, our action plan has been simplified and updated (see Appendix 3). Principally, our focus is to provide a safe space for our colleagues, reduce forms of discrimination, and ensure equal opportunities for recruitment and progression within the workforce (as reflected by lower disparity ratios).

## 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, which includes a strong commitment to overhauling recruitment practices (the NHS People Plan, inclusive recruitment paper can be read [here](#)). We will work with our regional partners to develop a joined-up approach to EDI for the future.

# Appendices

# Appendix 1: Summary of WRES Indicator Scores

Below is a summary of the WRES indicator scores for our Trust over the last four 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		2018-2019 (Benchmark Year)	2019-2020	2020-2021	2021-2022	Direction of Travel	Key
1	Increased representation across <b>some</b> staff grades and bands	11.7%	14.5%	17.2%	20.6%		Improvement for BME staff
2	Likelihood of White staff being appointed from shortlisting	x1.59	x1.27	x1.13	x1.37		Similar findings
3	Likelihood of BME staff entering the formal disciplinary process	x0.57	x0.83	x0.72	x0.81		Deterioration for BME staff
4	Likelihood of BME staff accessing non-mandatory training and CPD	x0.97	x0.91	x0.92	x1.01		
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public	22.8% BME 26.5% White	22.8% BME 29.6% White	22.5% BME 29.0% White	34.8% BME 32.8% White		
6	Percentage of staff experiencing harassment, bullying or abuse from staff	29.6% BME 24.5%	22.8% BME 21.6% White	21.0% BME 22.9% White	32.2% BME 25.6% White		
7	Percentage believing Trust provides equal opportunities for career progression or promotion	38.9% BME 55.7% White	50.0% BME 61.1% White	45.7% BME 58.0% White	38.9% BME 59.3% White		
8	Percentage experiencing discrimination from Manager/team leader or other colleagues	9.3% BME 5.6% White	8.8% BME 3.4% White	16.0% BME 5.9% White	26.4% BME 6.6% White		
9	BME percentage difference/change between the organisations' Board voting membership (BME) and its overall workforce percentage (BME)	-10.05%	-11.69%	-17.2%	-13.5%		

# Appendix 2: Trust Action Plan, 2022-2023

## Reducing Disparity & Progression Ratios

Key Problem Area(s) and Action(s)	Source(s)	Key Steps to Achieve Actions	Completed	Desired outcome(s)
<p><b>Reducing Disparity &amp; Progression Ratios</b></p>		<p>Actively encourage applications from BME staff (at Bands 4-7), for the Trust Aspiring Leaders programme (the programme includes interview practice, and other communications skills training).</p>	<p>Feb. 2023</p>	<p>Equal likelihood of White and BME being promoted through the lower, middle and higher bands</p> <ul style="list-style-type: none"> <li>■ More BME staff in roles at Bands 7 and above</li> <li>■ Reduced disparity ratio</li> <li>■ Reduced progression ratio</li> </ul>
		<p>Develop an Allyship programme</p>	<p>Dec. 2022</p>	
		<p>Review of appraisal system as part of BSW system-wide 'Overhauling Recruitment' Processes</p>	<p>Sept. 2022</p>	
		<p>Career coaching as integral to annual appraisal process (staff at Bands 2-7)</p>	<p>Sept. 2022</p>	
		<p>Develop a Reciprocal Mentoring programme</p>	<p>Sept. 2022</p>	
		<p>Leadership Development programme (aimed at all staff in Bands 7, 8a)</p>	<p>Ongoing</p>	
		<p>All recruiting managers to complete the License to Recruit training to promote good practise (training includes EDI, unconscious bias and safeguarding). This is monitored and reported to the EDI Group.</p>	<p>Aug. 2022</p>	
		<p>Recruit BME staff for the 'Scope for Growth' Career conversations.</p>	<p>Ongoing</p>	

# Appendix 2: Trust Action Plan, 2022-2023

Key Problem Area(s) and Action(s)	Source(s)	Key Steps to Achieve Actions	Completed	Desired outcome(s)
<p><b>Reducing Overt &amp; Covert Discrimination</b></p> <p>Areas of focus include...</p> <ul style="list-style-type: none"> <li>Identifying and tackling forms of racism</li> <li>Ways to increase confidence in complaints processes</li> <li>Understand the role of the Trust in tackling the issue</li> <li>Ensuring we listen to the experiences of minority communities</li> <li>Supporting ALL staff to stand up to unacceptable behaviour from patients - yellow carding demonstrations that abuse won't be tolerated.</li> <li>Creating spaces for honest conversations.</li> <li>Ensuring conversations are confidential.</li> <li>Considering external coaching, particularly for chairs, to build confidence and capability to lead on race</li> </ul>	   	<ul style="list-style-type: none"> <li>Disseminate case study material through focused group work that looks at emotional impact and practical measures to redress</li> <li>Develop a public EDI Q+A forum to address areas of confusion, outline measures and Trust support, and convey emotional impact of discrimination                             <ul style="list-style-type: none"> <li>Analyse findings from incident reports into bullying and harassment of staff;</li> <li>Organise focus groups to discuss and review current measures</li> <li>Refine approach and change content as required</li> </ul> </li> <li>Career coaching as integral to annual appraisal process (staff at Bands 2-7)                             <ul style="list-style-type: none"> <li>Regular Board Stories of staff and patient experiences</li> </ul> </li> </ul>	<p>Feb. 2023</p> <p>Dec. 2022</p> <p>Nov. 2022</p> <p>Sept. 2022</p> <p>Current</p>	<ul style="list-style-type: none"> <li>Improved staff satisfaction scores                             <ul style="list-style-type: none"> <li>Lower rates of bullying and harassment</li> </ul> </li> <li>Improved rates of staff retention and engagement                             <ul style="list-style-type: none"> <li>The Trust as a more desirable place to work</li> </ul> </li> <li>Increased confidence in complaint systems and processes</li> </ul>

# Appendix 2: Trust Action Plan, 2022-2023

Key Problem Area(s) and Action(s)

Source(s)

Key Steps to Achieve Actions

Completed

Desired outcome(s)

## Fostering Safe Spaces

### Areas of focus include...

- Linking Board executives with members of staff networks to help foster trust between staff and the board.
- Co-designing programmes with board members and the minority ethnic network



Develop and embed an Allyship programme

Dec. 2022

Develop and embed a Reciprocal Mentoring programme

Sept. 2022

Develop an interactive, time-sensitive EDI dashboard that registers and monitors network concerns and outlines levels of Board level accountability

April 2023

Additional channel to present ideas for improvement and to raise awareness

- Individual board member ownership of parts of the EDI agenda

- Measurable increase in trust between Board and BME network

# Appendix 3: Trust and BSW ICS Action Plan, 2021-2022

Key action	Steps to achieve action	Status/ due by	Desired outcomes
<p>Ensure Executive and Very Senior Managers (ES&amp;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:</p> <p>a) Setting specific KPIs and targets linked to recruitment.</p> <p>b) KPIs and targets must be time limited, specific and linked to incentives for which ES&amp;VMs are accountable</p>	<ol style="list-style-type: none"> <li>Executive Lead appointed to EDI Agenda</li> <li>Ensure an inclusive and responsive approach based on staff feedback through new starter survey.</li> <li>Increase diversity of applications from under-represented groups. Monitor and report our EDI data from candidate application to appointment.</li> <li>Continued development of staff networks (LGBTQ, DAN, BME)</li> </ol>	<ol style="list-style-type: none"> <li>Completed</li> <li>Ongoing</li> <li>Ongoing</li> <li>Completed</li> </ol>	<ol style="list-style-type: none"> <li>Executive Lead is Kevin McNamara.</li> <li>A 'fresh eyes' survey continues to be undertaken for new starters. The data collated from this is shared with Resourcing, HR and our Academy. Dependent on outcomes necessary actions are implemented.</li> <li>Recruitment EDI data capturing ethnicity of candidates from application, shortlisted and appointment continues to be reviewed monthly and shared in the Trust's performance report.</li> <li>All staff networks meet monthly and represent at the Trust EDI meeting. The EDI recruitment data is shared and discussed with the networks. The Chairs of Networks attend each of the meeting to understand each others' networks.</li> </ol>

**Note**  
 The Trust and BSW ICS Action Plan was developed and has been updated for 2021/22, and contains measures developed with our local partners as part of a system wide approach. These were the areas under discussion during 2021-22, some of which are still under discussion.

### 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

#### 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 compliments 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).

- Executive Recruitment (Completed) / VSM (Ongoing)
- Completed
- Completed
- Ongoing

- All Executive Recruitment has adopted a diverse interview panel / stakeholder discussion groups. Work on implementing this for all VSM recruitment continues.
- The Trust has created a process to enable the public/patients where appropriate the opportunity to partake on focus groups.
- Mandatory for all recruiting managers to have completed the Trust Licence to Recruit mandatory training module.
- Inconsistencies across interviews removed, and additional oversight regarding the interview process.

# Appendix 3: Trust and BSW ICS Action Plan, 2021-2022

Key action	Steps to achieve action	Status/ due by	Desired outcomes
<p>Enhance EDI support available to:</p> <p>a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies</p> <p>b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.</p>	<ol style="list-style-type: none"> <li>1. Incorporate questions for bands 8a level roles that enable candidates to demonstrate their EDI experience, commitment and engagement</li> <li>2. Internal communications to promote the importance of completing effective Equality Impact Assessments and the governance process on monitoring EIA's.</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed</li> <li>2. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. The recruiting manager paperwork includes a selection of EDI questions designed to enable candidates the ability to demonstrate EDI work/ legacy. It is mandatory one question from the section is asked at interview.</li> <li>2. Greater awareness and understanding of the importance of EIAs, and how to complete them. EIA completion rates and quality monitored and increased.</li> </ol>
<p>Overhaul interview processes to incorporate:</p> <p>a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.</p> <p>b) Ensure adoption of values based shortlisting and interview approach.</p> <p>c) Consider skills-based assessment such as using scenarios</p>	<ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Create best practise document that can be distributed to recruiting managers across the Trust.</li> <li>3. Values based recruitment to be explored and implemented across the system (BSW RRS Objective)</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed</li> <li>2. Ongoing</li> <li>3. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Mandatory for all recruiting managers to have completed the Trust Licence to Recruit mandatory training module.</li> <li>2. Best practice consistent and disseminated across partner organisations.</li> <li>3. Whilst the ICS Values based recruitment work continues, the Trust is utilising Leadership Framework behaviours and Trust Values behaviours to design a portfolio of competency questions linked to these.</li> </ol>

# Appendix 3: Trust and BSW ICS Action Plan, 2021-2022

Key action	Trust steps to achieve action	Status/ due by	Desired outcomes
<p>Overhaul interview processes to incorporate:</p> <p>a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.</p> <p>b) Ensure adoption of values based shortlisting and interview approach.</p> <p>c) Consider skills-based assessment such as using scenarios</p>	<ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Create best practise document that can be distributed to recruiting managers across the Trust.</li> <li>3. Values based recruitment to be explored and implemented across the system (BSW RRS Objective)</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed</li> <li>2. Ongoing</li> <li>3. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Mandatory for all recruiting managers to have completed the Trust Licence to Recruit mandatory training module.</li> <li>2. Best practice consistent and disseminated across partner organisations.</li> <li>3. Whilst the ICS Values based recruitment work continues, the Trust is utilising Leadership Framework behaviours and Trust Values behaviours to design a portfolio of competency questions linked to these.</li> </ol>

## BSW (system wide themes/ actions)

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, LGBTQ...)

**Completed**

AV resource focused on recognising and tackling forms of discrimination now available; EDI newsletter produced quarterly; Network groups provide updates at other respective meetings; all training and development opportunities cascaded to all networks.