

# Workforce Race Equality Standard (WRES) Report 2022



## Background information:

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local and national NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators;
- to produce action plans to close the gaps in workplace experience between white and Black Asian and Minority Ethnic (BAME) staff;
- and to improve BAME representation at the Board level of the organisation.

Appendix 1 contains further detail of the history of the Workforce Race Equality Standard.

The WRES return is completed annually and requires information regarding workforce indicators which compare data for white and BAME staff and National NHS Staff Survey data which compares the survey responses from White and BAME staff. Appendix 2 contains the details of the WRES reporting metrics.

Our WRES Report for 2022 contains a number of elements:

- The Key Findings from the NHS WRES report 2020
- The specific information published on the government website for the snapshot date of 31st March 2021
- Some comparison with previous SFT WRES reports
- Progress against our Model Employer plan
- Recommendations for future action



## Executive Summary

This report includes details of the National WRES report key findings for year 2020/21.

The workforce data included in this report was collected on a snapshot date of 31st March 2022 and covers the year 2021/22.

Our workforce has grown from **3,952** staff in 2021 to **4,041** in 2022. This is an increase of **89**. Over that period our BAME workforce has grown from **666** in 2021 to **810** in 2022.

Once again this year we see that progression of Black, Asian and Minority ethnic people from the lower to the upper pay-bands is an issue. This is highlighted by the results of the WRES disparity index which has increased this year. This means that White staff are **13.21** times more likely to progress from lower to upper pay-bands. The increase from **9.8** times last year was partly being fuelled by the successful recruitment of international Nurses, predominantly at Band 5.

We have seen some movement of Black, Asian and Minority ethnic staff from Band 5 to Band 6.

On 24th May 2021 guidance was released updating the Model Employer Goals (see Appendix 5). Once again, this year we have used the guidance to review the goals of the Trust. The ambition to ensure that all roles above Band 6 are representative of the workforce by 2025.

These revised goals are based on an increase of qualifying Black, Asian and Minority Ethnic staff in AfC pay-bands. This has increased from 15.7% to 18.7% for the year 2021/22. The revised ambition to have a representative workforce across all bands is included on page 10 of this report.

Section 6 of this report references metric 2 of the WRES - proportion of people appointed from shortlisting. We have identified that the data that we have relied on from the NHS TRAC system does not tell the whole picture for the Trust. However, it is clear that excluding the overseas recruitment program, there is an issue as White applicants are **2.78** times more likely to be appointed from interview than BAME applicants. At the present we do not have verified data in this area and have instigated an action to rectify the matter. **(Further details included in page 13).**

In section 7 we see that our Black, Asian and Minority Ethnic staff are **1.7 times** more likely to enter the formal disciplinary process than White staff. This is lower than the previous year when the figure was **2.06 times**.

Salisbury NHS Foundation Trust saw a reduction in the number of staff taking part in the annual NHS staff survey for 2021. **31.6%** of all our BAME staff completed the staff survey. Although this is a lower percentage, the number of people only dropped by **2**. This compares to **48.1%** of our White staff who responded to the survey. The number of White staff dropped significantly and equates to **154** people.

The overall Trust Engagement Score was 6.8. The engagement score for Black, Asian and Minority Staff was 7, compared to 6.8 for White staff.

There have been some slight increases in the levels of both Black, Asian and Minority Ethnic and White staff reporting they have experienced harassment, or bullying from patients, families, colleagues and managers.

**39.1%** of BAME staff and **53.5%** of White staff believe Salisbury NHS Foundation Trust acts fairly in career progression. This is a significant decrease for both BAME and White staff groups. In 2020 it was **70%** for BAME staff and **86 %** for White staff.

Section 13 of this report highlights the fact that the Trust is still unable to identify the take-up of non-mandatory training by BAME staff. We are working internally and with colleagues across BSW ICS to identify mechanisms to collect this data.

Recommendations included on page 4 of this report are as follows.:

It is recommended that Salisbury NHS Foundation Trust considers the following actions to support our BAME colleagues to ensure they have an equal opportunity to recruitment and progression within the workforce.

In order to achieve this, it is recommended that Salisbury NHS Foundation Trust:

- Continues to ensure that they take into consideration the findings of this report.
- Identifies a mechanism for ensuring accurate data is collected regarding recruitment and non-mandatory training of diverse staff.
- Works with Royal United Hospitals Bath and Great Western Hospitals to identify consistent issues and provide joined up solutions.
- Continues to work with the BSW Academy Inclusion Pillar to identify best practices and areas suitable for joint working across BSW ICS.
- Fully implement the recommendations from PwC on the overhauling of recruitment and progression process.



## National NHS Workforce Race Equality Standard (WRES) (2021 data analysis)

*“The data in this year’s report is a reflection of the systematised and complex picture that applies to racial discrimination in the country. Whilst there has been an increase in the number of very senior managers of black and minority ethnic (BME) origin, there has been a fall in the number of BME executives. While there has been a steady decline in the race disparity in staff being referred into the disciplinary process (especially in some regions), there remain 50% of organisations where this disparity persists. The picture is complex..”*

**Em Wilkinson-Brice**  
Acting NHS Chief People Officer

**Anton Emmanuel**  
Head of the WRES

### Key Findings – NHS WRES Report 2021:

## +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%)

## +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%

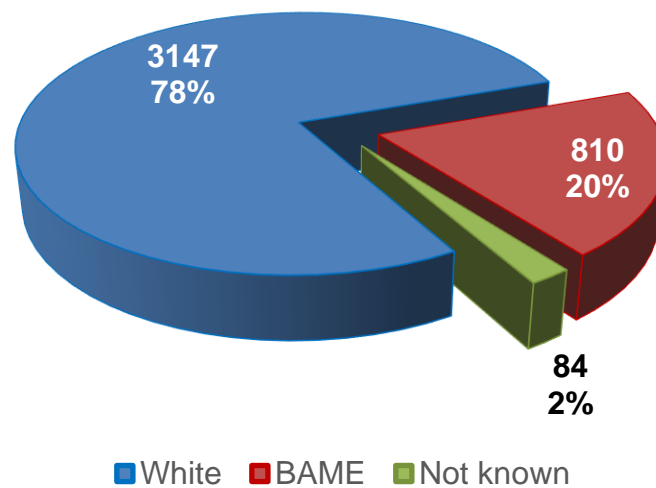
**35.3%** of staff from an **“other” Black background** (i.e., other than African or Caribbean) experienced harassment, bullying or abuse from other staff in the last 12 months. This has increased from 32.8% in 2016.



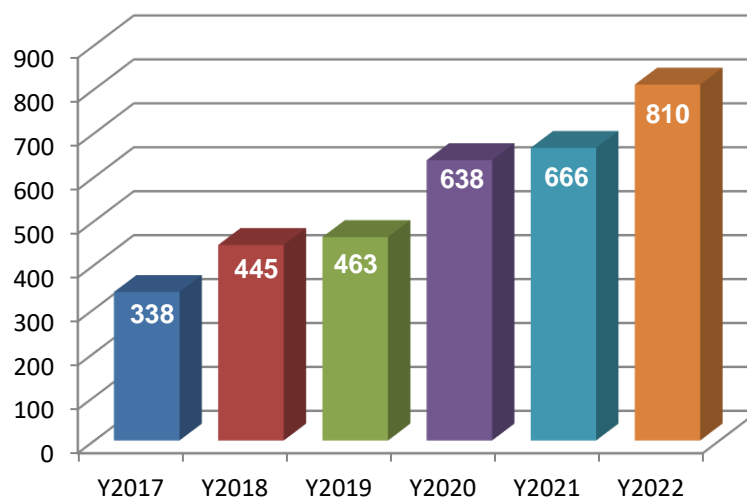
## BAME workforce 31<sup>st</sup> March 2022 – (Metric 1).

**+3%**

As at 31 March 2021, **20% (810)** of staff working in Salisbury NHS Foundation Trust were from a Black, Asian and Minority Ethnic (BAME) background. This is an increase from **17% (666)** in 2021.



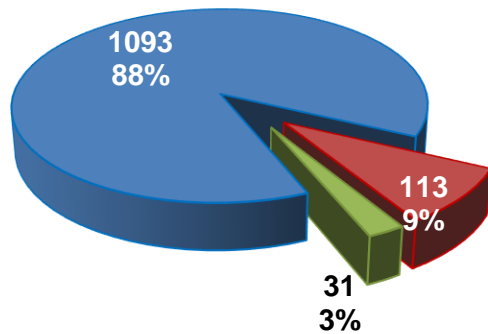
There has been a steady increase in the number of people from a BAME background employed by the Trust as can be seen in the graph below. This has been boosted by international recruitment of nurses.



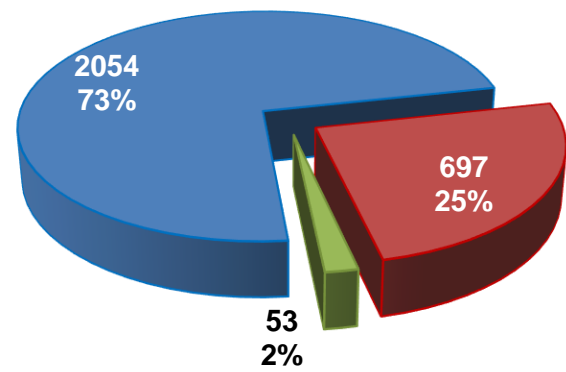
The following pie charts show the percentage of BAME staff in clinical and non-clinical roles compared with White staff.

**2804 (69%)** of our staff are clinical, compared to **1237 (31%)** non-clinical.

### Non-Clinical

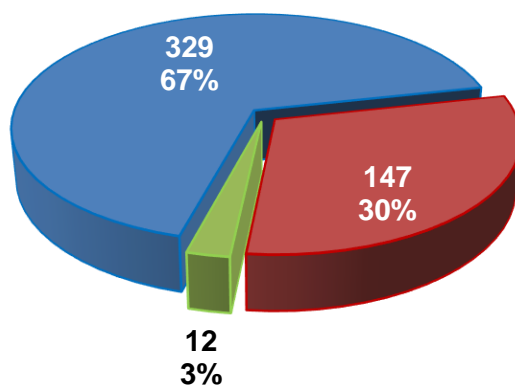


### Clinical



■ White ■ BAME ■ Not known

### Medical & Dental

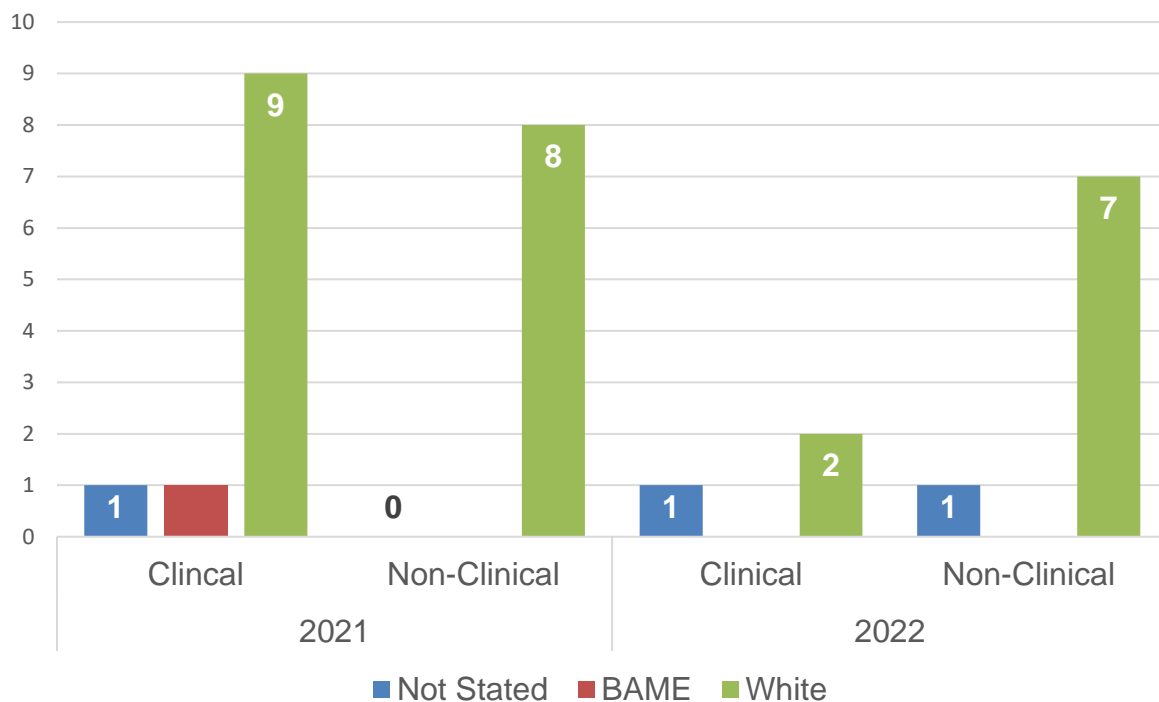




## BAME staff in senior management positions

0

The total number of BAME staff at very senior manager (VSM) pay band has reduced by 1, from last year. The Trust no longer has any BAME staff in this position.



## Changes to Model Employer Goals & Disparity Ratio

18.7%

On the 24th May 2021 NHS WRES National Team circulated details of an updated approach to the Model Employer Goals. This included instructions for organisations to calculate the goals to achieve a representative workforce by 2025. This guidance is attached at appendix 5.

The basis of the change is a more ambitious plan for organisations to be representative across all AfC Pay Bands from Band 6 to VSM by 2025. We have developed the following ambitions based on the current workforce excluding Medical & Dental grades.

The percentage of BAME people across all AfC pay bands is 18.7%.

## Current progress across AfC Pay Bands

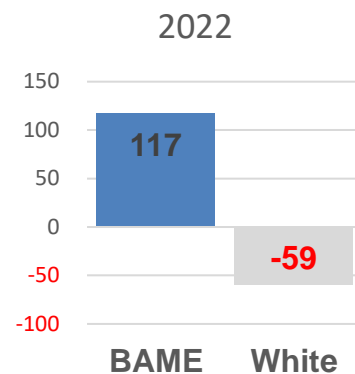
The following table refers to AfC Bands 6 to VSM based on 18.7% of our workforce being from BAME communities.

2022	Total 2021	BAME staff 2021	Total 2022	BAME staff 2022	Total Difference 2021/22	BAME Difference 2021/22
Band 6	613	62	636	82	23	20
Band 7	318	12	331	20	13	8
Band 8a	111	4	121	5	10	1
Band 8b	45	0	57	0	12	0
Band 8c	12	0	12	0	0	0
Band 8d	13	0	15	0	2	0
Band 9	3	0	5	0	2	0
VSM	19	1	11	0	-8	-1

2022	Revised BAME Target 18.7% by 2025	Actual % 2022
Band 6	119	13
Band 7	62	6
Band 8a	23	5
Band 8b	11	0
Band 8c	2	0
Band 8d	3	0
Band 9	1	0
VSM	2	0

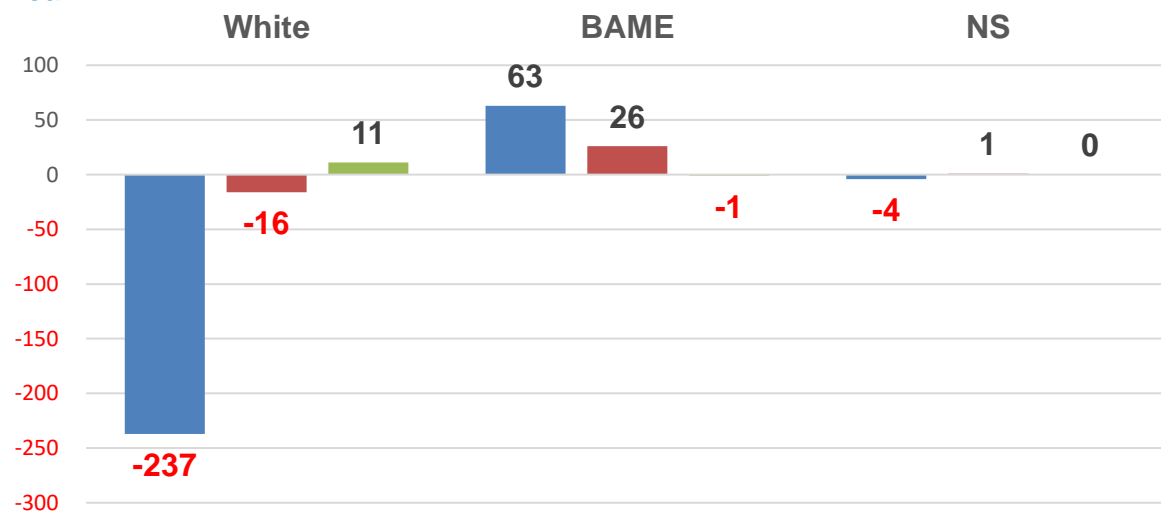
Looking at the above tables it will be seen that we are beginning to see an increase in the number of BAME staff reaching bands 6 and above.

As at 31st March 2022 across AfC pay bands there was an increase of 117 people who identified as Black, Asian or Minority Ethnic, with a reduction of 59 people who identified as White. This is influenced by the Trusts' international recruitment initiative.

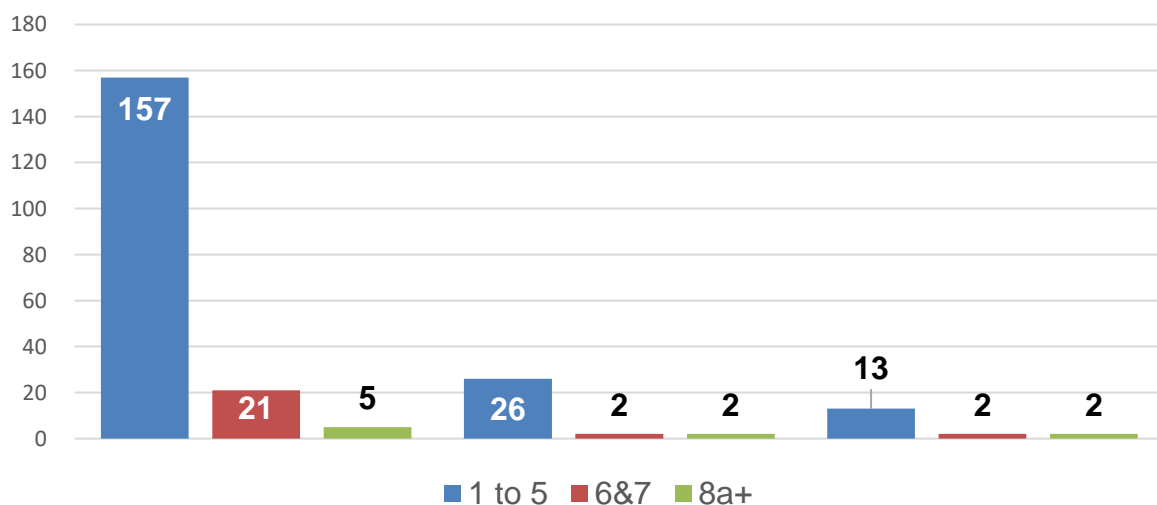


The following two graphs show the movement across the pay bands from a clinical and non-clinical perspective.

### Clinical



### Non-Clinical



## The 'Race Disparity Ratio'

# X13.1

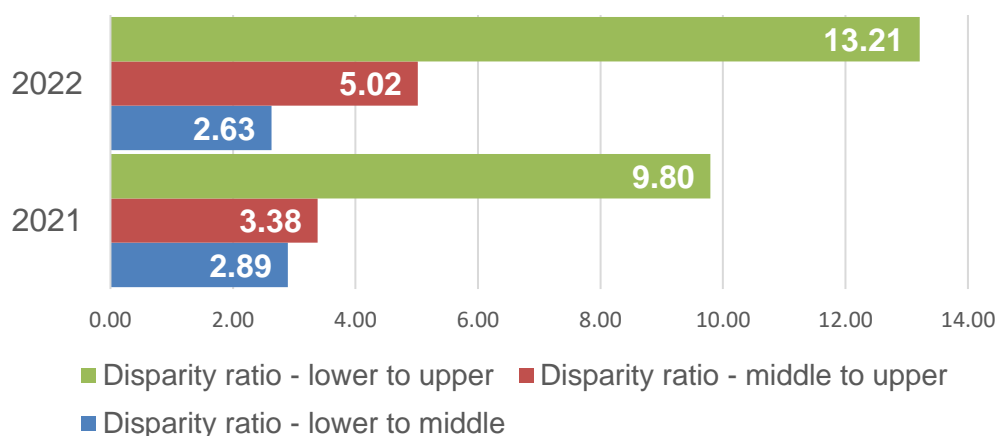
At the same time as introducing the changes to the Model Employer Goals the National WRES Team introduce a new Disparity Ratio matrix (Copy attached at Appendix 6). The '**Disparity Ratio**' has been developed as a metric by the national WRES team to help set trajectories and monitor them. It is the difference in proportion of BAME staff at various AfC bands in a Trust compared to the 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')

There are two elements which are calculated the Progression Ratio and the Disparity Ratio:

The **Progression Ratio** is the probability of white staff versus BAME staff being promoted through the lower, middle and higher bands.

Our Disparity Ratio is **13.1**. This means that white staff are **13.1 times** more likely to progress from lower to the upper employment bands than BAME staff. This is higher than last year due to the increased recruitment of BAME people at lower pay bands.



You will note a slight decrease in the lower to middle disparity ratio as we see some promotions of BAME people into Band 6.

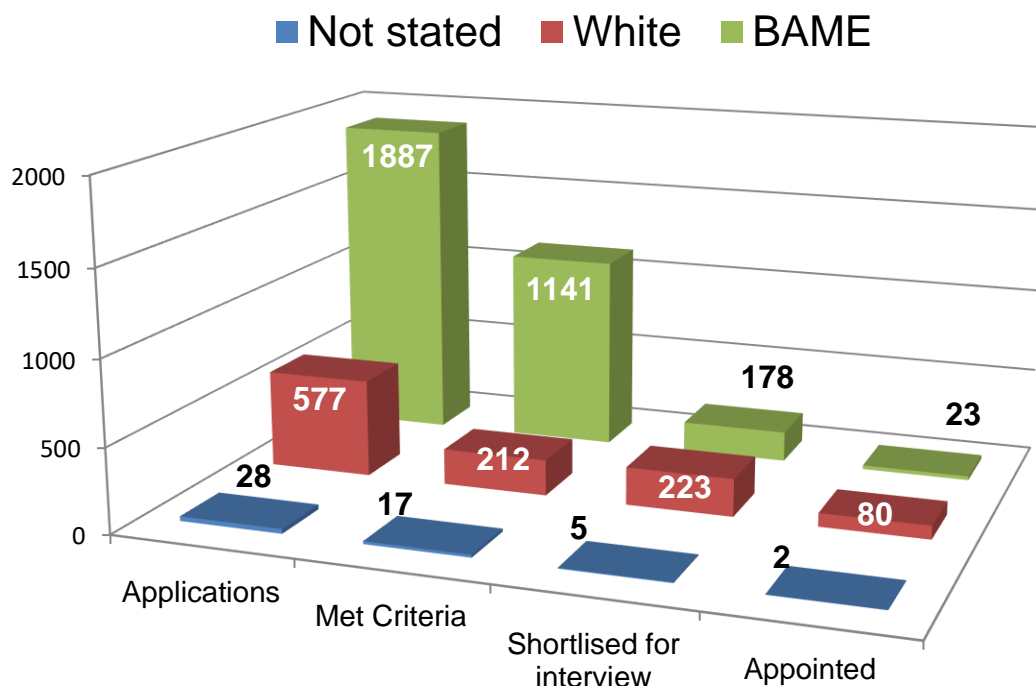
## Appointment from shortlisting – (Metric 2)

## X2.78

Relative likelihood of staff being appointed from those shortlisted for interview across all posts. Note: This refers to both external and internal posts. This figure does not currently include all nurses recruited in our overseas recruitment process.

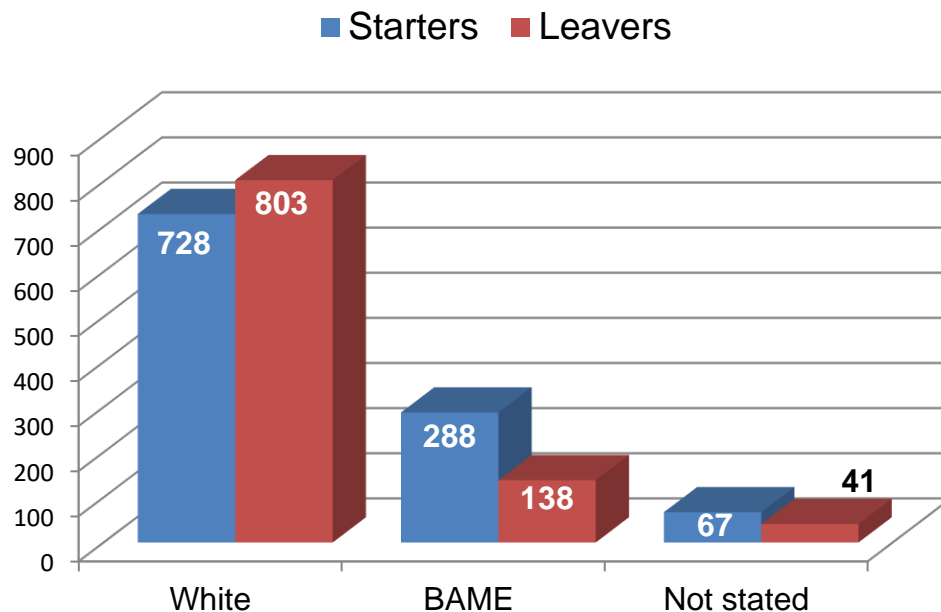
When we looked at the data recorded on TRAC for the year 2021/22 it showed us that White applicants were **2.78 times** more likely to be appointed from those shortlisted for interview compared to BAME applicants. The numbers are different from previous years. This is a slight increase on the 2021 figures when white staff were 2.2 times more likely.

It is also higher than the national average, where White staff are **1.61 times** more likely to be appointed.

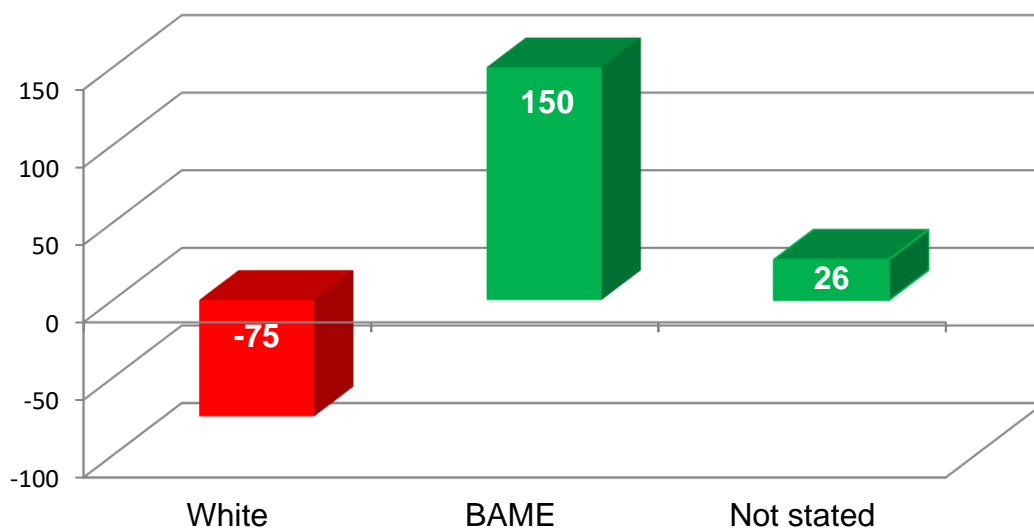


The above figures have been obtained from NHS Trac.jobs.com. The graph shows that **2,492** applications were received. **1887 (75%)** were from people who identified as BAME. The numbers on Trac appear to be lower than the 2020/21 figures and we are re-checking the data.

In order to get a clear picture of the number of BAME staff who have joined the Trust during 2021/22 we have collected details of all starters recorded on ESR. We have also compared this to the number of leavers during that year.



You will see that we have appointed **288** BAME staff members during this period. This is higher than the figure on Trac and takes into consideration recruitment of international staff and recruitment through agencies.



The previous graph shows us that we had a net gain of **150** BAME staff and a loss of **75** white staff from the workforce during the year.



## Inclusive recruitment and promotion practices in the NHS

A six-point high-priority action plan has been developed as apart of the People Plan commitment to overhaul recruitment.

Salisbury NHS Foundation Trust has commissioned PwC to review all our recruitment practices and make recommendations to improve our processes. This has included incorporating the national six point hi-priority actions (See Appendix 7)

The Trust has also been working with colleagues across BSW ICS to share best practice and identify where system wide processes could be put in place.

## Likelihood of entering disciplinary process (Metric 3)

### X1.7

BAME staff were **1.7 times** more likely to enter the formal disciplinary process compared to White staff. This appears to have slightly increased since 2017 when it was **1.55 times**. It will also be noted that this is higher than the 2020 national average of **1.16 times**.

Disciplinary	White	BAME	Ethnicity Unknown
Number of staff in workforce	3147	810	84
Number of staff entering disciplinary process	9	4	0

9 members of staff who identified as White entered the disciplinary process, this equates to 0.3% of the White workforce.

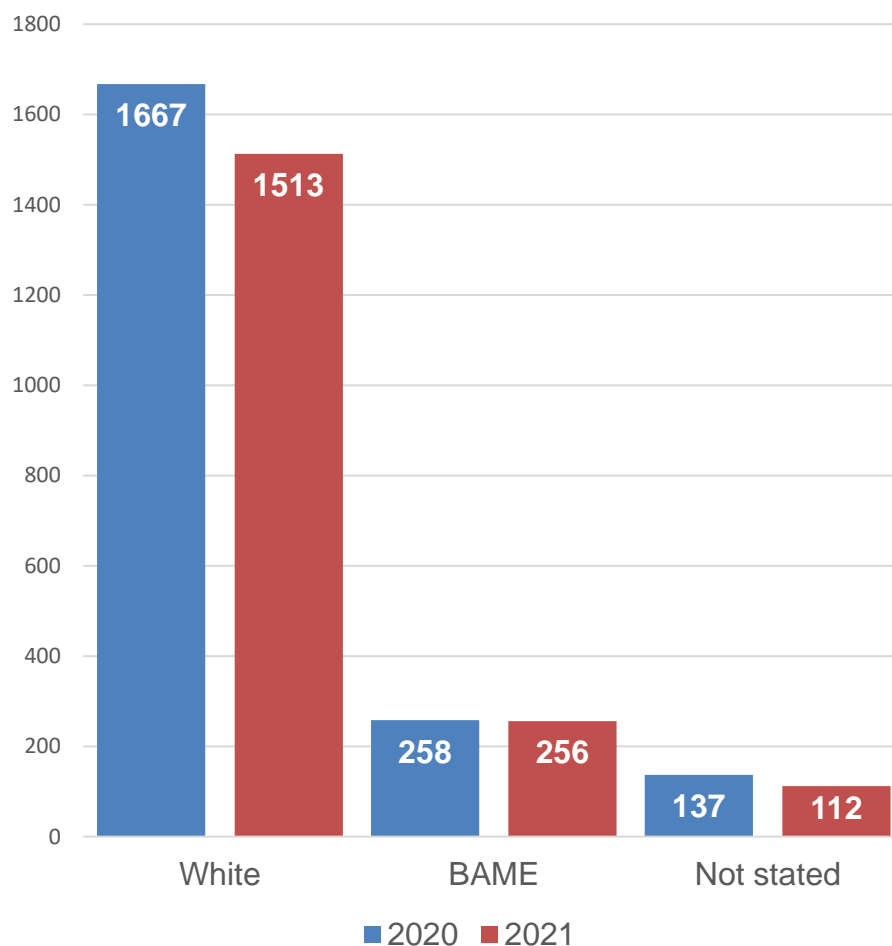
4 members who identified as BAME entered the process, this equates to 0.5% of the BAME workforce.

## NHS Staff Survey responses 2021

# 13.6%

**1,881** Salisbury NHS Foundation Trust people took part in the NHS Staff Survey, this represents **49%** of the total workforce. Of these **256** identified as BAME this is **13.6 %** of those who responded to the survey.

Staff who completed  
NHS staff survey

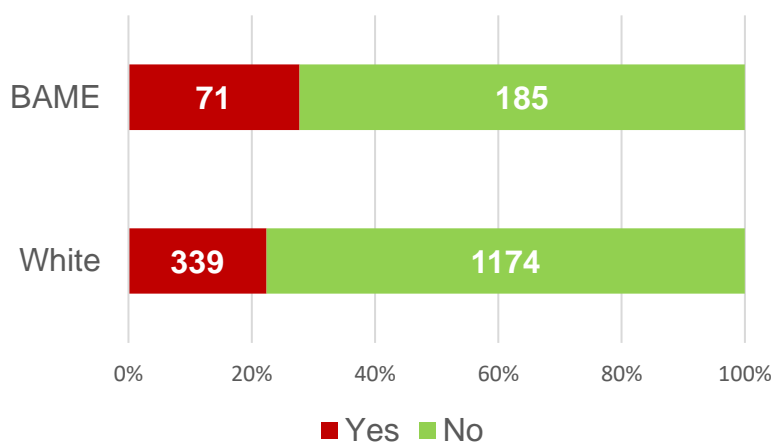


**31.6%** of all our BAME staff completed the staff survey. Although this is a lower percentage, in numbers terms the number of people only dropped by 2. This compares to **48.1%** of our White staff who responded to the survey. The number of White staff dropped significantly and equates to 154 people.

## Staff experiencing harassment, bullying or abuse: (Metric 5 & 6)

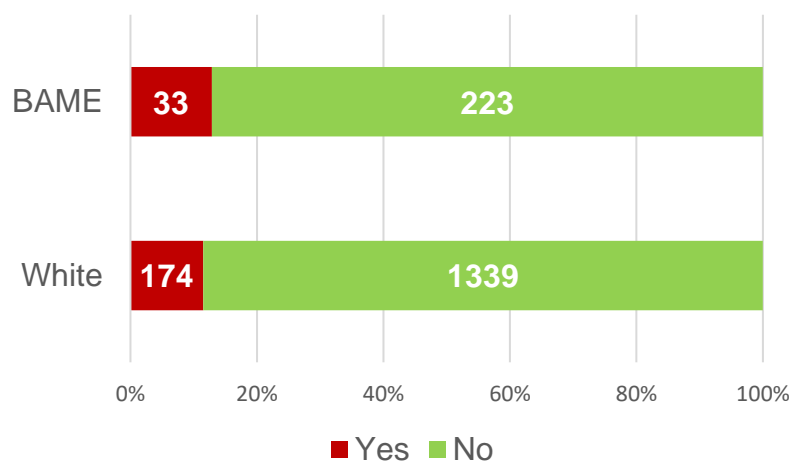
# 27.7%

**27.7%** of BAME staff, and **22.4%** of White staff, reported experiencing harassment, bullying or abuse from patients, relatives or the public. This is an increase for BAME staff groups. In 2021 it was **22%** for BAME staff and **21%** for White staff.



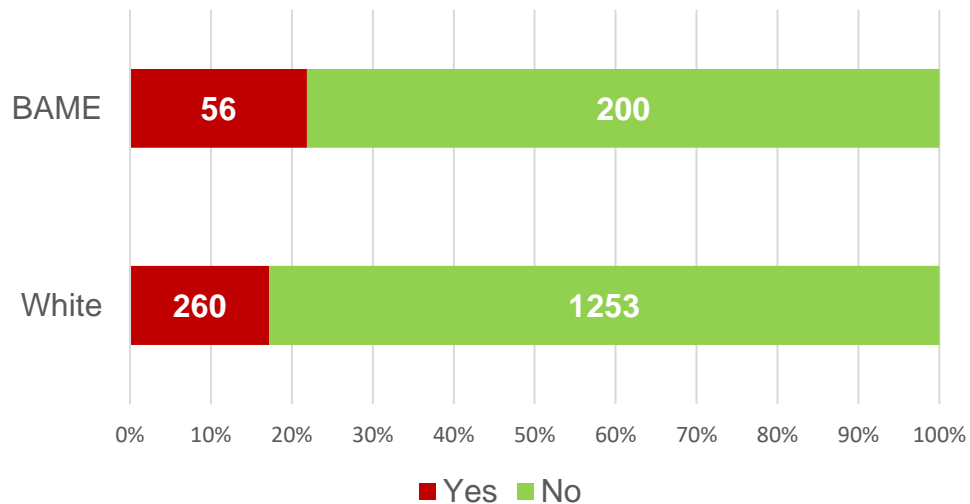
# 13.1%

**13.1%** of BAME staff, and **11.5%** of White staff, reported experiencing harassment, bullying or abuse from managers. There has been an increase in BAME staff stating they have experienced harassment, bullying and abuse from managers, in 2020 survey it was **9%**.



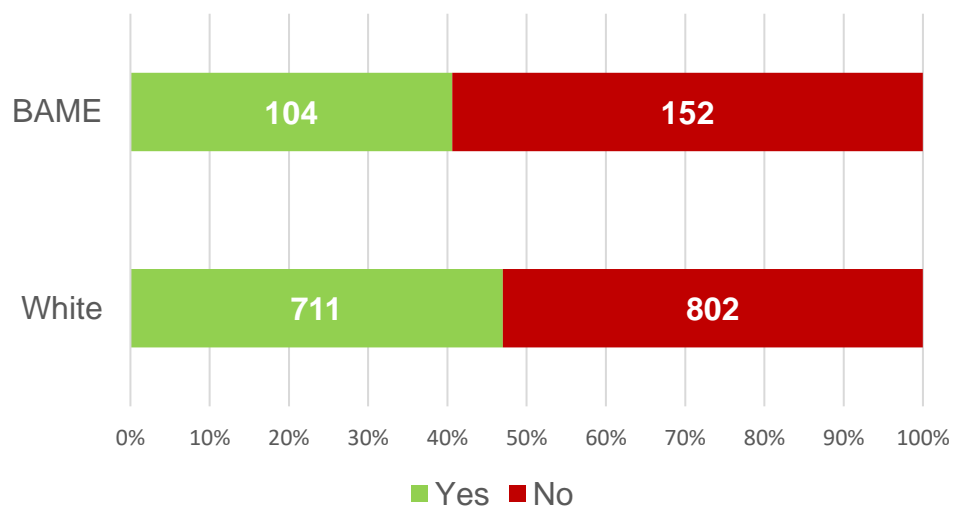
# 22%

**22%** of BAME staff, and **17.2%** of White staff, reported experiencing harassment, bullying or abuse from other colleagues. This is a 1% increase for BAME staff and 0.2% increase for white staff groups on last year's figures.



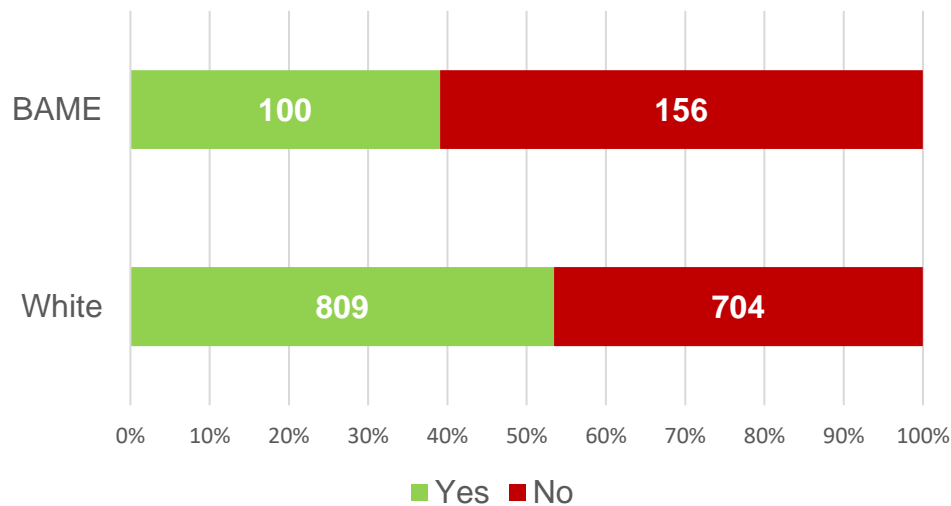
# 40.7%

**40.7%** of BAME staff and **47%** of White staff stated that the last time they experienced harassment, bullying or abuse they reported it.



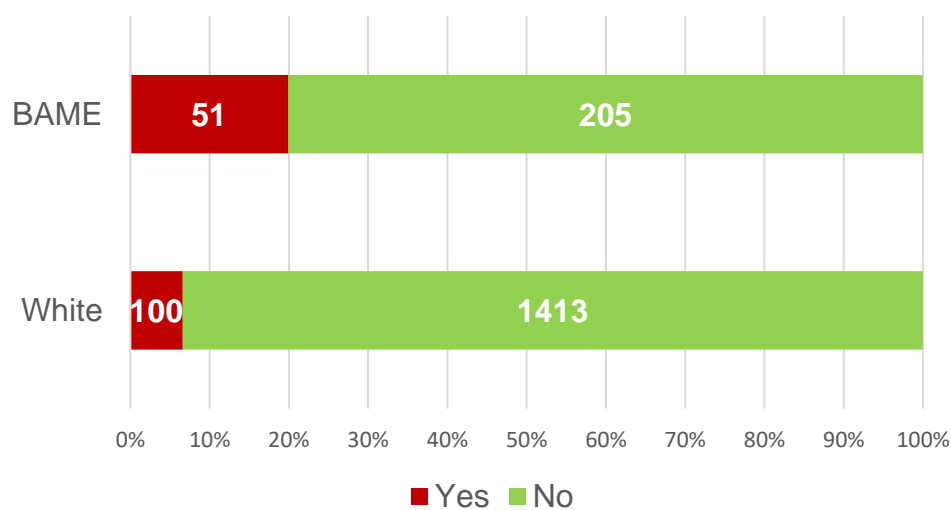
## 39.1%

**39.1%** of BAME staff, and **53.5%** of White staff, believe Salisbury NHS Foundation Trust Acts fairly in career progression. This is a significant decrease for both BAME and white staff groups. In 2020 it was **70%** for BAME staff and **86 %** for white staff.



## 19.9%

**19.9%** of BAME staff, and **6.6%** of White staff, reported experiencing discrimination from Manager/team leader or other colleagues. This remains at the same level as in 2020.



## Board representation indicator – (Metric 9)

The number of BAME board members in Salisbury NHS Foundation Trust remains the same as the 2020 figures.

Board	White	BAME	Ethnicity Unknown
Total Board members	10	1	3
Voting Board members	10	1	3
Non-voting Board members	0	0	0

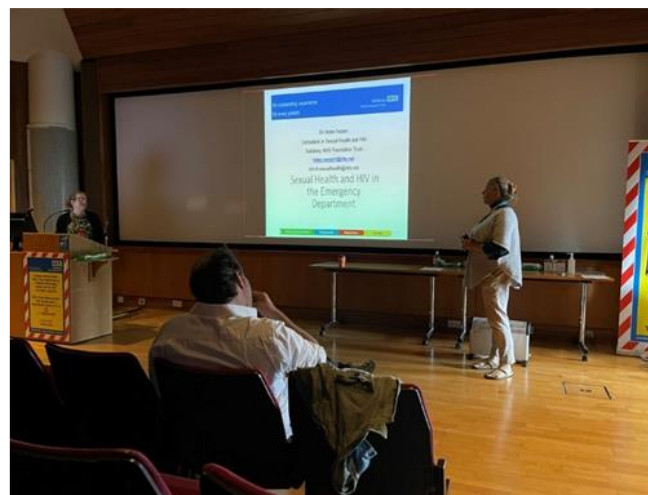
## BAME staff uptake of non-mandatory training

This metric evidences the relative likelihood of BAME staff accessing non-mandatory training and CPD.

The Trust has been unable to record details of the uptake of non-mandatory training by BAME staff due to a lack of a mechanism for gathering this information.

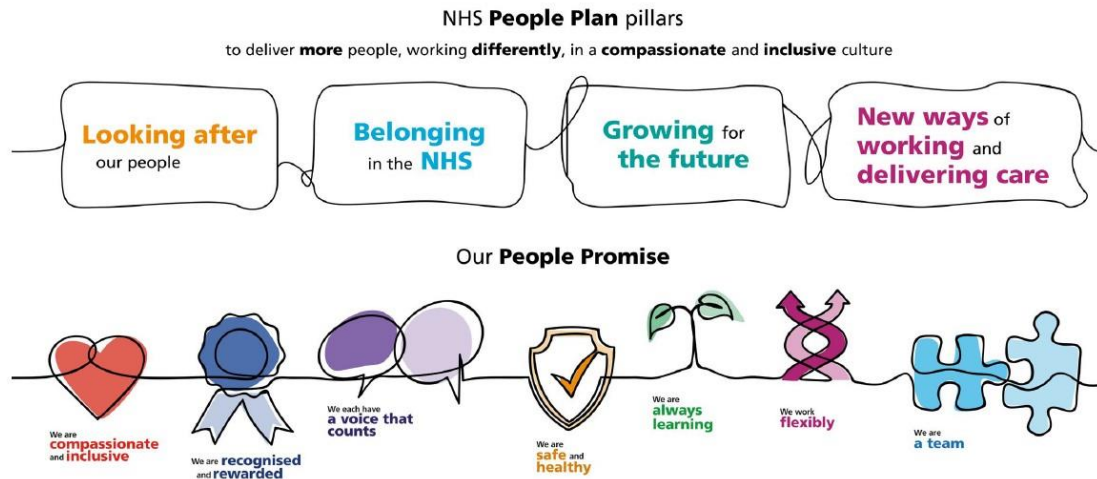
Work is in progress to identify a mechanism for identifying the uptake of non-mandatory training by BAME staff.

The Trust is working with EDI Leads across BSW ICS to identify best practice in the area.





## Links to the NHS People Plan and Promise



The findings of the annual WRES reports has been taken into consideration by the Trust in the work it is doing to fully implement the NHS People Plan and Promise.

The recommendations from this report are directly linked to the ambitions of NHS People Plan purpose and ambition 2: **Improve belonging in the NHS**.

This includes action in a number of areas:

1. Recruitment and promotion practices
2. Health and wellbeing conversations
3. Leadership diversity
4. Tackling the disciplinary gap
5. Governance
6. Information and education
7. Accountability
8. Regulation and oversight
9. Building confidence to speak up

## Progress on 2020/21 recommendations

Action	Lead	Deadline	Status
The Trust Board to discuss and identify the appropriate resources to drive the equality, diversity and inclusion agenda forward.	Chief People Officer	<del>September 2021</del>	March 2022 – Following completion of the action raised in the EDI Audit 2021 future EDI resources were identified and are currently being recruited to.
Members of the Trust Board to attend Compassionate and Inclusive Leadership Training session.	Chair of the Trust Board Chief Executive Officer	January 2022	A number of Trust Board members have attended Compassionate and inclusive leadership training. Also the Board have taken part in a number of EDIO development sessions.
The Trust Board to engage in a Reciprocal/Reverse Mentoring Program, initially with members of the Trust's BAME Forum.	Head of Diversity & Inclusion Chair of the BAME Forum	<del>November 2021</del>	2022 Reciprocal/Reverse Mentoring programs being reviewed by The BSW Academy Inclusion Pillar.
Trust Board to discuss and consider having an open seat on the Trust Board for a representative from the BAME Forum.	Chair of the Trust Board Chief Executive Officer	<del>September 2021</del>	Not progressed.
A program of support to be provided to BAME Forum Members to prepare them for attendance at Board meetings.	Head of Diversity & Inclusion Executive Sponsor for BAME Forum	<del>November 2021</del>	Although this is directly related to the previous action, work has been taking place to re-invigorate the staff networks and encourage greater engagement.

Nominate and support a member of staff to take part in the 2022 national WRES expert program.	Chief People Officer Head of Diversity & Inclusion	<del>March 2022</del>	Not progressed
Research and review how the Trust collects data on the progress of individuals from application to appointment. This to include the comparison between applicants who are from White or BAME communities.	Head of Resourcing	<del>November 2021</del>	Not progressed
Regular Starter and Leaver reports to include a comparison of white and BAME staff.	Head of Resourcing	<del>November 2021</del>	2022 – Starters and leavers report included in the annual WRES and WDES reports. Action: These details to be reported on on a more regular basis.
Trust adopts and engages with the NHSE/I Inclusive recruitment and promotion practices six point priority action programs.	Deputy Chief People Officer Head of Resourcing	<del>March 2022</del>	March 2022 – PwC completing a review of the Trust recruitment processes and practices. This will include reporting on actions to address the six High priority Inclusive and Recruitment actions.
Trust adopts the NHS Just and Learning Culture toolkit to address the disparity regarding BAME staff entering the disciplinary process.	Chief People Officer	<del>January 2022</del>	June 2022 – Working group established to identify what needs to be in place to introduce a Just and Learning Culture to the Trust

The Trust allocates protected time for Staff Support network lead to assist in the development of fully functioning and empowered staff networks.	Deputy Chief People Officer Head of Diversity & Inclusion	<del>November 2021</del>	March 2022 – Board agreed to granting Network Leads one day per month protected time.
To agree the recording process of the uptake of non-mandatory training by BAME staff.	Associate Director of Education, Communication and Inclusion	<del>September 2021</del>	Initial discussion took place on this. Due to staff changes has not yet been progressed.
Continue to engage with EDI Leads and Staff Networks across the BSW Integrated Care System to share best practice and resources.	Head of Diversity & Inclusion	Ongoing	Now Business as usual through the BSW EDI leads network and which has become the Inclusion Pillar of the BSW Academy.
EDI Committee to work with the BAME forum to monitor these actions to drive the WRES agenda forward	Chair of EDI Committee Head of Diversity & Inclusion Chair of the Race equality Network	<del>March 2022</del>	June 2022 – The EDI Committee structure and TOR have been reviewed and meeting re-established. 2022/23 WRES Action plan will be reviewed and monitored by the EDI Committee
Ensure our people are confident to share up to date, relevant and accurate equality data through our ESR self-reporting process. Ensuring that they understand the benefits of doing so.	Deputy Chief People Officer Head of Diversity & Inclusion	<del>November 2021</del>	Not progressed

## Joint ownership of our action plans



To improve the work experience for our BAME 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 action plan will be agreed with and jointly owned by our neighbouring acute Trusts. The analysis of our WRES reports confirms the range of issues are consistent across our organisations (although our key steps to achieve the actions and completion dates may differ).

The work to align the action plans commenced during 2021/22 and will be completed in the next reporting year. This will be achieved by continued involvement in the BSW EDI Academy Inclusion Pillar.



It is proposed to work on three key areas:

Key Action	Desired outcomes
Reducing Disparity & Progression Ratios	<ul style="list-style-type: none"> <li>• Equal likelihood of White and BAME being promoted through the lower, middle and higher bands</li> <li>• More BAME staff in roles at Bands 7 and above</li> <li>• Zero disparity ratio</li> <li>• Zero progression ratio</li> </ul>
Reducing Overt & Covert Discrimination	<ul style="list-style-type: none"> <li>• Improved staff satisfaction scores</li> <li>• Lower rates of bullying and harassment</li> <li>• Improved rates of staff retention and engagement</li> <li>• The Trust as a more desirable place to work</li> <li>• Increased confidence in complaint systems and processes</li> </ul>
Fostering Safe Spaces	<ul style="list-style-type: none"> <li>• Additional channel to present ideas for improvement and to raise awareness</li> <li>• Individual board member ownership of parts of the EDI agenda</li> <li>• Measurable increase in trust between Board and BAME network</li> </ul>

## Recommendations for 2022/23

It is recommended that Salisbury NHS Foundation Trust considers the following actions to support our BAME colleagues to ensure they have an equal opportunity to recruitment and progression within the workforce.

In order to achieve this it is recommended that Salisbury NHS Foundation Trust:

- Continues to ensure that they take into consideration the findings of this report.
- Identifies a mechanism for ensuring accurate data is collected regarding recruitment and non-mandatory training of diverse staff.
- Works with Royal United Hospitals Bath and Great Western Hospitals to identify consistent issues and provide joined up solutions.
- Continues to work with the BSW Academy Inclusion Pillar to identify best practices and areas suitable for joint working across BSW ICS.
- Fully implement the recommendations from PwC on the overhauling of recruitment and progression process.

## Author and Sponsor

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## Appendix 1: History of the Workforce Race Equality Standard

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BME representation at the Board level of the organisation.

Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

The WRES is being implemented as the best means of helping the NHS as a whole to improve its performance on workforce race equality. There is considerable evidence that the less favourable treatment of BME staff in the NHS, through poor treatment and opportunities, has a significant impact on staff well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.



## Appendix 2: WRES Reporting metrics

### Workforce 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 they have always used.

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

### 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 3: Definition of Ethnicity

The definitions of BAME (Black, Asian and minority ethnic) and White 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.

### **Ethnic Categories 2001**

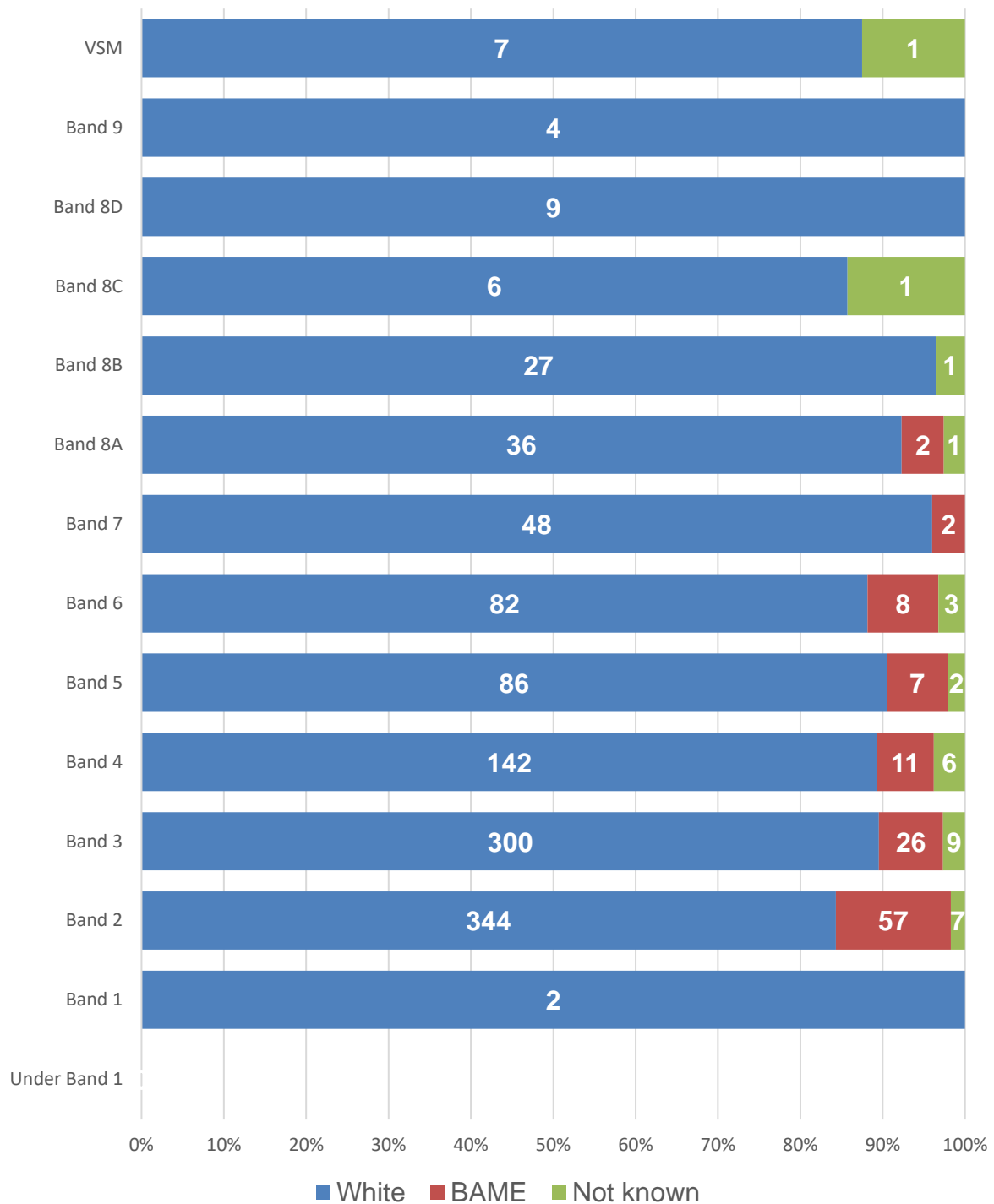
The WRES Data report asks us to look at our people as either White or BAME; however the ethnicity of our staff is very diverse. The WRES definitions are as follows:

- A – White – British
- B – White – Irish
- C – Any other white background
- 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
- Z – Not stated

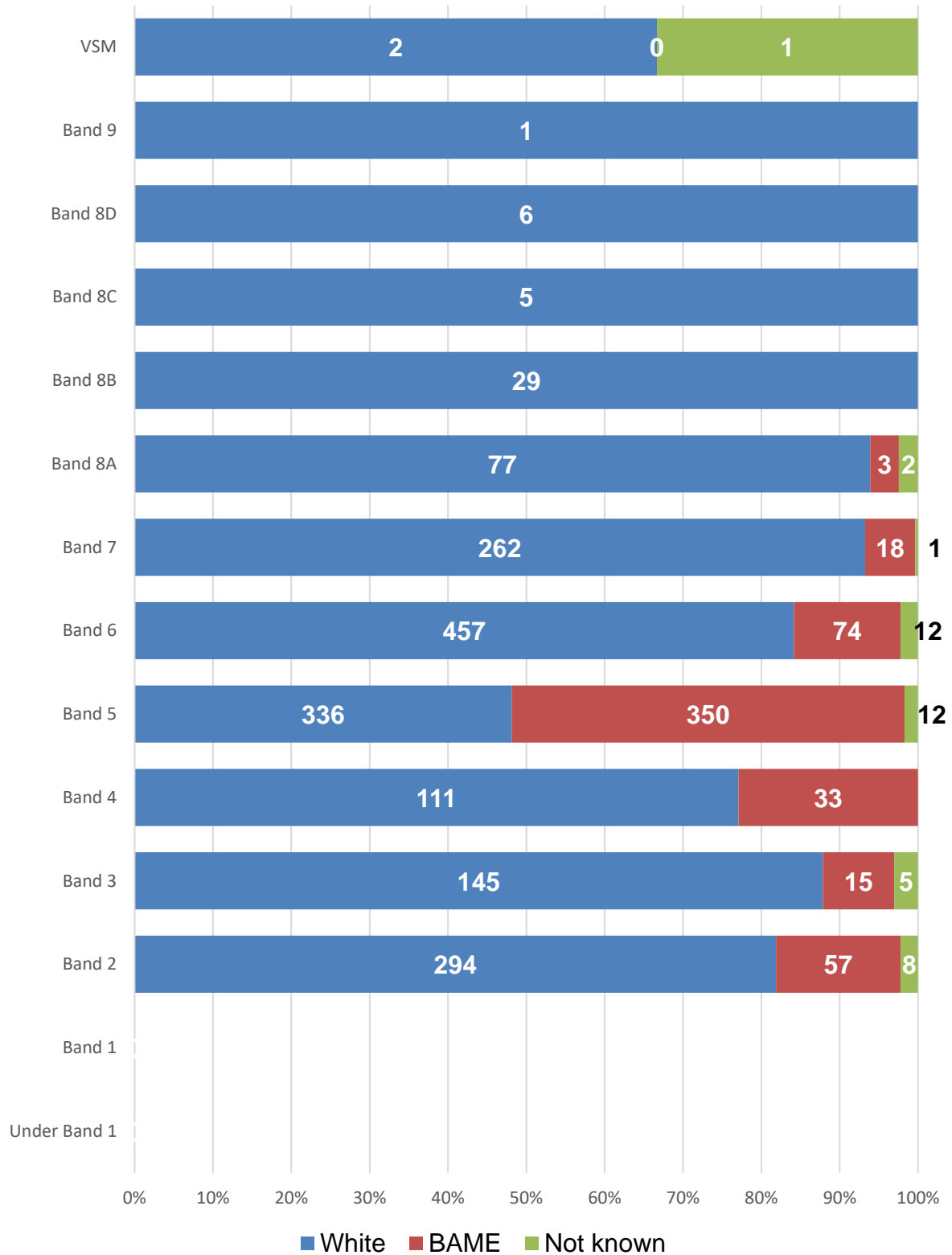
These are the national reporting categories for ethnicity in the NHS data model as used in NHS Digital data.

## Appendix 4: Workforce Demographics by pay bands 31<sup>st</sup> March 2022

### Non-Clinical

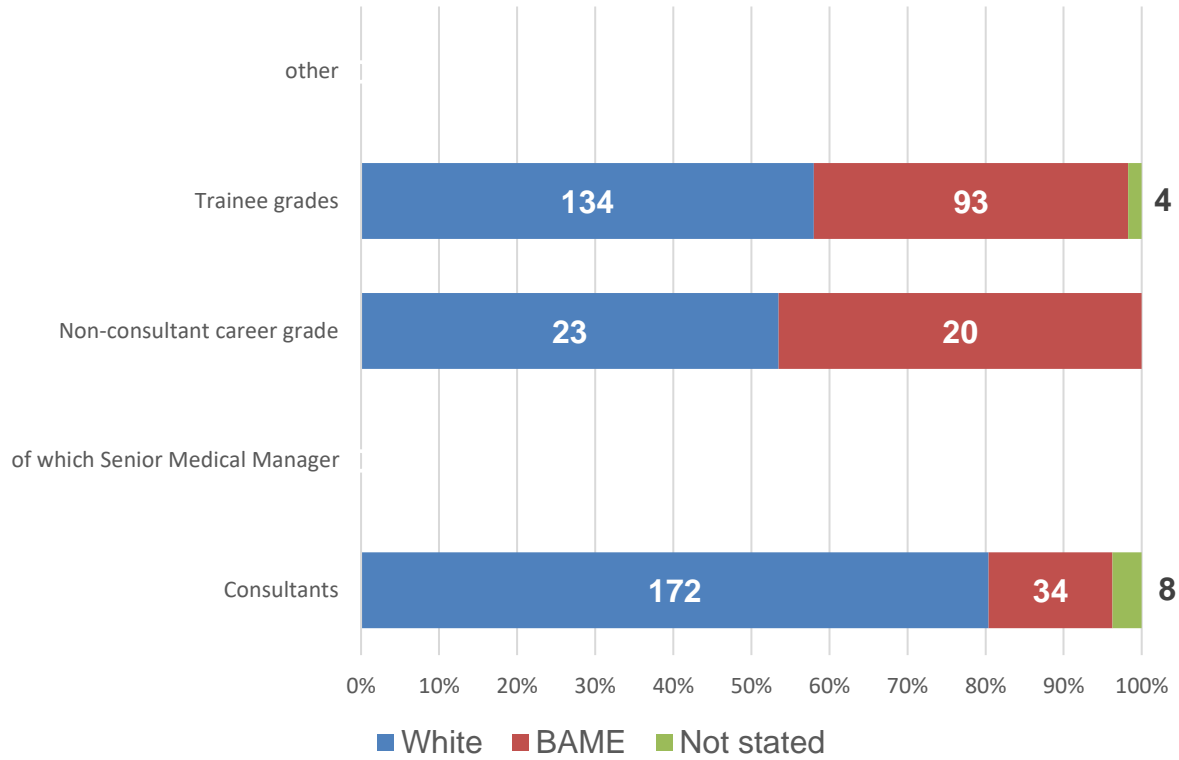


## Clinical





## Medical & Dental



## Appendix 5: NHS HRD WRES Model Employer Goals

NHS England and NHS  
Improvement  
Skipton House  
80 London Road  
London  
SE1 6LH  
Contact Email:  
england.wres@nhs.net  
24th May 20212

To: NHS Trust - HRD's  
Sent via Email Communication  
CC: Regional EDI leads

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.).
  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](mailto: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 6: Disparity Ratio

2022

Bands	White - Current Year	BME - Current Year	Unknown - Current Year	
Under Band 1	0	0	0	
Band 1	2	0	0	
Band 2	638	114	15	
Band 3	445	41	14	
Band 4	253	44	6	
Band 5	422	357	14	
Band 6	539	82	15	
Band 7	310	20	1	
Band 8a	113	5	3	
Band 8B	56	0	1	
Band 8C	11	0	1	
Band 8D	15	0	0	
Band 9	5	0	0	
VSM	9	0	2	Total No of Staff
<b>Grand Total</b>	<b>2,818</b>	<b>663</b>	<b>72</b>	<b>3,553</b>
				BME % representation at trust AfC Bands
				<b>18.7</b>

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	1,760	556	49
6 and 7	849	102	16
Band 8a+	209	5	7
<b>Grand Total</b>	<b>2,818</b>	<b>663</b>	<b>72</b>

	White	BME
Lower to middle	2.07	5.45
Middle to upper	4.06	20.40
lower to upper	8.42	111.20

Lower to Middle	2.63
Middle to Upper	5.02
Lower to Upper	13.21

## Appendix 7: NHS Six Point Plan Overhauling recruitment.

	Action	Current Position	PwC Review recommendations
1.	<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>	<p>Executive sponsors for all staff networks have been identified. They are working with network Chairs to develop effective networks and drive engagement.</p> <p>PwC have reviewed the Trust recruitment process. The Trust is in the process of identify KPI's to measure progress on the agenda.</p> <p>PwC assessment:</p> <ul style="list-style-type: none"> <li>• Currently no SFT-specific KPIs set regarding recruitment of applicants/hires with protected characteristics. KPIs are driven by national annual reporting.</li> <li>• RT can access applicant diversity data through Trac however, access to conversion rates throughout the end-to-end process are not currently available. EDI data not routinely included in monthly reports.</li> <li>• The board have signed up to the Principles of EDI and have attended three development days on the wider equality agenda.</li> </ul>	<ul style="list-style-type: none"> <li>• Alongside external annual reporting develop more regular, easily accessible reports for internal audiences.</li> <li>• Develop and agree SFT KPIs, relevant to specific circumstances of the Trust, but linked to national targets.</li> <li>• Increase visibility of sponsorship roles, and explicitly assign CEO as overall sponsor.</li> <li>• Agree broader strategic plan, with recruitment as one component and set up delivery plan and milestone targets with accountable team members/ escalation strategy.</li> </ul>

		<ul style="list-style-type: none"> <li>Each executive member is the sponsor of a staff network and has signed up to an EDI objective against which appraisal.</li> </ul>	
2.	<p>Introduce a system of constructive and critical challenge to ensure fairness during interviews.</p> <p>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</p>	<p>PwC assessment:</p> <ul style="list-style-type: none"> <li>It is extremely difficult to collect data on panel diversity and to date, efforts to implement improved panel diversity have led to a disproportionate burden on a few staff members.</li> <li>RM training packs and intranet materials reference the need for diverse panels, but the Trust has relied on a strategy of wider education of staff to ensure RMs have an awareness of biases. further work needs to be done to embed this within divisions/departments.</li> <li>No work has been done to develop equality representative roles - other Trusts are doing this.</li> <li>RMs report a particular concern regarding internal hire processes which are often seen as 'shoe-ins'</li> </ul>	<ul style="list-style-type: none"> <li>Define baseline panel diversity requirements - add a step to RT processes whereby panel diversity is checked before interview invites are sent and return to managers on Trac if diversity requirements are not met.</li> <li>Include an escalation step for divisions who continue to provide poor panel diversity. This could be seen through hiring an equality representative.</li> <li>Guidance should stipulate that, as well as diversity of protected characteristics, panels must include an independent member e.g., from a different part of the Trust for internal recruitment.</li> </ul>
3.	<p>Organise talent panels to:</p> <p>a) Create a 'database' of individuals by system who are eligible for</p>	<p>PwC Assessment</p> <ul style="list-style-type: none"> <li>No progress has been made to develop a talent management database.</li> </ul>	<ul style="list-style-type: none"> <li>Assign clear responsibility for the development of the database e.g., networks/senior leader/equality officer.</li> </ul>

	<p>promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff</p> <p>b) Agree positive action approaches to filling roles for under-represented groups</p> <p>c) Set transparent minimum criteria for candidate selection into talent pools</p>	<ul style="list-style-type: none"> <li>• Networks are engaged in activity to support employees find and succeed in securing opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>• Support networks to play a key role in positive action.</li> <li>• Use specific external sourcing methods to attract employees with diversity of protected characteristics.</li> <li>• Develop clear consistent scoring guidance for all assessments.</li> </ul>
4.	<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>	<p>A recent review has taken place of a wide range of policies, including the Equality Impact Assessment element.</p> <p>a) Action to be taken to ensure that there is a central record of completed EIA's.</p> <p>A renewed training package to be developed from the Guidance document for all managers engaged in completing EIA's.</p> <p>PwC Assessment:</p> <ul style="list-style-type: none"> <li>• Quality of EIAs is low and often delivered as an afterthought rather than a key element of the Quality and Improvement process. There is a lack of resource to deliver this centrally.</li> <li>• Example questions and interview formats that support EDI initiatives are not readily available on the Trust intranet.</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate EIAs as a core element of quality assessment and clarify responsibilities for coordination of this work.</li> <li>• Put a provision in interview toolkits for RMs for roles band 8a and above to demonstrate EDI work/ legacy and provide example questions to test this.</li> <li>• Develop scoring standards to ensure fair and consistent marking of these questions</li> </ul>

5.	<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>	<p>PwC Assessment:</p> <ul style="list-style-type: none"> <li>Recruitment and EDI specific training sessions receive a low attendance.</li> <li>RMs report lack of general training on transition to people management.</li> <li>No evidence of standardisation of interviews across the Trust for any grades. Example questions and interview formats are not readily available on the Trust intranet.</li> <li>No clear mandate/instruction has been set use of on values-based shortlisting.</li> </ul>	<ul style="list-style-type: none"> <li>Set training as mandatory before recruitment activity can take place.</li> <li>Develop wider Manager training at the point of promotion, including broader HR awareness.</li> <li>Create EDI-focussed training session/merge existing sessions with central EDI focus</li> <li>Standardise use and assessment of values-based questions at application stage and skills -based questions during interviews (using scenarios).</li> </ul>
6.	<p>Adopt resources, guides, and tools to help leaders and individuals have productive conversations about race</p>	<p>The Trust has reviewed the Terms of Reference of its EDI Committee and the newly constituted committee met in July 2022.</p> <p>The Chair of the Race Equality Network is a full member of the EDI Committee.</p> <p>The Chief People Officer is working closely with network leads, including the Race equality Network Lead to identify a 12-month plan of activities and engagement across the Trust. This will include conversations about inclusion and diversity.</p>	<ul style="list-style-type: none"> <li>Acknowledge the need for wider cultural change to ensure a fair inclusive environment.</li> <li>Use recruitment improvement project as an opportunity to rollout training about race conversations but add wider EDI strategy and training materials/sessions.</li> <li>Invest in external trainers to support this agenda and/or proactively support the Race network - facilitate 20% of individuals' time to be spent delivering race allies training/promoting the agenda.</li> </ul>



		<p>The staff networks will be identifying tools and guides to share with the wider workforce.</p> <p>The Trust has developed and delivered a series of high performing podcasts exploring “Who am I, who are you, who are we?” The series titled Cake with Joe and Jayne takes serious issues and discusses them through an informal 20+ minutes of conversation, Guest have come from across the Trust reflecting different roles, professions, backgrounds, and characteristics.</p> <p>There have been 10 episodes published to date including one on Race and one on Prejudice – the race episode included the Chair of the Race Equality Network. Other episodes have covered subjects such as faith, disability, sexuality, mental health, and age. To date the podcasts have been downloaded over 2500 times.</p> <p>PwC Assessment:</p> <ul style="list-style-type: none"> <li>• RMs perceive there to be passive approach towards EDI and are unaware of EDI resources available to them, as well as their obligations to upskilling in this area - there is a lack of</li> </ul>	
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		<p>individual accountability.</p> <ul style="list-style-type: none"> <li>• Pressures of RM roles mean that considerations about EDI are secondary to urgency of recruiting activity.</li> <li>• There is a desire to broaden out the focus to include diversity of other protected characteristics.</li> </ul>	
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