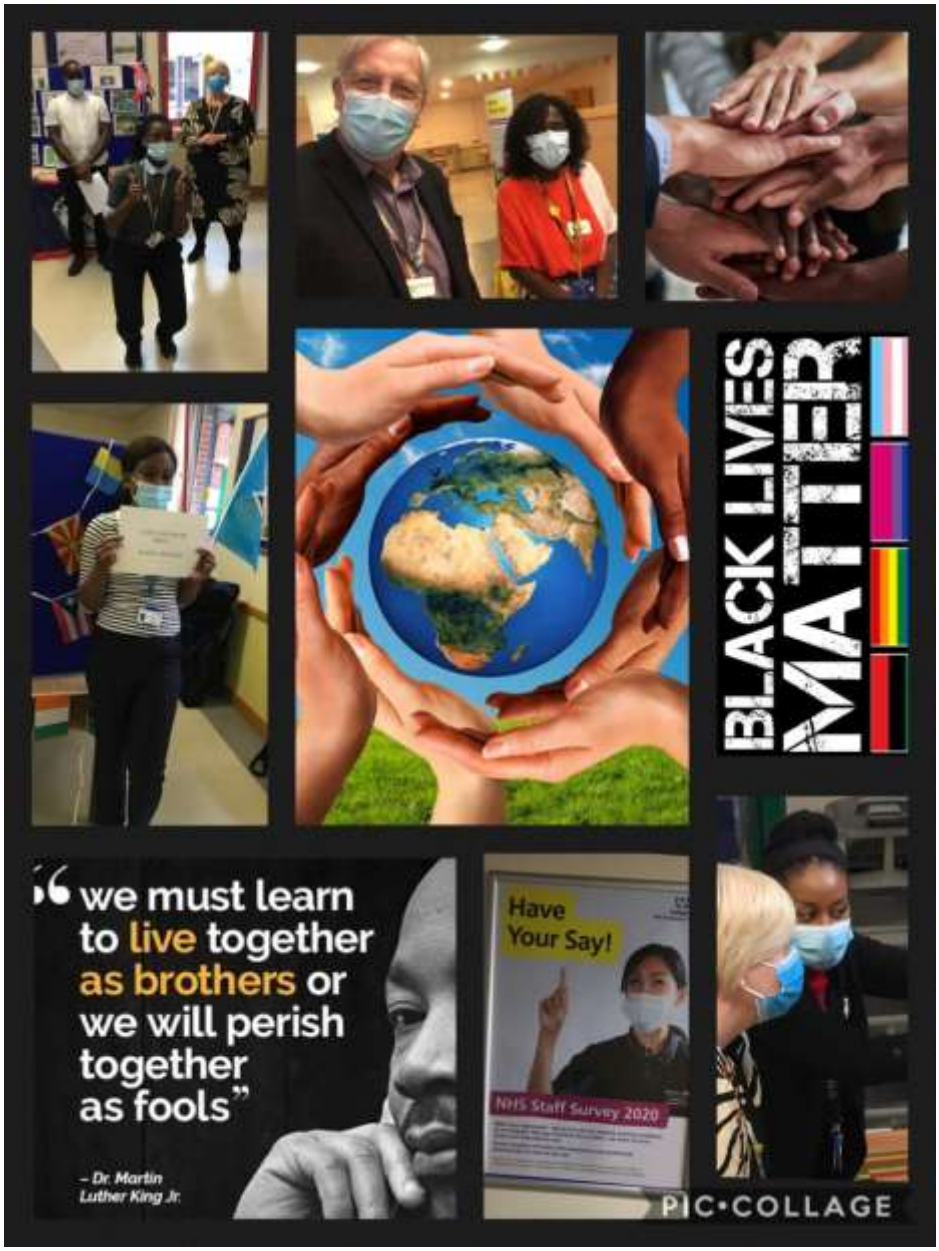
NHS
Salisbury
NHS Foundation Trust

Workforce Race Equality Standard (WRES) Report 2021



1. A personal reflection on racism

A letter from

Penny Thomas
Lead Nurse Sexual Health Community
Salisbury NHS Foundation Trust

Racism is a Wound

I offered the patient a chaperone; would he be okay if I examined him on my own?

And I was surprised, taken aback, when he replied 'I don't mind at all. Black people are everywhere now, on the telly, all the adverts, you're helping the NHS…. No I don't mind at all'

I suppose my jaw may have dropped as I looked at him. However, there was nothing but friendliness and genuine easiness as he responded. No sign of malice at all.

Apart from confirming that he didn't want someone else from the clinic to be in with him, I can't remember what my response was, except that we laughed as I showed him to the examination room.

I work in a rural setting where black people are few and far between. And in retrospect, I could imagine that he would be the person defending me, the black person, in a conversation where the charge was 'black people are everywhere, taking over'. I was glad that he was comfortable enough to mention my colour, voice openly, what was on his mind.

The issue of racism is a currently a heated debate.

A problem however, seems to be that we black people are talking to each other, other black people about the pain, the injustices we feel on a daily bases. While white people are talking to other white people, about the issues as they see them. Black and white are not talking to each other about these issues that affect us all.

I recently had reason to recall this event when, for the first time I saw black gloves in the clinic. 'They look wrong, don't they?' I said as the three of us stood looking, laughing about those gloves.

I tried in my confusion, to explore why it was that gloves looked so out of place. To my mind, black gloves belong in the 'cleaning out drains' arena. They looked as out

of place as yellow or pink gloves would look out of place; those belong in the kitchen, the domestic setting.

We may not be bees, but colour plays an important role in our lives, reaching into the deep recesses of our minds. It influences us in ways we are ill equipped to fully appreciate; the end result is possibly the racism, perceived or otherwise, that impacts our daily lives.

Meanwhile, statistics bear witness to the many and varied methods employed to stop black people breaking through the upper ceilings of seniority.

We witness people, both black and white, walking into a room and assuming that the authoritative person in the room is the white person. The black senior person has to wrestle for that authority. Or the permission is bestowed by the white colleague in many tacit ways, like constantly looking to the authoritative person or looking down as the patient talks, and so on. The methods employed to transfer that authority are creative and unspoken.

Some people need more convincing than others. Others leave never having been convinced that the authoritative person was indeed that black person in that room. While these are of the blatant ways that racism is notable, the Black, Asian, and Ethnic minorities (BAME) racism experience is more often, less obvious.

Unfairness, the injustices of racism, are experienced in less discernible, nuanced ways that often pile on in ways that we BAME people find difficult to explain to our white counterparts.

Racism feels like a raw wound that is either obvious to some or is invisible to those who are only able to see, at best, the scars of past wounds. While there are others who deliberately or unintentionally ***thrust*** into those wounds, there are those who are willing to empathise; be aware of that wound.

These are the people whose preparedness to help heal the often gaping wounds could possibly be the key to bridging the gap in the lived experience, between black and white.

But the gaps in our individual knowledge and understanding, regardless of our colour, leave us vulnerable to the on-going causes of those deep fissures.

While it is true that wealth and the generation of wealth are obvious causes of gaps in society including racism, we could do with help in unpicking the customs and systems that mean race, our colour, negatively impacts our everyday experiences. Maybe, wider, bigger platforms for experts like Dr Geoff Palmer, whose balanced view and deep understanding of history and the causes of racism would be helpful. And maybe the platforms could be appropriately shared with white people with a

history of wanting to, indeed participating in, combat against racism with a view to understanding and finding solutions to ways that mean we move forward.

We can't change the past. Martin Luther King makes the point; 'if you can't fly then run, if you can't run the walk, if can't walk the crawl, but whatever you do, you have to keep moving forward.' We are at the crawling stage, we have to move forward. But moving forward is incumbent on us fully understanding the roots of racism, its effects on all of us, black and white. Otherwise the true racists - those whose views will never be changed – they will continue to opportunistically widen the gaps in our understanding of each other, or why we are where we are today, or indeed where should aim to be tomorrow.

Willing people need the tools to work together, to change the systems that feed the - black stand back - brown stick around and white is always right – mentality, which could continue to flourish in the future.

2. Executive Summary – Rex Webb, Head of Diversity & Inclusion

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 2021 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 the NHS WRES report 2020
- Some comparison with previous SFT WRES reports
- Progress against our Model Employer – 10 year plan.
- Recommendations for future action.

Having compared our data this year with the National WRES results there are a number of areas where we need to take action. We have also compared our progress from our position in 2017 as the National report has done.

Our workforce has grown from **3,377** staff in 2017 to **3,952** in 2021. This is an increase of **575**. Over that period our BAME workforce has consistency grown from **338** in 2017 to **666** in 2021.

One highlighted area where the Trust needs to concentrate some effort is in recruitment and progression.

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 applicant are **2.1** times more likely to be appointed from interview than BAME applicants. At the present time we do not have verified data in this area and have instigated an action to rectify the matter. **(Further details included in section 6).**

In section 5 of this report we examine the progress we have made against the Model Employer goals to ensure increased representation of BAME people in senior management roles. It will be seen that the Trust has not achieved the ambition to have **6** BAME people in roles at Band 8 or above. At the present time we only have **5** BAME people in these roles. The position within NHS organisations across BSW ICS is very similar and joint work is needed to address this.

On the 24th May 2021 guidance was released updating the Model Employer Goals (see Appendix 6). 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 goals are based on **15.7%** of our workforce being from a BAME background.

Alongside the Model Employer Goals the national NHS WRES team have issued a matrix to measure the likelihood of staff progressing to higher management roles. Completion of the disparity ratio matrix shows that in Salisbury NHS Foundation Trust white staff are **9.8** times more likely to progress from middle to higher AfC pay

bands than BAME staff. In section 5a of this report we examine this in more detail and compare ourselves against other Trusts within our ICS.

In section 7 we see that our BAME staff are **2.06 times** more likely to enter the formal disciplinary process than White staff. This is higher than the national average of **1.16 times**.

Our BAME Forum was actively involved in encouraging people to engage in the 2020 Annual NHS staff survey. **38.7% (258)** of our BAME workforce took part in the survey.

The results were very similar to last year's figures and are outlined in sections 8 to 11 of this report. It will be noted that there was a slight reduction in the number of people believing that the Trust provides equal opportunities for career progression or promotion. Both White and BAME colleagues showed a reduction on 2017 figures.

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 to move this agenda forward are included at section 15 of this report.

2. Diverse Workforce

Salisbury NHS Foundation Trust has a diverse workforce with people originating from 72 different countries around the world.

There is much discussion at the present time regarding the use of the term BAME when speaking of people who are not White British. At the present time the WRES data continues to compare White people with Black, Asian and Minority Ethnic (BAME) people.

The **National Centre for Diversity** has considered this subject and given a view:

"So our position is that BAME is OK in the UK. 6 million people will have 6 million different views and that is what we are getting and as the most authoritative body on these issues we are drawing a line in the sand and saying BAME is OK."
(See full reasoning at appendix 5).

3. National NHS WRES Report 2020 – Key Findings

"We collectively promised each other that everyone should have equal access to health outcomes, irrespective of income levels, sexual orientation, race, disability or gender.

Although we have made much progress to realise that promise, we still have a long way to go. In order to provide equality of health outcomes, we must also create equality within our NHS workforce."

Prerana Issar
NHS Chief People Officer
NHS WRES Report 2020

Key Findings – NHS WRES Report 2020:

+2.9%

As at 31 March 2020, **21.0% (273,359)** of staff working in NHS trusts and clinical commissioning groups (CCGs) in England were from a black and minority ethnic (BME) background. This is an increase from **18.1%** in 2017. There were **56,715** more BME staff and **37,602** more white staff in 2020 compared to 2017.

+41.7%

The total number of BME staff at very senior manager (VSM) pay band has increased by **45 (41.7%)**, from **108** in 2017 to **153** in 2020.

x1.61

White applicants were **1.61 times** more likely to be appointed from shortlisting compared to BME applicants; this is worse than in 2019 **(1.46)**. which itself showed no improvement on the previous year. There has been year on year fluctuation but no overall improvement over the past five years. It was **1.60** in 2017.

x1.16

BME staff were **1.16 times** more likely to enter the formal disciplinary process compared to white staff. This is an improvement on 2019 **(1.22)** and a significant improvement from 2017 when it was **1.37**.

30.3%

30.3% of BME staff, and **27.9%** of white staff, reported experiencing harassment, bullying or abuse from patients, relatives or the public. This is an increase for both groups. In 2016 it was **28.4%** for BME staff and **27.5%** for white staff.

+1.6%

10.0% of board members in NHS trusts were from a BME background. This is an improvement from **8.4%** in 2019. In 2017, **7.0%** of board members were form a BME background

+22.2%

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

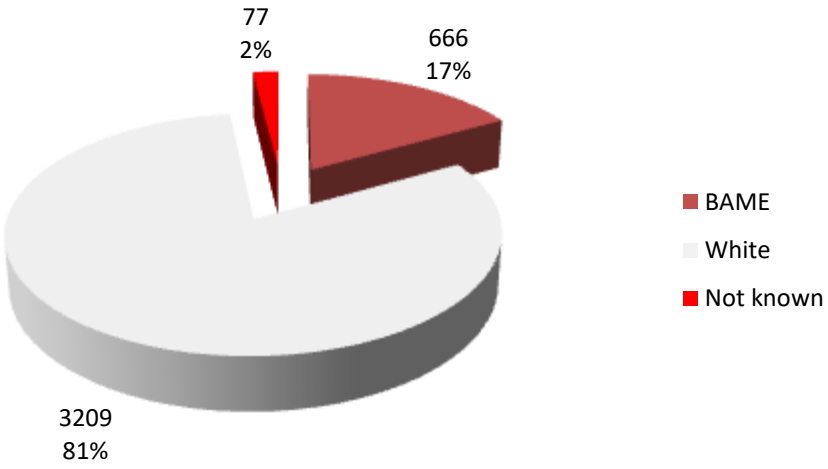
0

The WRES indicators relating to perceptions of discrimination, bullying, harassment and abuse, and on beliefs regarding equal opportunities in the workplace, have not improved over time for both BME and white staff.

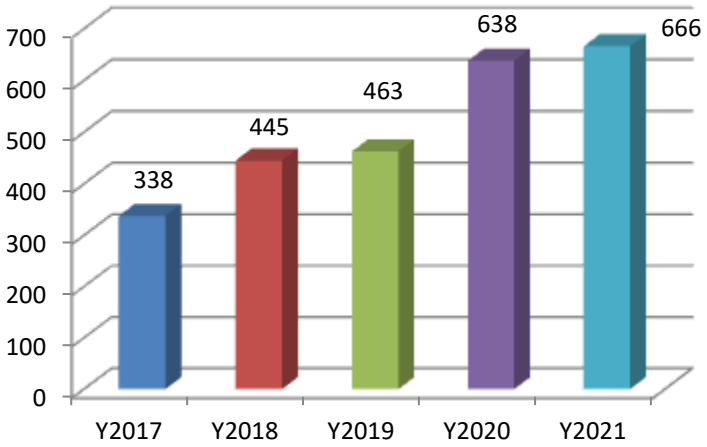
4. BAME Workforce 31st March 2021 – (Metric 1).

+7%

As at 31 March 2021, **17% (666)** of staff working in Salisbury NHS Foundation Trust were from a Black, Asian and Minority Ethnic (BAME) background. This is an increase from **10%** in 2017. There were **328** more BAME staff and **170** more white staff in 2021compared to 2017.



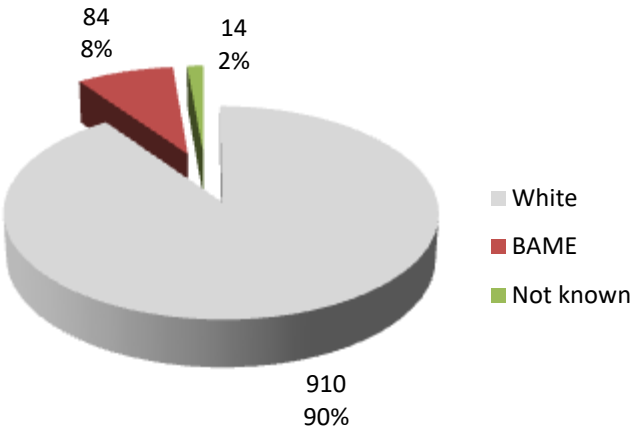
There has been a steady increase in the number of people from a BAME background employed by the Trust as can be seen in the graph below. This has been boosted by international recruitment of nurses.

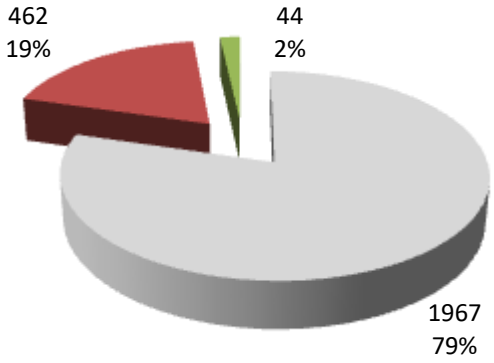


The following pie charts show the percentage of BAME staff in clinical and non-clinical roles compared with White staff.

2944 (74.5%) of our staff are clinical, compared to 1008 (25.5%) non-clinical.

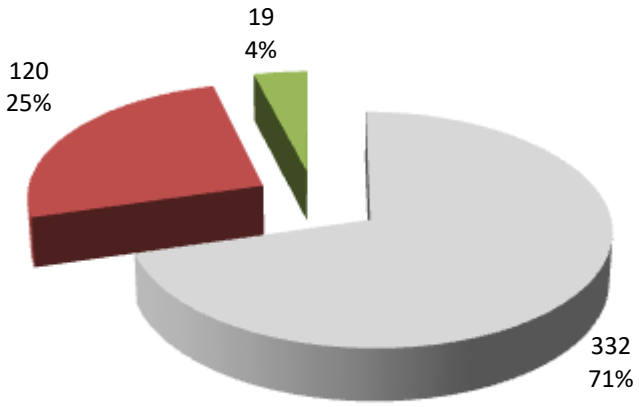
Non-Clinical





Clinical

Medical & Dental



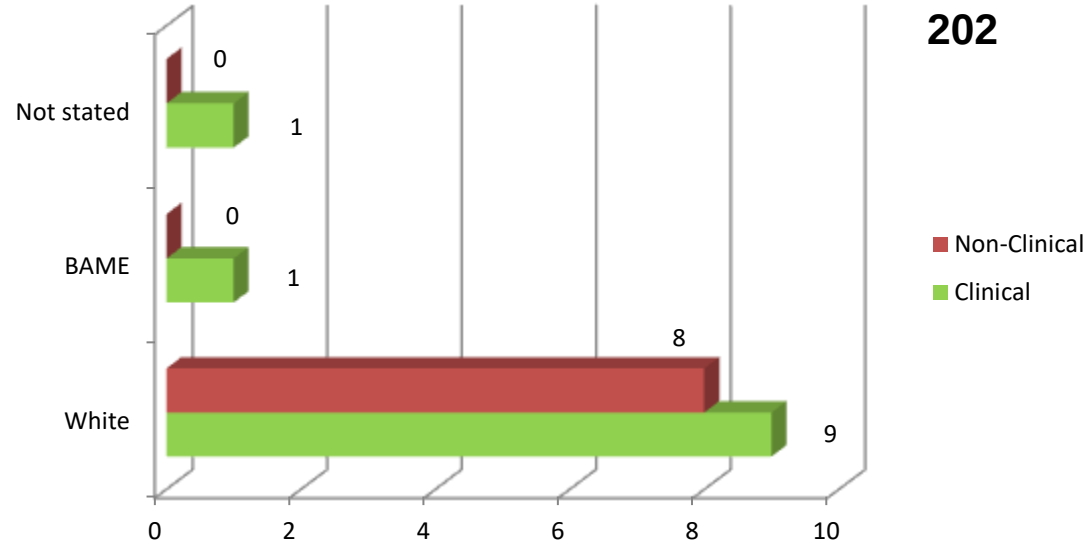
You will see a complete breakdown of the make-up of the workforce at Appendix 4. This shows the number of staff in each pay band.

The majority of our BAME workforce, **45.5% (303)** are Band 5 Clinical Staff. They make up a total of **43.7%** of the total Band 5 Clinical staff **(693).**

5. BAME Staff in Senior Management positions

+1

The total number of BAME staff at very senior manager (VSM) pay band has increased by **1**, from **0** in 2017 to **1** in 2021.



In 2019 NHS E/I produced a plan for each Trust across the country entitled “WRES ‘Model Employer’ leadership representation strategy”. The plan sets out an example of a commitment to meet the aspiration to improve BAME representation across the workforce and at leadership positions in the NHS, as set out in the NHS Long Term Plan.

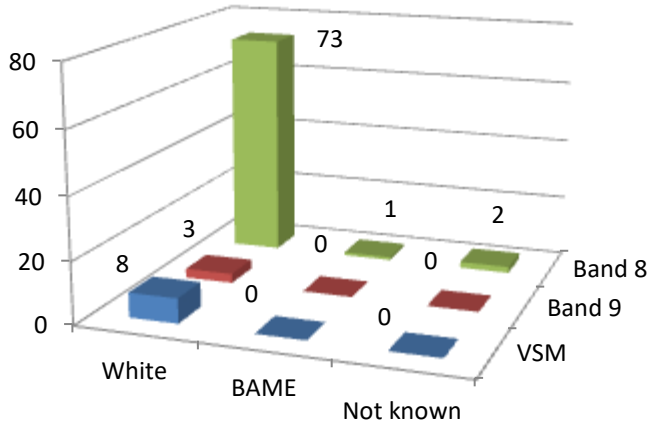
Each Trust received a bespoke plan setting out the suggested goal setting trajectory for bands 8a to VSM BAME recruiting. The following table contains the suggested trajectory based on Salisbury NHS Foundation Trust 2018 staff demographics.

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	3	4	4	5	5	6	6	7	7	8	8
Band 8b	0	0	1	1	2	2	3	3	4	4	5
Band 8c	0	0	0	0	1	1	1	1	1	1	1
Band 8d	0	0	0	0	0	0	1	1	1	1	1
Band 9	0	0	0	0	0	0	0	0	0	0	0
VSM	0	0	0	0	0	0	0	0	0	0	1

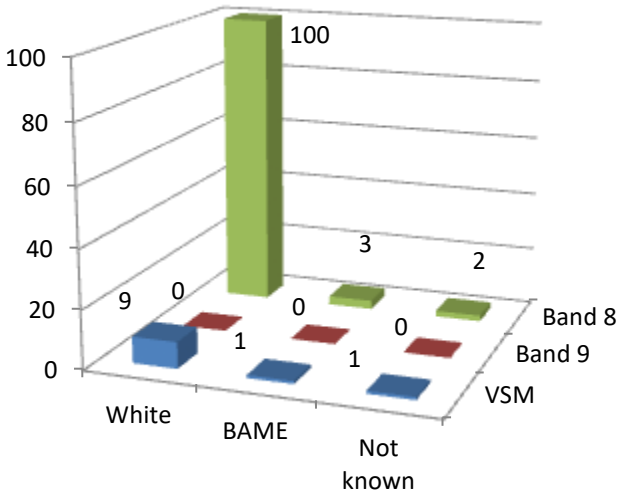
	2018 actual	2019 actual	2020 actual	2021 actual	2021 ambition	Gap
Band 8a	3	2	4	4	5	-1
Band 8b	0	0	0	0	1	-1
Band 8c	0	0	0	0	0	0
Band 8d	0	0	0	0	0	0
Band 9	0	0	0	0	0	0
VSM	0	0	1	1	0	+1

The above table shows that Salisbury NHS Foundation Trust has not achieved the ambitons set. At this stage it was hoped more people would progress to the Band 8 grades and above. The following graphs show the 2021 position at Salisbury NHS Foundation Trust from a clinical and non-clinical perspective.

Non-Clinical



Clinical



When we look across Bath and North East Somerset, Swindon and Wiltshire Integrated Care System other organisations are in a similar position. The graph below shows the low levels of BAME staff in roles in AfC pay bands of 8a to VSM. The percentage of BAME staff within the workforce is also shown.

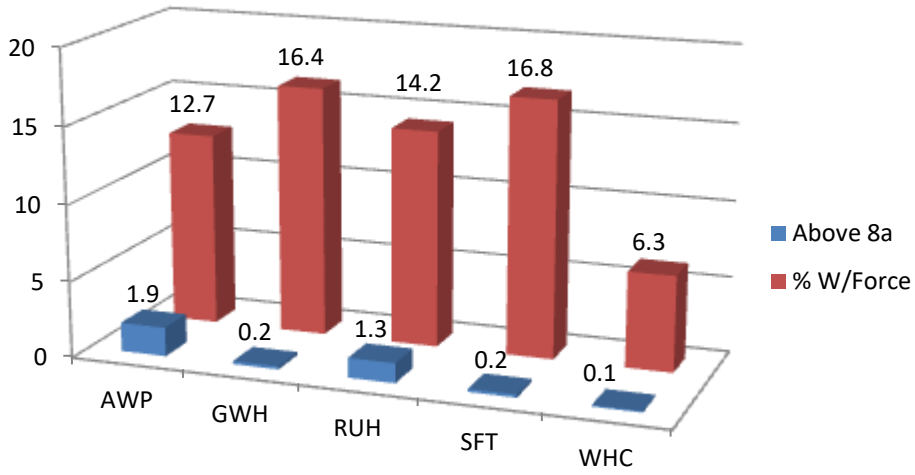
AWP – Avon and Wiltshire Mental Health Partnership NHS Trust

GWH – Great Western Hospitals NHS Foundation Trust

RUH - Royal United Hospitals Bath NHS Foundation Trust

SFT – Salisbury NHS Foundation Trust

WHC - Wiltshire Health & Care



5a. Changes to model Employer Goals & Disparity Ratio

15.7%

On the 24th May 2021 NHS WRES National Team circulated details of an updated approach to the Model Employer Goals. This included indstructions for organisations to calculated the goals to achieve a representative workforce by 2025.
This guidance is attached at appendix 6.

The basis of the change is a more ambisuos 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 following table refers to AfC Bands 6 to VSM based on **15.7%** of our worlforce being from BAME communities.

2021	Total staff	BAME Staff (Actual)	BAME Target 15.7% by 2025	Actual % 2021
Band 6	613	62	96	10
Band 7	318	12	50	4
Band 8a	111	4	17	4
Band 8b	45	0	7	0
Band 8c	12	0	2	0
Band 8d	13	0	2	0
Band 9	3	0	1	0
VSM	19	1	3	5

The 'Race Disparity Ratio'

x9.8

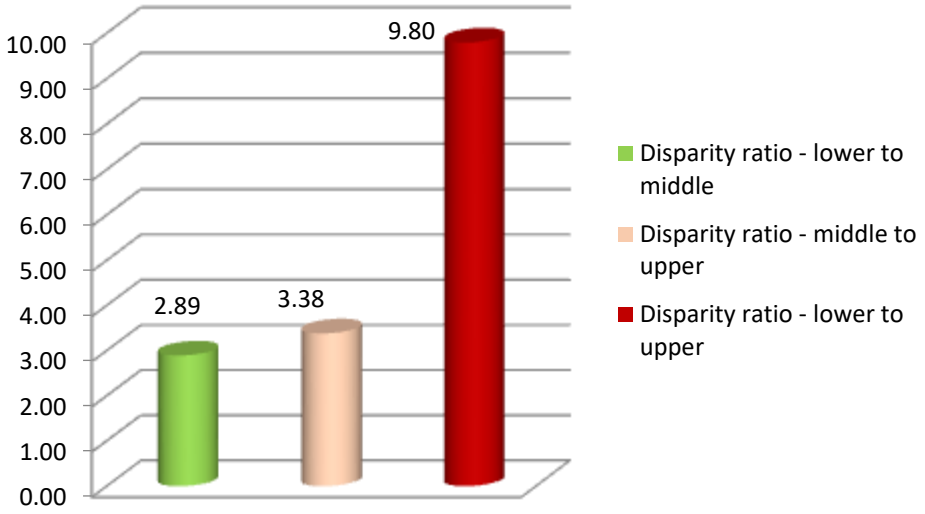
At the same time as introducing the changes to the Model Employer Goals the National WRES Team introduce a new Disparity Ratio matrix (Copy attached at Appendix 7). The **'Disparity Ratio'** has been developed as a metric by the national WRES team to help set trajectories and monitor them. It is the 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')

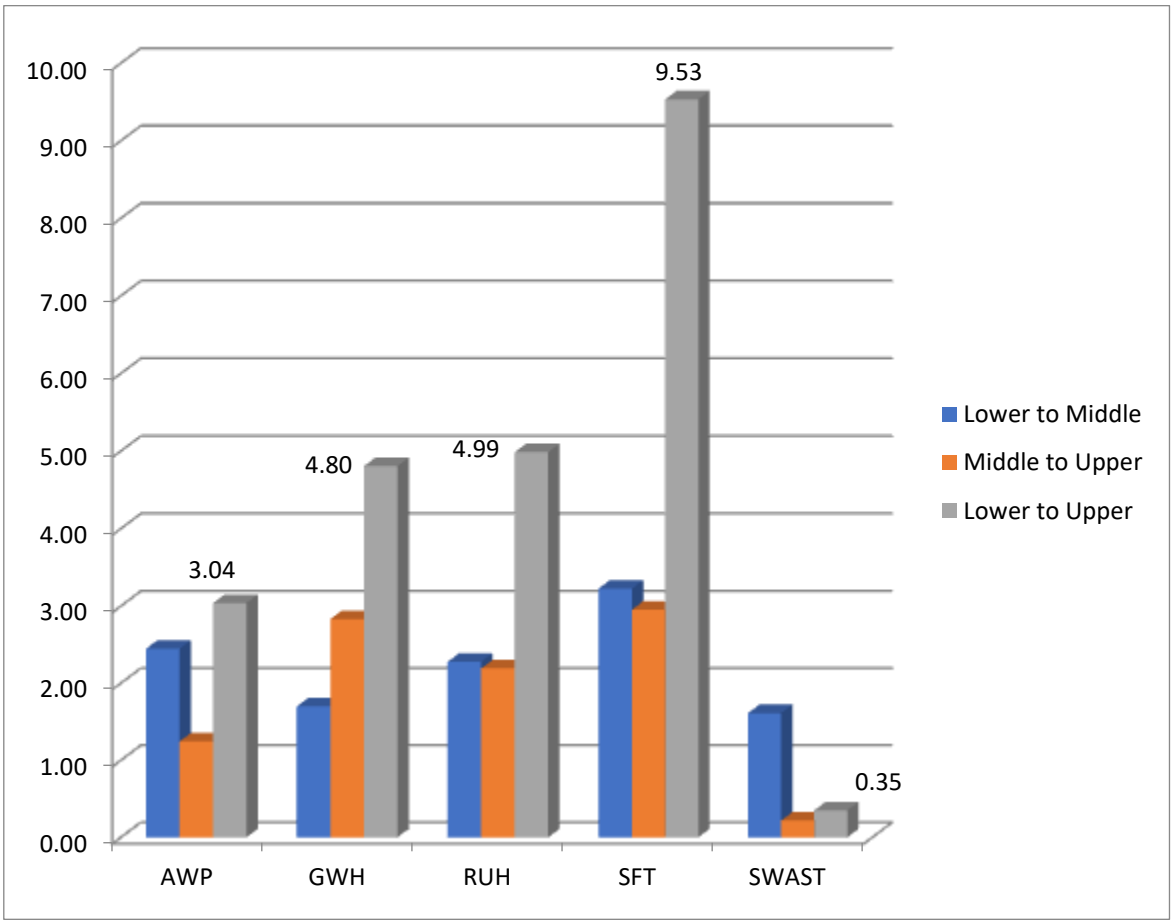
There are two elements which are calculated the Progression Ratio and the Disparity Ratio:

The **Progression Ratio** is the probability of white staff versus BAME staff being promoted through the lower, middle and higher bands. The data submitted by organisations as part of the WRES 2020 survey has been used to calculate the disparity ratio, and for Salisbury NHS Foundation trust is based on a 15.7% return of BAME staff.

Our disparity ratio is **9.80**. This means that white staff are **9.80 times** more likely to progress from lower to the upper employment bands than BAME staff.



When we compare ourselves with other organisations within the BSW ICS partenrship we see that our disparity ratio is the highest. This below graph is based on 2019/20 WRES data.



6. Appointment from shortlisting – (Metric 2)

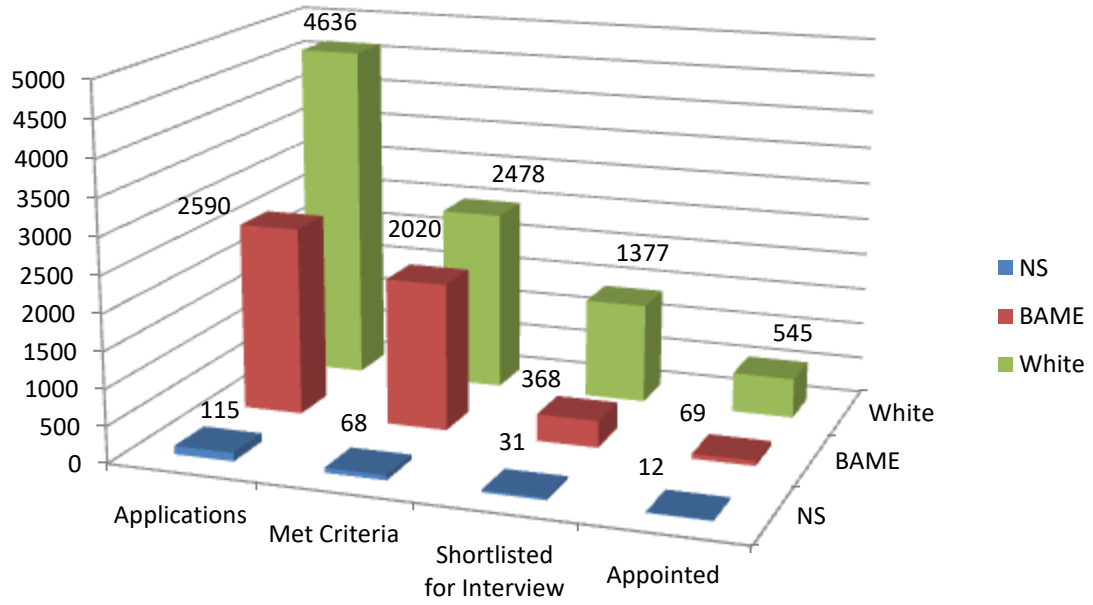
X2.1

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.

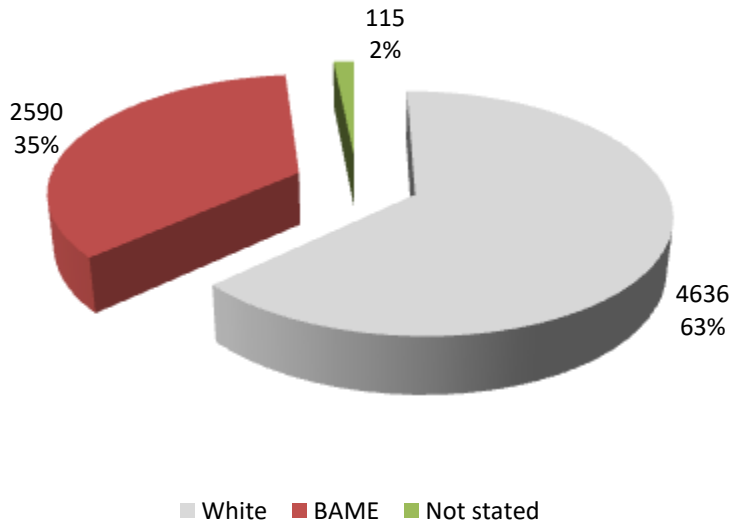
When we looked at the data recorded on TRAC for the year 2020/21 it showed us that white applicants were **2.1 times** more likely to be appointed from those shortlisted for interview compared to BAME applicants. The numbers are different from previous years. It was **1.60 times** in 2017. There is also a significantly different position since 2019/20 when **BAME** applicants were **1.17 time** more likely to be appointed that White applicants.

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

This year was the first time that we have collated the number of applications received alongside shortlisting and appointments, although this does not feature in the national WRES metric.



The above figures have been obtained from NHS Trac.jobs.com. The graph shows that **7,341** applications were received. **2590 (35%)** were from people who identified as BAME. Unfortunately we were unable to find the number of applicants for the year 2019/20, as TRAC only retains the details for the previous 12 months.



During the financial year 2020/21 **4,566** people met the minimum requirements for the role and were eligible for shortlisting. Of these **2,020** were from a BAME background, this equates to **78%** of all BAME applicants. **2,478** of these were White and this equates to **53%** of all white applicants. In this case a larger proportion of BAME applicants met the minimum requirements for the role. This showed that BAME Applicants were **6** times more likely to be subject to the shortlisting process than White applicants.

1,776 people were invited to attend interviews. **1,377** of these were White and **368** were from a BAME background. White applicants were **3** times more likely than BAME applicants to be offered interviews.

The above figures indicate that, although a large number of BAME applicants meet the minimum requirements for the role, they are less likely to progress through the shortlisting and interview process.

An action has been included in the WRES Action Plan to review the collection of equality data around recruitment. This will also be looking at some of the reasons why BAME applicants fail in the recruitment process.

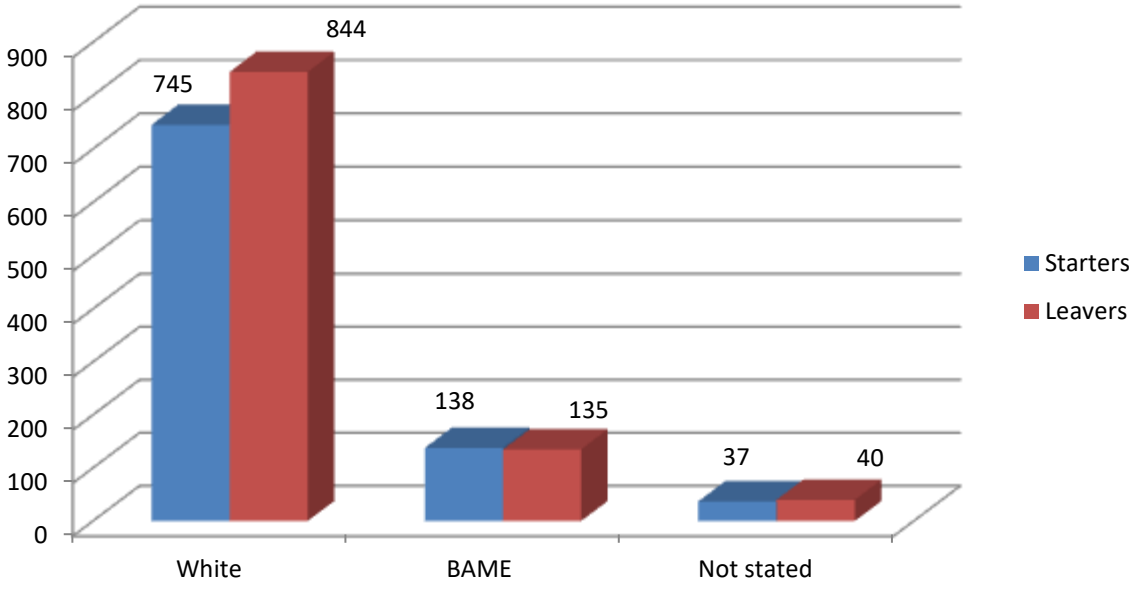
The data contained on TRAC does not include details of our overseas nurse recruitment at this time.

There is no mechanism to identify the number of applications, shortlisted and appointed candidates coming through agencies. We have included an action to address this issue.

There are a number of possible reasons for the increase in applications from people from a BAME background:

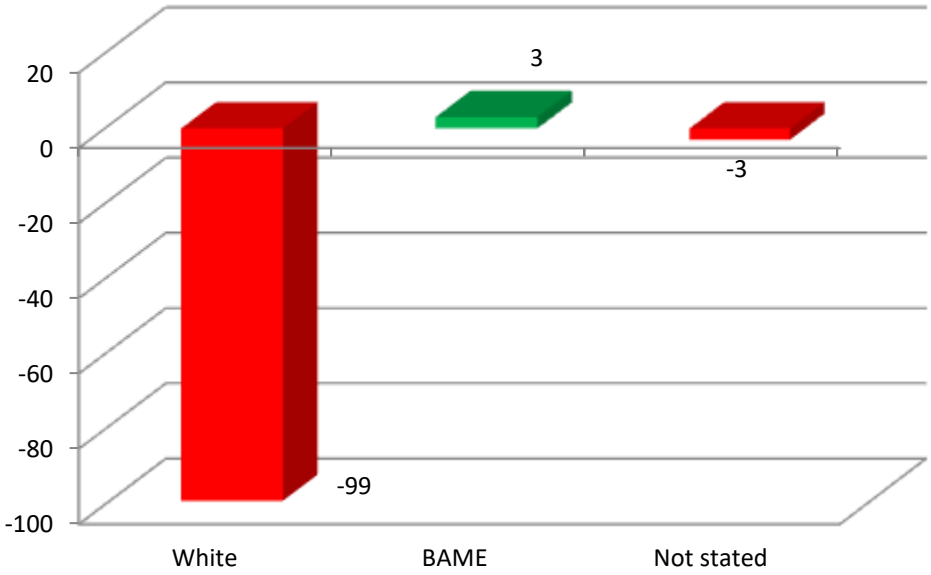
- Lack of employment opportunities caused by Covid19
- Increased diversity within the local population.
- Salisbury NHS Foundation Trust being seen as an organisation that values diversity.
- BAME people identifying with the workforce.
- Increased number of applications from overseas applicants have been received through NHS Trac.jobs.com (these are in addition to our formal overseas recruitment process for nurses).

In order to get a clear picture of the number of BAME staff who have joined the Trust during 2020/21 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 **138** BAME staff members during this period. This idicates that **69** BAME applicants were appointed through agency recruitment.

The previous graph shows us that we had a net gain of **3** BAME staff and a loss of **99** white staff from the workforce during the year.



Inclusive recruitment and promotion practices in the NHS

The issue of Inclusive recruitment is in the process of being reviewed nationally and locally to redress the balance. There is a commitment within the NHS People Plan to overhaul the recruitment and promotion processes.

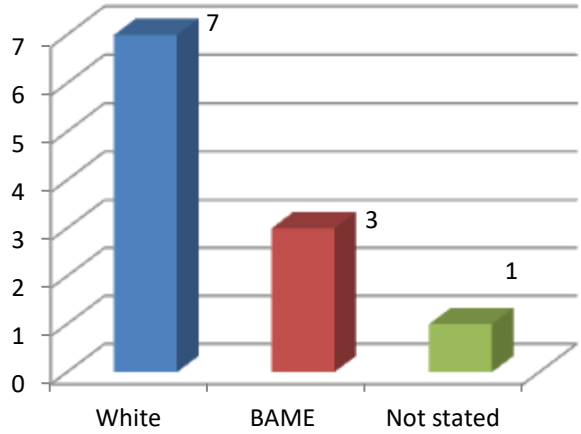
A six point action plan has been developed and is subject to consultation, which is aimed at system wide improvement in this area. Salisbury NHS Foundation Trust together with partners across BSW ICS will be working together on the project over the coming months.

Bath and North East Somerset, Swindon and Wiltshire Partnership
Working together for your health and care

7. Likelihood of entering disciplinary process – (Metric 3)

X2.06

BAME staff were **2.06 times** more likely to enter the formal disciplinary process compared to white staff. This appears to have 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**.



7 members of staff who identified as white entered the disciplinary process, this equates to 0.2% of the White workforce.

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

8. NHS Staff Survey responses 2020

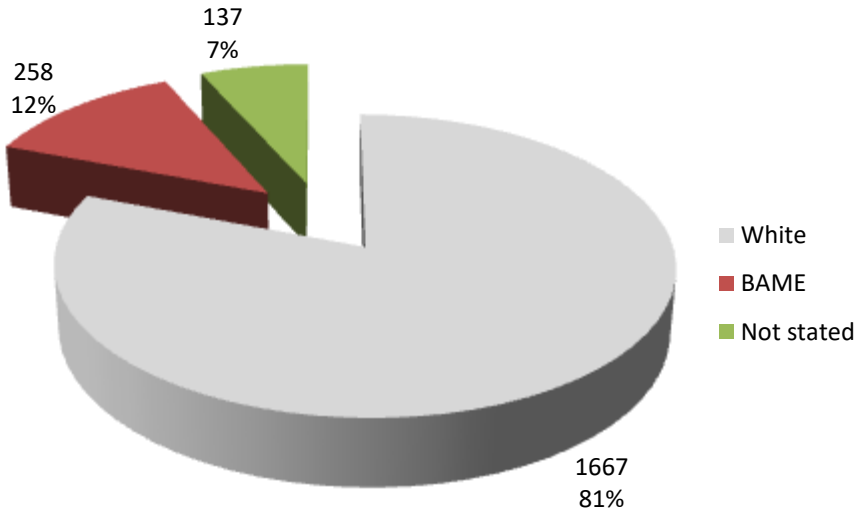
12%

2062 Salisbury NHS Foundation Trust people took part in the NHS Staff survey; this represents **52%** of the total workforce. Of these **258** identified as BAME this is **12 %** of those who responded to the survey.

During 2020 our BAME forum took part in a campaign to ensure that our workforce, including our BAME members of staff took part in the annual staff survey. Members of the forum were featured in a series of posters positioned

around the hospital site. They also featured within our staff bulletins.

Staff who completed NHS staff survey



38.7% of BAME staff completed the staff survey, this compares to **52%** of our white staff who responded to the survey.

The number of BAME staff who took part in the staff survey has increased by **51** since 2019.

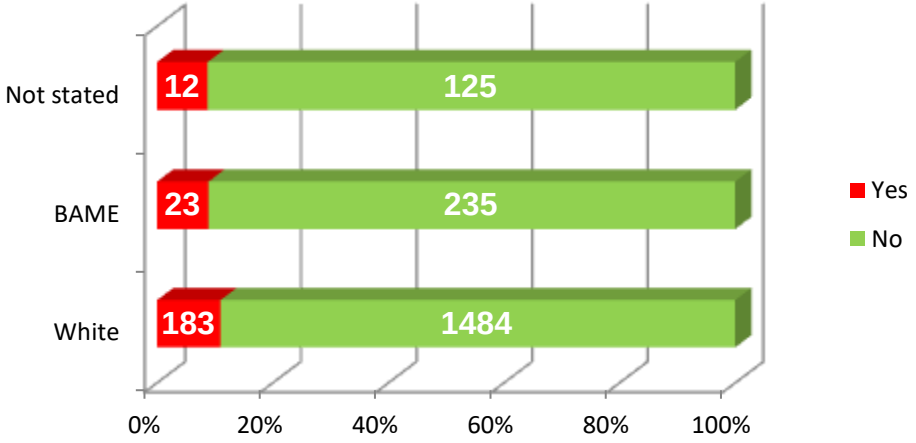
9. Staff Experiencing harassment, bullying or abuse - (Metric 5 & 6)

22%

22% of BAME staff, and **21%** of white staff, reported experiencing harassment, bullying or abuse from patients, relatives or the public. This is an increase for BAME staff groups. In 2017 it was **19.74%** for BAME staff and **21.21%** for white staff.

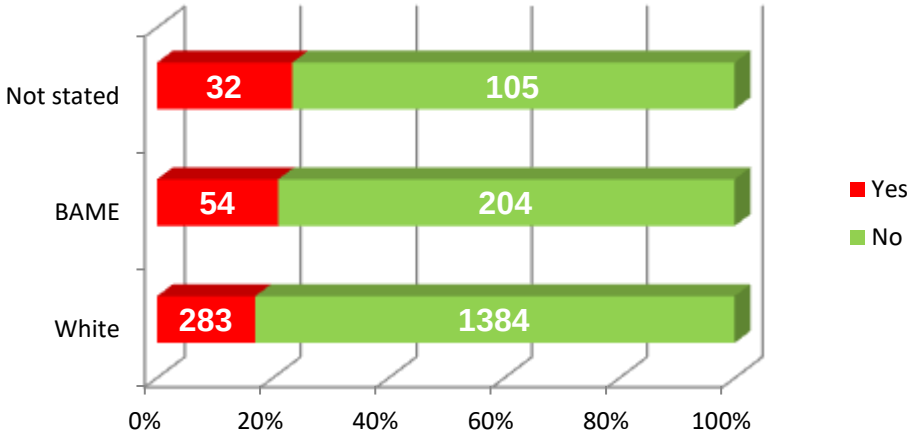
9%

9% of BAME staff, and **11%** of white staff, reported experiencing harassment, bullying or abuse from managers.



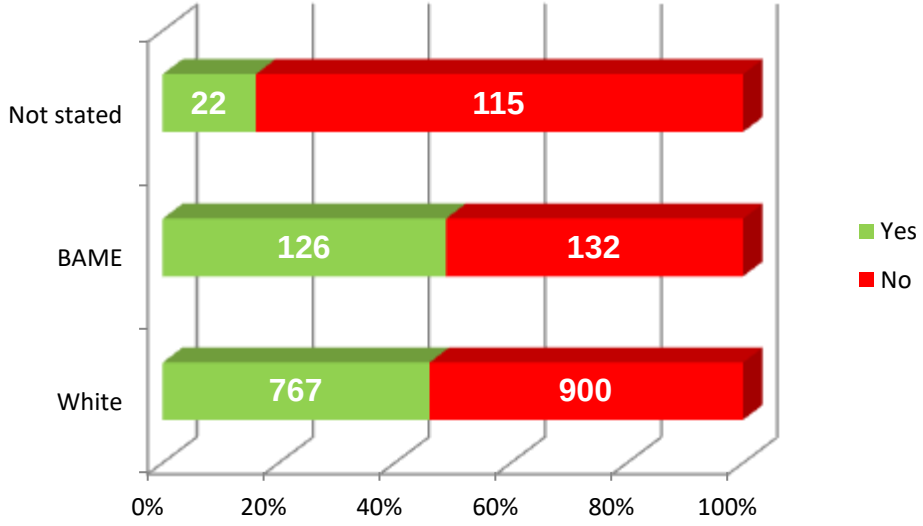
21%

21% of BAME staff, and **17%** of white staff, reported experiencing harassment, bullying or abuse from other colleagues. This is a decrease for both BAME and white staff groups. In 2017 it was **29.73%** for BAME staff and **22.51%** for white staff.



49%

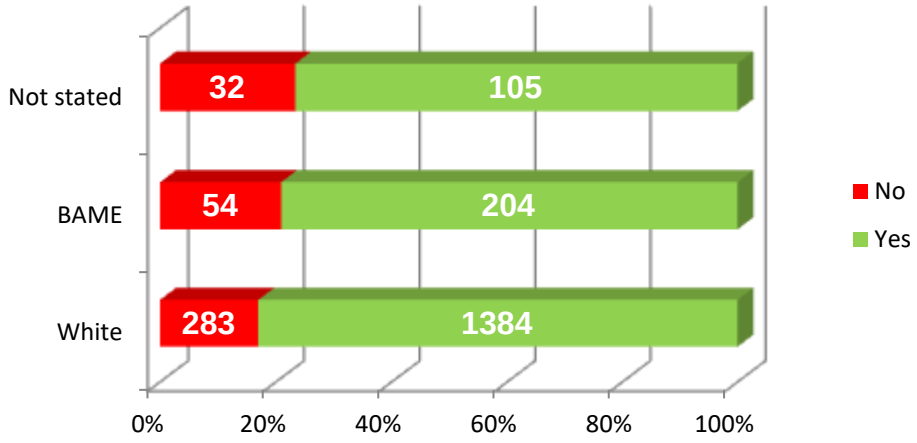
49% of BAME staff, and **46%** of white staff, stated that the last time they experienced harassment, bullying or abuse they reported it.



10. Metric 5: Equal Opportunities- (Metric 7)

70%

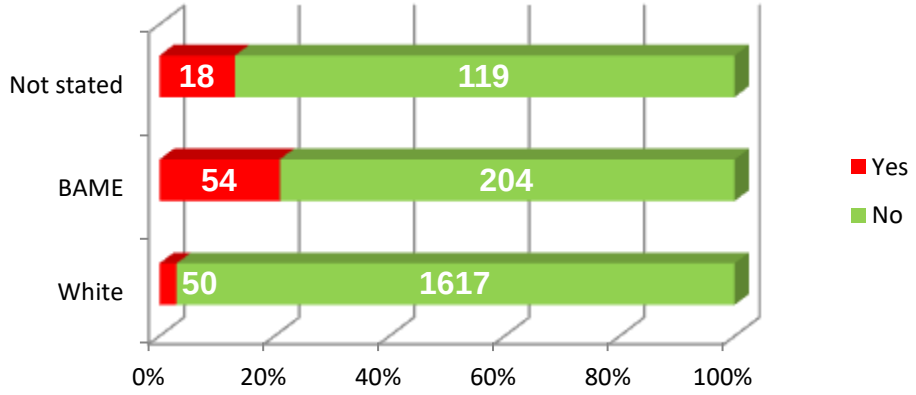
70% of BAME staff, and **86%** of white staff, believe Salisbury NHS Foundation Trust provides equal opportunities for career progression or promotion. This is a decrease for both BAME and white staff groups. In 2017 it was **71.93%** for BAME staff and **89.27 %** for white staff.



11. Experienced discrimination

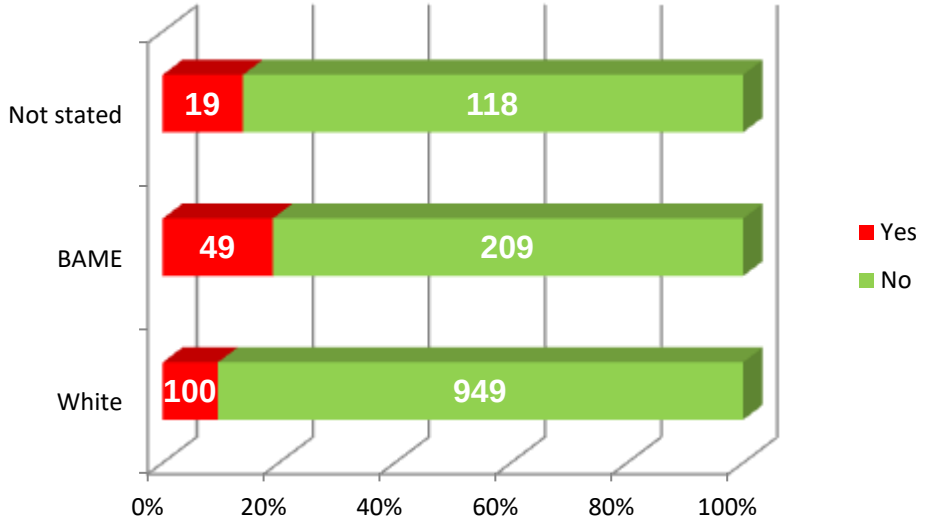
21%

21% of BAME staff, and **3%** of white staff, reported experiencing discrimination from patients, relatives or the public.



19%

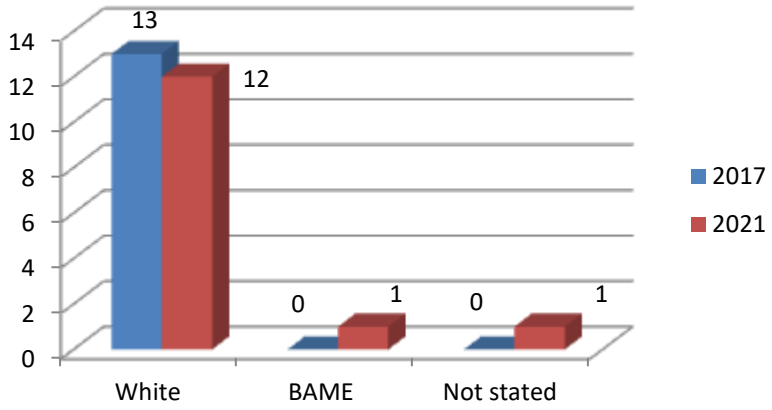
19% of BAME staff, and **6%** of white staff, reported experiencing discrimination from managers, team leaders or colleagues. There has been a small increase in the number of BAME and white staff experiencing discrimination from the 2017 figures. In 2017 **18.67%** of BAME staff and **5.08%** of white staff reported experiencing discrimination.



12. Board representation indicator – (Metric 9)

+1

The number of BAME board members in Salisbury NHS Foundation Trust has increased by **1** compared with the 2017 figures



Stacey Hunter, Chief Executive Officer has been nominated as the Executive Sponsor for the BAME Forum.

13. 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.

14. Effects of Covid-19 Pandemic

2020/21 was dominated by the COVID19 pandemic. As mentioned in the WRES report 2020 this highlighted a number of inequalities within our systems and society.

Early on in the Covid-19 Pandemic it became clear that there was a disproportionate effect on a number of vulnerable groups. It was evident that members of BAME communities and BAME NHS workers were being adversely affected.

During this period further inequalities were highlighted with the death of George Floyd in the USA. This resulted in the activity in the UK of the Black Lives matters movement.

Throughout this period Salisbury NHS Foundation Trust kept in close touch with Trust's BAME Forum. Regular meetings took place between the Chair Candice Berry and Senior Managers within the Trust.

Candice was also co-opted onto the Confidential Assessment Panel. This was set up to quality assure our vulnerable groups individual risk assessments.

The BAME Network was also actively involved in encouraging BAME colleagues to take part in the NHS staff Survey as mentioned earlier in this report.

Once the vaccine program was introduced the BAME forum assisted the Trust in providing accurate information to BAME colleagues. This was following concerns that there was a disproportionate take up of the vaccine amongst BAME communities. The BAME Forum remains active in the area of work.

In the Annual Equality Report 2020 Candice Berry made the following comments:

This year has brought to the forefront longstanding challenges and health inequalities faced by the BAME community. Within the NHS there has been a call to action to raise the profile of the BAME networks within NHS organisations. Salisbury NHS Foundation Trust have started that journey, the network has active Executive Engagement, collaboration with our communications and recruitment and contribute towards the COVID-19 response.

Our members have had the opportunity to participate in advertising campaigns and share their stories with leaders within the organisation. This is just the beginning, we aim to continue to grow the network and work with the organisation on the Workforce Race Equality Standard and People plan.

Candice Berry
Chair of the BAME Forum

Candice has now left the organisation and we want to thank her for driving the BAME Network forward.

We welcome Paula Lewis as the new Chair of the BAME Forum. Paula is committed to carrying on the work started by Candice.

The BAME Forum is also linking with other networks across the BSW Integrated Care System to identify best practice and identify areas of joint working.

15. Recommendations

It is recommended that Salisbury NHS Foundation Trust consider 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:

Action	Lead	Deadline
The Trust Board to discuss and identify the appropriate resources to drive the equality, diversity and inclusion agenda forward.	Chief People Officer	September 2021
Members of the Trust Board to attend Compassionate and Inclusive Leadership Training session.	Chair of the Trust Board Chief Executive Officer	January 2022
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	November 2021
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	September 2021
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	November 2021
Nominate and support a member of staff to take part in the 2022 national WRES expert program.	Chief People Officer Head of Diversity & Inclusion	March 2022

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	November 2021
Regular Starter and Leaver reports to include a comparison of white and BAME staff.	Head of Resourcing	November 2021
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	March 2022
Trust adopts the NHS Just and Learning Culture toolkit to address the disparity regarding BAME staff entering the disciplinary process.	Chief People Officer	January 2022
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	November 2021
To agree the recording process of the uptake of non-mandatory training by BAME staff.	Associate Director of Education, Communication and Inclusion	September 2021
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
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 BAME Forum	March 2022

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	November 2021

16. Author and Sponsor

Author: Rex Webb, Head of Diversity and Inclusion
Rex.webb@nhs.net

Sponsor: Stacey Hunter, Chief Executive Officer
Stacey.hunter7@nhs.net

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 the 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 used by WRES

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

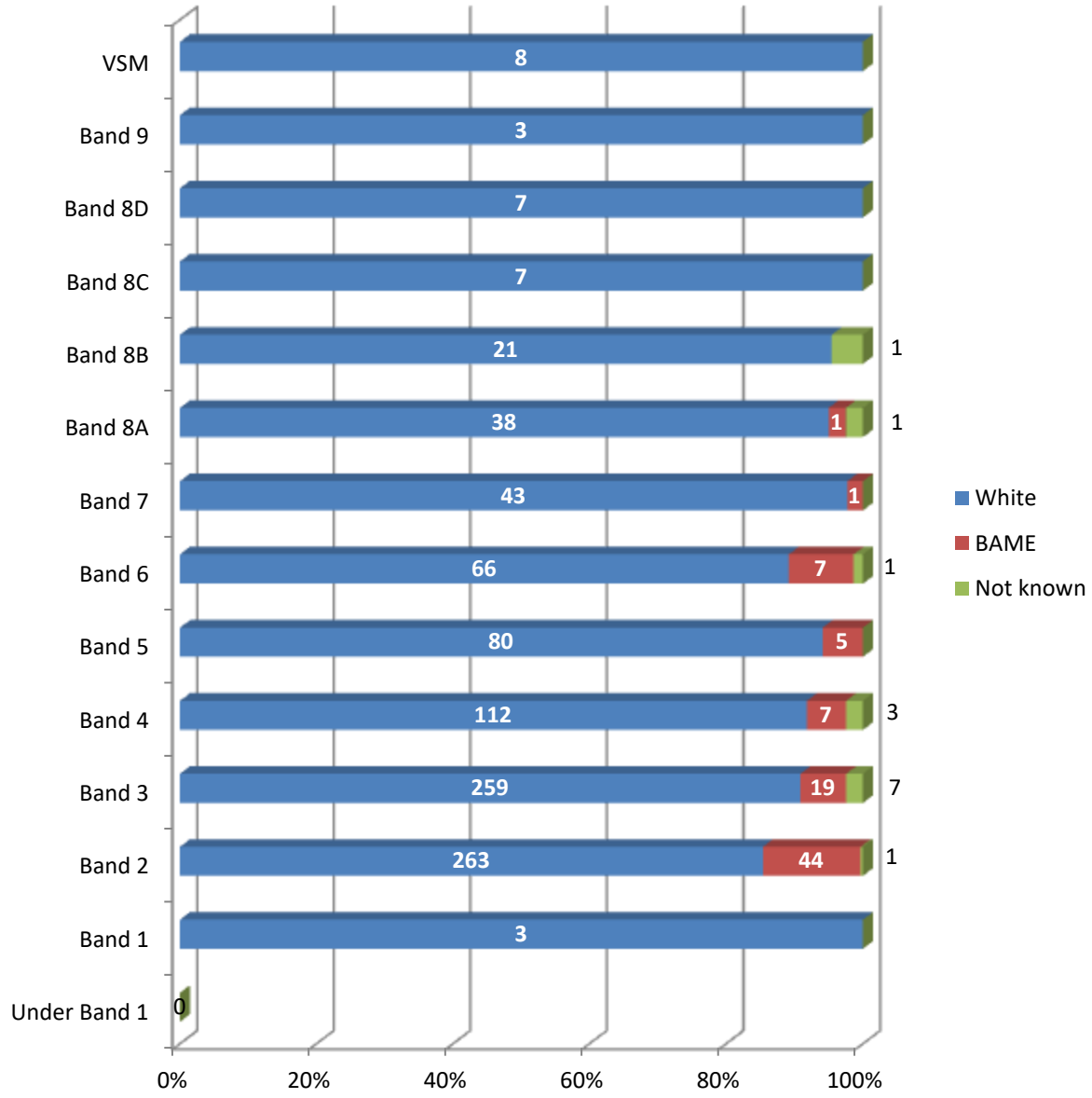
The WRES Data report asks us to look at our people as either White or BAME; however the ethnicity of our staff is very diverse. The WRES definitions are as follows:

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

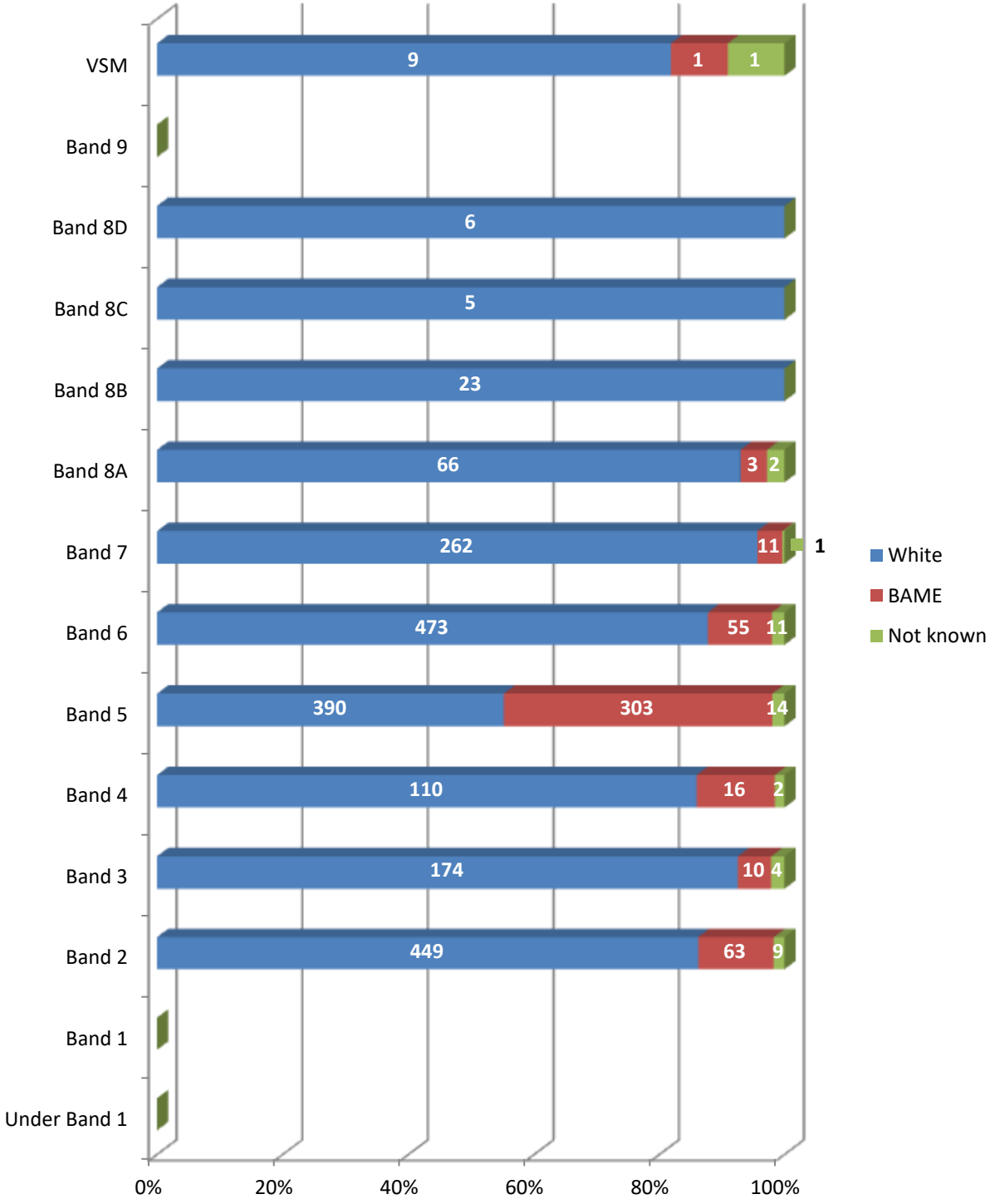
These are the national reporting categories for ethnicity in the NHS data model as used in NHS Digital data.

Appendix 4: Workforce Demographics by pay bands 31st March 2021

Non-Clinical



Clinical


VSM
Band 9
Band 8D
Band 8C
Band 8B
Band 8A
Band 7
Band 6
Band 5
Band 4
Band 3
Band 2
Band 1
Under Band 1
9
1
1
6
5
23
66
3
2
262
11
1
473
55
11
390
303
14
110
16
2
174
10
4
449
63
9
0%
20%
40%
60%
80%
100%
White
BAME
Not known

Appendix 5: National Centre for Diversity – Use of term BAME

Solat Chaudhry, Should we use the term BAME?

There's been quite a lot of controversy about the term BAME over recent weeks and it seems that every individual from a BAME background has an opinion on it. Often opinions vary. This leaves equality practitioners in a state of real confusion.

Over the decades lots of terms have been used. When I was growing up on the 1980's the use of the word 'coloured' was acceptable – I liked it. It was far better than being described using a plethora of crude racist descriptions used about Black and Asian people back then.

Then suddenly it all changed – "Coloured" was outlawed after the circulation of a poem by Agra Gra which went like this:

When I was born I was black
When I was sad I was black
When I was hot I was black
When I was sick I was black
When I was scared I was black

When you was born you was pink
When you was sad you was blue
When you was hot you was red
When you was sick you was green
When you was scared you was yellow

And you call me coloured.

In the early 1990's we started using the catch all political term of Black which incorporated Black (African and Caribbean), Asian descent (Indian, Pakistani, Bangladeshi, Sri Lankan etc.) and then we had people from the far East – e.g. from China. I liked this to as it created a sense of unity and inclusivity.

Then we had BME which was ok too then BAME which I didn't particularly warm to at first but now I have come to like it.

Now people from the US have started to use 'People of colour'. I ask myself how is that different to being coloured especially if you apply the Agra Gra test.

The phraseology seems to be going round in circles and if we are not careful it will wrap us up in knots. There is a debate raging about whether or not we should use the full acronym BAME, or just parts of it like 'B' 'A' and even ME where B stands for Black (referring to people of African and Caribbean descent) and would be separate and distinct from Asian and Minority Ethnic which is the 'A' part of it.

This still leaves us with the issue that people of African backgrounds as opposed to Caribbean backgrounds can have a completely different cultural outlook on education, work, jobs, parenting, accents, and religion. Somalis have far different cultural background, for instance to Jamaicans.

If you want to achieve meaningful data and insights it is important to drill down into the components parts that make up being Black because different people who might identify with the term Black are likely to have different life experiences because of the heritage passed down to them by parents or grandparents.

African and Caribbean descent can be drilled down into British-born Caribbean and Caribbean-born Caribbean, British-born African and so on. The attitude's, beliefs and cultural norms of second generation people of African and Caribbean descent are often radically different to their parents.

Africa is a huge continent in itself with many regional and national differences, which means the culture in places such as West Africa will be totally different from South Africa or North Africa with countries like Algeria, Morocco and Tunisia. The cultural norms in the different Caribbean islands can also vary widely.

I understand why people say that lumping everyone together under one heading of BAME is a very difficult concept and I get it.

So I can understand why people want this differentiation and don't want to use BAME.

However, we have to use something. We are getting to a position where people are asking us what to use? People are nervous about what to use and at the moment people aren't really using anything with any great confidence. So what we should be doing?

Our advice is clear – continue to use BAME but Drill down into the component parts of BAME i.e. Black, Asian, Minority Ethnic and collect data. It's not as hard as it seems. Schools and Colleges have been doing it for decades. It is important to use the monitoring data to understand where the gaps are and then use positive action to close any gaps.

The NCFD position is that it's OK to use BAME. I've spoken to many colleagues, some from an African, Caribbean, Asian and Minority Ethnic descent. The

consensus between us all is that we have to call it something and BAME fits a purpose in terms of the catch-all phrase.

However, when organisations take an approach they need to disaggregate the BAME, so you have a differentiated approach which schools and colleges have successfully been doing for some time.

It is helpful and organisations should adopt that approach. The good news is that NCFD has had the ability to do this since 2009 via our diagnostic too. A positive thing if organisations want to know what to do and how to do it why not give us a call and we can advise accordingly.

So our position is that BAME is OK in the UK. 6million people will have 6 million different views and that is what we are getting and as the most authoritative body on these issues we are drawing a line in the sand and saying BAME is OK.

Appendix 6: NHS HRD WRES Model Employer Goals 240521

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 and a member of the team will contact you.

Yours sincerely,

Anton Emmanuel
Head of WRES
NHS England and Improvement

Appendix 7: WRES Disparity Ratio SFT

Bands	White - Current Year	BME - Current Year	Unknown - Current Year			
Under Band 1	0	0	0			
Band 1	3	0	0			
Band 2	712	107	10			
Band 3	433	29	11			
Band 4	222	23	5			
Band 5	470	308	14			
Band 6	539	62	12	613		
Band 7	305	12	1	318		
Band 8a	104	4	3	111		
Band 8B	44	0	1	45		
Band 8C	12	0	0	12		
Band 8D	13	0	0	13		
Band 9	3	0	0	3		
VSM	17	1	1	19	Total No of Staff	BME representation at trust
Grand Total	**2,877**	**546**	**58**		**3,481**	**15.7%**

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	1,840	467	40
6 and 7	844	74	13
Band 8a+	193	5	5
Grand Total	**2,877**	**546**	**58**

	White	BME
Lower to middle	**2.18**	**6.31**
Middle to upper	**4.37**	**14.80**
lower to upper	**9.53**	**93.40**

Disparity ratio - lower to middle	**2.89**
Disparity ratio - middle to upper	**3.38**
Disparity ratio - lower to upper	**9.80**