

# Workforce Race Equality Standard (WRES) Report 2020



## 1. Introduction

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.

Appendix 1 contains further detail on 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 BME staff and National NHS Staff Survey data which compares the survey responses from white and BME staff. Appendix 2 contains the details of the WRES reporting metrics.

## 2. Definition of Ethnicity used by WRES

The definitions of “black and minority ethnic” and “white” used in the WRES have followed the national reporting requirements of ethnic category 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 of BAME are as follows:

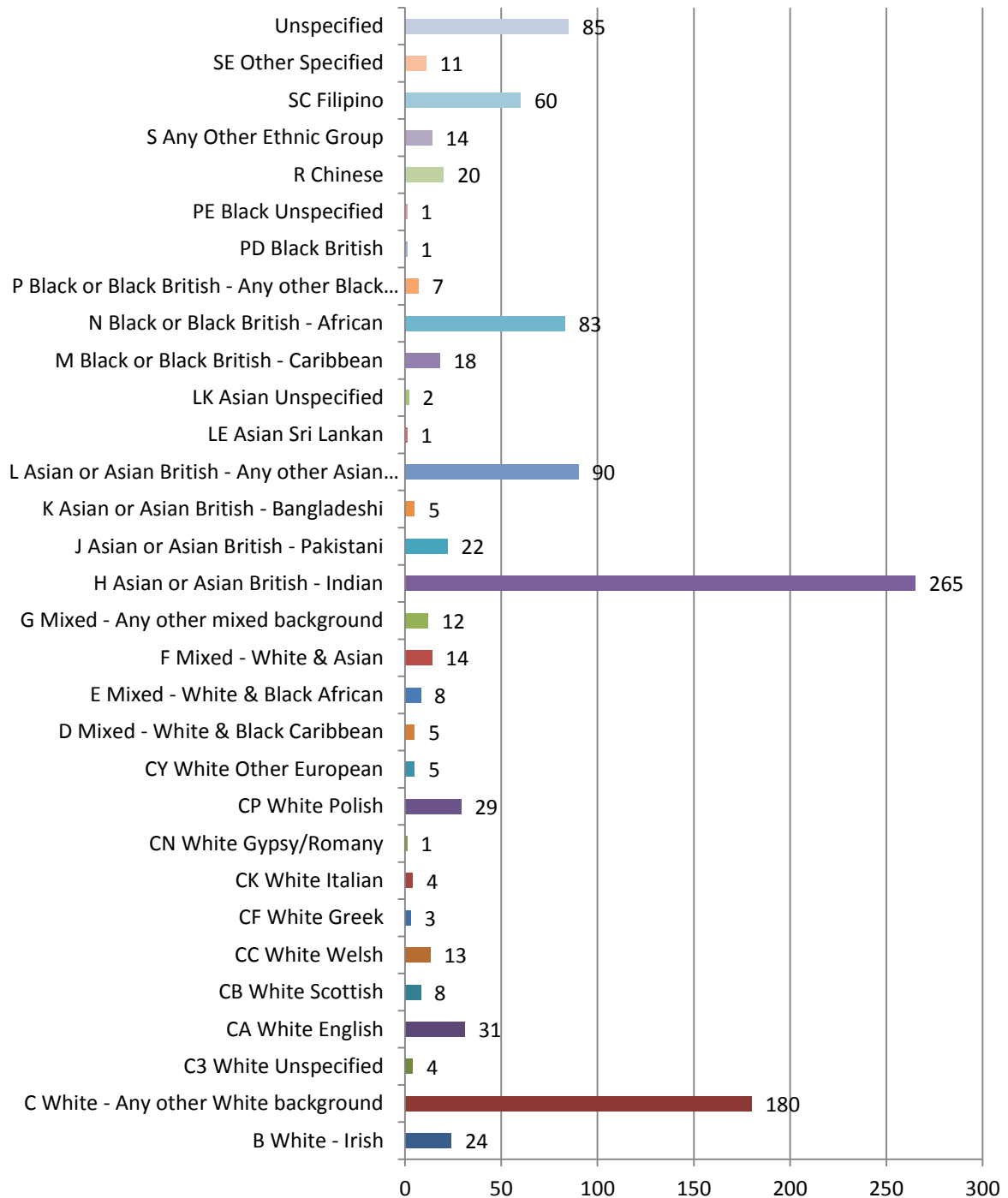
- A – White – British
- B – White – Irish
- C – Any other white background
- D – Mixed white and black Caribbean
- E – Mixed white and black African
- F – Mixed white and Asian
- G – Any other mixed background
- H – Asian or Asian British – Indian
- J – Asian or Asian British – Pakistani
- K – Asian 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.



The graph below shows the ethnic groups recorded within Salisbury NHS Foundation Trusts ESR data with the exception of White British, who total 2,837.

We have people from 72 different countries working at all levels across the Trust.



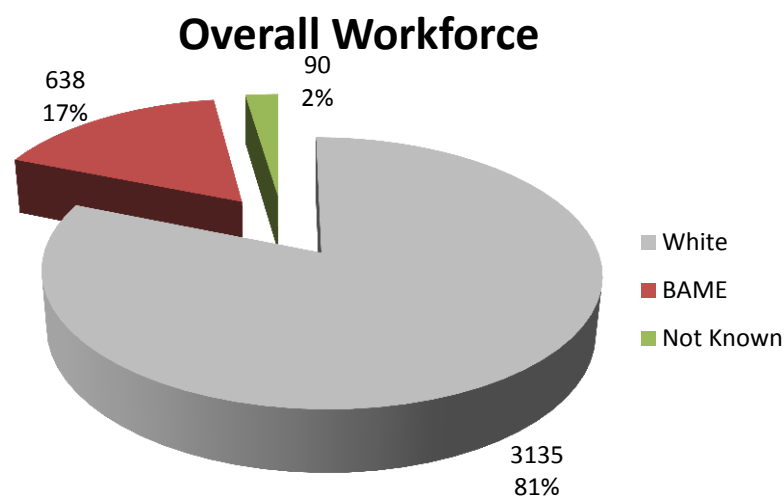
### 3. Our WRES report 2020

Our Workforce Race Equality Standard Report for 2020 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2020
- An analysis of the specific information supplied
- A comparison with our 2019 data
- Progress against our Model Employer – 10 year plan
- Our response to Covid-19
- An update on progress on our 2018 WRES action plan
- Recommendations for future action.

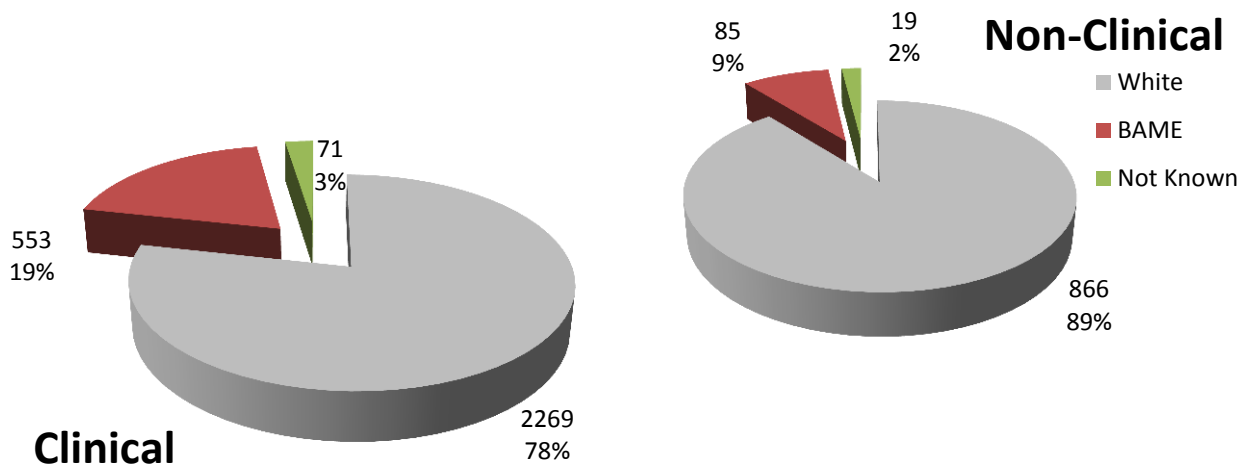
### 4. Specific Information 31<sup>st</sup> March 2020

The Trust collected its data on the 31st March 2020 when our workforce consisted of 638 staff who identified as Black, Asian or Minority Ethnic; 3,135 staff who identified as White and 90 staff who did not state their ethnicity. A total of 3,863 staff.



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

2893 (75%) of our staff are clinical, compared to 970 (25%) non-clinical.

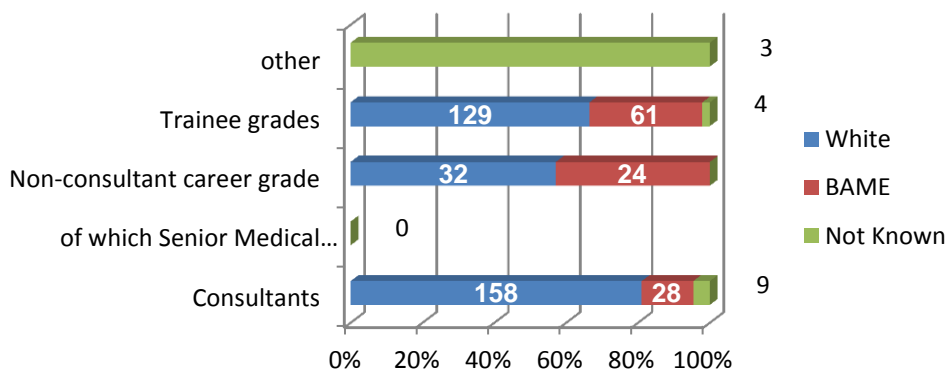


19% of staff in clinical roles and 9% of staff in non-clinical roles are BAME

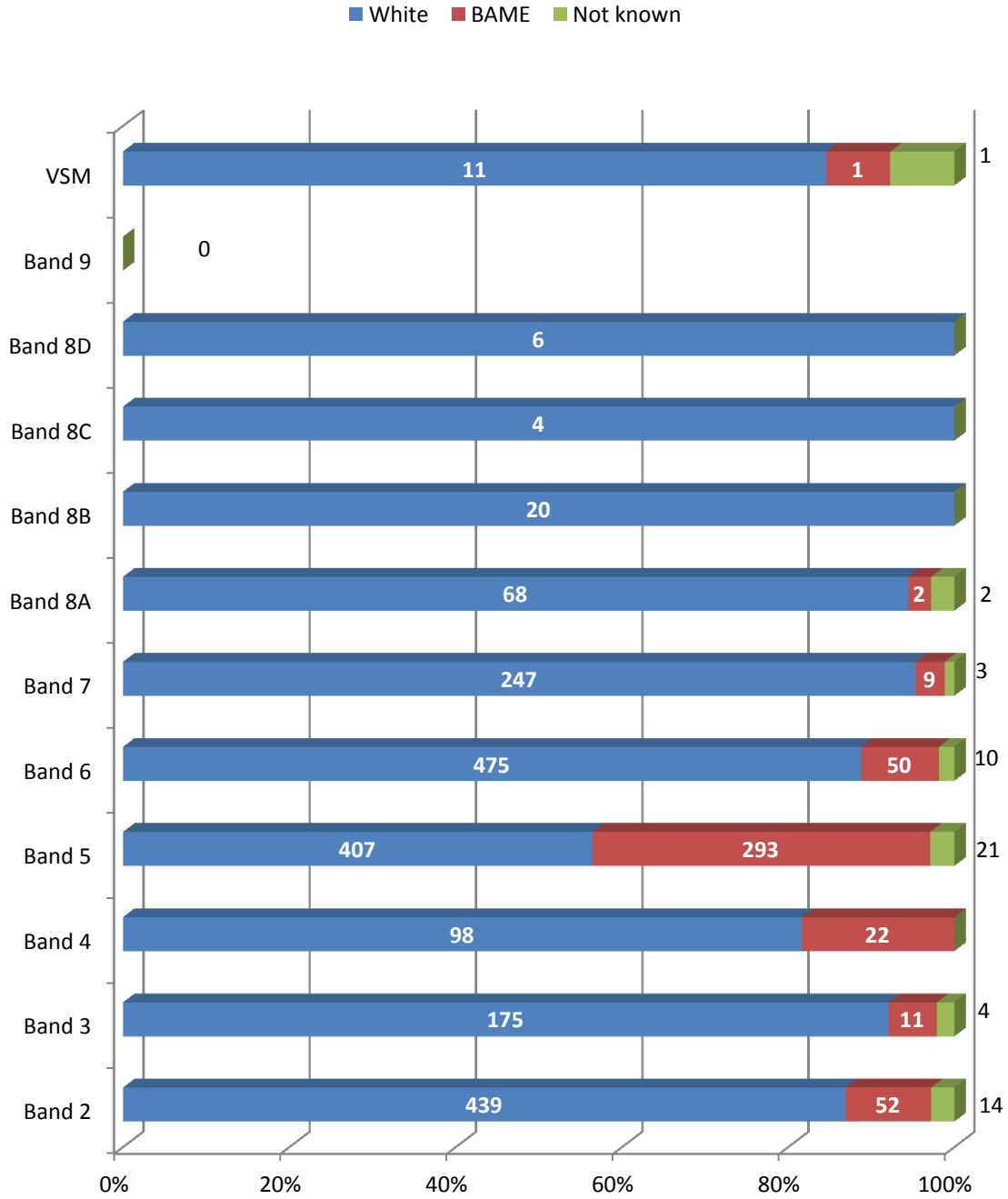
## 5. Metric 1: Numbers of staff in each pay band

The following graphs show the actual number of staff who identify as BAME, White or Not-Notated in each of the pay bands. This has been broken down to identify Clinical and non-Clinical roles.

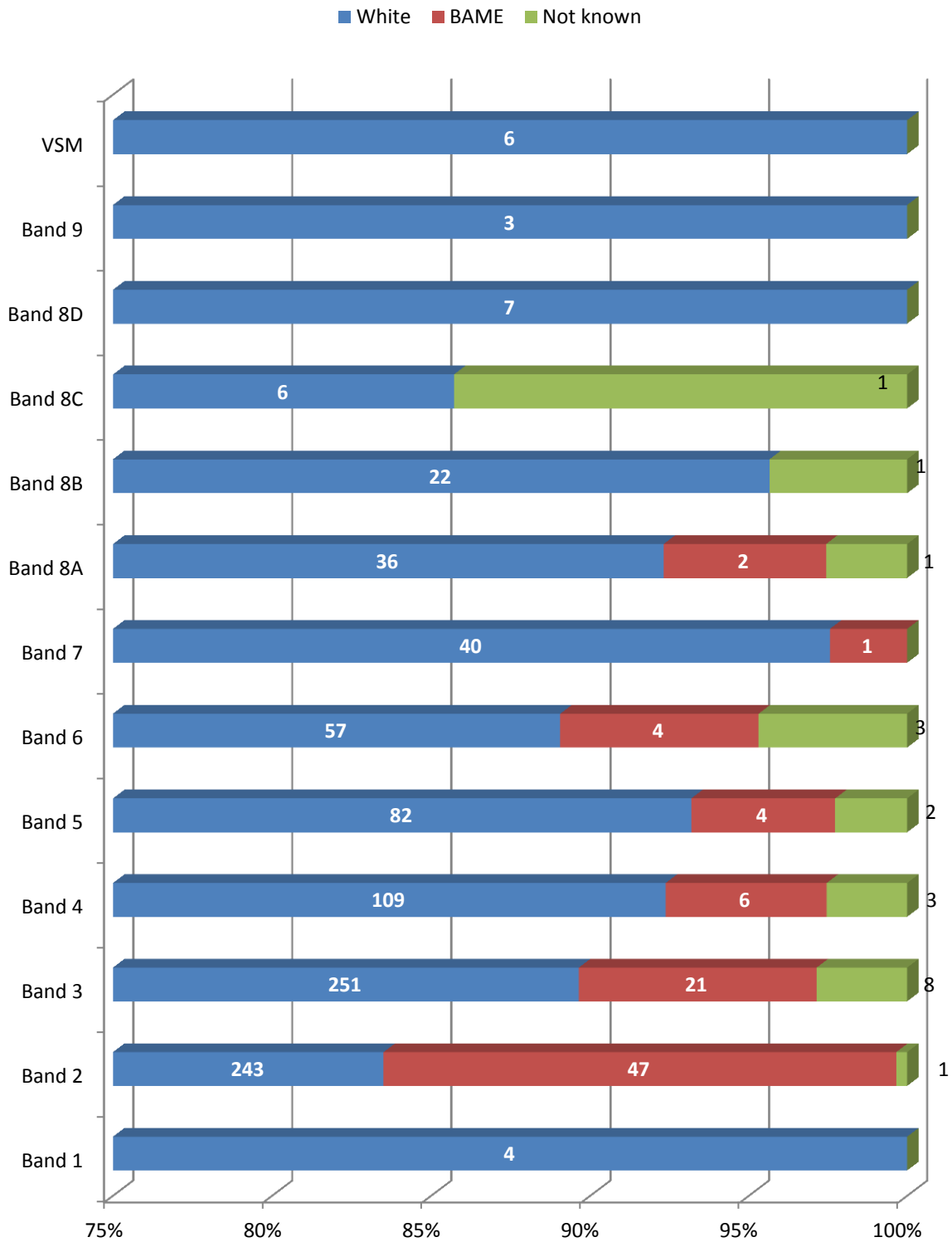
### Medical and Dental



**Clinical:**



**Non-clinical:**



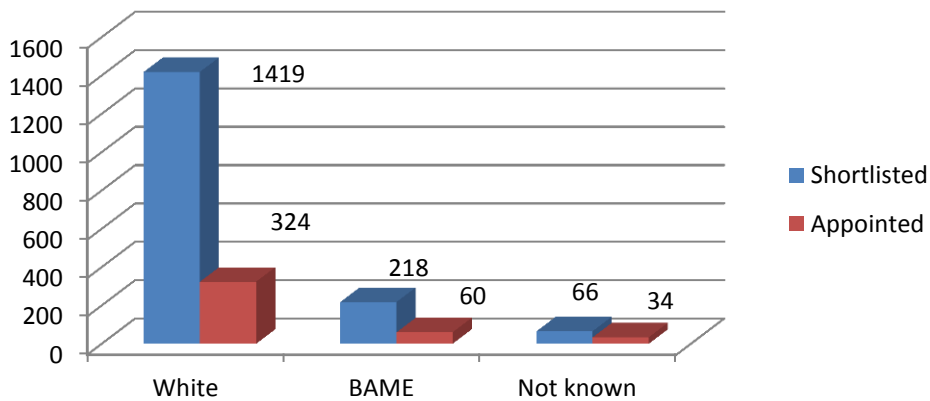


## 6. Appointment from shortlisting

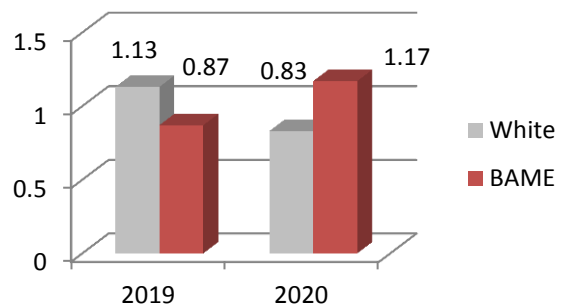
Relative likelihood of staff being appointed from shortlisting across all posts  
 Note: This refers to both external and internal posts.

During the financial year 2019/20 the Trust shortlisted a total of 1703 people. Of these 418 were appointed to posts, this represents 24.5% of those who were shortlisted.

The following graph shows a breakdown of those shortlisted and appointed by their ethnicity.

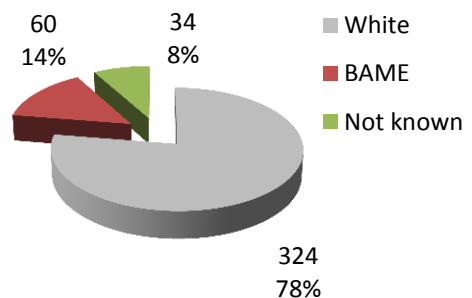


You will note that 22.8% of white staff shortlisted were appointed to posts, this compares to 27.5% of staff who identified as BAME.



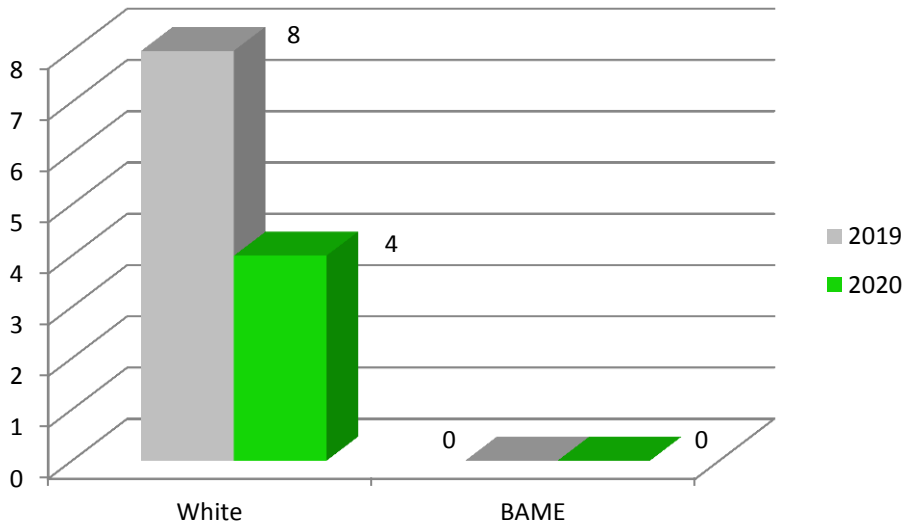
You will note that BAME staff are 1.17 times more likely to be appointed than White staff. This compares to 2019 when White staff were 1.13 times more likely to be appointed than BAME staff.

78% of those appointed identified as white, 14% identified as BAME and 8% did not state ethnicity.



**7. Metric 3: Likelihood of entering disciplinary process**

The figures of people entering the formal disciplinary process for our Trust are very low. No BAME staff have entered the disciplinary process in the last two years.



**8. Metric 4: Likelihood of accessing 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.

A working group is being formed to develop a mechanism for identifying the uptake of non-mandatory training by BAME staff.

The deadline for this work is January 2021.

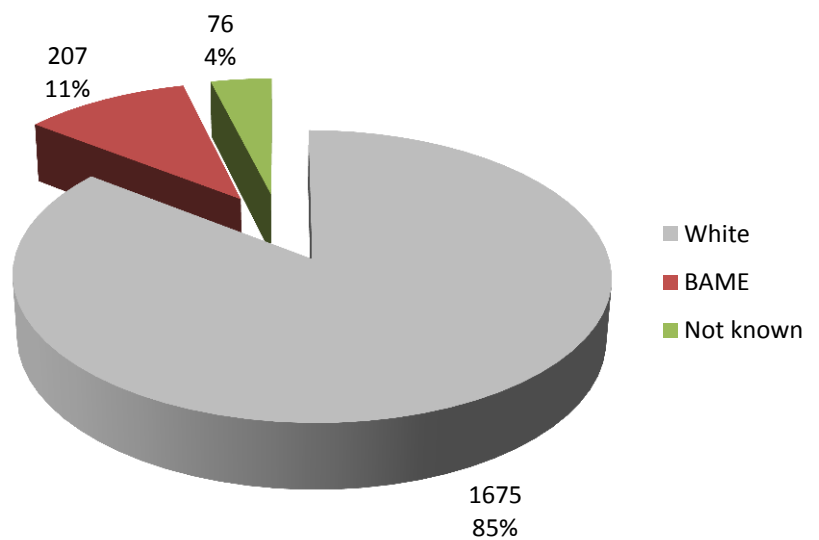


**9. NHS Staff Survey responses**

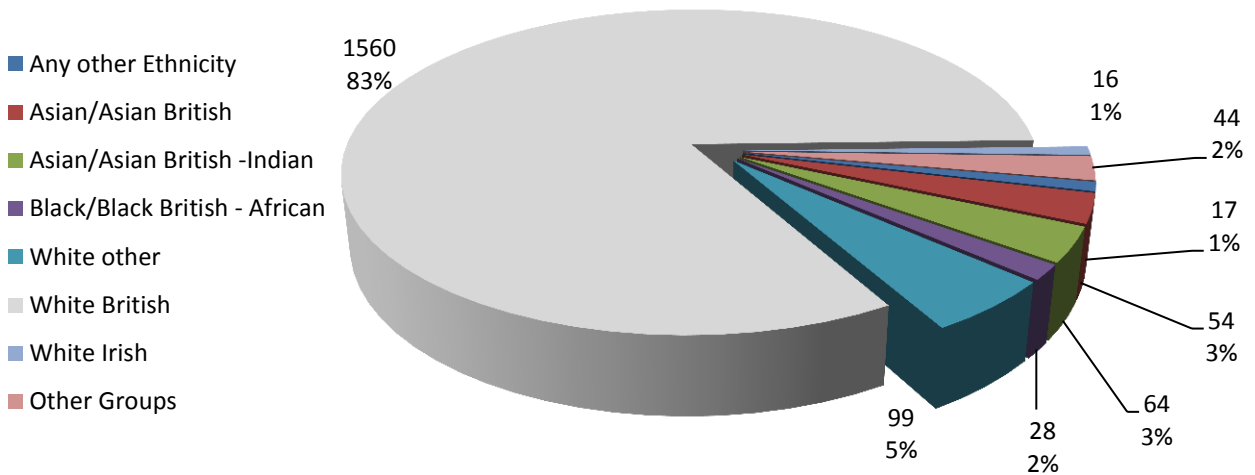
The following four metrics (5,6,7 and 8) responses have been taken from the NHS Staff Survey.

1958 Salisbury NHS Foundation Trust people took part in the survey, this represents 54% of the total workforce. Of these 207 identified as BAME this is 11 % of those who responded to the survey.

**Staff who completed NHS staff survey**



32.4% of BAME staff members completed the staff survey, this compares to 53.4% of the total workforce who identified as white who responded to the survey. The staff survey also records details of responses by ethnicity using the categories highlighted in section 2 of this report.

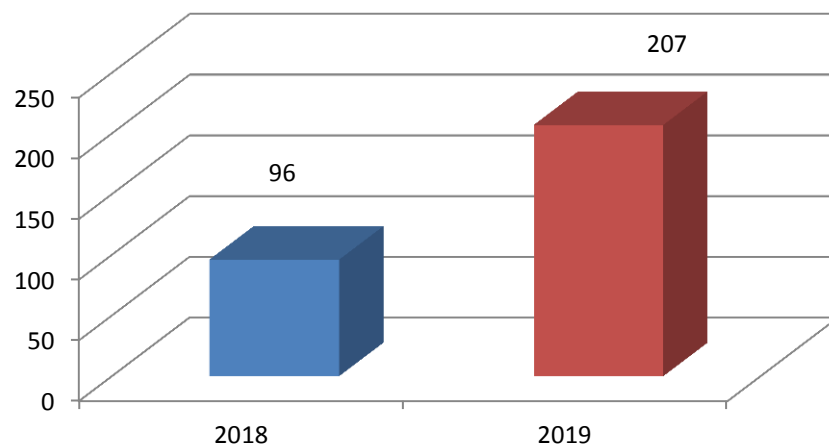


*“Where there are less than 11 responses to a question (or overall) the respective scores will be replaced with an asterisk (\*)”* from Staff Survey results. There were 44 individuals who fell within the above categories, as there were less than 11 people in each category they do not feature in the percentages.

### Increased engagement:

Due to the emphasis the Trust put on completing the staff survey the overall engagement of all staff rose by 45% on the previous years figures.

### BAME Staff engagement



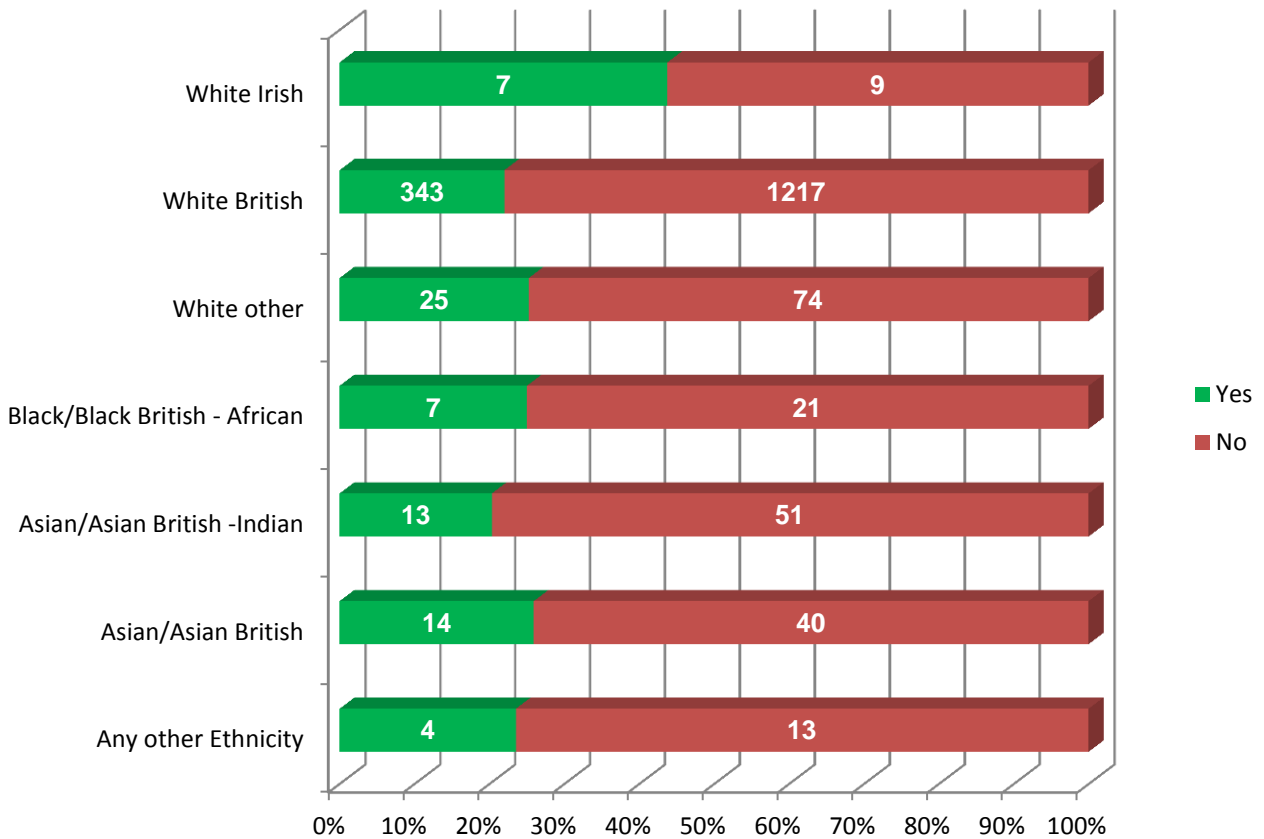
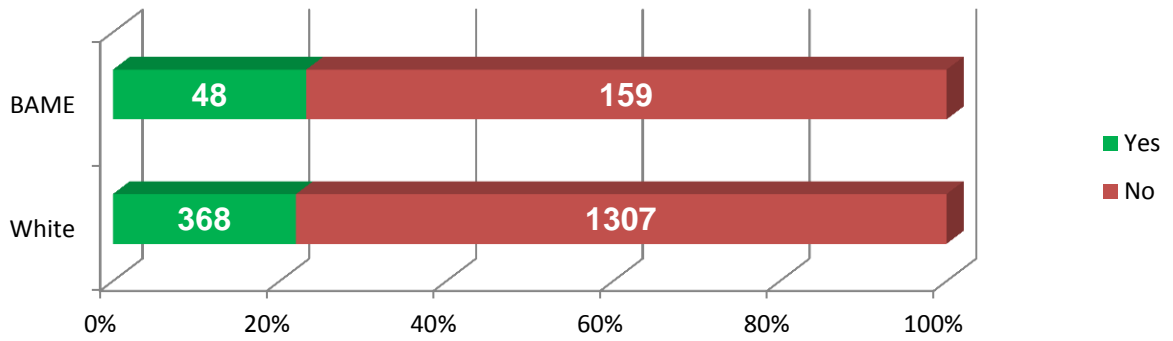
When we look at the number of staff who identified as being from a BAME background in the Staff survey we see a 115% increase. This equates to a total of 101 people, which is 16% of our BAME people.

A number of factors may have contributed to this improvement:

- Communication with our BAME staff as improved
- There is more awareness of the staff survey through our BAME forum
- There is an increase in confidence to complete the survey since the rationale for completion has been explained
- There are more BAME staff within the Trust
- All new overseas recruits within this period engaged with the Head of ED&I and the FTSUG during induction
- Engagement and support through the overseas nursing forum.

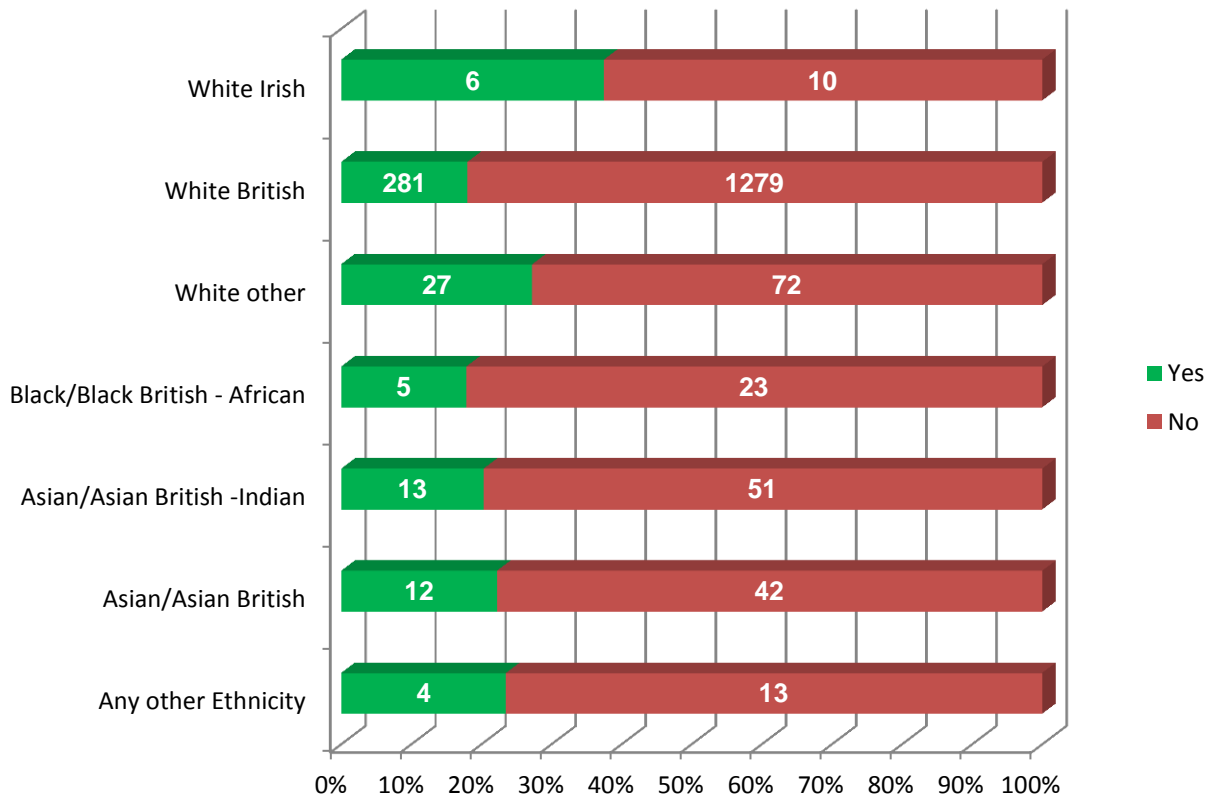
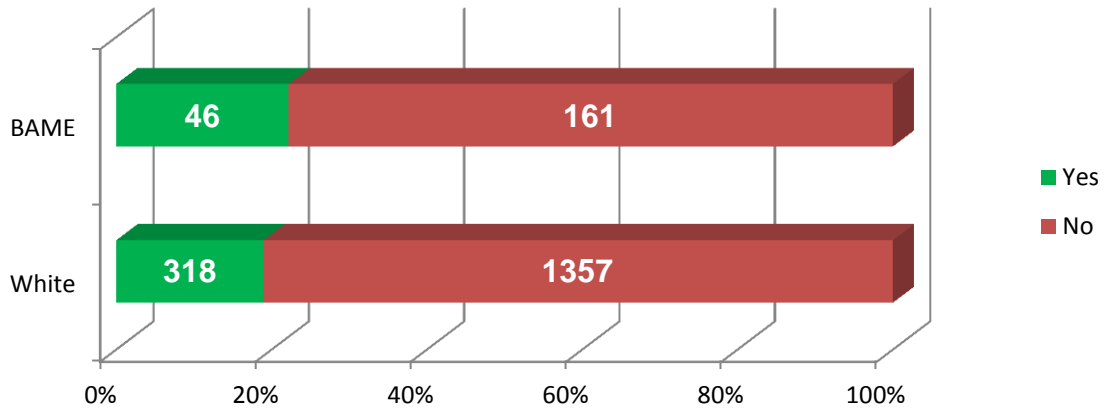
**10. Metric 5: Experiencing Bullying and Harassment**

Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 month



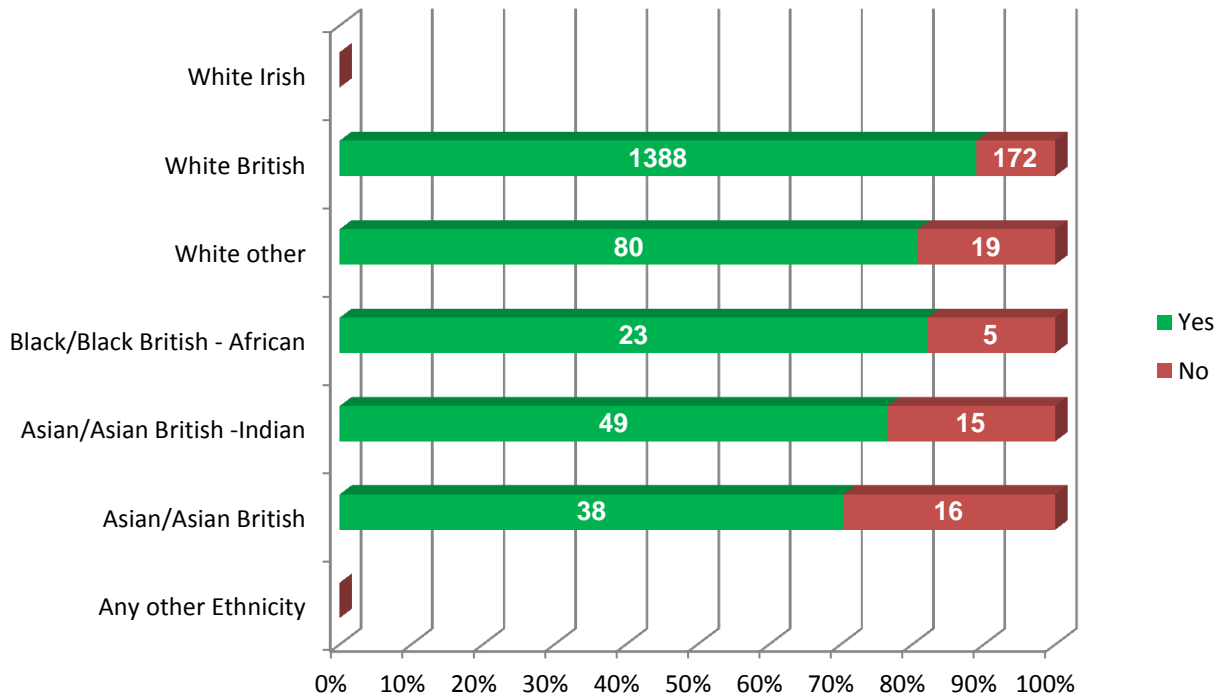
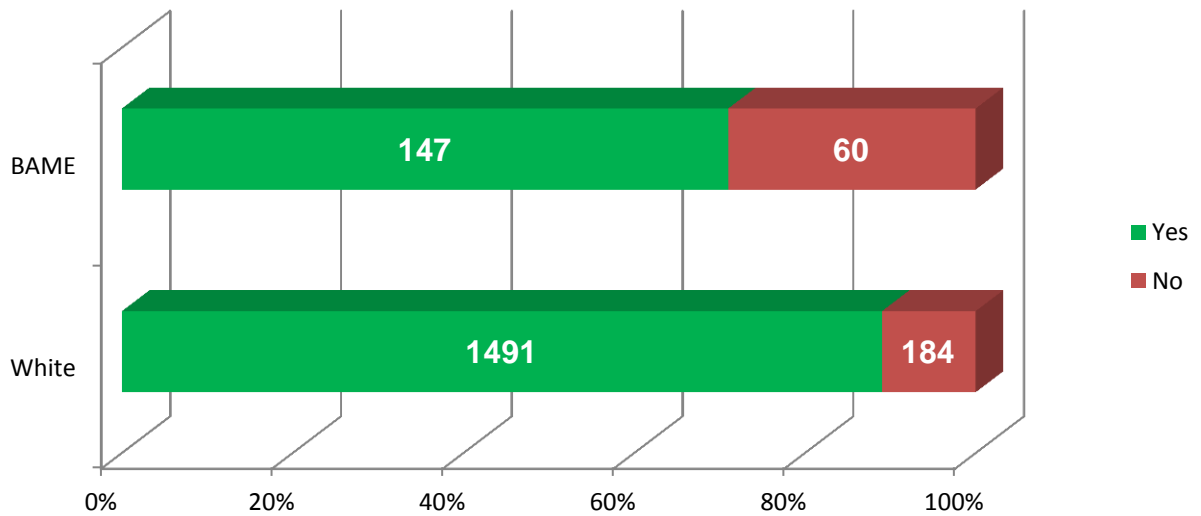
**11. Metric 6: Experiencing Bullying and Harassment**

Staff experiencing harassment, bullying or abuse from staff in last 12 months



**12. Metric 7: Equal Opportunities**

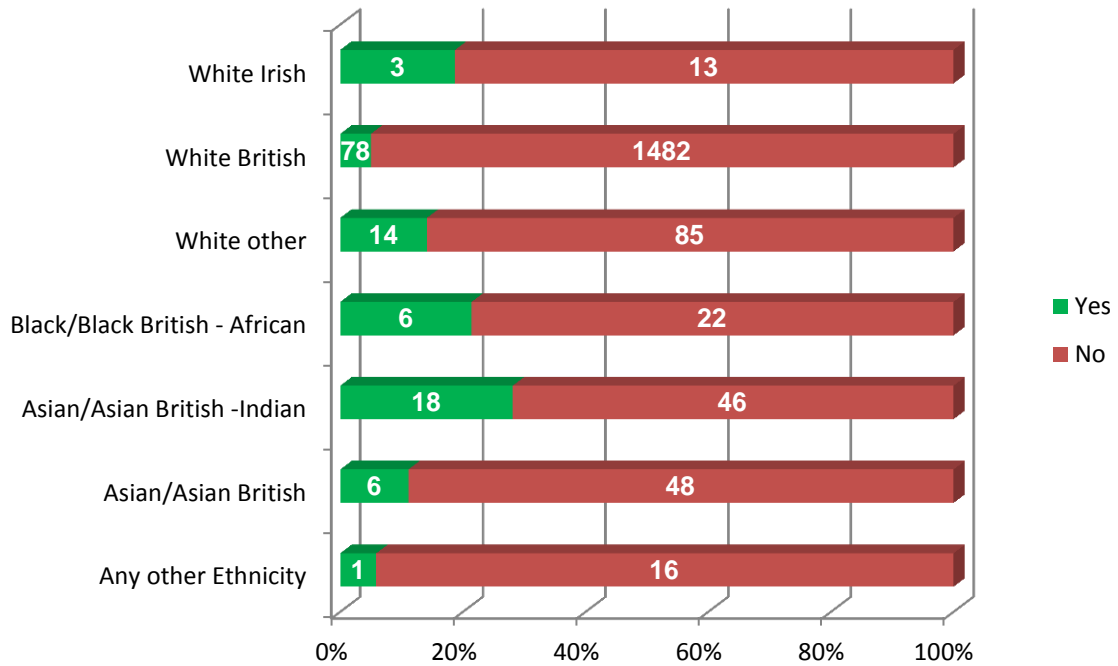
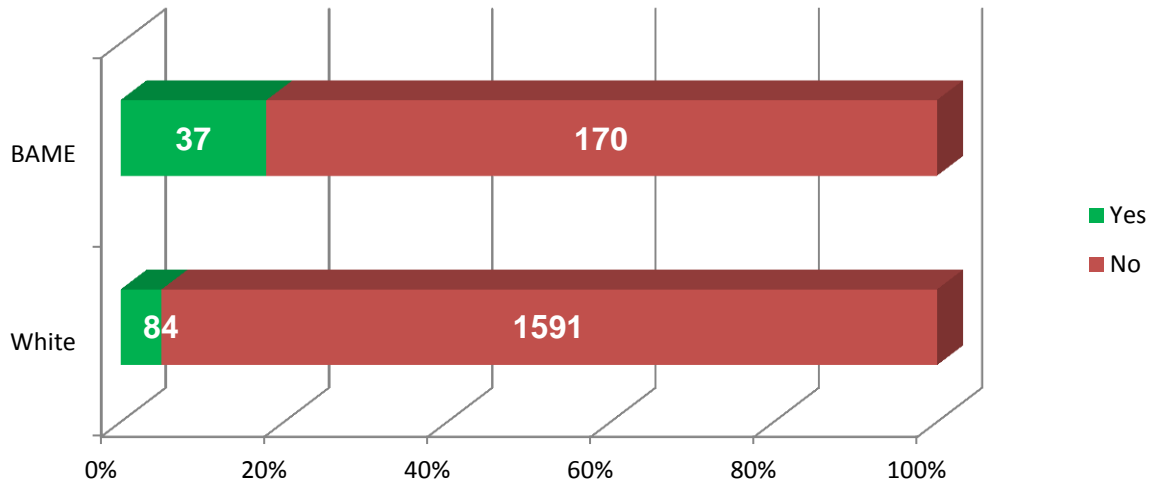
Staff believing that trust provides equal opportunities for career progression or promotion.



**13. Metric 8: Discrimination at work**

In the last 12 months have you personally experienced discrimination at work from any of the following?

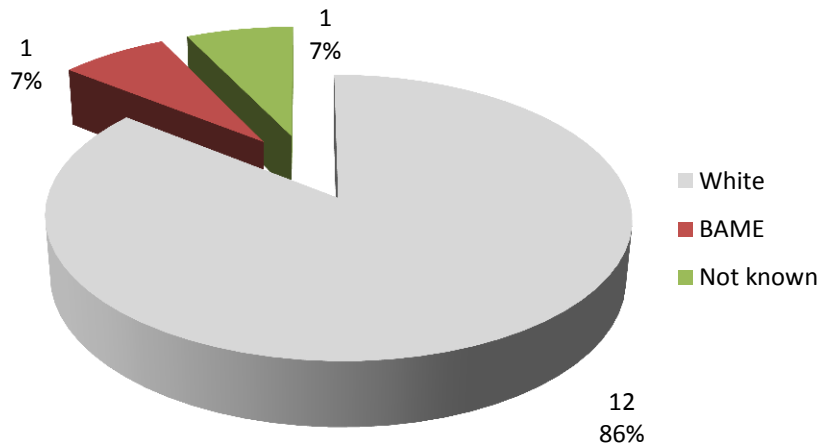
- Manager/team leader
- other colleagues





**14. Metric 9: Board representation indicator.**

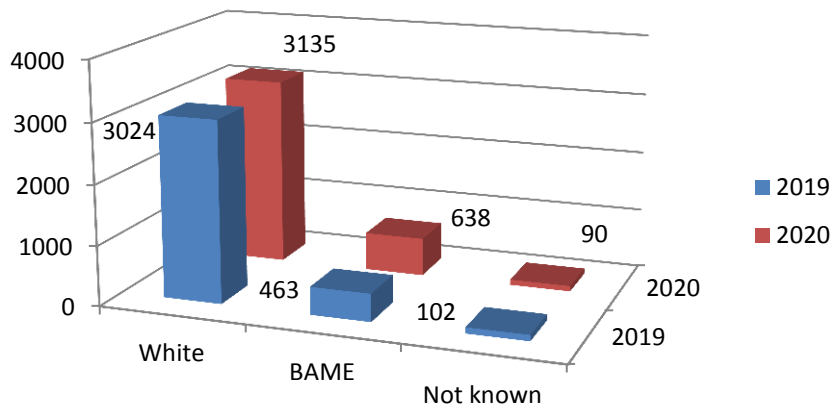
17% of the workforce identifies as BAME, this compares with 7% of the Trust Board, where one of our Non-Executive Directors is from the BAME community.



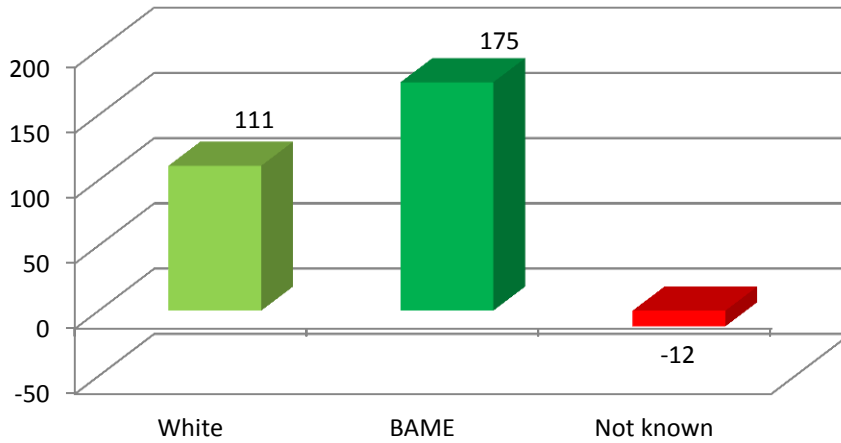
Lynn Lane, Director of OD and People has been nominated as the Executive Sponsor of the BAME Forum.

**15. Comparison with 2019 WRES data**

Staff numbers have increased over the past year by 274 (7%).



## Difference



The number of staff who identify as white has increased by 4%. There has been a 38% increase in the recruitment of staff from a BAME background during the year. This is the result of a successful recruitment campaign of nurses predominantly from India and Africa.



## 16. Model Employer – 10 year ambition modelling

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:

	Total Headcount	Overall%	% known ethnicity
BAME Workforce	373	10.8%	11.0%
White Workforce	3004	87.3%	89.0%
Unknown Workforce	65	1.9%	
Total	3442		

Based on those figures they produced the following suggested goals:

	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

The following table shows are achievement against this trajectory:

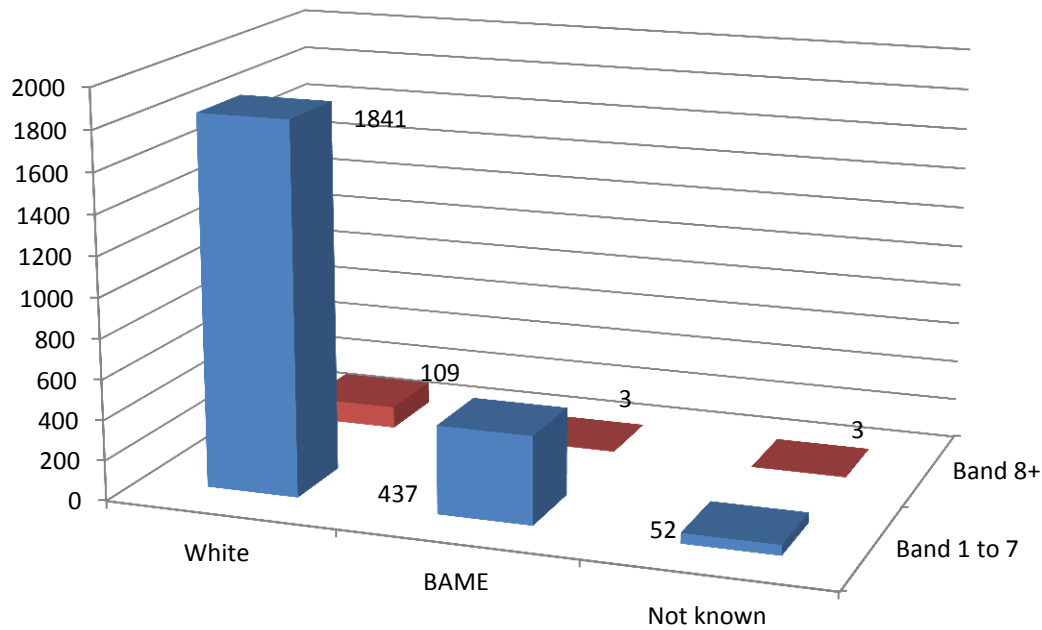
	2018 actual	2019 actual	2020 actual	2020 ambition	Gap
Band 8a	3	2	4	4	0
Band 8b	0	0	0	1	-1
Band 8c	0	0	0	0	0
Band 8d	0	0	0	0	0
Band 9	0	0	0	0	0
VSM	0	0	1	0	+1

As the demographics in the Trust have changed, NHSE/I have advised they will review the ambitions in the coming year.

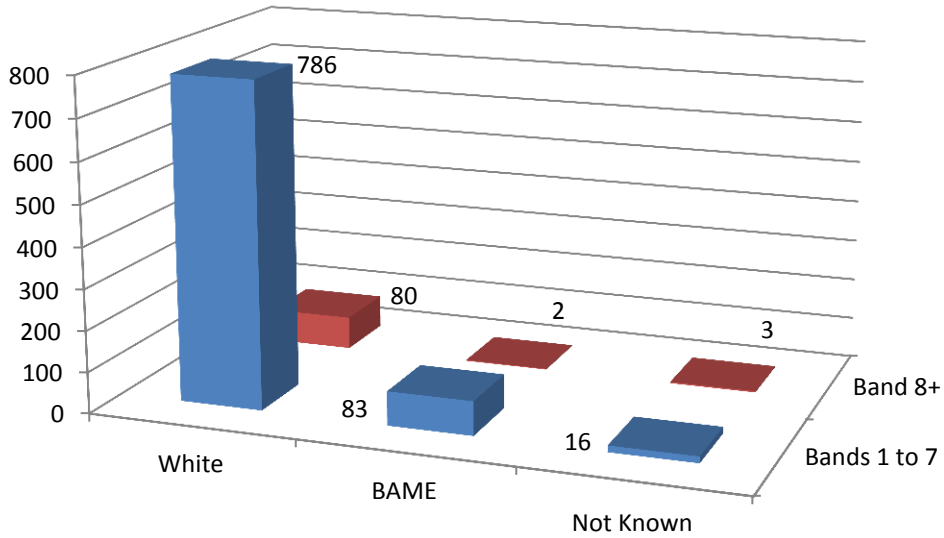
2020	Total Headcount	Overall%	% known ethnicity
BAME Workforce	638	17%	17%
White Workforce	3135	81%	81%
Unknown Workforce	90	2%	
Total	3863		

The charts on the following page show the number of BAME staff compared with White staff in bands 1 to 7; 8+. We have split this down to show clinical and non-clinical staff.

**Clinical:**



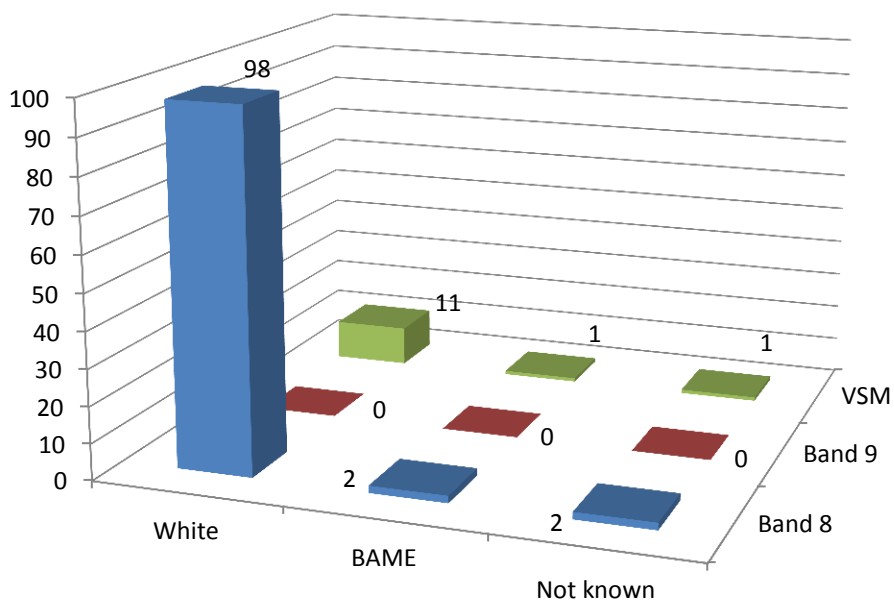
**Non-Clinical:**



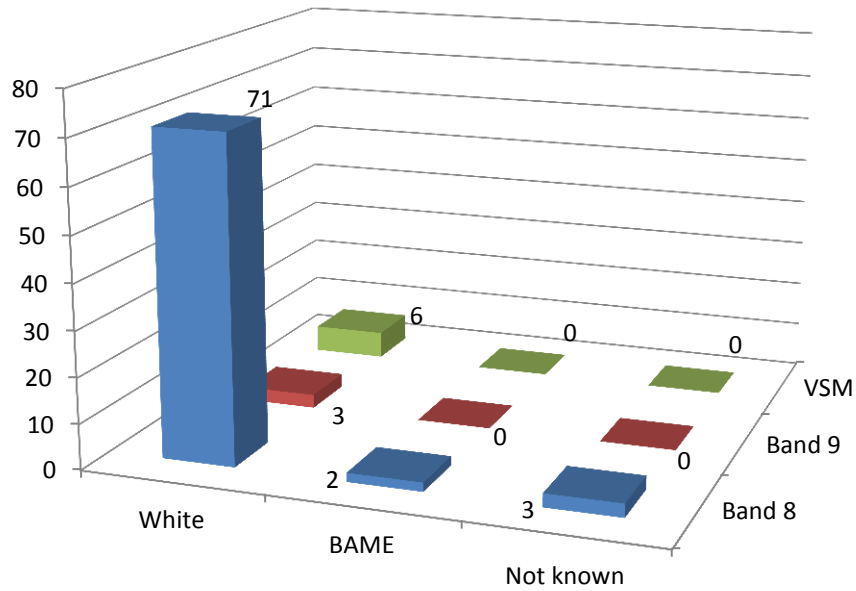
2.8% of clinical (excluding Medical & Dental) and non-clinical staff who identified as white are in Band 8 and above, compared to 0.4% of staff who identified as BAME.

The following two graphs show the number of staff in Bands 8, 9 and VSM.

**Clinical**

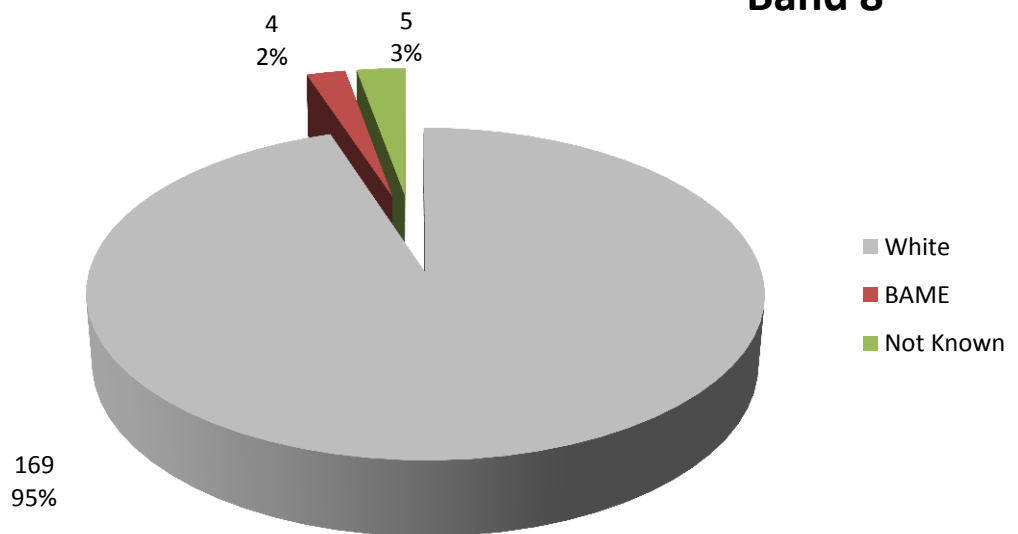


**Non-clinical**



95% of staff in Band 8 roles are white, 2% identify as BAME and 3% prefer not to say.

**Band 8**



## 17. Effects of Covid-19 Pandemic

On the 4th April 2020 the Trust received a notification from NHSE/I that the collection of Data for the Workforce Race Equality Standard was being suspended for 2020 due to the effects of Covid19.



On the 20th May 2020 a further communication was received from NHSE/I reinstating the WRES process with the following message.

“We wrote to you on 2 April 2020, stating that we had suspended the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) data collection process for 2020 due to COVID-19.

However, COVID-19 has highlighted the critical importance of workforce equality, and we have therefore decided that WDES and WRES implementation, including data collections, will continue as usual this year. The data collection period for the WRES and the WDES will be from 6 July to 31 August 2020. We will make contact with you in the coming days regarding this.

A letter from Prerana Issar, Chief People Officer for the NHS, and Dido Harding, former Chair of NHS Improvement, highlighting the above was sent to CEOs, chairs and accountable officers of NHS organisations on 19 May 2020, see Appendix 3. This is a challenging time for everyone, especially our NHS staff working on the frontline; it presents even more reason for us to ensure we are living the principles of equality and inclusion in all that we do, and continue to progress WDES and WRES work within organisations.

We look forward to continuing with the momentum of the WDES and WRES programmes with you during 2020 and beyond.”

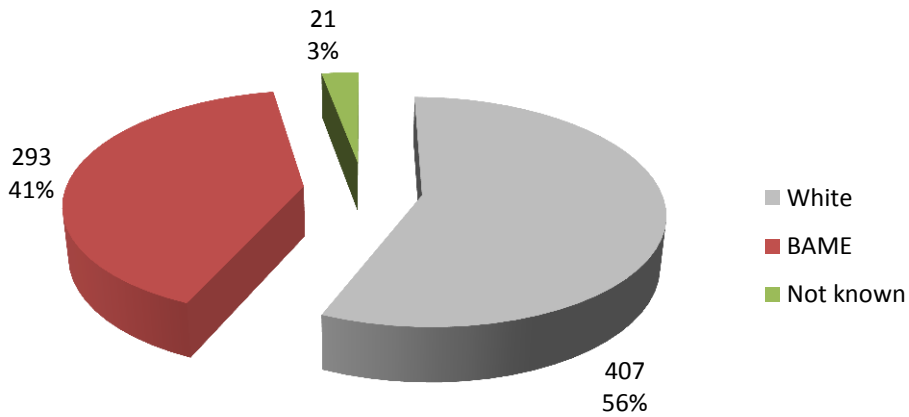
Subsequently NHSE/I have supplied Trusts with the new key dates for the WRES program which are illustrated in the following table.

<b>WDES – Key Dates for 2020</b>	
<b>WDES Data Collection Period</b>	6 <sup>th</sup> July to 31 <sup>st</sup> August 2020
<b>WDES Spreadsheet (returned via SDCS) and WDES Online Reporting Form deadline</b>	31 <sup>st</sup> August 2020
<b>Publication of Board Approved Trust WDES Action Plans</b>	31 <sup>st</sup> October 2020

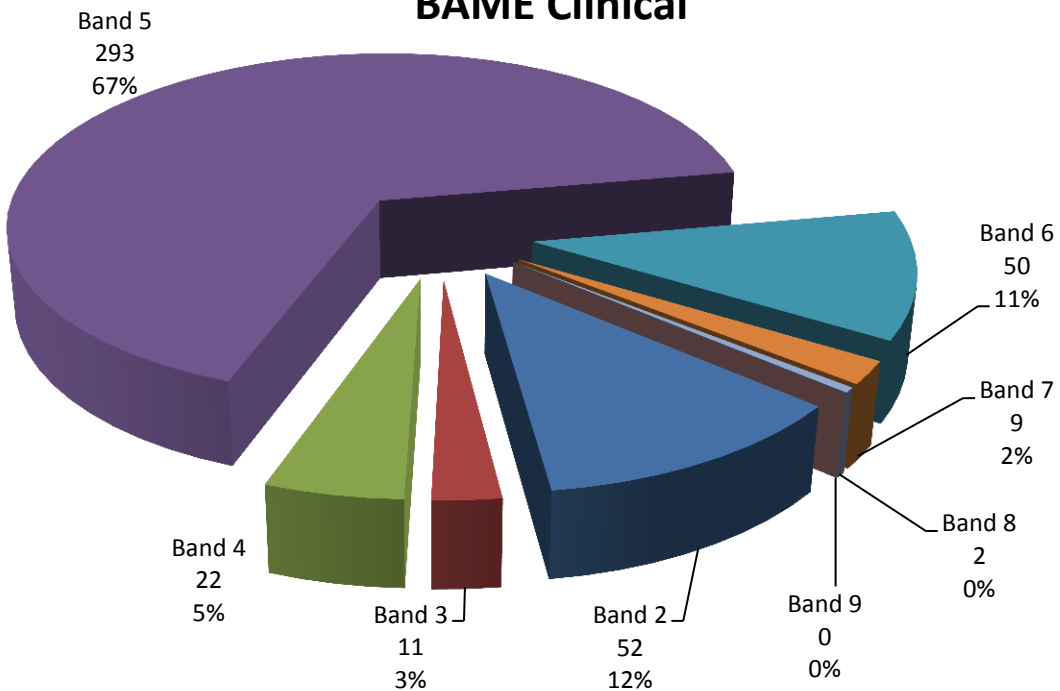
**17.1 Disproportionate effect of Covid-19 on BAME People**

During the initial stages of the Covid-19 pandemic there was a concern that BAME staff may be disproportionately deployed to Covid-19 wards. This was found not to be the case, however we identified 41% of our Band 5 clinical staff are from a BAME background.

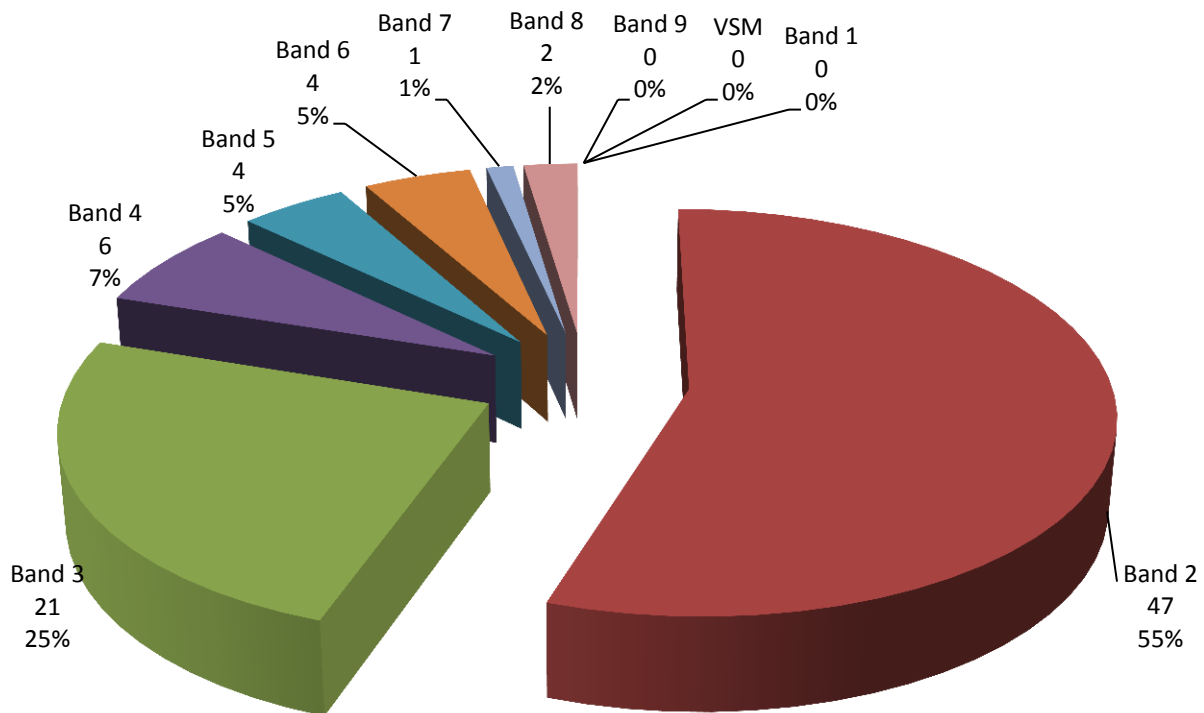
**Clinical Band 5**



**BAME Clinical**







### **BAME Non-Clinical**

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.

The Government and NHSE/I began to highlight the issue and on the 4th May 2020 Salisbury NHS Foundation Trust wrote to all its BAME staff. A copy of this letter is attached at Appendix 4. The letter acknowledged the issues and reassured staff that work was underway to ensure all staff were protected and supported.

Staff at the Trust then developed a personal risk assessment for all vulnerable staff. The risk assessment was used as a catalyst for managers to have a meaningful conversation with staff to identify their vulnerability and ensure their safety.

The vulnerabilities included:

- Those who identified in the high risk category with pre-existing conditions
- Age related vulnerability
- Gender
- BAME Background
- Disabilities.

On the 18th May 2020 the Trust wrote to all vulnerable staff, including all BAME staff, launching the risk assessment process. They encourage all vulnerable staff to have meaningful conversations with their line managers to complete the assessment by the end of July 2020. See Appendix 5.

At this time a Confidential Assessment Panel was set up to monitor and quality assure the risk assessment process.

By the 31st July 2020 99% of our BAME staff had completed a risk assessment with their line managers.

## 17. Progress against 2018 WRES Action Plan

Many of the actions in our original WRES Action Plan have now been completed.

### BAME Forum

Over the past year our BAME Forum members have worked together to develop the network. This involved creating a What's App Group and having regular meetings throughout the year.

During the year the Forum organised a number of events to celebrate Black History Month. They were also involved in raising awareness of the Freedom To Speak Up program during October 2019.

BAME Forum members assisted in welcoming our new arrivals from overseas.

Covid-19 has posed some problems for the Forum although they are now regularly meeting virtually to continue to develop the networks and engage with our BAME staff.



The Forum is now Chaired by Candice Berry, who is working with network members to review the Forums structure, purpose and direction.

Candice will be attending the EDI Committee on behalf of the BAME Forum.



### **Reverse Mentoring Program: “Walk in my shoes!”**



In February 2020 the Trust launched a reverse mentoring program involving Trust Board members and members of the BAME Forum. The program was launched with a meeting where mentors and mentees were matched up.

The program was designed to last for six months with those involved meeting together during that time to share their lived experience.

A number of meetings were arranged throughout the period of the program. Unfortunately the onset of the Covid-19 pandemic interrupted this process.

The program continues and will be reviewed within the next few months.

One outstanding action from the 2018 action plan was the consideration of having an “open seat” on the Trust Board for a representative of the BAME Forum. This was considered and it was agreed to put it on hold pending the results of the reverse mentoring program.

As part of that program Trust Board members were asked to invite their BAME Forum mentor to attend at least one Trust Board with them. Once again this has been disrupted by Covid-19.

Going forward the refreshed ED&I committee will consider the WRES/WDES and Gender Pay Gap reports and develop an action plan to address the key issues which arise from them all as part of the wider ED&I agenda.

## 18. Conclusion

2019 saw the Trust recruit a significant number of staff from a BAME background into a variety of clinical and non-clinical roles across the range of pay bandings. Since 2018 the likelihood of BAME staff being appointed has also increased.

This year we have looked in more detail at who are included within the overall definition of BAME staff. Section 2 of this report details the actual breakdown of the ethnic origin of our people. It can be seen that the blanket term BAME covers a wide range of ethnic groups and the Trust employs people from 72 different countries.

The number of staff engaging with the staff survey has also increased this year. The full details are listed in Section 10 of this report. This has shown a significant change in the willingness of BAME staff to engage with the survey, some 115% increase.

Covid-19 has had a significant effect on the Trust and our Diversity and Inclusion agenda. It has provided an opportunity to engage more closely with our BAME colleagues both within the workforce and importantly through the BAME community who are starting to take on a much more proactive role within the organisation.

Our challenge for 2020/21 will be to harness this improved engagement and work through our ED&I steering group to continue to improve the working lives of our BAME staff.

## 19. Recommendations

We recommend the report to the board and that Salisbury NHS Foundation Trust take 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 we recommend that:

- the EDI Committee work with the BAME forum to identify actions to drive the WRES agenda forward
- the Trust supports a member of the BAME forum to complete the WRES Experts program offered by NHSE/I
- we ensure our people are confident to supply up to date, relevant and accurate equality data through our ESR self-reporting process. Ensuring that they understand the benefits of doing so
- develop a Communications plan for Equality, Diversity and Inclusion.

## 14. Author and Sponsor

Author: Rex Webb, Head of Diversity and Inclusion  
[Rex.webb@nhs.net](mailto:Rex.webb@nhs.net)

Sponsor: Lynn Lane, Director of OD and People  
[Lynn.lane@nhs.net](mailto:Lynn.lane@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 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: Letter from Chief People Officer 19<sup>th</sup> May 2020

Classification: Official

Publications approval reference: 001559  
To: Chief executives of NHS trusts and  
foundation trusts  
Chairs of NHS trusts and foundation trusts and  
CCG Accountable Officers  
Chairs of ICSs and STPs

Copy to: NHS Regional Directors

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

19 May 2020  
Dear colleagues

**Diverse representation in decision making and workforce equality**

Firstly, we would like to thank you for all that you and your colleagues are doing to respond to COVID-19 in these incredibly challenging times – we sincerely appreciate the continued dedication and commitment of all our NHS people working in organisations across the country.

On Wednesday 29 April, Sir Simon Stevens and Amanda Pritchard wrote to you regarding the second phase of the NHS response to COVID-19. As noted in that letter, there is emerging evidence that the virus is having a disproportionate impact on our black, Asian and minority ethnic (BAME) colleagues.

**One of the areas we are focusing on is representation in decision making,** which will ensure that BAME and disabled staff have influence over decisions that affect them. Data collections, including those which contribute to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), had to be paused as part of the initial response to COVID19, however, **WRES and WDES implementation** including associated data collections is now resuming

Organisations are also being asked to **review COVID-19 command and governance structures**, for levels of diversity representation in leadership and decision-making.

We know that chairs and non-executive directors are expected to lead internal scrutiny and assurance at all levels, but we would strongly encourage you to tap into the immense talent and resource that already exists within our organisations. This includes equality, diversity and inclusion leads and, where they exist, trained WRES experts.

On Thursday 30 April, we hosted a webinar for more than 240 BAME staff network leads from across the NHS. Key themes included:

- **better resourcing of staff networks**
- **giving more power to the networks**
- **ensuring robust connections between staff networks and their boards**

We also hosted a virtual meeting of over 200 disabled staff network chairs and disabled leaders. We will be following up with attendees as a priority to identify what we can all do – both individually and as a collective. Annex A summarises some of the actions that are being taken following this session.

These networks, along with others, are critical to our organisational and system-wide response to the virus. We encourage you to engage and fully utilise the vast wisdom that they hold – and to develop such forums where they do not exist.

By embracing and implementing the key recommendations cited above – as well as our collective passion and commitment to health equality for all, we will be better able to respond to the virus – now and in the months to come.

Over the coming days, the WRES and WDES Implementation teams will be in touch with your organisations regarding the collection of this years' data, as well as obtaining data for your virus response structures.

In the meantime, please accept once again our personal thanks and support for the remarkable way in which you and all **our NHS people** have risen to this exceptional health challenge.

Best wishes,

Prerana Issar  
Chief People Officer for the NHS

Dido Harding  
Chair of NHS Improvement

Appendix 4: Letter BAME Staff 4th May 2020

Private and Confidential

BAME staff

04 May2020

Salisbury NHS Foundation Trust  
Salisbury District Hospital  
Salisbury  
Wiltshire  
SP2 8BJ

Telephone: 01722 336262

Dear (name),

Affects of COVID-19 on BAME staff

I am sure that you have heard, read, or seen in the news the statistically disproportionate affect that the coronavirus is having on people from BAME communities.

As a healthcare provider, on the front line of treating people with the virus, this is of great concern to the Trust and we naturally want to ensure that we are protecting all of our staff as much as possible.

You should be aware that we are currently awaiting some evidence-based guidance from Public Health and the DHSC, which will inform what actions we take with regard to this group of staff.

We value each and every member of staff here at the Hospital and I wanted to assure you that we are very aware of the media reports concerning additional risks and will issue the guidance and any related information as soon as possible once we have it.

In the meantime, if you feel particularly concerned about any aspect of your work here in relation to the pandemic, do take the opportunity to talk to your line manager.

I do hope that you take care and stay well.

Yours sincerely,  
Lynn Lane  
Director of Organisational Development & People

## Appendix 5: Letter Vulnerable Staff 18th May 2020

Private and Confidential

BAME staff

18 May2020

Telephone: 01722 336262

Dear (name),

Covid-19 Risk Assessment – Vulnerable Staff

Salisbury NHS Foundation Trust  
Salisbury District Hospital  
Salisbury  
Wiltshire  
SP2 8BJ

Firstly, we would like to say a big thank you for the valuable contribution you are making to our fight against Covid19. We do appreciate that this is a stressful time for everyone but especially in terms of the media and research regarding an increased risk to BAME communities and staff.

Since we wrote to you on 4th May 2020 we have liaised with national and local NHS partners to develop a risk assessment tool designed to identify an individual's vulnerability to Covid in the workplace. The tool and supporting guidance for Line Managers will help all staff who fall within the vulnerable groups defined by the government, including those with BAME heritage, to have detailed and confidential conversations about those risks and, to take a joint decision on how risks may be reduced.

We ask that you contact you Line Manager as soon as possible to agree a time to meet and discuss your health, and own real and perceived risks so that you are able to continue to make a valuable contribution to our services during the pandemic. Our aim is that all vulnerable group risk assessments are completed by 31st May 2020. Please be assured the outcome of the risk assessment will in no way impact on your long term future with the Trust.

To ensure that there is a consistent approach to all risk assessments and how risks are reduced, a small confidential Assurance Panel will set up to monitor this. We will continue to monitor the emerging research regarding the effects of Covid19 on vulnerable groups. As evidence appears we will endeavour to keep you up to date with the National, Regional and local position and adapt our approach appropriately.

We want to assure you that your health and safety remains a priority for us and you Line Manager, and support continues to be available to you during this difficult time. Advice can be accessed from the Occupational Health Team, Human Resource

Team, Freedom to Speak Up Guardian and the Head of Diversity and Inclusion.  
Contact details can be found on the Staff COVID microsite.

Yours sincerely,

Lynn Lane  
Director of Organisational Development & People

