Workforce Race Equality Standard (WRES) Report 2021

1. A personal reflection on racism

A letter from

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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,
mind at all. Black people are everywhere now, on the telly,

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.

pt 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 c

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

laughing about those gloves.

I tried in my confusion, to explore why it was that gloves looked so out of place. To

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.

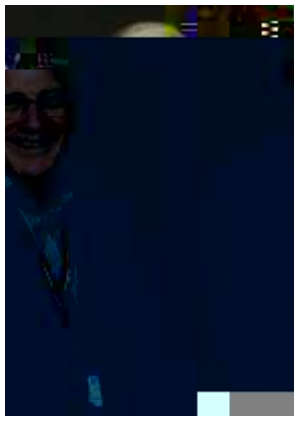
Unfairness, the injustices of racism, are experienced in less discernible, nuanced ways that often pile on in ways that we BAME people find difficult to explain to our white counterparts.

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



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 similaff. k(a)6(ff)-3(.)-3(k(a)6(ff)-3(.)- l21.34 Tk(ast)-3(ysim)-4(il)6(ff).85 607.

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

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,

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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

+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.

of a commitment to meet the aspiration to improve BAME representation across the

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.

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.

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

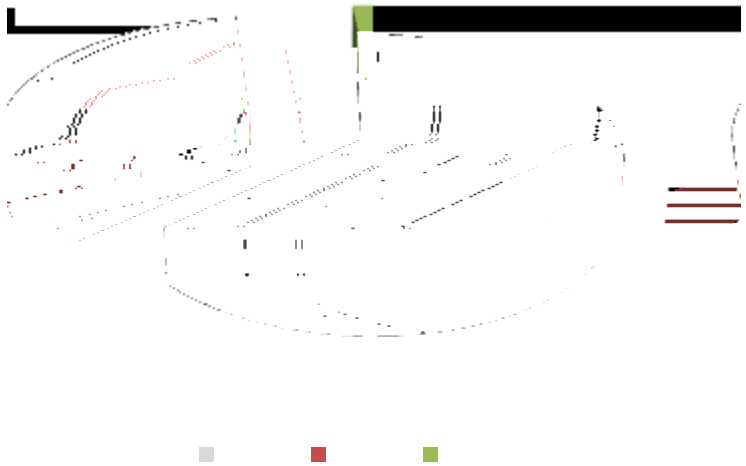
x9.8

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

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.

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

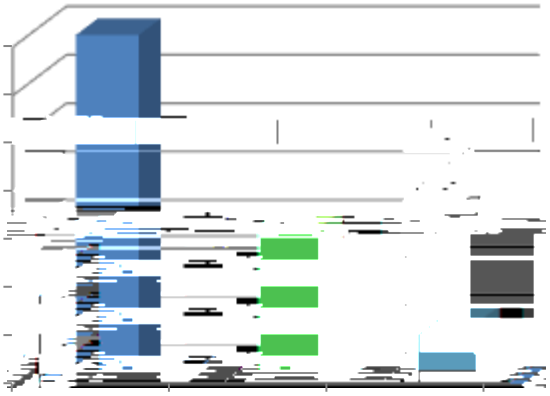
The issue of Inclusive recruitment is in the process of being reviewed nationally and locally to redress the balance. There is a commitment within the NHS People Plan to overhaul the recruitment and promotion processes.

A six point action plan has been developed and is subject to consultation,

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.

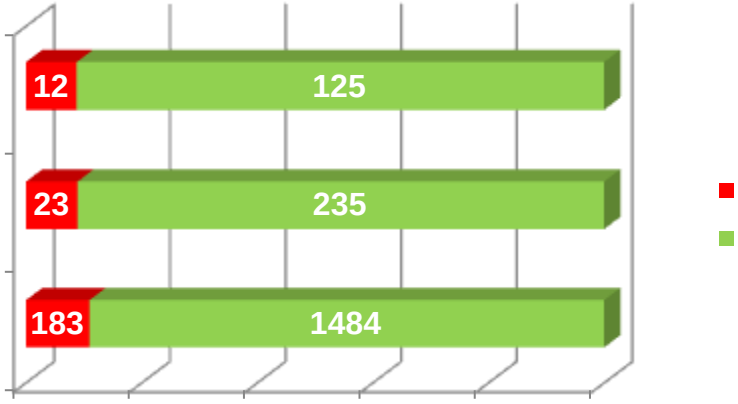
The number of BAME staff who took part in the staff survey has increased by **51** since 2019.

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

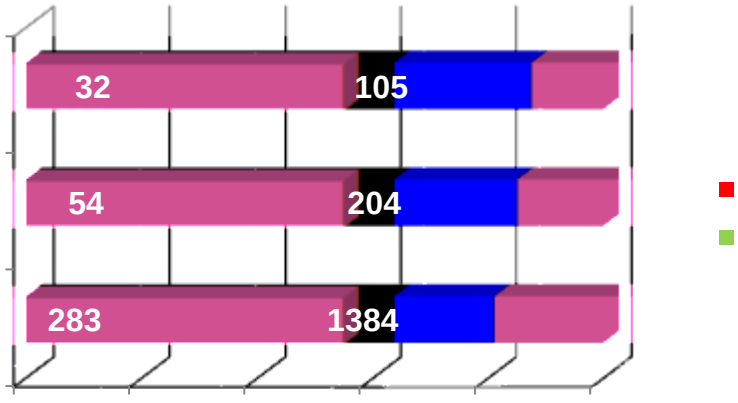
9%

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



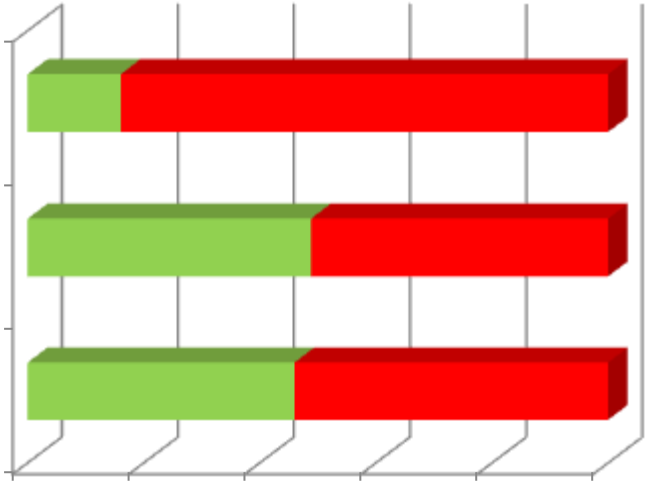
21%

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.



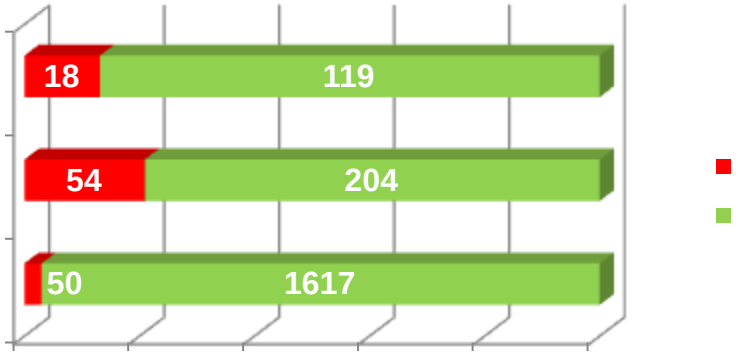
70%

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

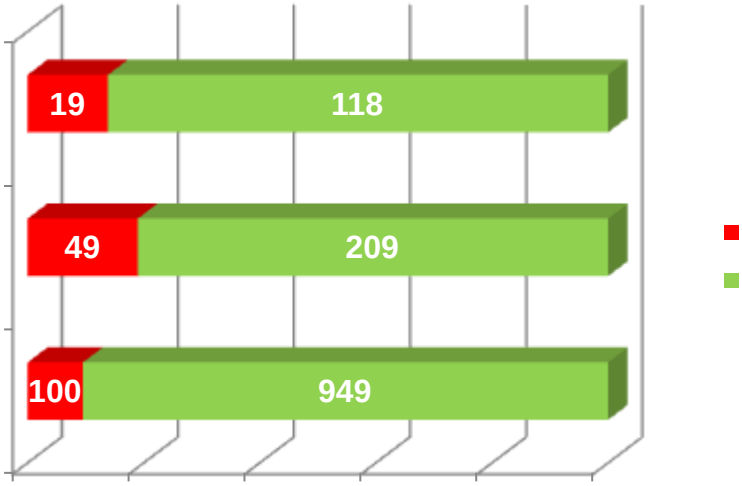
21%

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.

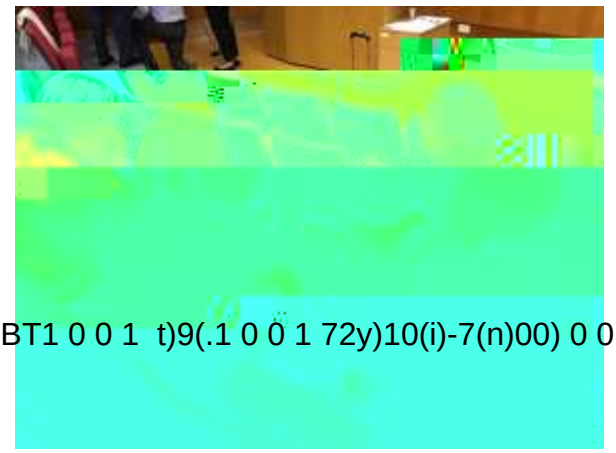


+1

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.

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 (e)-3( )8(t-3(eBT1 0 0 1 t)9(.1 0 0 1 72y)10(i)-7(n)00) 0 0 1 178.1 193

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

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

It is recommended that Salisbury NHS Foundation Trust consider the following

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

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

Workforce indicators

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.

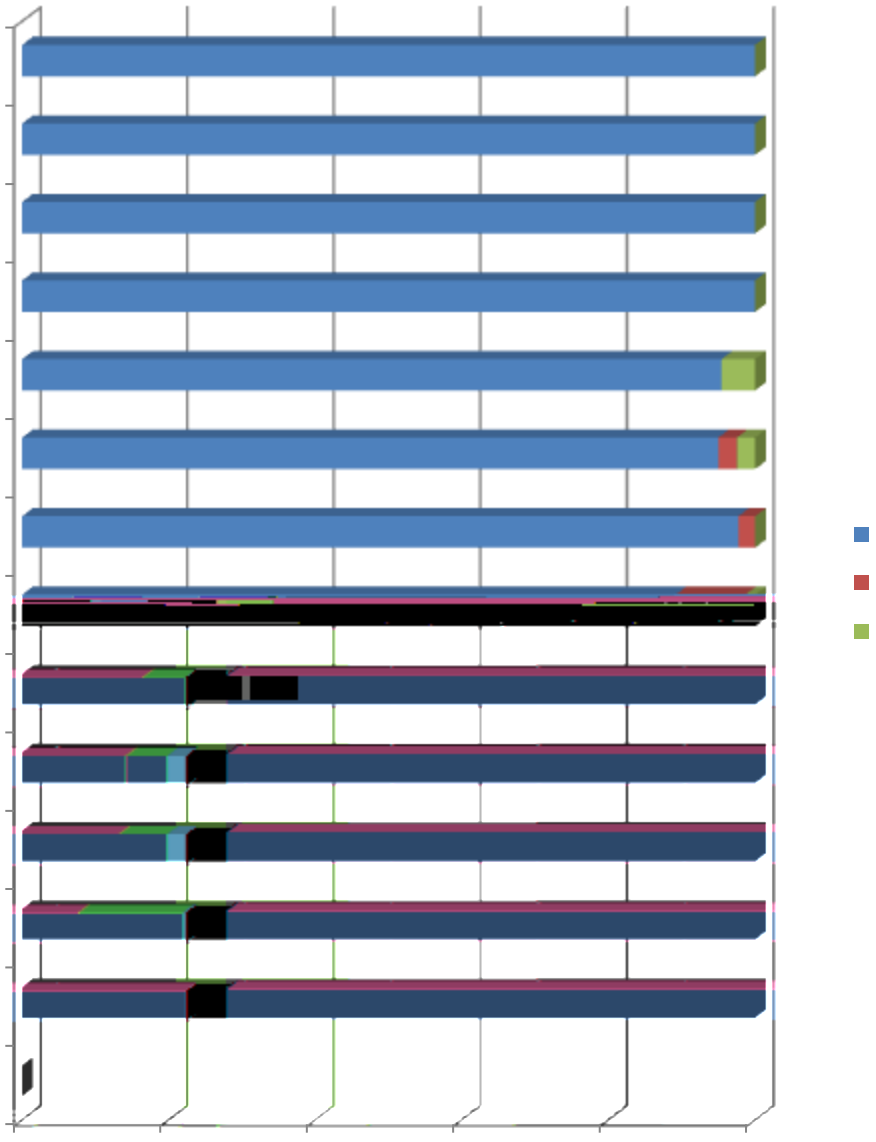
Ethnic Categories 2001

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:

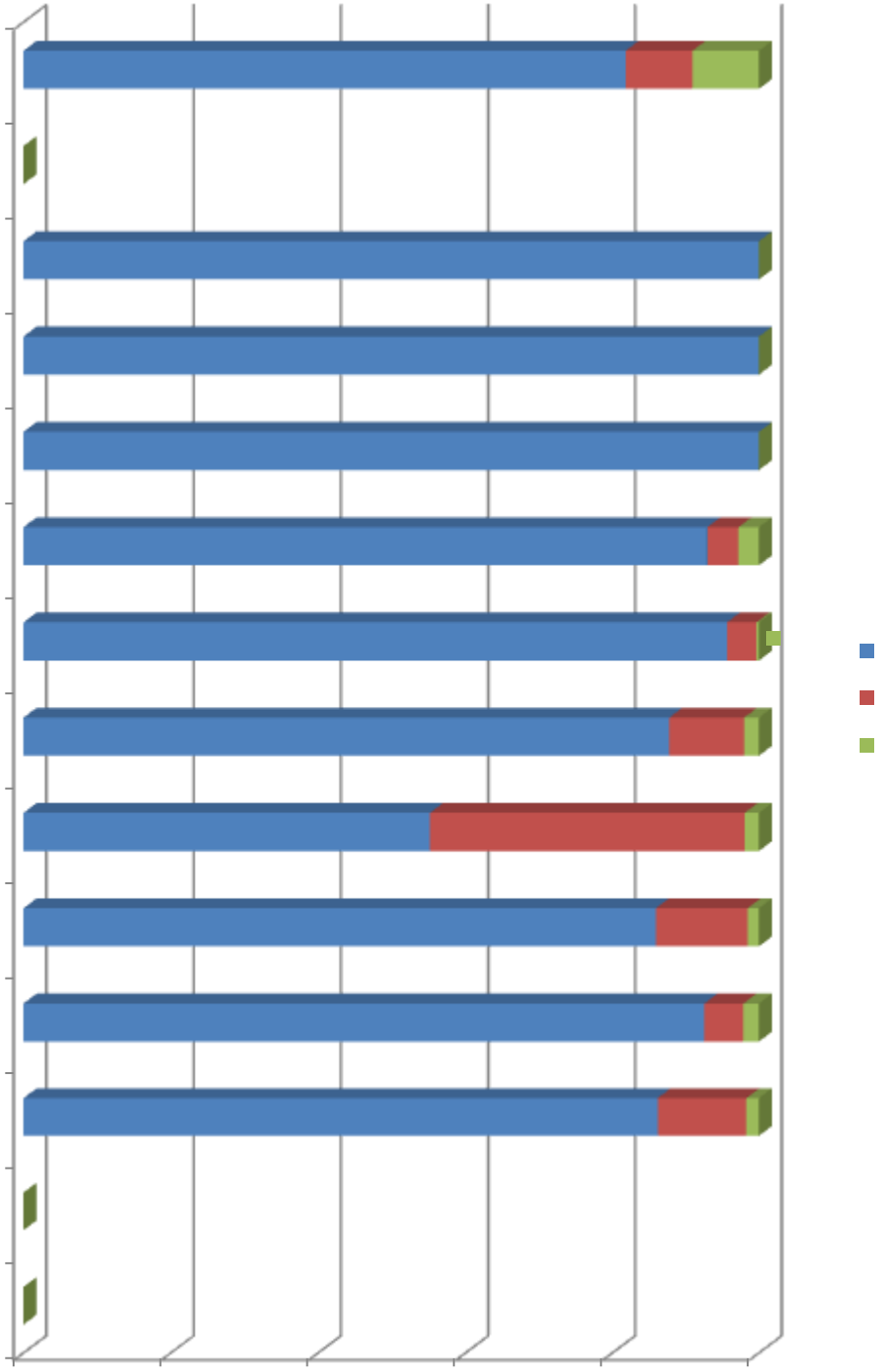
A White British
B White Irish
C Any other white background
D Mixed white and black Caribbean
E Mixed white and black African
F Mixed white and Asian
G Any other mixed background
H Asian or Asian British Indian
J Asian or Asian British Pakistani
K Asian or Asian British

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

Non-Clinical



Clinical



Appendix 5: National Centre for Diversity

Solat Chaudhry, Should we use the term BAME?

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 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
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.

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.

first but now I have come to like it.

I ask myself how is that different to being coloured especially if you apply the Agra Gra test.

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.

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 differ3ecl-3(G5607.5ee.w1 0 0 1 481.54 593.71 BT19t -623e)-5(r3e1l(

Appendix 7: WRES Disparity Ratio SFT