

# **NHS Workforce Race Equality Standards (WRES)**

## **Annual Report 2021/22**

## Introduction

*“Inequalities in any form are at odds with the values of the NHS – the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients”*  
– Em Wilkinson-Brice, Acting NHS Chief People Officer, March 2022

As at 31 March 2021, the NHS had a workforce of approximately 1.4 million people with over 100 nationalities represented, of which 22.4%<sup>1</sup> were from a black or minority ethnic (BME) background. The total number of BME staff at very senior manager level increased by 48.3% between 2018 and 2021, and there was a 10.0% improvement of board members from a BME background between 2020 and 2021 (12.6%).

The Workforce Race Equality Standard (WRES) programme has now been collecting data on race inequality for seven years, holding up a mirror to the service and revealing the disparities that exist for black and minority ethnic staff compared to white colleagues. The Covid-19 pandemic has put in the spotlight the disadvantage experienced by staff with protected characteristics. As the NHS recovers its services following the pandemic, addressing the issues of equality and inclusion are core to the success for the workforce.

The WRES uses statistical data to demonstrate the experience and outcomes for BME staff compared to white staff through many stages of the employment journey. The standard requires NHS Trusts to develop action plans to address any areas of inequity that the data highlights. It is an annual process to review and improve working conditions for BME staff in the NHS.

The report uses the acronym BME, recognising that within this there are a multitude of ethnic backgrounds and diversity included within the WRES analysis. It does not suggest that the identified issues affect all BME staff equally or that each group's treatment or needs are the same.

This report contains a data snapshot comparison between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022, and highlights the improvements that have been seen and the areas that may require further action.

## Background information

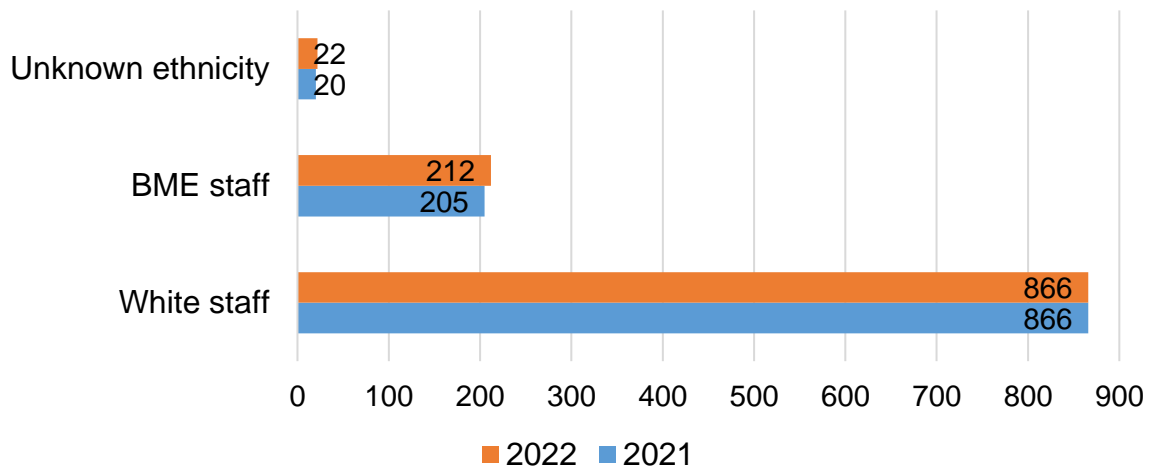
The total number of staff in the Trust in 2022 was 1,100 compared to 2021 where there were 1,091 staff. Overall in 2022, 98% of the workforce had declared their ethnicity, which is comparable to 2021. This is broken down as below:

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<sup>1</sup> NHS Workforce Race Equality Standard: 2021 data analysis report fro NHS trusts March 2022, accessed 22/06/2022  
<https://www.england.nhs.uk/wp-content/uploads/2022/04/Workforce-Race-Equality-Standard-report-2021-.pdf>

Author: Gemma Farley, Employee Relations and Wellbeing Manager  
Date: September 2022

Total number of staff in the Trust



### How is BME defined under the WRES?

In line with the categories taken from the 2001 Census:

The BME category includes:	The White category includes:	The unknown category includes:
<ul style="list-style-type: none"> <li>• D – Mixed white and black Caribbean</li> <li>• E – Mixed white and black African</li> <li>• F – Mixed white and Asian</li> <li>• G – Any other mixed background</li> <li>• H – Asian or Asian British – Indian</li> <li>• J – Asian or Asian British – Pakistani</li> <li>• K – Asian or Asian British – Bangladeshi</li> <li>• L – Any other Asian background</li> <li>• M – Black or black British – Caribbean</li> <li>• N – Black or black British – African</li> <li>• P – Any other black background</li> <li>• R – Chinese</li> <li>• S – Any other ethnic group</li> </ul>	<ul style="list-style-type: none"> <li>• A – White – British</li> <li>• B – White – Irish</li> <li>• C – Any other white background</li> </ul>	<ul style="list-style-type: none"> <li>• Z – not stated</li> <li>• Null (NHS Electronic Staff Records code)</li> <li>• Unknown (NHS Electronic Staff Records code)</li> </ul>

## Steps taken in the last reporting period against Actions 2021

### **Understand how we identify talent in Band 2-7 and support progression and development into more senior roles**

Making the recruiting process of promotional roles easier if person identified within department and no other suitable employees. Introduced more use of expressions of interest within specialist areas for new roles.

### **Further increase staff engagement to disclose their ethnic origin to the Trust**

We acknowledge that the disclosure rate is high. We collect information relating to staff ethnicity as part of the recruitment process and staff have access to Electronic Staff Records to update their own personal information at any time. Trust wide communication sent via internal newsletter advising and reminding staff to log into ESR self service to check disclosures and update if changed or input if missing.

### **Encourage recruiting managers to appoint applicants from BME background**

Education to managers around equality and unconscious bias in recruitment. Challenge managers that are not shortlisting candidates who meet essential requirement and are from a BME background.

### **Encourage BME representation in the shortlisting of roles Band 8a+ and attendance at interview panels**

Trust wide communication informing of requirement of EDI representation on all interview panels of 8a and above and all consultant recruitment, training given to all EDI network members in interviewing to enable an active role in the process.

## Key findings

**+3.41%**

19.27% (212) of staff working at QVH were from a BME background. This is an increase from 18.79% in 2021.

**+10%**

The total number of BME staff at very senior manager level has increased by 10% since 2021

**+8.33%**

8.33% of board members at QVH were from a BME background which was an improvement of 8.33% between 2020 and 2021

**x1.27**

White applicants were 1.27 times more likely to be appointed from shortlisting compared to BME applicants; this is a decrease from 1.79 in 2021.

**x0.0024**

BME staff were 0.0024 times more likely to enter the formal disciplinary process compared to white staff. There are minimal numbers of QVH staff that enter a formal process.

**18.3%**

18.3% of BME staff had personally experienced discrimination at work from a manager, team leader or other colleagues in 2021

## Workforce Race Equality Indicators

The standard compares the metrics for white and BME staff (using declared status).

### Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.

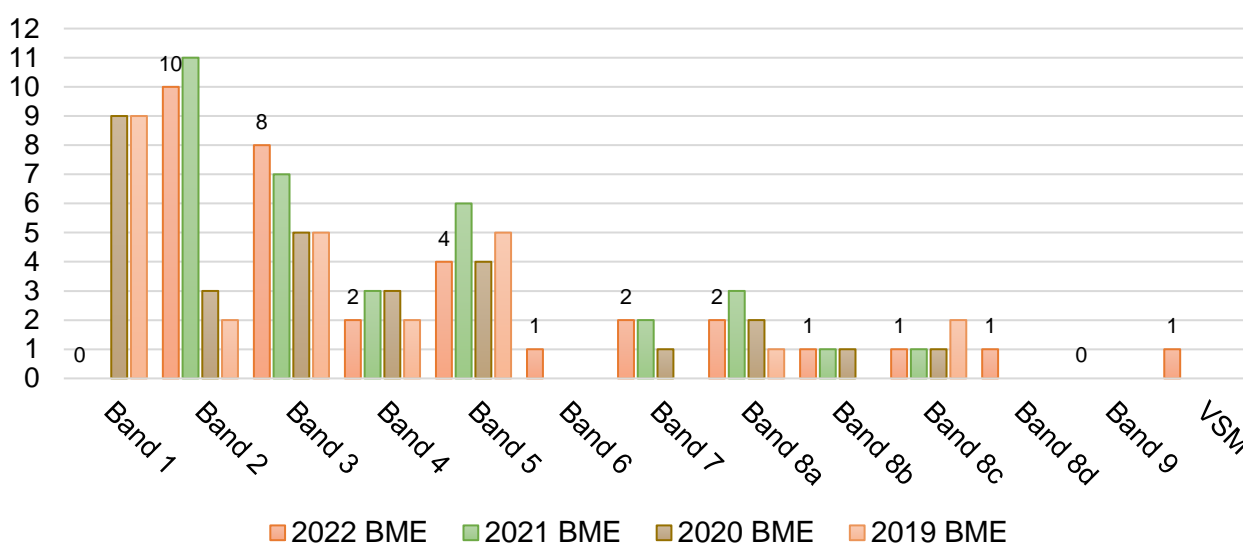
\*The overall percentage in the tables is compared to the 19.27% representation of BME staff in the overall workforce.

**For non-clinical workforce**

Pay banding	White	BME	Unknown ethnicity	Total	White %	*BME %
Under Band 1	0	0	0	0		
Band 1	0	0	0	0		
Band 2	85	10	4	99	85.9%	10.1%
Band 3	77	8	2	87	88.5%	9.2%
Band 4	93	2	0	95	97.9%	2.1%
Band 5	18	4	1	23	78.3%	17.4%
Band 6	22	1	1	24	91.7%	4.2%
Band 7	17	2	2	21	81.0%	9.5%
Band 8a	15	2	0	17	88.2%	11.8%
Band 8b	2	1	0	3	66.7%	33.3%
Band 8c	5	1	0	6	83.3%	16.7%
Band 8d	1	1	0	2	50.0%	50.0%
Band 9	2	0	0	2	100.0%	0.0%
VSM	8	1	0	9	88.9%	11.1%
<b>All non-clinical roles</b>	<b>345</b>	<b>33</b>	<b>10</b>	<b>388</b>	<b>88.9%</b>	<b>8.5%</b>

**Historical comparison from previous WRES reports**

Non-clinical BME workforce 2019-2022



There has been an 83.33% increase in the number of BME staff in non-clinical roles between 2016 to 2022. This reporting period has seen the first BME staff member in a VSM role and Band 8d role. However, across all non-clinical roles there is a low representation of BME staff.

As a result of the NHS AfC (Agenda for Change) terms and conditions of service contract refresh, there was a migration of staff from Band 1 to 2 and therefore these two Bands can be combined when considering previous years.

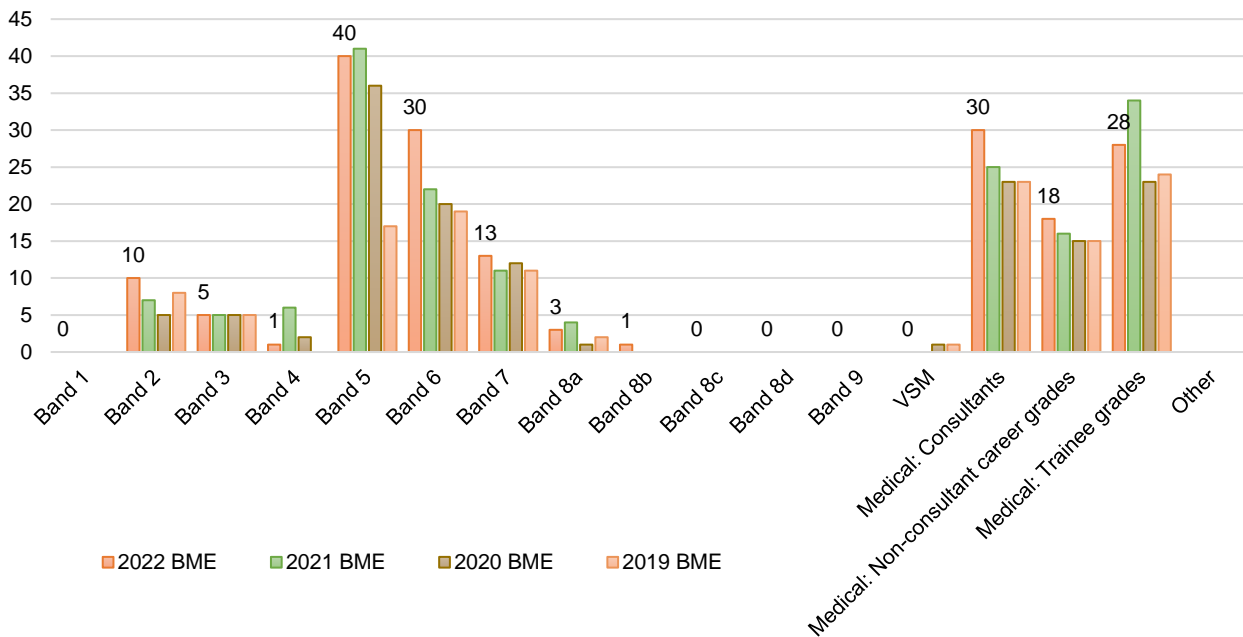
**For clinical workforce**

Pay banding	White	BME	Unknown ethnicity	Total	White %	*BME %
Under Band 1	0	0	0	0		
Band 1	0	0	0	0		
Band 2	63	10	2	75	84.0%	13.3%
Band 3	30	5	0	35	85.7%	14.3%
Band 4	30	1	1	32	93.8%	3.1%
Band 5	79	40	1	120	65.8%	33.3%
Band 6	101	30	1	132	76.5%	22.7%
Band 7	85	13	1	99	85.9%	13.1%
Band 8a	18	3	0	21	85.7%	14.3%
Band 8b	8	1	0	9	88.9%	11.1%
Band 8c	4	0	0	4	100.0%	0.0%
Band 8d	1	0	0	1	100.0%	0.0%
Band 9	2	0	0	2	100.0%	0.0%
<i>Of which Medical &amp; Dental</i>						
VSM	1	0	0	1	100.0%	0.0%
Medical: Consultants	57	30	2	89	64.0%	33.7%
<i>**of which Senior medical manager</i>	5	2	0			
Medical: Non-consultant career grades	11	18	1	30	36.7%	60.0%
Medical: Trainee grades	31	28	3	62	50.0%	45.2%
<b>All clinical roles</b>	<b>521</b>	<b>179</b>	<b>12</b>	<b>712</b>	<b>73.2%</b>	<b>25.1%</b>

\*\*Business Unit Clinical Directors (n=4), Deputy Medical Director & Clinical Director of Strategy (n=1), Clinical Director of IT (n=1), Clinical Director of Research (n=1)

## Historical comparison from previous WRES reports

Clinical BME workforce 2019-2022



Compared to the overall workforce, there is a higher representation of BME staff in Band 3-4, 5-7 and medical grades. The least number of BME staff are represented in Band 8a to 9. There has been a 58.41% increase in the number of BME staff in clinical roles between 2016 to 2022 which is a year-on-year increase in the representation of BME staff in the overall workforce.

### What the data tells us:

- There is a better representation of BME staff in clinical roles (25.1%) compared to non-clinical roles (8.5%).
- There has been an 83.33% increase in the number of BME staff in non-clinical roles between 2016 and 2022. However, representation of BME staff in non-clinical roles is lower than expected at 8.5% (compared to the overall number of BME staff in the workplace at 19.27%).
- Band 8b and 8d in non-clinical roles have a higher level of representation of BME staff compared to the overall number of BME staff in the workplace. However, it is important to note that the number of staff in these roles are lower than other bands (3 and 2 respectively), resulting in small variations appearing more significant than in larger groups.
- There has been a 58.41% increase in the number of BME staff in clinical roles between 2016 and 2022. There is a higher level of representation of BME staff in clinical roles at 25.1% compared to the overall number of BME staff in the workplace.
- Band 5-6 and medical grades in clinical roles have a higher level of representation of BME staff compared to the overall number of BME staff in the workplace.
- Band 8c-9 and VSM have no representation of BME staff in clinical roles. However, it is important to note that the number of staff in these roles are small (each below



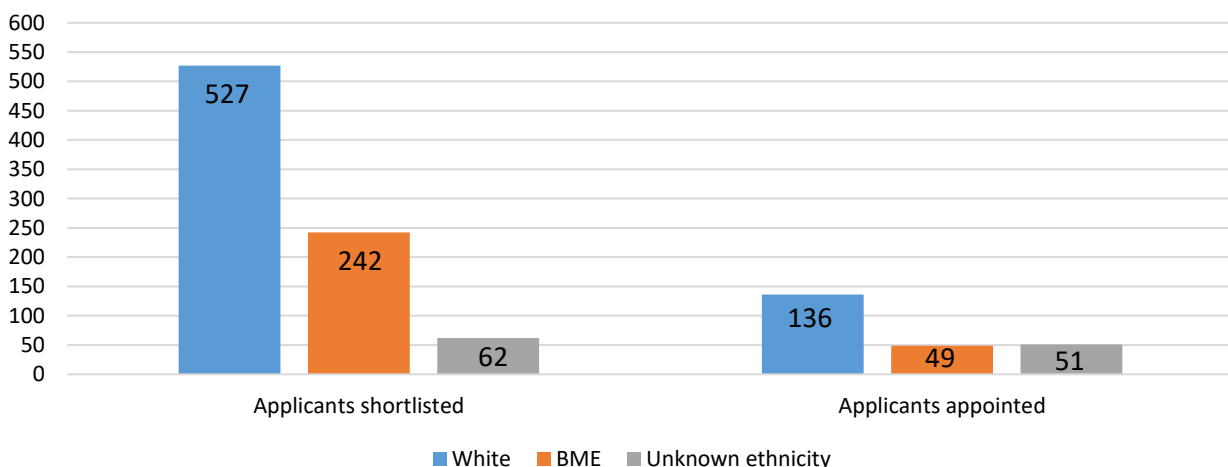
5, with only 1 member of staff in Band 8d and VSM clinical roles), resulting in variations appearing more significant than in larger groups.

## Indicator 2 - Relative likelihood of applicants being appointed from shortlisting across all posts

The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is 1.27\*\* times greater. In this instance, the data suggests white candidates are more likely than BME candidates to be appointed from shortlisting.

\*\*calculation is 0.26 (white candidates) / 0.20 (BME candidates)

Applicant ethnicity	White	BME	Unknown ethnicity	Total
Applicants shortlisted	527	242	62	<b>831</b>
<i>Shortlisted %</i>	63.42%	29.12%	7.46%	
Applicants appointed	136	49	51	<b>236</b>
<i>Appointed %</i>	57.63%	20.76%	21.61%	
Relative likelihood of appointment from shortlisting	25.81%	20.25%	82.26%	
<b>Relative likelihood of being appointed</b>	<b>0.26</b>	<b>0.20</b>	<b>0.82</b>	<b>1.27</b>



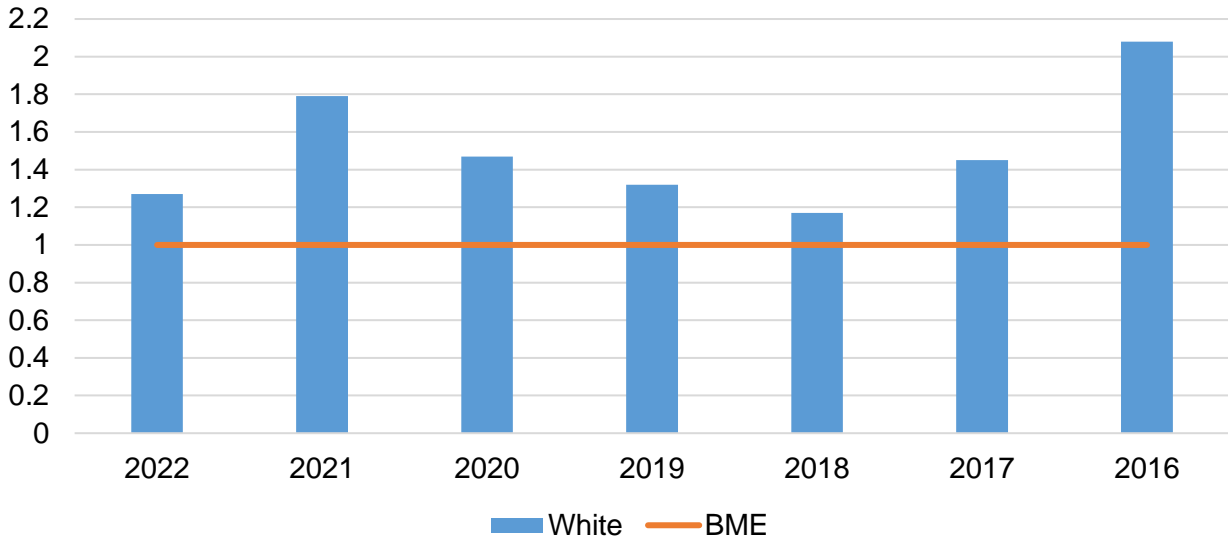
### Historical comparison from previous WRES reports

In the chart below, BME applicants have a constant measure of 1.0. Where the BME applicants line is above the white applicants bar, it would suggest that white applicants are less likely to be recruited from shortlisting than BME applicants. Where the BME applicants line is below the white applicants bar, it suggests the converse, in that white applicants are more likely to be recruited from shortlisting than BME applicants.

It can be seen that the relative likelihood of white candidates being appointed from shortlisting compared to BME staff is consistently greater.

The Trust does not share personal or equal opportunities data with managers at the shortlisting stage to remove bias in the recruitment process. However, hiring managers are able to view an applicant's right to work status and country of residence at this stage, as

there are some candidates that cannot be processed in line with the Department of Health & Social Care Code of Practice for the International Recruitment of Health and Social Care Personnel in England and World Health Organisation Health Workforce Support and Safeguard List.



**What the data tells us:**

- The relative likelihood of white applicants being appointed from shortlisting compared to BME staff has decreased from 2016 (2.08) to 2022 (1.27).
- The data suggests that the relative likelihood of white applicants being appointed from shortlisting compared to BME staff has been consistently greater between 2016 and 2022.

**Indicator 3 – Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**

*Note: this indicator is based on data from a two year rolling average of the current year and the previous year.*

The likelihood of white staff entering the formal disciplinary process: 0 / 866 = 0.00%

The likelihood of BME staff entering the formal disciplinary process: 0.5 / 212 = 0.24%

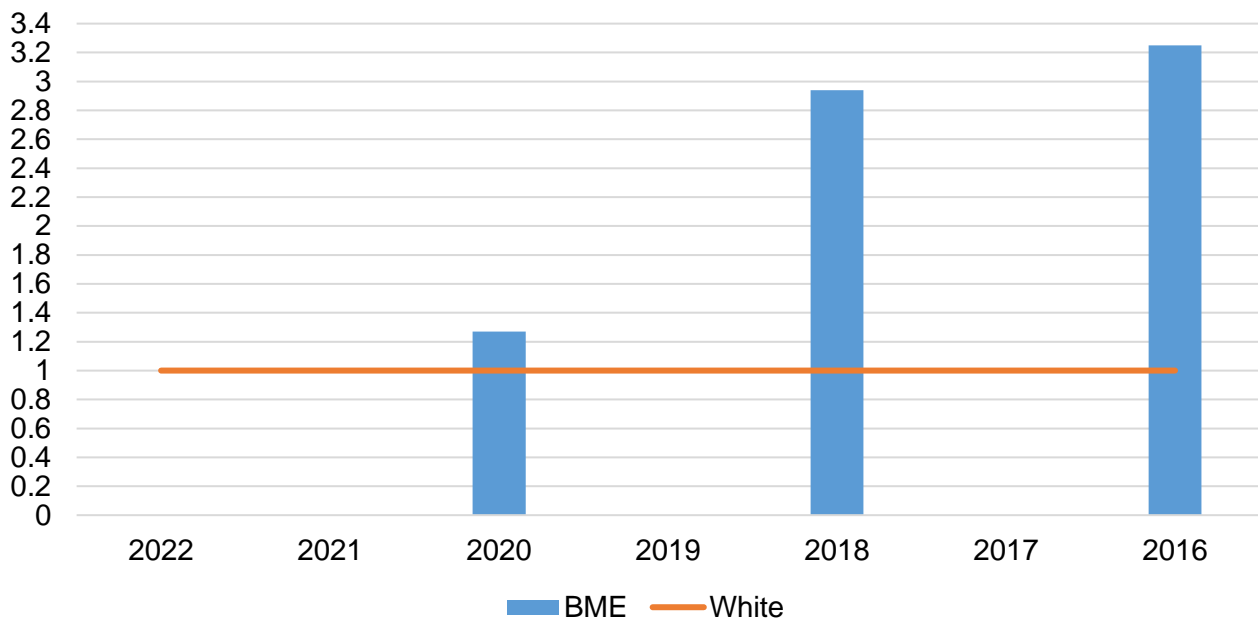
We are unable to state the relative likelihood of BME staff entering the formal disciplinary process compared to white staff in 2022 due to the minimal numbers seen below.

Staff Ethnicity	Number of Disciplinary Procedures	Number in Workforce	Relative Likelihood of entering procedure
White	0	866	0.0000
BME	0.5	212	0.0024 (0.24%)
Unknown	0	22	0.0000

### Historical comparison from previous WRES reports

In the chart below, white staff have a constant measure of 1.0. For BME staff, if the bar is below the white staff line, it would suggest that BME staff are less likely to enter the formal disciplinary process than what staff. Where the BME staff bar is above the white staff line, it would suggest that they are more likely to enter a formal disciplinary process.

It can be seen that the relative likelihood of BME staff entering the formal disciplinary process compared to white staff is variable over the seven reporting years.



### What the data tells us:

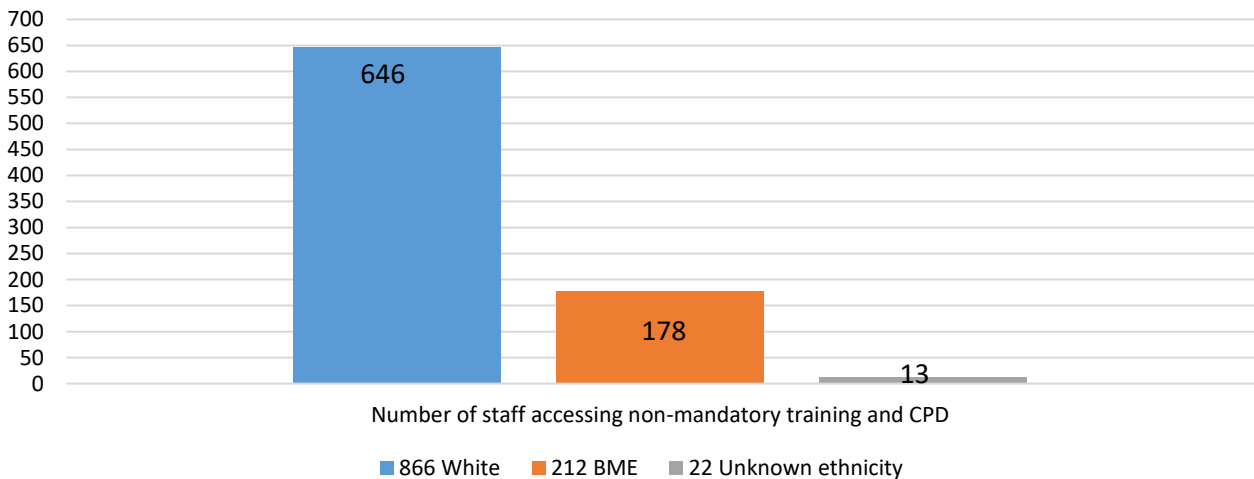
- The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has been variable between 2016 and 2022. However, the data over the 7 reporting years suggests that this has reduced between 2016 and 2020 (3.25 and 1.27).

## Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD

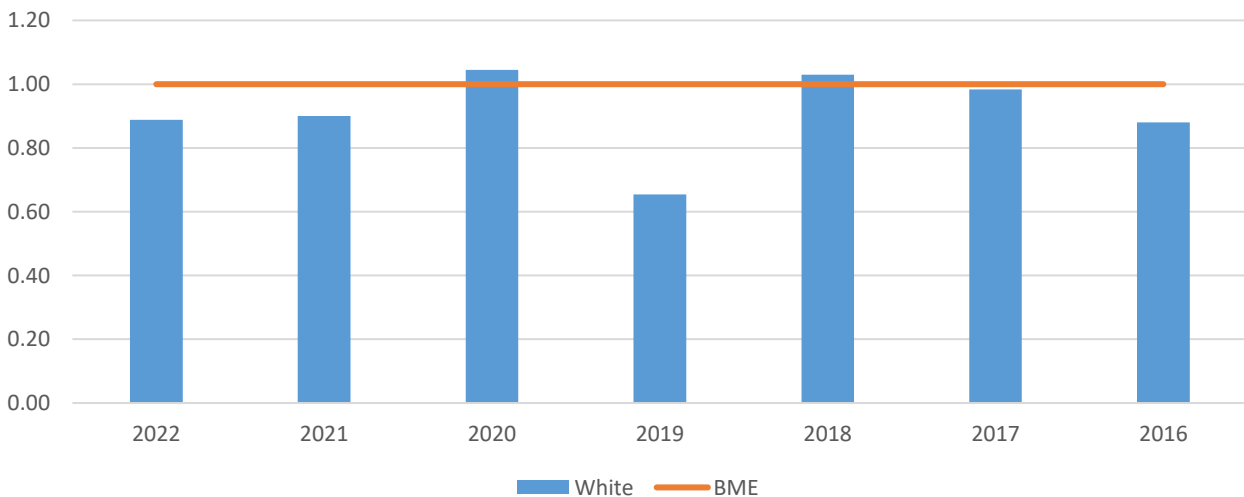
The relative likelihood of white staff accessing non-mandatory training or CPD compared to BME staff is 0.89\*\*\* times greater. In this instance, the data suggests white staff are more likely than BME staff to access non-mandatory training or CPD.

\*\*\*calculation is 0.75 (white candidates) / 0.84 (BME candidates)

	White	BME	Unknown ethnicity	Total
Number of staff accessing non-mandatory training and CPD	646	178	13	837
Likelihood of staff accessing non-mandatory training and CPD	74.60%	83.96%	59.09%	
<b>Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff</b>	<b>0.75</b>	<b>0.84</b>	<b>0.59</b>	<b>0.89</b>



### Historical comparison from previous WRES reports



In the chart above, BME applicants have a constant measure of 1.0. Where the BME staff line is above the white staff bar, it would suggest that white staff are less likely to access non-mandatory training and CPD than BME staff. Where the BME staff line is below the white staff bar, it suggests the converse, in that white staff are more likely to access non-mandatory training and CPD than BME staff.

It can be seen that the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is greater or comparable year on year.

**What the data tells us:**

- The data suggests that the relative likelihood of white staff accessing non-mandatory training and CPD is 0.89 times greater compared to BME staff.
- The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is greater than or in line with the previous 7 reporting years.

**Indicator 9 – Percentage difference between the organisations’ Board voting membership**

*Note: only voting members of the Board are included when considering this indicator.*

There was no BME representation of voting Board members in 2022 or 2021.

	White	BME	Unknown	Total
<b>Total Board members</b>	11	1	0	12
<i>of which voting</i>	4	0	0	4
<i>of which non voting</i>	7	1	0	8
<b>Total Board members:</b>	11	1	0	12
<i>of which Exec</i>	6	1	0	7
<i>of which Non-Exec</i>	5	0	0	5

	White	BME	Unknown
Number of staff in overall workforce	866	212	22
Total Board members - % by Ethnicity	91.7%	8.3%	0.0%
Voting Board Member - % by Ethnicity	100.0%	0.0%	0.0%
Non-Voting Board Member - % by Ethnicity	87.5%	12.5%	0.0%
Executive Board Member - % by Ethnicity	85.7%	14.3%	0.0%
Non-Executive Board Member - % by Ethnicity	100.0%	0.0%	0.0%
Overall workforce - % by Ethnicity	78.7%	19.3%	2.0%
Difference (Total Board - Overall workforce )	12.9%	-10.9%	-2.0%

**What the data tells us:**

- There was no BME representation among voting Board members in 2021-2022. This demonstrates a -19.3% difference compared to BME representation in the workplace at 19.3%.
- There is a low level of representation of BME staff in the Board overall at 8.3% compared to the overall number of BME staff in the workplace. However, it is important to note that the Board is comprised of only 12 members, with 4 voting Executive members.

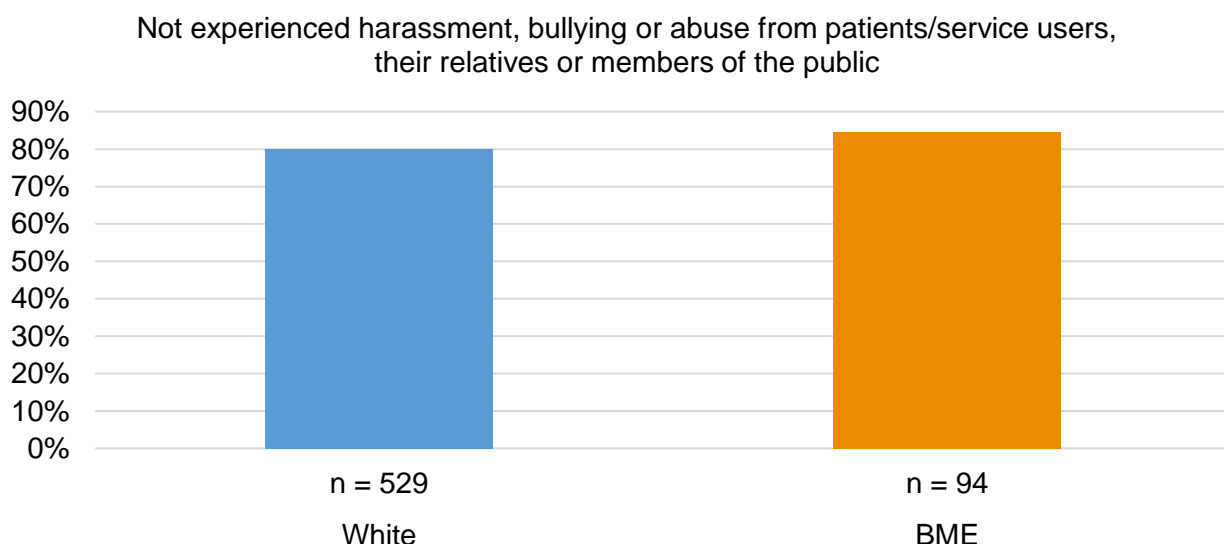
**NHS Staff Survey**

QVH surveyed 1056 eligible staff in September 2021 compared to 1059 in 2020. Of these, 679 responded making a 64.5% return, an increase from 58.7% the year before.

The following indicators (5-8) include the 2017-2021 organisation results (for q14a, q14b&c combined, q15, and q16b) split by ethnicity (by white and BME staff).

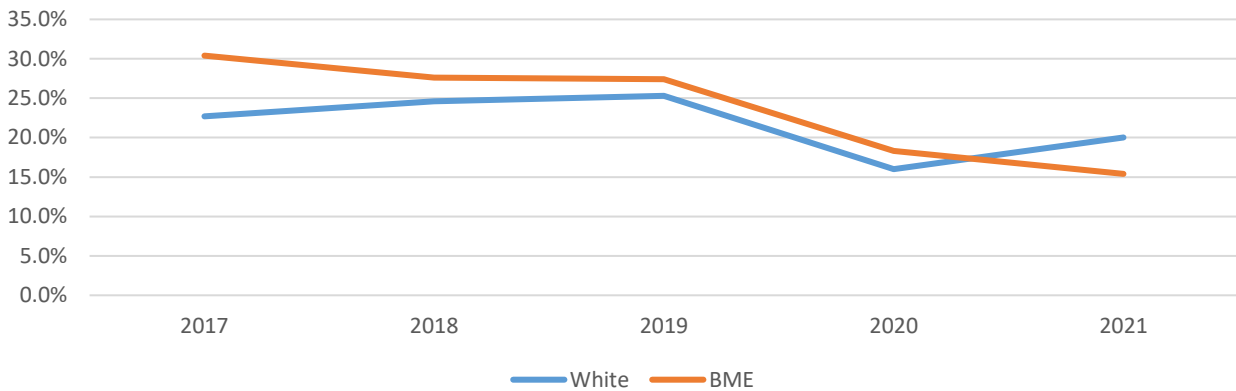
**Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months**

The percentage of white staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months was 20% which is 4.6% more than BME staff (15.4%). Although overall 80.4% of the workforce at QVH have not had experience of bullying, harassment or abuse from this group, it is unacceptable that 19.6% have this experience. Compared to 2017 there has been an improvement in response to this question from 70% of our workforce stating that they had not experienced bullying, harassment or abuse from this group.



Unfortunately staff incident reporting records (Source: Datix) have not seen any reports of harassment, bullying, or abuse from this group which would enable the Trust to take action at the time of the incidents.

### Historical comparison from previous Staff Survey results



In the chart above, there has been a significantly greater percentage reduction over the 5 year period (15.0%) for BME staff experiencing harassment, bullying or abuse from this group in the last 12 months.

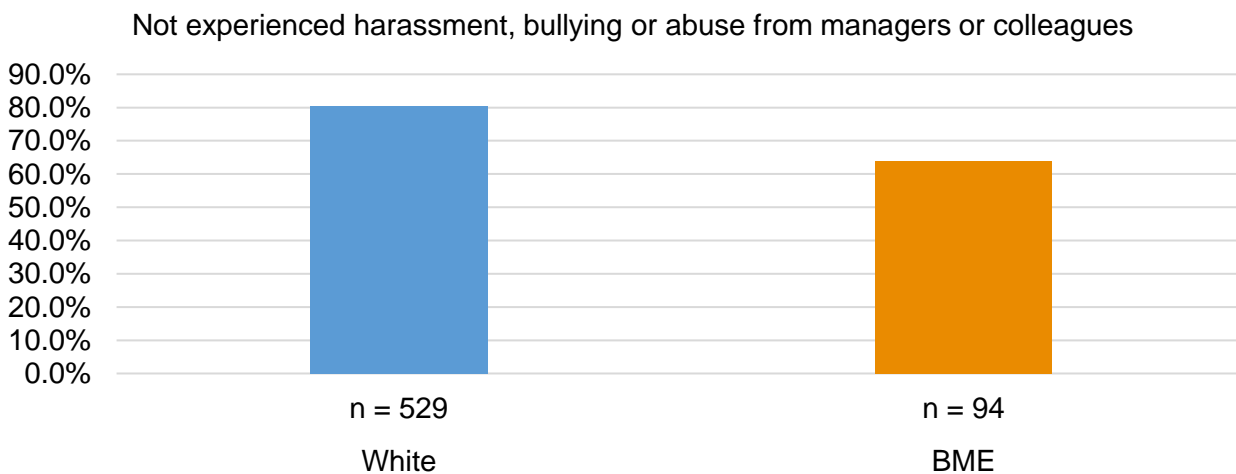
#### What the data tells us:

- Fewer BME survey respondents have reported experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months (15.4%) compared to white respondents (20%).
- In the previous 5 years, there has been a marked reduction (15%) in the number of BME respondents reporting experience of bullying, harassment or abuse from patients, relatives or the public in the last 12 months.

### Indicator 6 – Percentage of staff experiencing harassment, bullying, or abuse from staff in the last 12 months

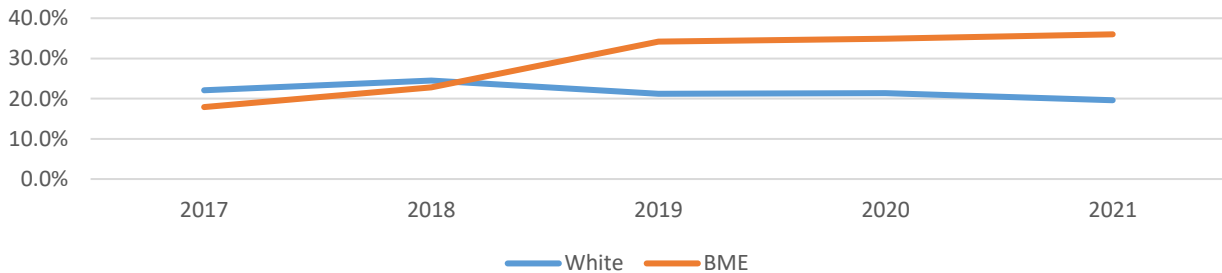
*Note: this indicator combines the responses to two questions in the staff survey.*

The percentage of BME staff experiencing harassment, bullying, or abuse from staff in the last 12 months was 36.0% which is 16.4% more than white staff (19.6%). This is a significant number of staff.



Unfortunately there was no record of BME staff reporting harassment, bullying or abuse in the last 12 months when looking at the employee relations casework records (Source: ESR) and therefore the Trust has not had the opportunity to address any incidents at the time of occurrence.

### Historical comparison from previous Staff Survey results



It is concerning to see in the chart above that whilst there has been a marginal decrease in the number of white staff experiencing harassment, bullying or abuse from staff over a 5 year period, there has been noticeable increase in the number of BME staff answering they have had this experience in the workplace.

### What the data tells us:

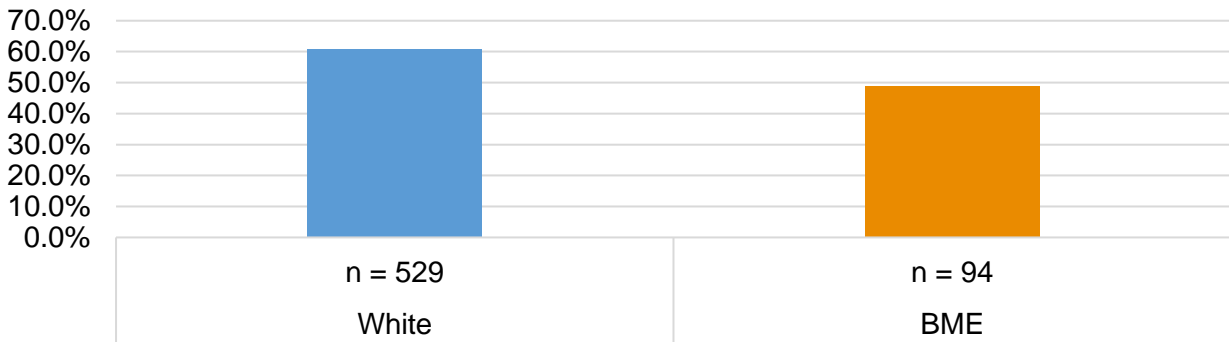
- The number of BME survey respondents reporting experience of bullying, harassment or abuse from staff in the last 12 months (36.0%) was 16.4% higher than white respondents (19.6%).
- Since 2017, there has been a marginal decrease (2.5%) in the number of white respondents reporting experience of bullying, harassment or abuse from staff in the last 12 months.
- Since 2017, there has been a marked increase (18.1%) in the number of BME respondents reporting experience of bullying, harassment or abuse from staff in the last 12 months.

### Indicator 7 – Percentage believing that the Trust provides equal opportunities for career progression or promotion

There is a disparity in the equality of opportunities for career progression or promotion between white and BME staff, where the percentage of white staff is 11.9% higher than BME staff.

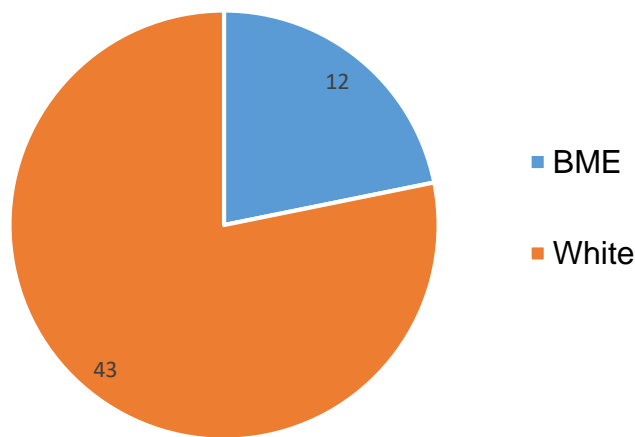


Organisation acts fairly: career progression



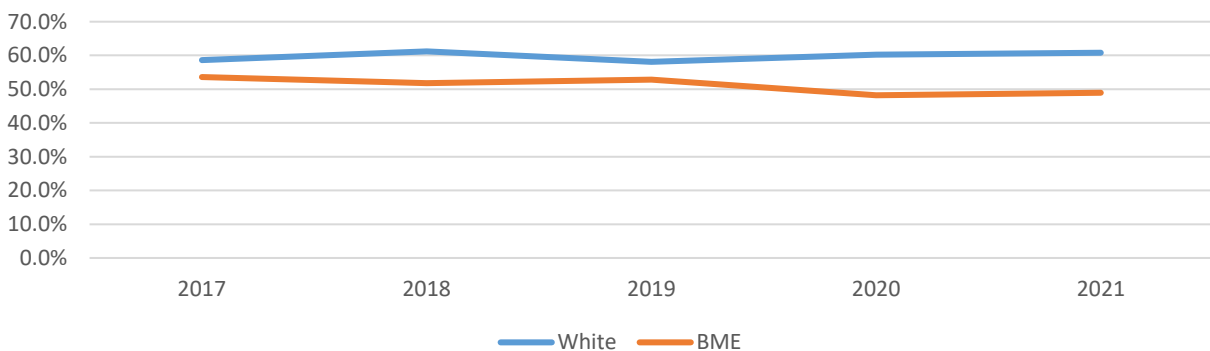
The graph below shows the number of staff that were recruited through open competition (source: Trac) and therefore promoted internally. It can be seen that 21.8% were BME staff compared to 78.2% white staff.

Internal promotions through open recruitment competition



**Historical comparison from previous Staff Survey results**

Although there has been a marginal variance for white staff and BME staff over a 5 year period, the chart below shows the disparity between white and BME staff where white staff believe they are provided with opportunities for career progression or promotion on average 8.7% more.

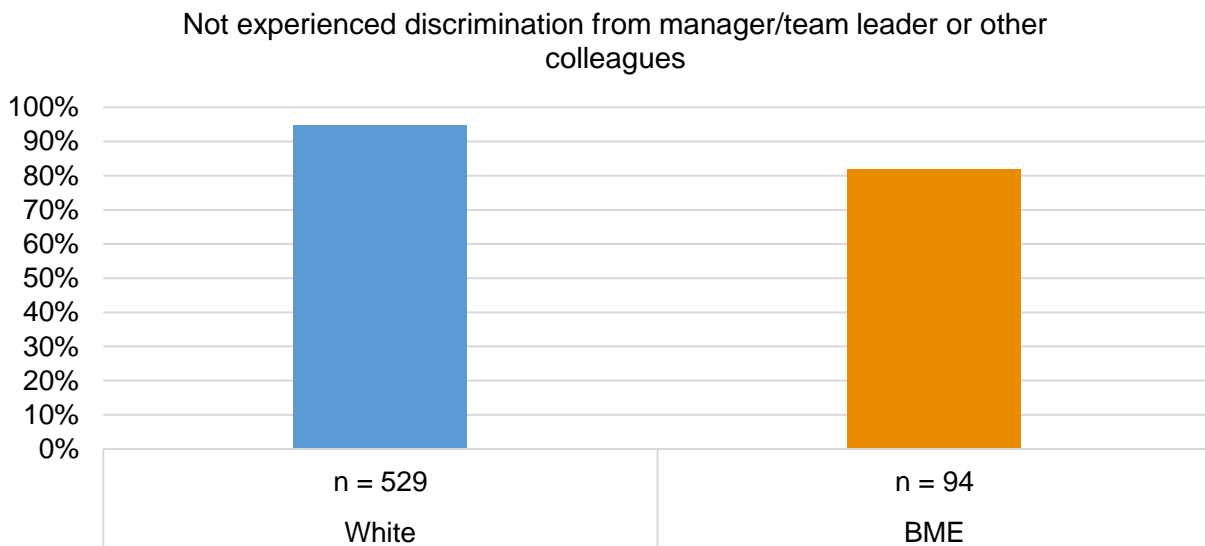


**What the data tells us:**

- 11.9% fewer BME survey respondents reported a belief that the Trust provides equal opportunities for career progression and promotion (48.9%) compared to white respondents (60.8%).
- On average, 8.7% more white respondents have reported a belief that the Trust provides equal opportunities for career progression and promotion when compared to BME respondents over the previous 5 years.
- Of the internal promotions that were recruited by open competition, it can be seen that 78.2% were offered to white staff compared to 21.8% of BME staff. However, it is important to note that not all internal promotions are recruited in this manner and therefore may not be captured within this data.

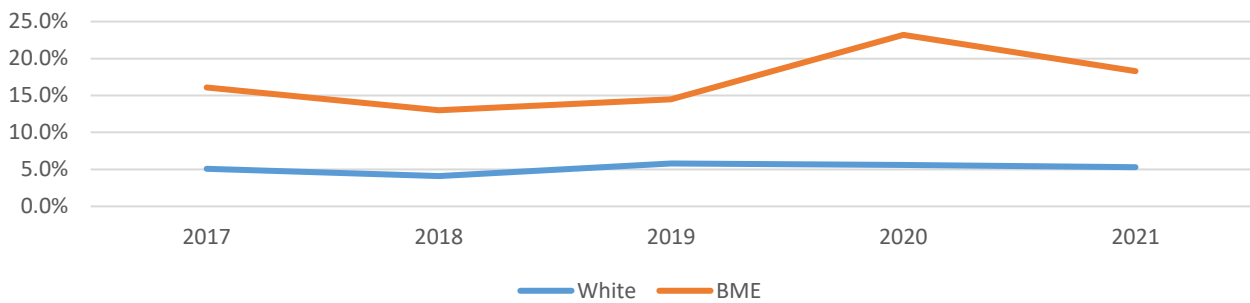
**Indicator 8 – Percentage of staff experiencing discrimination at work from manager/ team leader or other colleagues?**

There is a greater disparity in the percentage of BME staff (18.3%) experiencing discrimination at work from managers/ team leaders or other colleagues compared to white staff (5.2%). This is a significant variance of 13%.



**Historical comparison from previous Staff Survey results**

The graph below shows the significant disparity over a 5 year period where BME staff are experiencing discrimination at work from managers/ team leaders or other colleagues compared to white staff on average 11.8% more.



### What the data tells us:

- The number of BME survey respondents reporting experience of discrimination from managers, team leaders or other colleagues (18.3%) was 13% higher than white respondents (5.2%).
- The data suggests that the incidence of discrimination experienced by BME staff from managers or team leaders has reduced from 2020 (23.2%) to 2021 (18.3%).
- Since 2017, there has been a marginal increase (0.2%) in the number of white respondents reporting experience of discrimination from managers or team leaders.
- Since 2017, there has been a marginal increase (2.2%) in the number of BME respondents reporting experience of discrimination from managers or team leaders.
- In the previous 5 years, BME staff have consistently reported a significantly higher incidence of discrimination from managers or team leaders (an average of 11.8% more).

### Conclusions

It is encouraging that there has been an 83.33% increase in the number of BME staff in non-clinical roles and a 58.41% increase in the number of BME staff in clinical roles between 2016 and 2022. This reporting period also saw the recruitment of the first BME staff member in a Band 8d and VSM role. The lower level of representation of BME staff in clinical and non-clinical roles at Band 8a-9 and VSM remains a concern, however it is important to consider the statistical relevance as there are fewer roles at these levels.

The concern remains in respect of the number of incidences of bullying, harassment or abuse from staff experienced by BME staff. To address this, the Trust has promoted anti-bullying awareness and support available for staff experiencing bullying in the workplace. Additionally, a number of departmental managers issued a statement to staff emphasising the Trust's commitment that bullying and harassment will not be tolerated and encouraging concerns to be raised.

It is apparent that staff may not be using the Trust systems in place to report incidents such as through incident reporting (Datix), the Freedom to Speak Up Guardian, and the Guardian of Safe Working at the time that it occurs. The Trust would benefit from initiatives to encourage staff to speak up.

Finally, the concern in respect of the number of shortlisted and appointed BME applicants' remains, however, it is important to note that not all internal promotions are recruited in this manner and therefore may not be captured within this data.

## Action plan

Action	Timeframe
Trust to launch the ICB anti-racism statement and promote throughout QVH	September 2022
Monitor shortlisting process to ensure equal opportunities given and challenge managers where candidates not shortlisted	September 2023
Develop equality and unconscious bias training as a mandated requirement for all managers	September 2023
Introduction of developmental roles including direct appointment	September 2023
Implement NHS People Promise – compassionate and inclusive <ul style="list-style-type: none"> <li>• All staff diversity and inclusion training to close the reality gap</li> <li>• All staff bullying, harassment and incivility in the workplace training</li> </ul>	September 2023
Build closer working relationships with Freedom to Speak Up Guardian and Guardian of Safe Working.	September 2023
To increase workplace satisfaction of BME staff through initiatives such as: <ul style="list-style-type: none"> <li>• Encouraging staff to have a voice – Ethnically Diverse Staff (EDS) network and confidential helpline, etc.</li> </ul>	September 2023