Workforce Race Equality Standard (WRES)

The WRES programme requires organisations employing the 1.3 million-strong NHS workforce to report against nine indicators of race equality; and supports continuous improvement through robust action planning to tackle the root causes of discrimination particularly in relation to Black, Asian and Minority Ethnic (BAME) staff.

The first full UHBW WRES data across all nine indicators of race equality as at 31 March 2021, will be collated and submitted to the national WRES team in July/August 2021.

The following slides set-out the Trust WRES 2020 data for University Hospitals Bristol (UHB) and University Hospitals Bristol and Weston (UHBW) 2020 staff survey.

The slides also set-out the Trust's WRES strategic forward plan 2021/22.

Merged Trust complexity on the WRES 2020 data

The Workforce Race Equality Standard (WRES) programme requires organisations employing the 1.3 million-strong NHS workforce to report against nine indicators of race equality; and supports continuous improvement through robust action planning to tackle the root causes of discrimination particularly in relation to Black and Minority Ethnic (BEM) staff.

Merged Trust complexity on the WRES data

The complexity of WRES data prior to the Trust merger makes benchmarking difficult.

- The WRES data is a snapshot taken on 31 March of each year

- The WRES indicators (1 to 4 and 9) represent data from University Hospitals Bristol (UHB) in 2020

- WRES indicators (5 to 8) represent data from the 2020 University Hospitals Bristol and Weston (UHBW) staff survey.

- The first full UHBW WRES data across all nine indicators of race equality as at 31 March 2021, will be collated and submitted to the national WRES team in July/August 2021

- A Trust report and action plan on the 2021 WRES data will follow in Q3 of 2021

KEY FINDINGS from the WRES data 2020

UHB (excluding Weston)

WRES indicator 1

% of staff in each of the Agenda for Change (AfC) Bands 1–9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce

Non-Clinical Staff

	White	BME	Unknown
Band 1	48.2%	45.9%	5.9%
Band 2	83.1%	11.1%	5.7%
Band 3	87.0%	9.9%	3.1%
Band 4	92.8%	5.6%	1.6%
Band 5	91.6%	7.2%	1.2%
Band 6	91.9%	6.8%	1.4%
Band 7	93.1%	4.6%	2.3%
Band 8A	96.0%	4.0%	0.0%
Band 8B	94.0%	4.0%	2.0%
Band 8C	95.7%	4.3%	0.0%
Band 8D	100.0%	0.0%	0.0%
Band 9	100.0%	0.0%	0.0%
VSM	100.0%	0.0%	0.0%

Clinical Staff - Non-Medical

	White	BME	Unknown
Band 1	65.0%	32.4%	2.6%
Band 2	80.1%	18.5%	1.4%
Band 3	85.8%	12.9%	1.3%
Band 4	92.9%	6.7%	0.4%
Band 5	79.6%	18.8%	1.6%
Band 6	89.1%	10.1%	0.8%
Band 7	94.5%	5.0%	0.5%
Band 8A	92.6%	6.5%	0.9%
Band 8B	96.6%	3.4%	0.0%
Band 8C	95.2%	2.4%	2.4%
Band 8D	85.7%	0.0%	14.3%
Band 9	100.0%	0.0%	0.0%
VSM	100.0%	0.0%	0.0%

Clinical Staff – Medical & Dental

	White	BME	Unknown
Consultants (including Senior Medical Staff)	80.0%	14.9%	5.0%
Non-consultant career grades	66.4%	26.7%	6.9%
Trainee grades	75.1%	16.1%	8.8%
Other	56.5%	8.7%	34.8%

KEY FINDINGS from the WRES data 2020

WRES indicator 2 (2020 UHB)	
Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants	White staff are 1.48 times more likely to be appointed from shortlisting than BME staff.

WRES indicator 3 (2020 UHB)	
Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	Relative likelihood of BME staff entering the formal disciplinary process is 2.06 times greater than white staff.

WRES indicator 4 (2020 UHB)	
Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	Relative likelihood of white staff accessing non-mandatory training is 0.95 times greater

WRES indicator 5 (Staff Survey) % Staff experiencing harassment bullying or abuse from patients relatives or members of the public in last 12 months	UHB 2019 %	UHBW 2020 %	+/-
BME: Trust	26.7	24.8	1.9
BME: Acute average	29.9	28.0	1.9
White: Trust	24.5	22.9	1.6
White: Average	28.2	25.4	1.2

KEY FINDINGS from the WRES data 2020

WRES indicator 6 (Staff Survey) % Staff experiencing harassment bullying or abuse from staff in the last 12 months	UHB 2019 %	UHBW 2020 %	+/-
BME: Trust	25.2	27.9	2.7
BME: Acute average	28.8	29.1	0.3
White: Trust	22.7	21.7	1.0
White: Average	25.8	24.4	1.4

WRES indicator 7 (Staff Survey) % Staff believing the organisation provides equal opportunity for career progression/promotion	UHB 2019 %	UHBW 2020 %	+/-
BME: Trust	68.9	71.4	2.5
BME: Acute average	74.4	72.5	1.9
White: Trust	89.7	88.6	1.1
White: Average	86.7	87.7	1.0

KEY FINDINGS from the WRES data 2020

WRES indicator 8 (Staff Survey) % Staff experienced discrimination from manager/team leader or other colleagues in last 12 months	UHB 2019 %	UHBW 2020 %	+/-
BME: Trust	14.9	18.3	3.4
BME: Acute average	13.8	16.8	3.0
White: Trust	5.2	5.5	0.3
White: Average	6.0	6.1	0.1

WRES indicator 9 (UHBW 2020) % difference between the organisation's board voting membership and its overall workforce	• 100 % of Voting Board Members are White • 0% of Voting Board Members are BME • 0% of Voting Board Members are of unknown/not stated ethnicity • 15.54% of the overall workforce are BME • Percentage difference between Voting Board Membership & overall workforce is −15.54% • Exec Board membership = 100% White

Trust WRES Strategic Forward Plan

The Trust is developing its strategic action plan to address some of the key WRES findings locally, regionally and nationally. This includes:

Overhaul of recruitment and promotion

At a Trust and system level, we are currently developing our response to the six high impact actions identified by the national EDI team as set out in the People Plan.

A regional action plan has a been developed (see appendix 1) and submitted to NHSE/I with individual organisations taking the lead on intervention to:

1. Address unfair treatment experienced by staff from diverse background who may be disadvantaged in recruitment and promotion practices,

2. Embed accountability and make workforce diversity an organisational priority by tackling institutional racism and reducing bias, and

3. Increase diversity of talent pools, particularly those from diverse ethnic backgrounds.

Trust Dataset Working Group

The Trust has set-up a dataset working group with membership comprising divisional EDI leads, HR business partners, HR information services, employment services and Trust EDI lead. The purpose of the working group is to undertake a detailed analysis of current data held by the Trust across a range of activities and functions with a view of developing a robust framework of current available data and future data requirements to deliver on the Trust D&I strategy and recruitment action plan.

WRES Model Employer Goals and Race Disparity Ratios

The Trust is committed to adopting the WRES Model Employer and develop its 5-year action plan. The Race Disparity Ratio is the difference in proportion of BAME staff at various AfC bands in a Trust compared to proportion of White staff at those bands. It is presented at three tiers:

1. bands 5 and below ('lower')
2. bands 6 and 7 ('middle')
3. bands 8a and above ('upper')

The Trust's baseline target for their representation in bands 6 and above is the proportion who are in the workforce. At present BAME staff comprise 15.1% of the total workforce. The Trust projected race disparity ratios will be submitted to the national WRES team by 30 June 2021

Trust WRES Strategic Forward Plan

The Trust is developing its action plan to address some of the key findings locally, regionally and nationally from the WRES data. This includes:

Medical Workforce Race Equality Standard (MWRES)

The Trust has committed itself to an early adoption of MWRES. This is in recognition that 41 percent of the doctors in the NHS come from a BAME background. One of the key priorities for the national WRES team has been to develop a set of indicators that would enable ethnic variations in the experience of the medical workforce to be assessed. A bespoke set of WRES indicators have been developed for the NHS medical workforce. There are eleven indicators for the medical workforce. Four of the indicators reflect variation in career progression and pay, six represent medical staff perceptions of how they are treated by colleagues, employing organisations and patients, and one highlights the diversity of the councils and boards of medical institutions.

Systems support for BAME staff networks

In addition to the Trust developing a robust framework to make staff networks sustainable with greater reach and impact, the Trust is part of a systems approach to supporting BAME staff networks. The first meeting took place on 22 June with BAME staff network chairs and allies coming together to agree a framework of working on WRES and overhaul of recruitment and retention processes across Bristol, North Somerset And South Gloucestershire (BNSSG). Good practice and shared learning will feedback into the Trust's WRES priority areas.

Retaining our People – BNSSG Race Equality Talent Development Programme

A BAME talent development programme is in the process of going live that will support both the 6 key actions and help reduce the race disparity gap ratios. Through partnership working across our system and with regional and national teams, the goal of the programme is to:

- Increase engagement and retention of BAME colleagues across the BNSSG system, both clinical and non-clinical

- Increase the opportunity for BAME colleagues to achieve their potential within our organisations and wider system

- Build links with mainstream talent management colleagues and programmes to embed the race equality programme and equality, diversity and inclusion perspectives

- Increase the diversity of our Talent pipelines health & care professions; increasing leadership and management capability, representation and innovation