# NHS WORKFORCE RACE EQUALITY STANDARD

## 2019 DATA ANALYSIS REPORT FOR NHS TRUSTS

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# NHS Workforce Race Equality Standard

## 2019 Data Analysis Report for NHS Trusts

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# Contents

# 01 Foreword

We introduced the Workforce Race Equality Standard (WRES) in 2015 to hold a mirror up to the NHS and spur action to close gaps in workplace inequalities between our black and minority ethnic (BME) and white staff. Our WRES team has been working vigorously and effectively, supporting NHS organisations on this critical agenda.

This report presents four years of data for all nine WRES indicators. It shows both advances being made, and real challenges that remain.

NHS employers are making genuine progress towards equalising core HR processes of recruitment and selection, training opportunities, and disciplinaries. And, over the last four years, the number of BME very senior managers has increased by 30%.

However, staff survey results lag these HR changes, with continuing high levels of reported concerns on key WRES Indicators. Section 6.2 of the report discusses this, but it is clear that further action across the NHS is needed.  The national leadership of the NHS is fully committed to playing its part in this critically important work.

Sir Simon Stevens
**NHS Chief Executive**

Amanda Pritchard
**NHS Chief Operating Officer**

# 02 Key findings

In 2019, 19.7% of staff working for NHS trusts and clinical commissioning groups (CCGs) in England were from a black and minority ethnic (BME) background; this has been increasing over time.

Across all NHS trusts and CCGs, there were 16,112 more BME staff in 2019 compared to 2018.

The total number of BME staff at very senior manager (VSM) pay band has increased by 21, from 122 in 2018 to 143 in 2019, and is up by 30% since 2016.

White applicants were 1.46 times more likely to be appointed from shortlisting compared to BME applicants; a similar figure to that reported in 2018, and an improvement on the 1.60 times gap in 2017 and 2016.

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has reduced year-on-year, from 1.56 in 2016 to 1.22 in 2019.

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

The relative likelihood of white staff accessing non–mandatory training and continuous professional development (CPD) compared to BME staff was 1.15. This remained the same as last year.

8.4% of board members in NHS trusts were from a BME background; an improvement from 7.4% in 2018 and 7.0% In 2017.

The number of BME board members in trusts increased by 35 in 2019 compared to 2018 – an additional 18 executive and 17 non-executive board members.

In 2014, two-fifths of all NHS trusts in London had zero BME board members. As at 1 December 2019, all London trusts have at least one BME board member; a significant achievement. 14.7% of Very Senior Managers in London are now from a BME background.

## Table 1: WRES indicators for NHS trusts in England: 2016 – 2019

| WRES indicator | | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|
| 2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants | | **1.57** | **1.60** | **1.45** | **1.46** |
| 3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff | | **1.56** | **1.37** | **1.24** | **1.22** |
| 4. Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff | | **1.11** | **1.22** | **1.15** | **1.15** |
| 9. BME board membership | | **7.1%** | **7.0%** | **7.4%** | **8.4%** |
| 5. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months | **BME** | **29.1%** | **28.4%** | **28.5%** | **29.8%** |
| | **White** | **28.1%** | **27.5%** | **27.7%** | **27.8%** |
| 6. Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months | **BME** | **27.0%** | **26.0%** | **27.8%** | **29.0%** |
| | **White** | **24.0%** | **23.0%** | **23.3%** | **24.2%** |
| 7. Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion | **BME** | **73.4%** | **73.2%** | **71.9%** | **69.9%** |
| | **White** | **88.3%** | **87.8%** | **86.8%** | **86.3%** |
| 8. Percentage of BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues | **BME** | **14.0%** | **14.5%** | **15.0%** | **15.3%** |
| | **White** | **6.1%** | **6.1%** | **6.6%** | **6.4%** |

# 03 Introduction

The challenge of achieving race equality in the workplace is real, and one that is not unique to the NHS. To meet this challenge, the Workforce Race Equality Standard (WRES) programme was established in 2015. It requires organisations employing the 1.4 million NHS workforce to demonstrate progress against nine indicators of staff experience; and supports continuous improvement through robust action planning to tackle the root causes of discrimination.

The WRES is being implemented at local organisation level, at system level (e.g. STP/ICS), regional level (e.g. London and Greater Manchester), and at national level within arm's length bodies (ALBs). This year saw a series of further national drives on this critical agenda; the NHS Long Term Plan included clear lines on the aspiration to improve black and minority ethnic representation at senior levels in the NHS, it also allocated additional resource to the WRES programme of work over the coming years.

The 2016 WRES data report for NHS trusts presented the baseline data for all nine WRES indicators. The 2019 data presented in this report enable us to examine the level of progress over a four-year period. Over the last four years, we have improved WRES data quality as well as easing the burden of data collection and submission by individual NHS organisations.

Good quality WRES data, carefully analysed, is enabling organisations to understand the level of challenge they face on workforce race equality. Robust action planning, and support from the national WRES Implementation team, have assisted organisations to embark on the journey of improvement – they do so with an open mind and an honest heart, and in the spirit of transparency.

Having implemented the WRES for the last four years, many NHS organisations are now beginning to see continuous improvements across a range of WRES indicators – this is reflected in the latest WRES data. However, at the same time, we know that embedding and sustaining continuous improvements in transforming the culture of an organisation takes time and focus. It requires organisations to approach this work with an open mind and an honest heart.

It is clear that some organisations are beginning to act boldly and effectively in this area, yet much more work is still needed to shift the dial on workforce race equality. This agenda must remain of critical importance for all NHS organisations, not least because workforce race inequality has significant adverse impacts upon staff, patients and organisations.

# 04 Methodology

The WRES requires NHS trusts to self-assess against nine indicators of workplace experience and opportunity. Four indicators relate specifically to workforce data; four are based on data from the national NHS staff survey questions, and one considers black and minority ethnic (BME) representation on boards.

Short definitions of the nine WRES indicators are presented in the Annex A of this report. The detailed definition for each indicator can be found in the WRES technical guidance. The technical guidance also includes the definitions of "white" and "black and minority ethnic", as used throughout this report and within the narrative for the WRES indicators. This report presents data for all NHS trusts in England, against all nine WRES indicators, and where possible, makes comparisons to the 2016, 2017 and 2018 WRES data.

## 4.1 Data sources

WRES data for 2019 were collected through individual NHS trust submissions via the NHS Digital Strategic Data Collection Service (SDCS). As with previous years' submissions, a return rate of 100% was also achieved for the 2019 data. This report also includes workforce data from the NHS Workforce statistics website. The NHS workforce statistics website data includes CCGs and NHS trusts. This data is more robust and published on a quarterly basis. Using this data will make it possible to monitor changes across a 12 month period. Unless otherwise stated, data were taken from the 2019 WRES SDCS submissions.

## 4.2 Data reporting dates

The submission of data took place from 1 July 2019 to 30 August 2019. NHS trusts were asked to provide data on the nine WRES indicators as at 31 March 2019. Data for indicators 2, 3, and 4 covered the financial year: 1 April 2018 to 31 March 2019. Data for indicators 1 and 9 were reported as at 31 March 2019.

Data for indicators 5 to 8 were taken from the 2018 NHS staff survey results published in March 2019. Data for this national survey were collected between September 2018 and November 2018.

Following submissions by trusts, the WRES team reviewed the data to check for outliers and anomalies. Inaccuracies and inconsistencies were highlighted to individual trusts, who were given the opportunity to review and resubmit accurate data as appropriate.

## 4.3 Data analyses

For the purpose of data analyses and presentation, organisations have been grouped by the new NHS England and NHS Improvement seven geographical regions i.e. East of England, London, Midlands, North East and Yorkshire, North West, South East and South West.

For indicators 2, 3 and 4, statistical analyses included the "four-fifths" rule. The "four-fifths" ("4/5$^{ths}$" or "80 percent") rule is used to highlight whether practices have an adverse impact on an identified group, e.g. a sub-group of gender or ethnicity. For example, if the relative likelihood of an outcome for one sub-group compared to another is less than 0.80 or higher than 1.25, then the process would be identified as having an adverse impact.

In the detailed findings section, for each of the WRES indicators 2, 3, 5, 6, 7, 8 and 9, lists of NHS trusts are included where data suggest practice may be better and where practice may be worse (based upon the criteria outlined in the that section).

For indicators 2 and 3, the ten trusts with the highest relative likelihoods in 2019 were listed as the bottom performing trusts. The ten trusts with a relative likelihood closest to 1.00 were listed as the top performing trusts. For indicator 9, the top ten performing list is made up of trusts with the highest number of BME board members.

It should be noted that being on a 'better performing' list does not necessarily mean good practice is underway any more than not being on this list means there is no good practice underway. It is evident, from field work and engagement, that some of the best practice on WRES indicators is being undertaken by NHS trusts where relatively poor data has spurred the board and others into taking determined action to redress unfair outcomes.

Please note that data used to compile the list of trusts below is for the reporting period of this publication, i.e. 2018/19. It may be the case that data for these trusts for the following year show fluctuation – the 2020 WRES data analysis report for NHS trusts will cover any such trends.

To supplement the analyses presented in the detailed findings section of this report, supporting data at individual NHS trust level are published online. NHS organisations are also encouraged to use the online data to prompt action and enable continuous improvements.

## 4.4 Data issues and caveats

1) As highlighted above, four of the WRES indicators (5 to 8) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

   When analysing data relating to the NHS staff survey indicators, 'acute specialist' trusts have been added to the four trust types used in previous reports.

   Overall, the number of staff completing the NHS staff survey has increased every year since 2015. This makes the data more reliable. The proportion of BME staff completing the staff survey has also increased every year, from circa 13.0% in 2014 to circa 16.7% in 2018.

## Table 2: BME staff survey response rate compared to BME staff in trusts by region: 2018

| Region | Percentage BME workforce in NHS trusts* | Percentage BME workforce in NHS trusts** | Percentage BME staff survey response rate |
|---|---|---|---|
| **East of England** | 20.1% | 21.5% | 16.8% |
| **London** | 44.9% | 47.8% | 40.0% |
| **Midlands** | 19.5% | 20.4% | 13.9% |
| **North East and Yorkshire** | 10.5% | 10.9% | 8.5% |
| **North West** | 11.4% | 11.9% | 9.0% |
| **South East** | 19.0% | 20.1% | 15.5% |
| **South West** | 9.3% | 9.6% | 7.5% |
| **England** | 19.9% | 20.9% | 16.7% |

**** Including 'Unknown' ethnicity ** Excluding 'Unknown' ethnicity***

## Table 3: NHS staff survey response rates: 2015 – 2018

| | Ethnicity | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|
| **Respondents headcount** | White | 239,155 | 333,332 | 380,604 | 383,307 |
| | BME | 37,724 | 58,470 | 71,519 | 75,961 |
| **Respondents percentage** | White | 86.4% | 85.1% | 84.2% | 83.5% |
| | BME | 13.6% | 14.9% | 15.8% | 16.5% |

***Data source: NHS staff survey website – based on WRES indicator 8 responses***

The number and proportion of BME staff responding to the NHS staff survey has been increasing year on year since 2015.

2) The 'conditions' against which WRES performance is measured may impact the data. For example, if a trust is undergoing a merger, a major restructure or is under exceptional financial pressures that may impact on WRES indicators 6 and 7. Not one of these pressures means WRES is any less important. In fact, it is even more important in those circumstances in ensuring equality remains central to strategy.

3) Caution should be exercised in assuming that trusts whose data are better are engaged in better practice than those who are not. Indeed, some of the best practice is being undertaken by trusts where relatively poor data have spurred the board and others into taking determined action to redress unfair outcomes.

4) Where appropriate, graphs have been rounded to the nearest whole numbers, and for this reason, aggregate percentages may not add to 100.

5) Some NHS trusts may have revised their WRES data returns since their submission via SDCS. The results in this report are based on the latest figures returned to NHS England via SDCS and will not necessarily incorporate any updates a trust has made to WRES related publications on organisations' websites.

6) 100% response rate was achieved for the 2019 WRES data returns. However, the quality and accuracy of data submitted varies by trust.

7) In some sections of indicator 1, supplementary data have been sourced from NHS Digital. This is marked clearly in the commentary.

## 4.5 Trust mergers

At 227, the number of NHS trusts this year is lower than the 231 trusts reported in 2018. This is due to trust mergers and reconfigurations in the last 12 months. See details below.

- Burton Hospitals NHS Foundation Trust was part of a merger with Derby Hospitals NHS Foundation Trust, which created the University Hospitals of Derby and Burton NHS Foundation Trust

- East Suffolk and North Essex NHS Foundation Trust was formed by the merging of Ipswich Hospital NHS Trust with Colchester Hospital University NHS Foundation Trust

- Heart of England NHS Foundation Trust merged with the University Hospitals Birmingham NHS Foundation Trust. The combined trust is still called University Hospitals Birmingham NHS Foundation Trust

- Staffordshire and Stoke-on-Trent Partnership NHS Trust merged with the South Staffordshire and Shropshire Healthcare NHS Foundation Trust, forming a new organisation called Midlands Partnership NHS Foundation Trust

# 05 Detailed findings

## 5.1 WRES indicator 1 Percentage 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

### Key findings

- 19.7% of staff working for NHS trusts and CCGs in England are from a black and minority ethnic (BME) background; this has been increasing year on year
- Across NHS trusts and CCGs, there were 16,112 more BME staff in 2019 compared to 2018
- BME staff are still significantly underrepresented in senior pay bands (AfC 8a and above). 6.5% of staff at very senior manager (VSM) pay band are BME, compared to a 19.7% representation in the workforce
- The total number of BME staff at VSM pay band has increased by 21, from 122 in 2018 to 143 in 2019
- The highest proportion of BME staff are in NHS trusts across the London region, at 44.9% (92,477). The lowest proportion of BME staff can be found in trusts across the South West region, at 9.3% (11,338)
- Acute trusts have the highest proportion of BME staff at 21.5% (202,686) and ambulance trusts have the lowest at 5.1% (2,385)

## Workforce trend

### Table 4: Staff in NHS trusts and CCGs by ethnicity: 2016 – 2019

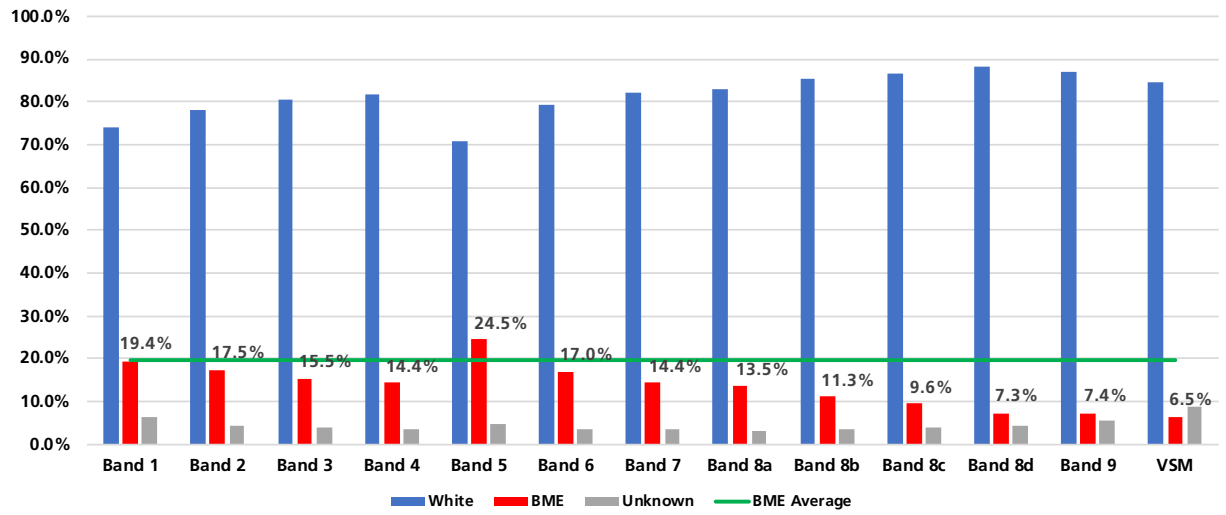
| Year | Headcount | | | Percentages | | |
|---|---|---|---|---|---|---|
| | White | BME | Unknown | White | BME | Unknown |
| **2016** | 922,436 | 209,515 | 54,105 | 77.80% | 17.70% | 4.60% |
| **2017** | 928,490 | 216,644 | 52,455 | 77.50% | 18.10% | 4.40% |
| **2018** | 931,704 | 230,189 | 53,780 | 76.60% | 18.90% | 4.40% |
| **2019** | 943,385 | 246,301 | 58,873 | 75.60% | 19.70% | 4.70% |

***Data source: NHS workforce statistics website.***

In 2019, the combined BME workforce in NHS trusts and CCGs was 19.7% (246,301). These numbers have been increasing year-on-year. Across all NHS trusts and CCGs, there were 36,786 more BME staff in 2019 compared to 2016. Over the same period, the number of white staff increased by 20,949.

Across individual NHS trusts, the proportion of BME staff ranges from 1.2% to 62.0%. The ever-increasing proportion of BME staff across all regions makes the WRES agenda more important than ever before. Organisations need to be prepared to work with an increasingly diverse workforce and population.

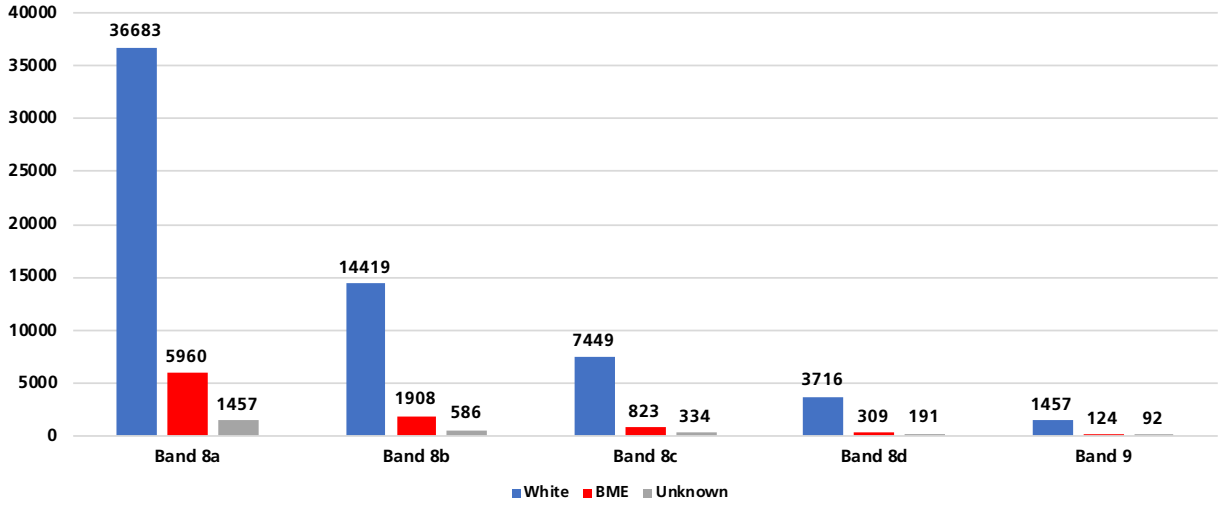
### Figure 1: Percentage staff by AfC pay band and ethnicity for all NHS trusts and CCGs: 2019




***Data source: NHS workforce statistics website.***

BME staff are over-represented in AfC band 5 and significantly under-represented in senior pay bands (AfC 8a and above). As the pay bands increase, the proportion of BME staff within those bands decreases, from 24.5% at band 5, to 6.5% at VSM level.

## Figure 2: Number of staff by AfC pay bands (8a to VSM) and ethnicity for all NHS trusts and CCGs: 2019




***Data source: NHS workforce statistics website.***

8.4% (1,399) of staff at AfC pay bands 8c and above are from a BME background. This is significantly lower than 19.7% of all BME staff in NHS trusts and CCGs. Given that there are more than 400 NHS trusts and CCG organisations across the country, the current BME talent pipeline across the NHS workforce is limited.

**Table 5: Number of BME staff by AfC pay bands for all NHS trusts and CCGs: 2016 – 2019**

| AfC pay band | 2016 | 2017 | 2018 | 2019 | Headcount increase 2019 compared to 2018 | % increase 2019 compared to 2018 |
|---|---|---|---|---|---|---|
| **Band 1** | 6,256 | 6,456 | 6,826 | 6,651 | -175 | -2.6% |
| **Band 2** | 28,574 | 29,993 | 31,330 | 32,849 | 1,519 | 4.8% |
| **Band 3** | 19,376 | 20,184 | 21,818 | 23,725 | 1,907 | 8.7% |
| **Band 4** | 11,046 | 11,579 | 12,828 | 14,387 | 1,559 | 12.2% |
| **Band 5** | 48,273 | 48,910 | 50,778 | 54,884 | 4,106 | 8.1% |
| **Band 6** | 30,045 | 31,468 | 33,899 | 36,143 | 2,244 | 6.6% |
| **Band 7** | 14,067 | 14,725 | 16,082 | 17,800 | 1,718 | 10.7% |
| **Band 8a** | 4,369 | 4,598 | 5,262 | 5,960 | 698 | 13.3% |
| **Band 8b** | 1,421 | 1,508 | 1,681 | 1,908 | 227 | 13.5% |
| **Band 8c** | 630 | 641 | 693 | 823 | 130 | 18.8% |
| **Band 8d** | 219 | 247 | 283 | 309 | 26 | 9.2% |
| **Band 9** | 102 | 105 | 105 | 124 | 19 | 18.1% |
| **Very senior manager** | 110 | 108 | 122 | 143 | 21 | 17.2% |

***Data source: NHS workforce statistics website.***

The number of BME staff in all pay bands increased, except for AfC band 1 in the last twelve months.

## Very senior managers

Very senior managers (VSM) are defined as exclusively including: chief executives, executive directors and other senior managers with board level responsibility who report directly to the chief executive.

## Table 6: Number of VSM staff in NHS trusts and CCGs in England: 2016 – 2019

| Ethnicity | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| **White** | 1,727 | 1,741 | 1,783 | 1,869 |
| **BME** | 110 | 108 | 122 | 143 |
| **Unknown** | 197 | 185 | 204 | 200 |
| ***% BME*** | ***5.4%*** | ***5.3%*** | ***5.8%*** | ***6.5%*** |

***Data source: NHS workforce statistics website.***

6.5% (143) of staff at VSM pay band are from a BME background. This is an increase of 21 from the previous year. Since 2016, there has been a 30% increase.

## Table 7: Percentage of BME staff in VSM pay band across NHS trusts and CCGs: 2016 – 2019

| | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| **BME staff percentage** | 17.7% | 18.1% | 18.9% | 19.7% |
| **BME VSM percentage** | 5.4% | 5.3% | 5.8% | 6.5% |
| ***Gap*** | ***12.3%*** | ***12.8%*** | ***13.2%*** | ***13.3%*** |

***Data source: NHS workforce statistics website.***

The increase in the number and proportion of BME staff at senior pay bands need to be viewed in context:

- the overall number and proportion of BME staff working across NHS trusts and CCGs in England is increasing. The proportion of BME staff has increased from 17.7% in 2016, to 19.7% in 2019
- the number of BME staff at VSM increased by 33. The percentage of BME VSM staff increased from 5.4% in 2016, to 6.5% in 2019
- however, the increase in BME VSM staff was outpaced by the overall increase in BME staff across the NHS, meaning that the gap between the percentage of overall BME staff and representation at VSM increased from 12.3% in 2016, to 13.3% 2019
- this highlights the need to accelerate improvement in BME staff representation at senior levels across the workforce, as set-out in the NHS Long Term Plan

## Regional data

Beginning from this year, regional breakdown of the WRES data will be in-line with the seven recently introduced NHS regions in England.

### Table 8: NHS trusts staff representation by ethnicity and region: 2018 – 2019

| Region | 2018 | | | 2019 | | |
|---|---|---|---|---|---|---|
| | White | BME | Unknown | White | BME | Unknown |
| East of England | 74.2% | 18.9% | 6.9% | 73.2% | 20.1% | 6.7% |
| London | 50.4% | 43.9% | 5.6% | 49.1% | 44.9% | 6.1% |
| Midlands | 76.9% | 18.6% | 4.6% | 75.8% | 19.5% | 4.7% |
| North East and Yorkshire | 86.7% | 9.9% | 3.4% | 86.2% | 10.5% | 3.3% |
| North West | 85.2% | 11.1% | 3.7% | 84.7% | 11.4% | 3.8% |
| South East | 76.7% | 17.8% | 5.4% | 75.7% | 19.0% | 5.3% |
| South West | 87.7% | 8.7% | 3.6% | 86.9% | 9.3% | 3.8% |

***Data source: 2019 WRES data submissions.***

The London region has the most diverse workforce with 44.9% of all NHS trust staff being from a BME background; this is a one percentage point increase from 2018. There has been an increase of BME staff across all regions, however trusts in the South West have the lowest proportion of BME staff in their workforce.

## Trust types

The data are analysed in relation to the four NHS trust types: acute, ambulance, community provider and mental health.

### Table 9: NHS trusts staff by ethnicity and trust type: 2018 – 2019

| Trust type | 2018 | | | 2019 | | |
|---|---|---|---|---|---|---|
| | White | BME | Unknown | White | BME | Unknown |
| Acute | 74.6% | 20.6% | 4.8% | 73.5% | 21.5% | 5.0% |
| Ambulance | 91.4% | 4.6% | 4.0% | 91.3% | 5.1% | 3.6% |
| Community Provider | 82.7% | 11.7% | 5.6% | 82.6% | 12.4% | 5.0% |
| Mental Health | 79.0% | 17.3% | 3.7% | 78.3% | 17.8% | 3.9% |

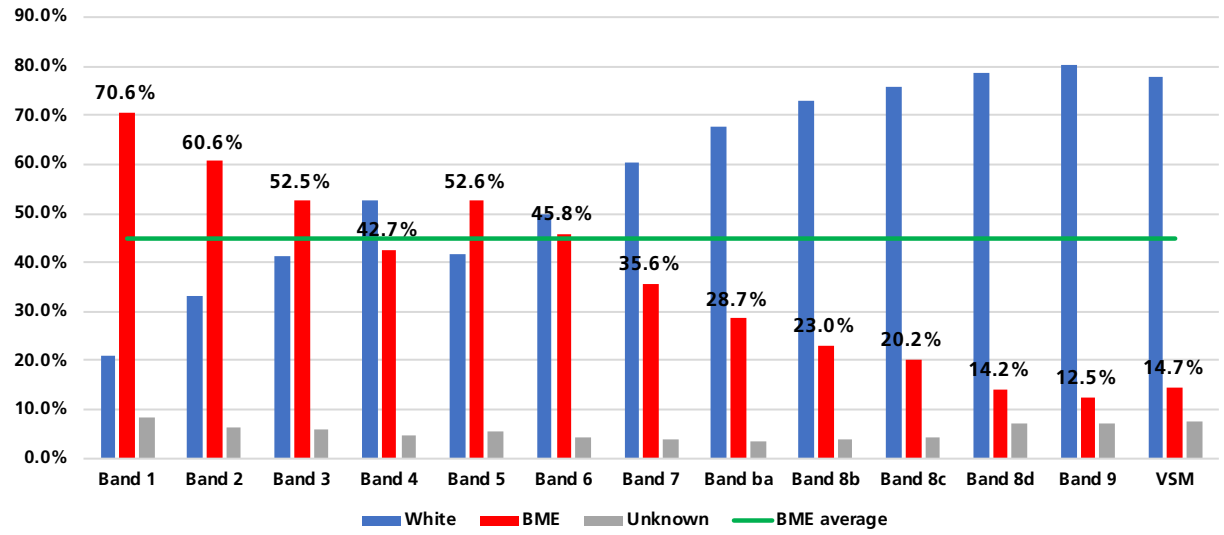
***Data source: 2019 WRES data submissions.***

All trust types have seen increases in the proportion of BME staff since 2018. Acute trusts still have the largest proportion of BME staff at 21.5%, and ambulance trusts have the smallest at 5.1%.

## London

WRES data for the last four years have identified London as a region that requires concerted focus and support to improve performance on this agenda. That work has commenced with a pan-London strategy and action plan led by the regional director for London and includes the chief executives of all NHS trusts across the region.

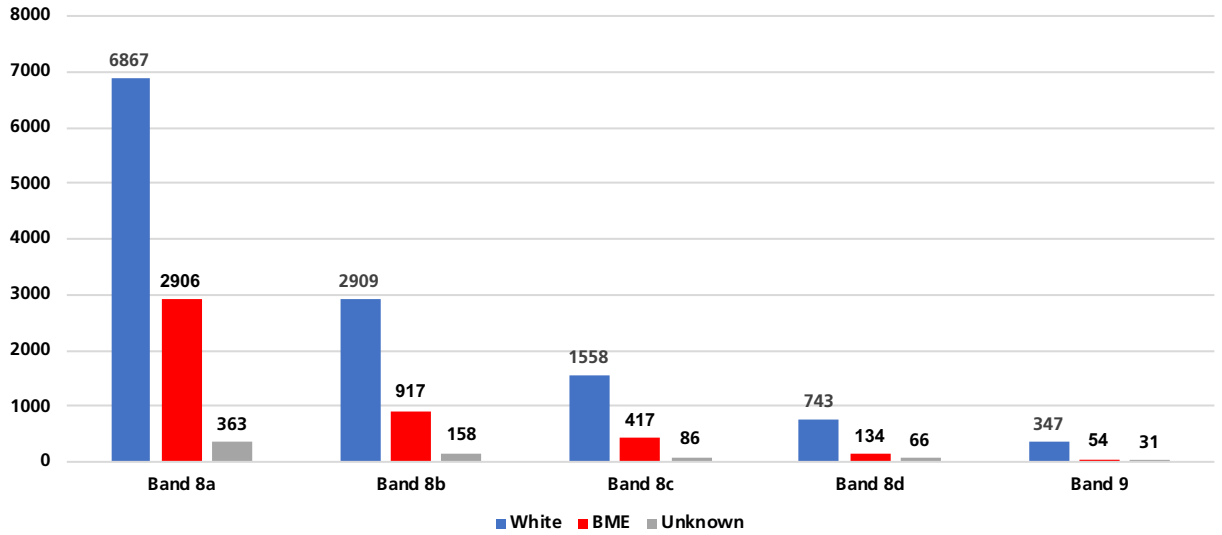
### Figure 3: Percentage of staff by AfC pay band and ethnicity for NHS trusts in London: 2019




***Data source: 2019 WRES data submissions.***

44.9% (92,487) of all staff working across London trusts are from a BME background, this compares to only 12.5% (54) of BME staff working at AfC band 9. This is a slight increase from 11.9% (48) in 2018.

## Figure 4: Headcount of staff by AfC pay band and ethnicity for NHS trusts in London: 2019



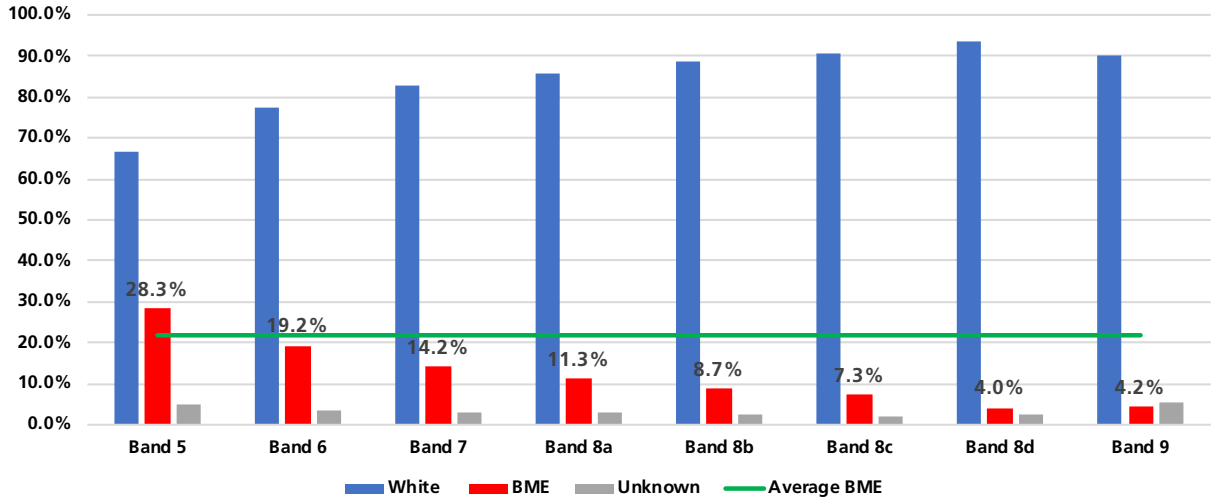

17.1% (700) of staff at band 8c and above are from a BME background. This represents the talent pipeline for the London region. More work needs to be carried out to grow this number and therefore the BME talent pool.

## Nursing

Just over one in every five (21.8%; 77,219) of all nurses, health visitors and midwives in NHS trusts and CCGs is from a BME background. However, there is an over-representation at AfC pay band 5 and under-representation across all other pay bands (see Figure 5).

In 2019, there were 10 executive directors of nursing from a BME background across the 227 NHS trusts in England. This is an increase by two from 2018.

## Figure 5: Nursing, health visiting and midwifery staff by AfC pay bands and ethnicity across the NHS trusts and CCGs in England: 2019




*Data source: NHS workforce statistics website.*

## Table 10. BME staff headcount change by AfC band within nursing, health visiting and midwifery: 2016 – 2019

| Year | | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Band 9 |
|---|---|---|---|---|---|---|---|---|---|
| 2016 | Headcount | 38,370 | 19,892 | 6,896 | 1,050 | 208 | 55 | 11 | 6 |
| 2017 | Headcount (Yearly change) | 38,814 (444) | 20,692 (800) | 7,159 (263) | 1,091 (41) | 211 (3) | 68 (13) | 15 (4) | 4 (-2) |
| 2018 | Headcount (Yearly change) | 39,831 (1,017) | 22,116 (1,424) | 7,669 (510) | 1,263 (172) | 237 (26) | 74 (6) | 22 (7) | 5 (1) |
| 2019 | Headcount (Yearly change) | 42,895 (3,064) | 23,618 (1,502) | 8,353 (684) | 1,492 (229) | 268 (31) | 91 (17) | 18 (-4) | 7 (2) |
| % change 2019 compared to 2018 | | 7.7% | 6.8% | 8.9% | 18.1% | 13.1% | 23.0% | -18.2% | 40.0% |

*Data source: NHS workforce statistics website.*

The number of BME nursing staff has been increasing across all AfC pay bands except in band 8d.

## Table 11. Staff headcount change by AfC band within nursing, health visiting and midwifery: 2018 – 2019

| AfC pay band | White | BME |
|---|---|---|
| **Band 5** | -4,995 | 3,064 |
| **Band 6** | 1,553 | 1,502 |
| **Band 7** | 1,043 | 684 |
| **Band 8a** | 790 | 229 |
| **Band 8b** | 171 | 31 |
| **Band 8c** | 45 | 17 |
| **Band 8d** | 63 | -4 |
| **Band 9** | 31 | 2 |

***Data source: NHS workforce statistics website.***

In 2019, there were 4,995 less white nursing, health visiting and midwifery staff at AfC band 5 and an increase of 3,064 BME nurses within the same AfC band.

At bands 8d, there were four less BME nurses, health visitors and midwives compared to an extra 63 who are white. As the NHS works toward its ambition of delivering equality across all AfC pay bands by 2028, increasing BME staff in the talent pipeline across all pay bands is key.

To help increase BME representation at senior levels for this critical part of the NHS workforce, collaborative work is being undertaken by NHS England and NHS Improvement on pushing through the BME talent pipeline.

# 5.2 WRES indicator 2 Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

A total of 226 out of the 227 NHS trusts provided data for this indicator. Two trusts provided unreliable data and were excluded from the analyses. The analyses for this indicator are therefore based on data from 224 NHS trusts.

## Key findings

- White applicants were 1.46 times relatively more likely to be appointed from shortlisting compared to BME applicants; a similar figure to that reported in 2018 (1.45)
- In 191 (85.3%) NHS trusts, white applicants were more likely to be appointed from shortlisting compared to BME applicants
- London was still the worst performing region on this indicator, with white applicants being 1.60 times more likely to be appointed from shortlisting compared to BME applicants. It must be noted however, that London continues to show some improvements on this indicator

### Table 12: Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants: 2016 – 2019

| | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| **England** | 1.57 | 1.60 | 1.45 | 1.46 |

Following the significant improvement in the outcome for this indicator since 2017, the relative likelihood of white staff being appointed from shortlisting compared to BME staff has remained static in 2019 (1.46) when compared to 2018 (1.45).

In 191 (85.3%) trusts, white applicants were more likely to be appointed from shortlisting. Using the four-fifths rule, 76.0% (171) of trusts fall outside the 0.80 to 1.25 non-adverse range.

In 27 trusts, the relative likelihood of white staff being appointed from shortlisting compared to BME staff was greater than 2.0. In two of the 27 trusts, the relative likelihood of white staff being appointed from shortlisting compared to BME staff was greater than 3.0.

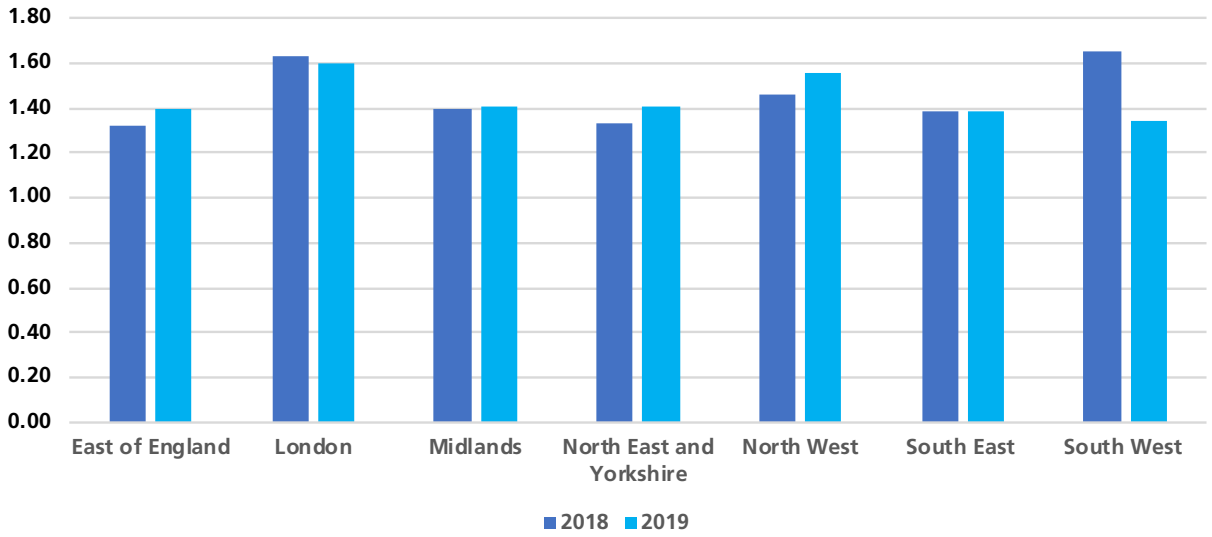
## Table 13: Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants by region: 2018 – 2019

| Region | 2018 | 2019 |
|---|---|---|
| **East of England** | 1.32 | 1.39 |
| **London** | 1.63 | 1.60 |
| **Midlands** | 1.40 | 1.41 |
| **North East and Yorkshire** | 1.33 | 1.40 |
| **North West** | 1.46 | 1.56 |
| **South East** | 1.38 | 1.39 |
| **South West** | 1.65 | 1.34 |

London has the highest relative likelihood (1.60) of white applicants being appointed from shortlisting compared to BME applicants. This is a slight improvement from the previous year when the relative likelihood was 1.63.

At 1.34, the South West region has the lowest relative likelihood of white applicants being appointed from shortlisting compared to BME applicants.

## Figure 6: Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants by region: 2018 – 2019




The South West region has seen the biggest improvements, from a relative likelihood of 1.65 in 2018, to 1.34 in 2019. The North West region has seen the biggest deterioration from 1.46 in 2018, to 1.56 in 2019.

## Table 14: Relative likelihood of white staff being appointed from shortlisting compared to BME staff across trusts by region: 2019

| Region | Number of trusts where BME applicants more likely to be appointed | Number of trusts where White applicants more likely to be appointed | Total number of trusts |
|---|---|---|---|
| **East of England** | 6 | 19 | 25 |
| **London** | 1 | 34 | 35 |
| **Midlands** | 7 | 34 | 41 |
| **North East and Yorkshire** | 11 | 24 | 35 |
| **North West** | 5 | 29 | 34 |
| **South East** | 1 | 29 | 30 |
| **South West** | 2 | 22 | 24 |
| **England** | 33 | 191 | 224 |

In 34 of the 35 London trusts that provided reliable data for this indicator, white applicants were relatively more likely to be appointed from shortlisting compared to BME applicants. In contrast, BME staff were more likely to be appointed than white staff in nearly a third of all NHS trusts across the North East and Yorkshire region.

## Table 15: Relative likelihood of white staff being appointed from shortlisting compared to BME applicants by trust type: 2016 – 2019

| Trust type | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| **Acute** | 1.52 | 1.58 | 1.55 | 1.44 |
| **Ambulance** | 1.63 | 1.71 | 1.45 | 1.40 |
| **Community Provider** | 2.43 | 2.19 | 1.39 | 1.56 |
| **Mental Health** | 1.63 | 1.64 | 1.19 | 1.54 |

In 2019, community provider trusts had the highest relative likelihood (1.56) of white staff being appointed from shortlisting compared to BME applicants. At 1.40, ambulance providers had the lowest.

Following a significant improvement between 2017 and 2018, mental health provider trusts have seen the biggest deterioration. For this trust type, the likelihood of white staff being appointed from shortlisting increased from 1.19 in 2018, to 1.54 in 2019.

## Trusts where data suggest practice may be worse

Based upon 2019 WRES data submissions for indicator 2, the table below presents the ten NHS trusts with the highest relative likelihood of white staff being appointed from shortlisting compared to BME staff.

### Table 16: Trusts where data suggest the relative likelihood of white staff being appointed from shortlisting higher compared to BME applicants

| Trust | Region | Trust type | Relative likelihood |
|---|---|---|---|
| **Chesterfield Royal Hospital NHS Foundation Trust** | Midlands | Acute | 3.60 |
| **Derbyshire Healthcare NHS Foundation Trust** | Midlands | Mental Health | 2.86 |
| **Lancashire Care NHS Foundation Trust** | North West | Mental Health | 2.74 |
| **Walsall Healthcare NHS Trust** | Midlands | Acute | 2.73 |
| **Wirral Community NHS Foundation Trust** | North West | Community Provider | 2.66 |
| **Barnet, Enfield and Haringey Mental Health NHS Trust** | London | Mental Health | 2.53 |
| **Barnsley Hospital NHS Foundation Trust** | North East and Yorkshire | Acute | 2.47 |
| **Derbyshire Community Health Services NHS Foundation Trust** | Midlands | Community Provider | 2.45 |
| **Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust** | North East and Yorkshire | Acute | 2.44 |
| **Dorset Healthcare University NHS Foundation Trust** | South West | Mental Health | 2.44 |

## Trusts where data suggest practice may be better

The table below presents the ten NHS trusts with the lowest relative likelihood of white staff being appointed from shortlisting compared to BME staff.

### Table 17: Trusts where data suggest the relative likelihood of white staff being appointed from shortlisting is similar to that compared to BME applicants

| Trust | Region | Trust type | Relative likelihood |
|---|---|---|---|
| **South Warwickshire NHS Foundation Trust** | Midlands | Acute | 0.96 |
| **Rotherham Doncaster and South Humber NHS Foundation Trust** | North East and Yorkshire | Mental Health | 0.98 |
| **Worcestershire Acute Hospitals NHS Trust** | Midlands | Acute | 0.98 |
| **Humber Teaching NHS Foundation Trust** | North East and Yorkshire | Mental Health | 0.98 |
| **South Tyneside NHS Foundation Trust** | North East and Yorkshire | Acute | 0.98 |
| **The Walton Centre NHS Foundation Trust** | North West | Acute | 0.99 |
| **The Newcastle Upon Tyne Hospitals NHS Foundation Trust** | North East and Yorkshire | Acute | 1.00 |
| **Avon and Wiltshire Mental Health Partnership NHS Trust** | South West | Mental Health | 1.03 |
| **Gloucestershire Hospitals NHS Foundation Trust** | South West | Acute | 1.03 |
| **Stockport NHS Foundation Trust** | North West | Acute | 1.04 |

# 5.3 WRES indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

All 227 NHS trusts provided data for this indicator. Eighteen trusts had no BME or white staff entering the formal process, and one trust had no white staff entering the formal disciplinary process. No relative likelihood was calculated for these trusts.

## Key findings

- BME staff were 1.22 times relatively more likely to enter the formal disciplinary process compared to white staff
- There have been year-on-year improvements on this indicator since 2016, with the likelihood of BME staff entering the formal disciplinary process going down from 1.56 in 2016, to 1.22 in 2019
- London still has the worst performance for this indicator. In all 36 London trusts, BME staff were relatively more likely to go through the formal disciplinary process

### Table 18: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff: 2016 – 2019

| | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| **England** | 1.56 | 1.37 | 1.24 | 1.22 |

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has improved from 1.24 in 2018, to 1.22 in 2019.

BME staff were relatively more likely to enter the formal disciplinary process in 147 (64.8%) NHS trusts. Across 106 (46.7%) trusts, BME staff were significantly more likely to enter the formal disciplinary process, i.e. greater than 1.25 times more likely.

For 39 trusts, the relative likelihood of BME staff entering the formal disciplinary process was higher than 2.0. This is an improvement from last year when there were 59 (27.6%) trusts with a higher relative likelihood greater than 2.0.

In total, 65 (31.1%) NHS trusts had a relative likelihood of staff entry into the formal disciplinary process that was within the non-adverse likelihood range of 0.8-1.25. The WRES strategy, A Fair Experience for All, sets a stretching yet achievable aspiration of 90% of all NHS organisations having a likelihood within the non-adverse range by 2022.

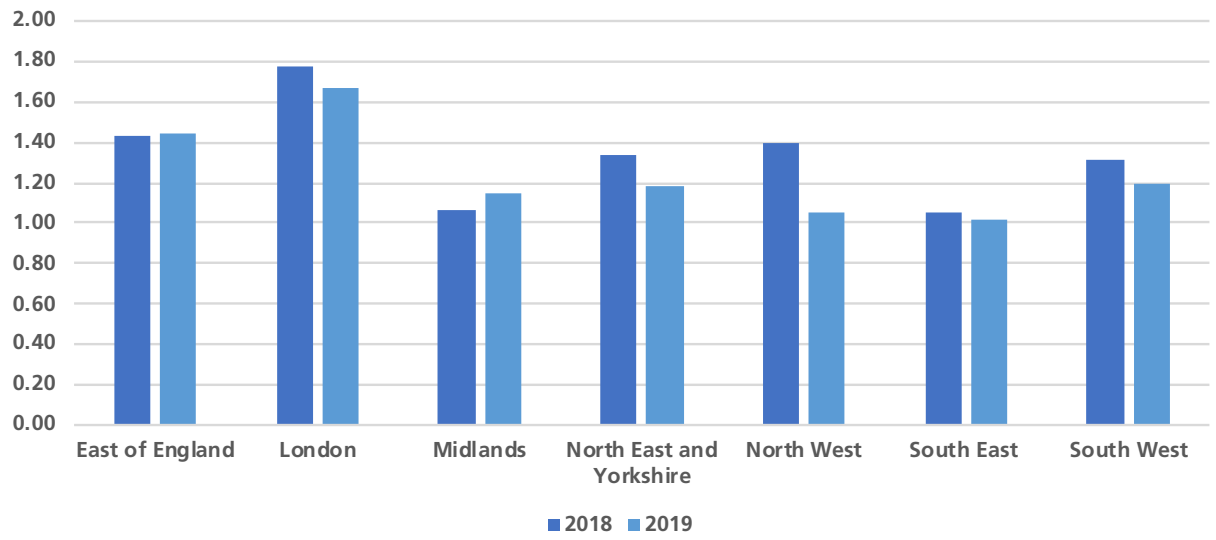
## Table 19: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff by region: 2018 – 2019

| Region | 2018 | 2019 |
|---|---|---|
| **East of England** | 1.43 | 1.44 |
| **London** | 1.77 | 1.67 |
| **Midlands** | 1.07 | 1.15 |
| **North East and Yorkshire** | 1.33 | 1.18 |
| **North West** | 1.40 | 1.06 |
| **South East** | 1.06 | 1.01 |
| **South West** | 1.32 | 1.19 |
| **England** | 1.24 | 1.22 |

All regions, except the East of England and the Midlands, observed an improvement on this indicator. Despite welcomed improvements from last year, London still has the worst performance on this indicator with BME staff being 1.68 times more likely to enter the formal disciplinary process compared to white staff.

In all 36 London trusts, BME staff were relatively more likely to go through the formal disciplinary process. In 29 (74.4%) of those 36 trusts, the likelihood was greater than 1.25, indicating that BME staff were potentially being adversely impacted based on the four-fifths rule.

## Figure 7: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff by region: 2018 – 2019



## Table 20: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff by trust type: 2016 – 2019

| Trust type | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| **Acute** | 1.45 | 1.26 | 1.14 | 1.17 |
| **Ambulance** | 1.80 | 1.73 | 1.69 | 1.39 |
| **Community Provider** | 2.48 | 3.35 | 2.70 | 1.50 |
| **Mental Health** | 1.33 | 1.58 | 1.74 | 1.66 |
| **England** | 1.56 | 1.37 | 1.24 | 1.22 |

Acute trusts observed a slightly deterioration on this indicator in 2019 compared to 2018, all other trust types saw an improvement.

Community providers trusts had the biggest improvement from 2.70 in 2018, to 1.50 in 2019.

## Trusts where data suggest practice may be worse

Based on 2019 WRES data submissions for indicator 3, the table below presents the ten NHS trusts with the highest relative likelihood of BME staff being appointed from shortlisting compared to white staff.

### Table 21: Trusts where data suggest the relative likelihood of BME staff entering the formal disciplinary process is higher compared to white staff

| Trust | Region | Trust type | Relative likelihood |
|---|---|---|---|
| **Camden and Islington NHS Foundation Trust** | London | Mental Health | 10.68 |
| **Oxleas NHS Foundation Trust** | London | Mental Health | 6.96 |
| **South London and Maudsley NHS Foundation Trust** | London | Mental Health | 5.84 |
| **Berkshire Healthcare NHS Foundation Trust** | South East | Mental Health | 5.56 |
| **Oxford Health NHS Foundation Trust** | South East | Mental Health | 4.20 |
| **North Bristol NHS Trust** | South West | Acute | 3.92 |
| **Leeds and York Partnership NHS Foundation Trust** | North East and Yorkshire | Mental Health | 3.29 |
| **Surrey and Borders Partnership NHS Foundation Trust** | South East | Mental Health | 3.18 |
| **South West London and St George's Mental Health NHS Trust** | London | Mental Health | 3.02 |
| **Great Ormond Street Hospital for Children NHS Foundation Trust** | London | Acute | 2.74 |

## Trusts where data suggest practice may be better

The table below presents the ten NHS trusts with the lowest relative likelihood of BME staff being appointed from shortlisting compared to white staff.

### Table 22: Trusts where data suggest the relative likelihood of BME staff entering the formal disciplinary process is similar compared to white staff

| Trust | Region | Trust type | Relative likelihood |
|---|---|---|---|
| **Worcestershire Health and Care NHS Trust** | Midlands | Community Provider | 1.05 |
| **South Warwickshire NHS Foundation Trust** | Midlands | Acute | 1.05 |
| **Dudley and Walsall Mental Health Partnership NHS Trust** | Midlands | Mental Health | 1.04 |
| **Maidstone and Tunbridge Wells NHS Trust** | South East | Acute | 1.04 |
| **Barking, Havering and Redbridge University Hospitals NHS Trust** | London | Acute | 1.03 |
| **Mid Cheshire Hospitals NHS Foundation Trust** | North West | Acute | 1.01 |
| **Ashford and St Peter's Hospitals NHS Foundation Trust** | South East | Acute | 1.01 |
| **Royal Berkshire NHS Foundation Trust** | South East | Acute | 0.99 |
| **Cambridge University Hospitals NHS Foundation Trust** | East of England | Acute | 0.98 |
| **Gateshead Health NHS Foundation Trust** | North East and Yorkshire | Acute | 0.97 |

# 5.4 WRES indicator 4: Relative likelihood of white staff accessing non–mandatory training and continuous professional development (CPD) compared to BME staff

A total of 205 NHS trusts provided reliable data on this indicator. Data for 22 trusts were not included in the analysis because they were unable to provide accurate data for this indicator, e.g. a higher number of staff attending non-mandatory training than there are staff in the organisation.

## Key findings

- White staff were more likely to access non–mandatory training and continuous professional development (CPD) compared to BME staff
- Organisations are still not keeping accurate and up-to-date records on non-mandatory training. However, this indicator is still a useful proxy for understanding the level of fairness by which staff are treated when it comes non–mandatory training and CPD
- For most of the regions and trusts, BME staff are still relatively more likely to access non–mandatory training and CPD compared to BME staff

### Table 23: Relative likelihood of white staff accessing non–mandatory training and CPD compared to BME: 2016 – 2019

| | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| **England** | 1.11 | 1.22 | 1.15 | 1.15 |

The relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff was 1.15. This is the same as last year.

The data for this indicator falls within the non-adverse range of 0.8 to 1.25, based on the four-fifths rule.

## Table 24: Relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff by region: 2019

| Region | 2019 |
|---|---|
| **East of England** | 0.92 |
| **London** | 0.95 |
| **Midlands** | 1.00 |
| **North East and Yorkshire** | 1.05 |
| **North West** | 1.26 |
| **South East** | 0.99 |
| **South West** | 0.97 |
| **England** | 1.15 |

Across all regions, except for the North East and Yorkshire, and North West, BME staff are relatively more likely to access non-mandatory training and CPD compared to white staff.

Only the North West region has data that falls outside the non-adverse range of 0.80 to 1.25, based on the four-fifths rule.

## Table 25: Relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff by trust type: 2016 – 2019

| Trust type | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| **Acute** | 1.15 | 1.25 | 1.16 | 1.20 |
| **Ambulance** | 1.12 | 1.12 | 1.10 | 1.23 |
| **Community Provider** | 0.75 | 1.07 | 1.40 | 0.80 |
| **Mental Health** | 0.99 | 0.83 | 1.09 | 1.03 |
| **England** | 1.11 | 1.22 | 1.15 | 1.15 |

BME staff in community provider trusts were more likely to access non–mandatory training and CPD compared to white staff. This is a significant improvement from the previous year.

For all other trust types, white staff were more likely to access non–mandatory training and CPD compared to BME staff.

# 5.5 WRES indicator 5: Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Data for WRES indicators 5 to 8 are taken directly from the NHS staff survey and are based on the 2018 NHS staff survey data, published in February 2019.

The same exclusion criteria as outlined on the NHS staff survey website are used for data analyses for this indicator. This ensures that the data in this report are the same as those which can be accessed on the NHS staff survey website.

All 227 trusts provided data for this indicator. Data for one trust was suppressed due to having less than 11 BME respondents.

## Key findings

- 29.8% of BME staff, and 27.8% of white staff, reported experiencing harassment, bullying or abuse from patients, relatives or the public. This is a deteriation compared to last year
- London was the worst performing region on this indicator overall, for all staff
- London was the only region where a higher percentage of white staff, compared to BME staff, reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- Ambulance trusts observed the highest rates of harassment, bullying or abuse from patients, relatives or the public, for both BME and white staff

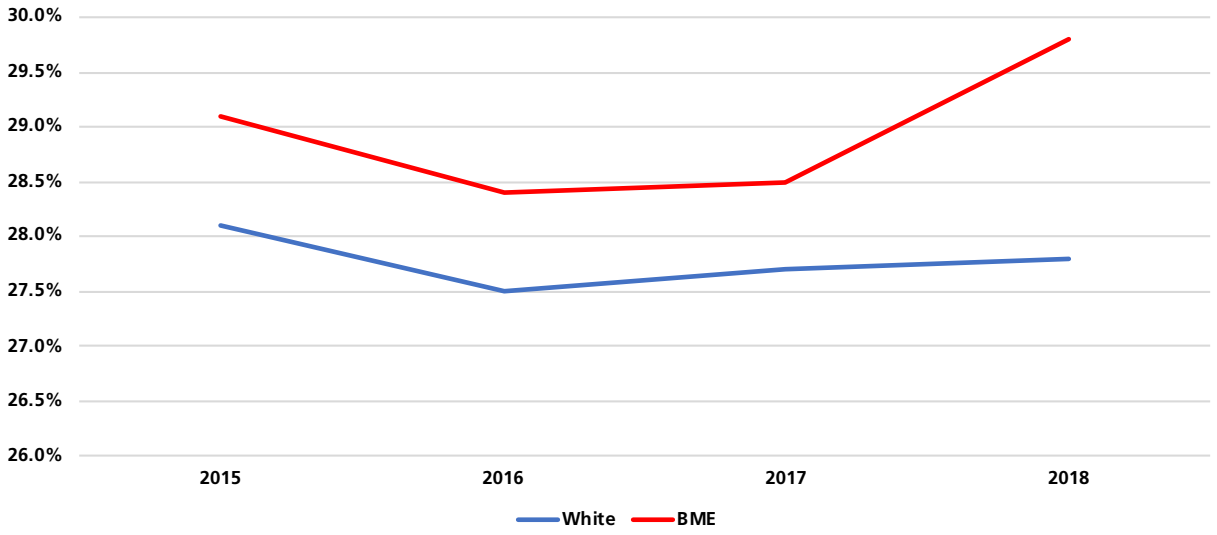
### Table 26: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months: 2015 – 2018

| | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|
| **BME** | 29.1% | 28.4% | 28.5% | 29.8% |
| **White** | 28.1% | 27.5% | 27.7% | 27.8% |

Across all trusts, 29.8% of BME staff and 27.8% of white staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

In 140 (61.4%) trusts, BME staff reported a higher level of harassment, bullying or abuse from patients, relatives or the public in the last 12 months compared to white staff.

## Figure 8: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months: 2015 – 2018




In the past three years, the proportion of both BME and white staff experiencing harassment, bullying or abuse from patients, relatives or the public has been increasing. It should also be noted that the gap between BME and white staff is at its biggest in 2018.

## Table 27: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months by region: 2017 – 2018

| Region | BME 2017 | White 2017 | BME 2018 | White 2018 |
|---|---|---|---|---|
| **East of England** | 30.1% | 28.8% | 30.5% | 29.3% |
| **London** | 30.4% | 31.8% | 31.7% | 32.8% |
| **Midlands** | 26.5% | 27.3% | 27.6% | 27.5% |
| **North East and Yorkshire** | 26.7% | 26.3% | 26.0% | 26.1% |
| **North West** | 25.0% | 25.4% | 26.4% | 25.5% |
| **South East** | 29.7% | 28.9% | 30.7% | 28.7% |
| **South West** | 27.3% | 27.6% | 28.1% | 27.1% |
| **England** | 28.5% | 27.7% | 29.8% | 27.8% |

Across most of the regions, there has been an increase in proportion of both BME and white staff who experienced harassment, bullying or abuse from patients, relatives or the public.

London has the highest percentages for this indicator, for both BME and white staff. For both the London and the North East and Yorkshire regions, a higher percentage of white staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

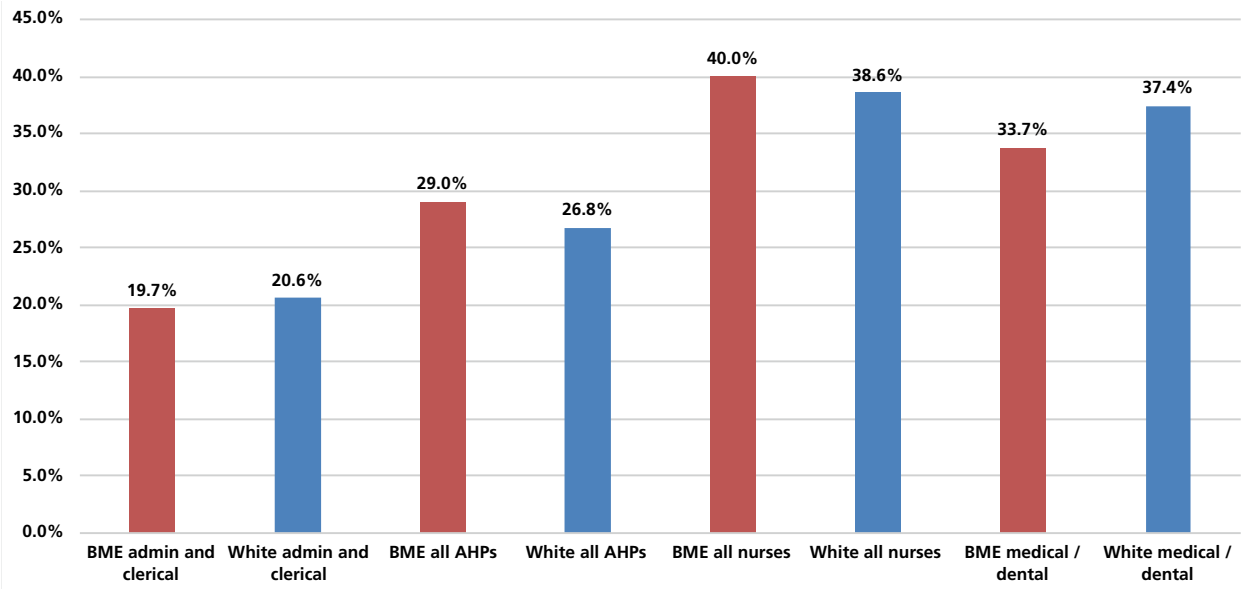
## Table 28: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months by trust type: 2017 – 2018

| Trust type | BME 2017 | White 2017 | BME 2018 | White 2018 |
|---|---|---|---|---|
| **Acute** | 28.4% | 27.5% | 30.1% | 27.9% |
| **Acute Specialist** | 19.0% | 20.8% | 19.4% | 20.9% |
| **Ambulance** | 38.3% | 47.8% | 39.4% | 47.7% |
| **Combined Acute and Community** | 26.9% | 25.7% | 28.0% | 25.8% |
| **Combined Mental Health/ Learning Disability and Community** | 30.4% | 26.1% | 32.0% | 26.0% |
| **Community Provider** | 25.3% | 23.7% | 25.6% | 23.9% |
| **Mental Health/Learning Disability** | 36.1% | 31.4% | 36.5% | 31.1% |
| **England** | 28.5% | 27.7% | 29.8% | 27.8% |

Ambulance trusts had the highest percentage of staff having experienced harassment, bullying or abuse from patients, relatives or the public for both BME (39.4%) and white (47.7%) staff.

Acute specialist trusts had the lowest for both BME (19.4%) and white staff (20.9%). Its also the only trust type that has seen an improvement for both BME and white staff.

## Figure 9: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months by ethnicity: 2018



BME nurses had the highest proportion of staff that experienced harassment, bullying or abuse from patients, relatives or the public.

BME staff working in administration and clerical roles had the lowest proportion.

## Trusts where data suggest practice may be better

Four criteria were used to identify the top performing trusts on this indicator; where the organisation demonstrated:

- More than 50 responses were received to the NHS staff survey in 2017 and 2018
- Improvement in indicator scores for both BME and white staff between 2017 and 2018
- A closing of the gap between BME and white staff on this indicator between 2017 and 2018
- Both BME and white staff 2018 scores for this indicator as being better than the all trust average score

## Table 29: Trusts where data suggest practice may be better on indicator 5

| Trust | Region | Trust type |
|---|---|---|
| **Barnsley Hospital NHS Foundation Trust** | North East and Yorkshire | Acute |
| **Buckinghamshire Healthcare NHS Trust** | South East | Combined Acute and Community |
| **East Lancashire Hospitals NHS Trust** | North West | Acute |
| **Kent Community Health NHS Foundation Trust** | South East | Community |
| **Moorfields Eye Hospital NHS Foundation Trust** | London | Acute Specialist |
| **Pennine Care NHS Foundation Trust** | North West | Combined Mental Health / Learning Disability and Community |
| **Sheffield Children's NHS Foundation Trust** | North East and Yorkshire | Combined Acute and Community |
| **Stockport NHS Foundation Trust** | North West | Combined Acute and Community |
| **Tameside and Glossop Integrated Care NHS Foundation Trust** | North West | Combined Acute and Community |
| **The Christie NHS Foundation Trust** | North West | Acute Specialist |
| **The Royal Wolverhampton NHS Trust** | Midlands | Combined Acute and Community |
| **University Hospitals Bristol NHS Foundation Trust** | South West | Acute |
| **York Teaching Hospital NHS Foundation Trust** | North East and Yorkshire | Combined Acute and Community |

## Trusts where data suggest practice may be worse

Four criteria were used to identify the worse performing trusts on this indicator; where the organisation demonstrated:

- More than 50 responses were received to the NHS staff survey in 2017 and 2018
- No improvement in indicator scores for both BME and white staff between 2017 and 2018
- A widening of the gap between BME and white staff on this indicator between 2017 and 2018
- Both BME and white staff 2018 scores for this indicator as being worse than the all trust average score

## Table 30: Trusts where data suggest practice may be worse on indicator 5

| Trust | Region | Trust type |
|---|---|---|
| **2Gether NHS Foundation Trust** | South West | Mental Health / Learning Disability |
| **Barts Health NHS Trust** | London | Acute |
| **Camden and Islington NHS Foundation Trust** | London | Mental Health / Learning Disability |
| **East and North Hertfordshire NHS Trust** | East of England | Acute |
| **East London NHS Foundation Trust** | London | Combined Mental Health / Learning Disability and Community |
| **Epsom and St Helier University Hospitals NHS Trust** | London | Acute |
| **Essex Partnership University NHS Foundation Trust** | East of England | Combined Mental Health / Learning Disability and Community |
| **King's College Hospital NHS Foundation Trust** | London | Acute |
| **Leeds and York Partnership NHS Foundation Trust** | North East and Yorkshire | Mental Health / Learning Disability |
| **North Middlesex University Hospital NHS Trust** | London | Acute |
| **Northampton General Hospital NHS Trust** | Midlands | Acute |
| **South London and Maudsley NHS Foundation Trust** | London | Mental Health / Learning Disability |
| **Southern Health NHS Foundation Trust** | South East | Combined Mental Health / Learning Disability and Community |
| **Sussex Partnership NHS Foundation Trust** | South East | Mental Health / Learning Disability |
| **The Dudley Group NHS Foundation Trust** | Midlands | Combined Acute and Community |
| **The Hillingdon Hospitals NHS Foundation Trust** | London | Acute |
| **The Shrewsbury and Telford Hospital NHS Trust** | Midlands | Acute |
| **University College London Hospitals NHS Foundation Trust** | London | Acute |

| | | |
|---|---|---|
| **Walsall Healthcare NHS Trust** | Midlands | Combined Acute and Community |
| **West Hertfordshire Hospitals NHS Trust** | East of England | Acute |
| **Whittington Health NHS Trust** | London | Combined Acute and Community |
| **Worcestershire Acute Hospitals NHS Trust** | Midlands | Acute |

# 5.6 WRES indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Data for WRES indicators 5 to 8 are taken directly from the NHS staff survey and are based on the 2018 NHS staff survey data, published in February 2019.

The same exclusion criteria as outlined on the NHS staff survey website are used for data analyses for this indicator. This ensures that the data in this report are the same as those which can be accessed on the NHS staff survey website.

All 227 NHS trusts provided data for this indicator.

## Key findings

- The percentage of BME and white staff experiencing harassment, bullying or abuse from staff in the last 12 months has been increasing since 2016
- For all trust types, a higher percentage of BME staff experienced harassment, bullying or abuse from staff in the last 12 months compared to white staff
- For both BME and white staff, London region had the highest levels of harassment, bullying or abuse from staff

### Table 31: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2015 – 2018

| | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|
| **BME** | 27.0% | 26.0% | 27.8% | 29.0% |
| **White** | 24.0% | 23.0% | 23.3% | 24.2% |

In 2018 there was an increase in the proportion of both BME and white staff who experienced harassment, bullying or abuse from colleagues in the last 12 months.

The gap between BME and white staff has increased over the last four years, from 3.0 percentage points in 2015, to 4.8 percentage points in 2018.

For 188 (82.4%) trusts, a higher proportion of BME staff compared to white staff experienced harassment, bullying or abuse from colleagues in the last 12 months.

## Table 32 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2017 – 2018

| Region | BME 2017 | White 2017 | BME 2018 | White 2018 |
|---|---|---|---|---|
| **East of England** | 26.9% | 24.9% | 29.2% | 26.1% |
| **London** | 29.9% | 26.1% | 30.9% | 27.8% |
| **Midlands** | 27.0% | 23.5% | 28.9% | 24.6% |
| **North East and Yorkshire** | 26.8% | 21.5% | 26.1% | 21.6% |
| **North West** | 25.6% | 22.0% | 27.2% | 22.8% |
| **South East** | 25.1% | 23.7% | 27.0% | 24.6% |
| **South West** | 26.5% | 22.6% | 27.4% | 23.3% |
| **England** | 27.8% | 23.3% | 29.0% | 24.2% |

Across all regions except North East and Yorkshire, the proportion of BME and white staff who experienced harassment, bullying or abuse from staff increased.

Although there was some improvement, the North East and Yorkshire region had the biggest percentage point difference (4.5%) between BME and white staff experiencing harassment, bullying or abuse from staff in the last 12 months.

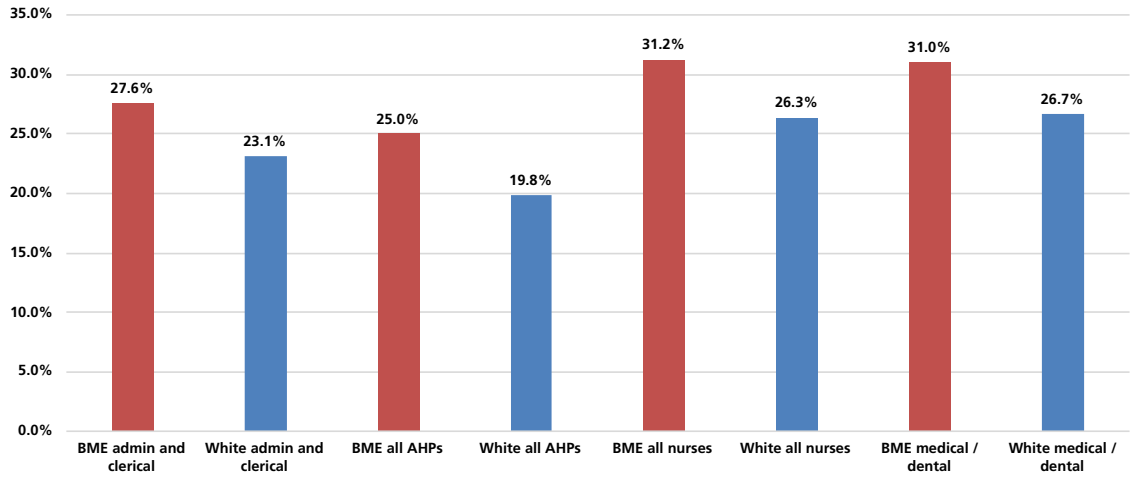
## Table 33: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2017 – 2018

| Trust type | BME 2017 | White 2017 | BME 2018 | White 2018 |
|---|---|---|---|---|
| **Acute** | 28.7% | 24.2% | 29.8% | 25.2% |
| **Ambulance** | 35.0% | 28.3% | 30.7% | 28.0% |
| **Community Provider** | 22.8% | 18.1% | 25.7% | 18.8% |
| **Mental Health** | 24.6% | 20.4% | 26.1% | 21.3% |
| **Acute Specialist** | 30.4% | 25.3% | 27.7% | 26.9% |
| **England** | 27.8% | 23.3% | 29.0% | 24.2% |

In 2018, ambulance trusts had the highest levels of harassment and bullying from staff. However, this has improved from the previous years' figures across the ambulance sector.

Across all trust types, a higher percentage of BME staff experienced harassment, bullying or abuse from staff in the last 12 months compared to white staff.

**Figure 10: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months by ethnicity: 2018**




BME staff in nursing roles and in medical / dental roles reported the highest levels of harassment, bullying or abuse from staff.

## Trusts where data suggest practice may be better

Four criteria were used to identify the top performing trusts on this indicator; where the organisation demonstrated:

- More than 50 responses were received to the NHS staff survey in 2017 and 2018
- Improvement in indicator scores for both BME and white staff between 2017 and 2018
- A closing of the gap between BME and white staff on this indicator between 2017 and 2018
- Both BME and white staff 2018 scores for this indicator as being better than the all trust average score

### Table 34: Trusts where data suggest practice may be better on indicator 6

| Trust | Region | Trust type |
|---|---|---|
| **Alder Hey Children's NHS Foundation Trust** | North West | Acute Specialist |
| **Bradford Teaching Hospitals NHS Foundation Trust** | North East and Yorkshire | Acute |
| **Dorset County Hospital NHS Foundation Trust** | South West | Acute |
| **Leeds Teaching Hospitals NHS Trust** | North East and Yorkshire | Acute |
| **Salford Royal NHS Foundation Trust** | North West | Combined Acute and Community |
| **South West London and St George's Mental Health NHS Trust** | London | Mental Health / Learning Disability |
| **The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust** | South West | Acute |
| **Western Sussex Hospitals NHS Foundation Trust** | South East | Acute |

## Trusts where data suggest practice may be worse

Four criteria were used to identify the worse performing trusts on this indicator; where the organisation demonstrated:

- More than 50 responses received to the NHS staff survey in 2017 and 2018
- No improvement in indicator scores for both BME and white staff between 2017 and 2018
- A widening of the gap between BME and white staff on this indicator between 2017 and 2018
- Both BME and white staff 2018 scores for this indicator as being worse than the all trust average score

## Table 35: Trusts where data suggest practice may be worse on indicator 6

| Trust | Region | Trust type |
|---|---|---|
| **Ashford and St Peter's Hospitals NHS Foundation Trust** | South East | Acute |
| **Avon and Wiltshire Mental Health Partnership NHS Trust** | South West | Mental Health / Learning Disability |
| **Barking, Havering and Redbridge University Hospitals NHS Trust** | London | Acute |
| **Birmingham Community Healthcare NHS Foundation Trust** | Midlands | Community |
| **Birmingham Women's and Children's NHS Foundation Trust** | Midlands | Acute Specialist |
| **Blackpool Teaching Hospitals NHS Foundation Trust** | North West | Combined Acute and Community |
| **Cambridgeshire and Peterborough NHS Foundation Trust** | East of England | Combined Mental Health / Learning Disability and Community |
| **Dartford and Gravesham NHS Trust** | South East | Acute |
| **East Kent Hospitals University NHS Foundation Trust** | South East | Acute |
| **George Eliot Hospital NHS Trust** | Midlands | Combined Acute and Community |
| **Hull and East Yorkshire Hospitals NHS Trust** | North East and Yorkshire | Acute |
| **Imperial College Healthcare NHS Trust** | London | Acute |
| **Mid Yorkshire Hospitals NHS Trust** | North East and Yorkshire | Combined Acute and Community |
| **Milton Keynes University Hospital NHS Foundation Trust** | East of England | Acute |
| **Norfolk and Norwich University Hospitals NHS Foundation Trust** | East of England | Acute |
| **Norfolk and Suffolk NHS Foundation Trust** | East of England | Mental Health / Learning Disability |
| **Northampton General Hospital NHS Trust** | Midlands | Acute |
| **Northern Lincolnshire and Goole NHS Foundation Trust** | North East and Yorkshire | Acute |
| **Royal Papworth Hospital NHS Foundation Trust** | East of England | Acute Specialist |

| | | |
|---|---|---|
| **South London and Maudsley NHS Foundation Trust** | London | Mental Health / Learning Disability |
| **St George's University Hospitals NHS Foundation Trust** | London | Acute |
| **The Dudley Group NHS Foundation Trust** | Midlands | Combined Acute and Community |
| **The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust** | East of England | Acute |
| **University College London Hospitals NHS Foundation Trust** | London | Acute |
| **Worcestershire Acute Hospitals NHS Trust** | Midlands | Acute |
| **York Teaching Hospital NHS Foundation Trust** | North East and Yorkshire | Combined Acute and Community |

# 5.7 WRES indicator 7: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion

Data for WRES indicators 5 to 8 are taken directly from the NHS staff survey and are based on the 2018 NHS staff survey data, published in February 2019.

The same exclusion criteria as outlined on the NHS staff survey website are used for data analyses for this indicator. This ensures that the data in this report are the same as those which can be accessed on the NHS staff survey website.

Analyses for this indicator are based on data from 225 trusts.

## Key findings

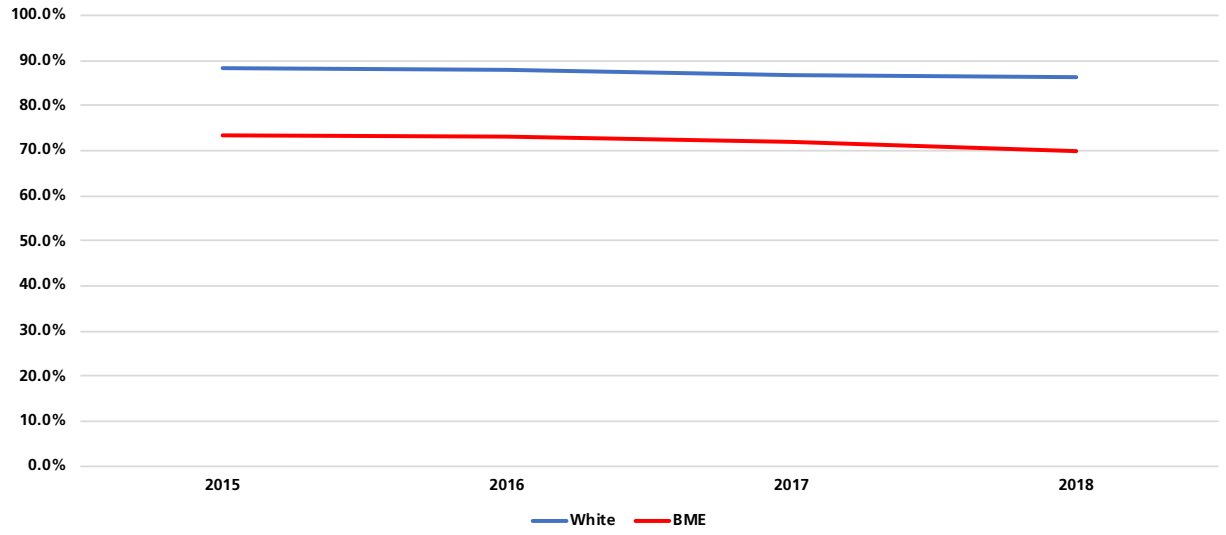
- 69.9% of BME staff believed that their trust provides equal opportunities for career progression or promotion. There has been a year-on-year deteriation in this statistic since 2015
- In contrast, 86.3% of white staff believed that their trust provides equal opportunities for career progression or promotion. This is slightly lower than 86.8% that was reported in the previous year
- For 221 (98.2%) trusts, a lower percentage of BME staff believed that their organisation acts fairly with regards to career progression or promotion
- Ambulance trusts remain the worst performers for both BME and white staff believing that their organisation provides equal opportunities for career progression or promotion
- London was the worst performing region on this indicator

### Table 36: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion: 2015 – 2018

| | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|
| **BME** | 73.4% | 73.2% | 71.9% | 69.9% |
| **White** | 88.3% | 87.8% | 86.8% | 86.3% |

The proportion of BME and white staff that believed their trust provides equal opportunities for career progression or promotion decreased in 2018 compared to 2017.

## Figure 11: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion: 2015 – 2018




The gap between the two has increased slightly from 14.9 percentage points in 2017 to 16.3 percentage points in 2018.

For 221 (98.2%) trusts, a lower percentage of BME staff compared to white staff believed that their organisation acts fairly with regards to career progression or promotion.

The gap between white staff and BME staff data for this indicator ranged from 45% to 0%.

## Table 37: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion by region: 2017 – 2018

| Region | BME 2017 | White 2017 | BME 2018 | White 2018 |
|---|---|---|---|---|
| **East of England** | 74.9% | 86.1% | 72.4% | 85.2% |
| **London** | 67.6% | 84.0% | 65.8% | 83.3% |
| **Midlands** | 72.0% | 86.2% | 70.0% | 86.1% |
| **North East and Yorkshire** | 75.2% | 88.0% | 74.5% | 88.3% |
| **North West** | 74.1% | 85.9% | 72.9% | 85.8% |
| **South East** | 77.3% | 87.7% | 75.4% | 87.0% |
| **South West** | 74.1% | 87.9% | 70.8% | 86.9% |
| **England** | 71.7% | 86.7% | 69.9% | 86.2% |

There was a reduction in the percentage of BME staff believing in equal opportunities for career progression or promotion across all regions.

London remained the worse performing region on this indicator for both BME and white staff. The gap of 17.5 percentage points between BME and white staff is also the largest for any region.

### Table 38: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion by trust type: 2017 – 2018

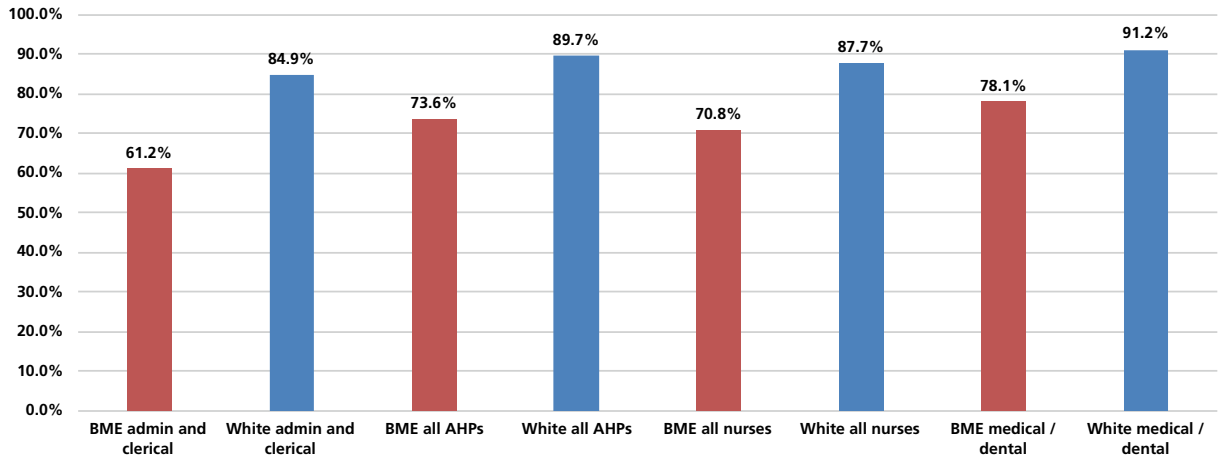
| Trust type | BME 2017 | White 2017 | BME 2018 | White 2018 |
|---|---|---|---|---|
| **Acute** | 72.2% | 86.9% | 69.7% | 86.4% |
| **Acute Specialist** | 72.2% | 88.6% | 72.4% | 87.5% |
| **Ambulance** | 52.5% | 69.4% | 56.2% | 71.1% |
| **Combined Acute and Community** | 71.3% | 88.1% | 70.2% | 87.3% |
| **Combined Mental Health/ Learning Disability and Community** | 74.3% | 87.9% | 72.8% | 87.8% |
| **Community Provider** | 75.3% | 89.8% | 67.5% | 90.3% |
| **Mental Health/Learning Disability** | 71.4% | 86.9% | 68.4% | 86.0% |
| **England** | 71.9% | 86.8% | 69.9% | 86.3% |

Ambulance trusts remain the worst performing on this indicator, even though there has been an improvement in the data for both BME and white staff, for this trust type.

A lower proportion of BME staff across all trust types believed that their organisation provides equal opportunities for career progression and promotion.

Community provider trusts had the biggest difference between the proportion of BME (67.5%) and white (90.3%) staff believing that their trust believing in equal opportunities for career progression and promotion; a gap of 21.2 percentage points.

## Figure 12: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion: 2015 – 2018




BME staff working in admin and clerical roles reported the lowest proportion believing in equal opportunities, while white doctors reported the highest.

## Trusts where data suggest practice may be better

Four criteria were used to identify the top performing trusts on this indicator; where the organisation demonstrated:

- More than 50 responses received to the NHS staff survey in 2017 and 2018
- Improvement in indicator scores for both BME and white between 2017 and 2018
- A closing of the gap between BME and white staff on this indicator between 2017 and 2018
- Both BME and white staff 2018 scores for this indicator as being better than the all trust average score

### Table 39: Trusts where data suggest practice may be better on indicator 7

| Trust | Region | Trust type |
|---|---|---|
| **Airedale NHS Foundation Trust** | North East and Yorkshire | Acute |
| **Hounslow and Richmond Community Healthcare NHS Trust** | London | Community |
| **Kent Community Health NHS Foundation Trust** | South East | Community |
| **Kettering General Hospital NHS Foundation Trust** | Midlands | Acute |
| **Kingston Hospital NHS Foundation Trust** | London | Acute |
| **Leicestershire Partnership NHS Trust** | Midlands | Combined Mental Health / Learning Disability and Community |
| **Northamptonshire Healthcare NHS Foundation Trust** | Midlands | Combined Mental Health / Learning Disability and Community |
| **Royal Devon and Exeter NHS Foundation Trust** | South West | Combined Acute and Community |
| **The Christie NHS Foundation Trust** | North West | Acute Specialist |
| **Warrington and Halton Hospitals NHS Foundation Trust** | North West | Acute |

## Trusts where data suggest practice may be worse

Four criteria were used to identify the worse performing trusts on this indicator; where the organisation demonstrated:

- More than 50 responses received to the NHS staff survey in 2017 and 2018
- No improvement in indicator scores for both BME and white between 2017 and 2018
- A widening of the gap between BME and white staff on this indicator between 2017 and 2018
- Both BME and white staff 2018 scores for this indicator as being worse than the all trust average score

## Table 40: Trusts where data suggest practice may be worse on indicator 7

| Trust | Region | Trust type |
|---|---|---|
| **Barking, Havering and Redbridge University Hospitals NHS Trust** | London | Acute |
| **Birmingham Community Healthcare NHS Foundation Trust** | Midlands | Community |
| **Central London Community Healthcare NHS Trust** | London | Community |
| **George Eliot Hospital NHS Trust** | Midlands | Combined Acute and Community |
| **Imperial College Healthcare NHS Trust** | London | Acute |
| **Mid Essex Hospital Services NHS Trust** | East of England | Acute |
| **North Bristol NHS Trust** | South West | Acute |
| **North Middlesex University Hospital NHS Trust** | London | Acute |
| **Nottinghamshire Healthcare NHS Foundation Trust** | Midlands | Combined Mental Health / Learning Disability and Community |
| **South London and Maudsley NHS Foundation Trust** | London | Mental Health / Learning Disability |
| **South West London and St George's Mental Health NHS Trust** | London | Mental Health / Learning Disability |
| **St George's University Hospitals NHS Foundation Trust** | London | Acute |
| **University College London Hospitals NHS Foundation Trust** | London | Acute |
| **University Hospitals of Leicester NHS Trust** | Midlands | Acute |
| **Whittington Health NHS Trust** | London | Combined Acute and Community |

# 5.8 WRES indicator 8: In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues?

Data for WRES indicators 5 to 8 are taken directly from the NHS staff survey and are based on the 2018 NHS staff survey data, published in February 2019.

The same exclusion criteria as outlined on the NHS staff survey website are used for data analyses for this indicator. This ensures that the data in this report are the same as those which can be accessed on the NHS staff survey website.

Analyses for this indicator are based on data from 227 trusts.

## Key findings

- The percentage of BME staff that experienced discrimination at work from a manager, team leader or colleague in the last 12 months increased from 15.0% to 15.3%
- In contrast, the percentage of white staff that experienced discrimination at work from a manager, team leader or colleague in the last 12 months decreased from 6.6% to 6.4%
- London as a region has the highest rates for this indicator for both BME and white staff
- In every London trust, a higher percentage of BME staff reported personally experiencing discrimination at work in the last 12 months compared to white staff
- Ambulance trusts have seen an improvement for both BME and white staff on this indicator but are still by far the worst for staff experience of discrimination at work

### Table 41: Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleagues: 2015 – 2018

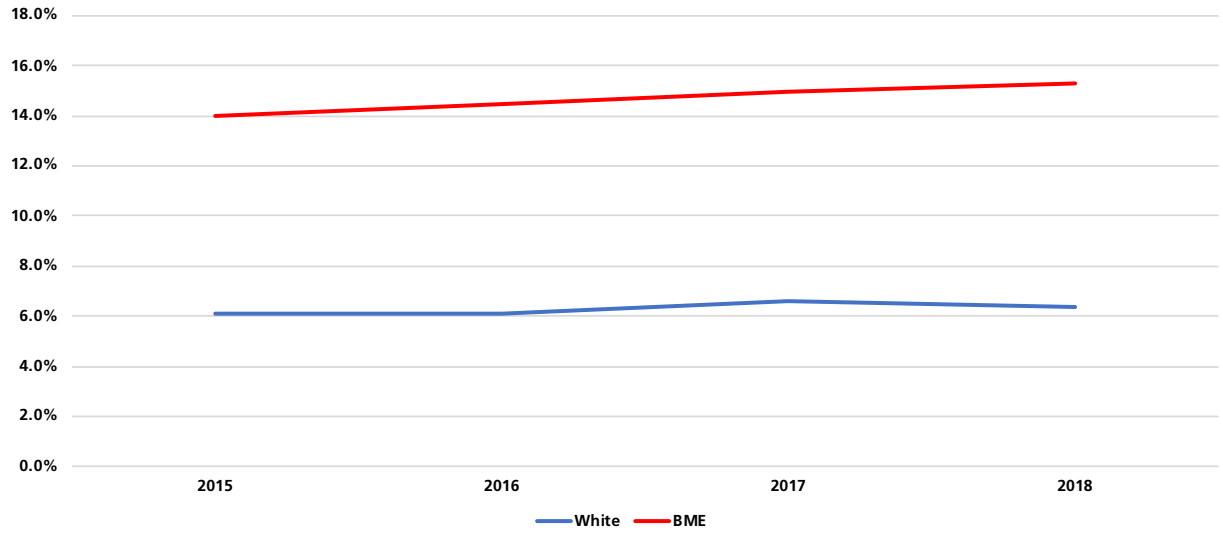
| | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|
| **BME** | 14.0% | 14.5% | 15.0% | 15.3% |
| **White** | 6.1% | 6.1% | 6.6% | 6.4% |

The percentage of BME staff that experienced discrimination from a manager, team leader or other colleagues in the last 12 months increased slightly from 15.0% to 15.3%.

For white staff there was a slight improvement, from 6.6% to 6.4%.

For 223 (98.2%) trusts, a higher percentage of BME staff personally experienced discrimination at work in the last 12 months.

## Figure 13: Percentage of staff who experienced discriminations at work from a manager, team leader or other colleagues: 2015 – 2018




Over the past three years, the percentage of BME and white staff who experienced discrimination at work from a manager, team leader or other colleagues has increased.

Between 2017 and 2018, the gap between BME and white staff has increased from 8.4 percentage points to 8.9 percentage points.

## Table 42: Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleagues by region: 2017 – 2018

| Region | BME 2017 | White 2017 | BME 2018 | White 2018 |
|---|---|---|---|---|
| **East of England** | 14.3% | 7.2% | 15.2% | 6.9% |
| **London** | 16.3% | 7.9% | 16.4% | 8.4% |
| **Midlands** | 13.9% | 6.7% | 14.9% | 6.3% |
| **North East and Yorkshire** | 14.4% | 5.8% | 12.8% | 5.5% |
| **North West** | 14.4% | 6.3% | 14.3% | 6.1% |
| **South East** | 13.6% | 6.9% | 14.3% | 6.8% |
| **South West** | 14.7% | 6.3% | 16.0% | 6.1% |
| **England** | 15.0% | 6.6% | 15.3% | 6.4% |

As a region, London had the highest percentage of BME staff (16.4%) and white staff (8.4%) that had experienced discrimination at work from a manager, team leader or other colleagues.

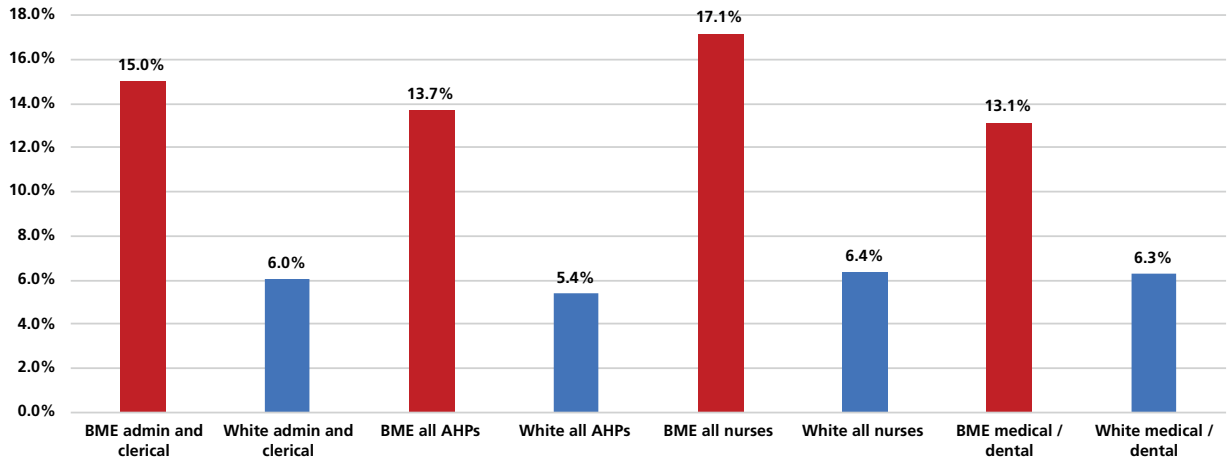
Within every NHS trust in London, a higher percentage of BME staff reported personally experiencing discrimination at work in the last 12 months compared to white staff.

## Table 43: Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleagues by trust type: 2017 – 2018

| Trust type | BME 2017 | White 2017 | BME 2018 | White 2018 |
|---|---|---|---|---|
| **Acute** | 15.8% | 6.7% | 15.7% | 6.6% |
| **Acute Specialist** | 13.8% | 6.0% | 14.5% | 6.3% |
| **Ambulance** | 18.4% | 11.4% | 17.2% | 10.5% |
| **Combined Acute and Community** | 14.8% | 6.1% | 15.4% | 5.8% |
| **Combined Mental Health/ Learning Disability and Community** | 12.3% | 5.9% | 13.5% | 5.7% |
| **Community Provider** | 12.7% | 5.4% | 12.5% | 4.9% |
| **Mental Health/Learning Disability** | 14.5% | 6.9% | 14.8% | 6.9% |
| **England** | 15.0% | 6.6% | 15.3% | 6.4% |

Acute, ambulance and community providers trusts observed an improvement on this indicator. However, even with the improvement, ambulance trusts still had the highest percentage of BME and white staff experiencing a discrimination at work from a manager, team leader or other colleagues.

## Figure 14: Percentage of staff who experienced discriminations at work from – a manager / team leader or other colleagues: 2018




BME nurses had the highest proportion of staff that experienced discrimination at work from a manager, team leader or other colleagues.

## Trusts where data suggest practice may be better

Four criteria were used to identify the top performing trusts on this indicator; where the organisation demonstrated:

- More than 50 responses received to the NHS staff survey in 2017 and 2018
- Improvement in indicator scores for both BME and white between 2017 and 2018
- A closing of the gap between BME and white staff on this indicator between 2017 and 2018
- Both BME and white staff 2018 scores for this indicator as being better than the all trust average score

### Table 44: Trusts where data suggest practice may be better on indicator 8

| Trust | Region | Trust type |
|---|---|---|
| **Aintree University Hospital NHS Foundation Trust** | North West | Acute |
| **Airedale NHS Foundation Trust** | North East and Yorkshire | Acute |
| **Bradford Teaching Hospitals NHS Foundation Trust** | North East and Yorkshire | Acute |
| **Central London Community Healthcare NHS Trust** | London | Community |
| **Chesterfield Royal Hospital NHS Foundation Trust** | Midlands | Acute |
| **Derbyshire Community Health Services NHS Foundation Trust** | Midlands | Community |
| **Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust** | North East and Yorkshire | Acute |
| **Dorset County Hospital NHS Foundation Trust** | South West | Acute |
| **Dudley and Walsall Mental Health Partnership NHS Trust** | Midlands | Mental Health / Learning Disability |
| **Frimley Health NHS Foundation Trust** | South East | Acute |
| **Great Western Hospitals NHS Foundation Trust** | South West | Combined Acute and Community |
| **Hertfordshire Partnership University NHS Foundation Trust** | East of England | Mental Health / Learning Disability |

| | | |
|---|---|---|
| **Kent Community Health NHS Foundation Trust** | South East | Community |
| **Leeds Teaching Hospitals NHS Trust** | North East and Yorkshire | Acute |
| **Northamptonshire Healthcare NHS Foundation Trust** | Midlands | Combined Mental Health / Learning Disability and Community |
| **Queen Victoria Hospital NHS Foundation Trust** | South East | Acute Specialist |
| **Royal Devon and Exeter NHS Foundation Trust** | South West | Combined Acute and Community |
| **South West Yorkshire Partnership NHS Foundation Trust** | North East and Yorkshire | Combined Mental Health / Learning Disability and Community |
| **Stockport NHS Foundation Trust** | North West | Combined Acute and Community |
| **Tees, Esk and Wear Valleys NHS Foundation Trust** | North East and Yorkshire | Mental Health / Learning Disability |
| **The Dudley Group NHS Foundation Trust** | Midlands | Combined Acute and Community |
| **The Royal Liverpool and Broadgreen University Hospitals NHS Trust** | North West | Acute |
| **University Hospital Southampton NHS Foundation Trust** | South East | Acute |
| **University Hospitals Bristol NHS Foundation Trust** | South West | Acute |
| **University Hospitals Coventry and Warwickshire NHS Trust** | Midlands | Acute |
| **Walsall Healthcare NHS Trust** | Midlands | Combined Acute and Community |
| **West Hertfordshire Hospitals NHS Trust** | East of England | Acute |
| **York Teaching Hospital NHS Foundation Trust** | North East and Yorkshire | Combined Acute and Community |

## Trusts where data suggest practice may be worse

Four criteria were used to identify the worse performing trusts on this indicator; where the organisation demonstrated:

- More than 50 responses received to the NHS staff survey in 2017 and 2018
- No improvement in indicator scores for both BME and white between 2017 and 2018
- A widening of the gap between BME and white staff on this indicator between 2017 and 2018
- Both BME and white staff 2018 scores for this indicator as being worse than the all trust average score

### Table 45: Trusts where data suggest practice may be worse on indicator 8

| Trust | Region | Trust type |
|---|---|---|
| **Avon and Wiltshire Mental Health Partnership NHS Trust** | South West | Mental Health / Learning Disability |
| **Berkshire Healthcare NHS Foundation Trust** | South East | Combined Mental Health / Learning Disability and Community |
| **Birmingham Women's and Children's NHS Foundation Trust** | Midlands | Acute Specialist |
| **Blackpool Teaching Hospitals NHS Foundation Trust** | North West | Combined Acute and Community |
| **Cambridgeshire and Peterborough NHS Foundation Trust** | East of England | Combined Mental Health / Learning Disability and Community |
| **East Kent Hospitals University NHS Foundation Trust** | South East | Acute |
| **Essex Partnership University NHS Foundation Trust** | East of England | Combined Mental Health / Learning Disability and Community |
| **Guy's and St Thomas' NHS Foundation Trust** | London | Combined Acute and Community |
| **Hampshire Hospitals NHS Foundation Trust** | South East | Acute |
| **Mid Yorkshire Hospitals NHS Trust** | North East and Yorkshire | Combined Acute and Community |
| **Northampton General Hospital NHS Trust** | Midlands | Acute |

| | | |
|---|---|---|
| **Royal Papworth Hospital NHS Foundation Trust** | East of England | Acute Specialist |
| **South London and Maudsley NHS Foundation Trust** | London | Mental Health / Learning Disability |
| **South West London and St George's Mental Health NHS Trust** | London | Mental Health / Learning Disability |
| **The Royal Orthopaedic Hospital NHS Foundation Trust** | Midlands | Acute Specialist |
| **Torbay and South Devon NHS Foundation Trust** | South West | Combined Acute and Community |
| **United Lincolnshire Hospitals NHS Trust** | Midlands | Acute |
| **University College London Hospitals NHS Foundation Trust** | London | Acute |
| **University Hospitals of North Midlands NHS Trust** | Midlands | Acute |
| **University Hospitals Plymouth NHS Trust** | South West | Acute |
| **Whittington Health NHS Trust** | London | Combined Acute and Community |
| **Worcestershire Acute Hospitals NHS Trust** | Midlands | Acute |

# 5.9 WRES indicator 9: Percentage difference between the organisations' board voting membership and its overall workforce

All 227 trusts provided reliable data for this indicator.

## Key Findings

- 8.4% of board members in NHS trusts were from a BME background. This is an improvement from 7.4% in 2018, but still significantly lower than the proportion of the BME workforce across all NHS trusts in England (19.9%)

- The number of BME board members in trusts increased by 35 between 2018 and 2019; that comprised of an additional 18 executive and 17 non-executive board members

- There has been a decrease in the number of trusts with no BME representation on the board, from 96 in 2018 to 73 in 2019
- In 2019 there are 30 trusts with three or more BME board members compared to 16 in 2016
- In 2014, two-fifths (16 out of 40) of all London NHS trust boards had zero BME board members. As at 31 March 2019, there were two trusts in London with no BME board members. However, as at 1 December 2019, every London trust had at least one BME board member. This is a significant milestone

## Table 46: Percentage of board members by ethnicity compared to BME workforce within NHS trusts by region: 2019

| Region | % White on trust board | % BME on trust board | % BME workforce in trust |
|---|---|---|---|
| **East of England** | 91.2% | 5.5% | 20.1% |
| **London** | 80.3% | 17.1% | 44.9% |
| **Midlands** | 86.5% | 9.5% | 19.5% |
| **North East and Yorkshire** | 87.7% | 5.8% | 10.5% |
| **North West** | 90.0% | 6.2% | 11.4% |
| **South East** | 81.4% | 8.3% | 19.0% |
| **South West** | 91.7% | 3.1% | 9.3% |
| **England** | 86.6% | 8.4% | 19.9% |

In 2019, 8.4% of board members across all trusts were from a BME background; an improvement from 7.4% in the previous year. This is however still significantly lower than the 19.9% of the BME workforce across all NHS trusts in England.

17.1% of London board members are BME compared to 44.9% of the BME workforce across the London region. This is more than double the 8.0% statistic cited in the 2014 "Snowy White Peaks of the NHS" report.

## Table 47: Percentage of BME board members by region: 2018 – 2019

| Region | 2018 | 2019 |
|---|---|---|
| **East of England** | 4.9% | 5.5% |
| **London** | 15.9% | 17.1% |
| **Midlands** | 9.5% | 9.5% |
| **North East and Yorkshire** | 4.9% | 5.8% |
| **North West** | 4.8% | 6.2% |
| **South East** | 6.6% | 8.3% |
| **South West** | 1.6% | 3.1% |
| **England** | 7.4% | 8.4% |

All regions except the Midlands have seen an increase in the percentage of BME board members in 2019 compared to 2018.

## Table 48: Percentage (number) of BME board members across NHS trusts: 2016 – 2019

| | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| **0 BME board members** | 43.5% (84) | 43.8% (98) | 41.6% (96) | 32.2% (73) |
| **1 BME board member** | 37.3% (72) | 31.3% (70) | 33.3% (77) | 34.8% (79) |
| **2 BME board members** | 10.9% (21) | 13.8% (31) | 12.6% (29) | 19.8% (45) |
| **3 BME board members** | 4.7% (9) | 7.6% (17) | 8.2% (19) | 9.7% (22) |
| **4 BME board members** | 2.6% (5) | 3.1% (7) | 2.6% (6) | 2.2% (5) |
| **5 BME board members** | 1.0% (2) | 0.0% (0) | 1.3% (3) | 0.4% (1) |
| **More than five BME board members** | 0.0% (0) | 0.4% (1) | 0.4% (1) | 0.8% (2) |

There has been a decrease in the number and proportion of trusts with zero BME representation on the board. 74 (32.6%) trusts have no BME representation on the board across all NHS trusts in England, down from 96 (41.6%) from the previous year.

In 2019 there were 75 trusts with two or more BME board members, compared to just 37 trusts in 2016.

## Table 49: NHS trusts with zero BME board members by region

| Region | Trusts with zero BME board members | Number of trusts in the region | % of trusts with zero BME board members |
|---|---|---|---|
| **East of England** | 9 | 25 | 36.0% |
| **London** | 2 | 36 | 5.6% |
| **Midlands** | 10 | 41 | 24.4% |
| **North East and Yorkshire** | 15 | 35 | 42.9% |
| **North West** | 13 | 35 | 37.1% |
| **South East** | 7 | 30 | 23.3% |
| **South West** | 17 | 25 | 68.0% |
| **England** | 73 | 227 | 32.2% |

As at 31 March 2019, there were two trusts in London with zero BME board members; although at 1 December 2019, every NHS trust in London had at least one BME board member. The South West of England region had the largest number (17) of trusts with zero BME board members.

## Table 50: Numbers of BME board members by region: 2018 and 2019

| Region | 2018 | 2019 |
|---|---|---|
| **East of England** | 19 | 20 |
| **London** | 85 | 93 |
| **Midlands** | 57 | 56 |
| **North East and Yorkshire** | 24 | 29 |
| **North West** | 22 | 30 |
| **South East** | 27 | 36 |
| **South West** | 6 | 11 |
| **England** | 240 | 275 |

There was a total of 35 more BME board members across all NHS trust in 2019 compared to 2018. This represents a 14.6% increase in the gross number of BME representation at boards across England.

Only the Midlands region saw a decrease (by one) in the overall number of BME board members.

## Table 51: Number of BME executive board members by region: 2018 – 2019

| Region | 2018 | 2019 |
|---|---|---|
| **East of England** | 13 | 11 |
| **London** | 31 | 38 |
| **Midlands** | 23 | 24 |
| **North East and Yorkshire** | 15 | 16 |
| **North West** | 11 | 16 |
| **South East** | 14 | 19 |
| **South West** | 4 | 5 |
| **England** | 111 | 129 |

The number of executive board members across NHS trusts increased by 18 in 2019, compared to 2018. London had the biggest increase over that period, with seven more BME executive board members.

## Table 52: Number of BME non-executive board members by region: 2018 – 2019

| Region | 2018 | 2019 |
|---|---|---|
| **East of England** | 6 | 9 |
| **London** | 54 | 55 |
| **Midlands** | 34 | 32 |
| **North East and Yorkshire** | 9 | 13 |
| **North West** | 11 | 14 |
| **South East** | 13 | 17 |
| **South West** | 2 | 6 |
| **England** | 129 | 146 |

There has been an increase of 17 non-executive board members across all NHS trusts in England.

## Table 53: Proportion of BME board members by trust type: 2018 and 2019

| Trust type | 2018 | 2019 |
|---|---|---|
| **Acute** | 6.2% | 7.3% |
| **Ambulance** | 9.5% | 8.6% |
| **Community Provider** | 5.7% | 7.2% |
| **Mental Health** | 10.7% | 11.9% |
| **England** | 7.4% | 8.4% |

Between 2018 and 2019, there was an increase in the overall proportion of board members across all trusts, except within the ambulance sector.

## Table 54: Number of BME board members by trust type: 2018 – 2019

| Trust type | 2018 | 2019 |
|---|---|---|
| **Acute** | 135 | 154 |
| **Ambulance** | 14 | 12 |
| **Community Provider** | 13 | 17 |
| **Mental Health** | 78 | 92 |
| **England** | 240 | 275 |

The largest increase in the number of BME board members was observed in mental health trusts, with 14 more BME board members in 2019 compared to 2018.

## The top ten performing trusts

Based upon 2019 WRES data submissions for indicator 9, the table below presents the ten NHS trusts with the highest number of BME board members.

### Table 55: Trusts with more than 3 BME board members: 2019

| Trust | Region | Trust type | Number of BME board members |
|---|---|---|---|
| **East London NHS Foundation Trust** | London | Mental Health | 9 |
| **Oxleas NHS Foundation Trust** | London | Mental Health | 6 |
| **Hounslow and Richmond Community Healthcare NHS Trust** | London | Community Provider | 5 |
| **Royal National Orthopaedic Hospital NHS Trust** | London | Acute | 4 |
| **Croydon Health Services NHS Trust** | London | Acute | 4 |
| **Barnet, Enfield and Haringey Mental Health NHS Trust** | London | Mental Health | 4 |
| **South London and Maudsley NHS Foundation Trust** | London | Mental Health | 4 |
| **Epsom and St Helier University Hospitals NHS Trust** | London | Acute | 4 |

# 06 Discussion

The national WRES programme provides direction and tailored support to local NHS organisations, and increasingly to the wider healthcare system. Programme initiatives enable organisations to: (i) identify the gaps in treatment and experiences between BME and white staff; (ii) make comparisons with similar organisations on progress over time, and (iii) take remedial action on the root causes of ethnic disparities in indicator outcomes.

WRES data for all NHS trusts, between 2016 and 2019, show a closing in the gap between BME and white staff in the likelihood of: being appointed from shortlisting, going through a formal disciplinary process, and undertaking non-mandatory training. WRES data also show a year-on-year increase in BME representation on the board of NHS trusts, in both executive and non-executive roles. Whilst there is, undeniably, more work to be done, we should be encouraged with the levels of improvement seen in these workforce indicators, over time.

## 6.1 The scale of the challenge

At the same time, WRES indicators derived from the NHS staff survey questions on the perceptions of discrimination, bullying, harassment and abuse (from patients and staff), and on beliefs regarding equal opportunities in the workplace, have remained largely static over time. This is not a major surprise because we know that compared to HR operational changes – that can result in improvement in data relating to increased recruitment, better representation at senior levels, and lower rates of disciplinary action – changing the (often deep-rooted) culture of an organisation takes time and concerted effort.

It is also evident from longitudinal WRES data that closing the gap and making improvements in operational indicators (recruitment, disciplinary action, access to non-mandatory training) has little immediate impact on those indicators that reflect how it feels to work in an organisation (NHS staff survey indicators relating to perceptions of bullying, harassment and abuse, and the degree to which an organisation provides developmental opportunities). A holistic approach to talking workplace inequality is needed; a dual focus on operational interventions and cultural transformation is required – these are two sides of the same coin.

Equally, we need to have a realistic view of the scale of the challenge we have in shifting what are often deep-rooted cultures across the NHS. The pursuit of shifting cultures across systems, organisations and within directorates and teams is often viewed as more of a marathon than a sprint.

Take the example of WRES indicator 6, the NHS staff survey question which looks at the gap in BME and white staff experience of harassment, bullying or abuse from other staff in last 12 months. As much as a 10-percentage point improvement (i.e. a decrease in the overall number of people experiencing harassment, bullying and abuse) to that question within every NHS trust would only yield comparatively minor improvements in overall, all trust, figures for that indicator (see table below). This is the scale of the challenge.

**Table 56: Modelling the scale of improvement* within all NHS trusts for WRES indicator 6 – Experience of harassment, bullying or abuse from other staff in last 12 months**

| Scale of improvement (percentage points) across all NHS trusts | Projection of BME staff response | Projection of white staff response |
|---|---|---|
| ***2019 position*** | *29.0%* | *24.2%* |
| **0.5%** | 28.9% | 24.1% |
| **1%** | 28.8% | 24.0% |
| **2%** | 28.5% | 23.7% |
| **3%** | 28.2% | 23.5% |
| **4%** | 27.9% | 23.2% |
| **5%** | 27.6% | 23.0% |
| **7%** | 27.0% | 22.5% |
| **10%** | 26.1% | 21.8% |

**** Percentage decrease in the overall number of people experiencing harassment, bullying or abuse from other staff in the last 12 months.***

# 6.2 Patterns of data: key considerations

There are also other considerations to keep in mind when interpreting the data related to the NHS staff survey questions upon which WRES indicators 5-8 are based. Firstly, responses to those NHS staff survey questions show a similar trend for both BME and white staff, reflecting levels of pressure and stress in the NHS. 38 to 40 percent of all respondents of the NHS staff survey report being unwell as a result of work-related stress in the previous year. Whilst this may well have a disproportionately severe impact upon BME staff, it is a pattern observed across the workforce.

Secondly, and partly as a result of the WRES programme and the Freedom to Speak Up Guardians work, a social movement of fairness and openness is beginning to take hold across NHS workplaces. Organisations are beginning to create psychologically safe spaces and opportunities for staff to speak up and report on issues such as discrimination, bullying and harassment. Indeed, we are observing a year-on-year increase in response rates to the NHS staff survey; BME response rate to the annual survey increased from 15% in 2016 to 17% in 2018. Consequently, we may be getting an increasingly more accurate picture of the level of staff experience within the workplace – one that perhaps was not available to us in previous years.

The third reason emphasises the notion that race inequality is not just an NHS-specific issue: it is a global challenge. That which is observed and experienced in wider society is often reflected and played-out in the workplace. With a workforce size that is equivalent to the resident populations of Bristol and Leeds combined, the NHS is the largest employer in the country – one of the largest in the world. The workplace can be viewed as a microcosm of the wider socio-political world that we live in.

Finally, over the last three years, the WRES programme has been providing specific and concerted support to many NHS organisations on improving workplace race equality. A large majority of these are organisations that have had the willingness, openness and leadership-drive to seek improvement support. There are still NHS organisations that are yet to work more closely with the WRES team to collaboratively identify the root causes of issues and develop robust action plans for improvement. One of the key areas of work for the WRES programme going forward will be to engage with organisations across the NHS that need more focussed support.

## 6.3 Sharing replicable good practice

One of the key pieces of work will be to focus on evidence-based replicable good practice initiatives; to identify and share further examples of good practice threads that lead to explicit system, regional and national patterns – exploiting common opportunities for continuous improvement. That work has already commenced and on both the WRES case studies webpage and the www.workplaceedi.com site, a catalogue of themed good practice case studies is emerging, including the examples that are summarised in Annex B.

## 6.4 WRES and other organisational measures

The case for this agenda is a powerful one and cannot be underestimated; NHS organisations need to take the implementation of the WRES, and the evidence base that underpins it, seriously. We now know, from data analyses, that not doing so is likely to have detrimental impact on outcomes including: staff sickness rates; staff engagement levels; temporary staff spend; Friend and Family Test results, and on Care Quality Commission ratings.

As the following tables show, those NHS trusts that perform well on WRES indicators 5-8; on the perceptions of discrimination, bullying, harassment and abuse (from patients and staff), and on beliefs regarding equal opportunities in the workplace are likely to perform well on other organisational measures.

In the tables that follow, for each of the respective organisational measures, red cells indicate that the trust is performing worse than the national median; amber cells indicate that the trust is performing in-line with the national median, and the green cells indicate that the trust is performing better than the national median.

**Table 57: Organisational measures for better performing NHS trusts in relation to WRES indicators 5 – 8**
**(Non-WRES indicator data are for the reporting period 2018/19 or as close to March 2019 as possible. CQC ratings are as at November 2019)**

| Better performing for WRES indicator | Trust | CQC overall rating[1] | CQC well-led rating[1] | Staff sickness rate[2] | Proportion of temporary staff[3] | Staff survey - staff engagement score[4] | Staff survey - equality and diversity theme score[4] | Staff Friends and Family Test - % recommended for work[3] | Staff Friends and Family Test - % recommended for care[3] |
|---|---|---|---|---|---|---|---|---|---|
| Indicator 5 | The Christie NHS Foundation Trust | Outstanding | Outstanding | 3.50% | 5.57% | 7.60 | 9.40 | 72.34% | 94.75% |
| | Sheffield Children's NHS Foundation Trust | Good | Good | 3.99% | 0.78% | 7.10 | 9.40 | 65.31% | 89.41% |
| Indicator 6 | Bradford Teaching Hospitals NHS Foundation Trust | Requires improvement | Good | 4.81% | 3.38% | 7.20 | 9.00 | 61.01% | 70.83% |
| | Alder Hey Children's NHS Foundation Trust | Good | Good | 5.40% | 1.42% | 7.30 | 9.40 | 72.86% | 91.96% |
| Indicator 7 | Airedale NHS Foundation Trust | Requires improvement | Requires improvement | 4.33% | 6.82% | 7.20 | 9.40 | 75.12% | 85.87% |
| | Kent Community Health NHS Foundation Trust | Outstanding | Good | 4.45% | 2.14% | 7.00 | 9.50 | 82.89% | 94.74% |
| Indicator 8 | Chesterfield Royal Hospital NHS Foundation Trust | Good | Good | #N/A | 2.36% | 7.00 | 9.40 | 73.39% | 84.68% |
| | Tees, Esk and Wear Valleys NHS Foundation Trust | Good | Good | 5.07% | 3.22% | 7.20 | 9.40 | 70.79% | 80.53% |
| | | | ***National median*** | ***4.21%*** | ***5.01%*** | ***7.00*** | ***9.00*** | ***64.96%*** | ***80.04%*** |

***1 CQC website - https://www.cqc.org.uk/sites/default/files/Latest_ratings_December_2019.xlsx***
***2 NHS Digital sickness data - https://files.digital.nhs.uk/CF/E837BE/NHS%20Sickness%20Absence%20Rates%20January-March%202019%20Quarterly%20Tables.xlsx***
***3 The Model Hospital - https://model.nhs.uk/home/provider***
***4 Staff survey website - http://www.nhsstaffsurveyresults.com/wp-content/uploads/2019/03/Local-Benchmark-data.zip***

It should be noted that the inclusion criteria for the table above is the same as those used in earlier parts of this report for determining the better and worse performing trusts for the WRES indicators.

**Table 58: Organisational measures for poorer performing NHS trusts in relation to WRES indicators 5 – 8**
**(Non-WRES indicator data are for the reporting period 2018/19 or as close to March 2019 as possible. CQC ratings are as at November 2019)**

| Poor performing for WRES indicator | Trust | CQC overall rating[1] | CQC well-led rating[1] | Staff sickness rate[2] | Proportion of temporary staff[3] | Staff survey - staff engagement score[4] | Staff survey - equality and diversity theme score[4] | Staff Friends and Family Test - % recommended for work[3] | Staff Friends and Family Test - % recommended for care[3] |
|---|---|---|---|---|---|---|---|---|---|
| Indicator 5 | 2Gether NHS Foundation Trust | Good | Good | 4.53% | 8.62% | 7.20 | 9.20 | 71.00% | 86.25% |
| | Camden and Islington NHS Foundation Trust | Good | Good | 2.90% | 6.81% | 7.10 | 8.40 | 66.40% | 67.61% |
| Indicator 6 | Northern Lincolnshire and Goole NHS Foundation Trust | Requires improvement | Inadequate | 4.35% | 7.76% | 6.50 | 9.00 | 46.59% | 63.64% |
| | East Kent Hospitals University NHS Foundation Trust | Requires improvement | Requires improvement | 4.02% | 9.40% | 6.50 | 8.80 | 51.30% | 70.12% |
| Indicator 7 | South London and Maudsley NHS Foundation Trust | Good | Good | 3.23% | 5.10% | 7.00 | 8.30 | 64.13% | 72.40% |
| | Birmingham Community Healthcare NHS Foundation Trust | Requires improvement | Requires improvement | 6.15% | 14.60% | 6.70 | 8.80 | 52.80% | 79.66% |
| Indicator 8 | Mid Yorkshire Hospitals NHS Trust | Requires improvement | Requires improvement | 4.71% | 3.91% | 6.70 | 8.90 | 60.02% | 70.03% |
| | Avon and Wiltshire Mental Health Partnership NHS Trust | Requires improvement | Requires improvement | 4.47% | 8.07% | 6.70 | 8.80 | 41.56% | 67.53% |
| | | | ***National median*** | ***4.21%*** | ***5.01%*** | ***7.00*** | ***9.00*** | ***64.96%*** | ***80.04%*** |

*1 CQC website - https://www.cqc.org.uk/sites/default/files/Latest_ratings_December_2019.xlsx*
*2 NHS Digital sickness data - https://files.digital.nhs.uk/CF/E837BE/NHS%20Sickness%20Absence%20Rates%20January-March%202019%20Quarterly%20Tables.xlsx*
*3 The Model Hospital - https://model.nhs.uk/home/provider*
*4 Staff survey website - http://www.nhsstaffsurveyresults.com/wp-content/uploads/2019/03/Local-Benchmark-data.zip*

It should be noted that the inclusion criteria for the table above is the same as those used in earlier parts of this report for determining the better and worse performing trusts for the WRES indicators.

# 07 Next steps and conclusions

In 2020, the WRES programme will increase its capacity to support the NHS locally by establishing new regional WRES roles. Our approach will follow the concept of 'proportionate universalism': levelling the inequality gradient by focussing upon those NHS trusts that need the most support – and raising the bar for all at the same time. A key element here will be to embed evidence- based interventions and models for improvement within organisations, so that they become sustainable over time, and to share replicable good practice in a systematic way across the NHS.

The WRES data continue to highlight key parts of the NHS that require enhanced support including the ambulance sector, the nursing workforce, and London as an NHS region.

The WRES programme will also focus on identifying those NHS trusts that require the most support and guidance on workplace culture – as indicated by WRES data over time. These NHS trusts will be helped to change their workplace cultures, so all staff thrive and flourish and are better able to provide the compassionate high-quality care that patients need and deserve. The emphasis here will be on identifying the root causes, consequences and robust solutions to closing the gaps between BME and white staff perceptions of discrimination, bullying, harassment and abuse – and reducing the overall levels of these indicators for all staff.

The WRES programme will also continue with its other workstreams to help ensure that there is momentum and continuous improvement in the workforce race equality agenda to help meet the goals set-out in the NHS Long Term Plan.

# 08 Annex A: The WRES indicators (2019)

| | |
|---|---|
| | **Workforce indicators**<br>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<br>Note: Definitions for these categories 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<br>Note: This indicator will be based on data from a two year rolling average of the current year and the previous year. |
| 4 | Relative likelihood of staff accessing non-mandatory training and CPD. |
| | **National NHS staff survey indicators (or equivalent)**<br>For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff |
| 5 | KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. |
| 6 | KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. |
| 7 | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion. |
| 8 | Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?<br>b) Manager/team leader or other colleagues. |
| | **Board representation indicator**<br>For this indicator, compare the difference for white and BME staff |
| 9 | Percentage difference between the organisations' board membership and its overall workforce disaggregated:<br>• By voting membership of the board<br>• By executive membership of the board |

# 09 Annex B: Case studies of good practice

**Organisations name:**
Mersey Care NHS Foundation Trust

**WRES indicator of focus:**
**Indicator 3:** Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.

**Challenge:**
Prior to 2016, the trust had a high number of the workforce going through disciplinary investigations post incidents, with lengthy suspensions and investigations, yet more than half ended up with no case to answer. Placing those employees through unnecessary investigations and damaging the psychological safety and trust with staff was affected.

**Action:**
The trust began to pilot a new approach in 2016 to adopt a Just and Learning Culture, based on the renowned safety expert Professor Sidney Dekker. The trust began looking at the concept of the second victim, the care giver. When something goes wrong, the first victim is the patient who is harmed, but the care giver is also harmed.

The trust had never fully considered the impact on staff. There was a focus on who did something wrong, rather than who is hurt and who needed help and support. The trust's approach was not compassionate enough.

The trust engaged with staff, managers and staff side. It reviewed systems, support mechanisms and practices. The aims were used to alter the approach to employee relations, and to escape the mindset of finger pointing. The trust also reviewed the language used in HR which was legalistic and retributive. The trust piloted the approach in one of its divisions, before implementing it trust wide.

**Outcome:**
The initiative has seen a 54% reduction in disciplinary investigations over the last two years.

The trusts' evidence has documented an estimated £1.7 million savings from clinical suspensions and staff back-fill alone, with further cost savings identified. The trust has seen year-on-year improvements in staff survey results – particularly in the patient safety domain.

The trust is developing policies to 'support' and 'not punish'; developing approaches in partnership with clinical facing teams – building trust so give staff the confidence to raise issues before they become major problems.

**Organisations name:**
Chesterfield Royal NHS Foundation Trust

**WRES indicator of focus:**
**Indicator 8:** Personal experience of discrimination at work from a manager, team leader or other colleagues.

**Challenge:**
To reduce the gap between BME and white staff experiences of discrimination at work from a manager, team leader or other colleagues – and to improve the scores on this indicator for all staff.

**Action:**
The trust focused on three key areas:

***1. Improve staff survey response rate to give a more accurate picture of staff experience***

- Preparation
  - Staff data checks and cleansing were carried out to a high standard.
  - Focus was on local rather than central communications.
  - Support for managers to encourage their teams to participate.
  - Centrally produced posters and guidance.
- Survey deployment
  - Decision to use a paper survey which was hand delivered to divisional offices. Surveys distributed through managers / team leaders, who were expected to hand deliver to individuals.
  - Weekly checks of response rates, by team, were circulated to leadership.
- Incentives and rewards
  - Teams that gave 100% response rates were rewarded.

***2. Wider staff engagement activities***
The trust organised 'Be Yourself' events with the intention of engaging staff from minority groups. The trust also adopted 'Listening into Action' as a way of engaging staff to make improvements across the organisation.

***3. Leadership initiatives***
The trusts' 'Leading the Chesterfield Way' was rolled out to around 100 senior leaders and continues to be implemented across the organisation. This critical agenda has been embedded into the 'Skills Lab' suite of management training, rather than being a standalone topic.

The trust has refreshed its induction programme for all new starters to include a focus on 'understanding and appreciating our differences'.

**Outcome:**
The trust observed an overall improvement in scores in 2018 for white (5.0% to 4.4%) and BME (8.1% to 7.1%) staff since the previous year, and the gap between the white and BME scores narrowed in the same period. The trust continues to score below (better) than the national acute trust average score (6.6% for white staff and 7.1% for BME staff).

**Organisations name:**
North East London NHS Foundation Trust

**WRES indicator of focus:**
**Indicator 4:** Relative likelihood of white staff accessing non–mandatory training and continuous professional development (CPD) compared to BME staff.

**Challenge:**
The aims of the WRES initiative were to ensure:
- BME staff are provided with opportunities for professional training, secondments and shadowing for career developments.
- Under representation of the uptake of professional training by BME staff are addressed at all levels.
- Processes are in place for tracking the career progression of BME staff.

**Action:**
The application form that staff were required to complete was amended to record diversity information, e.g. on race, disability, gender.

The CPD panel membership was reviewed to ensure an EMN representative. In addition to this, the following steps were undertaken:
- The application form was amended to record the reasons why the applicant was not successful.
- The trust explored the reasons why BME staff were not accessing CPD training.
- Through the EMN network database, the trust shared all training that was made available including the Leadership Academy training for BME staff.
- Staff members offered support via mentoring or coaching.
- Support for BME whose application forms were not successful to ensure that the process was fair and transparent.
- Raising awareness of the benefits of access to training on retention and progression internally.

**Outcome:**
Although nationally, it is still relatively more likely for white staff to access non-mandatory and CPD training, NELFT is unique in that BME staff are more likely to access CPD training when compared to the overall trust BME profile.

In 2018, 78.5% of BME staff believed that the trust provided equal opportunities for career progression. This is the highest in London. For comparison, the percentage for all NHS trusts in England for BME staff is 69.9%.