



The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,

- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,

- to improve BME representation

## Ethnic Categories 2001

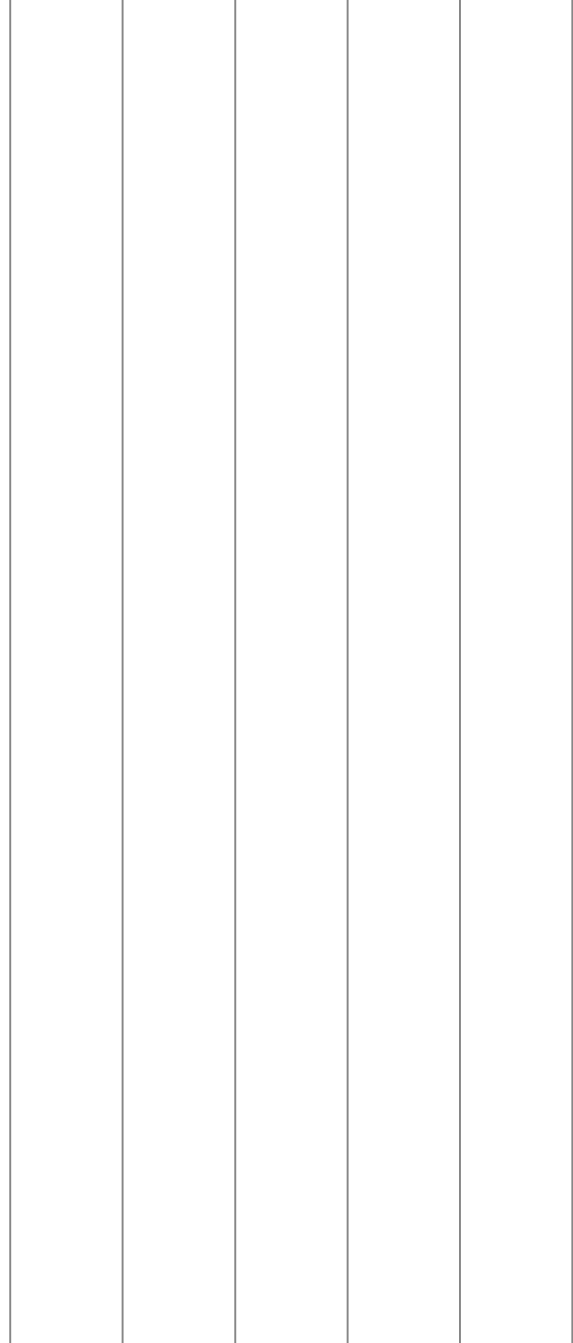
The WRES Data report asks us to look at our people as either White or BAME, however the ethnicity of our staff is very diverse. The WRES definitions of BAME are as follows:

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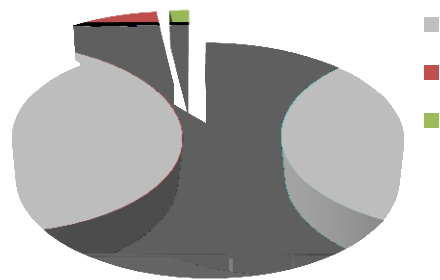


The graph below shows the ethnic groups recorded within Salisbury NHS Foundation Trusts ESR data with the exception of White British, who total 2,837.

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



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



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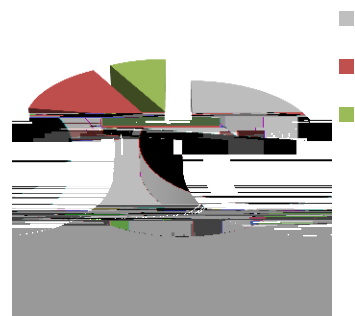
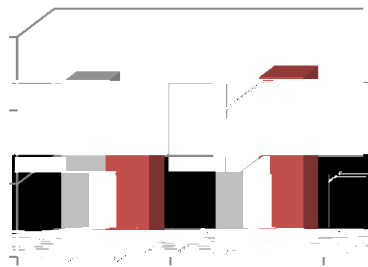
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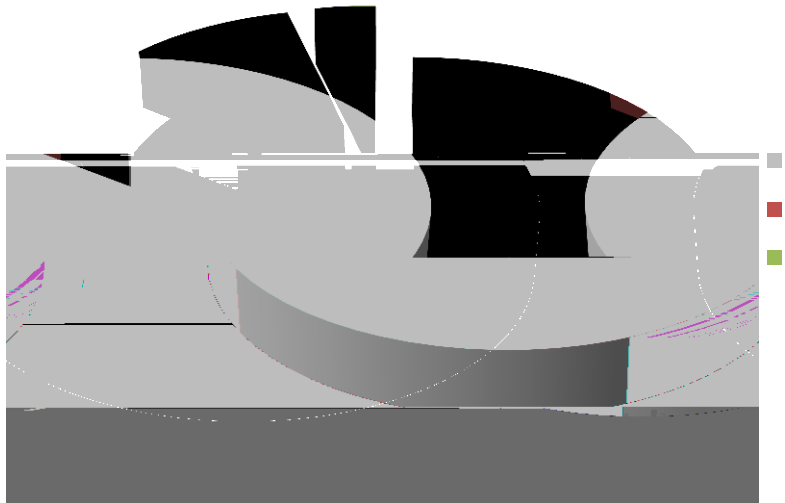
**Non-clinical:**



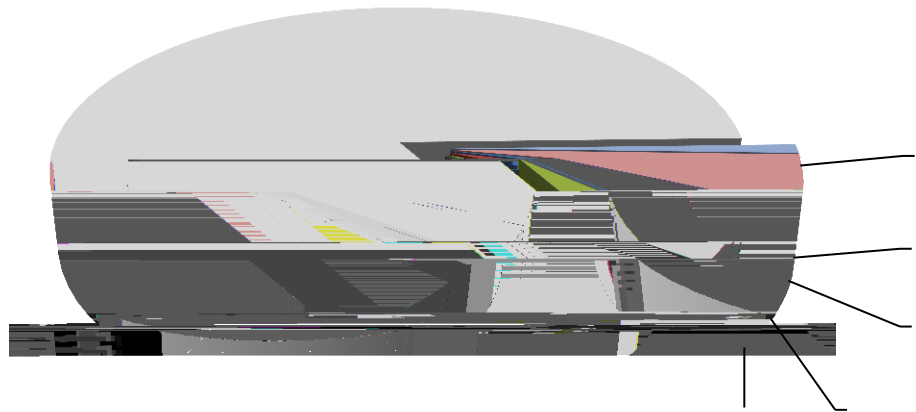








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from Staff Survey results.

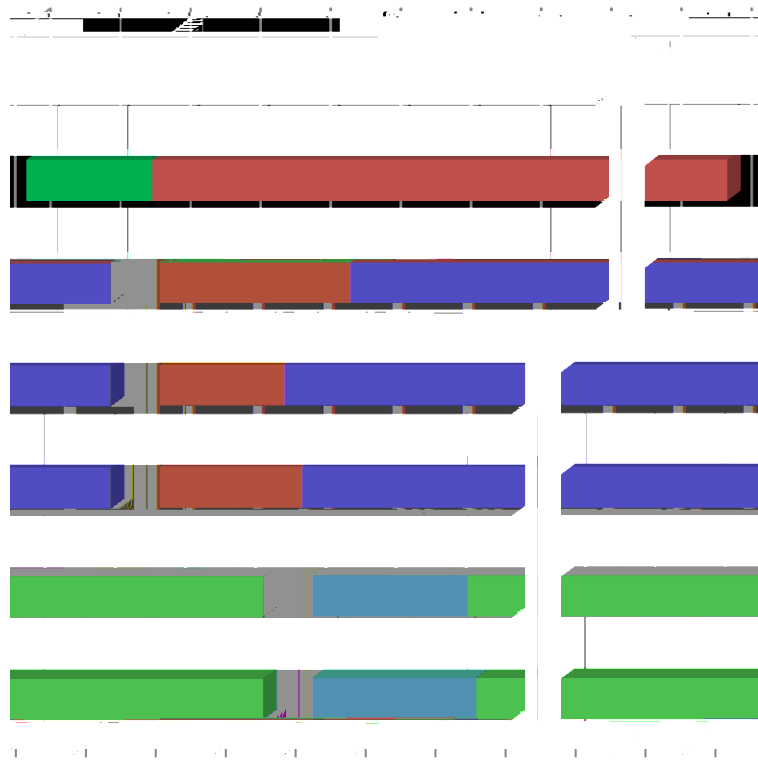
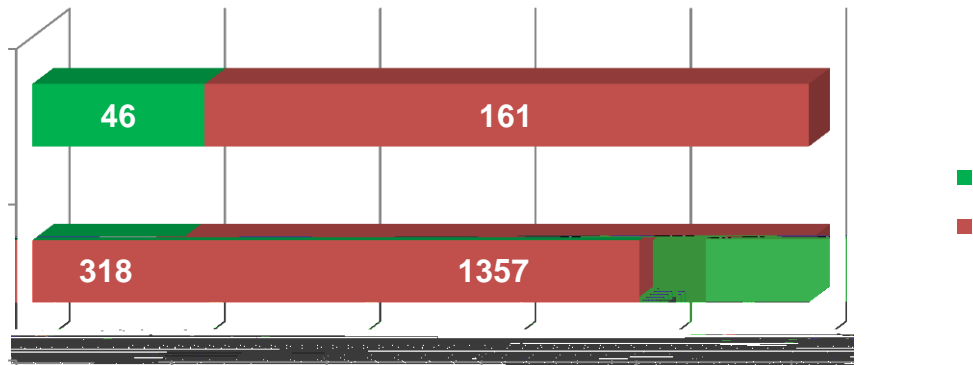
There were 44 individuals who fell within the above categories, as there were less than 11 people in each category they do not feature in the percentages.

**Increased engagement:**

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



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



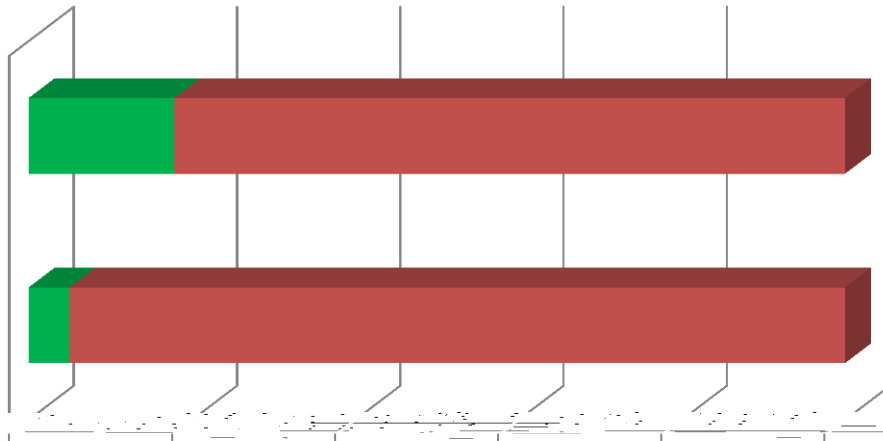


Salisbury

NHS Foundation Trust

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

- Manager/team leader
- other colleagues







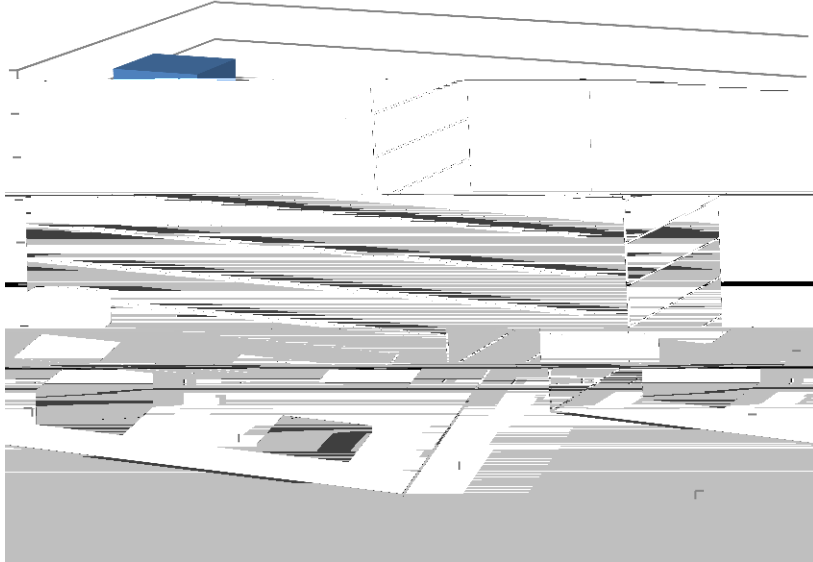




As the demographics in the Trust have changed, NHSE/I have advised they will review the ambitions in the coming year.

<b>2020</b>	Total Headcount	Overall%	% known ethnicity
BAME Workforce	638	17%	17%
White Workforce	3135	81%	81%
Unknown Workforce	90		

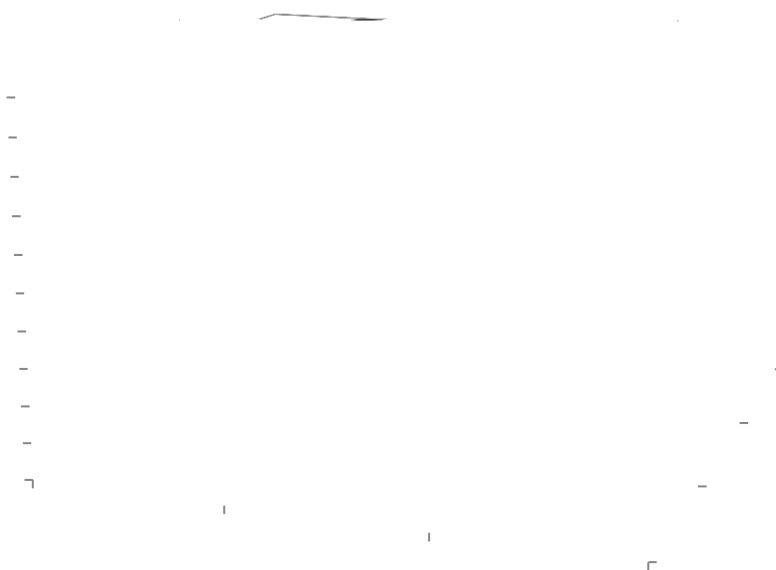
**Non-Clinical:**



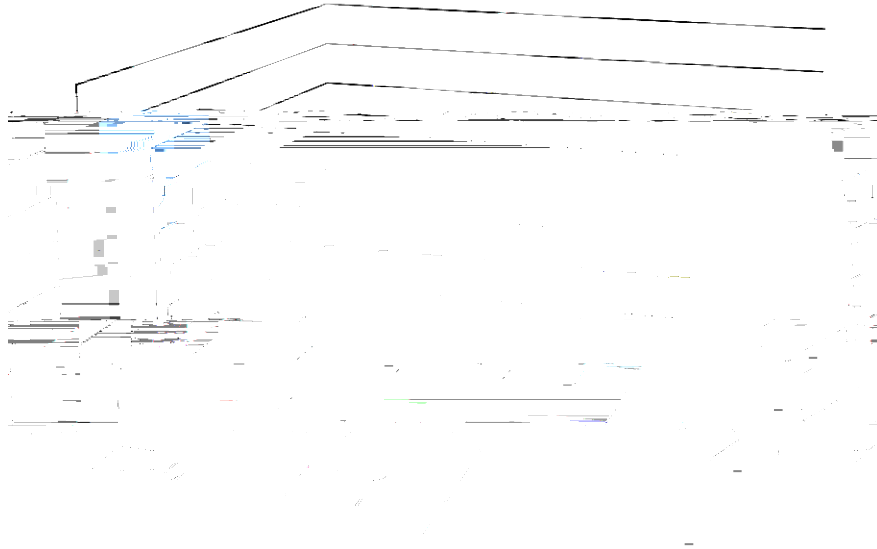
2.8% of clinical (excluding Medical & Dental) and non-clinical staff who identified as white are in Band 8 and above, compared to 0.4% of staff who identified as BAME.

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

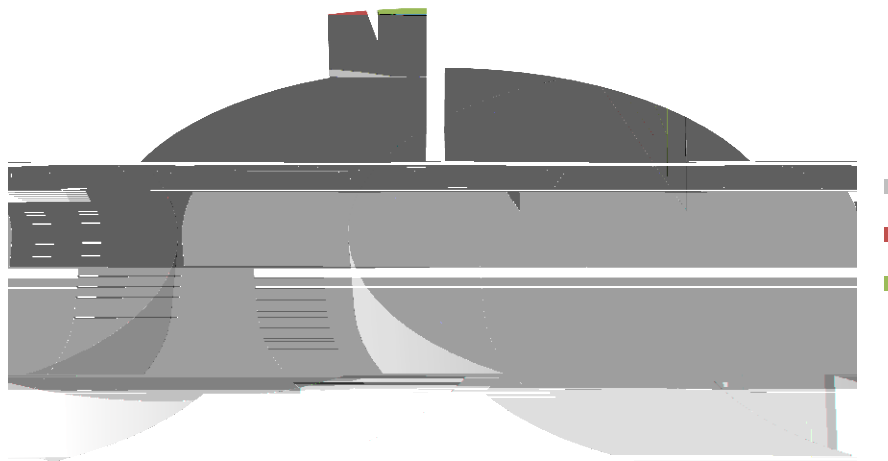
**Clinical**



## Non-clinical



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









Early on in the Covid-19 Pandemic it became clear that there was a disproportionate effect on a number of vulnerable groups. It was evident that members of BAME communities and BAME NHS workers were being adversely affected.

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

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

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

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

## 17. Progress against 2018 WRES Action Plan

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

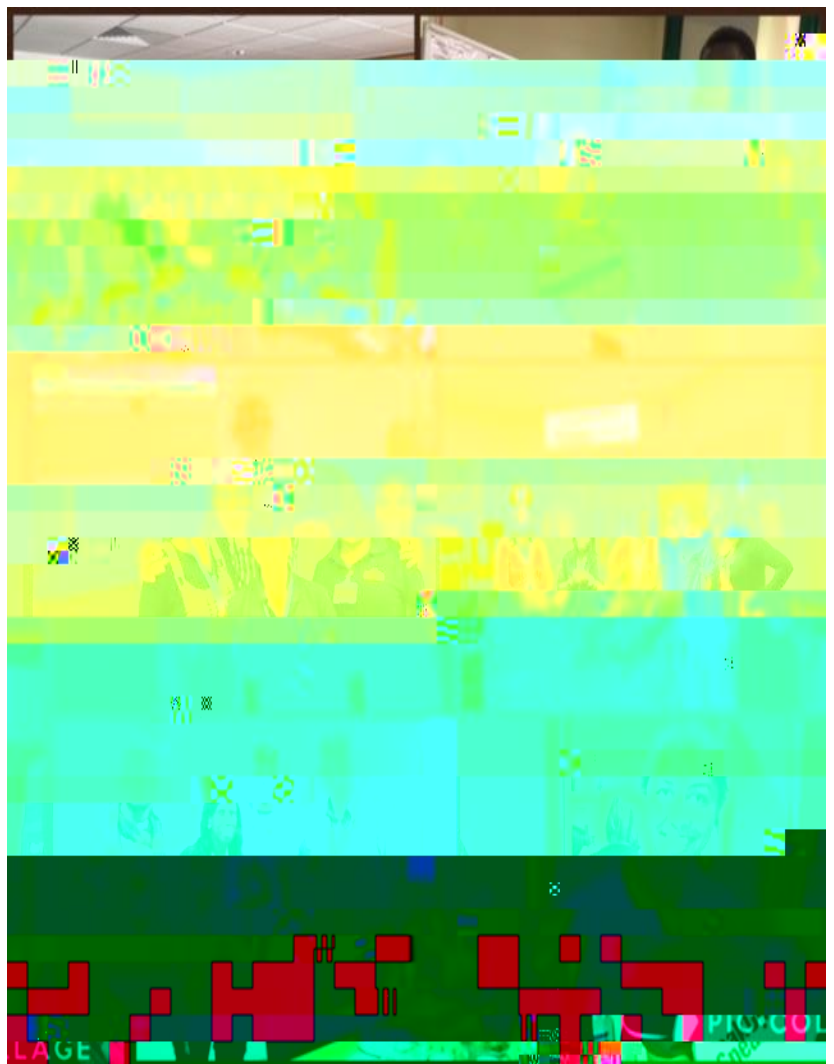
### **BAME Forum**

Over the past year our BAME Forum members have worked together to develop the network. We have created a WhatsApp App Group and having regular meetings throughout the year.

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

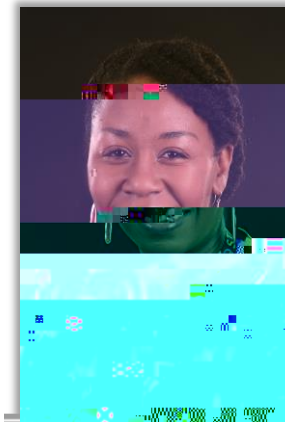
BAME Forum members assisted in welcoming our new arrivals from overseas.

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



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

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



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

One outstanding action from the 2018 action plan was the consideration of having an external mentor considered and it was agreed to put it on hold pending the results of the reverse mentoring program.

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

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

## 18. Conclusion

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

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

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

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

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

We recommend the report to the board and that Salisbury NHS Foundation Trust take the following actions to support our BAME colleagues to ensure they have an equal opportunity to recruitment and progression within the workforce.

In order to achieve this we recommend that:

- the EDI Committee work with the BAME forum to identify actions to drive the WRES agenda forward

- the Trust supports a member of the BAME forum to complete the WRES Experts program offered by NHSE/I

- we ensure our people are confident to supply up to date, relevant and accurate equality data through our ESR self-reporting process. Ensuring that they understand the benefits of doing so

- develop a Communications plan for Equality, Diversity and Inclusion.

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Sponsor: Lynn Lane, Director of OD and People  
[Lynn.lane@nhs.net](mailto:Lynn.lane@nhs.net)

The NHS Workforce Race Equality Standard (WRES) was made available to the

### **Workforce indicators**

For each of these four workforce Indicators, compare the data for white and BME staff

1. Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

- Non-Clinical staff
- Clinical staff - of which
  - Non-Medical staff
  - Medical and Dental staff

Note: Definitions are based on Electronic Staff Record occupation codes with the

8. In the last 12 months have you personally experienced discrimination at work from any of the following?
- Manager/team leader
  - other colleagues

**Board representation indicator**

For this indicator, compare the difference for white and BME staff

9. Overall workforce disaggregated:
- By voting membership of the Board
  - By executive membership of the Board

Note: This is an amended version of the previous definition of Indicator 9



Appendix 3: Letter from Chief People Officer 19<sup>th</sup> May 2020

Classification: Official

Publications approval reference: 001559

To: Chief executives of NHS trusts and  
foundation trusts

Chairs of NHS trusts and foundation trusts and  
CCG Accountable Officers  
Chairs of ICSs and STPs

Copy to: NHS Regional Directors

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

19 May 2020

Dear colleagues

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

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

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

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

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

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

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

**better resourcing of staff networks**

**giving more power to the networks**

**ensuring robust connections between staff networks and their boards**

We also hosted a virtual meeting of over 200 disabled staff network chairs and disabled leaders. We will be following up with attendees as a priority to identify what we can all do .

Private and Confidential

BAME staff

04 May2020

Telephone: 01722 336262

Dear (name),

Affects of COVID-19 on BAME staff

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

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



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

Yours sincerely,

Lynn Lane  
Director of Organisational Development & People

