**Workforce Race Equality Standard (WRES)**

**NHSBT Data 2020**

**Points to note:**

* **Covid-19**

One of the areas that the audit focusses on is the comparison of access of non-mandatory and continuous professional development between BAME and White colleagues. It’s important to consider that early on this year, the Covid-19 pandemic situation started to unfold with the country going into lockdown as of 16th March, so the data provided may not be as complete as we would like it.

* **Staff Survey data**

The data for indicators 5-8 are taken from organisational wide staff surveys and as our last full organisational staff survey was carried out in 2018, this is the only data we currently have available.

A full NHSBT Our Voice survey is planned for April 2021, and we have requested that relevant questions are included which will provide us with up to date feedback data for 2021 WRES reporting.

**Key highlights from WRES data 2020**

The WRES audit captures data against 9 indicators from end of March 2019 to the end of March 2020 and in some cases (indicator 4; the data is reviewed over a 2-year period).

* **Indicator 1:** Percentage of BAME employees

NHSBT’s BAME staff representation of 15% is lower than the national average for NHS trusts in England (20%).

Although the organisational wide BAME representation stands at 15%, we need to ensure this is reflected across all our pay-bands..

The 15% representation of BAME colleagues across the organisation is also not consistent across all our Directorates or all our Centres. Our frontline Directorates still show amongst the lower representation of BAME employees with Blood Collection at 9% BAME and Organ Donation at 5.5% – two of the key areas where we seek greater engagement from Black, Asian and Minority Ethnic communities.

BAME colleagues are over-represented in lower pay grades, counting for 40% of colleagues at Band 2 in clinical roles and significantly underrepresented at senior levels across the organisation.

BAME colleagues are under-represented in the senior roles (AfC bands 8a - 9) for both non-clinical and clinical roles and sits at 9%. That is to say that only 57/625 Band 8a-9 employees are from a BAME background.

The 2020 WRES audit reports on data as at the end of March 2020, our Executive Team shows no diversity of BAME representation and the situation is the same for the Assistant Director level of senior leaders to this date

* **Indicator 2:** Relative likelihood of White applicants being appointed from shortlisting compared to BAME applicants

There has been a shift in the right direction on the relative likelihood of BAME applicants being appointed from shortlisting compared to white applicants; the likelihood of ratio for white candidates changed from 1.19 times more likely to be appointed from shortlisting to now being 0.90 times more likely.

This does not mean that more BAME colleagues are now being appointed from shortlisting than white colleagues, it means that more BAME colleagues are being appointed from shortlisting than they were last year from within the same group.

The shift in the data reported could be down to several factors including the use of the BAME Interview Panel for senior leadership recruitment, the heightened awareness around the need to increase representation where possible, and a push for more diverse longlists. The process, training and membership of the BAME Interview Panel needs to be refreshed and re-developed to ensure more colleagues are ready and able to support with the end to end recruitment process.

To increase the overall successful number of BAME candidates being appointed through recruitment, more needs to be done to increase the volume of applications from BAME communities.

Due consideration also needs to be made when using recruitment agencies, to ensure they have strategies to reach and attract a diverse pool of applicants to help address under-representation, especially in senior and board level positions.

Alongside this, we need to ensure that there is a focus on BAME career progression internally. Our Talent Management and Succession initiatives need to focus on the gaps identified by Directorate.

* **Indicator 3:** Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff

The data for this indicator has been moving in the right direction year on year. The introduction of the Disciplinary Triage intervention, whereby a group made up of Staff Side, HR and D&I team members have worked over the last 18 months to review each potential disciplinary case before it is officially logged and progressed.

* **Indicator 4:** Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff:

White staff were relatively more likely to access non–mandatory training and CPD compared to BME staff (1.08) – this is a slight improvement on the data last year. A figure below “1” would indicate that White staff members are less likely to access non-mandatory training and CPD than BAME staff

As mentioned at the beginning of this paper, it’s important to note that with the Covid-19 pandemic, this data may not be as accurate as in previous years.

**Indicators 5-8:** No up to date feedback is available since the 2018 full employee survey

* **Indicator 5:** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives
* **Indicator 6:** Percentage of staff experiencing harassment, bullying or abuse from staff
* **Indicator 7:** Percentage believing that trust provides equal opportunities for career
* **Indicator 8:** Percentage of staff personally experienced discrimination at work from Manager/team leader or other colleague

Please see explanation above.

* **Indicator 9:** Representation of Board membership and Directors

Our Board BAME representation as at the end of March 2020 remained the same as at the end of March 2019. Despite a number of appointments being made at Director level and at Non-Exec. level, we have been unable to demonstrate a shift in the data at this level of the organisation.

Compared to last year’s data, the percentage shown in the table below shows an increase this year, this is due to a decrease in the overall number of people on the Board and Directors for 2020 as opposed to an actual increase in BAME representation.

Care is needed when comparing the percentage of board members from each ethnic group on the board, as the number on the Board are typically low compared to any other group. Given these small numbers, differences in the number of board members declaring their ethnicity can have a large impact on the percentage of members in each ethnic group.

**Comparison of WRES data over the last 3 years:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** |  | **2018** | **2019** | **2020** | **Wider NHS (2019)** |
| 1 | Percentage of BAME employees | 13.6% | 14.3% | 15.0% | 20% |
|  | Percentage of BAME Band 8a and above | 8.9% | 9.2% | 9.1% | 5.7% |
| 2 | Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants | 1.55 | 1.19 | 0.90 | 1.46 |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process compared to white staff | 1.40 | 1.04 | 0.82 | 1.22 |
| 4 | Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff | 0.59 | 1.09 | 1.08 | 1.15 |
| Responses for Indicators 5-8 are taken from the 2018 Your Voice Survey as there has been no organisational wide staff survey since 2018. | | | | | |
| 5 | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives | N/A | N/A | N/A | 27.8%  29.8% (BAME) |
| 6 | Percentage of staff experiencing harassment, bullying or abuse from staff | 13.9% (White)  13.9%(BAME) | No update | No update | 24.2% (White)  29%(BAME) |
| 7 | Percentage believing that trust provides equal opportunities for career | 51% (White)  36% (BAME) | No update | No update | 86.3% (White)  69.9%(BAME) |
| 8 | In the last 12 months have you personally experienced discrimination at work from any of the following? | 7.3% (White)  11.1% (BAME) | No update | No update | 6.4% (White)  15.3% (BAME) |
| 9 | Percentage BAME of the organisations’ board membership and Directors | 5.3% | 5% | 6.3% | 8.4% |

For some of the indicators, the data is analysed to show ‘likelihood’ and ‘relative likelihood’ of an outcome. It is helpful to outline the differences between these two concepts. ‘Likelihood’ is the probability or chance or something occurring. This is calculated as a percentage. For example, if 12 out of a total of 200 members of staff entered the disciplinary process, then the likelihood that a member of staff entered the disciplinary process is 6%. In other words, 6 out of every 100 members of staff will have entered the disciplinary process.

‘Relative likelihood’ compares the likelihood of something occurring in one sample/ population of people compared to a different sample/population. For example, if in trust Y, the likelihood that a member of staff entered the disciplinary process is 12%, then the relative likelihood that a member of staff at trust Y entered the disciplinary process compared to a member of staff trust X is 2.0. In other words, a member of staff at trust Y is twice as likely to have entered the disciplinary process compared to a member of staff at trust X.