



# Workforce Race Equality Standard

Report and Action Plan 2020/21

## Introduction

The Workforce Race Equality Standard (WRES) has been developed as a tool to measure improvements in the workforce with respect to Black & Minority Ethnic (BME) staff.

It is an NHS initiative that has been created by the national NHS Equality & Diversity Council through collaboration with NHS staff and independent researchers. As a non-NHS organisation which provides NHS funded services to the communities of Bristol, North Somerset and South Gloucestershire we welcome the opportunity to use this tool to show, transparently, where improvements need to be made to ensure a culture of belonging for all staff.

## Our Values

At Sirona care & health we live our Taking it Personally values and inclusivity and racial equality is integral to this. To us, Taking it personally means:

- Treating people with courtesy and respect so they feel welcome
- Having a welcoming and positive attitude
- Being warm, friendly and interested in you
- Valuing and respecting you as an individual
- Communicating effectively with people so they feel valued
- Involving people, listening to people and answering their questions

We are committed to providing an environment free from discrimination, bullying, harassment or victimisation, where everyone feels welcomed, supported, safe and valued. We aim to create a diverse work environment where everyone is valued for their contribution and individuality. To do this, we have six equality principles we follow – these are core to our Equality, Diversity and Inclusion Strategy 2019-2021 ([available here](#)), and focus on:

- Promoting accessibility
- Valuing cultural diversity
- Promoting participation
- Promoting inclusive communities
- Promoting equality of opportunity
- Reducing disadvantage and exclusion

## WRES Indicators

Each of the WRES indicators are listed below, but if you would like to know more information about these please visit <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

## 2020/21 Mandatory Return

Below is our mandatory return we are required to share with NHS England and Improvement and our commissioners, based on information about our organisation on 31<sup>st</sup> March 2020.

## Indicator 1

“Percentage of staff by pay group 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”

	31 <sup>st</sup> March 2019						31 <sup>st</sup> March 2020					
	White	%	BME	%	Unknown	%	White	%	BME	%	Unknown	%
<b>Non-clinical</b>												
Band 1 - 4 (Support)	200	84.03%	9	3.78%	29	12.18%	283	84.48%	9	2.69%	43	12.84%
Band 6 - 7 (Middle)	57	87.69%	1	1.54%	7	10.77%	25	96.15%	0	0.00%	1	3.85%
Band 8 - 9 (Senior)	25	92.59%	0	0.00%	2	7.41%	11	100.00%	0	0.00%	0	0.00%
VSM (Directors)	5	100.00%	0	0.00%	0	0.00%	11	100.00%	0	0.00%	0	0.00%
<b>Clinical</b>												
Band 1 - 4 (Support)	355	82.94%	17	3.97%	56	13.08%	437	83.72%	18	3.45%	67	12.84%
Band 6 - 7 (Middle)	356	86.41%	6	1.46%	50	12.14%	666	87.06%	20	2.61%	79	10.33%
Band 8 - 9 (Senior)	18	94.74%	0	0.00%	1	5.26%	18	90.00%	0	0.00%	2	10.00%
VSM (Directors)	4	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Medical (consultants)	12	66.67%	6	33.33%	0	0.00%	12	70.59%	0	0.00%	5	29.41%
Medical (non-consultants)	10	76.92%	3	23.08%	0	0.00%	11	84.62%	0	0.00%	2	15.38%
<b>Total</b>	<b>1042</b>	<b>84.78%</b>	<b>42</b>	<b>3.42%</b>	<b>145</b>	<b>11.80%</b>	<b>1474</b>	<b>85.70%</b>	<b>47</b>	<b>2.73%</b>	<b>199</b>	<b>11.57%</b>

The above table shows that our workforce had grown significantly between March 2019 and March 2020 with a higher number of staff recruited from BME backgrounds overall, however the rate of recruitment of BME staff is much lower than that of white staff. We have seen a decrease in the number of BME staff in support roles (both clinical and non-clinical) but an increase in mid-level clinical roles.

This data also shows us that whilst the percentage of ethnic background information available remains very similar in both years, we are still unsighted on a significant proportion of our workforce’s background – with over 10% being unknown to us.

## Indicator 2

“Relative likelihood of staff being appointed from shortlisting across all posts”

Unfortunately we are not currently able to report on this data as it is not stored centrally.

## Indicator 3

“Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation”

Description	2019			2020		
	White	BME	Unknown	White	BME	Unknown
Number of staff in workforce	1042	42	145	1474	47	199
Number of staff entering a formal disciplinary process	6	1	0	15	2	0
Likelihood of staff entering the formal disciplinary process	0.00576	0.02310	0	0.01018	0.04256	0
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		4.13			4.18	

We try hard to resolve disciplinary matters informally with staff where possible, and we therefore recognise that the sample size for this indicator is small. However, this data shows us that staff from a BME background are 4.18 times more likely to enter into a formal disciplinary process than white staff. There has been little change between the results from 2019.

## Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD.

Unfortunately we are not currently able to report on this data as it is not stored centrally.

## Indicator 5, 6, 7, and 8

As we are not an NHS organisation, we aren't required to follow the same format as the NHS Staff Survey which is where the 4 indicators below are taken from. We have previously run our own annual staff survey, which although is similar to the NHS Staff Survey, some of the questions are a little different. This is why we aren't able to provide data for all 4 indicators.

Description	2019			2020		
	White	BME	Unknown	White	BME	Unknown
5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	1.50%	0%	20.00%	Unknown	Unknown	Unknown
6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	6.00%	28.50%	26.60%	6.91%	20.00%	15.56%
7 - Percentage believing that trust provides equal opportunities for career progression or promotion	64.70%	42.86%	33.33%	69.88%	20.00%	48.89%
8 - In the last 12 months have you personally experienced discrimination at work from their manager or colleagues	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

The data from our local survey was collected in November 2019, where 460 members of staff responded in total. Out of the 460 responses, 405 were made by white staff, 10 by BME staff and 45 by staff who did not wish to disclose their ethnic background.

When focussing on the BME responses, the data shows us there has been a decrease in percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months but less people believe that Sirona provides equal opportunities for career progression or promotion. We recognise however, that the sample size for BME staff is particularly low and this should be considered as part of the interpretation of the results.

## Indicator 9

Percentage difference between the organisations' board membership and its overall workforce disaggregated:

- By voting membership of the board
- By executive membership of the board

Description	2019			2020		
	White	BME	Unknown	White	BME	Unknown
Total Board members	10	0	0	11		
<i>Of which, voting Board members</i>	10	0	0	7		
<i>Of which, non-voting Board members</i>	0	0	0	4		
<i>Of which, executive Board members</i>	7	0	0	X		
<i>Of which, non-executive Board members</i>	3	0	0	X		
Number of staff in overall workforce	1042	42	145	1474	47	199
Total Board members - % of ethnicity	100.0%	0%	0%			
Voting Board members - % of ethnicity	100.0%	0%	0%			
Non-voting Board members - % of ethnicity	0%	0%	0%			
Executive Board members - % of ethnicity	100.0%	0%	0%			
Non-executive Board members - % of ethnicity	100.0%	0%	0%			
Overall workforce - % by ethnicity	84.8%	3.4%	11.8%	85.7%	2.7%	11.6%
<b>Difference (total board – overall workforce)</b>	15.2%	-3.4%	-11.8%			

Moving forward, we are planning to ensure greater diversification of Board in 2021, including positive action measures to attract and secure a new Chair of the Board. These measures will include a review of current Board recruitment initiatives, so we that we can attract a wider and more diverse interest across the range of equality communities within BNSSG.

We will also carry out a review of existing application and interview systems for Board membership, including the role of Chair of the Board. These new systems will be in line with best practice recruitment and interview guidelines to mitigate any unconscious bias which may be present within the existing application and interview process.

## Looking Beyond Our Mandatory Return ...

In addition to adapting services for COVID-19, we have undergone a number of significant changes to our business this year which has resulted in our organisation nearly doubling in size. We are now delivering a wider range of services across a larger geographical area, with a much more diverse workforce.

On the 1<sup>st</sup> of April Sirona care & health mobilised the Adult Community Health Services contract across Bristol, North Somerset and South Gloucestershire and we welcomed staff

who previously supported these communities and services into Sirona. Children's Community Health Services from Bristol transferred to Sirona in February 2020 and those from North Somerset transferred into Sirona on April 1<sup>st</sup> 2020.

In September 2020 we said goodbye to friends, colleagues and tenants in our Residential and Extra Care services as these transferred to Bath and North East Council.

As a result of these business changes, our workforce demographics have significantly changed. For the purposes of WRES, we are required to submit data based on a snap shot in time (31<sup>st</sup> March), however we also think it's important to reflect on these changes and look to the future. We have therefore included further analysis on indicator 1 based on our total workforce as of April 2020 (Residential and Extra Care services).

Non-clinical	5th April 2020					
	White	%	BME	%	Unknown	%
Band 1 - 4 (Support)	576	94.58%	22	3.61%	11	1.81%
Band 6 - 7 (Middle)	68	95.77%	2	2.82%	1	1.41%
Band 8 - 9 (Senior)	18	94.74%	1	5.26%	0	0.00%
VSM (Directors)	14	100.00%	0	0.00%	0	0.00%

Clinical	White	%	BME	%	Unknown	%
Band 1 - 4 (Support)	613	91.08%	34	5.05%	26	3.86%
Band 6 - 7 (Middle)	1618	95.46%	51	3.01%	26	1.53%
Band 8 - 9 (Senior)	32	91.43%	0	0.00%	3	8.57%
VSM (Directors)	0	0.00%	0	0.00%	0	0.00%
Medical (consultants)	12	70.59%	5	29.41%	0	0.00%
Medical (non-consultants)	15	75.00%	5	25.00%	0	0.00%

<b>Total</b>	<b>2966</b>	<b>94.07%</b>	<b>120</b>	<b>3.81%</b>	<b>67</b>	<b>2.12%</b>
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Overall, the number of BME staff we employ has almost tripled in headcount however the percentage of BME staff against the rest of the organisation is still low and has only increased by 1%, whereas for white staff this figure is almost 9%. The percentage of ethnic background information available to us via our central HR system has improved considerably.

When focussing on the BME data, we can see there is higher representation of BME staff in middle and senior management roles (although this is still very low in comparison to white staff). We can also see that the majority of BME staff occupy mid-level clinical roles – such as team leaders, supervisors or specialist roles – and our medical and consultant BME staff workforce has grown.

## Action Plan.

Listed below is the action plan that has derived from completion and collation of the WRES 2019 – 2020. These actions will be reported against in the future WRES report and submission.

These actions will be more specific and monitored within the EDI Steering Group.

Actions	Progress to date
Recruit an Equality, Diversity & Inclusion Partner from a BME background to support improvements to race equality across the organisation	Complete
Establish a BME Staff Network within the organisation and act on ideas and suggestion to improve experiences of BME colleagues at work	In progress
Actively promote staff to participate in the “Stepping Up” programme and provide organisational support	In progress
Continue to drive the recording of ethnic background information for all staff via our HR system’s self-service tool	In progress
Develop an Equality, Inclusion & Diversity Steering Group which provides strategic direction and regularly reviews action taken	On going
Establish a means to record non-mandatory CPD information and equalities data	In progress
Establish a means to record equalities data about our Board members	In progress
Review current Board recruitment initiatives in order to diversify Board membership and secure a new Chair of the Board.	In progress
Provide more wellbeing services and listening events specifically for BME staff	On going
Develop an ethical decision making framework, embedded across our organisation	Not yet started
Provide training to senior managers and board on unconscious bias	Complete
Work with staff and managers to develop a comprehensive action plan in relation to Equality, Diversity & Inclusion – including further actions to address race equality	Not yet started