



NHS Workforce Race Equality Standard

Barts Health Data Summary and Action Plan

2022 / 2023

Summary Report using data from April 2022 - March 2023

1. Introduction

In April 2015, NHS England introduced the Workforce Race Equality Scheme (WRES). The scheme consists of nine indicators and helps NHS organisations recognise and reduce any inequality gaps between white and Black, Asian and minority staff (BAME) staff. The WRES is produced each year and is one of our tools to understand progress on our journey to becoming a truly inclusive organisation.

Barts Health NHS Trust (Barts Health) has committed to taking a transparent and proactive approach to addressing inequality. Whilst submitting WRES data annually to NHSE is a statutory requirement, this is important to us in order to effectively use our data and help drive improvements in the Trust, in line with recommendations in the London Workforce Race Equality Strategy.

This report contains the updated WRES metrics for the period April 2022 - March 2023. In this summary, data from the previous year is also reported, alongside our previous submissions. This is to understand if we have improved since last year, and whether improvements have been made overall since first reporting, and where more needs to be done to accelerate inclusion. This report also refers to data included in the WRES national report in places to provide context for how the metrics have changed for the rest of the NHS in comparison to Barts Health.

Across Barts Health we use these indicators to ensure that we are taking proactive and positive steps to achieve our ambitions around eliminating discrimination, ensuring equality of opportunity, and promoting good relations between all people. This data is critical in monitoring our progress towards the Model Employer Goals for which we have aligned our interventions and will help us achieve our target of representative leadership.

This report contains a summary of our WRES data, and our action plan is provided to show how Barts Health are closing the remaining gaps in equality, and what key interventions have been implemented in the last year.

Note on terminology: Barts Health has fed into a national process to review and agree updated terminology that our colleagues will better identify with. In the meantime, this document continues to use the terms BME and BAME to follow the WRES technical guidance that ensures consistent data collection and analysis across the NHS.

Barts Health WRES 2022-23 Highlights

Performing Well

Indicator 1

8a+ Representation 39%

Percentage growing

We are currently on track to achieve our target of increasing BME representation in 8a+ roles to 41.9% by March 2024

Indicator 3

Disciplinary 1.17x

Equality

The figure has reduced to the target range of 0.8-1.2

Indicator 4

Training 0.9x

Equality

The figure has remained in the target range of 0.8-1.2

Making improvements but further work required

Indicator 2

Shortlisting 1.48x

Slowly improving

The figure has reduced from 1.63 x in 2020 but there was no significant improvement over the last 12 months

Indicator 7

Progression 42%

Gap Closing

The percentage increased to 42.1% but there is still a gap of 12 percentage points between BAME (42%) and White (54%) colleagues

Indicator 9

Board membership 20%

Slowly improving

The figure has improved from 12.5% in 2021 but there remains a very significant gap to the representation in the workforce overall

Work Required

Indicator 5

Harassment from public 30%

Static

Figure essentially unchanged since 2021. There is no gap between BAME colleagues and White colleagues

Indicator 6

Harassment from staff 32%

No Clear Trend

This has reduced very slightly since 2020 but there was an increase year on year. There is a gap between BAME colleagues (32%) and White colleagues (26%)

Indicator 8

Discrimination 19%









Slightly Increasing

There has been a rise in the levels of discrimination experienced by BAME colleagues, the figure is much higher than for White colleagues (19% vs 11%)



2. Being Accountable: The Overall Picture

When considering our journey to equality, it is important to look at WRES over time, this gives a fuller picture of how things are changing and looks beyond year-on-year fluctuations that can be due to chance. When a single metric goes up or down each year by a small amount, this is unlikely to indicate an improving/declining trend and instead suggests there has been no significant improvement/decline. The table below provides a transparent summary of our progress, which is explained in more detail throughout this report.

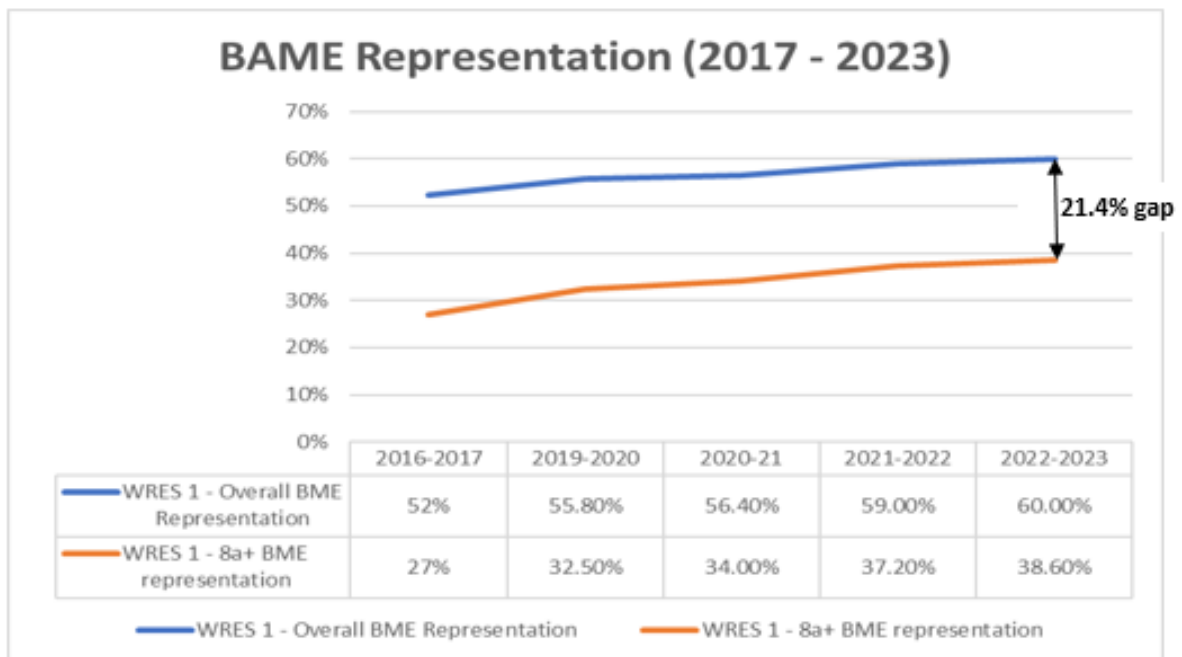
Metric Area	Improved last year	4 year view	Where are we now?
Metric 1: Representation	 Yes	Consistent year on year improvement since reporting	BAME Representation has been increasing consistently in senior, and non-senior positions which is a substantial achievement. There remains a gap between our overall workforce and representation in leadership, but we are currently on track to achieve our target of increasing BAME representation in 8a+ roles to 41.9% by March 2024.
Metric 2: Shortlisting	 Yes	Modest improvements over the last two years	White staff are 1.48 ^x times more likely to be shortlisted than BAME staff. This represents only a marginal improvement to the previous year, where noticeable improvement was achieved after the metric remained static for the previous two years. Whilst this metric is moving in the right direction, a significant gap remains showing a need for further intervention.
Metric 3: Disciplinary Process	 Yes	First noticeable improvement since reporting	There has been a marked improvement in the relative likelihood of BAME staff entering the formal disciplinary compared to white staff. This is the first noticeable improvement against this metric since initial reporting, this should be viewed in relation to the large reductions in the number of formal disciplinary cases we have seen over the last few years. The Trust will continue to embed work to create a fair and just culture to sustain the improvements that have been achieved.
Metric 4: Training	 Yes	Improvement 2 years in a row	A greater proportion of BAME staff continue to access non-mandatory training, albeit the gap between white/BAME colleagues has reduced since the previous year. We will continue to monitor training uptake to ensure this ratio remains as close to 1:1 as possible.
Metric 5 – 6: Harassment from staff and service users	 No	These metrics were steadily improving year on year but have deteriorated for the first time since reporting.	The proportion of BAME staff experiencing harassment from staff and service users has deteriorated for the first time since initial reporting, following a period of year-on-year improvement against this metric. There is parity of experience between BAME and white staff in relation to harassment and bullying from the public. However, there is a 6% disparity between the experiences of BAME staff and white staff in relation to this metric, with 26% of white staff reporting experiencing harassment, bullying or abuse from staff in the last 12 months, compared to circa 32% of BAME staff.
Metric 7: Career progression	 Yes	Improvement 2 years in a row	42.1% of BAME colleagues believe that the Trust provides equal opportunities for career progression or promotion, which represents a 0.7% improvement from the previous year and a 2.3% improvement from 2020. The consecutive two-year improvement against this metric is most likely attributable to the implementation of Barts Health's inclusive career development framework. Despite the consecutive two-year improvement against this metric, the percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion is 12% lower than white colleagues.
Metric 8: Experiencing discrimination	 No	Fluctuated year on year, no significant trend despite deterioration this year.	The percentage of BAME staff experiencing discrimination at work from a manager/team leader or other colleagues has increased by 0.8% to 19.3%, from 18.5% in 2022. Despite deterioration this year, this metric has fluctuated year on year since initial reporting and there is no significant trend that can be identified. More will need to be done to eliminate all forms of discrimination, including further embedding our cultural intelligence programme.
Metric 9: Board composition	 Yes	Improvement 2 years in a row	After seeing no change in board representation since initial reporting, we have increased BAME Board representation for the second year in a row. BAME Board composition has increased by 2.4% to 20%, from 17.6% in 2022. This is a positive change in direction, but a 40% gap exists between the proportion of BAME colleagues in our workforce overall and our board.

3. 2022/23 Narrative on WRES Metrics for Barts Health NHS Trust

Overall, six out of nine metrics have shown an improvement in the last year, suggesting that the implementation of our WeBelong Inclusion strategy, and associated interventions continue to have an impact. In particular, the data suggests that the work that has been underway to create an inclusive, fair, and just culture across the Trust is notably improving the relative likelihood of BAME staff entering the formal disciplinary process, compared to white staff. Whilst there have been improvements in these six metrics, compared to white staff, BAME staff are still under-represented in the most senior roles, less likely to be shortlisted, more likely to face bullying or discrimination from colleagues (but not bullying from the public).

Metric 1: Representation

- The proportion of BAME staff in the trust has grown overall by 7.8% between 2016-17 (52.2%) and 2022-23 (60.0%).
- The percentage of BAME colleagues in 8a+ roles has grown year on year and overall, by 11.5% between 2016-17 (27.1%) and 2022-23 (38.6%) and indicates that the Trust is on track to meet its target of increasing BAME representation in 8a+ roles to 41.9% by March 2024.
- The percentage of BAME colleagues in 8a+ roles in March 2023 (38.6%) represents a 1.4% increase from the previous year (37.2%).
- However, the Trust has only made 0.4% progress in closing the gap between our BAME workforce and senior leadership between 21-22 (21.8% gap) and 22-23 (21.4% gap), which suggests that more could be done within our inclusive career development and succession planning workstreams to further reduce the gap and ensure that our leadership composition truly reflects the diversity within our workforce.



Metric 2: Shortlisting

- The relative likelihood of white staff being appointed from shortlisting compared to BAME staff has remained relatively static with only a marginal improvement from 1.5×. in 2022 and 1.48×. in 2023.
- This is in contrast to the previous year, where there was a noticeable improvement from 1.65×. in 2021 to 1.5×. in 2022. The improvements last year were most likely driven by the following interventions:
 - Review and updating of recruitment practices.
 - Continued application of inclusion ambassadors at interview to provide unbiased decision makers.
 - Working with the wider ICS and our community to understand how to better increase access to opportunities, including project search and healthcare horizons.
 - The launch of our cultural intelligence (CQ) programme to acknowledge and address personal biases to create a fairer culture overall.
- It is therefore evident that to sustain the improvements against this metric that were achieved in 2022 in the long term, key interventions, for example inclusion ambassadors and the CQ programme, need to be fully embedded throughout the organisation.
- The data also indicates that more can be done as an organisation to ensure that our recruitment practices are as inclusive and equitable as possible. Potential options include:
 - Implementing a values-based approach to the creation of job description and recruitment processes.
 - Roll out of inclusive recruitment training.
 - Advertising posts internally before external advertisement and strongly encouraging staff from under-represented staff groups to apply.

Metric 3: Disciplinary Process

- There has been a marked improvement in the relative likelihood of BAME staff entering the formal disciplinary process, compared to white staff.
- As at March 2023, BAME staff were 1.17×. more likely than white staff to enter the formal disciplinary process, which is now in the range 0.8-1.2 which is used as a guide of fairness. This also represents a considerable improvement from the previous year and initial reporting in 2016, when BAME staff were 1.77×. and 1.9×. more likely, respectively.
- Between 2020 and 2022, our performance against this metric was deteriorating. Therefore, Barts Health implemented several interventions to create an inclusive, fair, and just culture across the Trust. In addition to the improvements against this metric, the changes that have been introduced have had other benefits for our people including a reduction in the number of formal disciplinary cases, increased levels of informal resolution in employee relations cases and a reduction in the number of cases that result in a finding of no case to answer.
- For example, the Trust has rolled out wider inclusion capability/awareness building and improved the effectiveness of our employee relations processes, through the revision of our disciplinary, dignity at work and grievance policies to embed fair and just culture

principles, including a 'Pause and Reflect' stage aimed at reducing inappropriate disciplinary investigations.

- It is likely that the reduction in the disparity in disciplinary cases for BAME colleagues is attributable to these interventions. The Trust will therefore continue to promote a fair and just culture across the organisation, to sustain the improvements that we have achieved in this area.

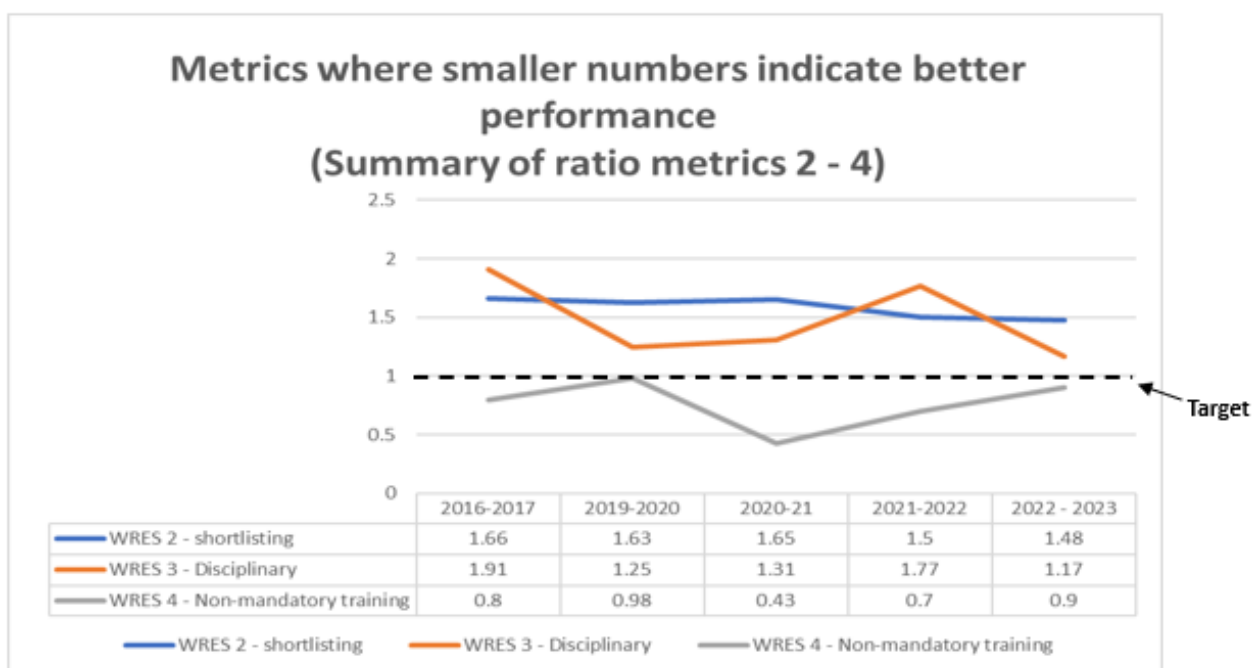
Metric 4: Non-Mandatory Training and CPD

- Although there have been significant yearly fluctuations since initial reporting in 2017, BAME staff have continually had greater access to non-mandatory training and Continuing Professional Development (CPD).
- This disparity may be due to the relative over-representation of BAME staff in clinical roles, which require staff to undertake a minimum amount of CPD to maintain their professional registration. The overrepresentation of BAME staff within clinical roles is demonstrated within our registered nursing and midwifery workforce, which is comprised of 69% BAME staff compared to 27% white staff.
- Another potential explanation for this disparity is that BAME staff consider training and CPD opportunities as pathways to mitigate perceived barriers to career progression, and consequently are more likely to access such opportunities when they become available. Given that metric 7 highlights a 12% disparity between the percentage of BAME staff believing that the Trust provides equal opportunities for career progression and promotion (42%) compared to white staff (54%), it is possible that a higher proportion of BAME staff are accessing non-mandatory training and CPD opportunities as a strategic approach to enhance their chances of progression within the organisation.
- This is supported by data which shows that, despite increasing educational gains made by people from non-white backgrounds, many are overqualified for the jobs that they do (40% of African and 39% of Bangladeshi employees were overqualified for their roles, compared with 25% of white workers¹). Moreover, the McGregor Smith review of Race in the Workplace highlights that all BAME groups are more likely to be overqualified than white ethnic groups, but white employees are more likely to be promoted than all other groups².
- It is therefore critical that we robustly evaluate the impact of the inclusive career development opportunities available to staff, to understand whether these initiatives are translating into meaningful outcomes for BAME staff, in terms of their career progression.
- The disparity in access to non-mandatory training and CPD has been reducing for two consecutive years and has reduced from 0.7 in 2022 to 0.9 in 2023, indicating that access to non-mandatory training and CPD is increasingly becoming more equitable across the organisation.

¹ <https://theconversation.com/being-bame-often-means-being-over-qualified-and-under-paid-heres-how-pay-reporting-could-help-99338>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594336/race-in-workplace-mcgregor-smith-review.pdf

- Whilst BAME staff are still accessing non-mandatory training and CPD proportionally more than white staff, the increase in the proportion of white staff accessing training will need to be monitored carefully to ensure this metric does not go above 1.0 to ensure equality.



Metric 5: Bullying & Harassment from the Public

- The percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months has increased by 2.2 percentage points between 2022 (28.2%) and 2023 (30.4%).
- This deterioration follows a consecutive two-year improvement against this metric between 2020 and 2022. This may be associated with the Trust’s return to fully operational service delivery and the lifting of restrictions for visitors and relatives on site, post pandemic.
- Around 30% of white staff also reported experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months. Although there is parity of experience between BAME staff and white staff in relation to this metric, circa 30% of all staff are reporting experiencing harassment, bullying or abuse from patients, relatives, or the public, which indicates that more work may need to be done to bolster our violence and aggression prevention strategies to reduce incidences of violence and aggression from the public towards our staff.

Metric 6: Bullying & Harassment from Colleagues

- Like metric 5, the percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months has increased slightly from 31.4% (2021-22) to 31.9% (2022-23).
- This deterioration follows a consecutive three-year improvement against this metric between 2020 and 2023.

- In contrast to metric 5, there is a 6% disparity between the experiences of BAME staff and white staff in relation to this metric, with 26% of white staff reporting experiencing harassment, bullying or abuse from staff in the last 12 months, compared to circa 32% of BAME staff.
- The deterioration this year reinforces the need to continue to emphasise the speak up channels that we have in place to support colleagues who experience unacceptable behaviours.

Metric 7: Progression

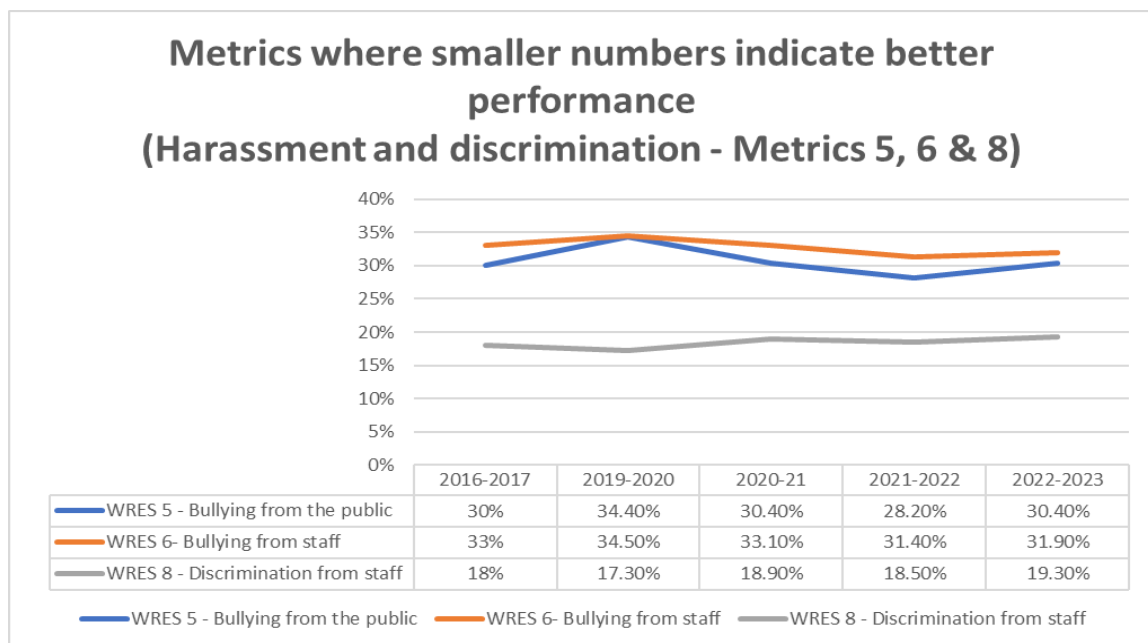
- 42.1% of BAME colleagues believe that the Trust provides equal opportunities for career progression or promotion, which represents a 0.7% improvement from the previous year and a 2.3% improvement from 2020.
- The consecutive two-year improvement against this metric is most likely attributable to the implementation of Barts Health's inclusive career development framework.
- As part of the Trust wide inclusive career progression framework, Barts Health has developed and is rolled out a consistent approach to succession planning across all sites including Group Support Services, to provide equal opportunities for development and to create a talent pool that is representative of our workforce.
- The inclusive career development programme commenced with the roll out of our career development programme for BAME, disabled and female staff, which has been completed by circa 700 staff, across 41 cohorts.
- Barts Health has also launched a career mentorship programme, which has successfully matched 93 staff members with senior leaders throughout the organisation.
- Moreover, in addition to a central repository of career development webinars, guides, and career conversation toolkits (available on the Trust intranet), staff also have access level 1 bitesize learning tool kits, with 12 modules for staff to have facilitated inclusion conversations along with 16 reflective e-learning modules to upskill our workforce to foster an inclusive culture.
- Despite the consecutive two-year improvement against this metric, the percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion is 12 percentage points lower than white colleagues. It is therefore critical that we robustly evaluate the impact of the inclusive career development opportunities available to staff, to understand whether these initiatives are translating into meaningful outcomes for BAME staff, in terms of their career progression. This is linked to our strategic ambitions around creating a greater level of diversity in our senior leadership cadre.

Metric 8: Discrimination

- The percentage of BAME staff experiencing discrimination at work from a manager/team leader or other colleagues has increased by 0.8% to 19.3%, from 18.5% in 2022.
- Despite deterioration this year, this metric has fluctuated year on year since initial reporting and there is no significant trend that can be identified. Our priority in relation to this metric,

is therefore to see a significant reduction in the levels of discrimination experienced over time.

- In 2022, in response to the lack of a positive trend in relation to this metric, the Trust implemented several interventions including:
 - Continued review of speaking up routes, to ensure we have a culture of safety in raising concerns. We have reclarified routes to seeking support or resolution and have been actively addressing behaviours where concerns have been raised.
 - Ensuring the expectations in our Dignity at Work policy are clearly communicated, and that behaviours that do not constitute our WeCare values are appropriately addressed.
 - The launch and roll out of the Trust’s pioneering Cultural Intelligence (CQ) training programme. CQ is a model to enable people to work more collaboratively and effectively in diverse and multicultural contexts. To date, circa 1,400 colleagues have completed the programme, this number continues to rise. We are committed to continuing to roll out CQ locally across the organisation including focusing on teams and improving intercultural relations between staff.



Metric 9: Board Composition

- The percentage of Board members from a BAME background has increased by 2.4% from 17.6% in 2022 to 20% in 2023, which represents a consecutive two-year improvement against this metric.
- Despite these improvements, the representation at Board level is still significantly lower than the organisation as a whole. However, the increase in the percentage of Board members from Black, Asian or ethnic minority groups does indicate that the Trust is moving in the right direction towards more a Board that is more representative of the diversity of

the workforce. The Trust anticipates further improvement in relation to this metric, as we continue to deliver the following initiatives:

- The Trust has partnered with Inclusive Boards to deliver our Future VSM Programme. Inclusive Boards is the UK's leading agency that supports organisations and sectors in their efforts to develop more diverse boards and senior leadership teams. They have worked with several organisations to embed diversity and inclusion in their leadership development and governance structures.
- Our Future VSM Programme is an innovative and inspirational 7 -month positive action career development initiative, which takes senior leaders in band 8c+ or equivalent senior medical leadership roles on a transformational learning journey, helping them to realise their potential and take the next step up to Director level role and beyond.
- We have launched the opportunity as part of our wider work around inclusive career progression and developing a consistent approach to succession planning, to provide equal development opportunities for staff and to create a senior leadership talent pool that is representative of our workforce.
- We have also partnered with an external consultant with expertise around inclusive recruitment to review and improve our board level recruitment and advertising processes to adopt a more values/ impact-based model that seeks to increase diversity in VSM and board level roles.

3. Complete WRES Metrics: 2017 – 2023

This table summarises current WRES data. Previous years are included in this table to understand any changes over time, 2016/17 is pulled out of sequence to help compare current progress to the first submission of data. The last two columns include the latest available WRES data from the NHS as a whole. This is to help understand if any changes over the last year aligned to the national direction or unique to Barts Health. The percentages quoted in graphics and coloured red/green indicate the change since the previous year for either Barts Health or National Average.

WRES Metric	Barts Health NHS Trust					National WRES Data (average of all organisations - link)	
	2016/2017 (First report for comparison)	2019/2020	2020/2021	2021/2022	2022/2023 (Change since last year)	National Average 2021	National Average 2022 (Change since last year)
1a – Representation (All Staff)	52.2%	55.8%	56.4%	59.0%	60.0% (+1%)	22.4%	24.2% (+1.8%)
1a – Representation (8a+)	27.1%	32.5%	34.0%	37.2%	38.6% (+1.4%)	9.2%	10.3% (+1.1%)
2 – Shortlisting	1.66	1.63	1.65	1.50	1.48 (-0.02)	1.61	1.54 (-0.07)
3 – Disciplinary	1.91	1.25	1.31	1.77	1.17 (-0.6)	1.14	1.14 (no change)
4 – Training	0.8	0.98	0.43	0.70	0.90 (+0.2)	1.14	1.12 (-0.02)
5 – Bullying from the Public	30%	34.4%	30.4%	28.2%	30.4% (+2.2)	28.9%	29.2% (+0.3%)
6 – Bullying from Staff	33%	34.5%	33.1%	31.4%	31.9% (+0.5%)	28.8%	27.6% (-1.2%)
7 – Career Progression	Not available	41.4%	39.8%	41.4%	42.1% (0.7%)	44%	44.4% (+0.4%)
8 – Discrimination	18%	17.3%	18.9%	18.5%	19.3% (+0.8%)	16.7%	17% (+0.3%)
9 – Board Composition	Not available	12.5%	12.5%	17.6%	20.0% (+2.4%)	12.6%	13.2% (+0.6%)

Key: **Yellow** = Metric based on fewer than 100 cases

4. Site Level Comparisons: 2022 – 2023

This table summarises current WRES data by site, benchmarked to the Trust wide averages, to understand variation in staff experience across the organisation. Barts Health NHS Trust is a large and complex organisation, employing over 18,000 staff across five hospital sites in East London.

Due to demographic differences within our footprint, racial diversity varies significantly across our sites. For example, as at March 2023, 73.3% of the staff at Newham Hospital were from a BAME background, compared to 52.6% at St Bartholomew's Hospital (SBH), which mirrors demographic trends within the populations of Newham and the City of London. Similarly, 56.5% of band 8a+ staff at Newham were from a BAME background, compared to 25.6% at SBH.

These differences in racial diversity across our organisation may lead to nuances in the inter-cultural challenges that exist from site to site. For example, white staff are far more likely than BAME staff to be appointed from shortlisting at SBH (1.45x.) compared to Newham (1.17x.). Also, BAME staff are far more likely than white staff to be entered into formal disciplinary at SBH (1.63x.) compared to Newham (0.95x.).

Due to the variation in the WRES data across our organisation, it is important that the delivery of Trust wide inclusion interventions within the WeBelong strategy, are tailored to address the specific cultural challenges of each site, to ensure that the desired outcomes of the interventions are effectively achieved.

WRES Metric	Trust Wide Data	Site Level Data (Variation to the Trust Wide Data)				
		GSS	Newham	St Bartholomew's	The Royal London Hospital & Mile End	Whipps Cross
1a - % Staff from BAME background	60.0%	43.78% (-16.22%)	73.28% (+13.28%)	52.59% (-7.41%)	59.61% (-0.39%)	67.67% (+7.67%)
1a - % Band 8a+ Staff from BAME background	38.6%	38.54% (-0.06%)	56.35% (+17.75%)	25.57% (-13.03%)	34.28% (-4.32%)	47.34% (+8.8%)
2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.48	1.88 (+0.4)	1.17 (-0.31)	1.45 (-0.03)	1.72 (+0.24)	1.50 (+0.02)
3 - Relative Likelihood of BAME staff entering the formal disciplinary process compared to white staff	1.17	1.82 (+0.65)	0.95 (-0.22)	1.63 (+0.46)	1.67 (+0.5)	1.00 (-0.17)
4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.90	1.14 (+0.24)	0.96 (+0.06)	0.92 (+0.02)	0.90 (no variance)	0.85 (-0.05)
5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	30.4%	8.10% (-22.3%)	36.40% (+6%)	23.40% (-7%)	40.10% (+9.7%)	37.30% (+6.9%)
6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	31.9%	25.80% (-6.1%)	34.80% (+2.9%)	29.40% (2.5%)	33.70% (+1.8%)	33.70% (+1.8%)
7 - Percentage BAME staff believing the trust provides equal opportunities for career progression or promotion	42.1%	38.90% (-3.2%)	41.20% (-0.9%)	41.90% (-0.2%)	42.80% (+0.7%)	45.70% (+3.6%)
8 - Percentage BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	19.3%	18.70% (-0.6%)	19.90% (+1.2%)	21.00% (+1.7%)	19.90% (+0.6%)	17.60% (-1.7%)
9 - % Board members from a BAME background	20.0%	—	—	—	—	—

5. WRES Action Plan: Progress Over 2022/23

To drive the improvements seen in the data, Barts Health NHS Trust has established a robust form of governance to address opportunity areas within our inclusion agenda. A Group Inclusion Board is accountable for delivering objectives that align to London Workforce Race Equality Strategy, the NHS People Plan and other statutory reporting requirements. A dedicated Inclusion Centre drives the delivery of these objectives, and each hospital has a local inclusion committee that feeds into the Board and addresses site specific considerations. The board is supported by six staff diversity networks, including our BME Network. Last year's report outlined an action plan to address some of the disparities our WRES metrics have identified. We feel it is important to demonstrate how this action plan is being progressed. The following table includes commitments made last year, and what we have done to progress our ambitions:

Objective	Commitment in 2022 Action Plan	Progress/Next steps	Metric(s)
Leadership Development	<ul style="list-style-type: none"> Design and agree a single integrated WeLead leadership programme with a golden thread of inclusion running throughout for kick-off in 2022. Encourage adherence to training and explore protected time. Continue to roll out scale the Cultural Intelligence Programme. 	<p>Barts Health has systematically embedded the promotion of CQ within our WeLead leadership development framework, which is our novel approach to set out the clear competences and behaviours required of all managers to ensure fair progression for all staff, and a compassionate and inclusive culture.</p> <p>To date, circa 1,300 colleagues have completed the CQ programme, and this number continues to increase. Importantly we have the highest uptake in our senior leadership which was targeted to support our goals to ensure inclusive and compassionate leadership is embedded across Barts Health.</p> <p>Qualitative feedback in our evaluation form data highlighted that clinical staff found it challenging to be released to undertake the programme. In response, we developed half day masterclasses, embedded CQ training within the Nursing Preceptorships and offered a mixture of online and face to face delivery, to ensure equitable access to CQ training for clinical staff. Consequently, circa 40% of the staff that have completed the programme are from Nursing, Midwifery and AHP staff groups.</p> <p>To further scale and sustain the CQ programme, we will bolster internal training capability, through training 20 additional CQ facilitators who will drive the further roll out of the CQ programme across the Trust. This will form part of a localised delivery model – to allow the delivery of CQ to be tailored to the specific needs of each site across the Trust.</p> <p>As we continue to embed the programme, we will continue to robustly evaluate the programme to identify learning and best practice and monitor ongoing impact.</p>	2,3,4,5,6,8
Pause and Reflect Process	<ul style="list-style-type: none"> Review and develop existing support provision. Provide additional training to network leads to signpost staff to the most effective route. Continue to refine Fair and Just culture approach. 	<p>We have revised our disciplinary, dignity at work and grievance policies to embed fair and just culture principles, including a 'Pause and Reflect' stage aimed at reducing inappropriate disciplinary investigations.</p> <p>Consequently, the proportion of disciplinary cases that concluded with no case to answer fell from 26% in 2020-21 to 12% in Q3 of 2022-23. The number of formal disciplinary cases has also reduced from 81 in 2020-21 to 36 in 2021-22. This trend has been accompanied by a long-term improvement in our performance against the WRES metric which measures the likelihood of BAME staff being entered into formal the disciplinary process, compared to their white counterparts. In 2016, our BAME staff were 1.9 times more likely than white staff to be entered into formal disciplinary, compared to 1.17 in 2022.</p> <p>During 23/24, the Trust will continue to refine the fair and just culture approach.</p>	3,4,5,6

Progress Summary Continued:

Objective	Commitment in 2022 Action Plan	Progress/Next steps	Metric(s)
Enhanced appraisals:	<ul style="list-style-type: none"> Ensure every member of staff has an inclusion objective (facilitated via the new appraisal process) 	Continuing to monitor that all staff have an inclusion objective and wellbeing conversation, indirectly through appraisal completion rates (part of our monthly inclusion board metrics).	4,5,7
Career Advice and Talent Management	<ul style="list-style-type: none"> Provide access to 1-2-1 career coaching for BAME staff. Planned to deliver career conversation coaching to line managers to have richer conversations. Stretch opportunity framework to boost experiential learning and live job experience. Increasingly scale existing interventions, including the career mentoring & shadowing service, and monitor impact. 	<p>As part the Trust wide inclusive career progression framework, Barts Health has developed and is rolling out a consistent approach to succession planning, to provide equal opportunities for development and to create a talent pool that is representative of our workforce.</p> <p>The inclusive career development programme commenced with the roll out of our career development programme for BAME, disabled and female staff, which has been completed by circa 700 staff, across 41 Cohorts.</p> <p>Barts Health has also launched a career mentorship programme, which has successfully matched 93 staff members with senior leaders throughout the organisation.</p> <p>Moreover, in addition to a central repository of career development webinars, guides, and career conversation toolkits (available on the Trust intranet), staff also have access to level 1 bitesize learning tool kits, with 12 modules for staff to have facilitated inclusion conversations along with 16 reflective e-learning modules to upskill our workforce to foster an inclusive culture.</p> <p>Barts Health will continue to scale these interventions and monitor impact.</p>	1,4,7,9

Progress Summary Continued:

Objective	Commitment in 2022 Action Plan	Progress/Next steps	Metric(s)
<p>Growing Ethnic Minority Workforce in 8a+</p>	<ul style="list-style-type: none"> • Double the number of active trained inclusion ambassadors to cover all 8+ panels and ensure protected time. • Ensure all members of GEB and HEBs conduct succession planning in their team to promote BAME staff through to senior positions. 	<p>As part of our inclusive recruitment processes all shortlists must be diverse including BAME and female candidates. In the event that a shortlist does not reflect the diversity of the organisation, the post will be readvertised to ensure we are attracting the best talent from across London.</p> <p>We currently have around 120 inclusion ambassadors who are active on interview panels to ensure any bias is challenged and removed from the decision-making process. As a result of these interventions, we remarkably increased the proportion of ethnic minority colleagues in senior roles from 32.5% in March 2020 to 38.5% in March 2023.</p> <p>We have also partnered with Inclusive Boards to deliver our Future VSM Programme. Inclusive Boards is the UK's leading agency that supports organisations and sectors in their efforts to develop more diverse boards and senior leadership teams. They have worked with several organisations to embed diversity and inclusion in their leadership development and governance structures. Our Future VSM Programme is an innovative and inspirational 7 -month positive action career development initiative, which takes senior leaders in band 8c+ or equivalent senior medical leadership roles on a transformational learning journey, helping them to realise their potential and take the next step up to Director level role and beyond.</p> <p>This opportunity has been launched as part of the Trust's wider work around inclusive career progression and developing a consistent approach to succession planning, to provide equal development opportunities for staff and to create a senior leadership talent pool that is representative of our workforce.</p> <p>We will systematically evaluate of the impact of the programme, including gathering feedback from participants, which we will use to drive our continuous improvement efforts and ensure that our inclusive career development opportunities are delivered in a way that is personalised, supportive and that fosters an organisational culture where staff feel empowered, supported, and nurtured.</p> <p>The data also indicates that more can be done as an organisation to ensure that our recruitment practices are as inclusive and equitable as possible. Potential options include:</p> <ul style="list-style-type: none"> • Implementing a values-based approach to the creation of job description and recruitment processes. • Roll out of inclusive recruitment training. • Advertising posts internally before external advertisement and strongly encouraging staff from under-represented staff groups to apply. 	<p>1,2,7</p> <p>All Metrics</p>

6. Closing Statement

Barts Health has seen an improvement across six of the nine metrics within the WRES. BAME representation has been a success story, rising year on year across the entire workforce and at band 8a and above. Whilst we celebrate this achievement, the Trust also recognises that more could be done to expedite the rate of growth in our BAME workforce and the rate at which we are closing the gap between our BAME workforce and BAME senior workforce. The Trust will therefore focus on improving our recruitment processes, for example through:

- Introducing a values-based approach to recruitment
- Inclusive recruitment training
- Internal advertising of posts at band 8a and above
- Succession planning for senior posts.

Across several metrics, we have seen consecutive improvements over the last two years, following a period of remaining static or deteriorating. Whilst it is too early to tell, we are optimistic that these improvements represent a shift in direction, following an intensive 12 months of intervention. These metrics include relative likelihood of shortlisting, access to non-mandatory training and CPD, the percentage of staff believing in fair progression and BAME representation at Board level.

There has also been a marked improvement in the relative likelihood of BAME staff entering the formal disciplinary process compared to white staff. This is the first noticeable improvement against this metric since initial reporting, indicating that the Trust's ongoing work to create a fair and just culture is starting to have an impact. The Trust will continue to embed this work across the organisation to sustain the improvements that have been achieved.

These improvements are key achievements, but we must ensure that we do not become complacent. There remains gaps between white and BAME colleagues' experience across several metrics. Notably, we must further embed CQ across the Trust, to eliminate discrimination, and bullying from other staff, which is disproportionately directed at BAME colleagues. Also, in response to the disparity between BAME and white staff in relation to believing that the Trust offers equal opportunities for career progression, we must robustly evaluate the impact of the inclusive career development opportunities available to staff, to understand whether these initiatives are translating into meaningful outcomes for BAME staff, in terms of their career progression.

Our inclusion workstreams have gone from strength to strength since launching WeBelong. Our focus is now about continuation and scale and ensuring the impact of inclusion projects penetrate hospitals and address variation in staff experience across our sites.

We now have a set of well-coordinated workstreams, which are already starting to shift the dial on inclusion, as evidenced by the improvements that we have achieved in our WRES results in 2022/23. Despite this, key challenges remain. We believe that the areas of focus within our inclusion strategy remain the right areas for 2023/24 and will spend another 12 months focusing on delivering impactful programmes, but critically, ensuring that the reach and impact of these programmes is increased and aligned to the high impact actions in the NHS Equality Diversity and Inclusion Improvement Plan³.

³ <https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/#:~:text=impact%20action%202023,High%20impact%20action%202023,representation%20and%20lack%20of%20diversity.&text=Talent%20management%20strategies%20must%20recognise,career%20progression%20for%20all%20staff>

Our key priority areas within 2023/23 are:

- Continued roll out of the CQ Programme
- Continued roll out of the Inclusive Career Development Framework
- Continuing to embed Fair and Just Culture approaches across the organisation.

We will also amplify the voices of our BAME staff from ward to Board, through our BAME staff Network and through the increased use of engagement activities such as Schwartz Rounds and Listening Circles.

In conclusion, we recognize the vital role that Executive Leadership plays in driving forward the diversity and inclusion agenda within our organisation. We will therefore continue to work with our Group Executive Board and Trust Board, to amplify their roles as visible and proactive allies and champions and facilitate opportunities for regular and meaningful conversations with our staff.

NHS Workforce Race Equality Standard

2023 Metrics | Barts Health Trust

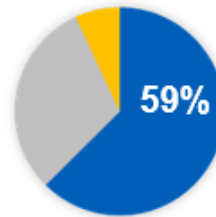


The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2023. Some of these numbers have been rounded to the nearest %.

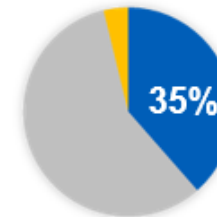
Indicator 1: Our Staff

All staff



Ethnically diverse people make up the majority of staff at Barts Health.

Staff at band 8a and above



Whilst this has improved at Barts Health each year, under representation remains a key challenge here and also for the wider NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being appointed from shortlisting compared to ethnically diverse staff:

1.48x

This means white staff are 1.48 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering a formal disciplinary process compared to white staff:

1.17x

This means ethnically diverse staff are 1.17 times more likely to enter formal disciplinary.

Indicator 4: Training

The relative likelihood of white staff accessing non-mandatory training compared to ethnically diverse staff:

0.9x

This means BME colleagues are more likely to access non-mandatory training than white colleagues.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public:



Indicator 6: Bullying from staff

Percentage of staff experiencing harassment, bullying or abuse from staff:



Indicator 7: Progression

Percentage staff believing the trust provides equal opportunities for career progression or promotion:



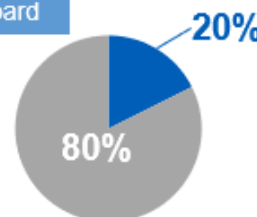
Indicator 8: Discrimination

Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues:



Indicator 9: The Board

Composition of the Trust Board:



= BME Staff.

=White staff