



Annual National Report 2024 NHS Wales

Safon Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

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Foreword



Judith Paget
Chief Executive NHS Wales

The Anti-racist Wales Action Plan (ArWAP) (2022) sets out an ambitious programme of work to ensure Wales becomes an anti-racist nation by 2030. Through the ArWAP we committed to tackle the *“root causes of racism, in the way we lead, manage and work with others to deliver public services”* knowing that to do so we will need to change *“the systems, policies, processes and the ways of working we have, that too often have excluded and more, damaged ethnic minority people”*.

NHS Wales is the largest employer of people in the country: Some 110,000 people currently (approximately 1 in 12 people working in Wales) are involved in health care. It is built on the foundational principles of equality and social justice. Last year we celebrated the 75th anniversary of the NHS, and heard how proud people across the UK are of this national institution. However, we also know that the NHS continues to face unprecedented challenges which have had an adverse impact on staff, as well as patients and the public. Evidence suggests that less favourable treatment of Black, Asian and Minority Ethnic staff, through poorer experience or opportunities, has a negative impact on the efficient running of the NHS and adversely impacts the quality of care received by all patients.

Through the ArWAP we have committed to understanding the detail of this evidence and taking action to improve the experiences of our ethnic minority workforce. A key initial priority was to improve workforce data quality and introduce a Workforce Race Equality Standard (WRES) across health and social care in order to provide an evidence base to make and measure targeted structural change. This report represents the first analysis of that WRES data and will support targeted interventions at both local and national level, to drive cultural change.

NHS Wales and the Welsh Government are committed to reducing race inequality. The WRES is a vital policy lever. As a system-wide strategic tool it will refine our national priorities within A Healthier Wales: Our long term plan for health and social care and support NHS Wales organisations to implement plans to bring about the change that our diverse staff and our communities in Wales need and deserve.

I would like to thank everyone who has been involved in bringing this report together, and most importantly all of the colleagues who have taken the time to feedback on their personal experiences in order to highlight the areas we need to collectively address.

Key Findings

9.55% representation

The Black, Asian and Minority Ethnic population of NHS Wales is 9.55%, compared to their 6.3% representation in the population as per the 2021 census.

Band 5 bottleneck

There is under-representation of Black, Asian and Minority Ethnic staff above Band 5, and falls progressively above that. This does vary between organisations but is a consistent feature of patient-facing institutions.

Disciplinary variation

There is a wide variation between organisations in NHS Wales in their rates of referral of minoritised staff into formal disciplinary processes; there is also wide variation in referral across different professions.

10.78% undeclared

There is a high rate of non-declaration of ethnicity among the workforce, and this is especially noticeable in higher graded positions and Board representation.

59% perceived inequality

Only 41% of Black, Asian and Minority Ethnic staff feel their organisation provides equal career progression opportunity, compared to 48.7% White staff.

3.46x capability inequity

Overall, in NHS Wales Black, Asian and Minority Ethnic staff are 3.46 times more likely to be referred into capability processes compared to White peers – this is mostly related to cases in patient-facing organisations.

5.88% Board deficit

Black, Asian and Minority Ethnic representation on Boards is only 3.67%, which is 5.88% below their workforce representation; in 9 out of 13 organisations there are no Black, Asian and Minority Ethnic Board members.

1.75x appointment inequity

Of short-listed applicants, White colleagues are 1.75-times more likely to be appointed than Black, Asian and Minority Ethnic ones; this is especially true for non-clinical posts.

Intersectional Bias

There are high levels of bullying, harassment and discrimination of staff in NHS Wales, and this is experienced more by women than men, especially from Black, Asian and Minority Ethnic backgrounds.

Introduction

It is known that a diverse workforce and inclusive leadership is associated with better workforce staff morale, more patient-centred care and greater innovation. Thus, promoting equality among NHS Wales workforce is crucial to meet the challenges facing NHS Wales. In turn, understanding the root causes of inequality is critical, and the WRES data is essential to help us drive our aspirations for an equitable workforce and better patient outcomes.

This inaugural national WRES report is based on data collected in April and finalised in May 2024, from the organisations involved in providing healthcare in Wales. Each individual organisation has received a detailed analysis of their local data. This report incorporates the information to help understand the national context and to target effective system-wide strategic alignment in support of local organisations.

This report displays the range of data that allows us to understand the trends of how discrimination operates in healthcare. It is clear that there is no single institution which is an exemplar in all aspects of race equality. Rather, there are a range of indicators with varying degrees of inequality for each. The wide range of data for each indicator does however cluster in similarity around four groups:

- (i) the NHS Wales Health Boards,
- (ii) two trusts, Public Health Wales (PHW), and Velindre University NHS Wales Trust, plus NHS Wales Shared Service Partnership (NWSSP),
- (iii) the 2 Special Health Authorities (SHA); and
- (iv) the Welsh Ambulance Service University NHS Wales Trust (WAST).

As such we will present the data in those four sectors as well as providing a whole national picture.

The indicators (detailed in Appendix A) are themed around four domains of employment status that comprise the workforce experience:

- Leadership and representation;
- Professional development and training;
- Disciplinary and capability;
- Discrimination, bullying and harassment.

The data is presented in four sections to match these, each section including anonymised quotes shared to the WRES team, which illustrate the real-life experience of staff in NHS Wales.

Methodology

Data collection

NHS Wales delivers services through:

7 local Health Boards

- Aneurin Bevan University Health Board;
- Swansea Bay University Health Board;
- Cardiff and Vale University Health Board;
- Hywel Dda University Health Board;
- Cwm Taf Morgannwg University Health Board;
- Betsi Cadwaladr University Health Board;
- Powys Teaching Health Board.

3 NHS Wales trusts

- Welsh Ambulance Services University NHS Trust
- Public Health Wales
 - o Plus the NHS Hosted Body - NHS Wales Shared Services Partnership.
- Velindre University NHS Trust
 - o Plus the NHS Hosted Body - NHS Wales Shared Services Partnership.

2 Special Health Authorities

- Health Education and Improvement Wales,
- Digital Health and Care Wales.

The WRES mandates all organisations to self-assess against twelve indicators of workforce experience. Six are based on data derived from the NHS electronic staff record and electronic recruitment systems, five on data from the national NHS Wales staff survey questions, and one considers Black, Asian and Minority Ethnic representation on boards. The detailed definition for each indicator can be found in the WRES Technical Guidance.

Data collection was as of October 2023 for the staff survey derived indicators and April 2024 for the other indicators. The results in this report are based on the latest figures returned to us after the clarification period as at 31 March 2024.

Data analyses

*We have analysed the data for all 13 organisations against 11 indicators. The data is presented for all the organisations together, but also disaggregated to show the data for (a) the 7 Health Boards ('HBs'), (b) Public Health Wales, Velindre and NHS Wales Shared Service Partnership ('Trusts+NWSSP'), (c) the 2 Special Health Authorities, Health Education and Improvement Wales and Digital Health and Care Wales ('SHAs') and (d) the Welsh Ambulance Services University NHS Trust (WAST). The reason for this is that these four sectors emerge as having challenges distinct from each other. The complete data analysis table is shown in Appendix B.

We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Mixed/Other). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as "less than 10, <10".

* Data collection was undertaken by NHS Wales Shared Service Partnership (NWSSP).

In collaboration with Professor Anton Emmanuel, (Head of Strategy and Implementation Health and Social Care for the WRES for Wales), HEIW have undertaken the analysis of the WRES in line with their national responsibility as the statutory body for workforce planning and workforce intelligence.

Data caveats

Five of the WRES indicators (3, 4, 10, 11, 12) 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 Black, Asian and Minority Ethnic staff are large enough to not undermine confidence in the data.

We didn't adjust the national score based on the number of staff employed by each organisation. Instead, we considered the results in relation to the number of survey respondents, accounting for disaggregated comparisons by ethnicity and gender.

The data for indicator 5 is from the TRAC, the recruitment admin system, and only includes Agenda for Change (AfC) recruitment processed by NWSSP Recruitment. Specifically, it does not include medical appointments and any processed by the organisations themselves. This will however be sought for future data collections.

There is no data available for indicator 7, since the anti-racist training programme was not available at the time of data collection. This will however be available for all future data collections.

For indicators 8 and 9, the calculation uses a review of the period April 2023 to March 2024.

Terminology

Throughout this report, we use the term 'Black, Asian and Minority Ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in some figures and tables but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories but avoid the information governance risks associated with small numbers we have kept to categorisations of 'Black', 'Asian', and 'Mixed/Other' to refer to those members of the NHS Wales workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the NHS Wales data model and dictionary.

Leadership and Representation

I applied for a promotion 7 times in my hospital. Each time I was told there was a better candidate on the day, but I was never told how to do better. My manager never supported me because they said I was needed on the ward so couldn't do any development modules. Meanwhile junior white nurses who I trained came after me and got the promotions. Now I don't bother to try.

BLACK NURSE, WEST WALES

I was told that the Asian dentists were brought here to do the routine work, and management opportunity was not for us. So, after 11 years here, I am leaving.

ASIAN DENTIST, SOUTH WALES

I witnessed one of our non-White staff abused and called a racial slur by a patient's relative. The ward manager told me to ignore it as it was my word against theirs, and we didn't need the problem. It was terrible leadership.

WHITE CLERICAL MANAGER, SOUTH WEST WALES

WRES indicator 1

Percentage difference by ethnicity between the organisations’ Board executive and non-executive membership and its overall workforce

Table 1: Ethnic composition of all NHS Wales workforce and Board membership – note high rates of non-declaration

	Ethnicity composition of workforce	Ethnicity composition of Board	Ethnicity composition of Board executives	Ethnicity composition of Board non-executives
Asian	5.35%	2.29%	2.22%	2.41%
Black	1.56%	0.92%	0.74%	1.20%
Mixed/Other	2.64%	0.46%	0.74%	0%
White	79.67%	71.10%	77.78%	60.24%
Undeclared	10.78%	25.23%	18.52%	36.14%

Summary

- The overall Black, Asian and Minority Ethnic composition of the workforce is 9.55%, but varies widely across the sectors, being highest in the Trusts +NWSSP and lowest in WAST. [Table 1, Figure 1].
- 9 of 13 organisations have significantly fewer Minority Ethnic Board members compared to their staff, with 6 having zero minority representation on the Board.
- There is a high rate on non-declaration of ethnicity in the workforce (10.78%), which is even higher on Boards (25.23%).

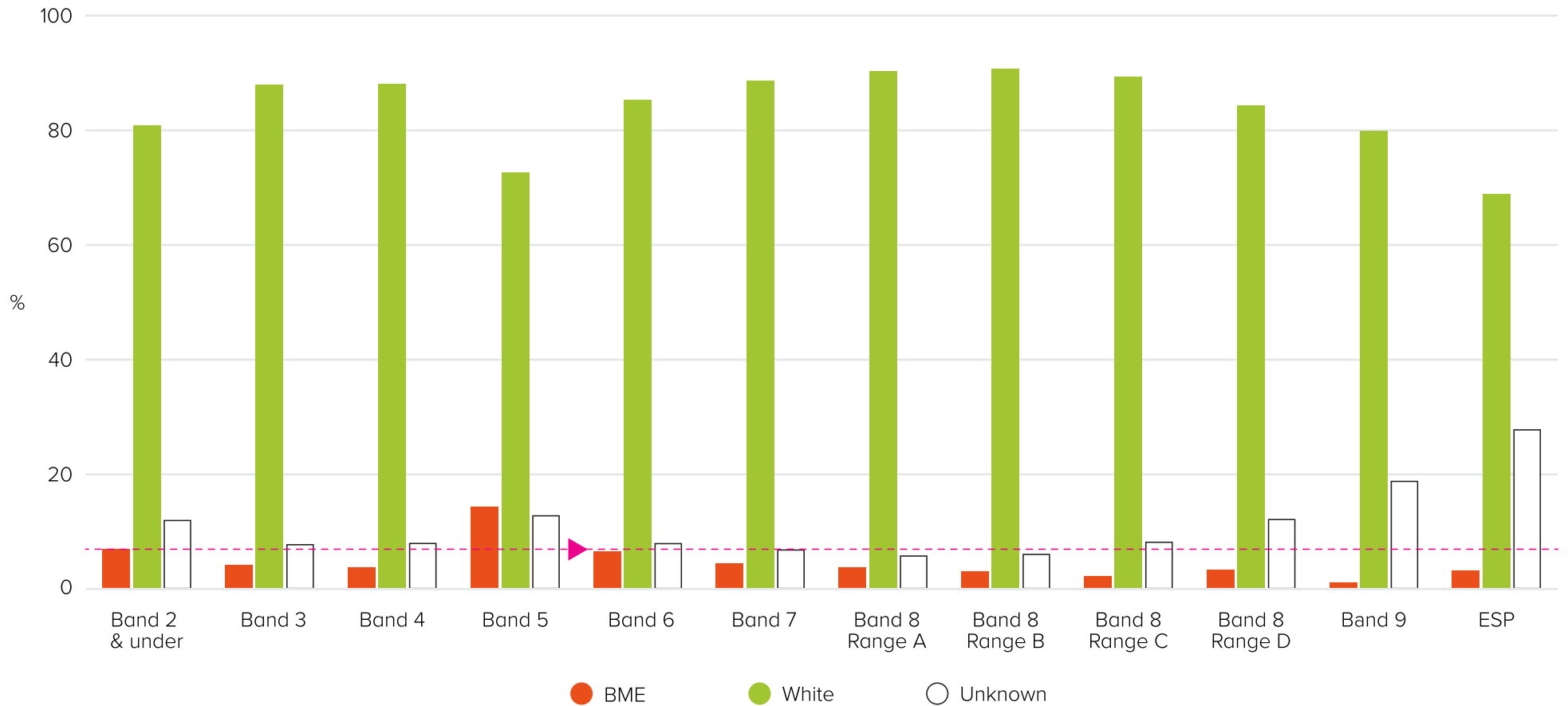
Figure 1: Combined Black, Asian and Minority Ethnic composition of workforce and Board for all Wales and each sector showing reduced representation in all sectors except for Welsh Ambulance Services University NHS trust (WAST)



WRES indicator 2

Percentage of staff by ethnicity in each of AfC Bands 1–9 compared with the percentage of staff in the overall workforce

Figure 2(a): Workforce distribution by ethnicity in NHS Wales as a whole



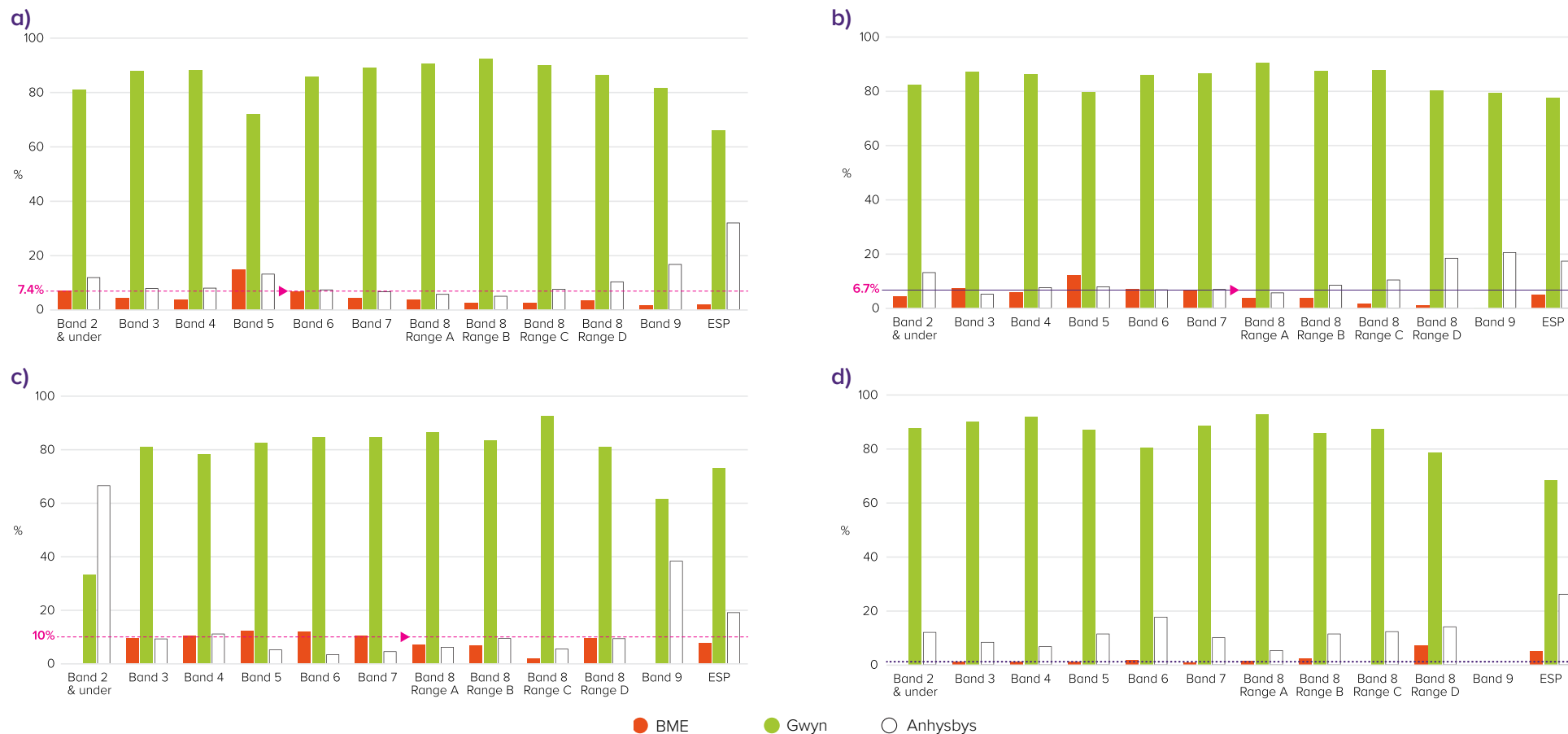
Summary

- Black, Asian and Minority Ethnic staff are less likely to be seen at higher levels of organisations, the point (pink arrow) at which this occurs is between Band 5 to 6 for patient-facing organisations and Band 7 to 8a for Trusts and SHAs.
- There is a high rate on non-declaration of ethnicity for higher banded staff.

WRES indicator 2

Percentage of staff by ethnicity in each of AfC Bands 1-9 compared with the percentage of staff in the overall workforce

Figure 2(b): Workforce distribution by ethnicity in a) Health Boards, b) Trusts+NWSSP, c) SHAs and d) WAST



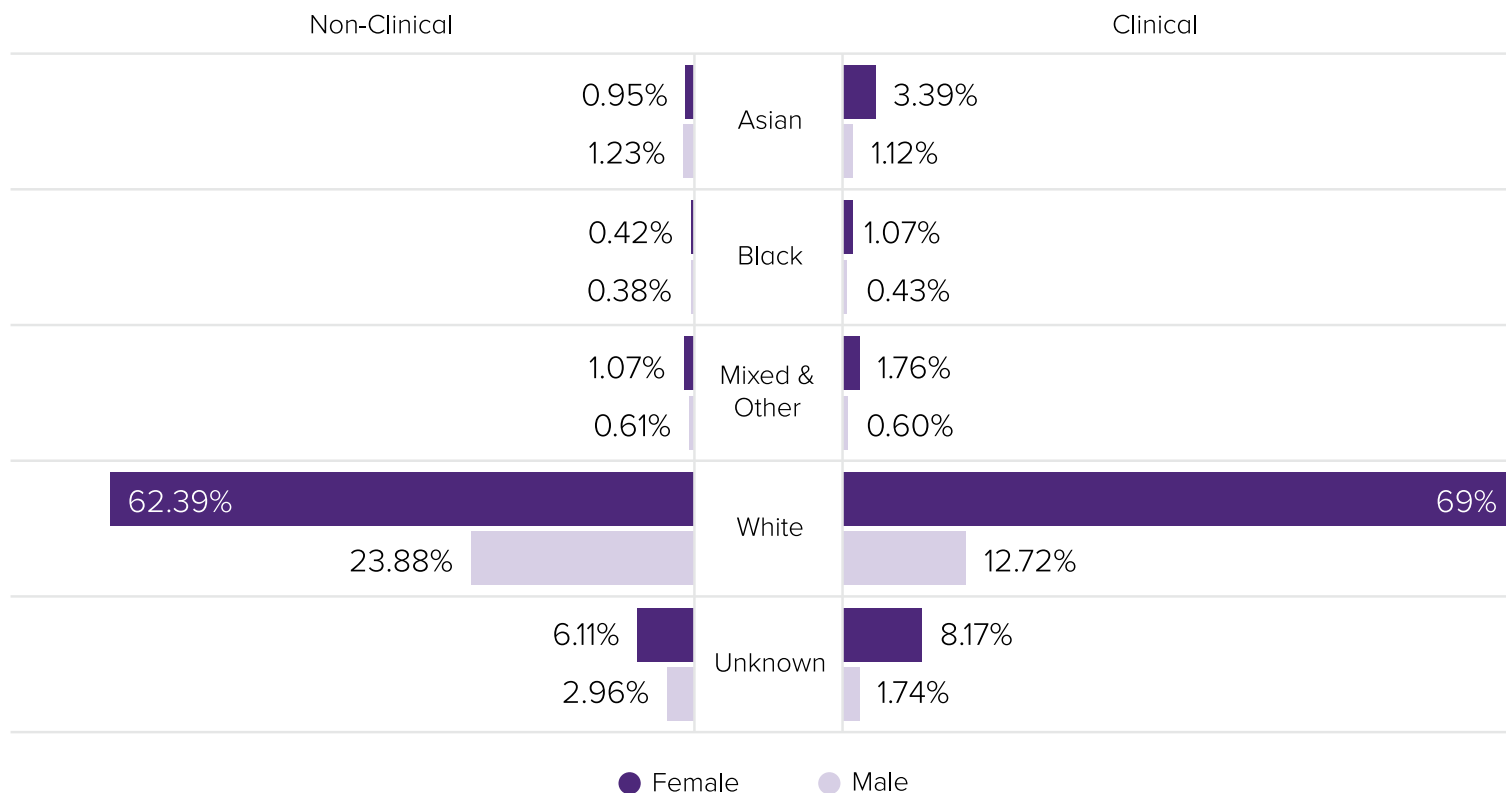
Summary

- Black, Asian and Minority Ethnic staff are less likely to be seen at higher levels of organisations.
- The point (pink arrows) at which this occurs varies according to kind of organisation: Band 5 to 6 for HBs, Band 7 to 8a for Trusts+NWSSP and SHAs.
- WAST has small numbers of minoritised people (blue line) entering the service.

WRES indicator 2

Percentage of staff by ethnicity and gender in Non-Clinical and Clinical (excepting doctors) staff sectors

Figure 3: Ethnicity and gender composition of the workforce for a) Non-Clinical and b) Clinical workforce excluding Doctors and Dentists



Summary

- For Non-Clinical staff, Black, Asian and Minority Ethnic women are 2.4% of the workforce, similar to men (2.2%). This contrasts with White staff in the same sector where women outnumber men approximately 2.5-fold (62.4% vs 23.9%).
- For Clinical staff, Black, Asian and Minority Ethnic women are 6.2% of the workforce, 3-fold more than men at 2.1%. Again, this contrasts with White staff in the same sector where women outnumber men more than 5-fold (69.0% vs 12.7%).

WRES indicator 2

Percentage of staff by ethnicity in Medical and Dental workforce

Figure 4: Data for Doctors and Dentists of various grades by percentage for NHS Wales as a whole
 (DDIT = Doctors and Dentists In Training, LED = Locally Employed Doctors, SAS = Specialty and Associate Specialist)

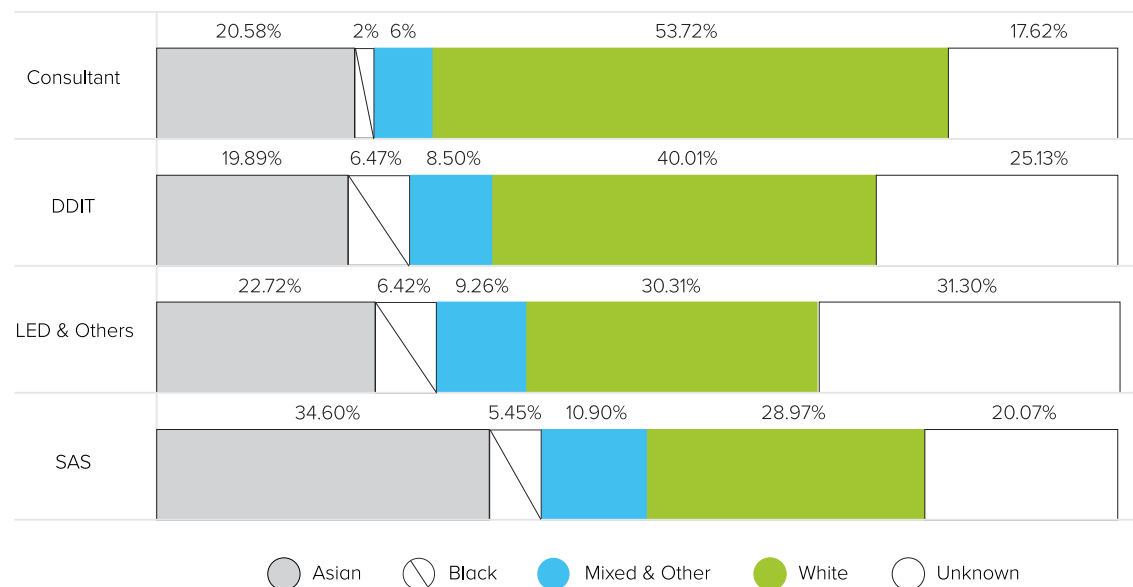
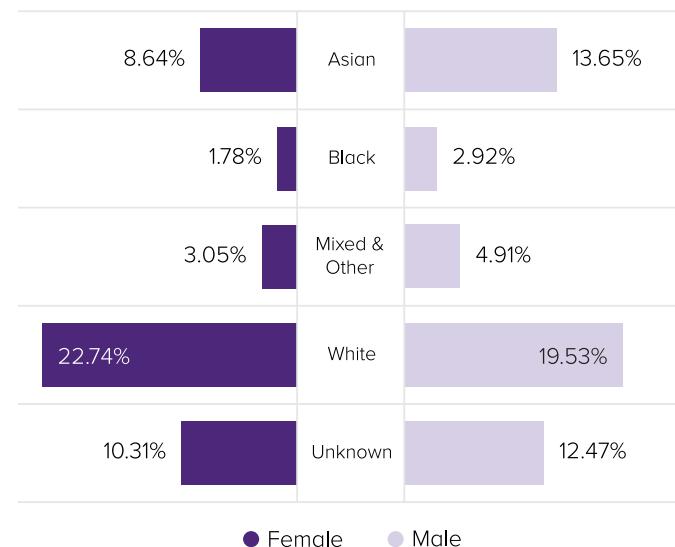


Figure 5: Gender distribution of Doctors and Dentists in NHS Wales as a whole



Summary

- Overall, Black, Asian and Minority Ethnic doctors and dentists account for 28.7% of 3615 Consultants (compared to 42.1% in England*), 34.9% of 3354 Trainees (55.0% England), 38.4% of 1620 Locally Employed Doctors (31.8% England) and 51.0% of 1101 SAS doctors (65% England). [Figure 4]
- For Black, Asian and Minority Ethnic doctors and dentists, 21.4% are men and 13.5% women compared to an inverse gender distribution of 19.5% White men and 22.7% White women doctors and dentists. [Figure 5]

* www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest/

WRES indicator 2

Percentage of staff by ethnicity a) as Executive Senior Posts' (ESP) compared with the percentage of staff in the overall workforce and b) expressed as Disparity Ratio

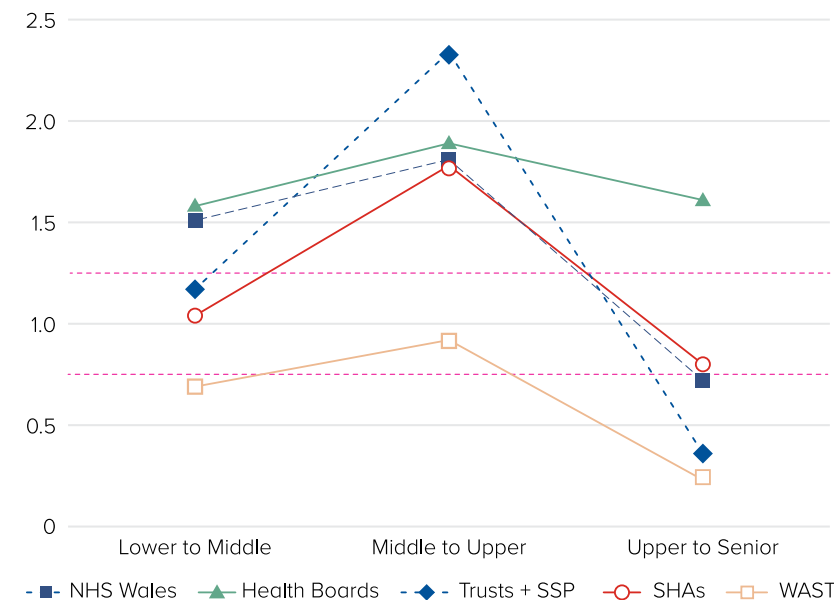
Table 2: Comparison of workforce composition with Executive and Senior Posts (ESP) representation in all NHS Wales workforce and each sector

Ethnicity	NHS Wales		Health Boards		Trusts+NWSSP		SHAs		WAST	
	Workforce	ESP	Workforce	ESP	Workforce	ESP	Workforce	ESP	Workforce	ESP
Black, Asian and Minority Ethnic	9.6%	3.3%	9.2%	1.9%	16.6%	5.0%	9.8%	7.7%	1.4%	5.3%
White	79.7%	68.9%	80.4%	66.0%	69.5%	77.5%	80.3%	73.1%	87.4%	68.4%
Unknown	10.8%	27.9%	10.5%	32.1%	13.9%	15.5%	10.0%	19.2%	11.2%	26.3%

Summary

- There is poor representation of Black, Asian and Minority Ethnic workforce at ESP level in the Health Boards and Trusts – a third of what would be equitable. [Table 2]
- There is a high rate of non-declaration of ethnicity at ESP level.
- The Disparity Ratio [Figure 6] identifies that in all organisations other than the WAST, the bottlenecks for progression are the transition from lower (below Band 5) to middle (Bands 6 and 7) bands, and from middle to upper (bands 8a to 9). The small number of minoritised people who make it to upper bands have a good chance of progression to senior roles.
- WAST sees fair progression for the small number of minoritised people entering the service.

Figure 6: The Disparity Ratio is a reflection of where the bottlenecks in representation are in an organisation for Minority Ethnic people – the area between pink lines represents equity



WRES indicator 3

Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Figure 7: Percentage of staff, compared by ethnicity, believing their organisation provides equal opportunities for career progression

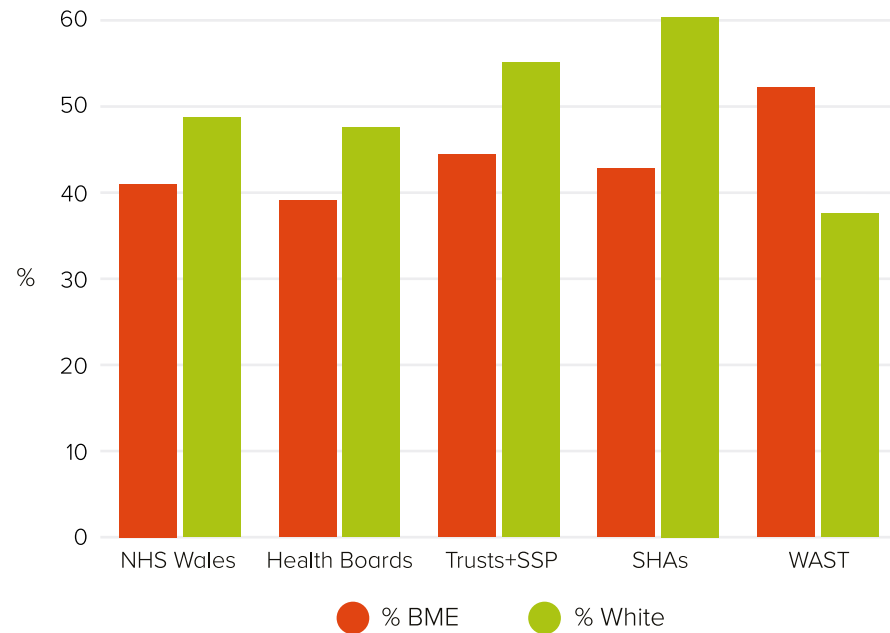
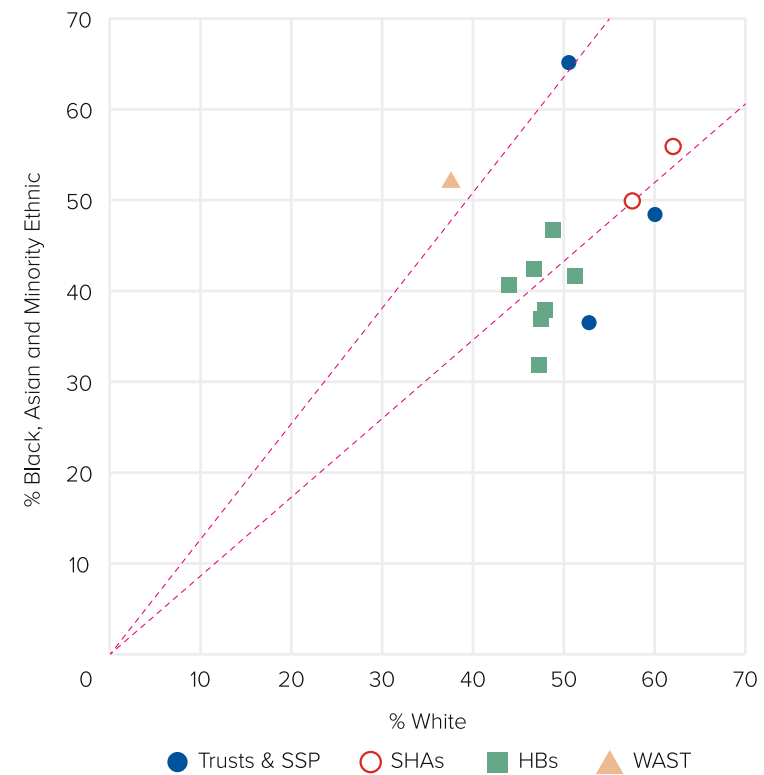


Figure 8: Percentage of White versus Black, Asian and Minority Ethnic staff believing their organisation provided equal opportunity at each individual site; area between pink dotted lines representing equity



Summary

- Overall, White staff are more likely to perceive fair progression opportunities compared to Black, Asian and Minority Ethnic colleagues. The exception was WAST and one other organisation, mirroring the disparity ratio data seen in those organisations.
- Only 5 out of 13 had approximately similar proportions of minoritised and White staff believing they have equal opportunity, and in 6 out of 13 more White than minoritised staff perceive equal opportunity.

WRES indicator 4

Percentage of staff who have sought a progression opportunity in the last 12 months, comparing Black, Asian and Minority Ethnic staff to White peers

Figure 9: Percentage of staff, compared by ethnicity, who have sought a progression opportunity in the past year

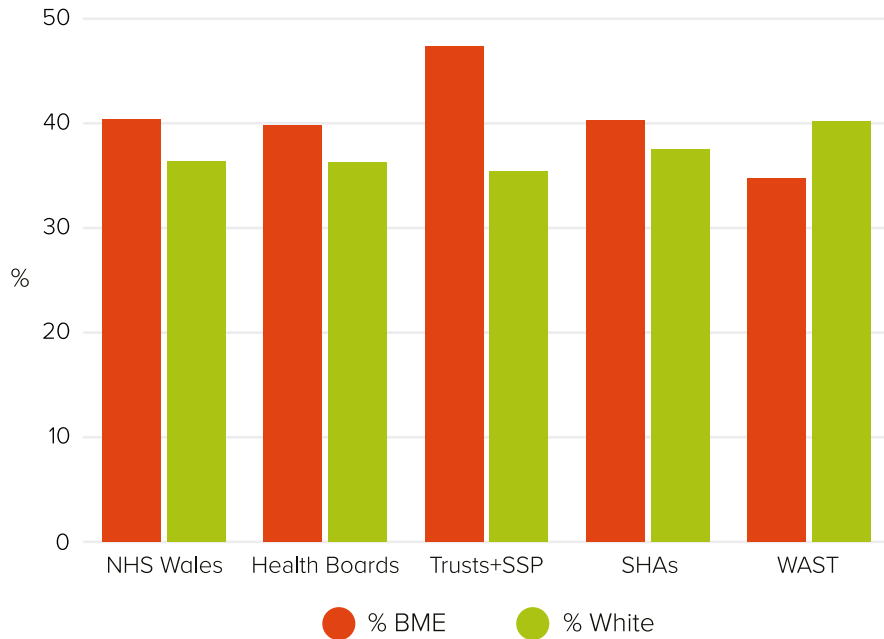
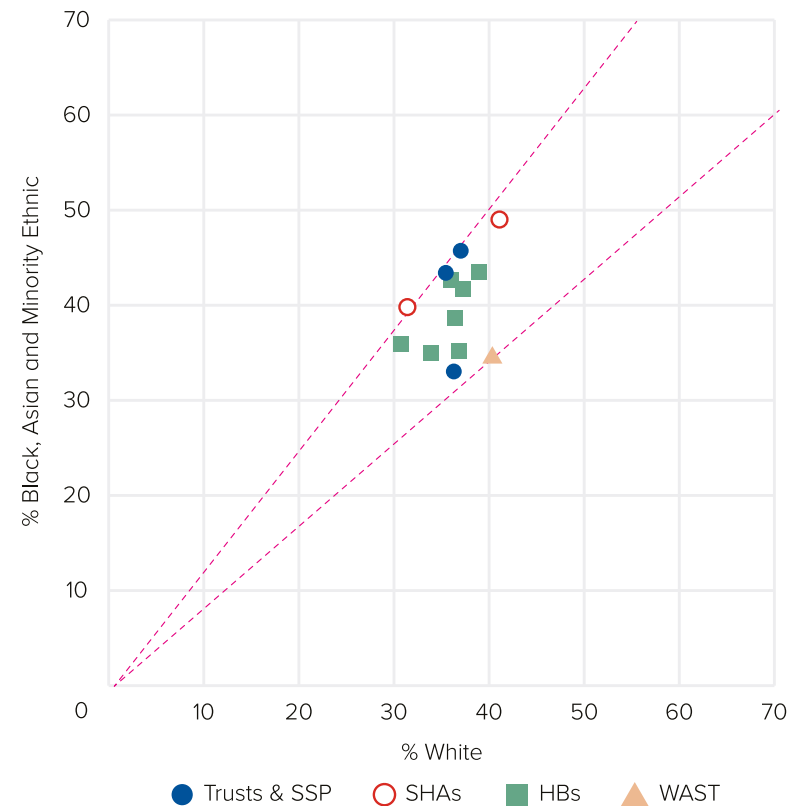


Figure 10: Percentage of White versus Black, Asian and Minority Ethnic staff from each organisation who have sought progression; area between pink dotted lines representing equity



Summary

- Overall, roughly similar proportions of Black, Asian and Minority Ethnic and White staff report having sought progression – amounting to about one-third of staff. In the patient facing organisations there is a slightly greater trend for minoritised staff to have applied for progression.
- In all organisations approximately similar proportions of minoritised and White staff have sought progression.

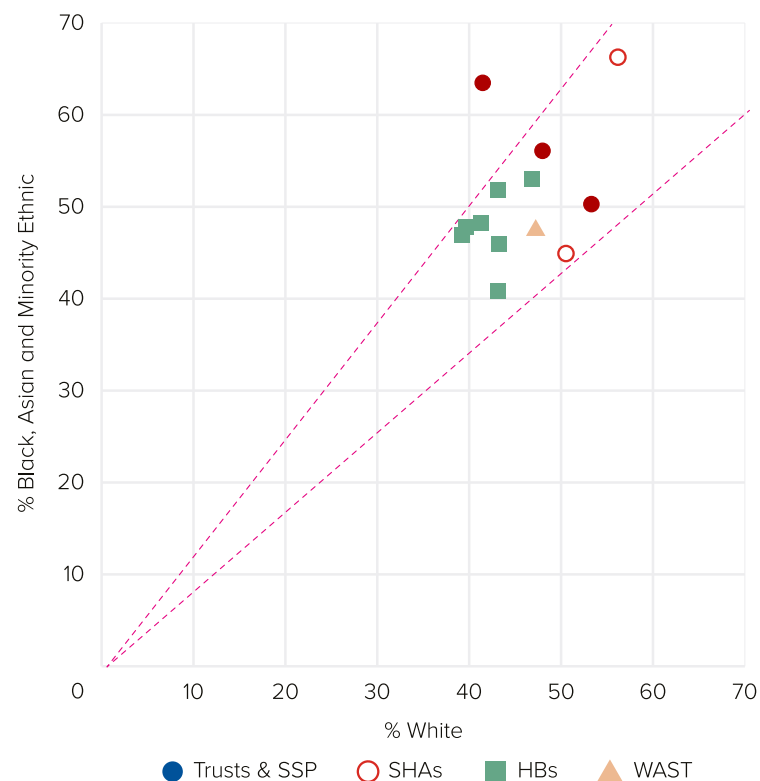
WRES indicator 4

Percentage of staff who are considering a progression opportunity in the coming year, comparing Black, Asian and Minority Ethnic staff to White peers

Figure 11: Percentage of staff, compared by ethnicity, who are considering seeking a progression opportunity in the year ahead



Figure 12: Percentage of White versus Black, Asian and Minority Ethnic staff from each organisation who are considering seeking a progression; area between pink dotted lines representing equity



Summary

- Overall, roughly similar proportions of Black, Asian and Ethnic Minority and White staff report the ambition to seek progression – amounting to about 45% of the total. In the Services + PHW, there is a slightly greater trend for minoritised staff to be planning to apply for progression.
- In 12 out of 13 organisations approximately similar proportions of minoritised and White staff planning to seek progression.

WRES indicator 5

Relative likelihood of staff being appointed from shortlisting across all posts

Figure 13: Percentage likelihood of staff being appointed after shortlisting for all NHS Wales organisations, according to ethnicity, and translation to relative likelihood ratios of being appointed compared to White staff (1= parity, <1 =inequity)

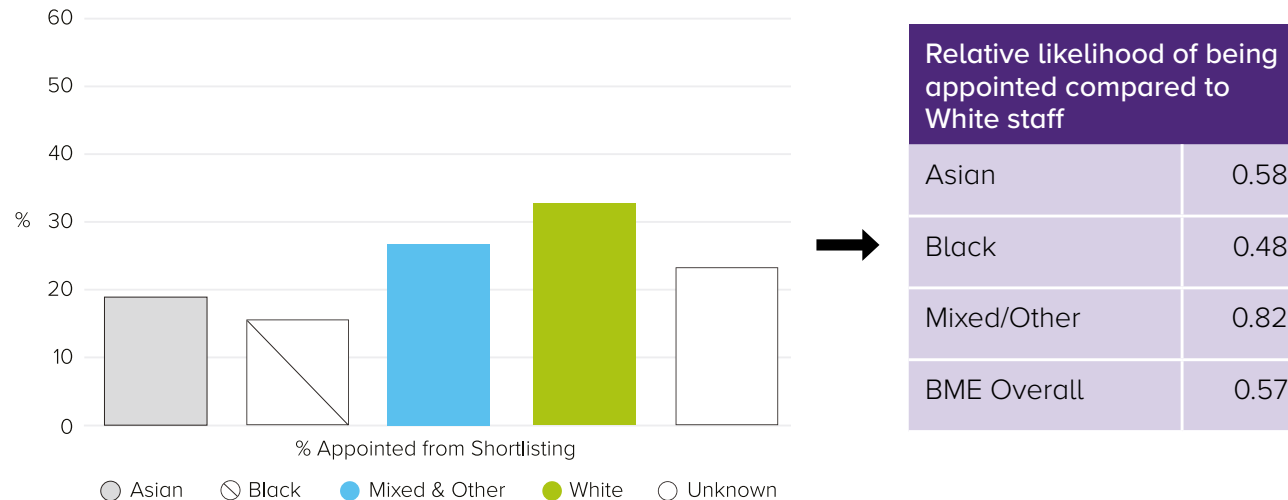
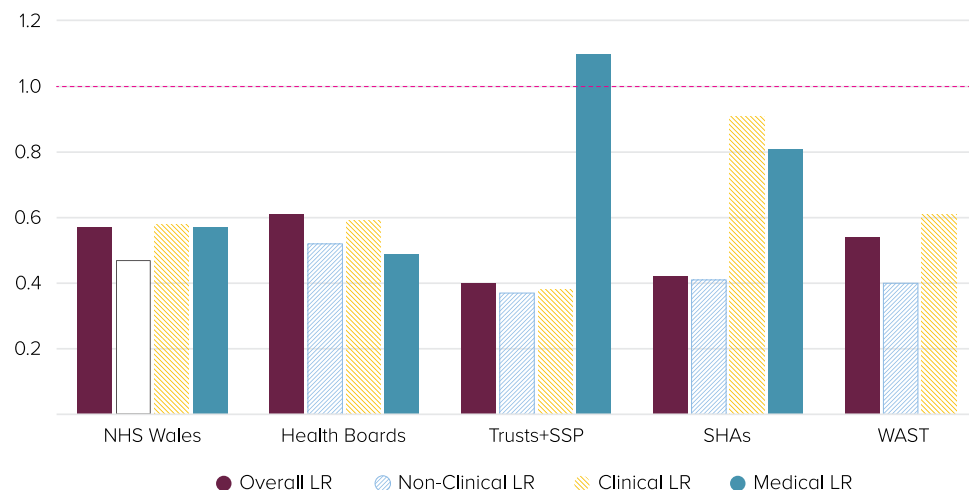


Figure 14: Likelihood ratios (LR) for organisations, disaggregated by type of role and shown for each workforce sector for Black, Asian and Minority Ethnic applicants compared to White (note: no medical positions in WAST, so zero return). Pink dotted line = equity



Summary

- Minoritised staff of all ethnicities are least likely to be appointed to posts after shortlisting, especially Mixed/Other. [Figure 13]
- Overall, the likelihood ratio of 0.57 amounts to a 1.75-times greater likelihood that White rather than minoritised applicants will be appointed. [Figure 13]
- All 13 organisations show a greater likelihood of White than minoritised staff being appointed, for all workforce sectors. [Figure 14]
- This inequality is consistent, but slightly, more prominent for Non-clinical appointments.
- Note that not all appointments are captured on Trac, so future data collections will aim for a fuller dataset.

Professional Development and Training

“My consultant wanted me to do some research for him, which I had no experience of. There was me and my white colleague, and he made sure we both got the time and funding to go to the research course. It was the first time I had a chance to get a paid-for training course.”

ASIAN DOCTOR, SOUTH WALES

WRES indicator 6

Relative likelihood of Black, Asian or Minority Ethnic staff accessing non-mandatory training and Continuing Professional Development (CPD) compared to White colleagues

Figure 15: Percentage of staff accessing training, by ethnicity

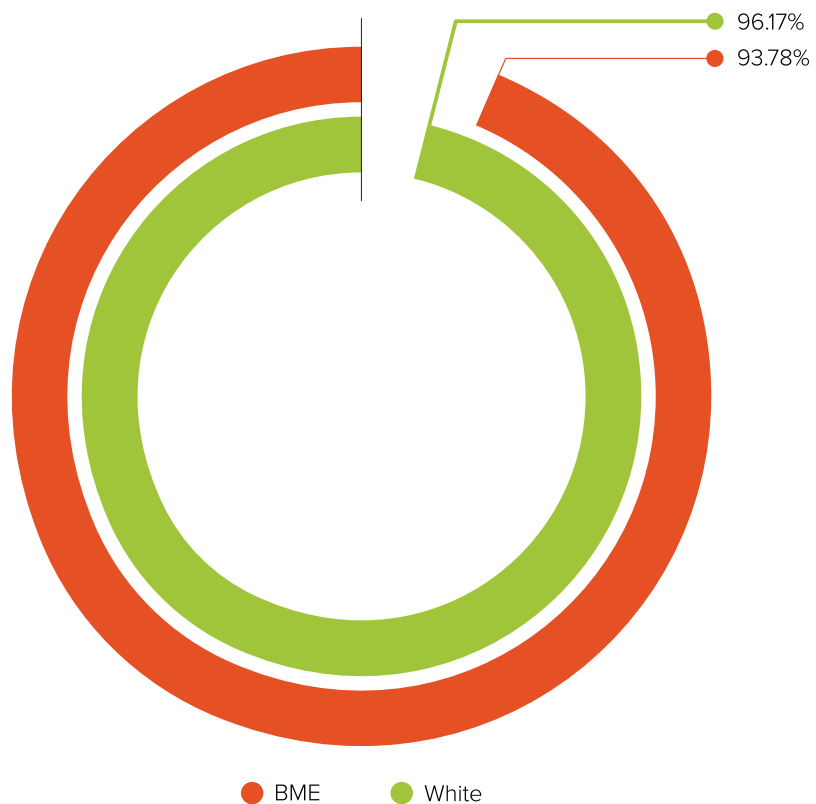


Table 3: Relative likelihood of minoritised staff accessing training, by staff group

Staff Group	Relative likelihood training
Additional Prof Scientific and Technic	0.98
Additional Clinical Services	0.98
Administrative and Clerical	0.99
Allied Health Professionals	0.99
Estates and Ancillary	1.07
Healthcare Scientists	0.98
Medical and Dental	0.97
Nursing and Midwifery Registered	1.01
Students	1.04
Total	0.98

Summary

- Overall, 93.8% of Black, Asian and Minority Ethnic staff accessed non-mandatory training compared to 96.2% White colleagues, giving a likelihood ratio of 0.98, indicating parity. [Figure 15]
- All staff groups have similarly equal rates of accessing training. [Table 3]

Disciplinary and Capability

A patient had delayed discharge because she was not handed on to me, so I did not know I had to see her to confirm she was safe to go home. No one on the ward contacted me, but my supervisor said she had worked with people from my country and they were not hard-working. Just pure prejudice. The manager who referred me to the regulator, had never spoken to me or even met me. He just listened to my supervisor and I never had a chance to tell my story.

BLACK ALLIED HEALTH PROFESSIONAL, NORTH-EAST WALES

I was travelling back from my home country and missed my connecting flight through plane delay, no fault of my own. My manager said I had taken a day's leave without permission. A week later there was a motorway crash and I was late to work – also another white colleague was late. But my manager said I was not reliable and put only me on capability for failing professional standards.

ASIAN MIDWIFE, SOUTH WALES

WRES indicator 8

Relative likelihood of Black, Asian, or Minority Ethnic staff compared to White colleagues entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Figure 16: Likelihood of Black, Asian and Minority Ethnic staff being referred into the formal disciplinary process across different sectors; area between pink lines indicates parity

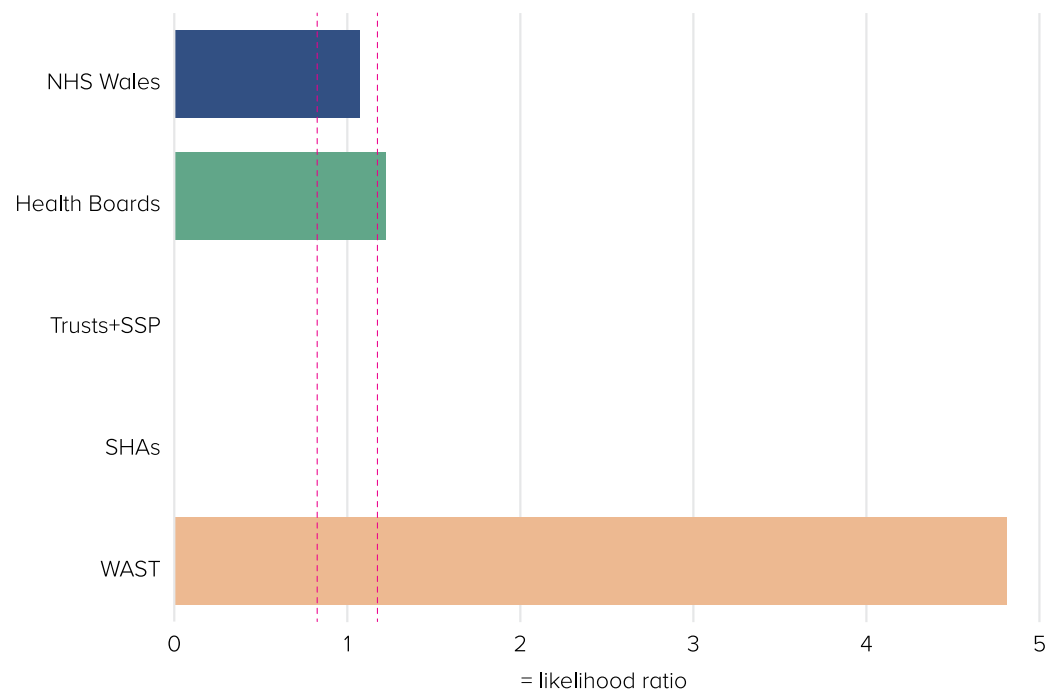


Table 4: Relative likelihood of minoritised staff entering formal disciplinary process, by staff group

Staff Group	Disciplinary Relative Likelihood
Students	0.00
Nursing and Midwifery Registered	1.34
Medical and Dental	0.91
Healthcare Scientists	0.00
Estates and Ancillary	1.44
Allied Health Professionals	2.30
Administrative and Clerical	1.24
Additional Clinical Services	1.64
Additional Prof Scientific and Technic	0.00
Total	1.07

Summary

- There is a wide variation in rates of disciplinary referral, varying from no cases reported from the Services and Trusts at one extreme to a near 5-fold greater likelihood of Black, Asian and Minority Ethnic staff being referred in WAST. [Figure 16]
- Across the whole of NHS Wales it appears that minoritised staff in Allied Health Professional, Additional Clinical Services staff and Nurses and Midwives are the professional groups most likely to be referred. [Table 4]

WRES indicator 9

Relative likelihood of Black Asian or Minority Ethnic staff entering capability processes compared to White colleagues

Figure 17: Likelihood of Black, Asian and Minority Ethnic staff entering capability process across different sectors; area between pink lines indicates parity

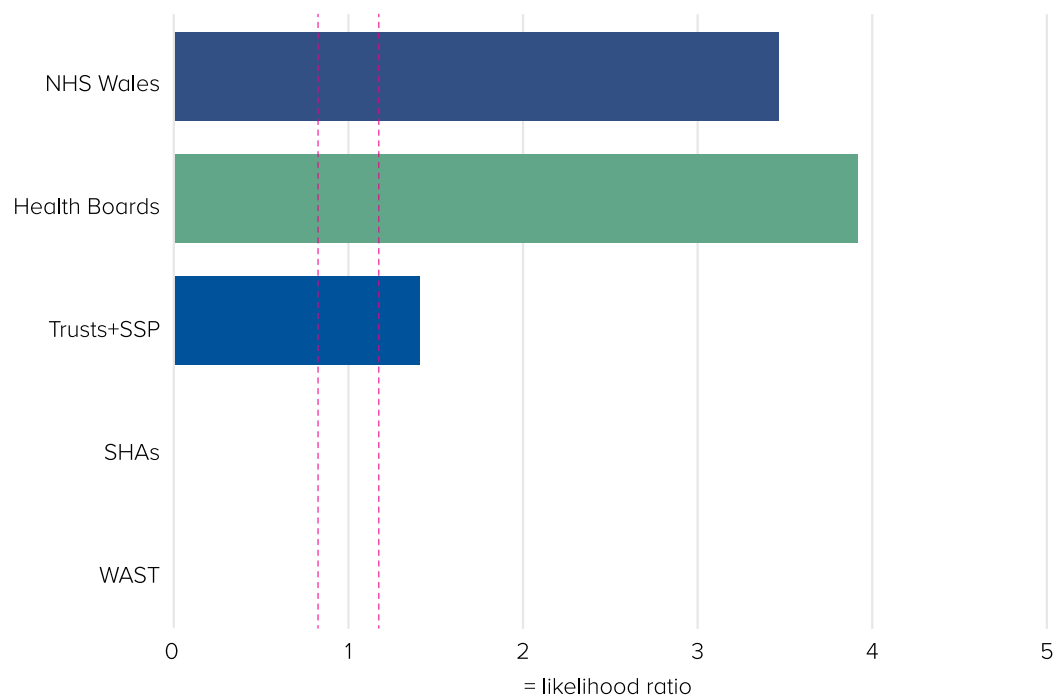


Table 5: Relative likelihood of minoritised staff entering capability process, by staff group

Staff Group	Relative likelihood capability
Additional Prof Scientific and Technic	6.80
Additional Clinical Services	6.71
Administrative and Clerical	6.54
Allied Health Professionals	9.50
Estates and Ancillary	0.00
Healthcare Scientists	7.20
Medical and Dental	0.00
Nursing and Midwifery Registered	2.23
Students	0.00
Total	3.46

Summary

- There is a wide variation in rates of entering the capability process, varying from no cases reported in WAST to an over 10-fold greater likelihood of Black, Asian and Minority Ethnic staff being referred in one Health Board. [Figure 17]
- Some large organisations reported no capability cases, raising issues around accuracy of submitted data.
- Across the whole of NHS Wales minoritised staff from a wide range of professional groups are more likely to be put into the capability process. [Table 5]

Discrimination, Bullying and Harassment

In a room with many of us, a manager said that he had to be sure our bags weren't too bulky because the room was small. And looking at one colleague with a hijab and myself, he said, 'I don't mean because you are terrorists or anything.'

MUSLIM CLERICAL WORKER, SOUTH WALES

The manager and the secretary bullied me and made sexist and racist comments to me and the other staff member from a mixed background. They said our hair was 'wild' just because we had it natural.

BLACK ALLIED HEALTH PROFESSIONAL, NORTH WALES

As the only black woman in my team I get people seeing the colour of my skin and everything they say sees my skin colour first, and what I say second. If I raise any challenge, they say I am 'being aggressive' or I am 'speaking loudly' or I 'don't understand the local culture'.

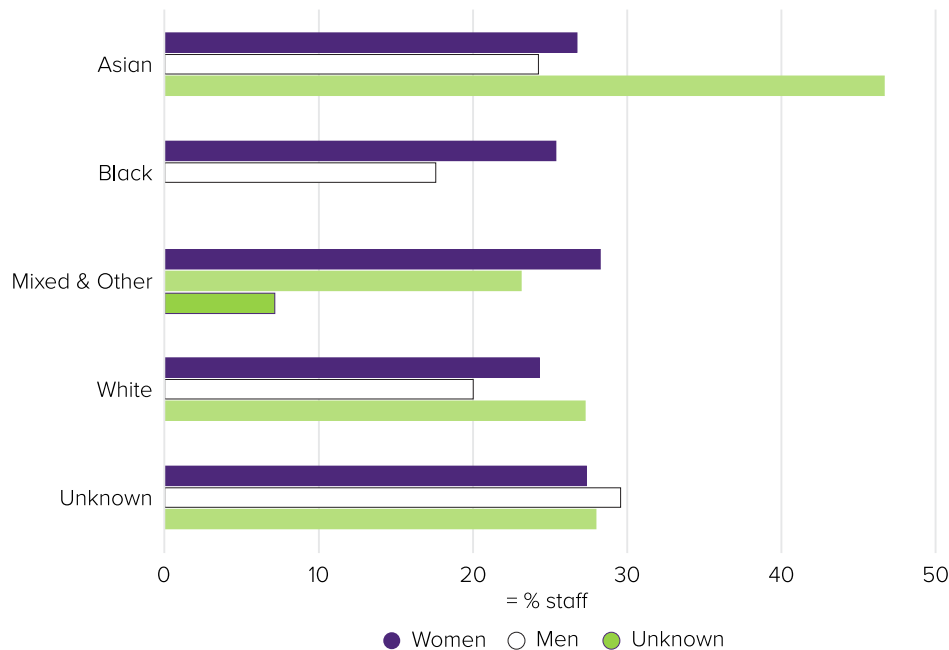
I. WAS. BORN. IN. WALES.

BLACK WARD NURSE, WEST WALES

WRES indicator 10

Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to White colleagues

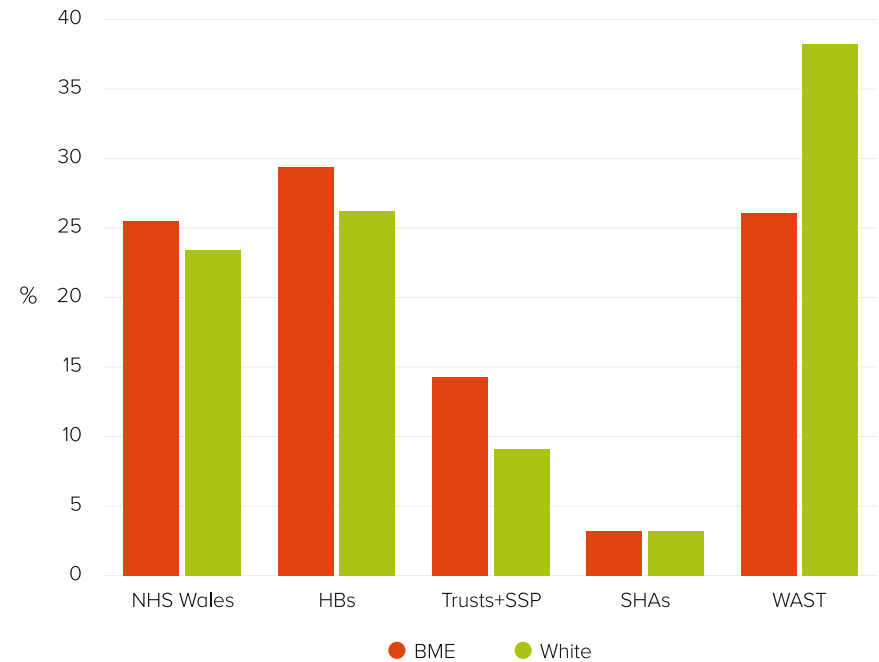
Figure 18: Percentage of staff reporting harassment, bullying, abuse from patients and the public, stratified by ethnicity in all NHS Wales



Summary

- Approximately 1 in 4 NHS Wales staff report experiencing harassment from the public. In general, women are more likely to experience this, with similar proportions across ethnicities. [Figure 18]
- In WAST, Asian women staff and White men staff are especially likely to report harassment, bullying or abuse from the public (note zero survey completion from Black WAST staff). [Figure 19]

Figure 19: Percentage of staff, compared by ethnicity, who have experienced bullying and harassment from patients or public

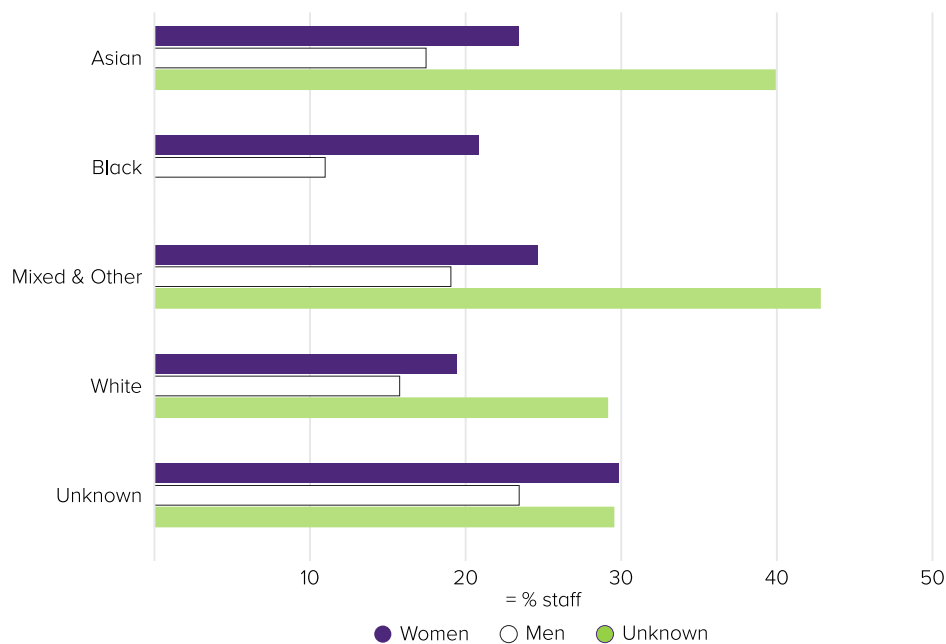


There is a spread of staff disproportionately receiving abuse from the public – more towards Minoritised staff in Trusts+NWSSP, more towards white staff in SHAs.

WRES indicator 11

Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White colleagues

Figure 20: Percentage of staff reporting harassment, bullying, abuse from other staff, stratified by ethnicity in all NHS Wales



Summary

- Approximately 1 in 5 NHS Wales staff report experiencing harassment from other staff. In general, women are more likely to experience this, especially for Black, Asian and Mixed/Other ethnicity staff. [Figure 20]
- In WAST, low survey response rates preclude conclusions being drawn. [Figure 21]

Figure 21: Percentage of staff, compared by ethnicity, who have experienced bullying and harassment from other staff

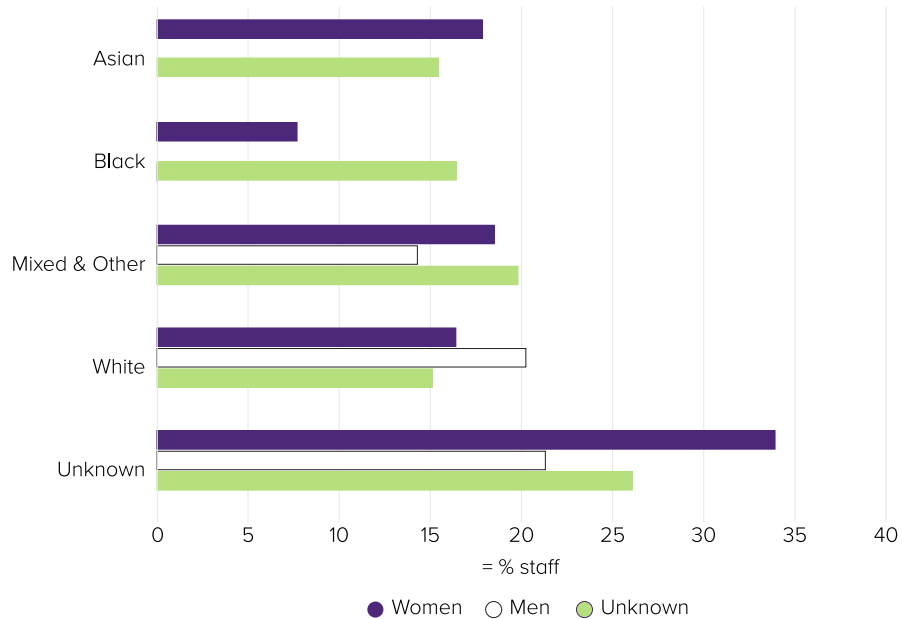


There is a spread of staff disproportionately receiving abuse from colleagues for both White and Minoritised staff.

WRES indicator 12

Percentage of Black, Asian or Minority Ethnic staff compared to White colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

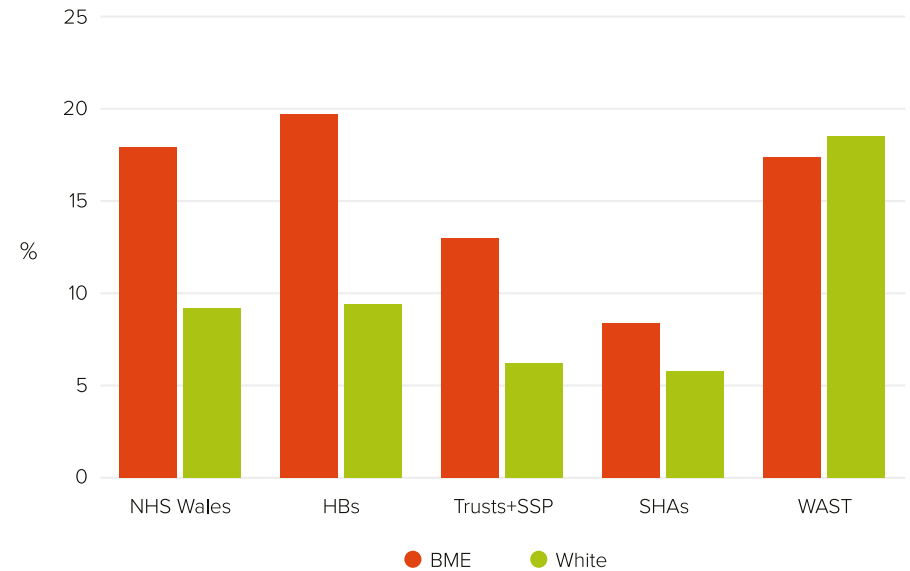
Figure 22: Percentage of staff reporting experiencing discrimination, stratified by ethnicity in all NHS Wales



Summary

- Approximately 1 in 6 NHS Wales staff report experiencing harassment from other staff. In general, women are slightly more likely to experience this, especially for Black and Mixed/Other ethnicity staff. [Figure 22]
- In WAST, low survey response rates preclude conclusions being drawn. [Figure 23]

Figure 23: Percentage of staff, compared by ethnicity, who have experienced discrimination from manager or team leader



In many organisations Minority Ethnic men and women are disproportionately experiencing discrimination from colleagues.

Discussion

This inaugural report of the Welsh Workforce Race Equality Standard (WRES) reveals the baseline state of race inequality in NHS Wales. It provides the quantitative evidence that allows development of an accountability framework by undertaking corrective action, as well as providing the data template to measure the impact of that action.

The analysis in this report indicates that there are challenges faced by staff in many facets of their work, and improving those experiences must be a primary aim of leaders in each of our 13 organisations providing healthcare in Wales. What this report demonstrates is that Black, Asian and Minority Ethnic staff are experiencing, on a daily basis, discrimination and injustice. It is oft-quoted that an organisation's greatest asset is its people – what this report shows is that the greatest asset is actually for leaders to *empower* staff, especially those who are most disadvantaged. The challenges to be addressed are as diverse as the communities which make up the workforce of NHS Wales, and a range of solutions will be needed.

The individual organisational reports that have been shared with the leaders of each organisation identify the areas of race inequality most pertinent to their service. This national report complements that by allowing progress to be viewed across the whole of the country, a core ambition of the Anti-racist Wales Action Plan (ArWAP). This report also meets another ambition of the ArWAP in allowing the national function to identify and disseminate examples of best practice as progress is made. This will allow improvement to be shared and amplified, across the health and social care sectors in Wales.

Conclusion and Next Steps

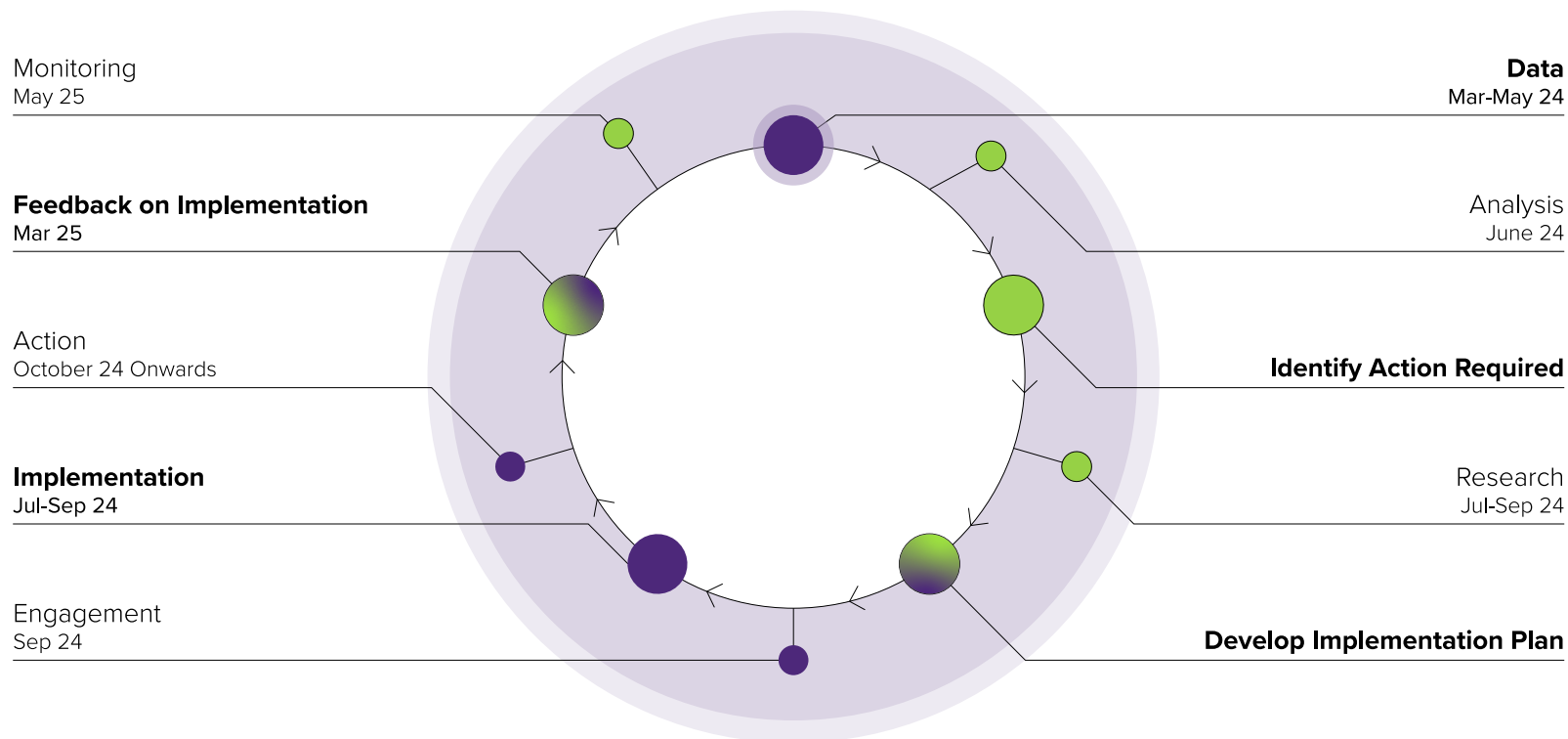
There is much to do to create equitably diverse leadership in NHS Wales. Staff from Minority Ethnic backgrounds are still not being provided with equitable access to the professional support they need to progress their careers and thereby contribute their fullest skills to patient outcomes. Mainstreaming of WRES data in boards requires both familiarity with this dataset as well as ambition to drive change.

This action needs to be considered as a continuing target rather than just a one-off action. Inclusion data needs to be a core consideration of how organisations do their business. This reiterative working will require

collaboration between the organisations and national functions to shape action plans according to best practice and what the data shows. A model for this way of working for the year ahead is shown in Figure 24, with a cycle of actions requiring participation of local and national bodies to deliver this work effectively.

Improving the adverse experiences of the worst affected members of the workforce is what will drive the creation of a racially equal, anti-racist NHS Wales. Any step taken in that direction reflects the success of the WRES as an instrument to deliver social justice.

Figure 24: Iterative data-to-action cycle of the WRES with timeline for the year ahead (purple reflects organisational action and green reflects national actions)



Appendix A: The Workforce Race Equality Standards indicators

Domain		Indicator
Leadership and Representation	1	Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce.
	2	Percentage of staff by ethnicity in each of AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce; presented as (a) Disparity Ratio and (b) number of Black, Asian or Minority Ethnic ESPs.
	3	Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion (<i>staff survey</i>).
	4	Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black, Asian and Minority Ethnic staff compared to White colleagues (<i>staff survey</i>).
	5	Relative likelihood of staff being appointed from shortlisting across all posts.
Professional development and training	6	Relative likelihood of Black, Asian or Minority Ethnic staff accessing non-mandatory training and CPD compared to White colleagues.
	7	Percentage of staff by ethnicity (a) completing anti-racist training and (b) having inclusion objectives set during appraisal.
Disciplinary and capability	8	Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues.
	9	Relative likelihood of Black Asian or Minority Ethnic staff entering capability processes compared to White colleagues.
Discrimination, bullying and harassment	10	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to white colleagues (<i>staff survey</i>).
	11	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White colleagues (<i>staff survey</i>).
	12	Percentage of Black, Asian or Minority Ethnic staff compared to White colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues (<i>staff survey</i>).

Appendix B: Data Summary

	NHS Wales	Health Boards	Trusts+SSP	SHAs	WAST
Ethnicity composition of workforce					
Asian	5.35%	5.22%	8.83%	5.27%	0.28%
Black	1.56%	1.43%	3.31%	2.29%	0.21%
Mixed/Other	2.64%	2.54%	4.44%	2.24%	0.88%
White	79.67%	80.37%	69.49%	80.26%	87.43%
Unknown	10.78%	10.45%	13.93%	9.95%	11.21%
Indicator 1: Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce					
Overall Board difference	-5.88%	-7.67%	-9.44%	-2.66%	4.52%
Executive Board difference	-5.85%	-9.19%	-6.58%	0.72%	-1.36%
Non-executive Board difference	-5.94%	-5.49%	-16.58%	-9.80%	11.14%
Unknown rates Overall Board	25.24%	29.14%	16.67%	17.86%	29.41%
Indicator 2: Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce: a) disparity ratio (>1 = inequality)					
Lower to Middle	1.51	1.58	1.17	1.04	0.69
Middle to Upper	1.81	1.89	2.34	1.78	0.92
Upper to Senior	0.72	1.61	0.36	0.8	0.23
Lower to Senior	1.97	4.82	0.98	1.49	0.15

	NHS Wales	Health Boards	Trusts+SSP	SHAs	WAST
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Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce:

Percentage ESPs who are Black, Asian or Minority Ethnic	3.28%	2.25%	5.00%	7.69%	5.26%
Percentage Unknown ESP	27.87%	32.08%	17.50%	19.23%	26.32%

Indicator 3: Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Asian	42.1%	40.2%	41.8%	68.1%	40.0%
Black	36.4%	35.2%	46.7%	35.3%	0.0%
Mixed/Other	41.4%	38.9%	46.3%	45.2%	62.5%
BME	41.0%	39.1%	44.4%	42.8%	52.2%
White	48.7%	47.6%	55.1%	60.4%	37.6%
Unknown	19.8%	18.4%	22.0%	36.2%	16.1%

Indicator 4a): Percentage of staff who have sought a progression opportunity in the last 12 months comparing Black, Asian and ethnic minority staff to White colleagues

Asian	42.1%	41.3%	43.9%	46.8%	60.0%
Black	36.9%	35.8%	43.3%	41.2%	0.0%
Mixed/Other	39.4%	39.2%	37.9%	51.6%	31.3%
BME	40.4%	39.8%	47.4%	40.3%	34.7%
White	36.4%	36.3%	35.4%	37.5%	40.2%
Unknown	29.6%	29.0%	27.0%	34.0%	41.9%

	NHS Wales	Health Boards	Trusts+SSP	SHAs	WAST
Indicator 4b): Percentage of staff who would consider seeking a progression opportunity in the next 12 months comparing Black, Asian and ethnic minority staff to White colleagues					
Asian	53.0%	51.8%	55.1%	61.7%	80.0%
Black	52.9%	47.7%	73.3%	76.5%	0.0%
Mixed/Other	44.0%	40.8%	52.6%	54.8%	43.8%
BME	49.8%	47.8%	56.5%	62.1%	47.8%
White	43.6%	42.0%	47.6%	54.3%	47.2%
Unknown	35.9%	34.9%	32.0%	53.2%	43.3%
Indicator 5: Relative likelihood of staff being appointed from shortlisting across all posts (<1 = inequality)					
Overall likelihood ratio (LR) BME staff appointed	0.57	0.61	0.40	0.42	0.54
Non-clinical LR BME staff appointed	0.47	0.52	0.37	0.41	0.40
Clinical LR BME staff appointed	0.58	0.59	0.38	0.91	0.61
Medical LR BME staff appointed	0.57	0.51	1.1	0.81	nil
Student LR BME staff appointed	1	1	N/A	N/A	N/A
Indicator 6: Relative likelihood of white staff accessing non-mandatory training and CPD compared to					
Overall LR	0.98	0.99	0.92	0.93	0.98
% BME staff accessing training	93.8%	95.4%	85.5%	85.5%	94.9%
% White staff accessing training	96.2%	96.5%	93.2%	92.0%	97.0%

	NHS Wales	Health Boards	Trusts+SSP	SHAs	WAST
Indicator 8: Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process compared to White colleagues (>1 = inequality)					
Overall LR	1.07	1.21	0	0	4.81
% BME entering formal disciplinary process	0.66%	0.79%	0%	0%	5.08%
% White entering formal disciplinary process	0.62%	0.65%	0.30%	0.19%	1.06%
% Unknown	0.48%	0.51%	0.07%	0%	
Indicator 9: Relative likelihood of Black, Asian, or Minority Ethnic staff entering local capability process compared to White colleagues					
Overall LR	3.46	3.86	1.40	0	0
% BME entering local capability process	0.21%	0.24%	0.06%	0%	0%
% White entering local capability process	0.06%	0.06%	0.04%	0%	0.08%
% Unknown	0.06%	0.06%	0.07%	0%	0.21%
Indicator 10: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to white colleagues					
% Asian (women: men: other)	26.8 24.2 0	30.6 27.5 0	10.8 18.8 0	5 0 0	50.0 33.3 0
% Black (women: men: other)	25.6 17.6 0	27.9 21.9 0	15.4 11.8 0	12.5 0 0	0 0 0
% Mixed/Other (women: men: other)	28.2 23.1 28.6	34.6 25.0 33.3	11.5 22.6 33.3	0 5.6 0	12.5 37.5 0
% White (women: men: other)	24.3 20.0 25.9	27.1 22.1 28.2	9.5 8.0 11.1	2.5 3.8 0	36.6 40.4 0
% Unknown (women: men: other)	27.4 29.6 23.0	30.1 36.9 27.9	23.5 0 10.0	7.7 0 0	30.0 50.0 26.7
% Total (BME: white: unknown)	25.5 23.4 27.7	29.4 26.2 32.3	14.3 9.1 11.0	3.2 3.2 4.3	26.1 38.2 25.8

	NHS Wales			Health Boards			Trusts+SSP			SHAs			WAST		
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Indicator 11: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to white colleagues

% Asian (women: men: other)	28.8	24.9	0	29.3	28.8	0	32.3	9.4	0	10.0	3.8	0	0	66.7	0
% Black (women: men: other)	28.6	14.3	0	29.7	18.8	0	23.1	5.9	0	12.5	0	0	100	0	0
% Mixed/Other (women: men: other)	34.4	28.3	28.6	39.0	27.6	33.3	23.0	22.6	33.3	18.2	38.9	0	12.5	37.5	0
% White (women: men: other)	26.9	24.6	40.0	28.7	26.0	40.8	17.7	16.3	22.2	14.0	12.2	33.3	34.0	39.9	100
% Unknown (women: men: other)	38.9	41.7	32.8	41.0	47.6	32.6	23.5	16.7	40.0	46.2	22.2	16.7	50	40	50
% Total (BME: white: unknown)	28.6	26.6	41.2	31.0	28.4	44.3	22.4	17.4	29.0	13.7	13.9	29.8	30.4	37.1	38.7

Indicator 12: Percentage of Black, Asian or Minority Ethnic staff compared to white colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

% Asian (women: men: other)	18.3	15.2	33.3	19.9	16.5	50.0	13.8	9.4	0	5.0	3.8	0	0	66.7	0
% Black (women: men: other)	26.9	16.5	0	28.6	17.2	0	15.4	17.6	0	12.5	11.1	0	100	0	0
% Mixed/Other (women: men: other)	18.8	12.1	14.3	19.7	14.7	33.3	18.0	3.2	0	18.2	11.1	0	0	12.5	0
% White (women: men: other)	8.9	9.4	23.5	9.0	9.9	22.5	6.5	4.6	22.2	6.2	4.8	33.3	18.1	18.0	50.0
% Unknown (women: men: other)	20.9	15.7	13.1	21.3	14.3	14.0	14.7	16.7	20.0	23.1	22.2	0	50.0	20.0	0
% Total (BME: white: unknown)	17.9	9.2	18.8	19.7	9.4	18.9	13.0	6.2	17.0	8.4	5.8	19.1	17.4	18.5	22.6