

# **NHS Workforce Race Equality Standard**

**For 31 March 2020**



**Quality first and foremost**

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# Introduction

Welcome to our NHS Workforce Race Equality Standard Report and Action Plan 2020.

The Standard was mandated in April 2015 and requires all NHS Trusts to publish information on race equality within their organisations and to take steps to address areas of inequality identified; thereby improving future results and most importantly the real, lived experience of Black, Asian, and Minority Ethnic staff.

The Standard was mandated in recognition of continuing inequality for Black, Asian, and Minority Ethnic staff within the NHS despite years of initiatives to improve this. Across all indicators these members of staff continue to experience worse outcomes when compared to White staff. And evidence shows that this impacts on patients, with poor staff experience leading to poor patient experience.

The Standard focuses on nine indicators:

- career progression and representation at higher pay levels
- recruitment
- formal disciplinary processes
- non-mandatory training and personal development
- harassment, bullying and abuse from patients/public
- harassment, bullying and abuse from other staff
- equal opportunities
- discrimination
- board level representation

This report provides the results for these nine indicators and our action plans areas for 2020-23 in relation to race equality in employment.

We can't look at race equality in the NHS in 2020 without considering the disproportionate impact of Covid 19 on Black, Asian and Minority Ethnic staff, nor can we ignore the #BlackLivesMatters movement. Together they have shone a light on race inequality, discrimination and racism across our society and throughout organisations, including the NHS. On page 20 we provide more detail on what we are doing in relation to race equality in Bridgewater as we move forwards through 2020 and beyond.

Throughout this document we will use the abbreviations **WRES** for the Workforce Race Equality Standard, **BAME** for Black, Asian and Minority Ethnic, **ESR** for Electronic Staff Record, **EDI** for Equality, Diversity and Inclusion, and **AfC** for Agenda for Change.

If you have any questions, queries or comments, please see our contact details at the end of the report.

## Our Results – 31 March 2020

We have provided in the table to follow a summary of our results against the nine indicators of the WRES. The pages to follow provide further detail and a brief analysis, including looking at results since 2015 against each indicator.

**Table 1: Summary WRES Results 2020**

Indicator						
<b>1. Percentage of staff in each AfC Band 1-9 or Medical and Dental pay grades, compared with the percentage of staff in the workforce overall</b>						
<b>Disaggregated by non-clinical staff, clinical staff, and medical and dental staff</b>						
	Non-clinical			Clinical		
	White	BAME	N/S	White	BAME	N/S
AfC1	0%	0%	0%	0%	0%	0%
AfC2	<b>5.8%</b>	<1%	<1%	<b>2.0%</b>	<1%	<1%
AfC3	<b>7.6%</b>	<1%	<1%	<b>6.3%</b>	<1%	<1%
AfC4	<b>2.2%</b>	0%	0%	<b>6.2%</b>	<1%	<1%
AfC5	<b>2.2%</b>	<1%	<1%	<b>15.4%</b>	1.1%	<1%
AfC6	<b>1.8%</b>	<1%	<1%	<b>20.6%</b>	<1%	<b>1.3%</b>
AfC7	<1%	<1%	<1%	<b>8.5%</b>	<1%	<1%
AfC8a	<1%	0%	<1%	<b>3.0%</b>	0%	<1%
AfC8b	<1%	<1%	0%	<1%	0%	0%
AfC8c	<1%	0%	0%	<1%	<1%	0%
AfC8d	<1%	0%	0%	0%	0%	<1%
AfC9	<1%	0%	0%	0%	0%	0%
VSM	<1%	0%	<1%	<1%	0%	0%
	<b>Medical and Dental Grades:</b>					
Consultants	<1%	<1%	<1%			
(of which VSM)	<1%	<1%	<1%			
Non-Consultant Career Grade	<b>3.6%</b>	<b>2.3%</b>	<1%			
<b>Continued....</b>						

Indicator	
2. Relative likelihood of being appointed from shortlisting across all posts	1.39 times more likely to be appointed if you are White
3. Relative likelihood of entering formal disciplinary processes	2.4 times more likely to enter formal disciplinary processes if you are BAME
4. Relative likelihood of accessing non-mandatory training/CPD	0.6 times more likely to access this training if you are BAME
5. Percentage of staff experiencing bullying, harassment and abuse from patients/relatives/public in last 12 months	BAME 28.0% White 23.1%
6. Percentage of staff experiencing bullying, harassment and abuse from staff in last 12 months	BAME 20.0% White 20.8%
7. Percentage believing the Trust provides equal opportunities for career progression and promotion	BAME 70.6% White 89.6%
8. In the last 12 months personally experiencing discrimination from manager/team leader/other colleagues	BAME 16.0% White 4.9%
9. Percentage difference between Board membership and overall workforce  Disaggregated by voting and non-voting members	White -25.6% BAME 3.4% Not Stated 22.2%

## Indicator 1: Staff Pay

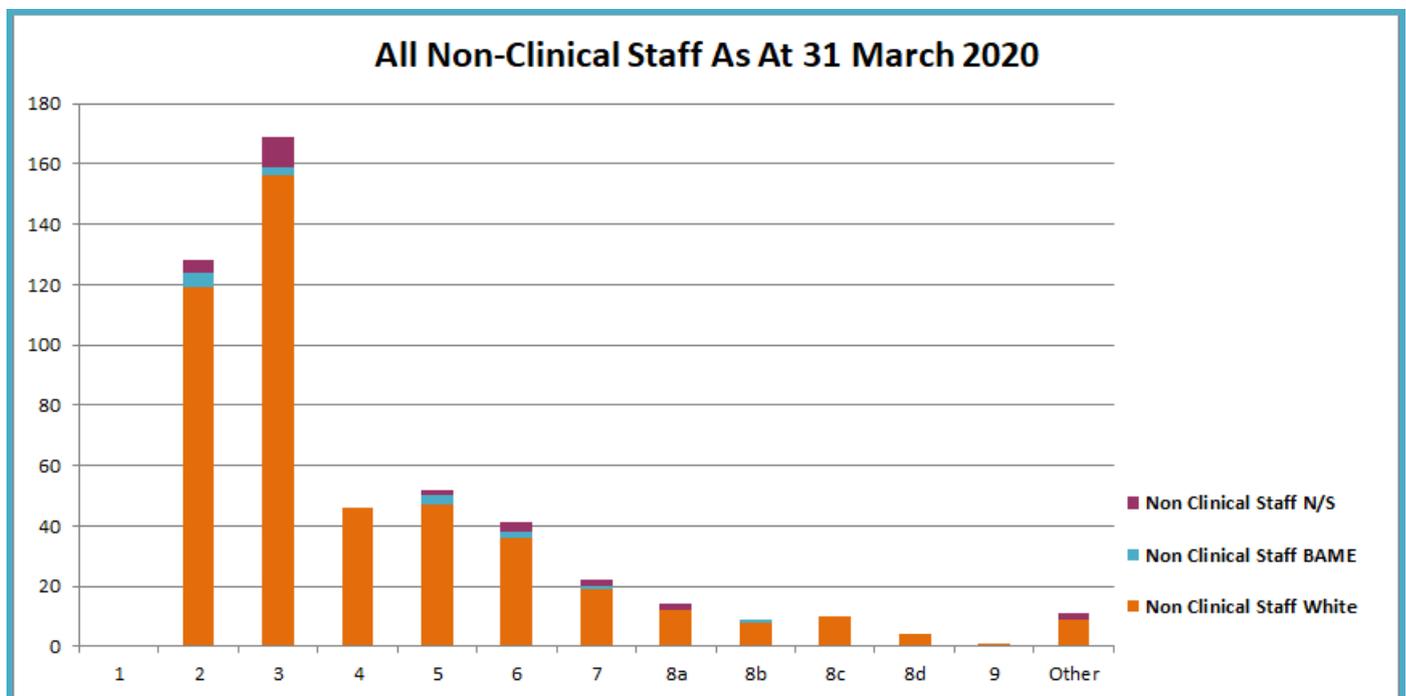
This indicator looks at pay, what percentage (%) of White staff and BAME staff are in each of the pay bands 1 to 9, in medical and dental posts, and very senior manager posts (including executive board members).

These figures are compared with the overall workforce.

### Non-Clinical Staff:

The figure below shows all non-clinical staff as at 31 March 2020, showing BAME, White and ethnicity unknown staff by pay band:

Figure 1: All Non-Clinical Staff As At 31 March 2020

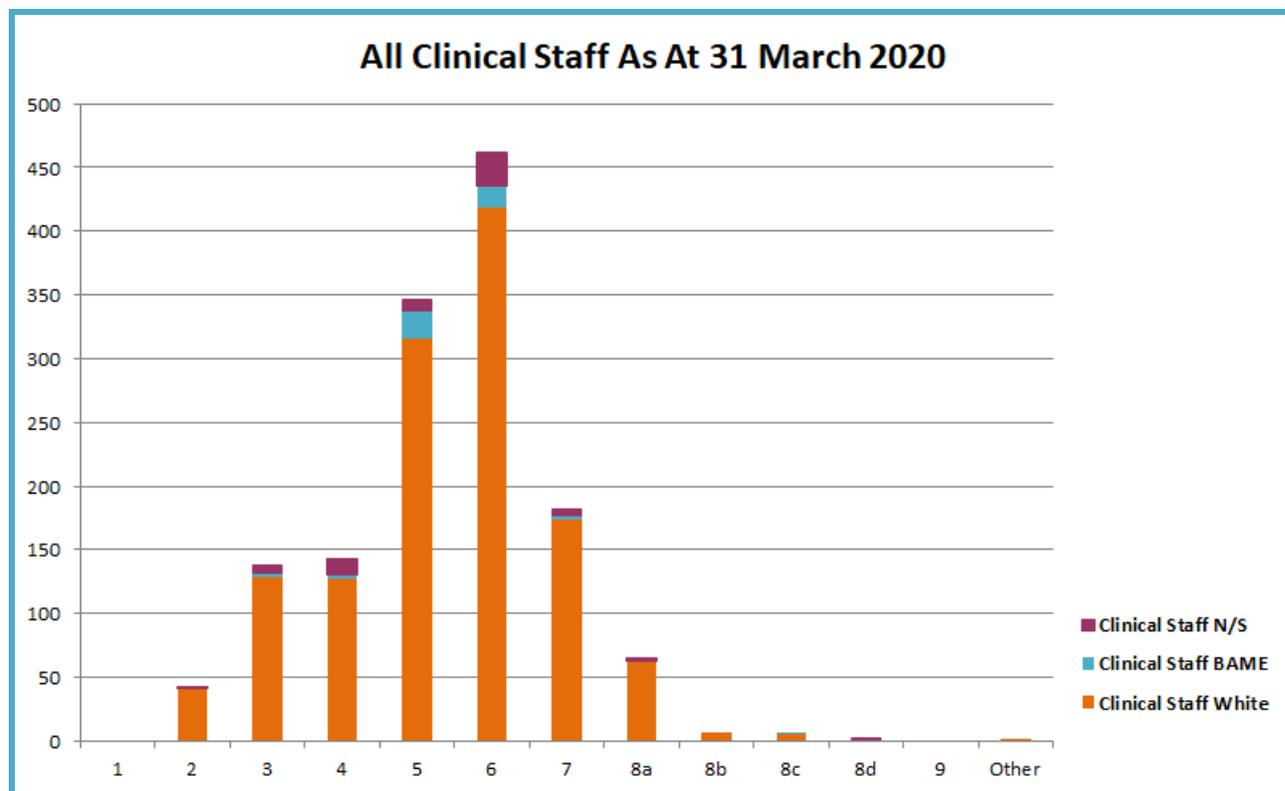


- As can be seen numbers of BAME staff are low overall in non-clinical roles, 3.0% out of 507 non-clinical staff are BAME.
- We have a number of non-clinical staff records that have no ethnicity recorded.
- Most BAME non-clinical staff are in clerical roles, we are unable to provide more detail as the low numbers make staff potentially personally identifiable.
- Most BAME staff in non-clinical roles are in Agenda for Change (AfC) Band 2, with small numbers in Bands 3, 5 and 6, but these are all very small numbers of staff.
- There are no BAME staff above Band 8b, i.e. in senior or executive non-clinical roles.
- The 'Other' staff are all Board Executives and Non-Executives; with one apprentice and one member of bank staff in 'Under Band 1'. All are White or Not Stated.

## Clinical Staff:

The figure below shows all clinical staff as at 31 March 2020, showing BAME, White and ethnicity unknown staff by pay band:

Figure 2: All Clinical Staff As At 31 March 2020



- As can be seen again the numbers of BAME staff are low at 3.5% of all 1,400 clinical staff.
- There are 68 staff records where ethnicity is not recorded.
- The majority of BAME clinical staff are in AfC Bands 5 and 6, there are very few BAME staff above Band 6 in clinical roles.
- 45% of BAME clinical staff are in frontline roles as Community Nurses and Community Practitioners.

## Medical and Dental Staff:

The table to follow shows our medical and dental workforce, as can be seen the percentage of BAME staff is significantly higher than in our overall workforce. Over half of these staff are bank GPs and just over 11% are in Dental Officer roles.

Table 2: Medical and Dental Staff By Ethnicity as Percentage (%)

BAME	White	Not Stated
37.6%	54.6%	7.8%

## Indicator 2: Recruitment

This indicator looks at recruitment, to see how more likely White applicants are to be successful and to be appointed when compared to BAME staff.

(A likelihood figure above one would show that White applicants are more likely to be appointed than BAME applicants).

Our likelihood figure for this year is 1.39. This means that White staff are 1.39 times more likely to be recruited than BAME staff. This is small deterioration on our figure of 1.28 last year.

The figure below shows ethnicity at each stage of recruitment and the table to follow shows the percentage by ethnicity at each stage of the recruitment process. This includes both internal and external recruitment of all vacancies advertised through NHS Jobs.

Figure 3: Recruitment April 2019 to March 2020 Showing Ethnicity

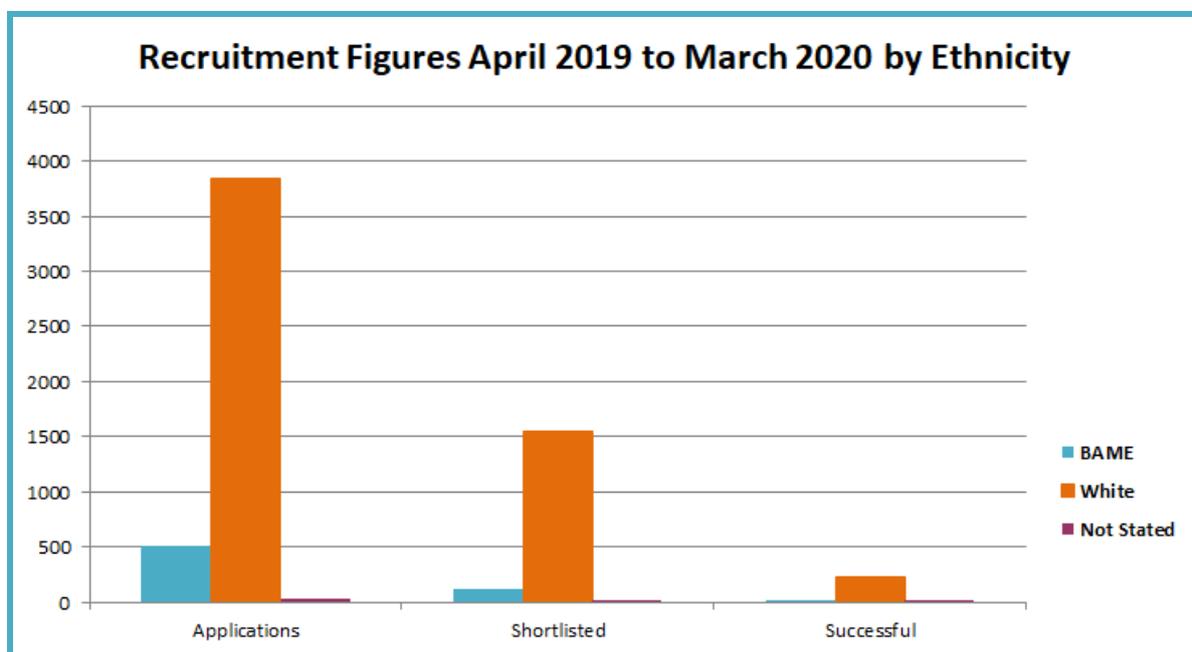


Table 3: Recruitment by Ethnicity as a Percentage of the Total at Each Stage

	Application	Shortlisting	Successful
BAME	11.6%	7.4%	5.1%
White	87.7%	92.2%	88.2%
Not Stated	0.7%	0.4%	6.7%

- As can be seen the percentage of BAME applicants falls through each stage of the recruitment process.

- The percentage of BAME staff recruited is higher than the overall Trust workforce figures, but it equates to a very small number of staff, 13 overall in the period.
- We remain challenged with ethnicity reporting in staff records as can be seen in the table above, the percentage of applicants not disclosing ethnicity in the equal opportunities monitoring form is very low at under 1%, but rises to 6.7% by the time a staff record is created for the new starter. This is reflective of a problem with transfer of data from NHS Jobs to ESR rather than reflective of an unwillingness to state ethnicity. Improving our data is one of the important actions we are working on in 2020.
- As a Trust we are not a sponsor organisation so are unable to accept Tier 2 applicants in recruitment, this means that many applications from overseas have to be rejected as we are legally unable to accept them. As part of our commitment to race equality we are looking at how we can support increased BAME applications from in our communities, and success through recruitment processes for these applicants.

### Indicator 3: Disciplinary

This indicator looks at disciplinary processes in the Trust, at how more likely BME staff are to be involved in formal disciplinary processes when compared with White staff.

(A likelihood figure above one would show that BME staff are more likely to be in formal disciplinary processes than White staff).

Our result for this year is 2.4, a small improvement on last year's figure of 2.72. While this result shows that BAME staff are more likely to enter formal disciplinary proceedings caution should be used due to the very small number of staff involved in formal disciplinary overall, less than 20 staff in total.

In 2019 we started work on implementing Just and Learning Culture in Bridgewater, work on this has paused as a result of the Covid 19 pandemic but planning is in place to resume this in summer 2020. Merseycare who are leaders in this area are close neighbours and as such we are ideally placed to access best practice and support in delivering this project and sustaining improvements in disciplinary processes and overall just culture across the Trust.

### Indicator 4: Non-Mandatory Training and Development

This indicator looks at non-mandatory training and development opportunities, and how more likely White staff are to take part in these opportunities compared to BME staff.

(A likelihood figure above one would show that White staff are more likely to take part in these opportunities than BME staff).

In 2020 we have used the data from the Online Learner Management system and can identify that in total 710 members of staff accessing non-mandatory training in this period, of these 68 (9.6%) were BAME.

This gives a result of 0.60 meaning that in 2019/20 BAME staff were more likely to access these opportunities than White staff. This is an improvement on the previous year.

In previous years we have taken a different approach to checking data for this indicator, we feel this new approach, available following a great deal of valuable work from staff, is a more robust way of measuring for this result going forward. We know that during this period the availability of non-mandatory training and personal development opportunities for staff has reduced due to changes within the Education and Professional Development team, we hope going forward that more opportunities and more diversity of opportunity will exist to support staff development.

### Indicator 9: Board

This indicator looks at our Board of Directors, and what the difference is, in percentage, compared with the workforce

The following table shows the percentage difference between our Board membership and our overall workforce. A minus figure shows under-representation compared to workforce and a positive figure over-representation – however we need to be caution, as whole the Trust is under-representative of the communities we serve, and Board membership numbers are very small.

Table 4: Showing Board Ethnicity Representation Compare to Overall Workforce Representation

	White	BAME	Not Stated
<b>Board</b>	-25.6%	3.4%	22.2%

- The Board is committed to race equality for both workforce and for BAME communities and has signed up to the Greater Manchester Race Equality Charter and the Race At Work Charter.
- In 2020 the Board approved the WRES: A Model Employer Action Plan, the planned actions and targets for the Trust to work towards the next ten years. The Trust was not set a target by the national WRES team as the overall percentages of BAME staff in pay bands made the creation of targets impossible; however we recognised that our data in the WRES since 2015 shows under-representation of BAME staff in higher pay bands and successful recruitment; over-representation in disciplinary figures; and consistently worse figures in NHS Staff Survey indicators, for this reason we chose to set ourselves actions and targets to improve race equality in our workforce.
- As a result of the Covid 19 pandemic and its disproportionate impact on BAME staff in the NHS and wider communities, and the momentum of the #BlackLivesMatter movement this action plan, along with the Trust’s Equality, Diversity & Inclusion Strategy Action Plan are being refreshed in summer 2020 to reflect our new understanding of race equality issues, and stronger actions to improve race equality and reduce inequality in our workforce and our communities.

## NHS Staff Survey 2019 Results

As a result of Covid 19 the reporting of NHS Staff Survey Indicators has been suspended for 2020, however the results themselves are already available and relate very importantly to the issues raised by the #BlackLivesMatter movement – the inequality and ill-health caused by racism, bullying, harassment, discrimination and unequal access to services and employment. So we have made the decision to provide our results within this report.

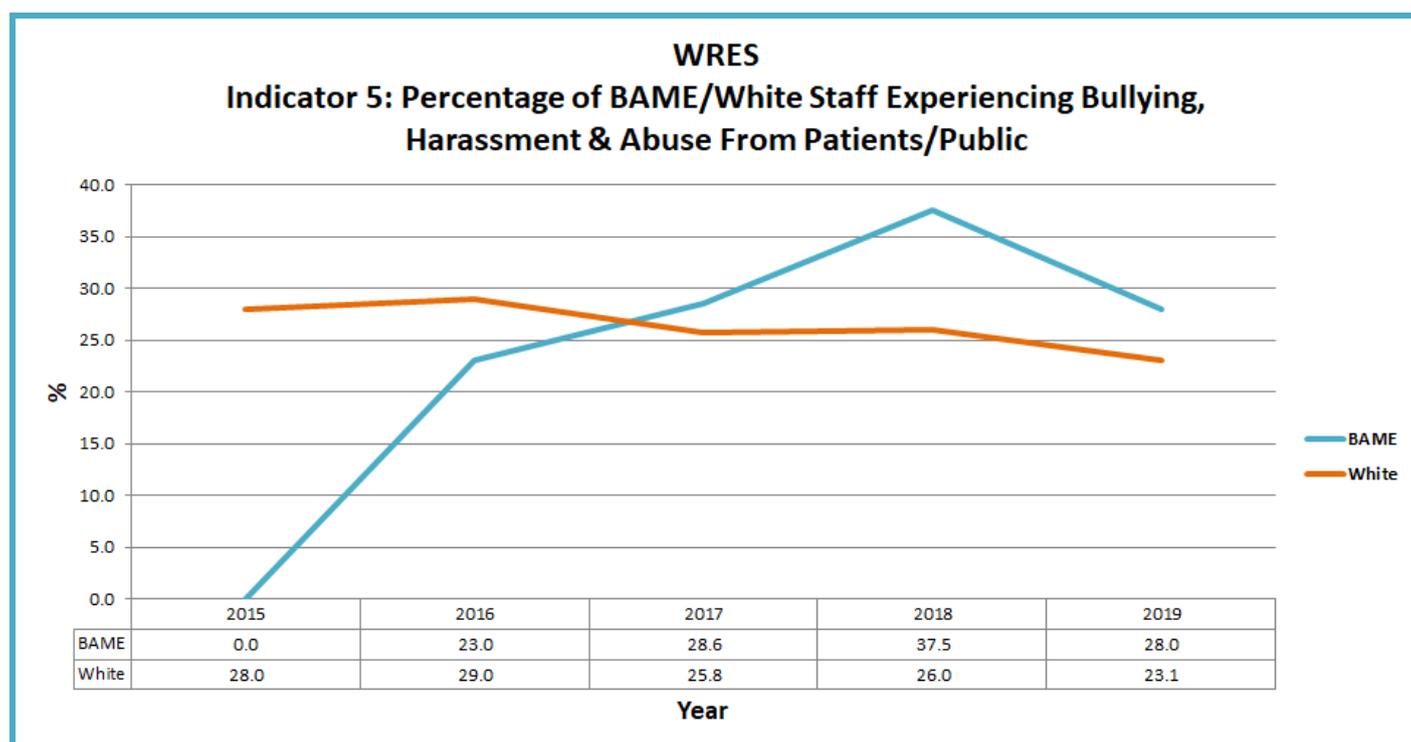
### Indicator 5: Bullying, Harassment and Abuse – Patients, Relatives and the Public

This indicator looks at the percentage of staff who have experienced harassment, bullying or abuse from patients, relatives or other members of the public in the last year.

*(NHS Staff Survey 2019)*

The figure below looks at the trend in this indicator from 2015 (when numbers responding were too low to report, so register as zero) to 2019.

Figure 4: Bullying, Harassment and Abuse from Patients/Relatives/Public from 2015 - 2019



- Overall the Trust's result in this indicator was 23.2%. There were 25 responses from BAME staff to this question.
- As can be seen BAME staff have since 2017 reported a higher rate of bullying, abuse and harassment from patients, relatives and the public.
- There was a large jump in 2018 that has returned to a lower figure in this year's Survey. However, even given the low numbers of staff who responded to the Survey this figure is still too high, no one should be subjected to these behaviours in the workplace.

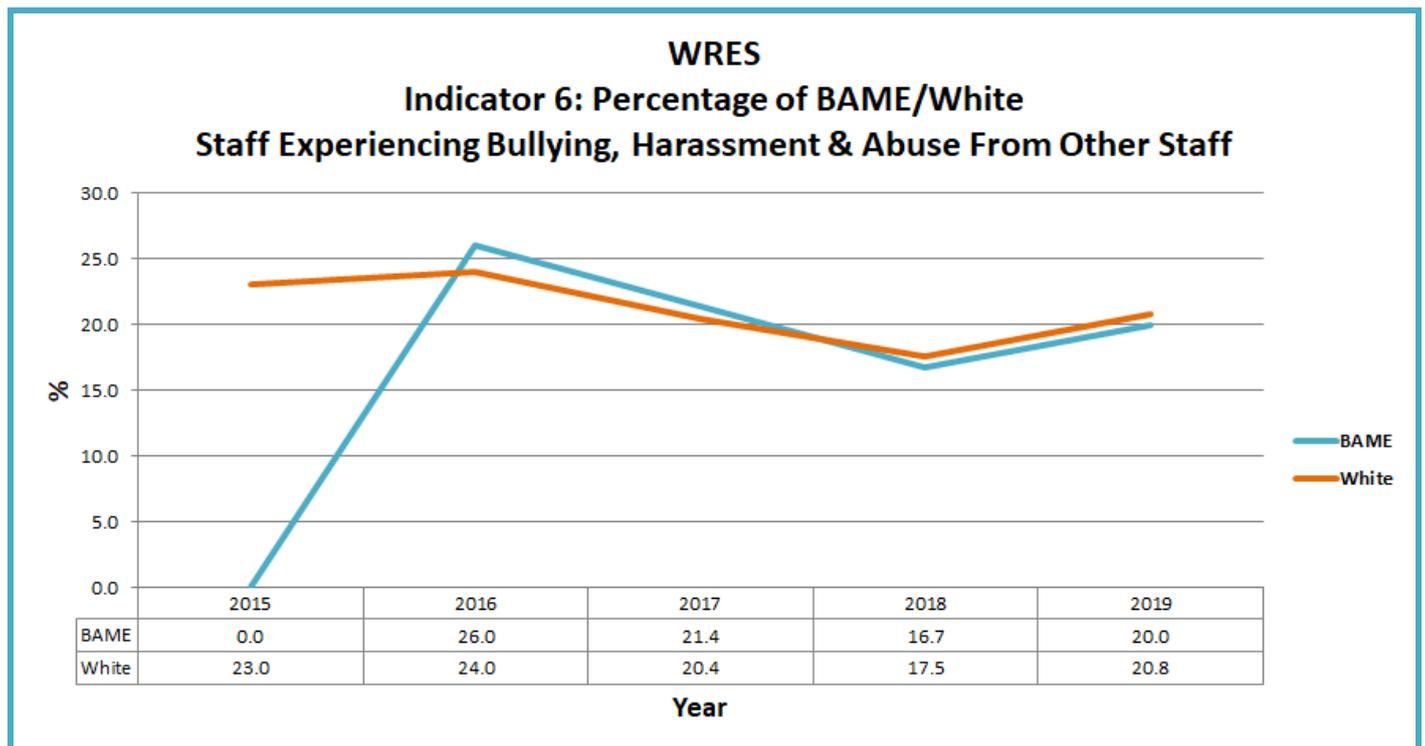
## Indicator 6: Bullying, Harassment and Abuse – Other Staff

This indicator looks at what percentage of staff have experienced harassment, bullying or abuse from other staff in the last year.

(NHS Staff Survey 2019)

The figure below looks at the trend since 2015 for this indicator, (please note in 2015 as for above numbers responding were too low for reporting so a zero figure was returned).

Figure 5: Bullying, Harassment and Abuse from Staff from 2015 - 2019



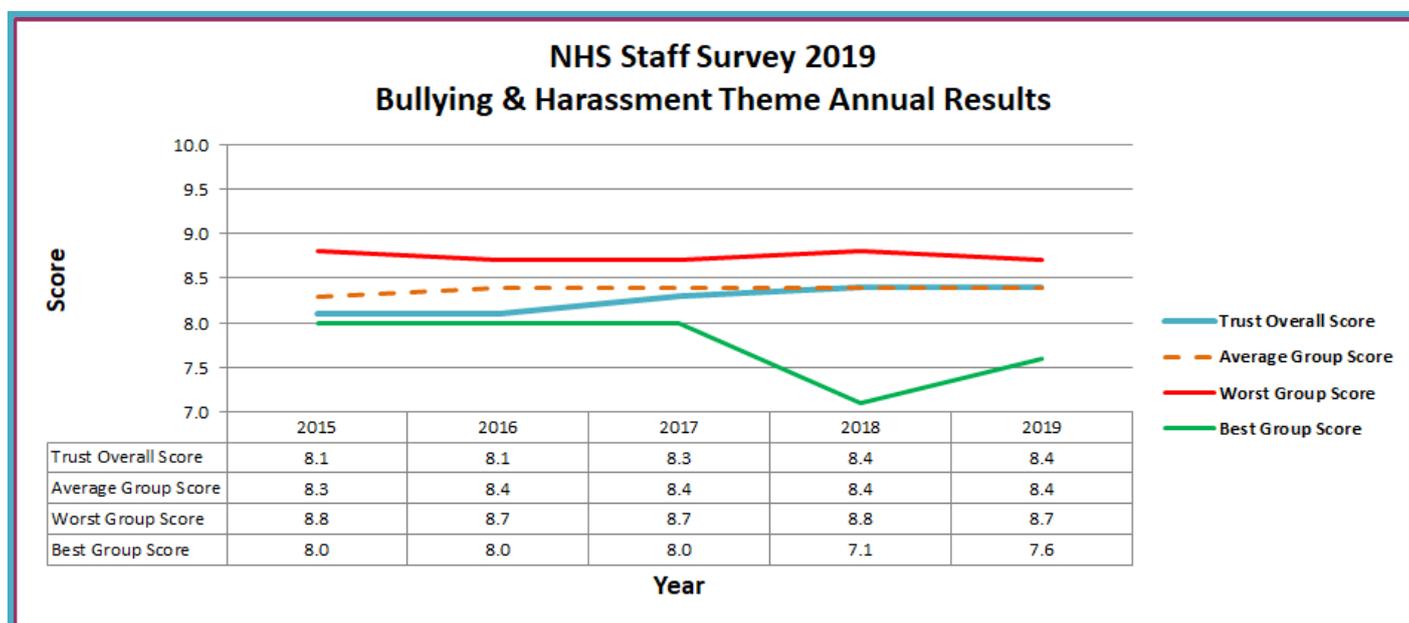
- As can be seen in the figure above the results for both BAME and White staff are very similar in most years, with BAME staff for the last two years reporting slightly lower figures than White staff. For both groups this figure rose in 2019.
- However these figures do show us that a fifth of the 25 BAME staff responding to the Survey reported experiencing bullying, harassment or abuse from their colleagues, manager or other staff, figures that shouldn't be ignored.
- Further analysis of the Survey data shows that 12% of BAME staff and 10.9% of White staff reported bullying, harassment or abuse from their manager, and 12% of BAME staff and 13.7% of White staff from other staff members.

Please see further narrative on this theme on the following page.

## NHS Staff Survey Bullying & Harassment Theme:

The table to follow looks at the bullying, harassment and abuse theme overall for the Trust since 2015:

Figure 6: Bullying and Harassment Overall 2015 - 2019



- As can be seen the Trust is broadly reflective of the average for its comparator group and has remained steady at between 8% and 8.5%.
- However this looks at bullying and harassment overall rather than by specific protected characteristic group, we must not forget the impact that these behaviours have on certain groups, and how the rates are increasing both for our staff and more generally in the population where racial hate crime and overt racism generally are both on the rise.
- We have also looked at bullying and harassment by directorate and have identified four areas where figures are higher than average – Corporate Operations, Corporate Safeguarding, Halton Children’s and Oldham. The numbers of staff within some of these teams are very low so caution should be used if assigning significance to the figures, but any form of bullying and harassment impacts on the individual and we need to ensure we have a clear message that these behaviours will not be tolerated and staff should report if they experience or witness these events.

The Trust has a Dignity & Respect at Work Policy that sets out informal and formal processes for addressing these areas of misconduct. And the Violence & Aggression Policy considers services.

The Trust has an anti-bullying and harassment campaign (BABA), this includes resources like manager toolkits, online reporting, and an app for reporting through a smart phone. But numbers reporting via these processes do not correlate with those in the NHS Staff Survey. Work is being undertaken to strengthen the zero tolerance message and more actions regarding education on areas such as racism, micro-aggressions and weathering are being planned as the EDI Strategy is refreshed as a result of Covid 19.

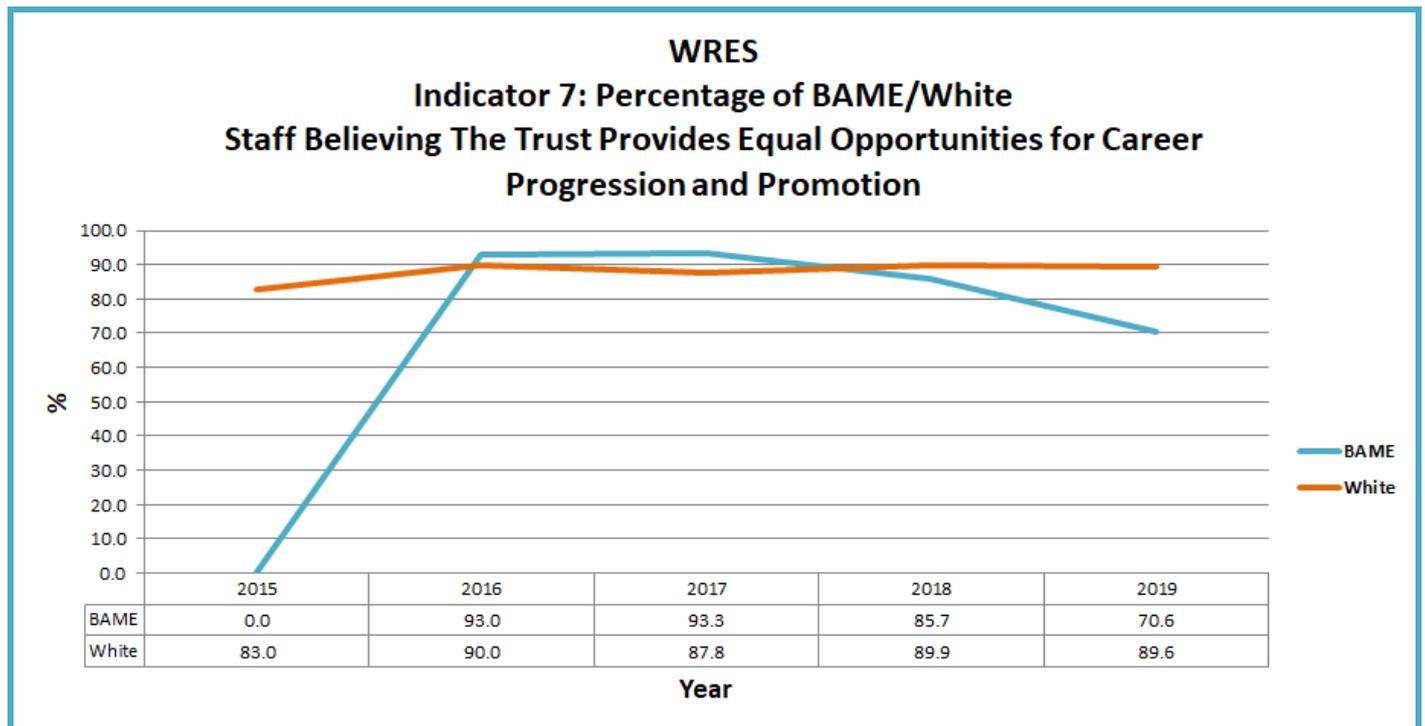
## Indicator 7: Equal Opportunities

This indicator looks at the percentage of staff who believe the Trust provides equal opportunities for career progression or promotion.

(NHS Staff Survey 2019)

The figure to follow shows our results for this indicator for BAME staff from 2015 to 2019.

Figure 7: Equal Opportunities Results 2015 - 2019

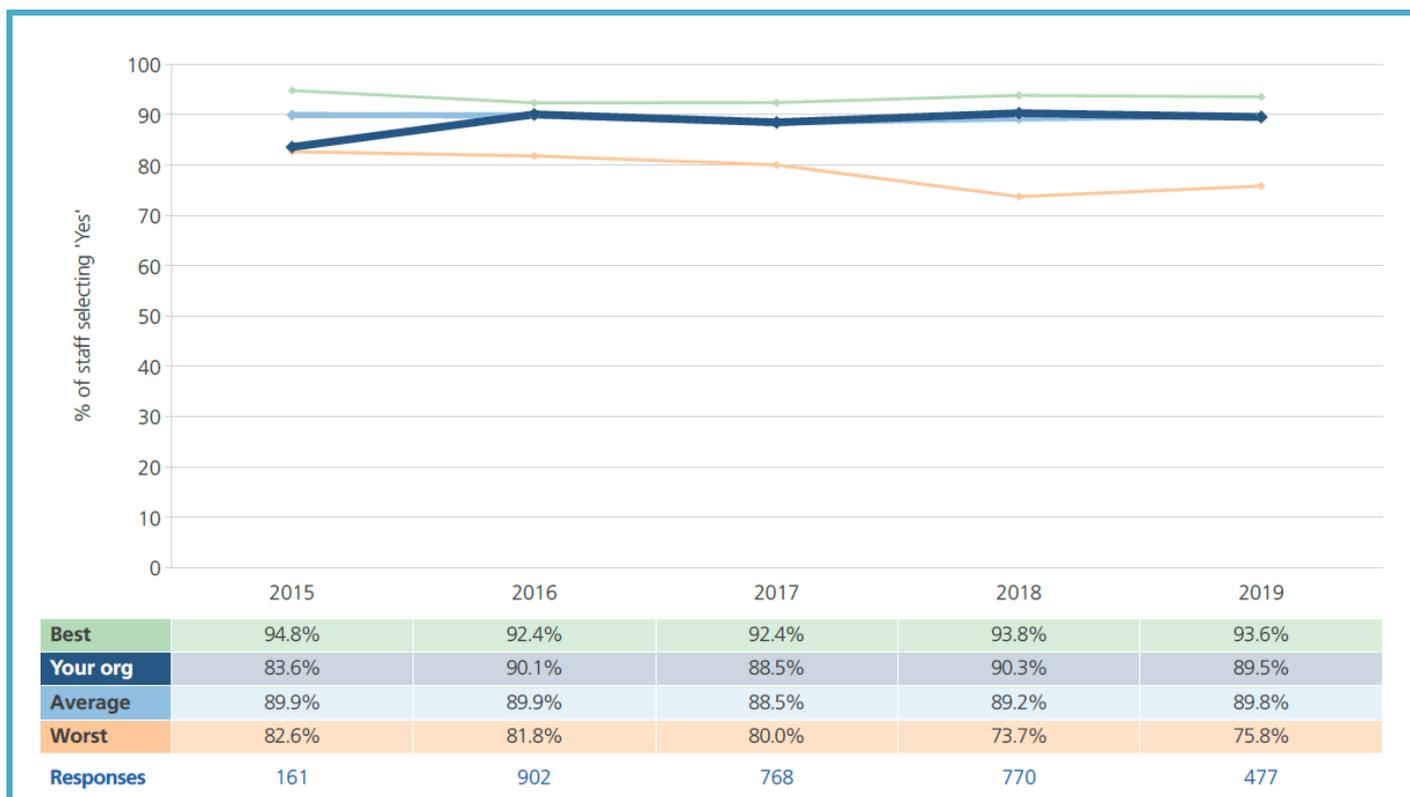


- As can be seen this indicator has shown a sharp decline for BAME staff.
- Up to two years ago BAME staff consistently reported a higher satisfaction rate than White staff, but for two years this has decreased with a 15.1% decrease between 2018 and 2019.
- At 70.6% this result is the lowest it has been since WRES reporting began.
- There were 17 BAME staff who responded to this question in the Survey.

On the following page we have shown the NHS Staff Survey 2019 Report figure detailing the overall Trust result for equal opportunities since 2015. As can be seen the Trust has remained around average for its comparator group, but up to the year 2018 BAME staff consistently reported higher results than White staff.

Engagement with our BAME staff will enable us to identify what barriers or issues they face in career progression and promotion, and from that we can work in partnership to deliver career development actions that are effective for the diverse staff represented in our BAME cohort.

**Figure 8: Showing Equal Opportunities Regardless of Ethnicity, Religion, Age, Gender, Sexual Orientation or Age**



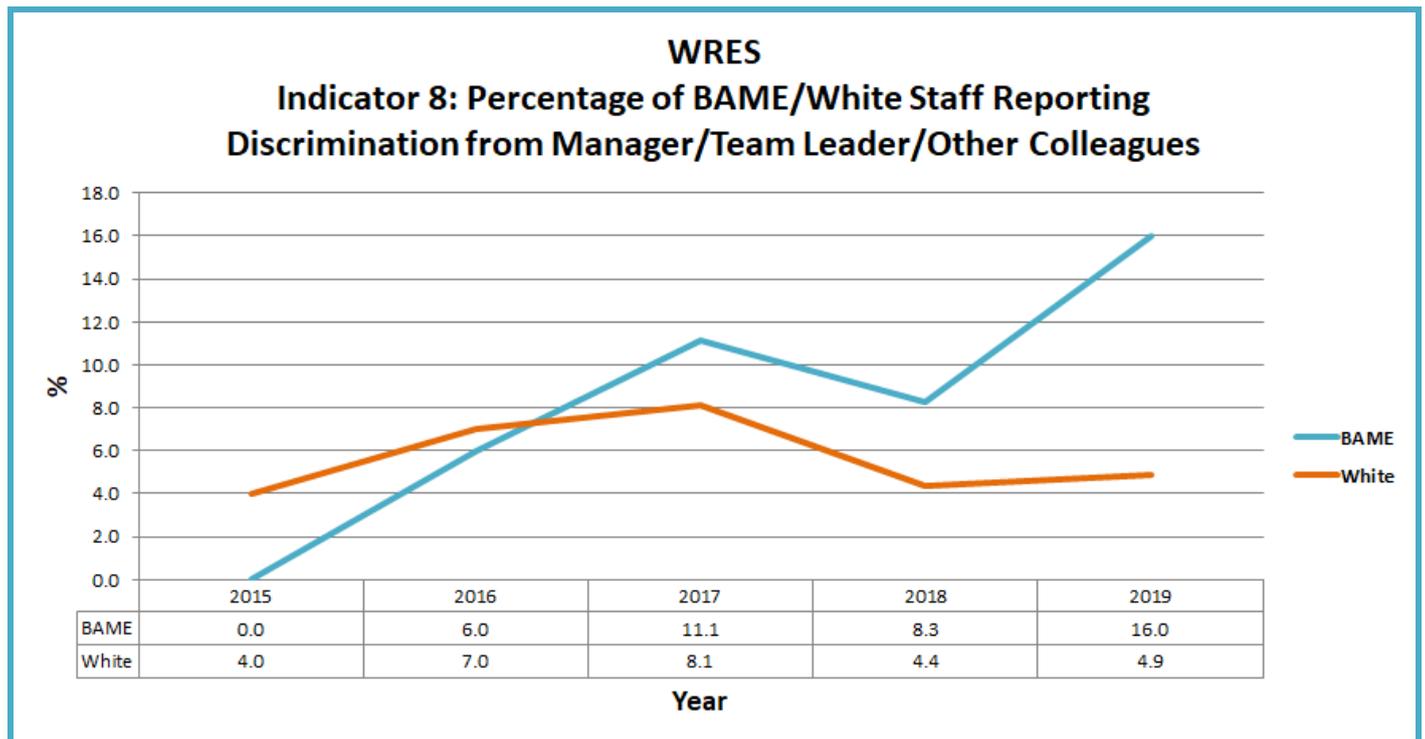
## Indicator 8: Discrimination

This indicator looks at what percentage of staff have personally experienced discrimination at work from their manager or team leader, or from another member of staff.

(NHS Staff Survey 2019)

The figure to follow shows our results for this indicator from 2015 to 2019.

Figure 9: Discrimination Figures from 2015 to 2019

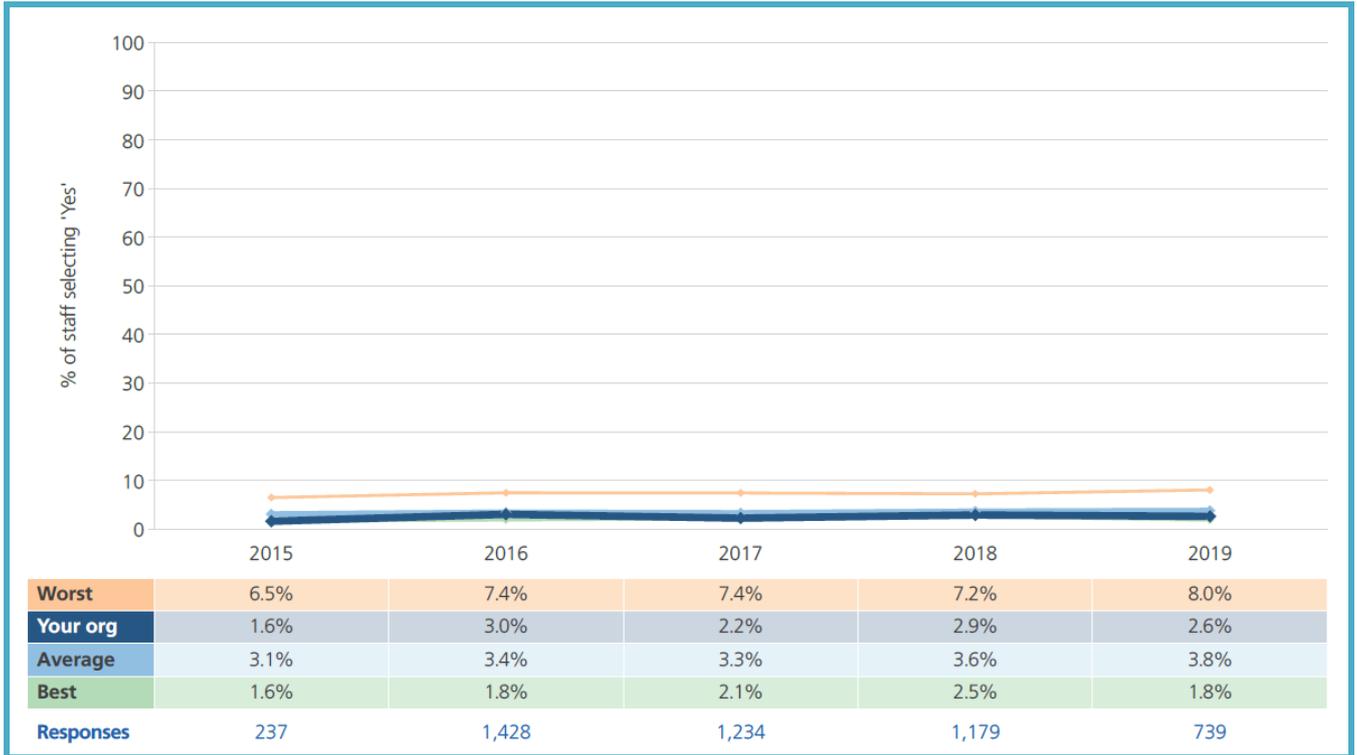


- As can be seen there has been a sharp increase in this figure since 2018, nearly doubling the reported incidence of discrimination from colleagues experienced by BAME staff.
- There were 25 responses from BAME staff to this Survey question.

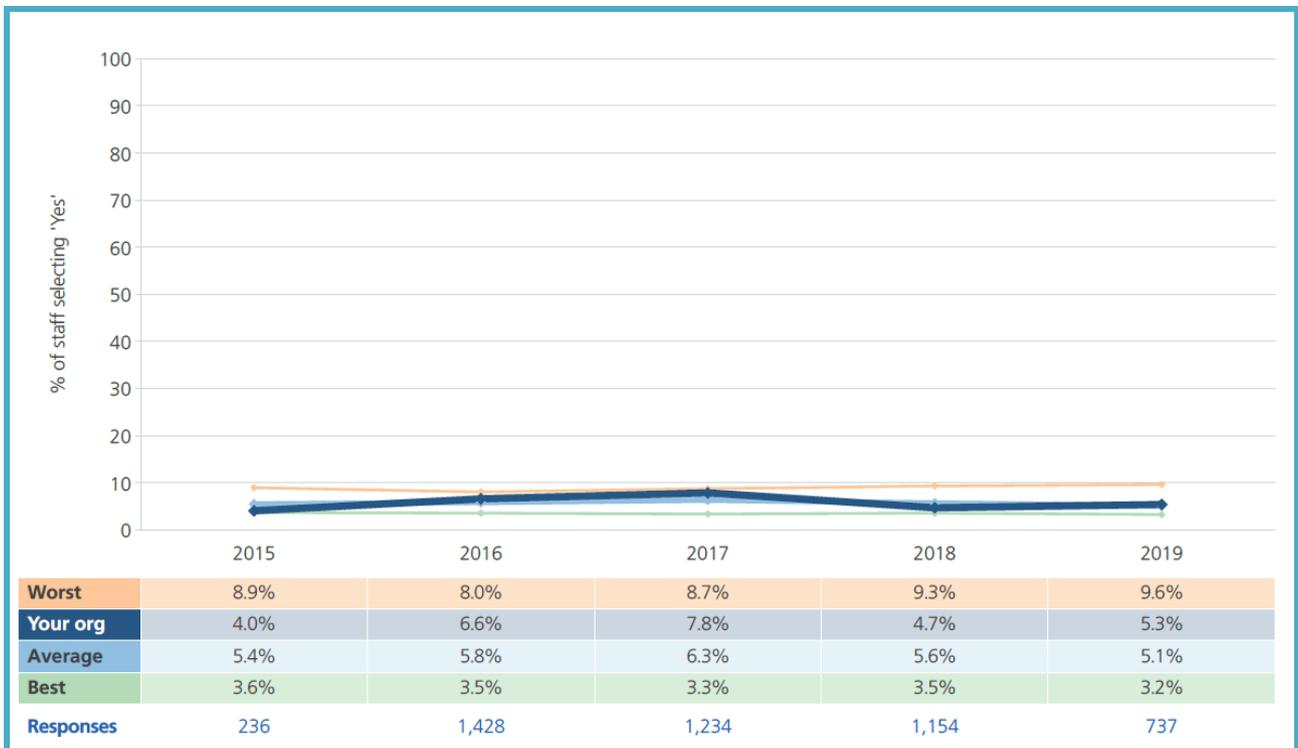
As stated previously the Trust has policies, for example Equal Opportunities and Dignity & Respect at Work, and processes such as BABAH that should protect staff from discrimination.

The following page looks at the discrimination theme overall for the Trust, firstly discrimination from patients/families/public and secondly from manager/team leader/colleagues. As you will see reporting generally for the second is worse than for the first with more staff stating they have experienced discrimination internally to the Trust rather than for the patients and communities we serve.

**Figure 10: Showing Discrimination from Patients/Families/Public Reported by all Staff**



**Figure 11: Showing Discrimination from Other Staff Reported by all Staff**



## Comparison of WRES Results 2015 - 2020

To follow is a set of comparison tables showing the Bridgewater WRES results from the start of the WRES in 2015 to the most current results as at 31 March 2020.

Caution should be used when comparing the data as the Trust has changed a great deal in six years, with a significant number of staff and services leaving the Trust to become part of integrated care organisations in Bolton and Wigan, or transferring out as services have moved to new providers.

### Indicator 1: Staff Pay

The tables to follow shows the numbers of BAME non-clinical and clinical staff since 2015 when WRES reporting began.

Table 5: BAME Non-Clinical Staff By Pay Band 2015 to 2020

BAME Non-Clinical Staff						
Pay Band	2015	2016	2017	2018	2019	2020
All AfC Pay Bands	18	18	16	20	19	15
Very Senior Manager	0	0	0	0	0	0
<i>Where figures are below 10 an * is used to protect personal identities</i>						

Table 6: BAME Clinical Staff By Pay Band 2015 - 2020

BAME Clinical Staff						
Pay Band	2015	2016	2017	2018	2019	2020
All AfC Pay Bands	42	39	44	31	52	49
Very Senior Manager	0	0	0	0	0	*
Medical and Dental (All)	22	20	25	24	18	53
<i>Where figures are below 10 an * is used to protect personal identities</i>						

It should be noted in the table above that the large increase in BAME Medical and Dental staff is due to the inclusion this year of bank staff previously excluded in the validation data provided by NHS England.

## Indicator 2: Recruitment

The table to follow shows the likelihood of BAME staff being recruited from shortlisting from 2015 to 2020. Also provided is the actual number of BAME staff and White staff recruited

Recruitment of BAME Staff 2015 - 2020						
	2015	2016	2017	2018	2019	2020
<b>Likelihood</b>	1.85	1.72	1.30	1.24	1.28	1.39
<b>Total BAME Staff Recruited</b>	12	24	31	24	23	13
<b>Total White Staff Recruited</b>	241	532	498	418	395	224
<b>Total Not Stated Staff Recruited</b>	3	160	120	30	10	17
<i>Where figures are below 10 an * is used to protect personal identities</i>						

## Indicator 3: Disciplinary

The table to follow shows the likelihood of BAME staff entering formal disciplinary processes from 2015 to 2020. We are unable to show actual numbers as they are so low as to be personally identifiable

BAME Staff Formal Disciplinary 2015 - 2020						
	2015	2016	2017	2018	2019	2020
<b>Likelihood</b>	6.46	4.93	3.83	1.99	2.72	2.40

## Indicator 4: Non-Mandatory Training and Development

The table to follow shows the likelihood of BAME staff completing non-mandatory training and development opportunities between 2015 and 2020

BAME Staff Undertaking Non-Mandatory Training and Development 2015 - 2020						
	2015	2016	2017	2018	2019	2020
<b>Likelihood</b>	0.0	0.55	0.90	1.10	1.74	0.60
	No data available					

## Covid 19 and #BlackLivesMatter

As the Covid 19 pandemic developed through March and April it became apparent that the impact on BAME communities of infection rate, severity of symptoms and tragically mortality was disproportionate when compared to the White majority population.

Public Health England were tasked with reviewing data and evidence in relation to the impact of the virus on different communities and on 2<sup>nd</sup> June 2020 published their 'Disparities in the risk and outcome of Covid 19' report. The report laid bare the disparities faced by different groups of people, not just BAME but also those related to age, gender and deprivation. For most groups the inequality from Covid replicated inequality in mortality seen more generally, but for BAME communities the disparity was stark as mortality is generally lower than in the White population but Covid 19 mortality is anything up to four times higher than for the White majority population.

As this report was released in the UK over in the US protests began following the unlawful killing George Floyd. This #BlackLivesMatter movement gathered momentum across the World as people took to the streets to highlight inequality, racism and the impacts these have on BAME life, health and wellbeing.

In the NHS and in social care correspondingly high Covid mortality figures have been seen in staff. The first 10 reported deaths in NHS staff were all in individuals from BAME backgrounds. While the NHS has a higher representation of BAME staff nationally when compared to the general population (24% as opposed to 13%) death rates were still disproportionately high.

A number of risk factors have been suggested and these were reiterated in the stakeholder engagement that accompanied the Disparities report (Beyond The Data: Understanding the impact of Covid 19 on BAME groups):

- Socio-economic factors – deprivation, housing, lived environment etc.
- Increased exposure risk – BAME staff more likely to be frontline workers than managers
- Increased risk of complications and death - from co-morbidities more prevalent in some BAME communities, particularly those living in more deprived areas
- Racism, discrimination, stigma, fear and lack of trust in public services such as the NHS

What Covid 19 has made clear is that longstanding racial inequality and health inequality is at the heart of our society, and it is maintained and enforced by structural and institutional racism that prevents change. While #BlackLivesMatter has been widely supported by leaders and organisations, including across the NHS, as a Trust, as the NHS, as an anchor organisation in communities, we must use this momentum to action plan and make changes that will have long term positive impacts on our BAME communities and our staff. This report and the information provided on the WRES results since 2015 show that Bridgewater has work to do, as we write and publish this WRES report we are working to develop an action plan that we can deliver in partnership (using the stakeholder recommendations from Beyond The Data) with our staff, our communities and the organisations we work alongside from public, private and voluntary sector.

Covid 19 has shone a light on inequality; it is up to us now to address it.

## Our Action Plan 2020

You will find to follow our overarching planned areas of action for WRES for 2020/21. This plan is not detailed as we are working through summer 2020 to refresh our WRES: A Model Employer, EDI Equality Objectives, and EDI Strategy to ensure all actions in relation to race, disability, gender etc. are captured as a result of the inequalities, barriers and issues that have been magnified as a result of Covid and #BlackLivesMatters, and also the opportunities that have opened up as a result of integration and partnership working enacted during the pandemic and the changes to working practices that have been enabled for our workforce.

As the framework for our planning we have the five keys areas of focus set down by NHS Chief People Officer, Prerana Issar in May – protection of staff, engagement, representation, recovery/rehabilitation, and communications.

We are working to ensure our equality plans are at the heart of our refresh of our workforce and service delivery strategies as we move into a different future, plans that will address inequality in our communities and in employment.

And we need to engage with our staff groups, listening to what they want us to address and focus on, before we finalise our strategy and plans.

As our refreshed EDI Strategy, Objectives and Delivery Plan are approved they will be published on our website at <http://bridgewater.nhs.uk/aboutus/equalitydiversity-2/>

Draft WRES Action Areas 2020 – 2023:

- Data collection
- Ongoing protection and bespoke support for BAME staff
- Ongoing staff engagement through our newly established Workforce Race Equality Network
- Development of representation, scrutiny, and diverse voice pathways
- Career development and talent management – new NHS recruits and existing staff
- Just and learning culture
- Cultural competence programme
- Zero tolerance/anti bullying and discrimination

Thank you for taking the time to read our 2020 WRES report. Should you have any queries or questions or if you would like to request the contents of this report in another language or format, please contact our Equality & Inclusion Manager in the first instance, details below.

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