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University Hospitals Birmingham  
NHS Foundation Trust

# Workforce Race Equality Standard

2023 report for University Hospital Birmingham NHS  
Foundation Trust





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# Foreword

The University Hospitals Birmingham NHS Foundation Trust is dedicated to improving the experiences of its BAME patients and staff. This report highlights BAME staff's experiences and the necessary steps to enhance their overall experience.

University Hospitals Birmingham (UHB) is a large NHS Trust in the UK, providing comprehensive healthcare services to a diverse regional and national population. With multiple locations across Birmingham and Solihull, UHB proudly serves over 2.2 million patients annually and employs more than 22,000 individuals.

The 2021 census confirms that Birmingham has a population of 1,142,494, the majority of whom are BAME (51.4%), with non-black individuals comprising 48.6%. Asian people are the largest minority group in Birmingham, accounting for 31.0% of the population. Conversely, Solihull's population is predominantly white (82.2%), with Black, Asian, Caribbean, and African groups comprising 17.8%.

Across England, 81% of the population is white, 10% Asian and 4% Black.

UHB remains firmly committed to creating a fair and inclusive culture that ensures all staff members feel valued and respected. By analysing the workforce race equality data, UHB aims to make further improvements to the experience of BAME colleagues. In particular, the Trust will:

- Continue to advance representation of Black, Asian, and minority ethnic (BAME) staff across the organisation;
- Ensure there is representation at all levels to include managerial and senior roles;
- Provide equal access with regards to development and promotion;
- Take positive action to ensure we reflect the diversity of the communities we serve in relation to leadership and Board membership.

UHB will also re-evaluate practices to ensure staff feel heard and valued at work. Our Global Majority Network and the colleagues that form part of this group are instrumental in shaping and forming our approach, this will include maximising the impact of our new hospital led group structure to inform improvement and to celebrate success where positive impact has been achieved



# Introduction

UHB has taken positive steps in advancing diversity and inclusion. The latest report provides new insights on equity, disparity, and anti-racism for Black, Asian and minority ethnic (BAME) staff.

The report includes a plan that:

- outlines targets to ensure accountability for inclusion actions and leadership throughout the organisation;
- highlights valuable insights from the Workforce Race Equality Standard (WRES) and Staff Survey data.

By implementing the WRES action plan, we can take meaningful steps towards achieving workforce race equality. This will enable us to create a more inclusive environment for our colleagues and patients.

## Data and Methodology

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Several workforce systems, including ESR, NHS Jobs, Oleo, and internal Microsoft databases are used to collect and enhance data accuracy at UHB.

1) Data is provided directly from Trusts. As part of the NHS Standard Contract, Trusts are required to provide data for the Indicators 1, 2, 3, 4 and 9.

2) Each Trust is required to participate in the annual NHS Staff Survey. Data from the relevant questions is provided directly from the Staff Survey team and used to calculate Indicators 4, 5, 6, 7, 8 and 9a.

Over the coming months, UHB plans to also introduce WRES data on a local level through a new site-led structure and work with Hospital Executive Directors to make improvements for staff with disabilities in their areas of responsibility.

In 2022 Trusts have also been required to undertake:

- Verification, completion, and submission of data by 31 August 2022;
- Publication of a board ratified WRES 2022 annual report on the Trust's external website by 31 October 2022;
- For Indicators (5-9), data is extracted from the NHS Staff Survey.



# Aims

## The aims of this report are to:

- Addresses race discrimination that staff may face and other forms of discrimination that compound their experiences;
- Comply with NHS regulations as part of the NHS Standard Contract;
- Provide an update on the Workforce Race Equality Standard (WRES) indicators as required by the NHS Standard Contract;
- Summary actions taken since the publication of the last WRES Report in October 2022;
- Provide analysis of the WRES indicators, including potential reasons for any disparities;
- Provide recommendations for further action.





# Key findings

## Workforce Representation

**37%** of the workforce is from a **BAME** background. **57% are white** and 5.7% ethnicity is unknown

**12%** of the members of the board that are eligible to vote are from a BAME background

## Recruitment

White applicants are **1.62 times** more likely to be appointed from shortlisted compared to BAME applicants

White applicants are **almost five times** more likely to advance from lower to upper bandings.

## Formal Disciplinary

BAME staff are **1.37 times** more likely to enter formal disciplinary processes compared to white staff

## Bullying, harassment and abuse

**26% of BAME staff** report experiencing bullying, harassment, and abuse from staff. 23.8% of white staff reported this.

## Career Progression

**41.1% of BAME** staff believe the Trust provides equal opportunities for progression/promotions. 55.3% of white staff reported experiencing this.

## Experience of discrimination

**15.5% of BAME** staff reported experiencing discrimination from staff, a **1.1% decrease** on previous year.

7.8% of white staff reported this

# Summary analysis

The data in Table 1 has been collected since 2019. The data is based either as a snapshot ‘as at’ 31 March (in each year, for Indicators 1 and 10), the year running to 31 March (for Indicator 2 and 3).

**Table 1:** WRES Indicators based on ESR and Workforce databases

Indicator	Description	2019	2020	2021	2022	2023
1	Percentage of BME staff.	30.9%	32.5%	33.52%	32.4%	37.0%
2	Relative likelihood of appointment from shortlisting – white applicant compared to BAME applicant.	1.65	1.66	1.31	0.88	1.62
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. BAME staff compared to white staff.	1.24	1.28	1.18	1.00	1.37
4	The relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BAME staff.	0.93	0.94	0.70	0.98	0.97



Table 2 presents data calculated from responses to the NHS Staff Survey and from ESR for indicator 9. Every year, NHS organisations are required to deliver a standard survey to all, or a significant random proportion, of their staff. The data for the following indicators has been collected consistently over the last six years.

Note: NHS Staff Surveys are identified by the year they were undertaken. Results of each survey is delivered in the following year. For this report, the latest survey available is the 2022 data, the results of which were delivered in 2023.

**Table 2: WRES Indicators based on NHS Staff Survey data**

Ind	Description	White/ BME	2018	2019	2020	2021	2022	2023
5	Percentage of staff experiencing harassment, bullying or abuse patients, relatives, or the public in the last 12 months	White	25%	25%	23%	23%	24.6%	
		BME	25%	27%	24%	23%	25%	
6	The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	25%	25%	24%	23%	24%	
		BME	28%	27%	27%	26%	23%	
7	The percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.	White	58%	56%	57%	55%	55%	
		BME	43%	43%	43%	40%	41%	
8	Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months	White	7%	6%	7%	7%	8%	
		BME	15%	14%	16%	17%	15%	
9	Percentage difference between the organisation's Board memberships and overall BAME workforce.		-19%	-23.2%	-23.8%	-25.2%	-23.2%	-19.6%





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# Indicators

WRES Indicator 1 Workforce representation

WRES Indicator 2 Recruitment

WRES Indicator 3 Formal Disciplinary

WRES Indicator 4 Non-Mandatory Training

WRES Indicator 5 Bullying and Harassment

WRES Indicator 6 Bullying and Harassment

WRES Indicator 7 Career Progression

WRES Indicator 8 Experience of Discrimination

WRES Indicator 9 Board membership





# WRES Indicator 1

## Workforce representation

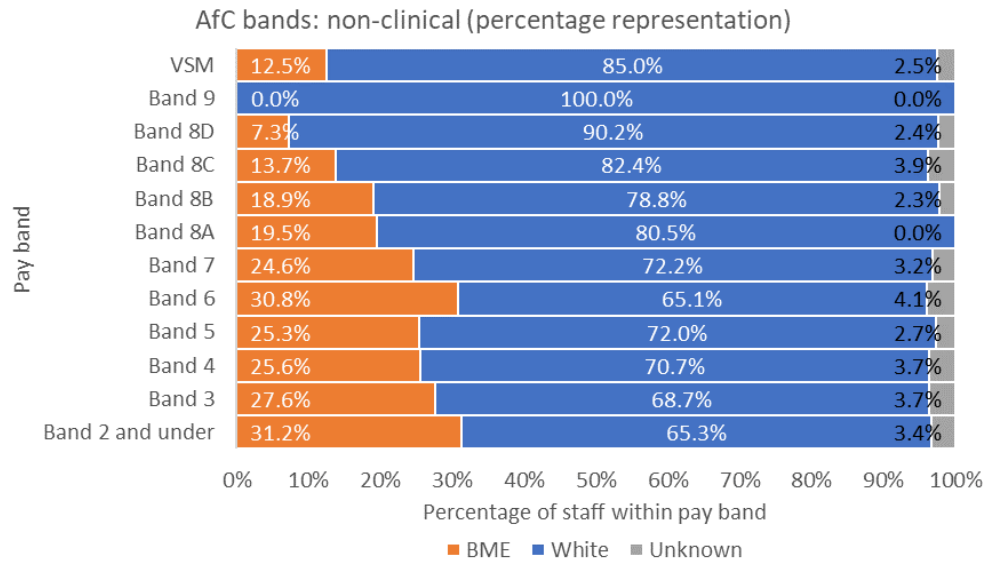
Percentage of staff in each of the AfC bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

### Summary findings

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- The Trust has seen a 5% increase in Black, Asian, and Minority Ethnic staff over the past year, bringing the total to 37%.
- There are more BAME staff in clinical Band 2 (42.5%) and Band 5 (53.6%) categories at Agenda for Change. White staff members make up 50% and 39% of the workforce in these bands, respectively.
- Band 5 experienced a decline in white staff with 255 fewer employees but saw a notable increase of 147 Black, Asian and minority ethnic staff from the previous year. The Trust's international recruitment initiative was significant in this progress, as BAME nursing staff were hired during the reporting period.
- There has been some progress towards equity in lower bands between BAME and white staff in non-clinical roles. However, progression opportunities for BAME staff still need to be expanded.
- BAME clinical staff face a growing race disparity in pay band progression, with a worst-case scenario showing they are almost five times less likely to move from Lower to Upper banding compared to white staff.

**Figure 1: Representation of BAME staff in non-clinical roles**



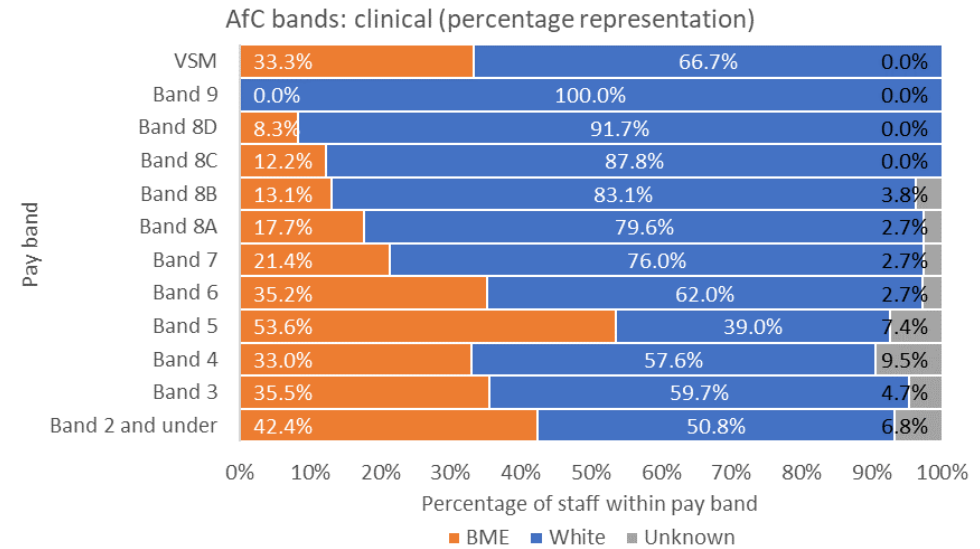
**At Band 4 and under** (e.g., administrative and technical support roles, estates officer):

- BME representation was 29.0%, overall.
- BME staff were underrepresented at Band 3 and above, 26.6%.

**At Band 5 and over** (graduate and management level roles):

- BME representation was 23.9%, overall
- BME staff were underrepresented at Band 8A and above, 16.2%.

**Figure 2: Representation of BAME staff in clinical roles**



**At Band 4 and under** (e.g., clinical support workers and healthcare assistants):

- BME representation was 39.9%, overall.
- BME staff were underrepresented at Band 3 and above, 34.4%.

**At Band 5 and over** (e.g., clinical roles requiring professional registration including nurses):

- BME representation was 37.9%, overall.
- BME staff were underrepresented at Band 6 and above, 28.3%.

## Actions to take forward

- Track progress (race disparity matrix) against WRES indicator 1 (percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM, including executive Board members compared with the percentage of staff in the overall workforce) quarterly as part of the EDI Recruitment – Inclusion Plan and Trust EDI Delivery Plan.
- Explore initiatives to improve disparity ratios, in the clinical workforce at Band 5 upward.
- Review and evaluate recent appointments to identify any patterns in decision making – utilise the comply or explain model and strengthen our fair recruitment expert approach.
- Implement positive action approaches to support the career progression of Black, Asian and minority ethnic staff into senior positions that align with talent management, succession planning, and the NHS Model Employer.
- Implementation of Race Pay Gap dataset by end 2024.





# WRES Indicator 2 Recruitment

Relative likelihood of staff being appointed from shortlisting across all posts.

## Summary findings

- As of March 2023, the likelihood ratio was 1.62, higher than "1.0" or equity to a small degree. Specifically, 2,547 out of 9,856 white candidates were appointed from shortlisting (25.8% of white candidates) compared to 2,338 out of 14,625 BAME candidates (16.0% of BAME candidates).
- The proportion of BAME applicants at UHB has significantly increased to 71% (53,960) of total applications, while the percentage of white applicants has experienced a decrease to 23% (17,583).

## Trends

- Over the past four years, there has been steady improvement, even during COVID-19, when applications from white applicants decreased but remained stable for BAME applicants.
- Since 2018, BAME applicants have been less likely to be appointed from a Band 5 role to a Band 8a and above role compared to white applicants.

**Table 3:** Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants 2018-2023

NB a figure less than 1.0 would suggest that BAME applicants are more likely to be appointed than non-BAME applicants

Year	Relative likelihood
2018	1.81
2019	1.65
2020	1.66
2021	1.31
2022	0.88
2023	1.62

# Actions to take forward

- Review local data, including deep dives where relevant, and explore whether the evidence indicates a need to take action to address disparities in recruitment for BAME staff.
- Track progress (race disparity matrix) against WRES indicator 1 (percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM, including executive Board members, compared with the percentage of staff in the overall workforce) quarterly as part of the EDI Recruitment – Inclusion Plan and Trust EDI Delivery Plan.
- Explore initiatives to improve disparity ratios, in the clinical workforce at Band 5 upward.
- Review and evaluate recent appointments to identify any patterns in decision making – utilise the comply or explain model and strengthen our fair recruitment expert approach.
- Implementing positive action approaches to support the career progression of Black, Asian and minority ethnic staff into senior positions that align with talent management, succession planning, and the NHS Model Employer.
- Implementation of Race pay gap dataset by end 2024.



# WRES Indicator 3

## Formal Disciplinary

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

### Summary findings

- As of March 2023, 0.54% of BAME employees underwent formal disciplinary proceedings, compared to 0.40% of white employees. The likelihood ratio was 1.37, not significantly different from equity.

### Trends

- Over the past four years leading up to 2022, there has been a significant reduction in the number of BAME staff members facing disciplinary action. While the rate has slowed to 1.37 times more likely, this is still a considerable improvement.

Year	Relative likelihood
2019	1.24
2020	1.28
2021	1.18
2022	1.00
2023	1.37

### Actions to take forward

- In partnership with BAME staff and networks, the Trust should continue to prioritise the NHS Restorative and Just Culture Model and aim to resolve cases informally whenever possible.

**Table 7:** Relative likelihood of BME staff entering the formal capability process



# WRES Indicator 4

## Non-Mandatory Training

The relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BAME staff.

### Summary findings

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- In March 2023, the likelihood ratio was 0.97, lower than “1.0” or equity to a small degree. Specifically, 7,497 out of 13,303 white staff undertook non-mandatory training (56.4% of the white workforce) compared to 4,991 out of 8,624 BAME staff (57.9% of the BAME workforce).
- Over the past six years, BAME employees have demonstrated a positive trend in participating in non-mandatory training and CPD courses. Approximately 57.9% of BAME workers have taken part in such courses, compared to 56.4% of their white colleagues.

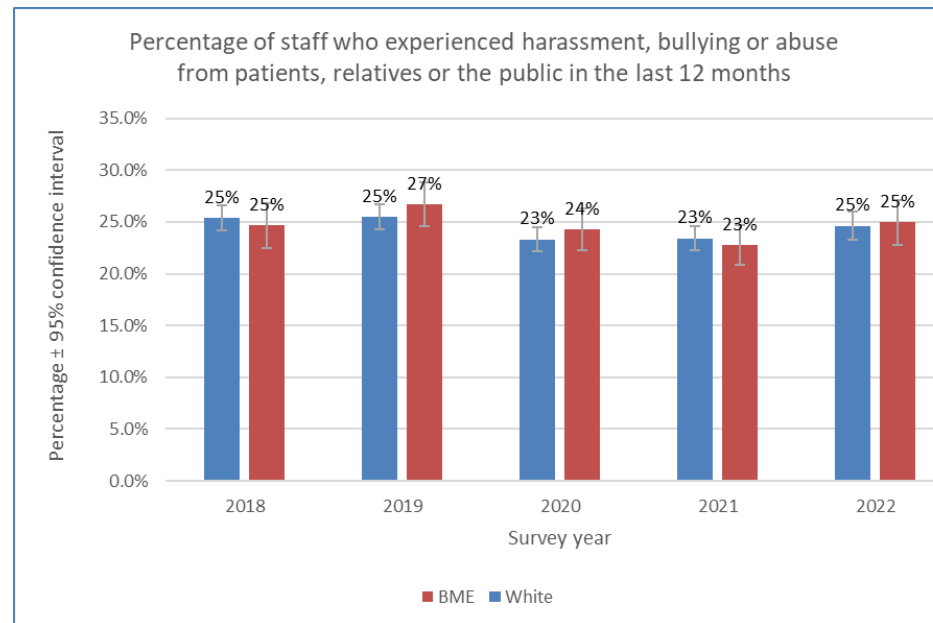


# WRES Indicator 5

## Harassment, bullying or abuse

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months

In the last 12 months, both BAME and white staff have experienced similar rates of harassment, bullying, or abuse from patients, relatives, or the public, with 25.0% and 24.6%, respectively. The data shows a 2% increase in such incidents, affecting both groups and negating any progress made in addressing the issue last year.



### Actions to take forward

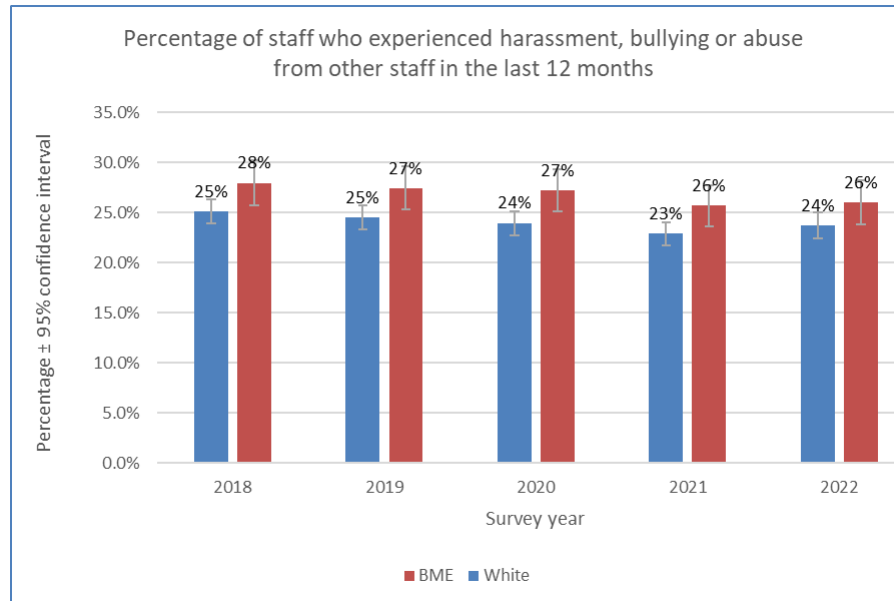
- Advance the embedding of restorative, justice, and a learning culture.
- Enhance HR practices for fairness in disciplinary and grievance procedures. Create a resolution hub for workplace bullying, harassment, and discrimination.
- Collaborate with the Employee Relations team in improving policies and training of managers to address bullying, harassment and discrimination.
- Pilot the Cultural Advocates Programme - a series of interventions to support the integration of the WRES Action Plan and cross-cultural intelligence in the divisions.

# WRES Indicator 6

## Harassment, bullying or abuse

The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Harassment rates were similar for BAME and white employees in the past year, with 26% and 23.8% respectively. However, the data only included a small percentage of the BAME workforce (4.682%), indicating a need for more inclusive surveys and engagement with BAME staff.



### Actions to take forward

- Advance restorative, justice, and the embedding of a learning culture.
- Enhance HR practices for fairness in disciplinary and grievance procedures.
- Create a resolution hub for workplace bullying, harassment, and discrimination.
- Collaborate with the Employee Relations team in improving policies and training of managers to address bullying, harassment and discrimination.
- Pilot the Cultural Advocates Programme - a series of interventions to support the integration of the WRES Action Plan and cross-cultural intelligence in the divisions.

# WRES Indicator 7

## Career Progression

The percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

### Summary findings

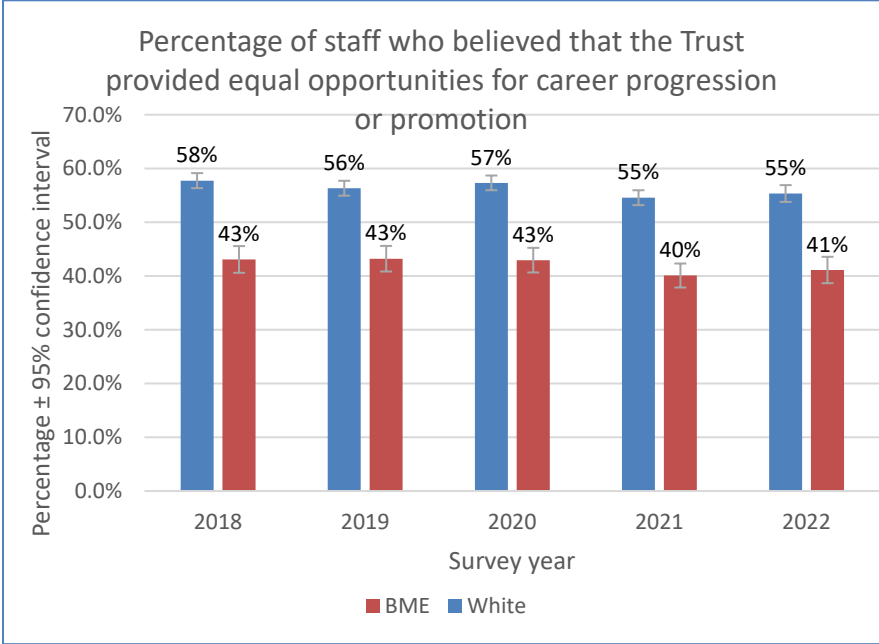
BAME staff have expressed concerns about the availability of equal career opportunities. Survey results demonstrate that 41.1% of BAME staff believe they have opportunities as opposed to 55.3% of white staff.

### Trends

- In 2022 dissatisfaction increased by 2.1%.
- Positive responses have remained constant over the last five years at 42.1%.

### Actions to take forward

- Implement positive action approaches to support the career progression of Black, Asian and minority ethnic staff into senior positions that align with talent management, succession planning, and the NHS Model Employer.
- Implement talent management and succession planning/positive action approaches to support Black, Asian and minority ethnic women's progression into senior positions. Implementation of Race pay gap dataset by end 2024.
- Provide targeted cultural intelligence and implicit bias development programmes for hiring managers and recruitment teams.



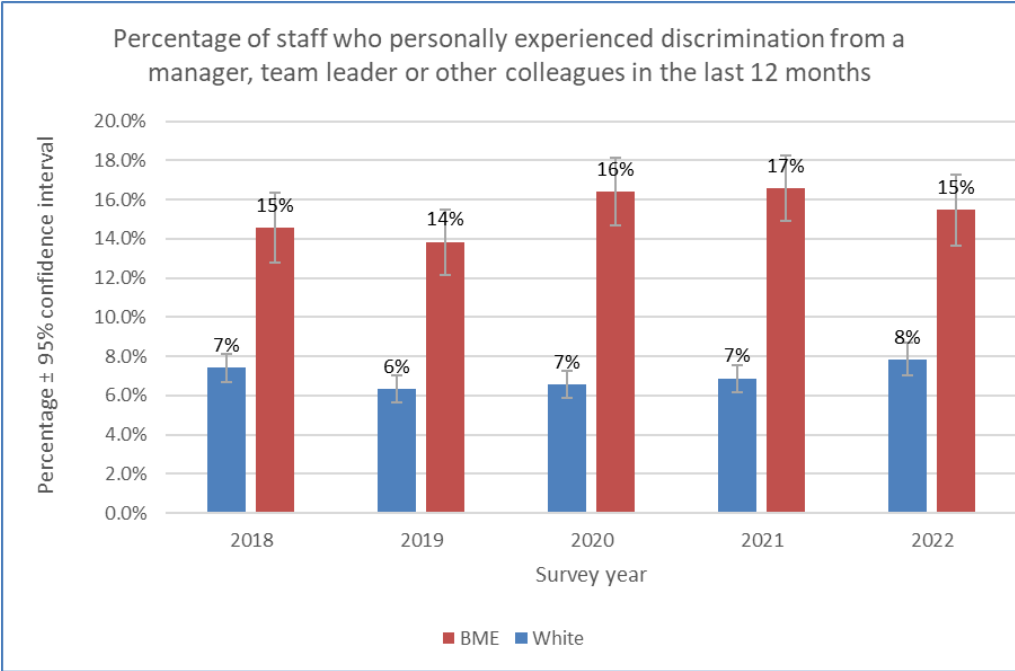
# WRES Indicator 8

## Experience of Discrimination

Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months

### Summary findings

- In the past 12 months, BAME staff experienced a slightly lower percentage of discrimination from other staff at 15%, compared to white staff at 7.8%. However, there has been no significant change in the percentage of BAME and White staff who experienced discrimination at work. Notably, BAME staff are more likely to experience workplace discrimination.
- There is a consistent gap between BAME staff experiences compared to the white staff experience.



# WRES Indicator 9

## Board representation

Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce.

### Summary findings

- As of March 2023, the difference between BAME representation on the board and in the workforce was -19.6%. BAME members were underrepresented on the board by **five members** in terms of headcount.
- At March 2023, the difference between BAME representation on the board and in the workforce was -37.0% amongst executive members. BAME members were underrepresented on the board by **three executive members** in terms of a headcount.

Type of board member	March in Year					
	2018	2019	2020	2021	2022	2023
Board overall	-19.0%	-23.2%	-23.8%	-25.2%	-23.2%	-19.6%
Voting board members	-30.1%	-31.5%	-21.6%	-22.4%	-22.7%	-31.1%
Executive board members	-30.1%	-13.4%	-32.2%	-33.5%	-28.9%	-37.0%

**Table 4:** Difference in representation of board members from BAME background compared to the overall BAME workforce



## Trends

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- In the last year six years, there has been a consistent challenge to achieve equity on BAME board members representation, compared to the overall workforce.

## Actions to take forward

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- Discuss equality monitoring and ask all Board members to review and update their ethnicity information.
- Undertake a review of talent management and identify opportunities to identify and support the development of future BAME leaders and potential board members.
- Promote the BAME NHS Directors Network to board members, support the network's activities.



# WRES action plan 2023/24

Metric	Action	Lead	Aligned to	Timescale
1, 2	Track progress (race disparity matrix) against WRES indicator 1 (percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce) quarterly as part of the EDI Recruitment – Inclusion Plan and Trust EDI Delivery Plan. Explore initiatives to improve disparity ratios, in clinical workforce at band 5 upward. Review recent appointments to understand pattern of recruitment and put in place, mitigations models – Comply or Explain. Strengthen the Fair Recruitment Expert approach.	Head of Inclusion-Improvement, Director of People Relations, Associate Director of Talent	NHS People Plan 20/21 p25  NHS EDI Improvement Plan – HIA2	By October 2024
1,2,7	Implement positive action approaches to support the career progression of Black, Asian and minority ethnic staff into senior positions that align with talent management, succession planning, and the NHS Model Employer.	Head of Inclusion-Improvement, Director of People Relations, Associate Director of Talent Education Department	NHS People Plan 20/21 p25 NHS EDI Improvement Plan – HIA2	December 2024
1,2,7	Implement talent management and succession planning/positive action approaches to support Black, Asian and minority ethnic women's progression into senior positions. Implement Race pay gap dataset.	Head of Inclusion-Improvement, Associate Director of Talent	NHS People Plan 20/21 p29 NHS EDI Improvement Plan – HIA2 /HIA3	December 2024

# WRES action plan 2023/24

Metric	Action	Lead	Aligned to	Timescale
1-3,5-8	Implement Cultural Advocates at the SMT level to integrate inclusive and equitable process, practices, and leadership throughout the organisation.	Head of Inclusion-Improvement, Clinical Delivery Group Management	NHS People Plan 20/21 p10	June 2024
1,2,7	Collaborate with HR to develop a comprehensive and inclusive process for interviews, promotions, and stretch assignments that promote equitable employee progression. Review current recruitment processes and target most at risk areas with mitigation models. Improve regular monitoring/auditing of recruitment outcomes. Increase and strengthen the role of Fair Recruitment Experts to support diverse panel composition. Implement a diversity recruitment tool to improve gender and cultural language bias and candidate filtering. Provide targeted cultural intelligence and bias development programmes for hiring managers and recruitment teams.	Head of Inclusion-Improvement, Director of People Relations, Associate Director of Talent	NHS People Plan 20/21 NHS EDI Improvement Plan – HIA2	December 2024
All indicators	Develop and commission masterclasses /development programmes on anti-racism and cultural intelligence to equip managers with the skills and knowledge necessary to navigate and thrive cross-culturally, promote inclusivity, and foster effective leadership.	Head of Inclusion-Improvement, Managing Director Education	NHS People Plan 20/21 NHS EDI Improvement Plan	June 2024
3,5,6,7,8	Develop or commission inclusive/cultural strength coaching sessions for BME staff to support personal development and reduce the impact of discriminatory experiences.	Head of Inclusion-Improvement, Managing Director Education	NHS People Plan 20/21 NHS EDI Improvement Plan	December 2024