

2023 – 2024 WRES Data Review

Population Data

In relation to ethnicity data the 2021 Census shows the following:

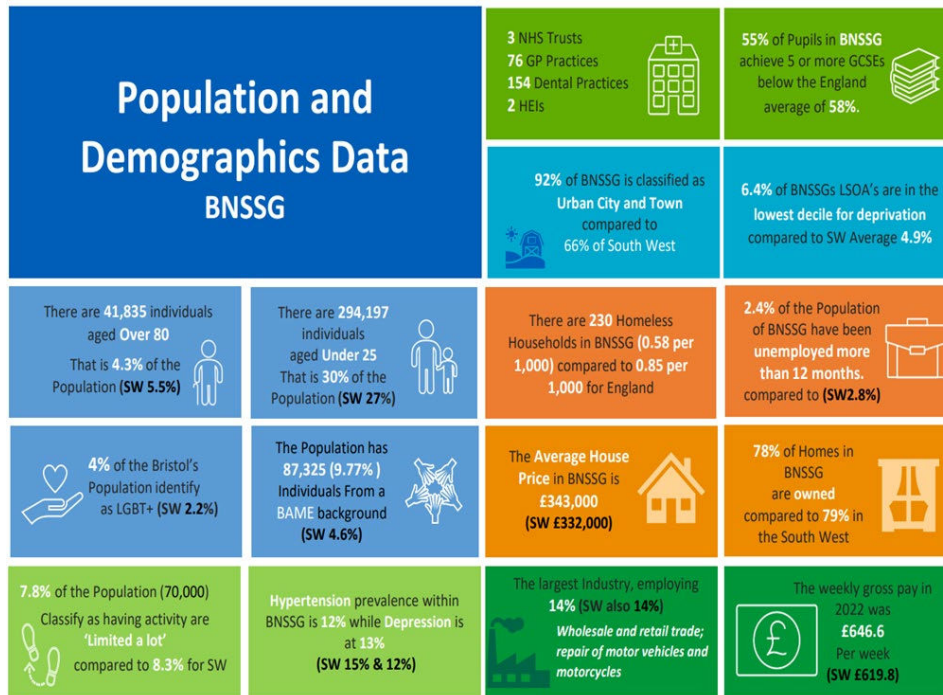
	Bristol (%)	North Somerset (%)	South Glos (%)	England (%)
Asian, Asian British or Asian Welsh	6.6	1.5	3.8	9.6
Black, Black British, Black Welsh, Caribbean or African	5.9	0.5	1.6	4.2
Mixed or Multiple ethnic groups	4.5	1.7	2.5	3
White	81.1	95.7	91.2	81
Other ethnic group	1.9	0.6	0.9	2.2

Within NHS WRES data sets, ethnicity is recorded as White, BME or Unknown / Null. Within this report we use the term 'BME' to refer to people who identify as Black or as part of a minoritised ethnicity, community or group. We recognise that this is a contested term and not everyone will identify with it however for the purpose of analysis we have used the term so that we can draw comparisons between people from White British and BME backgrounds in line with the recording of data within NHS data sets.

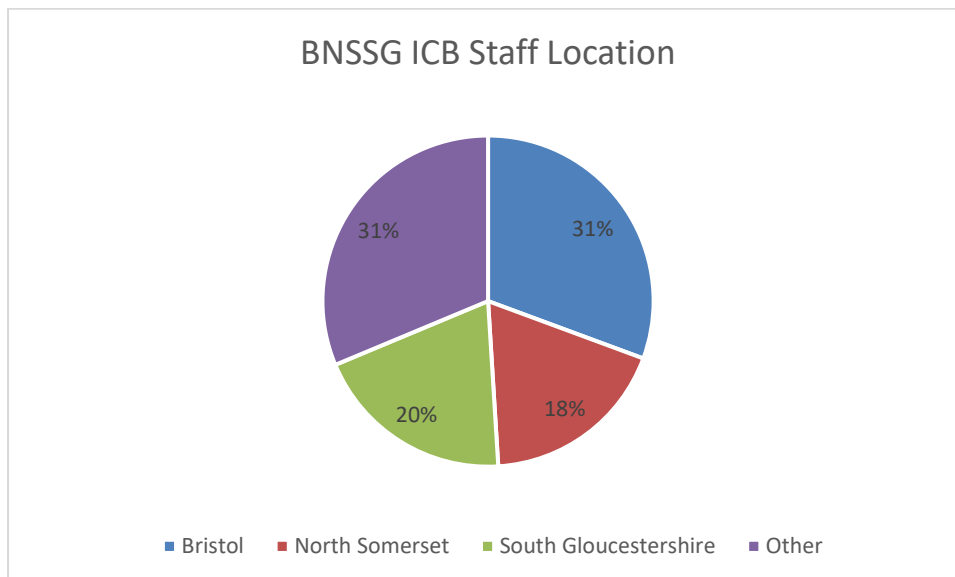
Therefore, for comparison purposes:

	Bristol (%)	North Somerset (%)	South Glos (%)	England (%)
BME	18.9	4.3	8.8	19
White	81.1	95.7	91.2	81

Additionally, BNSSG Population and Demographics Data is as follows:



Staff Address analysis indicates the following:



WRES DATA

The Full BNSSG ICB WRES Report is available in Appendix One.

Year on year analysis of staff in post shows that in 2023-24 we had our highest recorded percentage of staff with a BME ethnicity although it should also be noted that the 'unknown' category has reduced during the same period and therefore may indicate an underreporting previously.

Year	Headcount			Total	Percentages		
	BME	White	Unknown		BME	White	Unknown
2018/19	34	302	71	407	8.40%	74.20%	17.40%
2019/20	47	388	60	495	9.50%	78.40%	12.10%
2020/21	43	382	38	463	9.30%	82.50%	8.20%
2021/22	46	449	39	534	8.60%	84.10%	7.30%
2022/23	47	448	45	540	8.70%	82.96%	8.33%
2023/24	47	403	32	482	9.75%	83.61%	6.64%

While this is a positive trend it must be noted that for both clinical and non-clinical staff the highest percentage of BME staff members are within the lowest band clusters.

Banding	Non-Clinical			Clinical		
	BME	White	Unknown	BME	White	Unknown
<1 to 4	15.7%	80.0%	4.3%			
5 to 7	6.0%	88.7%	5.3%	15.5%	77.4%	7.1%
8a & 8b	8.0%	86.6%	6.0%	9.1%	87.9%	3.0%
8c to VSM	8.6%	84%	8.0%	0.0%	100%	0.0%

It should also be noted that we are underrepresented at board level with 7.14% recorded as BME, 71.43% White and 21.43% unknown.

Recruitment data shows the following:

Ethnicity Grouping	% of total All Applications	% of total Shortlisted	% of total interviewed	% of total appointed
White	37.88	68.92	84.13	85.71
BME	58.63	25.50	12.70	12.24
Unknown	3.69	2.58	3.17	2.04

The data indicates that we are not underrepresented in terms of applications however the proportion of non-white candidates that are then shortlisted reduces significantly. We then find that a high proportion of these candidate do not attend interview or have interviews withdrawn (87.5% of all BME shortlisted candidates vs 69% of white candidates) reducing the proportion attending interview still further. Withdrawal data provided by candidates is limited (provided in only 35% of cases) and reduced further when reviewed by ethnicity.

Withdrawal Reasons by ethnicity and % of grand total:

Reason	BME	Unknown	White	Total
Been made another job offer	0.00%	3.03%	13.64%	16.67%
Decided I do not wish to relocate	1.52%	0.00%	0.00%	1.52%
Due to not being able to get time off work	0.00%	1.52%	3.03%	4.55%
Due to problems with travel arrangements	4.55%	0.00%	0.00%	4.55%
Due to sickness	0.00%	0.00%	7.58%	7.58%
I do not wish to give a reason	0.00%	0.00%	7.58%	7.58%
Looking for higher banded role	0.00%	0.00%	1.52%	1.52%
My personal circumstances have changed	3.03%	0.00%	6.06%	9.09%
No longer interested in this post	0.00%	0.00%	6.06%	6.06%
Resubmitted my application	0.00%	1.52%	4.55%	6.06%
Staying with current employer	0.00%	0.00%	3.03%	3.03%
Unable to work the hours/shifts offered	0.00%	0.00%	1.52%	1.52%
None provided	7.58%	0.00%	19.70%	27.27%
Require remote only	1.52%	1.52%	0.00%	3.03%

Withdrawal reasons by ethnicity and % of column total:

Reason	BME	Unknown	White	Total
Been made another job offer	0.00%	40.00%	18.37%	16.67%
Decided I do not wish to relocate	8.33%	0.00%	0.00%	1.52%
Due to not being able to get time off work	0.00%	20.00%	4.08%	4.55%
Due to problems with travel arrangements	25.00%	0.00%	0.00%	4.55%
Due to sickness	0.00%	0.00%	10.20%	7.58%
I do not wish to give a reason	0.00%	0.00%	10.20%	7.58%
Looking for higher banded role	0.00%	0.00%	2.04%	1.52%
My personal circumstances have changed	16.67%	0.00%	8.16%	9.09%
No longer interested in this post	0.00%	0.00%	8.16%	6.06%
Resubmitted my application	0.00%	20.00%	6.12%	6.06%
Staying with current employer	0.00%	0.00%	4.08%	3.03%
Unable to work the hours/shifts offered	0.00%	0.00%	2.04%	1.52%
None provided	41.67%	0.00%	26.53%	27.27%
Require remote only	8.33%	20.00%	0.00%	3.03%

The WRES data indicates that the relative likelihood of white candidates being appointed from shortlisting compared to BME candidates is 2.59

Likelihood of entering into a formal disciplinary process – while the numbers are very small for the ICB (4 individuals in total), any figures above 1.0 indicates that BME staff are more likely to enter into formal disciplinary processes than White staff members, this figure is reported at 2.86 (a figure above 1 indicates that BME staff are more likely than white staff to enter formal disciplinary processes).

Additional information from the staff survey has also been reviewed in the context of ethnicity (see Appendix 2).

To summarise (noting max sample size of white – 333, BME – 26):

Experienced Bullying & Harassment	% organisation overall	% White	% BME
From Patients / service users, their relatives or members of the public	10	9	15
From Managers	10	9	23
From Other Colleagues	11	11	4

Does your organisation act fairly with regard to career progression / promotion	% organisation overall	% White	% BME
Yes	55	56	50
No	11	10	15
Don't Know	35	34	35

Experienced Discrimination from patients / service users, their relatives or other members of the public	% organisation overall	% White	% BME
Yes	1	1	4
No	99	99	96

Experienced Discrimination from manager or other colleagues	% organisation overall	% White	% BME
Yes	8	7	12
No	92	93	88

Other Questions with a 10% differential:

Question	% organisation overall	% White	% BME
I look forward to going to work – rarely / never	18	19	0
I am enthusiastic about my job – often / always	56	55	68
I am able to make improvements happen in my area of work – strongly disagree / disagree	14	13	23
I am able to meet the conflicting demands on my time at work – agree / strongly agree	39	39	54
I have adequate material, supplies and equipment to do my work – strongly disagree / disagree	9	8	23
The extent to which my organisation values my work – satisfied / very satisfied	47	46	62
I have unrealistic time pressures – never/rarely	24	23	35
Relationships at work are strained - never/rarely	55	56	46
Experienced musculoskeletal problems (last 12 months) as a result of work	21	20	31

Have come to work despite not feeling well enough to perform your duties (last 3 months)	52	52	38
Exhausted at thought of another day / shift at work – often / always	25	25	15
Feel worn out at the end of your working day / shift – often / always	38	38	27
There are opportunities for me to develop my career in this organisation – agree / strongly agree	40	40	62
I feel supported to develop my potential – agree / strongly agree	57	57	69
I am able to access the right training and development when I need to - – agree / strongly agree	51	49	77
My organisation acts on concerns raised by patients / service users – agree / strongly agree	66	65	81

Actions:

As part of our ongoing OD plan we will include an extensive inclusive recruitment review and develop an action plan to support this work. The data indicates that while we do not have an issue in attracting candidates, while no equalities or personal data is provided to hiring managers at the shortlisting stage, the data shows that the challenge is within the appointment process. The review will need work with hiring managers to de-bias the selection stages and also provide more information to candidates with regard to the realities of the role (location, hybrid working arrangements etc) in advance.

Additionally within the OD plan we will build in activities to support a zero-tolerance approach to discrimination and improved reporting mechanisms and support for staff impacted by discrimination and harassment. The first of these activities, a Speak Up, Speak Out training session will be delivered in September 2024.

A review of our policies and processes related to disciplinary is also required to removing bias from this process.

We will ensure that we start to record protected characteristic information for talent and learning activities and better understand if there are discrepancies in how this information is being accessed.

Appendix One

[WRES data collection](#)

Appendix 2

[Ethnicity grouped staff survey information](#)