

**Workforce Race Equality Standard (WRES): Annual Report 2022**

1. **Introduction**

Commissioned by the NHS Equality and Diversity Council and NHS England, the WRES is underpinned by engagement with NHS and national healthcare organisations. The EDC adopted the WRES as the best means of helping the NHS to improve its workforce race equality performance. There is considerable evidence that the less favourable treatment of BME staff has a significant impact on wellbeing, patient outcomes and on the efficient and effective running of the NHS.

The NHS WRES was made available to the NHS from April 2015, is included in the NHS standard contract with annual publication of reports. The main purpose is to help organisations review data against the WRES indicators, to produce action plans which will close the gaps in workplace experience between White and Black Minority Ethnic (BME) staff and to improve BME representation in organisations and at Board level.

1. **Executive Summary**

The WRES 2022 report compared to the previous year shows

There has been a slight increase in the number of BME staff in the organisation by +1%. The highest percentage of BME staff remain in AfC band 6 overall, with AfC band 8a having the lowest amount of BME staff within the workforce at 4%. BME staff in Very Senior Manager (VSM) posts has increased to 25% from nil the previous year.

There has been significant improvement in the percentage difference between the Board voting members and the overall workforce by +5.36% for Executive members and + 18.69% for Board members.

Data remains the same as the previous year for BME staff entering the formal disciplinary process at nil.

There is agreed focus to improve supported with specific actions in the areas of, bullying and harassment, recruitment, and equal opportunities for career progression. Bullying & harassment has also been identified as an ICS priority and is line with the Midlands Workforce Race and Inclusion Strategy along with the NHS People Plan actions including overhaul of recruitment practice and the introduction of the civility and respect toolkit. Our staff networks have been reviewed and will become part of the decision-making processes.

1. **Progress**

There has been an increase of BME staff in the organisation by +1%. AfC band 6 has the highest percentage of BME staff compared the whole organisation overall at 32% which is +8% on the previous period. Bands 2, 3, 4, 5 have between 12-14% of BME staff within the whole workforce, Band 7 has 7% and Band 8a has the lowest at 4%, however this has increased by +1% on the previous reporting period.

There has been *a positive* response in:

* Senior leadership, with 25% BME representation at VSM level which is an increase of +25% on the previous reporting period
* An increase in the percentage difference between the Board voting members and the overall workforce of +8.63% to 5.36% for Executive members and by +16.02% to 18.69% for Board members.

Remains the same:

* White staff are 2 times more likely to enter the formal disciplinary process with no BME staff members
* Discrimination from staff remains the same at 12% for BME staff and has increased by +4% to 6% for White staff

There has been a *less positive* response in:

* In BME candidates being appointed from shortlisting; BME 39%, White 50%
* A decrease of BME staff attending non-mandatory training; BME 57%, White 59%
* An increase in BME staff reporting bullying & harassment by other staff by patients and the public by + 4% and for White staff by + 3%
* 43% of BME staff believing the organisations provides equal opportunities for career progression or promotion has reduced by -33% and for White staff by -34%.

1. **Conclusion**

The WRES 2022 shows improvement in the amount of BME staff within senior leader roles in the organisation and on the Board. Areas which were less positive are: bullying & harassment, recruitment from shortlisting, continued professional development and equal opportunities in career progression.

Areas highlighted for targeted actions include recruitment, career progression and bullying & harassment. Supporting BME staff through initiatives such as through staff network and diversity in decision making, recruitment, talent management, health and wellbeing initiatives and conversations remain a priority during this reporting period.

We are working with our BAME staff network group to agree action plans.

**Workforce Race Equality Standard**

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| **Date of this report** | July 2022 |
| **Name of Provider Organization** | Nottingham CityCare Partnerships |
| **Name and Title of Board Lead for Workforce Race Equality Standard** | Helen Marks Interim Director of People, Communications & Inclusion |
| **Name and contact details of Lead Manager completing this report** | Fiona Cambridge Equality Diversity & Inclusion Manager  [f.cambridge@nhs.net](mailto:f.cambridge@nhs.net) |
| **Name of Commissioners this report has been sent to** | NHS Nottingham & Nottinghamshire Integrated Care Board |

**Report on the WRES Indicators**

1. **Background Narrative**
2. Any issues of completeness of data

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| None |

1. Any matters relating to reliability of comparisons with previous years

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| None |

1. **Total Numbers of Staff**
2. Employed within this organisation at the date of this report

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| 1120 |

1. Proportion of BME[[1]](#footnote-1) staff employed within this organisation at the date of this report

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| 14.64% |

**3. Self-Reporting**

1. The proportion of total staff who have self-reported their ethnicity

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| 99. 82% |

1. Have any steps been taken in the last reporting period to improve the level of self-reporting of ethnicity

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| Staff complete self-reporting on application, at recruitment and for the staff survey. Awareness raising to staff on the importance of data and how this can update in on-going. |

1. Are any steps planned during the current report period to improve the level of self-reporting by ethnicity

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| Continue to raise awareness of the importance of recording during equality training, on the website and in CityCare Cascade |

1. **Workforce Data**
2. What period does the organisation’s workforce data relate to?

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| April 2021to April 2022 (exception indicator 3 which is a rolling two-year period) |

**5. Workforce Race Equality Indicators**

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|  | **Indicator**  For each of these four workforce indicators, the Standard compares the metrics for White and BME staff | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to Equality Delivery System(EDS) evidence and corporate Equality Objectives** |
| 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 disaggregated by:*   * *Non clinical staff* * *Clinical staff of which:*   + *Non-medical*   + *Medical & dental*   *Definitions are based on ESR occupation codes with the exception of medical & dental staff* | **Band 1 non-clinical**  Nil | **Band 1 non-clinical**  Nil | Band 6 has the highest percentage of BME staff within the whole workforce at 32% an increase of 8% from the previous reporting period.  Band 8a has the lowest number of BME staff within the whole workforce at 4%.  Bands 8b, 8c, 8d and 9 remain the same as the previous reporting period.  Bands 2, 3, 4 & 5 have fairly equal percentages of BME staff compared to the whole workforce ranging from 12-14%.  Bands showing an increase of BME staff include: band 5 by 3%, band 6 by 8%, band 8a by 1%.  VSM has increased by 25% to 25%, this was previously nil. | **EDS2 Goal 3 - 1c Monitoring career pathways in promotion.**  The Equality, Diversity & Inclusion Committee regularly monitor and report to the Board on career progression & appointment of staff (BME & White staff).  Overhaul of the recruitment process in line with Model Employer, Midlands Race & Inclusion Strategy and NHS People Plan including   * diverse interview panels * values based recruitment * target for BME employment * training for recruiting managers * talent management process * comply or explain giving full constructive feedback to candidates & explanation for unsuccessful BME candidates   New and established managers will undertake a management training programme  Widen the market with targeted advertising and engagement, social media, local communities, recruitment events.  **EDS2 Goal 3 - 2 a &b Analysis of staff training & staff survey**   * Engagement with BME staff network & contribution to training programmes * Cultural awareness and cultural intelligence training, recruitment training * Recruitment and promotion reporting to EDI Committee and Board with action plan. * Upskill managers to support staff   **Goal 3 - 3 a-e - review & extend training program, targeted training**  **reflecting needs of the organization**  Cultural awareness, cultural intelligence and during corporate induction and HR training courses. Coaching & mentoring offer.  **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to EDI values & behaviours**   * Refresh appraisal with managers demonstrating their commitment to EDI * Recognition of BME staff who are ready to progress within the organisation & talent management * Leadership & management training/opportunities for future leaders. Ongoing accessibility to BME leadership programmes EMLA, coaching & mentoring opportunities. * On-going analysis and reporting of career progression within bands and consider staff survey results around career progression opportunities. * Liaison with BME staff network |
| **Band 2 non-clinical**  **BME 29%**  White 71%  **Band 2 clinical**  **BME 8%**  White 92%  **B2 % BME in overall workforce 13%** | **Band 2 non-clinical**  **BME 31%**  White 69%  **Band 2 clinical**  **BME 9%**  White 91%  **B2 % BME in overall workforce 16%** |
| **Band 3 non-clinical**  **BME 13%**  White 87%  **Band 3 clinical**  **BME** 14%  White 86%  **B3 % BME in overall workforce 12%** | **Band 3 non-clinical**  **BME 16%**  White 84%  **Band 3 clinical**  **BME 15%**  White 85%  **B3 % BME in overall workforce 13%** |
| **Band 4 non- clinical**  BME 14%  White 86%  **Band 4 clinical**  **BME 12%**  White 88%  **B4 % BME in overall workforce 14%** | **Band 4 non- clinical**  **BME 14%**  White 86%  **Band 4 clinical**  BME 14%  White 86%  **B4 % BME in overall workforce 16%** |
| **Band 5 non-clinical**  **BME 27%**  White 73%  **Band 5 clinical**  **BME 18%**  White 82%  **B5 % BME in overall workforce 20%** | **Band 5 non-clinical**  **BME 22%**  White 78%  **Band 5 clinical**  **BME 13%**  White 87%  **B5 % BME in overall workforce 17%** |
| **Band 6 non-clinical**  **BME 12%**  White 88%  **Band 6 clinical**  **BME 15%**  White 85%  **B6 % BME in overall workforce 32%** | **Band 6 non-clinical**  BME 9%  White 91%  **Band 6 clinical**  BME 13%  White 87%  **B6 % BME in overall workforce 24%** |
| **Band 7 non-clinical**  **BME 6%**  White 94%  **Band 7 clinical**  **BME 7%**  White 93%  **B7 % BME in overall workforce 7%** | **Band 7 non-clinical**  BME nil  White 100%  **Band 7 clinical**  **BME 10%**  White 90%  **B7 % BME in overall workforce 9%** |
| **Band 8a non-clinical**  **BME 40%**  White 60%  **Band 8a clinical**  **BME 18%**  White 82%  **B8a % BME in overall workforce 4%** | **Band 8a non-clinical**  BME 22%  White 78%  **Band 8a clinical**  BME 9%  White 91%  **B8a % BME in overall workforce 3%** |
| **Band 8b non-clinical**  BME nil  White 100%  **Band 8b clinical**  BME nil  White nil | **Band 8b non-clinical**  BME nil  White 100%  **Band 8b clinical**  BME nil  White nil |
|  |  | **Band 8c non-clinical**  BME nil  White 100%  **Band 8c clinical**  BME nil  White nil | **Band 8c non-clinical**  BME nil  White 100%  **Band 8c clinical**  BME nil  White nil |  |
|  |  | **Band 8d non-clinical**  BME nil  White 100%  **Band 8d clinical**  BME nil  White 100% | **Band 8d non-clinical**  BME nil  White 100%  **Band 8d clinical**  BME nil  White 100% |  |  |
|  |  | **Band 9 non-clinical**  BME nil  White nil  **Band 9 clinical**  BME nil  White nil | **Band 9 non-clinical**  BME nil  White nil  **Band 9 clinical**  BME nil  White nil |  |  |
|  |  | **VSM non-clinical**  **BME 25%**  White 75%  **VSM clinical**  BME nil  White nil | **VSM non-clinical**  BME nil  White 100%  **VSM clinical**  BME nil  White nil |  |  |
|  |  | **Medical subgroups**  BME nil  White 100% | **Medical subgroups**  BME nil  White 100% |  |  |
| 2 | Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all internal and external posts. | Likelihood of White candidates being appointed from shortlisting is 1.28 times greater than BME candidates | Likelihood of BME candidates being appointed from shortlisting is 0.42 times greater than White candidates | Compared to the previous reporting period, the likelihood of BME candidates being appointed from shortlisting has decreased. However the amount of BME staff has increased by +1% within the organisation as a whole | **EDS2 Goal 3 - 1b Values based recruitment & patient representative involvement**   * Cultural awareness, cultural intelligence and recruitment training for appointing managers. * Patient, public & staff involvement in senior interview panels * Overhaul of recruitment practices in consultation with BME staff, including targets for BME recruitment, diversity in interview panels, comply or explain for unsuccessful BME candidates * Targeted advertising in local communities & on social media * Leadership opportunities for current and future leaders. * Regular reporting from NHS jobs discussion at E&D and HR Group. |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation | White staff are 2 times more likely to enter the formal disciplinary process than BME staff | White staff are 2 times more likely to enter the formal disciplinary process than BME staff | No BME staff have entered the formal disciplinary process which remains the same as the previous reporting period | **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours**   * Management HR toolkit including training for all managers * Revision of HR policy & HR training |
| 4 | Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff | 1.03 times more likely for White staff to access non-mandatory training than BME staff | **1.01 times more likely for White staff to access non-mandatory training than BME staff** | For this reporting period, it has been more likely for White staff to access non-mandatory training | **EDS2 Goal 3 - 3 a-e Review & extend training program, targeted training reflecting needs of the organization**   * Aspiring leaders programme and management programme established. Increased opportunity for development with clear pathways with new appraisal system. * BME staff network and protected release time. * Staff survey action plan * Talent management * Cultural awareness and cultural intelligence training * Coaching & mentoring offer * Consultation with BME staff network | |

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|  | **Indicator**  **For each of these four staff survey indicators, the Standard compares the metrics for each survey questions response for White and BME staff** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** |
| 5 | KF 25. Percentage of staff experiencing harassment, bullying or abuse from *patients, relatives or the public* in last 12 months | **White 22%** | **White 19%** | 3% more White staff and 1% more BME staff have experienced bullying & harassment from patients & relatives  This may be related to service changes during the Covid pandemic | **EDS2 Goal 3 - 5 Address issues from staff survey**   * BME staff network – consult & represent views * Managers training programme to effectively support staff – cultural awareness & cultural intelligence * Introduction of civility and respect toolkit (NHSE&I) * Civility and respect champions working with Freedom to Speak Up * Comms to staff of safety measures in place & reporting process * Refresh comms for patients around zero tolerance |
| **BME 19%** | **BME 15%** |
| 6 | KF 26. Percentage of staff experiencing harassment, bullying or abuse from *staff* in last 12 months | **White 12%** | White 13% | Bullying & harassment from staff experienced by White staff has decreased by 1% and remained the same BME staff |
| BME 25% | **BME 25%** |
| 7 | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion | **White 60%** | **White 94%** | There has been an decrease in staff believing the organisation provides equal opportunities in career progression/ promotion for BME staff by 33% and White staff by 34%  There is a gap of 17% between the perception of BME staff and White staff  compared to 18% in the previous reporting period.  This may be due to on-going staffing pressures during Covid with decreased access to learning & development | **EDS2 Goal 3 - 2 Equality of access to training and development**   * Aspiring leaders programme * Coaching & mentoring * Recruitment training to participate in interview panels * Cultural awareness and cultural intelligence training * Increase opportunity for development with clear pathways * Talent management process * BME staff network consultation * Protected release time for BME staff to attend training * EMLA pilot leadership training for lower banded BME staff on leadership programmes * Staff survey action plan * Coaching offer from BME senior lead for BME staff support network |
| **BME 43%** | **BME 76%** |
| 8 | Q17. In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other colleagues | White 6%  **B**ME 12% | **White 2%**  **BME 12%** | There has been an increase in staff experiencing discrimination at work for White staff by 4% whilst BME remains the same at 12%.  There is a 6% difference between the experience of White staff and BME staff compared to 10% in the previous reporting period. | **EDS2 Goal 3 - 3 E&D staff training**  **EDS2 Goal 3 - 5 Monitor staff survey & action plan to address issues**   * BME staff network – consult & represent views with reporting to EDI Committee * Cultural Intelligence & cultural awareness training for managers * Coaching & mentoring * Civility and respect toolkit and champions * Freedom to speak up |

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|  | **Does the Board meet the requirement on Board membership?** | **Data for reporting year** | **Data for previous year** | | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** | |
| 9 | Percentage difference between the organisations Board voting membership and its overall workforce:   1. By Executive member of the Board 2. By membership of the Board 3. By voting member of the Board 4. By non-voting member of the Board | *(% of BME Board members compared to BME workforce)*  a. +5.36%  b. +18.69%  c. +21.86%  d. -2.18% | | a. -13.99%  b. + 2.67% | There has been significant improvement in BME representation in Exec members of the Board by 8.63% and Board members by 16.02% compared to the workforce from the previous year.  Voting and non-voting members was introduced in 2022 | | **EDS2 goal 3 – 1 monitor Board representation**  Consider diversity in appointment of new members  Actions to support diversity in decision making from under-represented groups | |

6.Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain”.

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| CityCare were awarded “excellent” at the CQC inspection. CQC comments included the leadership team at CityCare demonstrated they were meeting the objectives and promoting the values of the Workforce Race Equality Standard (WRES) with processes that promoted staff involvement and led to action plans which addressed causes of inequality. Board minutes we reviewed indicated regular discussions of the WRES were taking place and WRES requirements were embedded and reviewed appropriately. |

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

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| Old Ethnic Codes - staff employed after 1 April 2001  must have their ethnic group assessed and recorded  using the new categories and codes as detailed above.  The “old” codes shown below are for reference only. |
| 0 – White |
| 1 – Black – Caribbean |
| 2 – Black – African |
| 3 – Black – Other |
| 4 – Indian |
| 5 – Pakistani |
| 6 – Bangladeshi |
| 7 – Chinese |
| 8– Any other Ethnic Group |
| 9 – Not given |

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| **14 Annex B –Office of National Statistics 2001 Ethnic Categories Ethnic Categories 2001** |
| A – White -British |
| B – White -Irish |
| C – Any other white background |
| D – Mixed White and Black Caribbean |
| E – Mixed White and Black African |
| F – Mixed White and Asian |
| G – Any other mixed background |
| H – Asian or Asian British -Indian |
| J – Asian or Asian British -Pakistani |
| K – Asian or Asian British - Bangladeshi |
| L – Any other Asian background |
| M – Black or Black British -Caribbean |
| N – Black or Black British -African |
| P – Any other Black background |
| R – Chinese |
| S – Any other ethnic group |
| Z – not stated |
| Note: a more detailed classification for local use if required  is contained in Annex 2 of DSCN 02/2001. |
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**WORKFORCE RACE EQUALITY STANDARD ACTION PLAN 2022**

| **Indicator** | **Action/Next Steps** | **Outcomes Measure** | **CityCare & Integrate Care System Strategic Plans** | **Lead** |
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| Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.  *Findings:*  ***1.28times greater for White staff*** *(appointed BME staff 39% white staff 50%)* | * Compare diversity to population served with a minimum target of 19% BME staff at all levels by 2025 * Review and refresh recruitment policy & process to ensure inclusivity and increased representation of diversity * Develop a process to identify talent and support development for employees from underrepresented groups * Productive conversations about race will be supported through EDI induction training & Managers EDI Training & tools * Executive & senior manager’s job descriptions include essential criteria of knowledge & skills in supporting and addressing EDI issues * BAME staff network group participation in reviewing the recruitment process and staff retention | Improvement in recruitment/  promotion for BAME candidates - NHS jobs data  Review at EDI Committee meetings  Model Employer data  ICS reporting on recruitment action plan  BAME network feedback | CityCare Strategy:  Raise awareness of CityCare among prospective employees & community  Build capability & skills of our people  Citycare Cultural audit  ICS: EDI  Enabling cultural change & leadership development  A Model Employer  Midlands Race & Inclusion Strategy  NHS People Plan:  Overhaul recruitment & promotion processes to reflect diversity of community  Senior leadership represents the diversity of the NHS  Staff networks are able to contribute & inform decision making process | HR  EDI  L&E  BAME Network |
| Percentage believing the organisation provides equal opportunities in career progression  *Finding:*  ***BME 43%*** *compared to previous year 76%* |
| Percentage of staff experiencing harassment, bullying or abuse from  *Findings:*  *Experience of B/H from patients/public for* ***BME staff +4%******to 19%***  B/H from *staff* in last 12 months *remained the same at 25%* | * Review data and understand how CityCare compares locally and nationally * Work with our ICS colleagues to adopt The Race Code * Managers to be upskilled to discuss anti-racism in supervision & appraisal in order to address communication of sensitive messages * EDI to be embedded in People Management and Leadership programmes * Refresh the Dignity at Work policy to focus on Civility & Respect * WRES indicators to be included in performance objectives for senior leaders and executives * BAME network to work with Freedom To Speak Up Guardians to build confidence with under-represented staff groups * Staff network support group engagement to contribute and inform & further explore safe space to discuss experiences * Explore cultural ambassadors/WRES experts within the organisation | Reduction in reported cases to DATIX  Staff Survey 2022 responses  Cultural Assessment  BAME network feedback | CityCare Strategy:  Develop our people  Diverse, inclusive and culturally skilled organisation & programmes of change to ensure culture where everyone feels valued  CityCare cultural audit  ICS  A happier workforce  Equality Diversity & Inclusion  Retaining staff  Enabling cultural change & leadership development  Midlands Race & Inclusion Strategy  NHS People Plan  Prevent & tackle bullying & harassment and create culture of civility & respect  Discuss as part of health and wellbeing conversations  Staff networks are able to contribute & inform  Work with Freedom to Speak Up guardians | EDI  OD  HR  L&E  BAME Network |
| In the last 12 months have you personally experienced discrimination at work from m*anager/team leader or other colleagues*  *Findings: for* ***BME staff remains the same at 12%*** |
|  | * Managers to support protected release time for BME staff to attend training & continued professional development * Develop a bespoke Aspiring Leaders programmes * Access to EMLA leadership opportunities for lower banded BME staff * Identification and communication of local, regional, and national programmes for under-represented groups * BAME network support the review of cultural awareness training for all staff * Develop a talent management process with increased opportunity for development with clear pathways * Promote the coaching and mentoring offer for staff internally and externally * All action plans will be undertaken in consultation with the BAME Network | Training data  Recruitment data  Staff survey 2022  Cultural assessment  BAME network feedback | CityCare Strategy:  Develop our people: build capability & skills through leadership & managerial training  Diverse, inclusive and culturally skilled organisation & develop the skills and capability of our people and improve the working culture with inclusiveness  CityCare cultural audit  ICS  A happier workforce  Equality Diversity & Inclusion  Retaining staff  Enabling cultural change & leadership development  Midlands Race & Inclusion Strategy  NHS People Plan  Prevent & tackle bullying & harassment and create culture of civility & respect  Discuss as part of health and wellbeing conversations  Staff networks are able to contribute & inform  Work with Freedom to Speak Up guardians | EDI  OD  HR  L&E  BAME Network |
| Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff  *Findings: BME staff 57%, White staff 59%* |

1. The definitions of “Black and Minority Ethnic” and “White” used in the NHS England Standard and Guidance have followed the national reporting requirements of Ethnic Category in the NHS Data Model and Dictionary and are as used in Health and Social Care Information Centre data. These definitions were based upon the 2001 ONS Census categories for ethnicity. “White” staff include White British, Irish and Any Other White. The “Black and Minority Ethnic” staff category includes all other staff except “unknown” and “not stated.” (these are presented in Annex B) [↑](#footnote-ref-1)