

Workforce Race Equality Standard (WRES) Findings and Actions

Trust Board

2018

1. Background

The WRES requires Trusts to demonstrate progress against nine indicators of workforce race equality. The indicators focus upon Board level representation and differences between the experience and treatment of White and BME staff. In addition to producing and publishing the WRES PDF template and action plan on the Trust website and intranet, this year we have also been required to submit a return via the NHS England, Strategic Data Collection Service (SDCS) system to enable further comparisons to be made between Trusts.

This reporting period covers 01 April 2017 to 31 March 2018. The 2017 WRES Report is available on The Walton Centre Website:
<https://www.thewaltoncentre.nhs.uk/175/equality-and-diversity.html>

2. Findings

As at 31 March 2018 there were a total of 1398 members of staff recorded as white or BME employed within the organisation. Of this, the proportion of BME staff employed is 12.95%, this compares to 9%, as at 31 March 2017. This is drawn from the proportion of staff who have self-reported their ethnicity which is 98.6%, which remains constant from last year. For the indicators relating to the findings of the staff survey only 36 BME staff responded compared to 39 in 2017, this equates to just 19.89% of our BME workforce which has a total of 181 BME staff.

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Indicator	Findings		Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	2017	2018		
1) Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	2017 WRES Report	See tables below.	<p>As context for the narrative provided below, according to the ONS, 2011 Census, 5.5% of the Merseyside population has a Black, Minority Ethnic background (BME) which is lower than the North West average (9.8%). Source: Census 2011, www.ons.gov.uk</p> <p>There has been improvement regarding Indicator 1. The proportion of BME staff employed is 12.95%, this compares to 9%, as at 31 March 2017. This indicates that the Trust is not underrepresented in overall numbers of BME staff.</p> <p>The highest percentage of BME staff measured against the combined white and BME workforce is to be found within the clinical staff and stands at 69 (6.87%). This is a little higher than the BME Percentage of Merseyside, whereas the white clinical staff percentage stands at 799 (57.15%) of the Workforce.</p> <p>The largest number of BME clinical staff are the 50 at Band 5 (3.58%). There are 19 BME clinical staff at Band 6, a further 6 at Band 7, and 4 at Band 8A.</p> <p>The 73 BME members of the medical workforce constitutes (60%) of the medical staff at the Trust, however, because medical staff are a</p>	<p>Actions completed:</p> <ul style="list-style-type: none"> – Signed up to NHS Employers Diversity and Inclusion Partners Programme – 30+ ED&I champions in place with role descriptor agreed – Extended steering group – Signed up to RCN Cultural Ambassadors programme – Explored introduction of an initiative whereby there must be a BME member of staff on any appointing panel. This measure has been successfully tested regarding the recruitment of a Board member in 2018 and the exploration of the possibility of using Cultural Ambassadors for this is continuing. This action will have to be further embedded before exploring the possibilities for clinical and other roles. However, appreciation must be given to the limited number of BME staff available to do this – Board level ED&I lead is in post – The appointment of a full-time Equality and Inclusion Lead post at the Trust – Bespoke ED&I Cultural Competence and Cultural Confidence Training for ED&I champions delivered by a specialist consultancy

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			<p>relatively small section of the overall workforce the percentage measured against the whole workforce is much smaller at (5.22%), which is close to the average for the BME population of Merseyside.</p> <p>Non-clinical remains the section of the workforce with the fewest BME staff. None of the Bands for non-clinical staff reach 0.50% or above of the overall workforce. The highest number reached is 6 BME staff (0.43%) at Band 3. There are a further 6 (0.43%) at Band 5 and above, which breaks down as 2 Band 5s. 2 band 6s and 2 at Band 7 and above.</p> <p>These figures provide no justification for further positive actions to boost the overall numbers of BME staff at the Trust.</p> <p>However, the comparatively low numbers of staff in the non-clinical workforce and the low numbers of clinical and non-clinical staff at band 7 and above justifies further positive actions to boost BME staff numbers in these areas.</p> <p>See tables below for more details.</p>	<p>Further proposed actions:</p> <ul style="list-style-type: none"> - Exploration is needed to understand any barriers BME staff feel they face when applying for more senior positions or the reasons why they do not apply. - ED&I Strategy Refresh – consultation with all staff - Continue to monitor this indicator.
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Total BME recorded 181. Total White recorded 1217. Total BME and White recorded 1398.

1a) Non-clinical workforce	White staff		BME staff	
	Headcount	Percentage measured against the 1398 total of BME and White staff	Headcount	Percentage measured against the 1398 total of BME and White staff
Under Band 1	0	0%	0	0%
Band 1	4	0.29%	0	0%
Band 2	78	5.58%	0	0%
Band 3	62	4.43%	6	0.43%
Band 4	96	6.87%	0	0%
Band 5	34	2.43%	2	0.14%
Band 6	24	1.72%	2	0.14%
Band 7	22	1.57%	1	0.07%
Band 8A	15	1.07%	0	0%
Band 8B	12	0.86%	0	0%
Band 8C	5	0.36%	1	0.07%
Band 8D	6	0.43%	0	0%
Band 9	0	0%	0	0%
VSM	13	0.93%	0	0%
Total and percentage of recorded None-clinical White and BME staff against the 1398 total of BME and White staff at the Trust.	371	27%	12	1%

1b) Clinical workforce	White Staff		BME Staff	
	Headcount	Percentage measured against the 1398 total of BME and White staff	Headcount	Percentage measured against the 1398 total of BME and White staff
Under Band 1	0	0%	0	0%
Band 1	0	0%	0	0%
Band 2	139	9.49%	13	0.93%
Band 3	100	7.15%	3	0.21%
Band 4	15	1.07%	1	0.07%
Band 5	208	14.88%	50	3.58%
Band 6	138	9.87%	19	1.36%
Band 7	126	9.01%	6	0.43%
Band 8A	57	4.08%	4	0.29%
Band 8B	12	0.86%	0	0%
Band 8C	1	0.07%	0	0%
Band 8D	3	0.21%	0	0%
Band 9	0	0%	0	0%
VSM	0	0%	0	0%
Total and percentage of recorded Clinical White and BME staff against the 1398 total of BME and White staff at the Trust.	799	57%	96	7%

383 Total BME and White recorded Non-Clinical staff.
 12 = (3.1%) of recorded Non-Clinical is BME
 371 = (96.9%) of recorded Non-Clinical is White

895 Total BME and White recorded Clinical staff.
 96 = (10.7%) of recorded Clinical is BME
 799 = (89.3%) of recorded Clinical is White

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Medical	White staff		BME staff	
	Headcount	Percentage measured against the 1398 total of BME and White staff	Headcount	Percentage measured against the 1398 total of BME and White staff
Consultants	40	2.86%	50	3.58%
<i>of which Senior medical manager</i>	0	0%	0	0%
Non-consultant career grade	5	0.36%	23	1.65%
Trainee grades	0	0%	0	0%
Other	2	0.14%	0	0%
Total and percentage of recorded Medical White and BME staff against the 1398 total of BME and White staff at the Trust.	47	3%	73	5%

<p>120 recorded BME or White Medical staff 73 = (60%) of recorded Medical is BME 47 = (40%) of recorded Medical is White</p>
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Indicator	Findings		Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	2017	2018		
2) Relative likelihood of staff being appointed from shortlisting across all posts.	Relative likelihood of White staff being appointed from shortlisting compared to BME staff = 1.51 times greater	<p>Relative likelihood of White staff being appointed from shortlisting compared to BME staff = 1.50 times greater.</p> <p>The total number of applicants shortlisted was 1429. Of these 96 (13.7%) were BME. 26 (13.3%) of these BME shortlisted applicants went on to be appointed.</p> <p>1233 (86.3%) of applicants were white. 245 (19.9%) of those white shortlisted applicants went on to be appointed.</p>	<p>This indicator has remained relatively stable from last year. White staff have been more likely to be appointed from shortlisting than BME staff in this period.</p> <p>While the above is important to note, it is also important to notice that the figures from indicator 1 demonstrate that the difference in application, shortlisting and appointment rates is likely to be different for medical, clinical and non-clinical sections of the workforce respectively. This is because the BME staff percentage figures vary widely across these sections of the workforce. BME staff are currently underrepresented in some but not all areas of the organisation e.g.in the higher Bands of clinical and none clinical staff.</p> <p>This would suggest that actions to address Indicator 2 should be more targeted at those areas of underrepresentation.</p>	<p>Actions completed:</p> <ul style="list-style-type: none"> – 30+ ED&I champions in place with role descriptor agreed – Board level lead identified – Extended steering group – E&D Policy uploaded to all adverts on NHS jobs to highlight equal opportunity expectations. – Coaching programme includes BME staff to further support staff. – Reciprocal Mentoring programme <p>Further proposed actions:</p> <ul style="list-style-type: none"> – Explore the possibilities for ensuring that recruitment panels have current information about the ED&I profile of the Bands and sections of the workforce that they are recruiting too. – Additional E&D training module will be mandatory for all recruiting managers, in addition to the basic module. – Explore introduction of an initiative whereby there must be a BME member of staff on any appointing panel (as above). – Explore additional advertising to reach BME groups – Continue to monitor
3) Relative likelihood of staff entering the	Relative likelihood of	Relative likelihood of BME staff entering the formal	Improvement. The Trust is dealing with a relatively low	<p>Further proposed actions:</p> <ul style="list-style-type: none"> – Continue with the Cultural

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<p>formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.</p>	<p>BME staff entering the formal disciplinary processes compared to White staff = 2.26 times greater</p>	<p>disciplinary processes compared to White staff = 0.72 times less</p> <p>Total number of White and BME staff 1398</p> <p>Total number of disciplinarys 32</p> <p>Total disciplinarys of white staff 28.</p> <p>Total disciplinares of BME staff 3.</p>	<p>number of disciplinarys overall, so unless there are sustained issues of discrimination we would expect random fluctuations to make the proportion of BME disciplinarys to vary year on year. This seems to be what we are observing regarding this indicator.</p> <p>However, the actions that have been taken in 2017 and into 2018 may well have made a positive contribution to this welcome improvement.</p>	<p>Ambassadors Programme</p> <ul style="list-style-type: none"> - Continue to monitor
<p>4) Relative likelihood of staff accessing non-mandatory training and CPD.</p>	<p>Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 0.40 times greater</p>	<p>Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 0.41 times greater</p>	<p>The improvements shown in last year's report have been mostly maintained, however there has been a very slight deterioration.</p> <p>This suggests the desirability of identifying yet further actions to help to build on previous improvements against this indicator.</p>	<p>Further proposed actions:</p> <ul style="list-style-type: none"> - Continue with Reciprocal Mentoring programme - Continued communication of external training programme opportunities - Seek further feedback from BME staff to identify further actions - Continue to monitor
<p>Source for KF25, KF26, KF21 and KF17: CQC Insight for Acute NHS Trusts The Walton Centre NHS Foundation Trust 2018</p> <p>Key messages</p> <ul style="list-style-type: none"> · In the latest survey the responses from BME staff and white staff were significantly different for KF25, KF21 · The total response rate was lower than both the England average and the minimum recommended response rate of 50% 				

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· In the previous and latest survey this trust used a census which sends the survey to all staff in the trust				
<p>5) KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.</p>	<p>Proportion of responses answering "Yes"</p> <p>White – 26.43%</p> <p>BME – 37.84%</p>	<p>Proportion of responses answering "Yes"</p> <p>White – 21.8%</p> <p>BME – 46.3%</p> <p>Percentage difference between Black and White staff -24.6%</p> <p>White staff as measured across the NHS in England 26.7%</p> <p>BME staff as measured across the NHS in England- 28.6%</p>	<p>Indicator 5 shows a further deterioration in terms of higher reporting levels from both white and BME staff. The rate of deterioration is higher for BME staff though.</p> <p>This difference has been flagged as a key message from: "The CQC Insight for Acute NHS Trusts, The Walton Centre NHS Foundation Trust 2018 Report". It has also been judged to be "statistically significant" by that report.</p> <p>ED&I actions are at an advanced stage to start to reverse this trend, however, because the figures are increased for both white and BME staff, this issue may require the attention of other areas of the Trust in addition to the ED&I efforts.</p>	<p>Further proposed actions:</p> <ul style="list-style-type: none"> – Gain further feedback from BME staff and explore with them what interventions the Trust can put in place to better support BME staff in this area. – Action is progressing toward the Trust becoming a Hate Incident Reporting Centre in 2018. This will increase awareness of bullying and harassment from patients and increase support for staff who may be subject to such behaviour. – Continue to monitor
<p>6) KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.</p>	<p>White – 17.88%</p> <p>BME – 28.95%</p>	<p>White – 17.7%</p> <p>BME – 24.4%</p> <p>White staff as measured</p>	<p>Indicator 6 has shown a 4.55% improvement from last year for BME staff and the percentage difference between BME and White staff is (+6.7%) for BME staff. This difference has been judged by the CQC to be "Not statistically significant".</p>	<p>Further proposed actions:</p> <ul style="list-style-type: none"> – Trust ED&I Champions are supporting the Trust to become a Hate Crime Reporting Centre in 2018 and will also be meeting with the Trust's Freedom To Speak Up Lead to coordinate support from the ED&I Champions on

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		<p>across the NHS in England- 24.2%</p> <p>BME staff as measured across the NHS in England- 28.6%</p>	<p>This indicator has fluctuated markedly in past years so will still require action to sustain the improvement.</p>	<p>the subject of anti -bullying measures.</p>
<p>7) KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.</p>	<p>White – 90.15% BME – 68.18%</p>	<p>White – 90.3% BME – 71.4%</p> <p>Percentage difference between Black and White staff- 18.8%</p> <p>BME staff as measured across the NHS in England- 71.6</p> <p>White staff as measured across the NHS in England – 87.1%</p>	<p>There has been a slight improvement against Indicator 7 in terms of the percentage gap between positive responses from white staff and positive responses from BME staff. This is against a backdrop of their being a slight increase in positive responses for this indicator relating to both white staff and BME staff.</p> <p>However, this is not particularly positive, and the CQC Insight for Acute NHS Trusts, states the percentage gap for this indicator is “statistically significant”.</p> <p>This indicator also backs up the data the trust has regarding the Bands that BME Staff are at in both clinical and non-clinical sections of the workforce (see above).</p>	<p>Further proposed actions:</p> <p>Many of the actions that will impact this measure have been long term e.g. Ongoing Reciprocal Mentoring Programme etc. However, the significance and of the persistence of the differences regarding indication 7 suggests that new positive actions may well need to be identified to make a significant difference to this indication in the medium term.</p> <ul style="list-style-type: none"> – Consultation with BME staff and ED&I Champions will focus on identifying new appropriate further actions. – Continue to monitor
<p>8) Q17. In the last 12 months have you personally experienced discrimination at</p>	<p>White – 3.69% BME – 18.42%</p>	<p>White – 6.2%</p> <p>BME –</p>	<p>There has been an improvement against Indicator 8 this year. This is due to an increase in the percentage of white staff responding with negative</p>	<p>Actions completed:</p> <ul style="list-style-type: none"> – Freedom to speak up guardian appointed and drop in sessions arranged – Berwick session around raising

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<p>work from a manager/team leader or other colleagues</p>		<p>15.4%</p> <p>Percentage difference between BME and White staff -9.2%</p> <p>White staff as measured across the NHS in England – 6.6%</p> <p>BME staff as measured across the NHS in England 15.5%</p>	<p>experiences. And a slightly larger, but still modest fall, in the percentage of BME staff responding with a negative experience.</p> <p>It is positive that this Indicator has improved slightly for BME staff; however, this is in the context of this indicator being still more than twice as high for BME staff as it is for white staff.</p> <p>This difference of (9.2%) has been judged to be “Not statistically significant”, by the CQC report which is referenced above, however, given the potential impact on staff this percentage gap is significant for the Trust and requires appropriate attention.</p>	<p>concerns</p> <ul style="list-style-type: none"> – Signed up to Tackling Bullying in the NHS campaign <p>Further proposed actions:</p> <ul style="list-style-type: none"> – Gain further feedback from BME staff and explore with them how the Trust can work to improve this – Further publicise equality email. – Further publicise dignity at work policies.
<p>9) Percentage difference between the organisations’ Board voting membership and its overall workforce.</p>	<p>-8.3%</p>	<p>-8.6%</p>	<p>This Indicator has remained relatively constant. Any slight change is due to changes in overall workforce number not changes to Board composition. As the Trust Board is still 100% White there is still no improvement on this indicator.</p>	<p>Action completed;</p> <ul style="list-style-type: none"> – A BME member of staff should sit on any executive or non-executive appointing panel – The Board explored the opportunity of mentoring a potential future BME candidate; however, ultimately the candidate chose not to continue with this. <p>Further proposed actions:</p> <ul style="list-style-type: none"> – Consideration should be given to the

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				lack of diversity when reviewing Non-Executive terms of office or appointing new members, with the consideration of seeking BME candidates.
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End of report.

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