

## Workforce Race Equality Standard (WRES) Findings and Actions

### Trust Board

2019

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## **1. Introduction**

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, 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 NHS trusts.

Of the 9 WRES indicators the Trust is making clear progress on 8 of these. The only indicator that is not so positive is indicator 1, which shows a complex picture in terms of the pay Bands that BME staff are at in the organisation and where they work in the Trust. The Trust remains broadly representative in terms of the overall numbers of BME staff but numbers have fallen slightly and work will need to be done both to ensure that the Trust remains broadly representative and to make BME representation more equal across the higher pay Bands.

As at 31 March 2019 there were a total of 1414 members of staff employed within the organisation. Of this total, the number of BME staff employed was 133 (9.41%).

In March 2018 the total BME staff recorded was 181 and the total White staff recorded was 1217. In 2019 the total BME Staff recorded was 133 and the total White staff recorded was 1267. This indicates that between 31st March 2018 and 31st March 2019 the recorded Total White Workforce has risen by 50 staff. It also indicates that in the same period the recorded BME Workforce has decreased by a total of 48 staff.

This reporting period covers 01 April 2018 to 31 March 2019. The 2017 and 2018 WRES Reports are also available on The Walton Centre Website:




<https://www.thewaltoncentre.nhs.uk/175/equality-and-diversity.html>


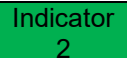
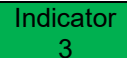
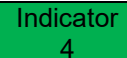
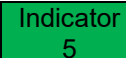
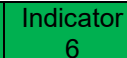
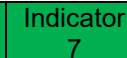
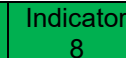
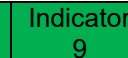
## 2. Summary of Key Points

### Workforce Race Equality Standard (WRES) Findings and Actions, Trust Board 2019

This WRES report demonstrates the Trust's progress against the nine indicators of the NHS England Workforce Race Equality Standard.

The Trust is making clear progress on 8 of the 9 WRES indicators and the one indicator where the Trust has not progressed marks the Trust returning closer to the regional average for overall BME staff numbers rather than dipping below that average. Relevant actions are listed in the main body of the report.

Key to the Trusts own colour rating of performance regarding the WRES Indicators.	
Red indicates any level of deterioration	
Amber indicates no change	
Green Indicates improvement	

Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9
								

**Indicator 1)** The percentage of BME staff in each of the AfC Bands 1-9.



This is the only indicator that is not so positive in all respects. At (9%) the overall percentage of BME staff at the Trust remains broadly representative of the population that we serve but the figure has slipped back a little from the previous year's (12.95%).

As context the ONS, 2011 Census shows (5.5%) of the population across Merseyside as BME and the North West average is (9.8%).

- The Trust's BME Non-Clinical staff figures are a comparatively low at (2.54%) and these staff are mostly clustered around Band 3 with none above band 7.
- The BME staff figures for Clinical staff are a somewhat better at (7.66%) with most of these staff clustered at Bands 5 and 6. There are 4 BME clinical staff at Band 8a and none above that Band.
- At (40.15%) the BME medical staff figures are above the numbers represented in the population. And of the 16 Senior Medical Managers, there are 9 (56.25%) BME staff and 7 (43.75%) White staff.

The Trust needs to

to focus on raising the overall numbers and representation at higher pay Bands for Non-Clinical and Clinical BME staff.

**Indicator 2)** The relative likelihood of staff being appointed from shortlisting across all posts.



There is no longer a significant gap at the Trust between White staff and BME staff in terms of their chances of being appointed from shortlisting.

<p><b>Indicator 3)</b> The relative likelihood of BME staff entering the formal disciplinary process.</p> <p>■</p> <p>There were no BME staff entering into this process in this period.</p>
<p><b>Indicator 4)</b> The relative likelihood of staff accessing non-mandatory training and CPD.</p> <p>■</p> <p>At (9.77%) the percentage for BME staff is slightly more positive than the (7.02%) for White staff at the Trust.</p>
<p><b>Indicator 5)</b> The percentage of staff experiencing harassment, bullying or abuse from patients.</p> <p>■</p> <p>The figure for BME Staff has decreased by (16.99%) since the previous year. And the percentage gap between the experience of White staff and BME staff now stands at (3.11%) more BME answering that they have experienced this form of harassment etc. This gap is no longer statistically significant. This is a clear improvement.</p>
<p><b>Indicator 6)</b> The percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.</p> <p>■</p> <p>This indicator has seen a slight increase for White staff and a slight decrease for BME staff in line with the trend from previous years which has seen the indicator dropping for BME staff and increasing for White staff. The gap has now fallen to (3.87%) from last year's (6.70%) and the previous year's (11.07%). This is a significant improvement.</p>
<p><b>Indicator 7)</b> The percentage believing that trust provides equal opportunities for career progression or promotion.</p> <p>■</p> <p>With BME staff at (91.67%) White staff at (92.83%) the trend has seen a closing of this gap and this year the beliefs of BME and White staff are not significantly different with them both being relatively positive.</p>
<p><b>Indicator 8)</b> In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues.</p> <p>■</p> <p>With BME staff at (10.71%) and White staff at (4.34%)</p> <p>There has been an improvement against Indicator 8 this year for both White and BME staff and a further closing of the gap in their reported experiences.</p> <p>White staff have reported a nearly (2%) drop in experiences of discrimination and BME staff have reported a nearly (5%) drop in such experiences. The trend in BME staff experiencing such discrimination continues to be markedly downwards year on year.</p>
<p><b>Indicator 9)</b> The percentage difference between the organisations' Board voting membership and its overall workforce.</p> <p>■</p> <p>In the 2018 WRES Report the percentage difference was (-8.6%) and in the 2019 report the difference has closed to (-0.1%) difference. Previous to 2019 this Indicator had remained relatively constant. Any slight changes in that period were due to changes in overall workforce number not changes to Board composition because there were no BME Board members. As the Trust Board is now no longer (100%) White the improvement shown in 2019 is real, however there is clearly a further to go before the Board reflects the local or national demographics in terms of race.</p>

### 3. Findings

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	2019		
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.	See 2017 WRES Report	See 2018 WRES Report	See tables below.	<p>As context for the narrative provided below, according to the Office of National Statistics, 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, <a href="http://www.ons.gov.uk">www.ons.gov.uk</a></p> <p>The percentage figure for Indicator 1 fell a little in this reporting year from 12.95% to 9.41%. This new figure remains approximately in line with the BME census figures for the North West and is well above the BME census figures for Merseyside. By comparison with the 2017 WRES figure for this indicator which was 9% we can see that this year's figure is probably closer to what the Trust should be expecting and the 2018 figure can be seen as a positive random fluctuation. The current</p>	<p>Actions completed:</p> <ul style="list-style-type: none"> <li>– Signed up to NHS Employers Diversity and Inclusion Partners Programme</li> <li>– 30+ ED&amp;I champions in place with role descriptor</li> <li>– Signed up to RCN Cultural Ambassadors programme</li> <li>– Explored introduction of an initiative whereby there must be a BME member of staff on any appointing panel.</li> <li>– 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</li> </ul>

				<p>figure indicates that the Trust is not underrepresented in overall numbers of BME staff.</p> <p>The highest percentage of BME staff measured against all staff i.e. White staff and unknown, is to be found within the Clinical staff and stands at 5.02%. Non Clinical BME staff constitute 3.75% and Medical BME staff make up 0.64% of the whole workforce.</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 percentage 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>In order to fully understand the significance of the percentages above they need to be examined alongside the, Non Clinical, Clinical and Medical staff figures and percentages. See tables below and comments for more details.</p>	<p>be further embedded before exploring the possibilities for clinical and other roles.</p> <p>However, appreciation must be given to the limited number of BME staff available to do this</p> <ul style="list-style-type: none"> <li>- Board level ED&amp;I lead is in post</li> <li>- The appointment of a full-time Equality and Inclusion Lead post at the Trust</li> <li>- Bespoke ED&amp;I Cultural Competence and Cultural Confidence Training for ED&amp;I champions delivered by a specialist consultancy</li> </ul> <p>Further proposed actions:</p> <ul style="list-style-type: none"> <li>- Further 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.</li> <li>- ED&amp;I Strategy Refresh – consultation with BME staff</li> <li>- Continue to monitor this indicator.</li> </ul>
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**2019 Whole Workforce**

Total staff	White total	BME Total	Total unknown
1414	1267 (89.60%)	133 (9.41%)	14 (1.10%)

**Non Clinical workforce**

1a) Non Clinical workforce	White Non Clinical staff numbers	White staff as a percentage of Non Clinical staff	White Non Clinical staff as a percentage of all staff	BME Non Clinical staff numbers	BME staff as a percentage of Non Clinical staff	BME Non Clinical staff as a percentage of all staff	Unknown/ null
Under Band 1	0	0.0%	0.00%	0	0.00%	0.00%	0
Band 1	0	0.0%	0.00%	0	0.00%	0.00%	0
Band 2	69	19.4%	4.88%	1	0.28%	0.07%	0
Band 3	69	19.4%	4.88%	6	1.69%	0.42%	0
Band 4	88	24.8%	6.22%	0	0.00%	0.00%	0
Band 5	37	10.4%	2.62%	0	0.00%	0.00%	0
Band 6	23	6.5%	1.63%	1	0.28%	0.07%	0
Band 7	22	6.2%	1.56%	1	0.28%	0.07%	0
Band 8A	14	3.9%	0.99%	0	0.00%	0.00%	0
Band 8B	9	2.5%	0.64%	0	0.00%	0.00%	0
Band 8C	5	1.4%	0.35%	0	0.00%	0.00%	0
Band 8D	4	1.1%	0.28%	0	0.00%	0.00%	0
Band 9	0	0.0%	0.00%	0	0.00%	0.00%	0
VSM	6	1.7%	0.42%	0	0.00%	0.00%	0
Totals	346	97.46%	24.47%	9	2.54%	0.64%	0

Of the 355 Non Clinical staff, 9 (2.54%) are recorded as BME. These figures indicate a reduction of 3 Non Clinical BME staff since March 2018, i.e. 2 Band 5s, 1 Band 6 and 1 Band 8c BME staff left the Trust in this period. 1 additional BME staff member was recruited at Band 2. Currently the top 6 Non Clinical Pay Bands are exclusively White with only 2 Non Clinical BME employees above Band 3.

This reduction in BME staff is in the context of already low numbers of Non Clinical BME staff. These figures are significantly below the local and national BME percentage of the population. The figures also indicate that the BME staff leaving Non Clinical posts in this period were at the higher end of the BME staff distribution across the Non Clinical Pay Bands. Because the BME staff distribution across Non Clinical pay Bands was already heavily weighted towards the lower half of the pay Band structure, this reduction has a marked effect on the difference between White and BME staffing. Nearly all of the Non Clinical BME staff are currently at Band 3 with just 2 Non Clinical BME staff above Band 5, with 1 at Band 6 and 1 at Band 7. There are currently no Non Clinical BME staff in the Trust above Band 7.

These figures are in the context of overall Non Clinical staff falling from 383 in March 2018 to 355 in March 2019 a reduction of 32 staff, so the reduction of 3 BME Non Clinical staff in this period does not stand out as particularly disproportionate in itself, but it does not help either.

The comparatively low numbers of Non Clinical BME staff does not currently present a risk to the organisation in terms of The Equality Act 2010. This is because there is no indication that this imbalance is caused by discriminatory practices on the part of the Trust and it is currently balanced by the overall number of BME staff at the Trust, which is roughly in line with regional and local race equality demographics. The Non Clinical BME staffing imbalance does, however warrant targeted action in terms of the Trusts commitments as set out in The Equality, Diversity and Inclusion (ED&I) 5 Year Vision and the Trusts general desire to improve equality of opportunity. The Trust intends to examine ways to better promote Non Clinical job opportunities to BME communities.



### Clinical workforce

1b) Clinical workforce	White Clinical staff numbers	White staff as a percentage of Clinical staff	White Clinical staff as a percentage of all staff	BME Clinical staff numbers	Headcount	BME staff as a percentage of Clinical staff	BME Clinical staff as a percentage of all staff	Unknown/null
Under Band 1	0	0.00%	0.00%	0	0	0.00%	0.00%	0
Band 1	0	0.00%	0.00%	0	0	0.00%	0.00%	0
Band 2	146	15.75%	10.33%	12	13	1.29%	0.85%	1
Band 3	103	11.11%	7.28%	2	3	0.22%	0.14%	0
Band 4	13	1.40%	0.92%	2	1	0.22%	0.14%	0
Band 5	<b>223</b>	24.06%	15.77%	<b>35</b>	50	3.78%	2.48%	1
Band 6	145	15.64%	10.25%	15	19	1.62%	1.06%	1
Band 7	138	14.89%	9.76%	2	6	0.22%	0.14%	0
Band 8A	64	6.90%	4.53%	2	4	0.22%	0.14%	0
Band 8B	11	1.19%	0.78%	0	0	0.00%	0.00%	0
Band 8C	3	0.32%	0.21%	0	0	0.00%	0.00%	0
Band 8D	3	0.32%	0.21%	0	0	0.00%	0.00%	0
Band 9	0	0.00%	0.00%	0	0	0.00%	0.00%	0
VSM	4	0.43%	0.28%	1	0	0.11%	0.07%	0
Totals	853	92.02%	60.33%	71	96	7.66%	5.02%	3

Of the 927 staff that currently make up the Clinical workforce 71 (7.66%) are recorded as BME, with the greater majority of these clustered around pay Bands 5 and 6 with a smaller spike in Band 2. There are 50 BME Clinical staff split between Bands 5 and 6 with another 12 at Band 2. There are only 5 BME Clinical staff at Band 7 and above, one of whom is at VSM level. There are no BME Clinical staff between Bands 8B to 9 inclusive. But the gap between the numbers of BME and White staff is perhaps starkest at Bands 7 and 8A because above those two pay Bands there are comparatively few positions to be filled. To illustrate, there are 140 positions at Band 7 only 2 of which are occupied by BME staff and 66 positions at Band 8A again only 2 of which are occupied by BME staff.

This is in the context of an overall increase in recorded Clinical staff between March 2018 and March 2019 which went from a total of 895 to 927. At the same time recorded BME Clinical staff numbers dropped by 25, from 96 to 71. With the majority of BME staff leaving from Band 5.

Further investigation and analysis will be undertaken to establish why the recorded BME Clinical staff numbers dropped during this period and if it is indicative of differences in how Clinical BME staff are feeling about the organisation in comparison to their White colleagues. The Trust intends to examine ways to better promote Non Clinical job opportunities to BME communities.

### Medical workforce

Medical	White Medical staff numbers	White staff as a percentage of the 132 Medical staff	White Medical staff as a percentage of all 1414 staff	BME Medical staff numbers	BME staff as a percentage of the 132 Medical staff	BME Medical staff as a percentage of all 1414 staff	Unknown/null
Consultants	63	47.73%	4.46%	41	31.06%	2.90%	10
<i>of which Senior medical manager</i>	7	5.30%	0.50%	9	6.82%	0.64%	0
Non-consultant career grade	2	1.52%	0.14%	4	3.03%	0.28%	1
Trainee grades	3	2.27%	0.21%	8	6.06%	0.57%	0
Other grades	0	0.00%	0.00%	0	0.00%	0.00%	0
Totals	68	51.52%	4.81%	53	40.15%	3.75%	11

There are currently 132 Medical staff 53 (40.15%) of whom are recorded as BME. This relatively high number of BME Medical staff is a reflection of the national racial demographic of Medical staff which is currently very different from the National or regional racial profile of the general population. In short, the international nature of the medical labour market leads to a much larger representation of BME staff than the average proportion of BME people in the National population. Government figures for November 2018 indicate that 38.8 of the NHS Medical workforce is recorded as BME.

Source:

<https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest>

The Trust remains marginally above the average NHS BME figure. The trend at the Trust is, however currently downwards, falling from a March 2018 total of 73 BME Medical staff which is a reduction of 20 BME Medical staff in that period. Analysis of this reduction shows that it constitutes a reduction of 9 BME Consultants and 19 BME Non-consultant career grade staff. In the same period there was an increase of 8 BME staff at Trainee grades. Because the total number of BME Medical staff is above the national average in terms of the general population there are no current EDI related risks arising from these WRES figures, however, because of the recent downward movement in the number of BME Medical staff the figures require further monitoring to ensure that future reductions do not become problematic. The key positive figure of note is that BME staff actually form the majority of Senior Medical Managers at the Trust. Of the 16 Senior Medical Managers, there are 9 (56.25%) BME staff at this level and 7 (43.75%) White staff, which indicates that there are no serious barriers in the way of BME Medical staff wishing to progress to Senior Medical Managers level at the Trust.

Indicator	Findings	Narrative – the implications of the data	Action taken and planned including e.g. does the
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	2017	2018	2019	and any additional background explanatory narrative	indicator link to EDS2 evidence and/or a corporate Equality Objective
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>The number of White applicants was 548. The total Number of BME applicants was 91.</p> <p>The number of White applicants shortlisted was 131. The number of BME applicants shortlisted was 22.</p> <p>The percentage of White applicants shortlisted was (23.91%)</p> <p>The percentage of BME applicants shortlisted was (24.18%)</p> <p>The relative likelihood of White staff being appointed from shortlisting compared to BME staff = (0.99%) less likely.</p>	This indicator has improved to such an extent that there is no longer a significant gap at the Trust between White staff and BME staff in terms of their chances of being shortlisted from appointment.	<p>Actions completed:</p> <ul style="list-style-type: none"> <li>– 30+ ED&amp;I champions in place with role descriptor agreed</li> <li>– Board level lead identified</li> <li>– Extended steering group</li> <li>– E&amp;D Policy uploaded to all adverts on NHS jobs to highlight equal opportunity expectations.</li> <li>– Coaching programme includes BME staff to further support staff.</li> <li>– Reciprocal Mentoring programme</li> </ul> <p>Further proposed actions:</p> <ul style="list-style-type: none"> <li>– Explore the possibilities for ensuring that recruitment panels have current information about the ED&amp;I profile of the Bands and sections of the workforce that they are recruiting too.</li> <li>– Additional E&amp;D training module will be mandatory for all recruiting managers, in addition to the basic module.</li> <li>– Further explore the introduction of an initiative whereby there must be a</li> </ul>

					<p>BME member of staff on any appointing panel (as above).</p> <ul style="list-style-type: none"> <li>– Explore additional advertising to reach BME groups</li> <li>– Continue to monitor</li> </ul>
<p>3) Relative likelihood of staff entering the 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>Relative likelihood of BME staff entering the formal disciplinary processes compared to White staff = 2.26 times greater</p>	<p>Relative likelihood of BME staff entering the formal 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 disciplinarys of BME staff 3.</p>	<p>For the year to March 2019 the Trust had 3 White staff entering into a formal disciplinary investigation. There were no BME staff entering into this process in this period.</p>	<p>This is an improvement on a relatively positive situation in 2018. The Trust is dealing with a relatively low number of disciplinarys overall, so unless there were sustained issues of discrimination we would expect random fluctuations to make the proportion of BME disciplinarys vary year on year. This seems to be what we are observing regarding this indicator. Because there were no BME staff entering into this process in this period there is no indication of any discrimination in respect of this indicator.</p>	<p>Further proposed actions:</p> <ul style="list-style-type: none"> <li>– Continue with the Cultural Ambassadors Programme</li> <li>– Continue to monitor</li> </ul>

4) Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 0.40 times greater	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 0.41 times greater	<p>89 White staff accessed non-mandatory training and CPD = (7.02%)</p> <p>13 BME staff accessed non-mandatory training and CPD = (9.77%)</p> <p>BME staff = (2.75%) more likely to access such training.</p>	The percentage difference between white staff and BME staff is now slightly in favour of BME staff, however, because we are looking at a relatively small headcount the percentage figure is not necessarily very informative. Also, because non-mandatory training can be viewed as positive action to address other issues like the shortage of BME staff at Clinical and Non Clinical higher pay Bands, the Trust will explore further actions in this regard.	<p>Further proposed actions:</p> <ul style="list-style-type: none"> <li>- Continue with Reciprocal Mentoring programme</li> <li>- Continued communication of external training programme opportunities</li> <li>- Seek further feedback from BME staff to identify further actions</li> <li>- Continue to monitor</li> </ul>
		<b>Staff Survey Questions KF25, KF26, KF21 and KF17:</b> This Trust used a census which sends the survey to all staff.			
5) KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<p><b>2017</b></p> <p>Proportion of responses answering "Yes"</p> <p>White – 26.43%</p> <p>BME – 37.84%</p>	<p><b>2018</b></p> <p>Proportion of responses answering "Yes"</p> <p>White – 21.8%</p> <p>BME – 46.3%</p>	<p><b>2019</b></p> <p>Proportion of responses answering "Yes"</p> <p>White – 26.20%</p> <p>BME –</p>	<p>Indicator 5 shows an increasing number of negative experiences for White staff but this is contrasted by a marked decrease for BME staff.</p> <p>The figure for BME Staff has decreased by 16.99% since the previous year. And the percentage gap</p>	<p>Further proposed actions:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- Continue to monitor</li> </ul>

		<p>Percentage difference between Black and White staff <b>-24.6%</b></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>29.31%</p> <p>Percentage difference between Black and White staff = 3.11% more for BME staff.</p>	<p>between the experience of White staff and BME staff now stands at 3.11% more BME answering that they have experienced this form of harassment etc. This is a very large improvement on the previous year when 24.6% more BME staff than White staff experienced this form of harassment etc.</p>	
6) KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	<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 across the NHS in England- 24.2%</p> <p>BME staff as measured across the NHS in England- 28.6%</p>	<p>White – 19.34%</p> <p>BME – 23.21%</p>	<p>This indicator has seen a slight increase for White staff and a slight decrease for BME staff. This is in line with the trend from previous years which has seen the indicator dropping for BME staff and increasing for White staff. The gap has now fallen to 3.87% from last year's 6.70% and the previous year's 11.07%. This is significant progress over the period covered.</p>	<p>Further proposed actions:</p> <ul style="list-style-type: none"> <li>– 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.</li> <li>– Continue to monitor</li> </ul>

<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- <b>18.8%</b></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>White – 92.83% BME – 91.67%</p>	<p>The percentage of White staff believing that the Trust provides equal opportunities for career progression or promotion remains pleasingly high and has even improved more this year.</p> <p>In previous years there was a marked difference between White and BME staff beliefs on this metric, however the trend has seen a closing of this gap and this year the beliefs of BME and White staff are not significantly different with them both being relatively positive.</p>	<p>Further proposed actions:</p> <p>Many of the actions that impact this measure have been long term e.g. Ongoing Reciprocal Mentoring Programme etc.</p> <ul style="list-style-type: none"> <li>– Consultation with BME staff and ED&amp;I Champions will focus on identifying new appropriate further actions.</li> <li>– Continue to monitor</li> </ul>
<p>8) Q17. In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues</p>	<p>White – 3.69% BME – 18.42%</p>	<p>White – 6.2% BME – 15.4%</p> <p>Percentage difference between BME and White staff</p>	<p>White – 4.34% BME – 10.71%</p>	<p>There has been an improvement against Indicator 8 this year for both White and BME staff and a further closing of the gap in their reported experiences.</p> <p>White staff have reported a nearly 2 % drop in experiences of</p>	<p>Actions completed:</p> <ul style="list-style-type: none"> <li>– Freedom to speak up guardian appointed and drop in sessions arranged</li> <li>– Berwick session around raising concerns</li> <li>– Signed up to Tackling Bullying in the NHS campaign</li> </ul> <p>Further proposed actions:</p>



		<p><b>-9.2%</b></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>discrimination and BME staff have reported a nearly 5% drop in such experiences. The trend in BME staff experiencing such discrimination continues to be markedly downwards.</p>	<ul style="list-style-type: none"> <li>– Gain further feedback from BME staff and explore with them how the Trust can work to improve this indicator.</li> <li>– Further publicise equality via email.</li> <li>– Further publicise dignity at work policies.</li> </ul>
9) Percentage difference between the organisations' Board voting membership and its overall workforce.	-8.3%	-8.6%	- 0.1%	<p>Previous to 2019 this Indicator had remained relatively constant. Any slight changes in that period were due to changes in overall workforce numbers not changes to Board composition. As the Trust Board is now no longer 100% White the improvement shown in 2019 is real, however there is further to go before the Board reflects the local or national demographics in terms of race.</p>	<p>Action completed:</p> <ul style="list-style-type: none"> <li>– Consideration has now been given to the previous lack of diversity when reviewing Non-Executive terms of office or appointing new members. This has started to improve the racial diversity of the Board.</li> <li>– A BME member of staff now sits on any executive or non-executive appointing panel</li> </ul> <p>Further proposed actions:</p> <ul style="list-style-type: none"> <li>– The Board will again explore any opportunities of mentoring a potential future BME candidate.</li> </ul>

					<p>Links to Equality Objectives:</p> <ul style="list-style-type: none"> <li>– All of the above actions relating to all WRES Indicators link to the Trusts EDI&amp;I 5 Year Vision’s commitment to ensuring that staff and patients have good experiences at the Trust, and feel comfortable “bringing their whole self” to The Walton Centre. The actions are also relevant to EDS2 3.1 to 3.6: A representative and supported workforce.</li> </ul>
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**End of report.**

**For more information, please contact:**

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**Telephone: 0151 556 3396**



Race	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Religion or Belief	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Disability	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Sexual Orientation	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Pregnancy / maternity	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Gender Reassignment	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Marriage & Civil Partnership	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Other	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.) The purpose of this report is to set out how Workforce Race Equality will be promoted throughout the Trust in line with the Trust's Public Sector Equality Duty under the Equality Act 2010, therefore there is likely to be a positive impact on other protected characteristic, as according to this legislation all people are protected equally.

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? This report supports a Human Rights based approach to supporting staff.

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you **MUST** complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to Hannah Sumner, HR Manager or Clare Duckworth, Matron for further support.

Action	Lead	Timescales	Review Date
N/A	N/A	N/A	N/A

**Declaration**

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

**No major change needed** – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken



**Adjust the policy** – EIA has identified a need amend the policy in order to remove barriers or to better promote equality  
*You must ensure the policy has been amended before it can be ratified.*

**Adverse impact but continue with policy** – EIA has identified an adverse impact but it is felt the policy cannot be amended.  
*You must complete Part 2 of the EIA before this policy can be ratified.*

**Stop and remove the policy** – EIA has shown actual or potential unlawful discrimination and the policy has been removed

Name: Andrew Lynch

Date: 19.08.19

Signed: Andrew Lynch

## Translation Service

This information can be translated on request or if preferred an interpreter can be arranged. For additional information regarding these services please contact The Walton centre on 0151 525 3611

Gellir gofyn am gael cyfieithiad o'r deunydd hwn neu gellir trefnu cyfieithydd ar y pryd os yw hynny'n well gennych. I wybod rhagor am y gwasanaethau hyn cysylltwch â chanolfan Walton ar 0151 525 3611.

هذه المعلومات يمكن أن تُترجم عند الطلب أو إذا فضل المترجم يمكن أن يُرتب  
للمعلومة الإضافية بخصوص هذه الخدمات من فضلك اتصل بالمركز ولتتون على  
0151 5253611

ئەم زانیاریە دەکریت وەرگێردریت کاتێک کە داوا بکریت یان ئەگەر بەباش زاندرە دەکریت  
وەرگێرێک نامادە بکریت (پێک بخریت) ، بۆ زانیاری زیاتر دەربارەى ئەم خزمەتگوزاریانە تکایە  
پەیوەندی بکە بە Walton Centre بە ژمارە تەلەفۆنی ۰۱۵۱۵۲۵۳۶۱۱ .

一经要求，可对此信息进行翻译，或者如果愿意的话，可以安排口译员。如需这些服务的额外信息，请联络Walton中心，电话是：0151 525 3611。