

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

**Trust Board  
 2021**

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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, the Trust is also 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. This reporting period covers 01 April 2019 to 31 March 2021. The 2019, 2018 and 2017 WRES Reports are also available on The Walton Centre Website: <https://www.thewaltoncentre.nhs.uk/175/equality-and-diversity.html>

It is important to note that the data in this report refers mostly to figures and staff experience from 2019 and preceding years. It does not capture the data after March 2020; therefore it does not reflect the significant change and activity that the Trust has undertaken in response to COVID-19 and the Black Lives Matter movement.

### **3 Summary of Key Points**

Workforce Race Equality Standard (WRES) Findings and Actions, Trust Board 2021

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

This indicator has improved slightly in terms of the overall percentage of BME staff in the organisation.

- As at 31 March 2021 there were a total of 1497 members of staff employed within the organisation.
- Of this total, the number of BME staff employed was 148 (9.9%).
- In March 2020 there were a total of 1452 members of staff employed within the organisation.
- Of this total, the number of BME staff employed was 138 (9.5%).
- In March 2019 the total BME staff recorded was 133 (9.41%).
- In March 2018 the total of BME staff was 181 (12.95%).
- In March 2017 the total BME staff was 9%.
- In March 2016 the total BME staff was 8.4%.

(Note -The 2018 BME percentage appears to have been boosted by a temporary period in which there were higher numbers of junior medics at the Trust many of whom were BME.)

If the 2018 figure is discounted as a fluctuation from the normal situation, we can see a small year on year increase in the numbers of BME staff at the Trust year on year from 2016 onward.

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

This indicator remains positive in that it shows no evidence of discrimination at the shortlisting to appointment stage of recruitment. The Trust is having success in attracting a much larger percentage or applications from BME communities than their national or regional demographic.

More work may have to be done to increase BME success rates from application to shortlisting.

The number of White applicants was 3583 (69.9%).

The number of BME applicants was 1453 (28.3%).

Undisclosed ethnicity 91 (1.8%).

The number of White applicants shortlisted was 1140. The number of BME applicants shortlisted was 208. The number of Undisclosed ethnicity shortlisted 5.

(31.8%) of White applicants were shortlisted.

(14.3%) of BME applicants shortlisted.

Appointed:

115 (10.1%) of shortlisted White candidates were appointed.

21(10.1%) of BME candidates were appointed from shortlisting.

Relative likelihood of shortlisting/appointed:

White = 0.1009; BME = 0.1010

The relative likelihood of White candidates being appointed from shortlisting compared to BME candidates = 1.

A figure above 1 would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting.

### **Indicator 3) The relative likelihood of BME staff entering the formal disciplinary process.**

This indicator has not changed significantly.

For the year to March 2021 the Trust had 6 (60%) White staff entering into a formal disciplinary investigation. There were 4 (40%) BME staff entering into this process in this period.

Relative likelihood of BME staff entering the formal disciplinary process compared to white staff is therefore  $0.027/0.0045 = 6.00$  times greater.

Over a two year rolling average 2020/2021 the relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 2.71 times greater for BME staff, however, complex statistical analysis of such low numbers of disciplinaries is relatively meaningless. If disciplinaries remain at such low levels within the Trust it may be more useful monitor the numbers of BME disciplinaries to see if they rise across a significant period. No such pattern is discernible yet.

### **Indicator 4) The relative likelihood of staff accessing non-mandatory training and CPD.**

This indicator is very positive.

339 White staff accessed non-mandatory training and CPD = (85.5%) overall participation.

47 BME staff accessed non-mandatory training and CPD = (12.5%) overall participation.

Total 1338 White staff employed in the Trust.

Total BME 148 staff employed in the Trust.

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 0.07.

A figure below "1" would indicate that White staff members are less likely to access non-mandatory training and CPD than BME staff.

This indicator is very positive. BME participation in non-mandatory training and CPD is far more likely for BME staff.

**Indicator 5) The percentage of staff experiencing harassment, bullying or abuse from patients.**

This indicator has improved a slightly.

This indicator has improved a little.

	2017	2018	2019	2020
<b>White</b>	<b>21.8%</b>	<b>26.2%</b>	<b>25.3%</b>	<b>21.7%</b>
<b>BME:</b>	<b>46.3%</b>	<b>29.3%</b>	<b>35.1%</b>	<b>32.6%</b>

There has been a (2.5%) decrease in the percentage of BME staff experiencing harassment, bullying or abuse from patients. This has been a slightly larger decrease for White staff. (10.7%) more BME staff experienced harassment, bullying or abuse from patients in last 12 months.

Steps have been taken to provide more support for BME staff when such incidents occur, however these figures will be discussed with BAME staff to identify the cause and find more preventative measures.

Staff are encouraged to report all incidents of harassment, bullying or abuse from patients.

All reported incidents of harassment, bullying or abuse from patients are addressed by managers and appropriate actions are taken to safeguard staff.

**Indicator 6) The percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

This indicator deteriorated a little this year reversing the very slight improvements in previous years.

	2017	2018	2019	2020
<b>White</b>	<b>17.7%</b>	<b>19.3%</b>	<b>16.4%</b>	<b>18.9%</b>
<b>BME</b>	<b>24.4%</b>	<b>23.2%</b>	<b>21.6%</b>	<b>23.9%</b>

This indicator has seen a slight increase for both White staff and BME staff. This positive trend for BME staff from previous years has moved back close to 2017 levels. (5%) more BME staff than White staff responded that they have experienced harassment, bullying or abuse from staff in the last 12 months. Of the 46 BME staff respondents to this question, (5%) equates to approximately 2 or 3 more BME respondents saying that they experienced harassment, bullying or abuse from staff in the last 12 months.

The 2019 gap was (5.2%). In 2018 the gap was (3.9%).

**Indicator 7) The percentage believing that trust provides equal opportunities for career progression or promotion.**

There has been a very small drop in the percentage of BME staff believing that Trust provides equal opportunities for career progression or promotion.

	2017	2018	2019	2020
<b>White</b>	<b>90.3%</b>	<b>92.8%</b>	<b>92.5%</b>	<b>88.1%</b>
<b>BME</b>	<b>71.4%</b>	<b>91.7%</b>	<b>77.8%</b>	<b>76.9%</b>

There has been a slightly larger drop in the percentage of White staff believing that the Trust provides equal opportunities for career progression or promotion. (11.2%) fewer BME staff than White staff believe that trust provides equal opportunities for career progression or promotion.

There is evidence from the BAME Staff Group meetings that this may be associated with greater awareness amongst BME staff of the disproportionately low numbers of staff (with the exception of Medical staff) at Band 7 and above, as reported in previous WRES reports. These figures will be discussed with BAME staff to identify the cause and remedial actions.

**Indicator 8) In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues.**

This indicator has improved a little.

	2017	2018	2019	2020
<b>White</b>	<b>6.2%</b>	<b>4.3%</b>	<b>4.5%</b>	<b>4.0%</b>
<b>BME</b>	<b>15.4%</b>	<b>10.7%</b>	<b>13.5%</b>	<b>10.6%</b>

This reporting period has seen a small fall in the percentage of BME staff that experienced discrimination at work from a manager/team leader or other colleagues (6.6%) more BME staff than White staff reported that they experienced discrimination at work from a manager/team leader or other colleagues.

**Indicator 9) The percentage difference between the organisations' Board voting membership and its overall workforce.**

This indicator remains very positive.

2018	2019	2020	2021
-8.6%	- 0.1%	+7.2%	+6.8

As at 31<sup>st</sup> March 2021 the Trust Board has 12 voting members with 2 (16.7%) BME members and 10 (84.6%) White members. This percentage is higher than the percentage of BME staff in the workforce (9.9%) = +6.8 which is a positive figure for Board diversity in terms of race equality.

## 2. WRES Indicators and Findings

### WRES Indicator 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

#### Narrative

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, [www.ons.gov.uk](http://www.ons.gov.uk)

The overall percentage figure for Indicator 1 rose by a miniscule amount in this reporting year, rising from the 2020 figure of 9.41% to the 2021 figure of (9.9%) for BME staff in the organisation. 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.

These figures provide no justification for further positive actions to boost the overall numbers of BME staff at the Trust.

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.

- As at 31 March 2021 there were a total of 1497 members of staff employed within the organisation.
- Of this total, the number of BME staff employed was 148 (9.9%).
- In March 2020 there were a total of 1452 members of staff employed within the organisation.
- Of this total, the number of BME staff employed was 138 (9.5%).
- In March 2019 the total BME staff recorded was 133 (9.41%).
- In March 2018 the total of BME staff was 181 (12.95%).
- In March 2017 the total BME staff was 9%.
- In March 2016 the total BME staff was 8.4%.

The main narrative relating to Indicator 1 is situated in the tables below.

#### Actions completed:

- The Trust has set up a committee specifically to oversee WRES progress and advance equality for BME staff.
- All jobs are advertised on a specialist BME jobs website.
- Signed up to NHS Employers Diversity and Inclusion Partners Programme.
- 30+ ED&I champions in place with role descriptor.

- 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.

Further proposed actions:

- 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.
- Continue to monitor this indicator.

#### Indicator 1 Findings: 2020 Whole Workforce 31 March 2021 Tables

Total staff	White total	BME Total	Total unknown
1497	1338 (89.7%)	148 (9.9%)	11 (0.7%)

#### Non Clinical workforce Total: 388 Staff

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%)	(0.0%)	0	(0.0%)	(0.0%)	0
Band 1	0	(0.0%)	(0.0%)	0	(0.0%)	(0.0%)	0
Band 2	79	(20.4%)	(5.3%)	1	(0.3%)	(0.1%)	0



Band 3	74	(19.1%)	(4.9%)	2	(0.5%)	(0.1%)	0
Band 4	91	(23.5%)	(6.1%)	3	(0.8%)	(0.2%)	0
Band 5	43	(11.1%)	(2.9%)	1	(0.3%)	(0.1%)	0
Band 6	23	(5.9%)	(1.5%)	0	(0.0%)	(0.0%)	0
Band 7	23	(5.9%)	(1.5%)	2	(0.5%)	(0.1%)	0
Band 8A	19	(4.9%)	(1.3%)	0	(0.0%)	(0.0%)	0
Band 8B	11	(2.8%)	(0.7%)	0	(0.0%)	(0.0%)	0
Band 8C	5	(1.3%)	(0.3%)	0	(0.0%)	(0.0%)	0
Band 8D	4	(1.0%)	(0.3%)	0	(0.0%)	(0.0%)	0
Band 9	1	(0.3%)	(0.1%)	0	(0.0%)	(0.0%)	0
VSM	6	(1.5%)	(0.4%)	0	(0.0%)	(0.0%)	0
Totals	379	(97.7%)	(25.3%)	9	(2.3%)	(0.6%)	0

### Non Clinical workforce

Of the 388 Non-Clinical staff, 10 (2.3%) are recorded as BME. These figures indicate an decrease of 1 Non Clinical BME staff since March 2020. There are now 0 BME staff at BAND 7+, where there was previously 1. The Trust now has 2 BME staff at BAND 7 where there were previously none. The majority of this BME staff group remain at Band 4 and below which is an improvement on the previous year then the majority were at Band 3 and below.

Though it is undesirable, 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 Total: 966 Staff**

<b>1b) Clinical workforce</b>	<b>White Clinical staff numbers</b>	<b>White staff as a percentage of Clinical staff</b>	<b>White Clinical staff as a percentage of all staff</b>	<b>BME Clinical staff numbers</b>	<b>BME staff as a percentage of Clinical staff</b>	<b>BME Clinical staff as a percentage of all staff</b>	<b>Unknown/null</b>
Under Band 1	0	(0.0%)	(0.0%)	0	(0.0%)	(0.0%)	0
Band 1	0	(0.0%)	(0.0%)	0	(0.0%)	(0.0%)	0
Band 2	164	(17.0%)	(11.0%)	13	(1.3%)	(0.9%)	1
Band 3	94	(9.7%)	(6.3%)	1	(0.1%)	(0.1%)	0
Band 4	31	(3.2%)	(2.1%)	1	(0.1%)	(0.1%)	1
Band 5	210	(21.7%)	(14.0%)	34	(3.5%)	(2.3%)	0
Band 6	145	(15.0%)	(9.7%)	14	(1.4%)	(0.9%)	1
Band 7	156	(16.1%)	(10.4%)	5	(0.5%)	(0.3%)	0
Band 8A	68	(7.0%)	(4.5%)	2	(0.2%)	(0.1%)	0
Band 8B	11	(1.1%)	(0.7%)	0	(0.0%)	(0.0%)	0
Band 8C	5	(0.5%)	(0.3%)	0	(0.0%)	(0.0%)	0
Band 8D	4	(0.4%)	(0.3%)	0	(0.0%)	(0.0%)	0
Band 9	0	(0.0%)	(0.0%)	0	(0.0%)	(0.0%)	0
VSM	3	(0.3%)	(0.2%)	2	(0.2%)	(0.1%)	0
<b>Totals</b>	<b>891</b>	<b>(92.2%)</b>	<b>(59.5%)</b>	<b>72</b>	<b>(7.5%)</b>	<b>(4.8%)</b>	<b>3</b>

### Clinical workforce

At 966, this section of the workforce has seen an increase in overall numbers rising from 930 in 2020. This rise has mostly been in the numbers of White staff. The current increase in clinical staff is made up of 36 White staff (3.7%) of Clinical staff and an increase in only 1 BME staff member (0.1%) of Clinical staff in this period.

The majority of Clinical BME Staff remain clustered around pay Bands 5 and 6 with a smaller spike in their numbers at Band 2. There has been an increase of 2 in the number of Clinical BME staff at pay Bands 6+. There are currently 5 BME Clinical staff at pay Band 7 and 2 at VSM level.

### Medical workforce Total: 143 Staff

Medical	White Medical staff numbers	White staff as a percentage of Medical staff	White Medical staff as a percentage of all staff	BME Medical staff numbers	BME staff as a percentage of Medical staff	BME Medical staff as a percentage of all staff	Unknown/null
Consultants	56	(39.2%)	(3.7%)	43	(30.1%)	(2.9%)	7
<i>of which Senior medical manager</i>	7	(4.9%)	(0.5%)	7	(4.9%)	(0.5%)	0
Non-consultant career grade	3	(2.1%)	(0.2%)	4	(2.8%)	(0.3%)	1
Trainee grades	9	(6.3%)	(0.6%)	20	(14.0%)	(1.3%)	0
Other grades	0	(0.0%)	(0.0%)	0	(0.0%)	(0.0%)	0
Totals	68	(47.6%)	(4.5%)	67	(46.9%)	(4.5%)	8

### Medical workforce

There are currently 143 Medical staff 67 (46.9%) 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 indicated that (38.8%) of the NHS Medical workforce was recorded as BME.

Source:

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

WRES Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.			
2018	2019	2020	2021
<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. 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>	<p>The number of White applicants was 394. The total Number of BME applicants was 66. The number of White applicants shortlisted was 154. The number of BME applicants shortlisted was 22.</p> <p>The percentage of White applicants shortlisted was (39.09%)</p> <p>The percentage of BME applicants shortlisted was (33.33%)</p> <p>The relative likelihood of White staff being appointed from shortlisting compared to BME staff = (7.10%) more White shortlisted applicants were appointed.</p>	<p>The number of White applicants was 3583 (69.9%). The number of BME applicants was 1453 (28.3%). Undisclosed ethnicity 91 (1.8%).</p> <p>The number of White applicants shortlisted was 1140. The number of BME applicants shortlisted was 208. The number of Undisclosed ethnicity shortlisted 5.</p> <p>(31.8 %) of White applicants were shortlisted. (14.3%) of BME applicants shortlisted</p> <p>Appointed: 115 (10.1%) of shortlisted White candidates were appointed. 21(10.1%) of BME candidates were appointed from shortlisting.</p> <p>Relative likelihood of shortlisting/appointed: White = 0.1009; BME = 0.1010</p>

	<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>		<p>The relative likelihood of White candidates being appointed from shortlisting compared to BME candidates = 1. A figure above 1 would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting.</p>
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**Narrative**

This indicator remains positive in that it shows no evidence of discrimination at the shortlisting to appointment stage of recruitment. The Trust is having success in attracting a much larger percentage of applications from BME communities than their national or regional demographic. Shortlisting shows a much smaller percentage of BME candidates being successful than White candidates. Another positive is that appointment of those shortlisted shows that at interview BME and White candidates have the same chance of success at the Trust. Shortlisting is the only part of the recruitment process that is showing poorer results for BME candidates in this reporting period. Applications are already anonymised to eliminate unconscious bias. As a consequence it will be difficult for the Trust to address this effectively, short of taking positive actions e.g. offering guaranteed interviews to BME applicants who meet the specified criteria.

**Actions**

Actions completed:

- 30+ ED&I champions in place with role descriptor agreed.
- Board level lead identified.
- 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.

Further proposed actions:

- The Trust is undertaking an Equality review of its shortlisting procedures.
- 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 to.
- Additional E&D training module will be mandatory for all recruiting managers, in addition to the basic module.
- Further explore the 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.

WRES Indicator 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.			
2018	2019	2020	2021
<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 disciplinaries 32.</p> <p>Total disciplinaries of white staff 28.</p> <p>Total disciplinaries 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>For the year to March 2020 the Trust had 14 (87.50%) White staff entering into a formal disciplinary investigation. There were 2 (12.50%) BME staff entering into this process in this period.</p> <p>BME staff were 7 times less likely to enter into formal disciplinary than White staff.</p>	<p>For the year to March 2021 the Trust had 6 (60%) White staff entering into a formal disciplinary investigation. There were 4 (40%) BME staff entering into this process in this period.</p> <p>The 2021 Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is therefore <math>0.027/0.0045 = 6.00</math> times greater.</p>
<p>Over a two year rolling average 2020/2021 the relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 2.71 times greater for BME staff, however, complex statistical analysis of such low numbers of disciplinaries is relatively meaningless. If disciplinaries remain at such low levels within the Trust it may be more useful monitor the numbers of BME disciplinaries to see if they rise across a significant period. No such pattern is discernible yet.</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>			

WRES Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD.			
Year to March 2018	Year to March 2019	Year to March 2020	2021
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>	<p>339 White staff accessed non-mandatory training and CPD = (85.5%) overall participation.</p> <p>47 BME staff accessed non-mandatory training and CPD = (12.5%) overall participation.</p> <p>Total 1338 White staff employed in the Trust. Total BME 148 staff employed in the Trust.</p> <p>Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 0.07. A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.</p> <p>This indicator is very positive. BME participation in non-mandatory training and CPD is far more likely for BME staff.</p>

<b>WRES Indicator 5</b>	2020 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months			
	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
White Staff	21.8%	26.2%	25.3%	21.7%
BME Staff	46.3% BME staff responded 41	29.3% BME staff responded 58	35.1% BME staff responded 37	32.6% BME staff responded 46
White Average benchmark group	22.1%	22.1%	21.0%	16.6%
BME Average benchmark group	15.6%	18.5%	20.2%	18.6%
Average calculated as the median for the benchmark group of 14 Acute Specialist Trusts				
<b>Findings 2020/2021</b>	<b>Narrative</b>			
	<p>There has been a (2.5%) decrease in the percentage of BME staff experiencing harassment, bullying or abuse from patients. This has been a slightly larger decrease for White staff. (10.7%) more BME staff experienced harassment, bullying or abuse from patients in staff in last 12 months.</p> <p>Steps have been taken to provide more support for BME staff when such incidents occur, however these figures will be discussed with BAME staff to identify the cause and find more preventative measures.</p> <p>Staff are encouraged to report all incidents of harassment, bullying or abuse from patients. All reported incidents of harassment, bullying or abuse from patients are addressed by managers and appropriate actions are taken to safeguard staff.</p>			
<b>Further proposed actions:</b>	<p>The Trust offers BME peer support to BME staff in regard to all incidents of harassment, bullying or abuse from patients. In addition, the Trust will now provide "Bystander Training for staff so that they feel confident to challenge and support each other if there are incidents of harassment, bullying or abuse from patients.</p> <p>Such incidents are currently reported immediately to senior ward staff and recorded on DATIX, so that they can be addressed. The Trust will now also immediately inform the most senior member of staff on duty at the Trust at the time of the incident to further ensure that the initial response is appropriate and adequate</p>			



<b>WRES Indicator 6</b>				
<b>2020 NHS Staff Survey Results &gt; WRES &gt; Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</b>				
	<b>2717</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
White Staff	17.7%	19.3%	16.4%	18.9%
BME Staff	24.4% BME staff responded 41	23.2% BME staff responded 56	21.6% BME staff responded 37	23.9% BME staff responded 46
White Average benchmark group	22.5%	25.1%	23.2%	21.6%
BME Average benchmark group	25.3%	27.3%	29.4%	28.7%
Average calculated as the median for the benchmark group of 14 Acute Specialist Trusts				
<b>Findings 2020/2021</b>	<b>Narrative</b>			
	<p><b>Indicator 6) The percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. This indicator deteriorated a little this year reversing the very slight improvements in previous years.</b></p> <p>This indicator has seen a slight increase for both White staff and BME staff. This positive trend for BME staff from previous years has moved back close to 2017 levels. (5%) more BME staff than White staff responded that they have experienced harassment, bullying or abuse in staff in last 12 months. Of the 46 BME staff respondents to this question, (5%) equates to approximately 2 or 3 more BME respondents saying that they experienced harassment, bullying or abuse in staff in last 12 months.</p> <p>The 2019 gap was (5.2%). In 2018 the gap was (3.9%).</p>			
<b>Further proposed actions:</b>				
<ul style="list-style-type: none"> <li>– The Trust will consult with BME staff and the Staff Race Equality Network to identify the divisions and areas of the Trust where there are higher levels of staff harassment, bullying or abuse and where there may be problems with the working culture. Training will be provided where appropriate to address any problem areas.</li> <li>– Self-stretch targets will be set to reduce levels of harassment, bullying or abuse where these are found to be at higher levels.</li> <li>– The Trust will provide “Bystander Training” for staff to better challenge and support each other if there are incidents of harassment, bullying or abuse from staff.</li> <li>– The Trust will introduce monitoring of this indicator to ensure that figures are examined every second month in order to drive progress.</li> </ul>				

<b>WRES Indicator 7</b>	<b>Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion</b>			
	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
White Staff	90.3%	92.8%	92.5%	88.1%
BME Staff	71.4% BME staff responded 21	91.7% BME staff responded 36	77.8% BME staff responded 27	76.9% BME staff responded 26
White Average benchmark group	89.1%	88.5%	88.4%	88.6%
BME Average benchmark group	76.0%	76.1%	75.6%	72.9%
Average calculated as the median for the benchmark group of 14 Acute Specialist Trusts				
<b>Findings 2020/2021</b>	<b>Narrative</b>			
<p>There has been a very small drop in the percentage of BME staff believing that trust provides equal opportunities for career progression or promotion. There has been a slightly larger drop in the percentage of White staff believing that trust provides equal opportunities for career progression or promotion. (11.2%) fewer BME staff than White staff believe that trust provides equal opportunities for career progression or promotion. Of the 26 BME respondents this equates to about 3 people.</p> <p>There is evidence from the BAME Staff Group meetings that this may be associated with greater awareness amongst BME staff of the disproportionately low numbers of staff (with the exception of Medical staff) at Band 7 and above, as reported in previous WRES reports. These figures will be discussed with BAME staff to identify the cause and remedial actions.</p>				
<p><b>Further proposed actions:</b></p> <ul style="list-style-type: none"> <li>– The Trust has adopted ambitious new targets to increase the number of BME staff at the Trust in pay bands 6+.</li> <li>– The Trust will promote these BME recruitment targets to staff widely.</li> <li>– The Trust will also undertake activities to boost encourage and assist BME staff to take up these opportunities for advancement within the Trust.</li> <li>– The Trust will introduce a new Mentoring Programme to encourage and better prepare BME staff to move into higher pay bands.</li> <li>– The Trust will recruit mentors from across the organisation to ensure that BME staff can receive mentoring from staff to help them to progress to the next the pay bands above their present positions.</li> <li>– The Trust will introduce a new Training Programme to encourage and better prepare BME staff to move into higher pay bands.</li> <li>– Trust will reshape its BME Reciprocal Mentoring programme to take account of social distancing and to foster a more collective</li> </ul>				

experience for BME staff on the programme.

WRES Indicator 8	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months			
	2017	2018	2019	2020
White Staff	6.2%	4.3%	4.5%	4.0%
BME Staff	15.4% BME staff responded 39	10.7% BME staff responded 56	13.5% BME staff responded 37	10.6% BME staff responded 47
White Average benchmark group	5.9%	6.2%	5.5%	5.7%
BME Average benchmark group	14.6%	13.2%	13.0%	15.0%
Average calculated as the median for the benchmark group of 14 Acute Specialist Trusts				
<b>Findings 2020/2021</b>	<b>Narrative</b>			
	This reporting period has seen a small fall in the percentage of BME staff that experienced discrimination at work from a manager/team leader or other colleagues. (6.6%) more BME staff than White staff reported that they experienced discrimination at work from a manager/team leader or other colleagues.			
	<p><b>Further proposed actions:</b></p> <ul style="list-style-type: none"> <li>– The trust will take steps to increase the visibility of BAME staff and understanding of conscious and unconscious bias at the Trust.</li> <li>– The Trusts Building Rapport training already addresses these issues; however the Trust is exploring how we can involve more BAME staff members in delivering elements of the programme and discussing the issues with managers.</li> <li>– The Trust will provide “Bystander Training” for staff to better challenge and support each other if there are incidents of discrimination of harassment, bullying or abuse from a manager/team leader or other colleagues.</li> <li>– The Trust will gain further feedback from BME staff and explore with them how the Trust can work to improve this indicator.</li> </ul>			

**WRES Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce.**

**2021**

As at 31<sup>st</sup> March 2021 the Trust Board had 12 voting members with 2 (16.7%) BME members and 10 (83.3%) White members. This percentage is higher than the percentage of BME staff in the workforce (9.9%) = +6.8 which is a positive figure for Board diversity in terms of race equality.

Action completed:

Consideration has now been given to the previous lack of diversity when reviewing Non-Executive terms of office or appointing new members. This has improved the racial diversity of the Board.

A BME member of staff now sits on any executive or non-executive appointing panel.

**End of report.**

**For more information, please contact:**

**Andrew Lynch**

**Equality and Inclusion Lead**

**HR Department**

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**Telephone: 0151 556 3396**



				report discusses promotion of Race equality relating to all other protected characteristics.	
Sex	✓			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.	
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
<p><b><u>Declaration</u></b></p> <p>I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:</p> <p><b>No major change needed</b> – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated &amp; all opportunities to promote equality have been taken <span style="float: right;">✓</span></p> <p><b>Adjust the policy</b> – EIA has identified a need amend the policy in order to remove barriers or to better promote equality  <i>You must ensure the policy has been amended before it can be ratified.</i></p> <p><b>Adverse impact but continue with policy</b> – EIA has identified an adverse impact but it is felt the policy cannot be amended.  <i>You must complete Part 2 of the EIA before this policy can be ratified.</i></p> <p><b>Stop and remove the policy</b> – EIA has shown actual or potential unlawful discrimination and the policy has been removed</p> <p>Name: Andrew Lynch <span style="margin-left: 200px;">Date: 24.08.21</span></p> <p>Signed: Andrew Lynch</p>			

## 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。