

Workforce Race Equality Standard (WRES) Findings and Actions

Trust Board

2022

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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 2021 to 31 March 2022. Previous years 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 2021/22 and preceding years.

2. Summary of Key Points

3. Workforce Race Equality Standard (WRES) Findings and Actions, Trust Board 2022

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

This indicator has improved by 2.84% in terms of the overall percentage of BME staff in the organisation.

- As at 31 March 2022 there were a total of 1507 members of staff employed within the organisation.
- Of this total, the number of BME staff employed was 192 (12.74%).
- In 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 the total BME staff recorded 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.

The number of White applicants shortlisted was 429/4665 (9.2 %).

The number of BME applicants shortlisted was 60/4665 (1.29%)

Undisclosed ethnicity 10/4665 (0.21%).

The number of White applicants appointed from shortlisting was 140/429.

The number of BME applicants appointed from shortlisting was 19/60.

The number of Undisclosed ethnicity shortlisted was 6.

(32.63%) of White applicants were appointed from shortlisting.

(31.67%) of BME applicants were appointed from shortlisting.

Relative likelihood of appointment from shortlisting for white staff is 33% and for BME staff is 32%.

This indicator remains positive in that it shows no evidence of discrimination at the shortlisting to appointment stage of recruitment.

The relative likelihood of White candidates being appointed from shortlisting compared to BME candidates = 1.03%

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.

For the year to March 2022 the Trust had 3 (0.2%) White staff entering a formal disciplinary process and 1 (0.07%) 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%.

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.

224 White staff accessed non-mandatory training and CPD = (17.19%) overall participation.

13 BME staff accessed non-mandatory training and CPD = (6.77 %) overall participation.

Total 1303 White staff employed in the Trust.

Total BME 192 staff employed in the Trust.

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 2.43%.

This indicator is less positive than last year. BME participation in non-mandatory training and CPD is far less 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 for BME staff.

There has been a significant decrease (11%) in the percentage of BME staff reporting experiencing harassment, bullying or abuse from patients from the previous year.

With a slightly smaller decrease for White staff (3.4%) less BME staff reported experiencing harassment, bullying or abuse from patients in last 12 months.

Overall White staff reported 25.1% and BME staff reported 21.6%.

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 has deteriorated again this year.

This indicator has seen a slight increase for White staff of 0.8% and a significant increase for BME staff of 9.4% from the previous year.

Overall White staff reported 19.7% and BME staff reported 33.3%

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

There has been a small decrease (4.4%) of White staff believing that the Trust provides equal opportunities for career progression or promotion.

There has been a small increase (2.5%) of BME staff believing that the Trust provides equal opportunities for career progression or promotion.

Overall fewer BME staff (45.1%) than White staff (61%) believe that trust provides equal opportunities for career progression or promotion.

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

There has been an increase (2.9%) of white staff reporting an experience of discrimination at work from manager/team leader or other colleagues from the previous year.

There has been a larger increase (5.1%) of BME staff reporting an experience of discrimination at work from manager/team leader or other colleagues from the previous year.

Overall White staff reported 6.9% and BME staff reported 15.7% (more than double the figure of white staff).

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

As at 31st March 2022 the Trust had 11 total Board members, 10 white staff (90.91%) and 1 BME staff (9.09%) this is lower than the percentage of BME staff in the workforce (12.74%) which is a negative figure for Board diversity in terms of race equality.

WRES Action Plan

Objective	Actions	Lead
Equality review of recruitment procedures	Explore the possibility that recruitment panels have access to current ED&I profile for the area of recruitment	ED&I Lead
	Mandatory ED&I training module for all recruiting managers in addition to the basic module	ED&I Lead
	Explore the practicalities of having a BME member of staff on an appointing panel	ED&I Lead
	Additional advertising to reach BME groups	ED&I Lead
	Equality review of shortlisting procedures	ED&I Lead
Equality review of non-mandatory training and CPD	People Group to review applications as a standing agenda item	Deputy CPO
	Communication to all staff regarding Trust process for applying for study leave	Head of Education
	People Group to monitor applications	Deputy CPO
Independent review of BME staff experience	Independently led review to understand the experiences of BME staff (initially across the ward areas) to improve the experience of Black, Asian and Minority Ethnic staff and patients, and build resilience in addressing and tackling these issues.	Deputy CPO
Increase Board Diversity	Explore recruitment opportunities as and when they arise	CPO
Raise profile of @race network	Work with the group to understand why only 45% of BME staff believe the Trust provides equal opportunities around promotion and career progression	ED&I Lead
	Increase numbers attending the network	ED&I Lead
	Network to provide regular feedback to SBAC	ED&I Lead

Appendix - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

Part

1. Person(s) Responsible for Assessment: Jane Mullin

3. Department(s): **HR** 4. Date of Assessment: **10.08.22**

5. Name of the policy/procedure being assessed: **Workforce Race Equality Standards (WRES) 2019 Findings**

6. Is the policy new or existing?
 New Existing

7. Who will be affected by the policy (*please tick all that apply*)?
 Staff Patients Visitors Public

8. How will these groups/key stakeholders be consulted with? N/A This document is the result of a consultation process.

9. What is the main purpose of the policy? This document sets out the findings of the Walton Centre Workforce Disability Equality Standards monitoring for 2020.

10. What are the benefits of the policy and how will these be measured? Improving race equality and reducing discrimination in Trust processes and staff, patient and visitor behaviour. This will be measured through the WRES metrics.

11. Is the policy associated with any other policies, procedures, guidelines, projects or services? Yes, The Equality, Diversity and Inclusion 5 Year Vision.

12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? None, these findings are intended to promote and support equality for all staff.

Protected Characteristic	Positive Impact (benefit)	Negative (disadvantage or potential disadvantage)	No Impact	Reasons to support your decision and evidence sought	Mitigation / adjustments already put in place
Age	✓			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.	
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.

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: Jane Mullin

Date: 10.08.22

Signed: Jane Mullin

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 کاتیک کە داواپکریت یان ئەگەر بەباش زاندرە دەکریت
وەرگێرێک نامادە بکریت (پێک بخریت) ، بۆ زانیاری زیاتر دەربارەیی ئەم خزمەتگوزاریانە تکایە
پەیوەندی بکە بە Walton Centre بە ژمارە تەلەفۆنی ۰۱۵۱۵۲۵۳۶۱۱ .

一旦要求，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。