

TRUST BOARD

Paper No:
Title of paper: Workforce Race Equality Standard Report (WRES) 2021-22
Purpose: This report provides an overview and analysis of the Trust's Workforce Race Equality Standard (WRES) and proposed action plan for 2022-23 and is being presented to the Trust Executive Committee in advance of the September Trust Board.
<p>Summary:</p> <p>The following is an overview of the WRES Highlights for 2021/22</p> <p>Workforce data metrics:</p> <ul style="list-style-type: none"> • An increase in BME staff in non-clinical bands 3,5 & 7. • An increase in BME staff in clinical bands 2,4,5,6,7, & 8a. • A reduction in the relative likelihood of white staff being shortlisted compared to BME staff of 0.32 • No ethnicity gap on entering the disciplinary process. <p>Staff survey data:</p> <ul style="list-style-type: none"> • A 9.2% increase in BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months compared to a 5.3% increase for white staff. • A 3.9% increase in BME staff experiencing harassment, bullying or abuse from staff in last 12 months compared to a 3.1% increase for white staff. • An 1.8% reduction in BME staff experiencing discrimination at work from any of the following manager/team leader or other colleagues compared with a 3.2% increase for white staff. • A 1.8% increase in BME staff believing that Trust provides equal opportunities for career progression or promotion, compared to a 5.9% decrease for white staff. <p>The activities to address differences between the experience of BME and white staff have been refreshed to align with the priorities identified in the WRES Organisational Report developed by the national WRES team, ongoing objectives identified in the Trust's 'People Plan' and priorities deriving from the Staff Survey. Our actions will be informed by our Staff Networks and monitored by the Trust's Equality and Diversity Steering Group, Strategic People Committee, JSNC and People Council and reported to the NHSE WRES Implementation Team and NHS Cheshire and Merseyside ICB.</p>
Corporate objectives met or risks addressed: This relates to the 'Developing our Organisational Culture and Supporting our Workforce' objective.

Financial implications: None as a direct consequence of this paper
Stakeholders: Staff, the Trust, NHSE WRES Implementation Team, ICB and Regulators
Recommendation: The Trusts Executive Committee are asked to note the content of the report to approve that the WRES report and action plan is presented to the Trust Board to provide assurance against contractual reporting of WRES.
Presenting officer: Anne-Marie Stretch, Deputy Chief Executive and Director of HR
Date of meeting: 28th September 2022

Workforce Race Equality Standard Report

April 2021 – March 2022

1.0 Executive Summary

This purpose of this report is to inform and provide the Trust Board with an update relating to the Workforce Race Equality Standard (WRES) results and actions. Implementation of the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS provider organisations as part of the NHS Standard Contract.

STHK's 2021-22 data was collated and submitted to the WRES Implementation Teams for analysis in August 2022. The following report summarises that data and refers to the period April 2021 to March 2022 with the staff survey results from November 2021.

2.0 Introduction

NHS England and the NHS Equality and Diversity Council introduced the Workforce Race Equality Standard (WRES) in 2015. The WRES exists to highlight any differences between the experiences and treatment of white staff and BME staff in the NHS and places an onus on NHS organisations to develop and implement actions plans to bring about continuous improvements.

The WRES is made up of nine indicators: four focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses on BME representation on boards.

The main purpose of the WRES is to:

- to help NHS organisations (and other organisations providing NHS services) to review performance on race equality, based on the nine WRES indicators
- to produce action plans to close any gaps in workplace experience between white and Black and Ethnic Minority (BME) staff
- to improve BME representation at the Board level of the organisation.

In the 2011 Census (the last available ONS verified data¹), the population of St Helens and Knowsley were 98% and 97.2% White British respectively, compared to the NW average of 90.2% and England average of 85.4%. This is, however, not a measure against which NHS organisations recruiting from multiple complex national and international talent pools can be appropriately benchmarked. The NHS nationally employs over 100 nationalities in over 350 health related careers², representing a far

¹ [KS201UK \(Ethnic group\) - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2011/ks201uk)

² Additional information for the NHS Workforce Race Equality Standard (WRES) June 2022)

broader demographic pool from which organisations can recruit than a single local authority. A key feature of the WRES therefore, is measurement of staff's progression and opportunities and staff experience within their own organisation and measured by peer comparators.

Different professions within the NHS also have markedly different talent pipelines and demographic makeups, most notably Medicine and Dentistry, which are nationally more diverse for a variety of reasons, more geographically mobile, and operate in career and pay structures distinct from NHS staff on Agenda for Change contracts. Due to this complexity, a separate Bank WRES (BWRES) and Medical WRES (MWRES) are planned by the NHSE's WRES Implementation Team for 2022/23 and the annual staff survey has been amended this year to include bank staff.

This WRES report applies therefore only to substantive posts and excludes Bank workers, and analysis of the medical workforce metrics has been more limited in anticipation of the pending MWRES.

In recognition that Staff Survey data for 2020 was impacted by the pandemic, 2019 data is also included in these indicators for reference.

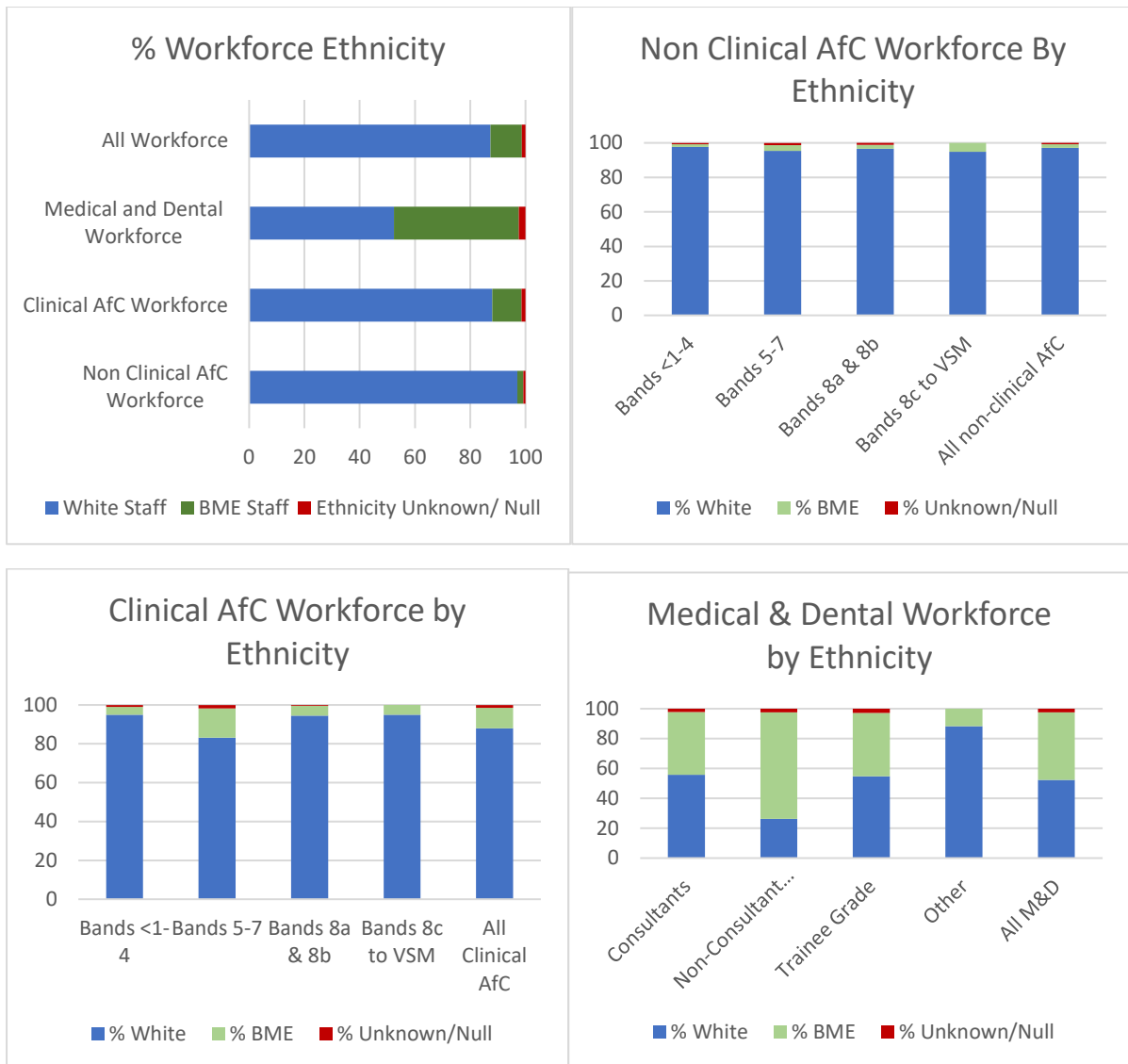
3.0 Key Data

3.1 Workforce Overview

For the period April 2021 to March 2022, St Helens and Knowsley Teaching Hospitals NHS Trust employed 6697 staff which consisted of:

- 11.29% Black or minority ethnic staff
- 87.37% White staff
- 1.34% Not Stated/ unspecified / prefer not to answer.

The ethnic background of staff varies across the different staffing groups, with non-clinical support roles more closely reflecting the local population, and increased diversity among Medical and Dental and AfC clinical roles.



4. WRES Indicators 2021-22

The information below provides a comparison for the WRES reports for 2021-22 and 2020-21. The information provides the Trust figures compared to the average for combined acute and community hospitals. All figures are self-populated taken from the WRES template provided by NHS England and generated using the automated template on Electronic Staff Record for assurance, and from the Staff Survey Coordination Centre.

4.1 Indicator 1: Workforce Staff Data

There have been increases in BME staff across clinical, non-clinical and Medical and Dental bands.

- Non-clinical roles saw an increase in BME representation at bands 3, 5, 7 and VSM level.
- Clinical AfC roles saw an increase in bands 2,4,5,6,7 and 8a.

- Medical grades saw an increase in BME staff within non-consultant career grades and trainee grades.
- BME staff are not evenly represented throughout the workforce and are represented at a proportionally higher level within two workforce sub-groups at the following grades:
 - Clinical AfC: Band 5
 - Medical grades: non consultant career grades.

It should be noted that there is a correlation between higher numbers of staff who have not declared their ethnicity and the AfC and medical grades where there are clusters of BME staff.

1a) non-Clinical workforce	2020-21		2021-2022	
	WHITE %	BME %	WHITE %	BME %
Band 1	98.85	1.15	100.00	0.00
Band 2	96.47	1.93	97.18	1.88
Band 3	97.47	1.77	96.77	2.49
Band 4	98.28	0.86	98.63	0.82
Band 5	96.77	2.58	94.12	4.58
Band 6	95.18	2.41	96.59	1.14
Band 7	98.80	1.20	96.51	3.49
Band 8A	95.35	2.33	95.83	2.08
Band 8B	95.45	4.55	97.62	2.38
Band 8C	100.00	0.00	100.00	0.00
Band 8D	100.00	0.00	90.00	10.00
Band 9	100.00	0.00	100.00	0.00
VSM	92.86	7.14	85.71	14.29
Non-Clinical Average	97.17	1.78	97.09	2.09

1b) Clinical workforce of which non-Medical	2020-21		2021-22	
	WHITE %	BME %	WHITE %	BME %
Band 1	9.09	0.00	100.00	0.00
Band 2	97.61	2.39	95.22	3.72
Band 3	89.91	3.47	96.40	2.52
Band 4	88.64	5.00	91.11	8.33
Band 5	75.52	22.31	73.32	24.47
Band 6	93.69	4.54	91.84	6.63
Band 7	92.84	6.00	92.71	6.19
Band 8A	93.67	5.06	93.41	6.04
Band 8B	100.00	0.00	100.00	0.00
Band 8C	88.89	11.11	92.31	7.69
Band 8D	100.00	0.00	100.00	0.00

Band 9	0.00	0.00	100.00	0.00
VSM	100.00	0.00	100.00	0.00
Clinical AfC Average	88.60	9.19	87.93	10.65

	2020-21		2021-22	
Of which Medical & Dental	WHITE %	BME %	WHITE %	BME %
Consultants	55.33	42.61	55.78	41.91
<i>Consultants also Senior medical manager</i>	100.00	0.00	100.00	0.00
Non-consultant career grade	29.79	68.09	26.25	71.25
Trainee grades	65.13	32.89	54.86	42.29
Other	83.33	16.67	88.24	11.76
M&D Average	54.04	43.93	52.43	45.14
ALL STAFF Average	88.23	9.91	87.37	11.29

4.2 Indicator 2: Relative likelihood of BME and white staff being appointed from shortlisting across all posts:

Overall, there has been a reduction in roles appointed, potentially reflecting the impact of the pandemic and workforce mobility on recruitment in 2020-21. This has corresponded with a change in the relative likelihood of candidates being appointed from shortlisting as follows:

Relative Likelihood of appointment from shortlisting	White	BME	Unknown
2020-2021	42.31%	39.85%	43.45%
2021-22	26.65% (-16.16%)	35.91% (-3.94%)	16.74% (26.71%)

- Shortlisted BME candidates had a higher success ratio from shortlisting to appointment than white candidates with a relative likelihood of appointment from shortlisting of 35.91%, compared to white candidates with a rate of 26.65%.
- The relative likelihood of white staff being appointed compared to BME staff stands at 0.74 in 2022, compared to 1.06 in 2021.

4.3 Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

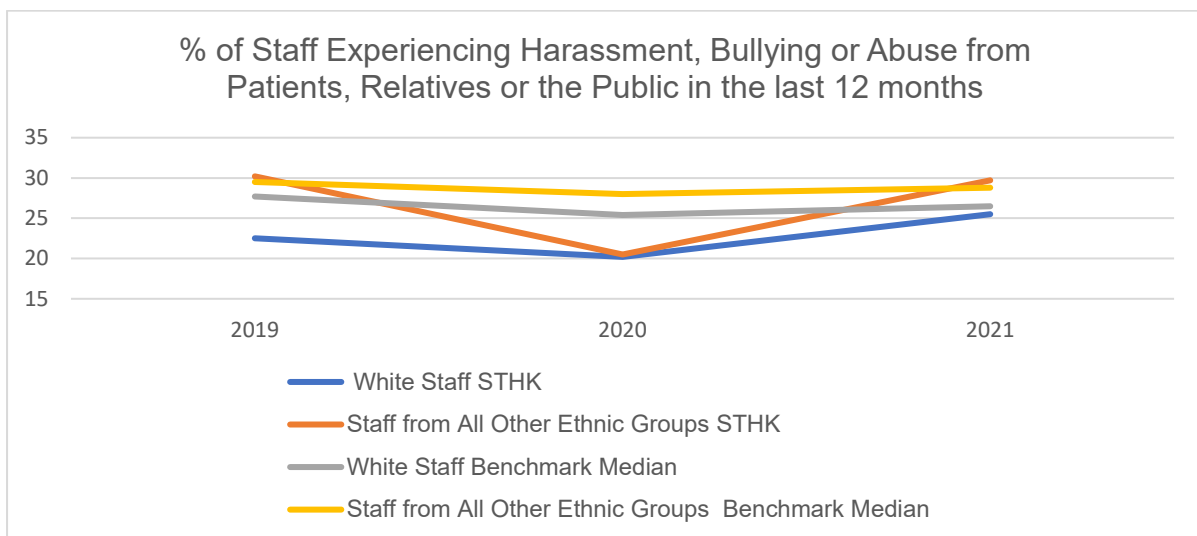
The relative likelihood measure for this indicator was 1, meaning there was no difference in the relative likelihood of white and BME staff entering the disciplinary process in the reporting period. This a positive result and shows sustained improvement which indicates the measures being undertaken as part of the Just Culture agenda are having effect.

4.4 Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

- 1467 staff accessed non-mandatory training and CPD
- The relative likelihood measure for this indicator was 1.03, meaning there was no difference in the relative likelihood of white and BME staff accessing non-mandatory training and CPD in the reporting period.

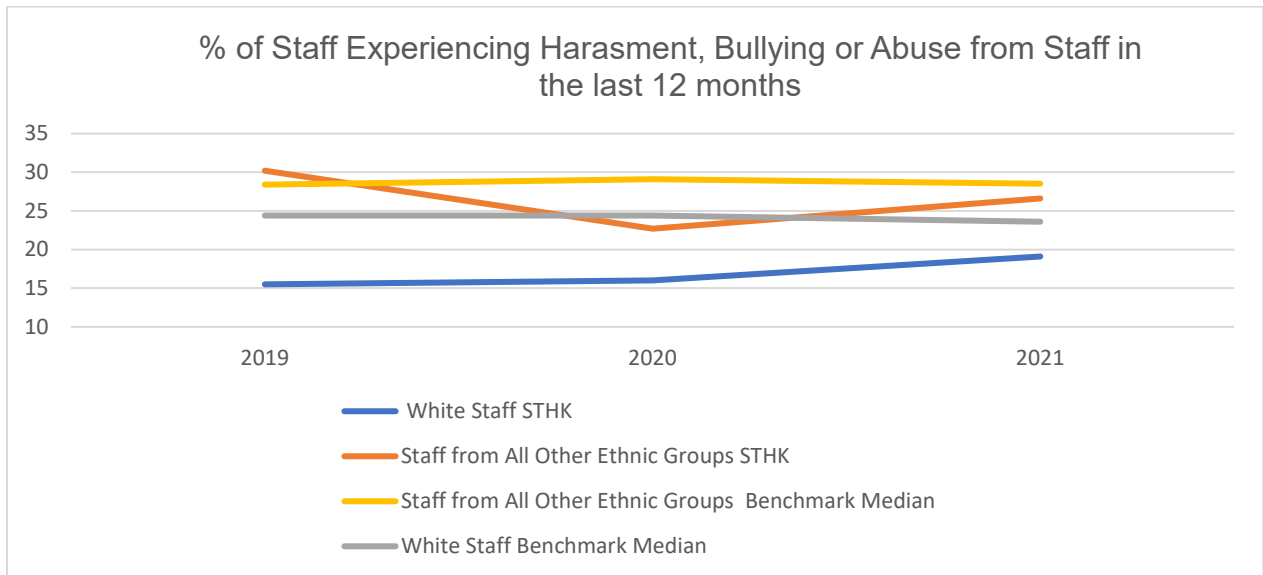
4.5 Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months

For this indicator, the experiences of all staff improved in 2020 during the first year of the pandemic, however the pre-pandemic pattern of disparity re-emerged in 2021, with the response for white staff increasing by 3%.



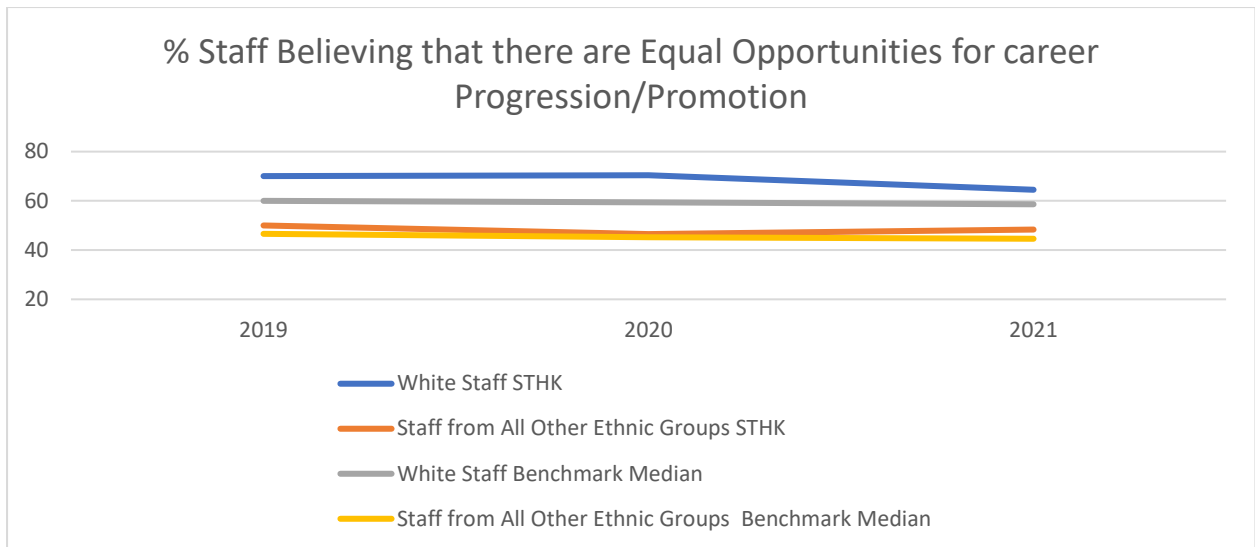
4.6 Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Staff experience of abuse from other staff has increased by 3.1% for white staff and 3.9% for BME staff. The disparity between white and BME staff experiences was 7.5 percentage points in 2021.



4.7 Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

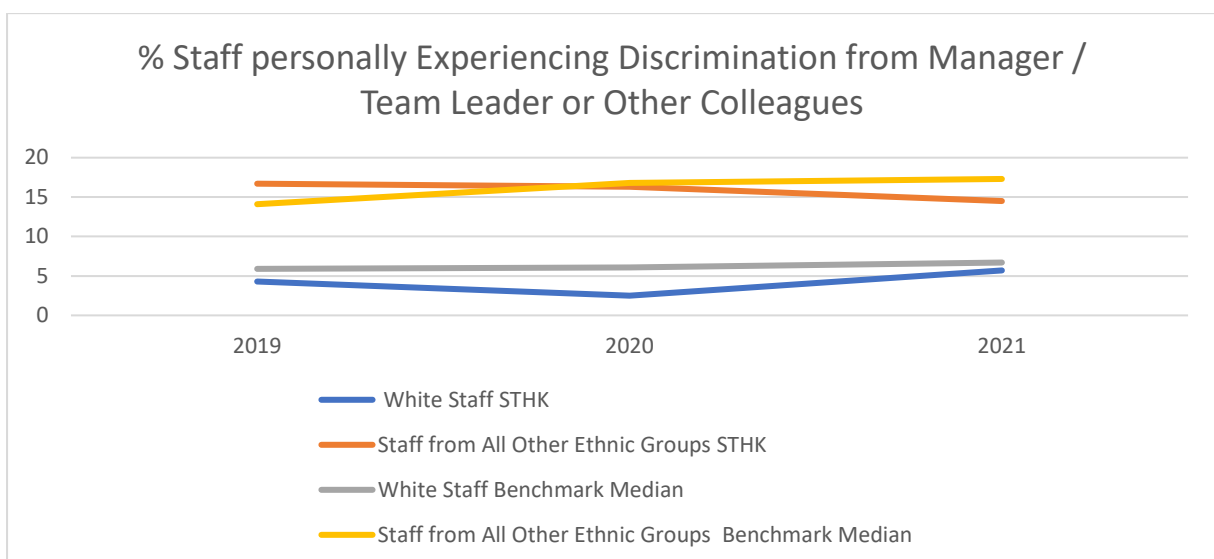
There has been a 5.9% decrease in this result for white staff at the Trust, and a 1.8% increase in for staff from all other ethnic groups. There is a 16.2% ethnicity gap for this indicator, making it a priority area. This data relates to question 15 of the NHS Staff Survey, for which the formula was changed in 2022 to include the 'don't know' responses, meaning all historical data on this metric has been updated with the WRES Implementation team. Actions towards addressing this disparity are outlined below, and include a deep dive and review of recruitment and progression, and introduction of Cultural Ambassadors program.



4.8 Indicator 8: Staff who have personally experienced discrimination at work from a manager, team leader or other colleagues in the last 12 months

There has been a 3.2% increase in this result for white staff at the Trust, and a 1.8% decrease in for staff from all other ethnic groups. There was an 8.8% difference between the experiences of staff based on ethnicity in 2021, compared to an average 11.44% difference for the five-year period, representing a reduction in the overall disparity of experience.

Action has been taken in 2021-22 towards addressing this disparity including the updating of the Grievance and Resolution Policy, and a Cultural Ambassadors program aimed at increasing cultural competence is scheduled to launch in early 2023.



4.9 Indicator 9: Percentage difference between the organisation’s Board voting membership and its overall workforce

Percentage difference between the organisations’ Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

The information below provides information on the percentage difference between the organisations board membership and its overall workforce for BME and white Staff. In 2021-22 the Trust Board was slightly more representative of white groups overall, with a 6.4% over representation of white executives compared to BME executives. Due to the small numbers involved this would be considered within the margin of error for proportionality.

	2020-21		2021-22	
	White %	BME %	White %	BME %
Total Board members - % by Ethnicity	93.30%	6.70%	93.80%	6.30%
Voting Board Member - % by Ethnicity	80%	20%	80%	20%
Non-Voting Board Member - % by Ethnicity	100%	0%	100%	0%
Executive Board Member - % by Ethnicity	80.00%	20%	80%	20%
Non-Executive Board Member - % by Ethnicity	100%	0.00%	100%	0%
Overall workforce - % by Ethnicity	88.2	9.90%	87.40%	11.30%
Difference (Total Board -Overall workforce)	5.10%	-3.20%	6.40%	-5%

5.0 Our People Plan

The purpose of Our People Plan is to identify the Trust’s people priorities and to ensure that everyone connected to the Trust understands the contribution they make. There are multiple actions attached with specific emphasis on equality, diversity and inclusion (ED&I) and the culture and behaviours we are working towards.

The following key actions taken from our overarching action plan have been identified for the next 12 months. The impact of these actions will be measured by improvements to the WRES indicators.

5.1 We will focus on real and measurable progress

The Trust is committed to identifying measurable and tangible improvements on equality, diversity and inclusion (ED&I), and will agree new KPI's and dashboards to support our forthcoming ED&I Operational Plan, with clear governance oversight.

5.2 Compassionate Culture and Leadership

The Trust leadership will continue to embed a compassionate, kind and inclusive work environment based on common values and a shared purpose. We will review our behavioural standards around civility and respect with reference to the WRES and will develop and deliver culturally appropriate training and support for managers and staff.

5.3.1 Workforce Development and career development for staff from underrepresented groups

Specific programmes of work addressing cultural bias and career development opportunities will be rolled out aimed at supporting staff with protected characteristics, including BME staff. We will be working in partnership with the Royal College of Nursing to introduce their Cultural Ambassadors programme to the Trust, as well as reviewing recruitment, promotion practices and talent management plans for accessibility.

5.4 We will ensure that each voice counts

The Trust will encourage more staff from BME backgrounds to become actively involved in shaping practices across the Trust. We will do this by enhancing the support for staff networks, including the Building a Multicultural Environment (BAME) Network to encourage staff from BME backgrounds to share experiences, shape and influence Trust policies and procedures, identify opportunities and help prioritise improvement in areas such as recruitment and selection.

5.5 We will promote and celebrate ED&I

We will develop and maintain an annual calendar of events and communications activity to celebrate difference and increase awareness of ED&I.

6.0 Trust Actions to Comply with the WRES

- WRES reporting template completed and sent to NHS England (Aug 2022)
- WRES report completed, to be hosted onto the Trust website (October 2022)
- WRES report and action plan to be sent to the NHS Cheshire and Merseyside ICB
- WRES action plan in place and reviewed bi-monthly with monitoring via the Equality and Diversity Steering group and People Council

7.0 Recommendations

The Trusts Executive Committee is asked to note the WRES indicators, and the actions identified to address the gaps highlighted.

WRES Action Plan 2022-23

Objective	Action	Action Owner	By When
1.0 Inclusive and Compassionate leadership			
1.1 Place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion, as part of the well-led assessment.	Enhance data to inform actions through surveys, deep dives and focus groups including in relation to their lived experiences and how staff with protected characteristics could be better supported in the workplace.	Deputy Director of HR & Governance/ Head of ED&I	Mar 2023
1.2 Ensure that an understanding of race and inequality is woven through both discussion and decision making at the highest levels of leadership.	Appoint a Trust board lead (outside of Human Resource responsibility), to act as ambassador for the work area, incorporating the NW BAME Assembly deliverables.	Director of HR/Deputy Director of HR & Governance	March 2023
1.3 Ensure that the workforce leadership is representative of the overall BAME workforce including at senior level.	Working towards targets set out in the Model Employer Ten Year Aspirational Plan.	Head of Strategic Resourcing/Head of Equality Diversity & Inclusion	Sep 2023
1.4 Introduce and support a culture of civility and respect to include a review of behavioural standards and their link to the Trusts corporate values.	Launch the NHSE Toolkit for civility and respect, when released.	Head of Learning & OD and Deputy Director of HR	TBC
1.5 Ensure that the differential experiences of BME staff are represented in the development of the Trust's approach to security strategy.	Ensure that ED&I Metrics are routinely reported as part of the implementation of the new Security Group and Violence Reduction Strategy.	People Protection and Asset Manager/Head of ED&I	Dec 2023

2.0 We Will Actively Listen and Give Everyone a Voice			
	WRES will be monitored bimonthly at the Equality and Diversity Steering Group	Head of Equality Diversity & Inclusion	Ongoing
2.1 Continue to listen to our staff to ensure we remain an employer of choice.	Develop our Staff Networks to align their deliverables to the ED&I strategy, ensure the workforce are supported to undertake their network roles and encourage membership of Staff Networks	Head of Equality Diversity & Inclusion	Jan 2023
2.2 Have an active network of ED&I Champions in place to support staff in the Trust.	Terms of reference and membership of networks to be reviewed and recruitment campaign to refresh membership to be rolled out during 2022/23.	Head of Equality Diversity & Inclusion	Jan 2023
3.0 Supported Workforce who are Educated and Aware			
3.1 Review existing training offer and develop programmes to upskill and support managers on understanding equality in the workplace specifically to include and address race discrimination.	Develop and launch Employment Law training modules for all line managers, training on Unconscious Bias and review mandatory training package.	Deputy Director of HR & Governance/ Head of ED&I	Oct 2023
3.2 Establish an EDI/Cultural Ambassadors programme to support the Just Culture and Inclusive Recruitment agendas, supporting staff and incorporating lived experience and staff voice into decision making and people processes.	Train and support Ambassadors through the RCN's Cultural Ambassador programme, underpinned with a supporting programme of organisational development.	Deputy Director of HR and Governance/ Head of ED&I	Mar 2023
3.3 Review recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional	Work in collaboration to review the recruitment processes of the Trust to ensure they are appropriate and accessible to all.	Head of Strategic Resourcing/Head of Equality Diversity & Inclusion	Mar 2023

and national labour markets.	Identifying links (via the ED&I regional Task & Finish Group) with local community organisations to promote vacancies to under-represented groups.	Head of Strategic Resourcing/Head of Equality Diversity & Inclusion	
	Work in collaboration to implement succession planning and talent management that takes account of the needs of diverse groups.	Head of Learning & OD/Head of Equality Diversity & Inclusion	Mar 2023
3.4 Promotion of annual calendar of events for ED&I and Wellbeing.	Develop and promote events calendar and celebration opportunities to tie into calendar of national celebration and awareness events such as Black History Month.	Head of Equality Diversity & Inclusion	Dec 2023
3.5 Ensure our employees are supported to participate in national development programmes including the NHS Leadership Academy 'Stepping Up' programme for aspiring black, Asian and minority ethnic (BAME) colleagues.	To actively promote and market the schemes in conjunction with heads of service, such as the NHS Leadership Academy 'Stepping Up' programme and the NExT Director Scheme.	Head of Learning & OD	Annual
3.6 Ensure our leadership is well networked within regional activities e.g., the North West BAME assembly.	New Head of ED&I to engage regionally and across the ICS when commences in January 2023.	Director of HR/Deputy Director of HR & Governance	March 2023