

Workforce Race Equality Standard (WRES) Findings and Actions

Trust Board

2020

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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 are 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 2020. 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 undertake in response to COVID-19 and the Black Lives Matter movement.

2. Summary of Key Points

Workforce Race Equality Standard (WRES) Findings and Actions, Trust Board 2020

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

Of the 9 WRES indicators the Trust is making progress on only 3 this year. This is a marked contrast to the previous year which saw the Trust progressing on 8 of the indicators.

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

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

- As at 31 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.

Further proposed actions:

- Introduce an initiative whereby there must be a BME member of staff or Diversity Champion on any appointing panel where a BME candidate is being interviewed
- Further staff engagement 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
- Introduce interview technique training and mock interviews for BME staff wishing to progress to higher level positions within the Trust
- The Trust will use the data to introduce self-stretch targets for the divisions of the organisation and where we find the most extreme levels of underrepresentation of BME staff
- The Trust will step up the monitoring of this indicator to ensure that figures are examined every second month in order to drive progress
- Refresh the Reciprocal Mentoring Programme in the light of social distancing requirements
- The Trust will introduce a BME Mentoring Programme for BME staff wishing to progress their careers at the Trust



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

This indicator has deteriorated markedly.

There is now a 5.76% difference between the percentage of White candidates appointed from shortlisting and BME Candidates appointed from shortlisting in the preceding year to March 2019 the gap was insignificant.

The Trust is currently reviewing all aspects of the recruitment process to increase the numbers of BME staff at BAND 6 and above. This review will also include the introduction of Equality and Diversity Champions into the Interview process to ensure the elimination of any unconscious bias.

Further proposed actions:

- The Trust is currently undertaking an Equality review of its recruitment procedures
- The Trust will ensure that recruitment panels have current information about the Trust ED&I profile and of the Bands and sections of the workforce that they are recruiting too
- Additional E&D training module will be mandatory for all recruiting managers, in addition to the basic module
- Introduction of an initiative whereby there must be a BME member of staff on any appointing panel where a BME candidate is being interviewed.
- Introduce a review system for instances where a BME candidate has been interviewed but not appointed. Feedback from the panel chair will be sought in all such instances and random in-depth equality reviews will also be introduced for such instances
- Explore additional advertising to reach BME groups

- The Trust will step up the monitoring of this indicator to ensure that figures are examined every second month in order to drive progress

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

This indicator has deteriorated insignificantly.


There were 2 BME staff entering into this process in this period and 14 White staff. In the preceding year there were no BME staff entering disciplinarys. So this figure is a rebalancing towards what would be expected given the Trusts staff demographics. However the numbers involved are too small to draw any firm conclusions.

Despite the small numbers of disciplinarys relating to BME staff, the Trust does ensure that when they do arise there is a BME member of the disciplinary panel.

The Trust also has Cultural Ambassador available to ensure that the process not distorted by cultural or language issues and that there is no discrimination in the procedures.

Further proposed actions:

The Trust has Cultural Ambassadors to prevent cultural misunderstandings and discrimination within the disciplinary process; in addition to this the Trust will now work with BME staff to recruit volunteers to provide BME staff with further peer support throughout any disciplinary procedures.

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

This indicator has deteriorated very markedly.

Year to March 2020; 418 White staff accessed non-mandatory training and CPD = (94.57%)

24 BME staff accessed non-mandatory training and CPD = (5.43%)

BME staff 2019 = 17.41 times less likely to access such training. This is such a massive departure from the

Year to March 2019 at (9.77%) the percentage for BME staff is slightly more positive than the (7.02%) for White staff at the Trust.

The difference is very large between these two figures over a relatively short time period requires urgent investigation. It would be reasonable to hold judgement on these figures until they can be investigated further, to ascertain the reasons for such a marked difference. These figures will be discussed with HR, Training and BAME staff to identify the cause and remedial actions.

Further proposed actions:

- The Trust will conduct an analysis of non-mandatory Training and CPD to identify the divisions where participation from BME staff is lower.

- The Trust will introduce self-stretch targets for divisions where participation from BME staff is lower.
- The Trust will introduce monitoring of this indicator to ensure that figures are examined every second month in order to drive progress.

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



This indicator has deteriorated markedly.

	2017	2018	2019
White	21.8%	26.2%	25.3%
BME:	46.3%	29.3%	35.1%

There has been a 5.8% increase in percentage of BME staff experiencing harassment, bullying or abuse from patients. 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.

Further proposed actions:

- 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
- 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



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

This indicator has improved slightly following the year on year trend.

	2017	2018	2019
White	17.7%	19.3%	16.4%

BME	24.4%	23.2%	21.6%

This indicator has seen a slight decrease for both White staff and BME staff. This is in line with positive trend for BME staff from previous years. This indicator for White staff rose slightly in 2018 but has now fallen below both 2018 and 2017 levels.

The gap is now at 5.2% from last year's 3.9%, which was a smaller gap that year due mainly to the increase for White staff, but the indicator has improved more for White staff this year than for BME staff. This is however still smaller than the 2017 gap which was 6.07%. This indicator is generally improving but the figures are high for such an important indicator.

Further proposed actions:

- The Trust will consult with BME staff 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.
- Self-stretch targets will be set to reduce levels of harassment, bullying or abuse where these are found to be at higher levels
- 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.
- The Trust will introduce monitoring of this indicator to ensure that figures are examined every second month in order to drive progress.



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

	2017	2018	2019
White	90.3%	92.8%	92.5%
BME	71.4%	91.7%	77.8%

There has been a 13.9% drop in the percentage of BME staff believing 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.

Further proposed actions:

- The Trust will introduce a new Mentoring Programme to encourage and better prepare BME staff to move into higher pay bands.
- 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

- The Trust will introduce a new Training Programme to encourage and better prepare BME staff to move into higher pay bands
- Trust will reshape its BME Reciprocal Mentoring programme to take account of social distancing and to foster a more collective experience for BME staff on the programme

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 deteriorated.

	2017	2018	2019
White	6.2%	4.3%	4.5%
BME	15.4%	10.7%	13.5%

This reporting period has seen a reverse in the previously downward year on year trend for BME staff expressing personally experienced of discrimination at work from a manager/team leader or other colleagues. These figures will be discussed with BAME staff to identify the cause and remedial actions.

Further proposed actions:

- The trust will take steps to increase the visibility of BAME staff and understanding of conscious and unconscious bias at the Trust.
- 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.
- The Trust will provide “Bystander Training for staff to better challenge and support each other if there are incidents discrimination of harassment, bullying or abuse from a manager/team leader or other colleagues.
- Gain further feedback from BME staff and explore with them how the Trust can work to improve this indicator.

Indicator 9) The percentage difference between the organisations’ Board voting membership and its overall workforce. (Unlike some of the indicators above, this indication gives a snapshot taken on 31st March each year, so this indicator does give a figure for 2020 as well as the previous 2 years.



This indicator has improves markedly

2018	2019	2020
-8.6%	- 0.1%	7.2%

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 now has 2 (20%) BME membership this percentage is both higher than the percentage of BME staff in the workforce and the local and national demographics in terms of race.

Further proposed actions:

- The Trust will consult with BME staff with the aim of identifying BME staff experience stories to present at Trust Board to provide greater insight into BME staff experience

3. 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.

Indicator 1 narrative

As of 31st March 2020 there were 1452 staff employed by the Trust. This figure comprised 1300 (89.5%) White staff and 138 (9.5%) staff with 14 (0.96%) unknown ethnicity.

The percentage figure for BME staff rose a little in this reporting year from (9.41%) to (9.50%). 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. The current figure indicates that the Trust is not underrepresented in the overall numbers of BME staff.

The highest percentage of BME staff measured against the total staff is to be found within the Clinical staff and stands at (4.89%). Medical BME staff make up (4.55%) of the whole workforce and Non Clinical BME staff constitute (0.69%).

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. 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.

As context for the all of the above staff race statistics, the Office of National Statistics, 2011 Census, states that 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

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Actions completed:

- Signed up to NHS Employers Diversity and Inclusion Partners Alumni
- 30+ ED&I champions in place with role descriptor
- Signed up to RCN Cultural Ambassadors programme
- 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
- ED&I Strategy has been refreshed with a new BAME strategic Group
- Engagement with BME staff has been improved via a new BAME staff group

Further proposed actions:

- Introduce an initiative whereby there must be a BME member of staff or Diversity Champion on any appointing panel where a BME candidate is being interviewed
- Further staff engagement 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
- Introduce interview technique training and mock interviews for BME staff wishing to progress to higher level positions within the Trust
- The Trust will use the data to introduce self-stretch targets for the divisions of the organisation and where we find the most extreme levels of underrepresentation of BME staff
- The Trust will step up the monitoring of this indicator to ensure that figures are examined every second month in order to drive progress
- Refresh the Reciprocal Mentoring Programme in the light of social distancing requirements
- The Trust will Introduce a BME Mentoring Programme for BME staff wishing to progress their careers at the Trust

2020 Whole Workforce

Total staff	White total	BME Total	Total unknown
1452	1300 (89.5%)	138 (9.5%)	14 (0.96%)

Non Clinical workforce Total: 383 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	0.00%	0.00%	0	0.00%	0.00%	0
Band 1	0	0.00%	0.00%	0	0.00%	0.00%	0
Band 2	76	19.84%	5.23%	1	0.26%	0.07%	0
Band 3	72	18.80%	4.96%	5	1.31%	0.34%	0
Band 4	95	24.80%	6.54%	1	0.26%	0.07%	0
Band 5	39	10.2%	2.7%	1	0.3%	0.1%	0
Band 6	27	7.0%	1.9%	1	0.3%	0.1%	0
Band 7	17	4.4%	1.2%	0	0.0%	0.0%	0
Band 8A	17	4.4%	1.2%	1	0.3%	0.1%	0
Band 8B	13	3.4%	0.9%	0	0.0%	0.0%	0
Band 8C	6	1.6%	0.4%	0	0.0%	0.0%	0
Band 8D	5	1.3%	0.3%	0	0.0%	0.0%	0
Band 9	0	0.00%	0.00%	0	0.00%	0.00%	0
VSM	6	1.6%	0.4%	0	0.0%	0.00%	0
Totals	373	(97.4%)	(25.69%)	10	(2.61%)	(0.69%)	0

Of the 383 Non Clinical staff, 10 (2.61%) are recorded as BME. These figures indicate an increase of 1 Non Clinical BME staff since March 2019, i.e. The addition of 1 additional BME staff member is at Band 8A, which is significant as prior to this there were no BME Non Clinical staff above Band 7. However the majority of this BME staff group remain at Band 3 and below.

Though it is an 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: 930 Staff

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	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	0.00%	0.00%	0
Band 1	0	0.00%	0.00%	0	0.00%	0.00%	0
Band 2	152	16.34%	10.47%	13	1.40%	0.90%	1
Band 3	93	10.00%	6.40%	2	0.22%	0.14%	0
Band 4	14	1.51%	0.96%	1	0.11%	0.07%	0
Band 5	214	23.0%	14.7%	34	3.7%	2.3%	2
Band 6	150	16.1%	10.3%	15	1.6%	1.0%	1
Band 7	150	16.1%	10.3%	2	0.2%	0.1%	0
Band 8A	60	6.5%	4.1%	2	0.2%	0.1%	0
Band 8B	10	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	0.00%	0.00%	0	0.00%	0.00%	0
VSM	3	0.3%	0.2%	2	0.2%	0.1%	0
Totals	855	(91.94%)	(58.88%)	71	(7.63%)	(4.89%)	4 (0.43%)

Clinical workforce

Of the 930 staff that currently make up the Clinical workforce 71 (7.63%) 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 has been no significant change in the pay bands that this group of BME staff occupy within the organisation. In the 2019 WRES report there were 2 BME staff at Band 7, and 2 at Band 8A constituting (2%) of Clinical staff respectively. There remain no other BME Clinical staff above Band 6.

Medical workforce Total: 155 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	58	37.42%	3.99%	42	27.10%	2.89%	9
<i>of which Senior medical manager</i>	7	4.52%	0.48%	9	5.81%	0.62%	0
Non-consultant career grade	3	1.94%	0.21%	2	1.29%	0.14%	1
Trainee grades	11	7.10%	0.76%	13	8.39%	0.90%	0
Other grades	0	0.00%	0.00%	0	0.00%	0.00%	0
Totals	79	(50.97%)	(5.44%)	66	(42.58%)	(4.55%)	10 (6.45%)

There are currently 155 Medical staff 66 (42.58%) 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>

WRES Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.

2018	2019	2020
<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>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 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 likely for white staff to be appointed.</p>

Narrative

This large percentage difference in favour of white applicants being shortlisted is unexpected as no changes took place in the recruitment process over this period which would easily explain the difference. The Trust is currently reviewing recruitment procedures to ensure that we understand and improve in relation to ensuring that there is no discrimination in the system.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

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 currently undertaking an Equality review of its recruitment procedures
- The Trust will ensure that recruitment panels have current information about the Trust ED&I profile and of the Bands and sections of the workforce that they are recruiting too
- Additional E&D training module will be mandatory for all recruiting managers, in addition to the basic module
- Introduction of an initiative whereby there must be a BME member of staff on any appointing panel where a BME candidate is being interviewed.
- Introduce a review system for instances where a BME candidate has been interviewed but not appointed. Feedback from the panel chair will be sought in all such instances and random in-depth equality reviews will also be introduced for such instances
- Explore additional advertising to reach BME groups
- The Trust will step up the monitoring of this indicator to ensure that figures are examined every second month in order to drive progress

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
<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 Total number of disciplinaries 32 Total disciplinaries of white staff 28.</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>

Total disciplinarys of BME staff 3.		
<p>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. The low level of BME staff entering into this process in this period shows no indication of any discrimination in respect of this indicator.</p>		
<p>Further proposed actions: Further proposed actions:</p> <ul style="list-style-type: none"> - The Trust has Cultural Ambassadors to prevent cultural misunderstandings and discrimination within the disciplinary process; in addition to this the Trust will now work with BME staff to recruit volunteers to provide BME staff with further peer support throughout any disciplinary procedures. - Continue to monitor 		

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
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>418 White staff accessed non-mandatory training and CPD = (94.57%)</p> <p>24 BME staff accessed non-mandatory training and CPD = (5.43%)</p> <p>BME staff = 17.41 times less likely to access such training.</p>

This indicator shows an unexpectedly large difference in the comparative numbers of staff accessing training and CPD compared with previous years. Work will be undertaken to understand these figures.

Further proposed actions:

- The Trust will conduct an analysis of non-mandatory Training and CPD to identify the divisions where participation from BME staff is lower
- The Trust will introduce self-stretch targets for divisions where participation from BME staff is lower
- The Trust will introduce monitoring of this indicator to ensure that figures are examined every second month in order to drive progress

Staff Survey Questions: The Trust used a census which sends the survey to all staff.

WRES Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.			
	2017	2018	2019
White	21.8%	26.2%	25.3%
BME	46.3%	29.3%	35.1%

There has been a 5.8% increase in percentage of BME staff experiencing harassment, bullying or abuse from patients. Steps have been taken to provide more targeted 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.

Further proposed actions:

- 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
- 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
- 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.
- Continue to monitor

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

	2017	2018	2019
White	17.7%	19.3%	16.4%
BME	24.4%	23.2%	21.6%

This indicator has seen a slight decrease for both White staff and BME staff. This is in line with positive trend for BME staff from previous years. This indicator for White staff rose slightly in 2018 but has now fallen below both 2018 and 2017 levels.

The gap is now at 5.2% from last year's 3.9%, which was a smaller gap that year due mainly to the increase for White staff, but the indicator has improved more for White staff this year than for BME staff. This is however still smaller than the 2017 gap which was 6.07%. This indicator is generally improving but the figures are high for such an important indicator.

Action Completed:

- Freedom to speak up guardian appointed and drop in sessions arranged

Further proposed actions:

- The Trust will consult with BME staff 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.
- Self-stretch targets will be set to reduce levels of harassment, bullying or abuse where these are found to be at higher levels
- 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.
- The Trust will introduce monitoring of this indicator to ensure that figures are examined every second month in order to drive progress

WRES Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion			
	2017	2018	2019
White	90.3%	92.8%	92.5%
BME	71.4%	91.7%	77.8%

There has been a 13.9% drop in the percentage of BME staff believing 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.

Action Completed: The Trust has undertaken a BME staff Reciprocal Mentoring Programme

Further proposed actions:

- The Trust will introduce a new Mentoring Programme to encourage and better prepare BME staff to move into higher pay bands.
- 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
- The Trust will introduce a new Training Programme to encourage and better prepare BME staff to move into higher pay bands
- The Trust will reshape its BME Reciprocal Mentoring programme to take account of social distancing and to foster a more collective experience for BME staff on the programme

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

	2017	2018	2019
White	6.2%	4.3%	4.5%
BME	15.4%	10.7%	13.5%

This reporting period has seen a reverse in the previously downward year on year trend for BME staff expressing personally experienced of discrimination at work from a manager/team leader or other colleagues. These figures will be discussed with BAME staff to identify the cause and remedial actions.

Actions completed:

- Freedom to speak up guardian appointed and drop in sessions arranged
- Berwick session around raising concerns
- Signed up to Tackling Bullying in the NHS campaign

Further proposed actions:

- The trust will take steps to increase the visibility of BAME staff and understanding of conscious and unconscious bias at the Trust.
- 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.
- The Trust will provide “Bystander Training for staff to better challenge and support each other if there are incidents discrimination of harassment, bullying or abuse from a manager/team leader or other colleagues

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

2018	2019	2020
-8.6%	- 0.1%	7.2%

(Unlike some of the indicators above, this indication gives a snapshot taken on 31st March each year, so this indicator does give a figure for 2020 as well as the previous 2 years.

Previous to 2019 this Indicator had remained relatively constant because there were no Board Members. Any slight changes in that period were due to changes in overall workforce numbers not changes to Board composition. The Trust Board now has 2 (20%) BME members this percentage is both higher than the percentage of BME staff in the workforce and the local and national demographics in terms of race.

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

Further proposed actions:

- The Trust will consult with BME staff with the aim of identifying BME staff experience stories to present at Trust Board to provide greater insight into BME staff experience

Links to Equality Objectives:

All of the above actions relating to all WRES Indicators link to the Trusts EDI&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.

End of report.

For more information, please contact:

Andrew Lynch

Equality and Inclusion Lead

HR Department

The Walton Centre NHS Foundation Trust

Sid Watkins Building

Lower Lane

Liverpool

L9 7BB

Email: Andrew.Lynch2@thewaltoncentre.nhs.uk

Telephone: 0151 556 3396

4. 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: Andrew Lynch	2. Contact Number: 0151 556 3396
3. Department(s): HR	4. Date of Assessment: 2.09.20
5. Name of the policy/procedure being assessed: Workforce Race Equality Standards (WRES) 2020 Findings	
6. Is the policy new or existing? <input checked="" type="radio"/> New <input type="radio"/> Existing	
7. Who will be affected by the policy (<i>please tick all that apply</i>)? <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Patients <input type="checkbox"/> Visitors <input type="checkbox"/> 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 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: 02.09.20

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。