### Workforce Race Equality Standard Report 2023

### Executive Summary

- 1 The NHS Workforce Race Equality Standard (WRES) requires Trusts to demonstrate progress against nine indicators of workforce race equality. The indicators focus upon Board level representation, recruitment 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.
- 2 The data in this report refers to figures and staff experience from 2022/23.
- 3 Full information relating to 2022/23 WRES Data for each of the 9 Metrics can be found at appendix 1
- 4 2023 WRES Actions can be found at appendix 2

### **Background and Analysis**

- On 31<sup>st</sup> March 2023 there were 1561 staff members employed within The Walton Centre. Of those, 99.17% had their ethnicity recorded on the Electronic Staff Records (ERS) system.
- 2. The proportion of staff recorded as BME on ESR was 13.77% (215) this compares with the 2021/22 figure of 12.74% (192) of the then total staff of 1507. This shows that the total number at the Trust has increased by 54 and ethnic minority staff having increased by 23.
- 3. The 2018 BME percentage appears to have been inflated for a temporary period in which there were higher numbers of junior medics at the Trust, many of whom were BME.
- 4. The Trust have recently produced an anti-racist statement which will be made public to voice our commitment to anti-racism and tackling race inequality both as an employer and a provider.
- 5. The above statement is being supported by Building a Culture of Conscious Inclusion training which has previously been delivered to over 60 staff with plans to make this available to all Trust staff in the near future.
- 6. In line with ongoing Equality and Diversity work, the Trust will also be reviewing our recruitment, onboarding and career progression practises and procedures to ensure they provide equal opportunities for all.
- 7. The Trust will also be looking at data in relation to any pay gap from a race perspective (similarly to the Gender Pay Gap reporting) plans for this will be in place in 2024 in line with High Impact Action 3 of the recent NHS EDI Improvement Plan.

#### **Summary of Data**

### 1. Improvements and sustained positive outcomes:

### • Metric 1

The number of BME staff working at the Trust has increased year on year since 2018/19 from 9.39% to 13.77%.

Non-clinical – of 15 total BME non-clinical staff, 4 are at bands 5-7 and 2 at bands 8c-9 & VSM.

Clinical – of the 200 total BME clinical staff, 110 are at bands 5-7, 2 at bands 8a-8b and 51 at consultant grade.

### 2. Deterioration and sustained unequal outcomes:

### • Metric 2

This year we had a limited number of BME applicants (58 - 11.49%). The likelihood of being appointed following shortlisting was lower for BME applicants when compared to White applicants (1.32 times more likely for White applicants).

### • Metric 3

The percentage of BME staff entering the formal disciplinary process was 0.93% compared to 0.83% for White staff; this equates BME staff being 1.13 times more likely to enter the formal disciplinary process. It is not possible, however, to form firm conclusions from this figure, however, due to the low numbers of staff entering the formal disciplinary process.

### • Metric 4

Only 6.05% of BME staff accessed non-mandatory training or CPD; White staff were 5.35 times more likely to access training.

### • Metric 5

25.9% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from patients/service users, their relatives or members of the public.

### • Metric 6

35.2% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from staff.

### • Metric 7

Less than half of BME respondents (42.6%) felt that the Trust provides equal opportunities for career progression or promotion.

### • Metric 8

20.8% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from managers.

### • Metric 9

There is a -15.86% percentage difference when comparing BME voting and executive members of the Board to the overall workforce.

### Conclusion

1. It is clear from this report that further urgent work is required to ensure BME staff and applicants do not suffer any discrimination as a result of their race. Actions in relation to this are outlined at appendix 2 and will be included in the Trust Equality, Diversity and Inclusion Action Plan for monitoring.

# Recommendation

2. The group are asked to note the contents of this report and agree the actions set out to drive improvement in this area.

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# Appendix 1

# Workforce Race Equality Standard Metric Data and Analysis 2023

#### **Metric 1**

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

As shown below, the number of BME staff working at the Trust has increased year on year since 2018/19 from 9.39% to 13.77%.

18/19	19/20	20/21	21/22	22/23
9.39%	9.50%	9.89%	12.74%	13.77%

The below table shows data by clinical/non-clinical sub-groups.

Total Non- clinical/Clinical	430	1131
Total staff	1561	%
White staff total	1333	85.39%
Non-clinical	413	96.05%
Clinical	920	81.34%
BME	215	13.77%
Non-clinical	15	3.49%
Clinical	200	17.68%
Not Known	13	0.83%
Non-clinical	2	0.47%
Clinical	11	0.97%

This is further split below into pay grades and compared to the previous financial year.

Non-Clinical	% BME	% BME	Clinical	% BME	% BME
	21/22	22/23		21/22	22/23
Bands 2-4	3.27%	3.36%	Bands 2-4	7.17%	5.80%
Bands 5-7	3.26%	3.77%	Bands 5-7	14.89%	18.68%
Bands 8a-8b	2.94%	0.00%	Bands 8a-8b	2.22%	2.27%
Bands 8c-9 &	4.35%	8.33%	Bands 8c-9 &	N/A	N/A
VSM			VSM		
Other	N/A	N/A	Other	N/A	N/A
Consultants	N/A	N/A	Consultants	41.07%	44.74%
Non-Consultants	N/A	N/A	Non-Consultants	50%	50%
Career Grade			Career Grade		
Medical Trainee	N/A	N/A	Medical Trainee	72.41%	57.14%
Grade			Grade		
Total	3.30%	3.49%	Total	16.08%	17.68%
		-			

No Change 0% in post increase Decrease	No Change	0% in post	Increase	Decrease
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### Metric 2

### Relative likelihood of staff being appointed from shortlisting across all posts.

For the 2022/23 reporting period the number of BME candidates shortlisted was 58, the number appointed was 12. The likelihood of shortlisted BME candidates being appointed was 20.69%.

The number of White candidates shortlisted was 439 the number appointed was 120. The likelihood of shortlisted White candidates being appointed was 27.33%.

The data below shows that the likelihood of shortlisted BME candidates being appointed was lower this year than previous years (with the exception of 20/21 in which a high number of applications were received) and that there was a significant difference when comparing the likelihood of being appointed between White and BME candidates.

		White	9		BME			Not Kno	wn	
Applicants	Number of shortlisted applicants	Number appointed from shortlisting	Likelihood of shortlisting/appointed	Number of shortlisted applicants	Number appointed from shortlisting	Likelihood of shortlisting/appointed	Number of shortlisted applicants	Number appointed from shortlisting	Likelihood of shortlisting/appointed	Relative likelihood of White staff compared to BME staff being appointed from shortlisting across all posts
18/19	373	137	36.73%	65	26	40.00%	7	3	42.86%	0.92
19/20	394	154	39.09%	66	22	33.33%	8	4	50.00%	1.17
20/21	1140	6	0.53%	208	4	1.92%	29	0	0.00%	0.27
21/22	429	140	32.63%	60	19	31.67%	10	6	60.00%	1.03
22/23	439	120	27.33%	58	12	20.69%	8	1	12.50%	1.32

### Metric 3

# Relative likelihood of BME staff compared to White staff entering the formal disciplinary process.

The percentage of BME staff entering the formal disciplinary process was 0.93% compared to 0.83% for White staff; this equates BME staff being 1.13 times more likely to enter the formal disciplinary process.

It is not possible to form firm conclusions from this figure, however, due to the low numbers of staff entering the formal disciplinary process.

### Metric 4

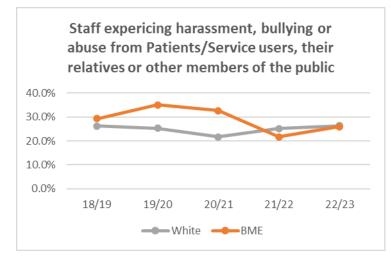
# Relative likelihood of BME staff compared to White staff accessing non-mandatory training and CPD.

32.33% of White staff accessed non-mandatory /CPD training compared to 6.05% of BME staff; White staff were therefore 5.35 times more likely to access training. This has increased significantly from 2.54 times more likely in 21/22 and 0.77 times in 20/21 as shown below.

		White			BME			Not Kr	nown	
	Number of staff in workforce	Number of staff accessing non-mandatory training and CPD	Likelihood of staff accessing non-mandatory training and CPD	Number of staff in workforce	Number of staff accessing non-mandatory training and CPD	Likelihood of staff accessing non-mandatory training and CPD	Number of staff in workforce	Number of staff accessing non-mandatory training and CPD	Likelihood of staff accessing non-mandatory training and CPD	Relative likelihood of White staff compared to BME staff accessing non-mandatory training and CPD
18/19	1269	89	7.01%	133	13	9.77%	14	0	N/A	0.72
19/20	1300	418	32.15%	138	24	17.39%	14	10	71.43%	1.85
20/21	1338	329	24.59%	148	47	31.76%	11	5	45.45%	0.77
21/22	1303	224	17.19%	192	13	6.77%	12	7	58.33%	2.54
22/23	1333	431	32.33%	215	13	6.05%	13	0	0.00%	5.35

#### Metric 5 – Staff Survey results

# Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months



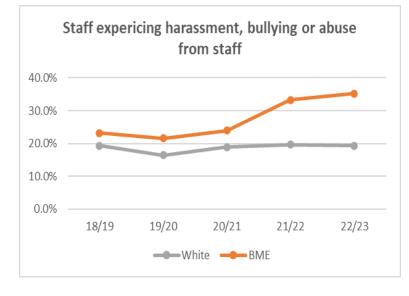
25.9% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from patients/service users, their relatives or members of the public. This has increased from 21/22 (21.6%) but is lower than previous years (18/19 29.3%, 19/20 35.1%, 20/1 32.6%).

This is this is closer in line with White staff of whom 26.4%

reported harassment, bully and abuse from patients/service users, their relatives or members of the public.

### Metric 6 – Staff Survey results

# Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

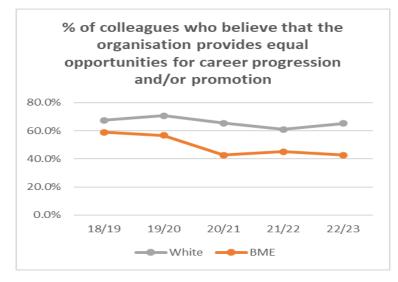


35.2% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from staff. This is an increase from last year (33.3%)and а significant increase when compared to previous years (18/19 23.2%, 19/20 21.6%, 20/21 23.9%).

This differs from data for White staff which remained fairly constant since 18/19.

#### Metric 7 – Staff Survey results

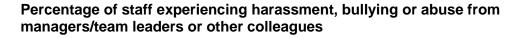
# Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

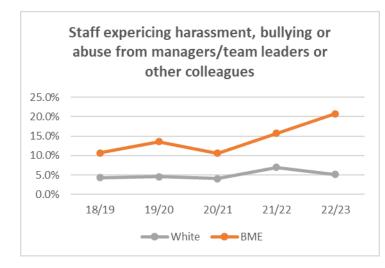


Less than half of BME respondents (42.6%) felt that Trust the provides equal opportunities for career progression or promotion. This has deteriorated significantly since 18/19 (58.9%).

There is a clear disparity of more than 12% when comparing responses between BME and White colleagues.

#### Metric 8 – Staff Survey results





20.8% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from managers. This is a significant increase from last year (15.7%) and has doubled since 20/21 (10.6%).

This differs from data for White staff which has decreased to 5.1% from last year's 6.9% and has remained fairly constant between 4 and 7%.

### Metric 9

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

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

There is a -15.86% percentage difference when comparing BME voting and executive members of the Board to the overall workforce. Although there are 2 BME members of the Board, both are non-executive members.

# Appendix 2

# Workforce Race Equality Standard Actions 2023

All actions outlined below have been included in the Trust Equality, Diversity and Inclusion Action Plan which is monitored by the Health Inequalities and Inclusion Committee.

# Metric 2

Relative likelihood of White staff compared to BME staff being appointed from shortlisting across all posts

• As part of the existing action to review the recruitment process, we must ensure that prospective applicants are not discriminated against in any way and have equal opportunity in both applying for roles and being appointed following short listing. This review is underway and is due to be completed by the end of March 2024.

### Metric 4

# Relative likelihood staff accessing non-mandatory training and CPD

• A planned review of career progression practises and procedures will include access to non-mandatory training and CPD to ensure staff are being given equal opportunities in this regard. This review is underway and is due to be completed by the end of March 2024.

# Metric 5, 6 & 8

# Instances of staff harassment, bullying or abuse from patients/visitors, managers and other colleagues

- We must ensure all staff are supported in enforcing the NHS zero tolerance policy in relation to abusive behaviour from patients/visitors and remind all staff and managers of the Management of Violent and Aggressive Individuals policy and sanction process. This policy is being strengthened prior to relaunch and improved support for implementation by March 2024.
- In addition to this, all managers will be offered the opportunity to attend Building a Culture of Conscious Inclusion training and be responsive to any behaviours witnessed or escalated which do not reflect the Walton Way. In house trainers to go live in January 2024.

# Metric 7

# Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

• As part of the existing action to review talent management and career progression procedures, we must ensure that BME staff are not discriminated in any way and that opportunities are available to all appropriate staff. This review is underway and is due to be completed by the end of March 2024.