

## Workforce Race Equality Standard Report Data Summary

**April 2022 – March 2023**

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## 1. Executive Summary

This report provides the Workforce Race Equality Standard (WRES) data for St Helens & Knowsley Teaching Hospitals NHS Trust only; for the period 2022-2023 in line with the NHS Standard Contract requirements to publish the WRES indicators.

Comparison data is provided for Southport & Ormskirk Hospitals NHS Trust, and national averaged where applicable, and available.

## 2. Introduction

NHS England 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 Black and Minority Ethnic (BME) staff in the NHS and places an onus on NHS organisations to develop and implement actions to bring about continuous improvements. The main purpose of the WRES is:

- to help NHS organisations 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 BME staff,
- to improve BME representation at the Board level of the organisation.

Indicators 1 and 9 refer to the **31<sup>st</sup> March 2023** snap short date; Indicators 2-4 refer to the financial year **1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023**; and indicators 5-8 refer to the **November 2022** staff survey.

The 9 WRES indicators are:

1. **Staff Population:** Percentage of White and BME staff who are Non-Clinical, Clinical Non-Medical, and Clinical Medical by Agender for Change (AfC) pay bands or grade codes.
2. **Recruitment & Selection:** Relative likelihood of staff being appointed from shortlisting across all posts.
3. **Disciplinary:** Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
4. **Training:** Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD).
5. **Harassment 1:** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months
6. **Harassment 2:** Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7. **Discrimination 1:** Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

8. **Discrimination 2:** In the last 12 months have you personally experienced discrimination at work from any of the following, a manager/team leader or other colleagues
9. **Board Representation:** Percentage difference between the organisations' Board membership and its overall workforce disaggregated: By voting membership of the Board; By executive membership of the Board

## 2.1. Scope

The following data principles are applied to the WRES data:

- Data relates to the total substantive workforce on the relevant snapshot date with the exception of Indicator 1 which disaggregates the data by Non-Clinical, Clinical Non-Medical and Clinical-Medical, and by Pay Band.
- Medical staff are included; however a new Medical WRES data set is to be published by NHSE in 2023/24 which will capture additional questions.
- Bank staff are not included; however a new Bank WRES data set is to be published by NHSE in 2023/24 which will capture additional questions.
- WRES data is only reported on the broad ethnicity categories of Black and Minority Ethnic (BME), White, and Unknown.

The WRES submission does not provide an in-depth analysis of the different demographics of the NHS workforce or the different source population and talent pipelines that make up the career groups. For example, nationally the medical and dental workforce is significantly overrepresented by BME individuals which will skew staff population data incorporating these job groups. This can inflate BME population figures when comparing to the local population, and job groups which are more likely to recruit locally

## 3. Workforce WRES Data

### 3.1. Staff Profile Workforce Overview

In the snapshot date of 31<sup>st</sup> March 2023, St Helens and Knowsley Teaching Hospitals NHS Trust employed 6965 staff which consisted of:

- 13.0% Black and Minority Ethnic staff (BME)
- 85.61% White staff
- 1.42% Not Stated/ unspecified / prefer not to answer.

### 3.2. Indicator 1: Non-Clinical and Clinical Workforce

Indicator 1 is a review of the staff population by Non-Clinical Workforce by AfC pay bands; Clinical Workforce not Medical by AfC pay bands; and Clinical Workforce Medical and Dental.

**Table 1: Staff Headcount**

Staff Headcount March 2023	White	BME	Unk	STHK %BME	S&O %BME	NW %BME	Acute %BME	National %BME
Total	5963	903	99	13.0%	11.6%	17.1%	28.9%	26.4%
Non-Clinical AfC Workforce	1844	47	21	2.5%	3.6%	-	-	-
Clinical AfC Workforce	3812	583	56	13.1%	11.1%	-	-	-
Medical and Dental Workforce	307	273	22	45.4%	45.9%	-	-	-

From March 2022 to March 2023, there was an increase in the number and proportion of BME staff

- The total workforce from 756 (11.3%) to 903 (13.0%).
- Non-Clinical staff from 38 (2.1%) to 47 (2.5%)
- Clinical Non-Medical roles from 458 (10.7%) to 583 (13.1%)
- Clinical Medical & Dental roles from 260 (45.1%) to 273 (45.3%)

### Indicator 1a) Non-Clinical workforce

- The total number of BME Non-Clinical staff increased from 38 to 47, with an increase in the number and proportion of BME staff on bands 2 to 8b.
- There were no declared BME staff on Bands 8c, 8d, 9 or VSM.

**Table 2: Staff Headcount Non-Clinical Workforce**

STHK	2021-2022		2022-2023	
	% White	% BME	% White	% BME
Band 1	100%	-	87.0%	-
Band 2	97.2%	1.9%	97.3%	2.1%
Band 3	96.7%	2.5%	96.2%	3.1%
Band 4	98.6%	0.8%	98.5%	1.0%
Band 5	94.1%	4.6%	93.9%	4.9%
Band 6	96.5%	1.1%	97.7%	2.3%
Band 7	96.5%	3.5%	94.1%	4.9%
Band 8A	95.8%	2.1%	93.9%	4.1%
Band 8B	97.6%	2.4%	95.7%	4.3%
Band 8C	100%	-	100%	-
Band 8D	90.0%	10.0%	100%	-
Band 9	100%	-	100%	-
VSM	85.7%	14.3%	100%	-
Average	97.1%	2.1%	96.4%	2.5%

### Indicator 1b) Clinical workforce: Non-Medical

- The total number of BME Clinical Non Medical staff increased from 458 (10.7%) to 583 (13.1%), with an increase in the number and proportion of BME staff on bands 2 to 6, 8a.
- There were no declared BME staff on Bands 8b, 8d, 9 or VSM.

**Table 3: Staff Headcount Clinical Non-Medical Workforce**

STHK	2021-2022		2022-2023	
	% White	% BME	% White	% BME
Band 1	100%	-	100%	-
Band 2	95.1%	3.8%	94.6%	4.7%
Band 3	96.4%	2.5%	93.5%	5.1%
Band 4	91.1%	8.3%	91.6%	7.8%
Band 5	73.3%	24.4%	67.3%	30.4%
Band 6	91.8%	6.6%	91.1%	7.7%
Band 7	92.7%	6.2%	93.4%	5.7%
Band 8A	93.4%	6.0%	92.1%	7.9%
Band 8B	100%	-	100%	-
Band 8C	92.3%	7.7%	91.7%	8.3%
Band 8D	100%	-	100%	-
Band 9	100%	-	100%	-
VSM	100%	-	100%	-
Average	87.9%	10.7%	85.6	13.1%

**Indicator 1c) Clinical workforce: Medical & Dental**

- The total number of BME Clinical Medical & Dental staff has increased from 260 (45.1%) to 273 (45.3%) and the total number of White staff has increased from 302 to 307. There was also an increase in the number of unknown ethnicities recorded from 14 to 22, mainly in Trainee Grades.
- The main increase of BME staff was for Trainee Grades (74 to 91), whereas the main increase for White staff was Consultants (169 to 178) whereas the number of BME consultants remained the same.

**Table 4: Staff Headcount Clinical Medical & Dental Workforce**

STHK	2021-2022		2022-2023	
	% White	% BME	% White	% BME
Consultants	55.8%	41.9%	57.1%	40.7%
Consultants also Senior medical manager	100%	0.0%	100%	0.0%
Non-consultant	26.3%	71.3%	26.0%	70.1%
Trainees	54.8%	42.3%	47.7%	46.1%
Other	88.2%	11.8%	93.3%	6.7%
Average	52.4%	45.1%	51.0%	45.4%

Medical data does not include Lead Employer staff, including Lead Employer doctors who are on placement within the Trust.

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

Indicator 2 is an assessment of the Trusts recruitment and selection practices, and whether BME applicants are as likely as White applicants to be successfully shortlisted and appointed.

This indicator is assessed at “whole organisation” level and does not disaggregate the recruitment trends by job group or department where BME individual may be more or less likely to form part of the talent pool e.g., BME people are overrepresented in the medical and dental profession.

Table 5: Relative likelihood of appointment from shortlisting

STHK	White	BME	Unknown
2022-2023	26.04%	12.88%	70.45%

Table 6: Relative likelihood of White staff being appointed from shortlisting compared to BME staff

STHK	
2022-2023	2.02

A value <1 means that BME applicants are more likely to be appointed, and value >1 means they are less likely to be appointed. For example a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.

- White applicants who are shortlisted are more likely to be offered a post compared to BME applicants.
- The relative likelihood of white applicant being appointed compared to BME staff stands at x2.02 times that a BME applicant.

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

Indicator 3 is an assessment of whether BME staff are more likely to face formal disciplinary compared to White staff. There are relatively few formal disciplinary each year, with 71 in 2021/2022, and 130 in 2022/2023.

In 2022/2023 the relative likelihood measure for this indicator was 0.67, meaning that White staff were more likely than BME staff to enter formal disciplinary processes. This was a reduction from a likelihood of 1 in 2021/2022 which meant there was an equal likelihood.

**Table 7: Likelihood of staff entering the formal disciplinary process**

<b>YES</b>	<b>STHK White</b>	<b>STHK BME</b>	<b>STHK Unk</b>	<b>S&amp;O White</b>	<b>S&amp;O BME</b>	<b>S&amp;O Unk</b>
<b>2021-2022</b>	1.06%	1.06%	1.11%	0.13%	0.00%	0.17%
<b>2022-2023</b>	1.98%	1.33%	0.00%	0.16	0.25%	0.35%

**Table 8: Relative likelihood of BME staff entering the formal disciplinary process compared to White staff**

	<b>STHK</b>	<b>S&amp;O</b>
<b>2021-2022</b>	1.00	0.00
<b>2022-2023</b>	0.67	1.55

A value <1 means that BME staff are less likely to enter formal disciplinary processes, and value >1 means they are more likely to enter formal disciplinary processes. For example a value of "2.0" would indicate that BME staff were twice as likely as White staff to enter a formal disciplinary process, whilst a value of "0.5" would indicate that BME staff were half as likely as White staff to enter a formal disciplinary process.

### **3.5. Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD**

Indicator 4 is an assessment of whether BME staff have the same access to non-mandatory training and development as White staff.

Non-mandatory training refers to any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement or mandated by the organisation. All training and development recorded on ESR that is not classed as mandatory training has been included in this data.

For 2022/2023:

- 100% of White staff and 99.89% of BME staff had accessed non-mandatory training and CPD
- The relative likelihood measure for this indicator was 1.00, meaning there was no difference in the relative likelihood of white and BME staff accessing non-mandatory training and CPD in the reporting period.

**Table 9: Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.**

	<b>STHK</b>	<b>S&amp;O</b>
<b>2021-2022</b>	1.03	0.97
<b>2022-2023</b>	1.00	0.96

#### 4. Staff Survey Questions

The NHS Staff Survey was completed by 2691 staff, this equates to a 34% response rate. The average combined percentage for combined acute and community trusts in England is 44%

##### 4.1. Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months (Staff Survey)

Table 10:

	STHK All	STHK White	STHK BME	S&O All	S&O White	S&O BME	National BME
<b>2021-2022</b>	25.9%	25.5%	29.7%	28.3%	26.1%	28.8%	29.3%
<b>2022-2023</b>	26.2%	25.9%	29.1%	29.4%	27.9%	32.3%	30.3%

- 0.29 point increase in the proportion of staff reporting experiencing bullying and harassment
- 0.36 point increase in the proportion of White staff reporting experiencing bullying and harassment
- 0.54 point decrease in the proportion of BME staff reporting experiencing bullying and harassment

##### 4.2. Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (Staff Survey)

Table 11:

Manager	STHK All	STHK White	STHK BME	S&O All	S&O White	S&O BME	National BME
<b>2021-2022</b>	10.3%	10.2%	11.1%	13.4%	TBC	14.5%	12.0%
<b>2022-2023</b>	7.5%	7.4%	8.6%	14.0%	TBC	13.2%	11.6%

- 2.80 point decrease in the proportion of staff reporting experiencing bullying and harassment
- 2.87 point decrease in the proportion of White staff reporting experiencing bullying and harassment
- 2.47 point decrease in the proportion of BME staff reporting experiencing bullying and harassment

Table 12:

Colleague	STHK All	STHK White	STHK BME	S&O All	S&O White	S&O BME	National BME
<b>2021-2022</b>	15.0%	14.2%	22.6%	21.1%	TBC	25.8%	21.9%
<b>2022-2023</b>	14.7%	13.7%	22.6%	22.7%	TBC	31.3%	22.6%

- 0.29 point decrease in the proportion of staff reporting experiencing bullying and harassment

- 0.44 point decrease in the proportion of White staff reporting experiencing bullying and harassment
- 0.22 point increase in the proportion of BME staff reporting experiencing bullying and harassment

#### 4.3. Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion (Staff Survey)

This staff survey question asks; “Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?” with the options to answer; Yes, No or Don’t Know.

Table 13:

YES	STHK All	STHK White	STHK BME	S&O All	S&O White	S&O BME	National BME
2021-2022	62.5%	64.5%	48.3%	50.3%	50.9%	48.5%	45.4%
2022-2023	63.6%	65.5%	48.3%	49.5%	50.7%	43.0%	47.1%

- 1.06 point increase in the proportion of staff reporting Yes
- 1.01 point decrease in the proportion of White staff reporting Yes
- 0.00 point change in the proportion of BME staff reporting Yes
- 1.01 point increase in the difference between White v BME in 2021/22 (16.24 points) to 2022/23 (17.25 points)

#### 4.4. Indicator 8: Staff who have personally experienced discrimination at work from a manager, team leader or other colleagues in the last 12 months (Staff Survey)

Table 14:

YES	STHK All	STHK White	STHK BME	S&O All	S&O White	S&O BME	National BME
2021-2022	6.7%	5.8%	17.1%	8.5%	6.2%	25.4%	16.5%
2022-2023	5.1%	3.9%	22.2%	8.7%	6.0%	22.2%	16.1%

- 1.63 point decrease in the proportion of staff reporting Yes
- 1.89 point decrease in the proportion of White staff reporting Yes
- 5.08 point increase in the proportion of BME staff reporting Yes
- 6.97 point increase in the difference between White v BME in 2021/22 (11.39 points) to 2022/23 (18.36 points)

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

Table 15: Board Membership

	2021-2022	2022-2023

		% White	% BME	% Unknown	% White	% BME	% Unknown
STHK	Board Member	93.8%	6.3%	0.0%	93.8%	6.3%	0.0%
	Workforce	87.3%	11.3%	1.3%	85.6%	13.0%	1.4%
	Difference	6.4	-5.1	1.3	8.1	-6.7	1.4
S&O	Board Member	94.5%	0.6%	0.0%	78.6%	0.0%	21.4%
	Workforce	72.1%	9.1%	18.8%	71.9%	11.6%	16.5%
	Difference	22.4	-3.6	18.8	6.8	-11.6	4.9

The Trust has 1 BME member of the Board out of 16 or 6.3%. This compares to 13.2% nationally (2022).

	% White	% BME	% Unk	% White	% BME	% Unk
2022-2023	66.7%	11.1%	22%	-	-	-

## 5. Conclusion

Overall, the WRES indicators show the following:

- An increase in the proportion of total BME staff to 13%; Non-Clinical staff to 2.5%; Clinical Non-Medical staff to 13.1%; and Clinical Medical & Dental staff to 45.3%
- An increase in BME staff in non-clinical bands 2-8b. There are no BME declared staff on Bands 8c, 8d, 9 or VSM.
- An increase in BME staff in clinical non-medical bands 2 to 6, 8a. There are no BME staff declared on Bands 8b, 8d, 9 or VSM.
- BME applicants are 2 times less likely to be appointed from shortlisting compared to White applicants.
- BME staff less likely to enter disciplinary process than White staff.
- No ethnicity gap on accessing non-mandatory training or CPD
- 29.1% BME staff report experiencing harassment, bullying or abuse from patients (30.3% nationally) compared to 25.9% of White staff.
- 8.6% BME staff report experiencing harassment, bullying or abuse from managers (11.6% nationally) compared to 7.4% of White staff.
- 22.6% BME staff report experiencing harassment, bullying or abuse from colleagues (22.6% nationally) compared to 13.7% of White staff.
- 48.3% BME staff states they don't believe the Trust provides equal opportunities for career progression or promotion (47.1% nationally), compared to 65.5% of White staff.
- 22.2% BME staff states they have experienced discrimination from a manager or colleague (16.1% nationally), compared to 3.9% of White staff.

## **6. Summary Action Plan**

To address the issues identified within the WRES data analysis, the Trust is committed to delivering the following summary actions:

**Table 16: Action Plan**

<b>Area of Activity</b>	<b>Main Action</b>	<b>Success Measures</b>	<b>Deadline</b>
Underrepresentation of BME staff	To develop a Reverse / Reciprocal Mentoring programme or offer	Programme options identified and approved	To implement in 2024/2025
	To develop Leadership Development programmes or offer for BAME staff	Programme options identified	June 2024
To ensure Managers are equipped to identify and address racism in the workplace and champion inclusive culture	EDI Training programme for line managers and decision makers launched and delivered	50 staff completed each course	March 2024
Bullying and harassment and support staff who experience incidents	To develop and launch a bullying and harassment reporting tool using DATIX	<ul style="list-style-type: none"> <li>• System live and in use.</li> <li>• 50 cases in Yr1</li> <li>• Reduction in reported Harassment from colleagues / managers</li> </ul>	<ul style="list-style-type: none"> <li>• December 2023</li> <li>• October 2024</li> </ul>
Anti-Racist culture to address all WRES indicators	Join Northwest Anti-Racism Framework and adopt Anti-Racist activities.	Bronze Level achieved	2024/2025
Career Development	To develop resources and training offer for BME nursing staff, to support progression	<ul style="list-style-type: none"> <li>• Guidance published</li> <li>• Career Workshops delivered.</li> <li>• Improved Staff Survey results</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• February 2024</li> <li>• October 2024</li> </ul>
Apprenticeships	To become an Apprenticeship Diversity Champion	Membership completed	October 2023
Cultural Awareness	To develop, publish and promote cultural awareness resources for managers and international staff.	<ul style="list-style-type: none"> <li>• Guidance published.</li> <li>• Improved Staff Survey results</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• October 2024</li> </ul>
Support for International Staff	<ul style="list-style-type: none"> <li>• To appoint an International Accommodation Officer</li> <li>• To develop processes and resources to support living/integration of international staff</li> </ul>	<ul style="list-style-type: none"> <li>• Post in place</li> <li>• Resources developed.</li> <li>• Improved experience</li> </ul>	<ul style="list-style-type: none"> <li>• August 2023</li> <li>• Ongoing</li> <li>• June 2024</li> </ul>
Awareness Raising and Allyship	<ul style="list-style-type: none"> <li>• To run a Anti-Racist Ally campaign</li> <li>• To run a Show Racism the Red Card Campaign</li> <li>• To mark Black History Month</li> </ul>	<ul style="list-style-type: none"> <li>• 100 staff signed up</li> <li>• 50 staff participate</li> <li>• Programme completed</li> </ul>	<ul style="list-style-type: none"> <li>• March 2024</li> <li>• October 2023</li> <li>• October 2023</li> </ul>
Physical Violence	<ul style="list-style-type: none"> <li>• Implement the new "Violence Prevention &amp; Reduction Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease % BME staff reporting physical violence from Patients (Q13a) to 13%</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• December 2023</li> <li>• December 2023</li> </ul>

Area of Activity	Main Action	Success Measures	Deadline
	<ul style="list-style-type: none"> <li>Ensure all ward/patient facing staff are aware of the “Management of incidents of unacceptable behaviour by patients et al Policy”.</li> <li>Launch a “Red Carded” style campaign to promote patient awareness of unacceptable behaviour policy</li> </ul>	<ul style="list-style-type: none"> <li>Decrease % BME staff reporting discrimination from Patients (Q16a) to 15%</li> </ul>	
Promotion of EDI Support	EDI Clinical Quality Specialist to visit all Trust Wards to promote EDI / Anti-Bullying / Training etc	<ul style="list-style-type: none"> <li>100% Wards visited.</li> <li>Improvements in staff survey results</li> </ul>	June 2024.
Ethnicity Pay Gap	<ul style="list-style-type: none"> <li>To calculate the Ethnicity Pay Gap from 2023 onwards</li> <li>Where relevant to identify actions that contribute to the reduction of identified ethnicity pay gaps</li> </ul>	<ul style="list-style-type: none"> <li>Analysis completed</li> </ul>	March 2024.
Consultant Recruitment	To complete a data deep dive to understand the causes of the apparent race disparity in the recruitment process.	Completed	March 2024

Further Reading:

- EDI Operational Strategy & Action Plan 2022-2025