



Mersey and West Lancashire  
Teaching Hospitals  
NHS Trust

# Workforce Race Equality Standard (WRES) Report

2024

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# Workforce Race Equality Standard Report Data Summary

April 2023 – March 2024

## 1. Executive Summary

This report provides the Trust Executive with the Annual Workforce Race Equality Standard (WRES) data for the Mersey & West Lancashire Teaching Hospitals Trust for the first time following its creation in 2023. The publication of this report is for the period 2023-2024 in line with the NHS Standard Contract requirements to publish the WRES indicators.

## 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.

## 3. A year in review: 2023-2024

The Trust has worked to implement anti-racism actions agreed within the 2023 WRES report, as well as the EDI Operational Plan 2022-2025, activity to support the implementation of the NHS EDI High Impact Actions<sup>1</sup> (HIA), the Equality Delivery System<sup>2</sup> (EDS) and our commitment to join the NW Anti-Racism Framework<sup>3</sup>.

Key activities that have taken place between November 2023-October 2024 include:

- **Our Southport Response:** In response to the race-related tension and violence that erupted following the attack on school children in Southport on the 29<sup>th</sup> of July 2024, the Trust took a number of steps to support our colleagues who were directly and indirectly impacted by the incident, as well as the subsequent racial violence. Actions taken included critical incident response support by Health Work and Wellbeing, a series of EDI and HR drop

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<sup>1</sup> [NHS EDI Improvement Plan High Impact Actions](#)

<sup>2</sup> [NHS Equality Delivery System](#)

<sup>3</sup> [NHS North West BAME Assembly](#)

ins across all Trust sites for those staff wanting support, a listening exercise with our BME colleagues and allies, as well as a series of HR support options, such as travel to and from work, lone working, and personal safety support.

- **EDI SMART Targets (HIA1):** The Trust Executive agreed to develop personal EDI SMART Targets during their appraisal, as well as for their direct reports. In addition, from 2025, an EDI Target will be added into the appraisal form for all members of staff. A key outcome of this has been the appointment of Rob Cooper (Chief Executive elect) as the Trusts Senior Race Champion
- **Ethnicity Pay Gap (HIA3):** Having completed the Ethnicity Pay Gap since 2022, this year the Trust will publish its results in line with the requirements of the NHS High Impact Actions. Furthermore, the Trust has completed additional levels of analysis (not included in the published report) for the different ethnic groups, as well as intersectional data by sex and ethnicity. Overall, the Trust and Agenda for Change Ethnicity Pay Gaps are in favour of our BME staff, with the pay gap for Medical & Dental staff in favour of our White medics.
- **Widening Recruitment (HIA4):** Following the creation of MWL in 2023, work has been ongoing to standardise the Trusts Work Experience, Volunteering, Outreach offer, and approach to Apprenticeships. A number of relationships have been formed with High Schools/Colleges to provide visit days, guest speakers and work experience, as well as taster days hosted onsite. Work is ongoing to create career progression resources
- **North West Anti-Racism Framework:** Following the launch of the new format of the North West Anti-Racism Framework, the Trust has committed to apply for the Bronze award level in 2025. Preliminary work has begun scoping out the activities and evidence of the assessment, as well as developing our understanding of the application and marking process from the NW BAME Assembly and lessons learned from the most recent application rounds. Rob Cooper (Chief Executive elect) is now the Trusts Anti-Racism champion, with anti-racism round table events taking place in October 2024 as a springboard for the generation of the Trusts anti-racism activity.
- **Online Resources:** The EDI (Workforce) Team has continued to expand the online resource available to staff, including extending all materials to Southport & Ormskirk colleagues. Resources now include an Anti-racism Hub which provides recommended reading and watching lists, key terminology definitions, sign posting to NHS, local and national groups and resources, and information on being an anti-racism ally. Furthermore, information on cultural awareness, bullying and harassment, and hate crimes has continued to be expanded and refined.

- **Cultural Awareness:** The Trust has worked to raise awareness of race equality topics by engaging in events including Black History Month and Wear Red Day; as well as promoting/marketing dates such as South Asian History Month, Ramadan, Eid, and Diwali. Through our Anti-Racism Pledge, we have engaged with hundreds of staff to commit to being an anti-racist ally.
- **Staff Training:** The trust piloted a career development workshop for Band 5 BME nurses and midwives following the results of the 2022 staff survey and an engagement exercise with BME clinical colleagues. The aim of the session was to support Band 5 BME staff to understand and reflect on progressing to a Band 6 role, as well as the application/TRAC processes, and application/interview key skills (actions support HIA3 & 5). Furthermore, the Trust continued to offer training on Unconscious Bias, Harassment & Discrimination, and Conflict Resolution, as well as Violence & Abuse drop ins with the security team; and zero tolerance posters are now available across the Trust (actions support HIA6).

Actions from the previous year which continue to be ongoing in their development include the reverse mentoring proposals, the online bullying and harassment reporting portal, and a Anti-Racism training offer. All of these project continue to be live and papers developed in due course for consideration.

#### 4. The 9 WRES indicators

The WRES is an analysis of the following 9 data indicators, relating to workforce, recruitment, disciplinary, staff satisfaction, and board diversity:

1. **Staff Population:** Percentage of White and BME staff who are Non-Clinical, Clinical Non-Medical, by Agender for Change (AfC) pay bands, and Clinical Medical & Dental roles.
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 from Patients:** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months,
6. **Harassment from Staff:** Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months,
7. **Equality in Career Progression:** Percentage of staff believing that the trust provides equal opportunities for career progression or promotion,
8. **Discrimination:** 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.

#### 4.1. Data and Methodology

Before reading the report, please familiarise yourself with the following information which provides a summary of the data sources and limitations. The time periods for the data sets are as follows:

- **Indicators 1 and 9:** snapshot date of the 31<sup>st</sup> March,
- **Indicators 2-4:** period from the 1<sup>st</sup> April to 31<sup>st</sup> March,
- **Indicators 5-8:** the relevant staff survey that took place between the 1<sup>st</sup> April to 31<sup>st</sup> March, usually in November/December.

The Trust collates data for Indicators 1-4 and 9 directly from Employee Staff Record (ESR), the TRAC recruitment system and HR Business Partners to create a final data set.

Benchmarking data has been sourced from the national staff survey website and Trust Staff Survey data<sup>4</sup> (2021-2023), Model Health system<sup>5</sup> (2020-2024), and the 2023 national WRES report<sup>6</sup>. Where 2024 data is not available, 2023 data has been provided.

##### 4.1.1. MWL Trended Data

The previous years reports were provided for both legacy Trusts. Where it has been possible to do so, data from the legacy trusts has been combined to create a MWL data set for previous years. Where this has not been possible the legacy data has been provided.

##### 4.1.2. Scope of reported population

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, and the Medical WRES pilot was not repeated this year.
- Bank staff are not included and the Bank WRES pilot was not repeated this year.
- WRES data is only reported on the broad ethnicity categories of Black and Minority Ethnic (BME), White, and Unknown.

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<sup>4</sup> [NHS Staff Survey](#)

<sup>5</sup> [Model Health System](#) (log in required)

<sup>6</sup> [NHS WRES 2023 Data](#)

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 staff group is not analysed, nor data disaggregated by UK/Overseas domiciled or educated.

#### 4.1.3. Note on terminology

The report uses the term Black & Minority Ethnic (BME) to refer to all staff from a non-white ethnic minority group. This would include all staff who have identified as Asian, Black, Mixed/Dual Heritage, and Other. The term is comparable with Black, Asian & Minority Ethnic (BAME), People of Colour (PoC), Global Majority, Ethnic Minority, and Minority Ethnic.

### 5. Workforce WRES Data

#### 5.1. Staff Profile Workforce Overview

In the snapshot date of 31<sup>st</sup> March 2024, Mersey & West Lancashire Teaching Hospitals Trust (MWL) employed 10,733 staff which consisted of:

- 15.1% Black and Minority Ethnic staff (BME)
- 81.2% White staff
- 3.7% Not Stated/ unspecified / prefer not to answer.

Over the past 5 years (2020 v 2024), MWL has seen a year-on-year increase in the number and proportion of BME staff in the total workforce (834/9.0% to 1623/15.1%), Non-Clinical (65/2.3% to 106/3.5%), Clinical Non-Medical (501/8.1% to 1052/15.6%) and Clinical Medical & Dental (M&D) (355/43.4% to 465/49.3%) (Figure 1). Further details for each category are set out below.

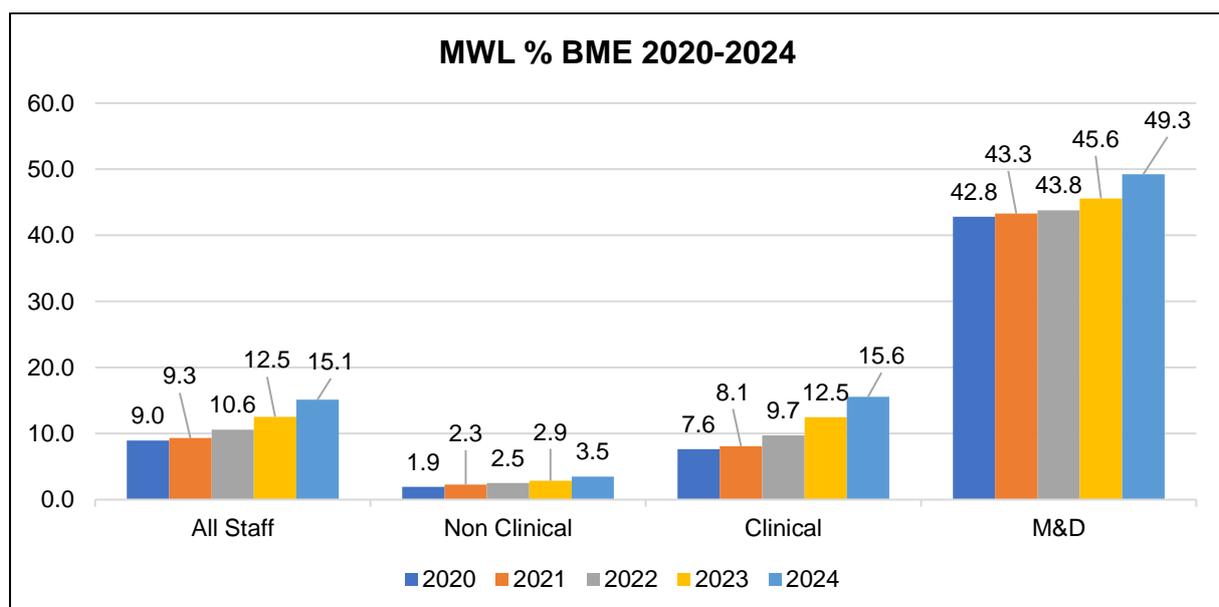


Figure 1

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

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

From March 2023 to March 2024, there was an increase in the number and proportion of BME staff:

- The total workforce from 1109 (11.8%) to 1623 (15.1%).
- Non-Clinical staff from 85 (2.9%) to 106 (3.5%)
- Clinical Non-Medical roles from 621 (11.3%) to 1052 (15.6%)
- Clinical Medical & Dental roles from 403 (45.6%) to 465 (49.3%)

Overall, the proportion of BME staff in non-clinical roles is 3.5% (Table 1), slightly lower than the local BME population of Sefton and Knowsley, but higher than West Lancashire (Table 2). The proportion of BME staff in clinical roles is significantly higher than the local population and reflects national trends in nursing and medicine specifically, as well as overseas recruitment activities.

**Table 1: Staff Headcount**

Staff Headcount March 2024	White	BME	Unk	%BME MWL (2024)	%BME National (2023)
Total	8713	1623	397	15.1%	26.4%
Non-Clinical Workforce (AfC)	2818	106	113	3.5%	17.3%
Clinical Non-Medical Workforce (AfC)	5481	1052	219	15.6%	26.9%
Medical and Dental Workforce	414	465	65	49.3%	46.8%

**Table 2: Population Benchmarks**

Benchmarks	%White	%BME	%Unk
MWL Total	81.2%	15.1%	3.7%
National (2023)	69.1%	26.4%	4.4%
North West (2023)	78.9%	17.1%	3.9%
National Census: Sefton	95.8%	4.2%	-
National Census: St Helens	96.5%	3.5%	-
National Census: Knowsley	95.3%	4.7%	-
National Census: West Lancashire	96.9%	3.1%	-
National Census: C&M ICB Area	93.0	7.0%	-
National Census: Liverpool City Region	91.7	7.3%	-

### 5.2.1. Indicator 1a: Non-Clinical workforce

The Non-Clinical workforce includes staff in administration, clerical and estates type of roles. Key observations:

- The total number of BME Non-Clinical staff increased from 85 to 106, with an increase in the number and proportion of BME staff on bands 2-6, and 8c (Table 3).
- There were no declared BME staff on Bands 8d, 9 or VSM.
- Compared to the lowest local population, the proportion of BME staff are underrepresented on Bands 4 and 8b, with the remaining bands within the range of 3.1%-4.7%.

Table 3: Staff Headcount Non-Clinical Workforce

MWL	2023		2024	
	% White	% BME	% White	% BME
Band 1	87.0%	0.0%	100.0%	0.0%
Band 2	88.9%	3.8%	90.3%	4.4%
Band 3	91.4%	3.3%	92.3%	4.4%
Band 4	95.8%	1.2%	96.4%	1.6%
Band 5	89.8%	3.8%	91.9%	4.5%
Band 6	93.4%	1.3%	91.9%	3.1%
Band 7	92.2%	3.3%	95.5%	3.2%
Band 8A	82.8%	4.7%	92.2%	3.1%
Band 8B	96.0%	2.7%	93.1%	1.4%
Band 8C	88.9%	0.0%	88.5%	3.9%
Band 8D	88.9%	0.0%	100.0%	0.0%
Band 9	100.0%	0.0%	100.0%	0.0%
VSM	91.7%	0.0%	91.7%	0.0%
Total	91.3%	2.9%	92.8%	3.5%

#### 5.2.1.1. Race Disparity Ratio Non-Clinical Staff

The WRES report calculates a “race disparity ratio” which is difference between the proportion of BME Non-Clinical staff in AfC bands Lower v Middle, Middle v Upper, and Lower v Upper; where Lower means bands 1-5, Middle bands 6-7, and Upper bands 8+. A ratio value of 1 means that there is no difference, a ratio of <1 means BME staff are more represented in the higher band, and a ratio of >1 means that White staff are more represented in the higher band.

Overall, the Trust has a low race disparity between the AfC band groups comparing favourably to benchmarks indicating that BME staff are able to progress up the pay bands at the Trust (Table 4).

Table 4: Non-Clinical Staff Race Disparity Ratio

	MWL	C&M ICB (2023)	Peer Median (2023)	National Median (2023)
Lower (bands 1-5)	0.6	0.9	1.1	1.0
Middle (bands 6-7)	1.2	1.0	1.6	1.5
Upper (band 8+)	0.8	0.9	1.6	1.5

### 5.2.2. Indicator 1b: Clinical workforce: Non-Medical

The Clinical Non-Medical workforce includes all allied health professionals, nursing and midwifery staff and relevant support staff. Key observations:

- The total number of BME Clinical Non-Medical staff increased from 818 (12.5%) to 1052 (15.6%), with an increase in the number and proportion of BME staff on bands 2 to 8c (Table 5)
- There were no declared BME staff on Bands 8d, 9 or VSM.
- Compared to the local population, the proportion of BME staff is equal to or exceeds the Knowsley census population of 4.7%, with the proportion of BME staff on Bands 2, 4-6 and 8A exceeding the population of the Liverpool City Region.

Table 5: Staff Headcount Clinical Non-Medical Workforce

MWL	2023		2024	
	% White	% BME	% White	% BME
Band 1	100.0%	0.0%	100.0%	0.0%
Band 2	88.5%	6.0%	85.2%	10.2%
Band 3	89.5%	4.5%	92.0%	4.7%
Band 4	90.4%	7.1%	88.5%	9.7%
Band 5	63.8%	27.2%	63.1%	33.3%
Band 6	87.2%	7.9%	86.8%	10.8%
Band 7	91.2%	5.1%	92.0%	5.7%
Band 8A	86.8%	8.5%	89.0%	8.9%
Band 8B	95.5%	0.00%	90.9%	4.6%
Band 8C	88.9%	5.6%	94.1%	5.9%
Band 8D	100.0%	0.0%	100.0%	0.0%
Band 9	100.0%	0.0%	100.0%	0.0%
VSM	0.0%	0.0%	100.0%	0.0%
Total	81.4%	12.5%	81.2%	15.6%

#### 5.2.2.1. Race Disparity Ratio Non-Clinical Staff

Overall, the Trust has a mixed-race disparity (Table 6) between the Clinical AfC band groups:

- For the Lower Bands, the Trust places in the 3<sup>rd</sup> quartile of trusts nationally, along with C&M ICB.
- For the Middle Bands, the Trust places in the 1<sup>st</sup> quartile (best) of trusts nationally, along with the C&M ICB,
- For the Upper bands, the Trust places in the 2<sup>nd</sup> quartile of trusts nationally, along with the C&M ICB.

As our data shows, 33% of Band 5 Clinical AfC staff are BME, which is a reflection of the Trust nursing population, specifically overseas recruited nurses. There is a drop off between band 5 and 6 reflected in the lower ratio calculation. Although there is no BME staff on band 8d+, the proportion of BME individual on Bands 6-8c have all increased, working to reduce the race disparity.

**Table 6: Non-Clinical Staff Race Disparity Ratio**

	MWL	C&M ICB (2023)	Peer Median (2023)	National Median (2023)
<b>Lower (bands 1-5)</b>	2.7	2.6	2.5	2.3
<b>Middle (bands 6-7)</b>	1.1	1.2	1.8	1.6
<b>Upper (band 8+)</b>	2.9	3.1	4.3	3.5

### 5.2.3. Indicator 1c: Clinical workforce: Medical & Dental

The Clinical Medical & Dental workforce includes all staff on a medical and dental terms and conditions and includes Foundation and Specialist Doctors and Consultants. Key observations:

- The total number of BME Clinical Medical & Dental staff has increased from 403 (45.6%) to 465 (49.3%) and the total number of White staff has increased from 395 to 414 (Table 7).
- The main increase of BME staff was for Trainee Grades (121 to 166), and Consultants (174 to 194).
- Compared to the local population, the medical workforce is significantly overrepresented by BME individuals. This is a reflection of national trends on the medical workforce, as well as overseas recruitment into the NHS.

*The WRES data does not calculate a race disparity ratio for medical and dental roles and is therefore not reported.*

**Table 7: Staff Headcount Clinical Medical & Dental Workforce**

MWL	2023		2024	
	% White	% BME	% White	% BME
Consultants	52.0%	40.9%	52.8%	42.4%
Consultants also Senior medical manager	100.0%	0.0%	100.0%	0.0%
Non-consultant	23.2%	60.5%	22.8%	69.1%

Trainees	44.6%	45.3%	39.4%	51.9%
Other	93.3%	6.7%	70.6%	11.8%
<b>Total MWL</b>	<b>44.7%</b>	<b>45.6%</b>	<b>43.9%</b>	<b>49.3%</b>
<b>Total National<sup>7</sup></b>	<b>45.0%</b>	<b>50.4%</b>	<b>42.9%</b>	<b>52.8%</b>

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

### 5.3. 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 8: Percentage of candidates appointed from shortlisting

MWL	White	BME	Unknown
<b>2022-2023</b>	34.19%	21.09%	56.05%
<b>2023-2024</b>	36.33%	20.35%	75.29%

Table 9: Relative likelihood of appointment from shortlisting

MWL	White	BME	Unknown
<b>2022-2023</b>	0.34	0.21	0.56
<b>2023-2024</b>	0.36	0.20	0.75

Table 10: Relative likelihood of White candidate being appointed from shortlisting compared to a BME candidate

MWL	Ratio	Peer Median	National	North West	Target Benchmark
<b>2022-2023</b>	1.62	1.44	1.59	1.58	0.8-1.25
<b>2023-2024</b>	1.79	tbc	tbc	tbc	tbc

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.

<sup>7</sup> Source: Model Hospital, Medical & Dental staff in post: Demographic

Key observations:

- White applicants who are shortlisted are more likely to be offered a post compared to BME applicants (Table 8, 9)
- The relative likelihood of white applicant being appointed compared to BME applicant stands at 1.8 times more likely than a BME applicant (Table 10).

#### 5.4. 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 (Table 11).

Table 11: Likelihood of staff entering the formal disciplinary process

YES		STHK	S&O	MWL
2021-2022	White	1.06%	0.13%	
	BME	1.06%	0.00%	
	Unknown	1.11%	0.17%	
2022-2023	White	1.98%	0.16%	
	BME	1.33%	0.25%	
	Unknown	0.00%	0.25%	
2023-2024	White			1.81%
	BME			0.98%
	Unknown			0.00%

In 2023/2024 the relative likelihood measure for this indicator was 0.67 (Table 12), 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.

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.

Table 12: Relative likelihood of BME staff entering the formal disciplinary process compared to White staff

	MWL	STHK	S&O	Peer Median	National	North West	Target Benchmark
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<b>2021-2022</b>		1.00	0.00	1.06	1.14	1.20	0.8-1.25
<b>2022-2023</b>		0.67	1.55	1.20	1.03	1.11	0.8-1.25
<b>2023-2024</b>	0.54			tbc	tbc	tbc	tbc

**Table 13: Proportion of staff entering a Disciplinary process, %BME**

	MWL	STHK	S&O	Peer Median	Provider Median
<b>2021-2022</b>		11.3%	9.2%	11.6%	18.6%
<b>2022-2023</b>		13.0%	11.7%	14.4%	21.0%
<b>2023-2024</b>	9.0%			tbc	tbc

Overall BME staff are less likely than White staff to enter a formal disciplinary process (Table 12, 13)

#### **5.5. 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.

The relative likelihood measure for this indicator was 0.78 (Table 14), meaning that BME staff were more likely than White staff to access non-mandatory training and CPD in the reporting period.

**Table 14: Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.**

	MWL	STHK	S&O	Peer Median	National	North West	Target B'mark
<b>2021-2022</b>		1.03	0.97	1.00	1.12	1.18	0.8-1.25
<b>2022-2023</b>		1.00	0.96	1.00	1.12	1.14	0.8-1.25
<b>2023-2024</b>	0.78			tbc	tbc	tbc	tbc

## **6. Staff Survey Questions**

The 2023 NHS Staff Survey was conducted between October and December 2023 and completed by 3928 staff (34% response rate).

For the purposes of this report, the 2023-2024 staff survey results have been sourced from the Trusts staff survey reports, with benchmarking data being sourced from the National Staff Survey results portal and Model Health.

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

Table 15: Harassment by patients

		21-22	22-23	23-24	Change
MWL	BME		30.2%	25.8%	-4.4
	White		26.4%	21.4%	-5.0
	All		26.9%	21.9%	-5.0
STHK	BME	29.7%	29.1%		
	White	25.5%	25.9%		
	All	25.9%	26.2%		
S&O	BME	28.8%	32.3%		
	White	26.1%	27.9%		
	All	28.3%	29.4%		
National	BME	29.3%	30.4%	27.8%	-2.6
	White	27.0%	26.8%	24.1%	-2.7
	All	27.6%	27.7%	25.2%	-2.5
North West	BME	26.4%	26.9%	tbc	tbc
	White	24.2%	24.2%	tbc	tbc
	All	24.9%	24.9%	22.3%	-2.6
C&M ICB	BME	-	-	25.4%	-
	White	-	-	19.3%	-
	All	24.3%	24.9%	21.2%	-3.7
Acute & Community	BME	16.1%	30.4%	27.6%	-2.8
	White	13.2%	26.7%	23.8%	-2.9
	All	27.4%	27.7%	25.0%	-2.7

Overall, there was a decrease in the proportion of staff reporting that they had experienced bullying and harassment from a patient, visitor, family member or member of the public (Table 15); although a higher proportion of BME staff (who are more likely to work in a patient facing role than white staff) is higher than that for white staff. Specifically, there was a:

- 5.0 point decrease in the proportion of staff reporting experiencing bullying and harassment from a patient et al,
- 5.0 point decrease in the proportion of White staff reporting experiencing bullying and harassment from a patient et al,
- 4.4 point decrease in the proportion of BME staff reporting experiencing bullying and harassment from a patient et al,

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

Table 16: Harassment from Staff (Managers and Colleagues)

Yes		21-22	22-23	23-24	Change
MWL	BME			17.6%	-
	White			17.6%	-
STHK	BME	26.6%	24.2%		
	White	19.1%	17.2%		
S&O	BME	31.1%	35.4%		
	White	24.2%	26.8%		
National	BME	27.6%	27.7%	24.9%	-2.8
	White	22.5%	22.0%	20.7%	-1.3

Overall, the proportion of staff reporting that they have experienced bullying and harassment from another member of staff (manager or colleague) decreased for BME staff when compared to Legacy STHK and SOTH (Table 16). The Trusts response rate is lower than the National average. Specifically, there was a:

- 6.6 point decrease (STHK v MWL) and a 17.8 point decrease (SOTH v MWL) in the proportion of staff reporting experiencing bullying and harassment from another member of staff,
- 0.4 point increase (STHK v MWL) and a 9.2 point decrease (SOTH v MWL) in the proportion of White staff reporting experiencing bullying and harassment

### 6.3. 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 17: Equal Opportunities in Career Progression

YES		21-22	22-23	23-24	Change
MWL	BME		46.5%	52.2%	+5.7
	White		61.3%	61.4%	+0.1
	All		59.5%	59.9%	+0.4
STHK	BME	48.3%	48.3%		
	White	64.5%	65.5%		
	All	62.5%	63.6%		
S&O	BME	48.5%	43.0%		
	White	50.9%	50.7%		
	All	50.3	49.5		
National	BME	44.4%	46.4%	48.9%	+2.5
	White	58.7%	59.1%	59.4%	+0.3
	All	55.6%	56.0%	56.4%	+0.4
North West	BME	45.3%	46.1%	tbc	-
	White	59.1%	59.5%	tbc	-
	All	56.7%	56.9%	56.9%	0.0
C&M ICB	BME	44.6%	44.9%	45.9%	+1.0
	White	-	-	-	
	All	57.3%	57.6%	57.3%	-0.3
Acute & Community	BME	43.9%	46.1%	48.6%	+2.5
	White	58.5%	58.7%	59.0%	+0.3
	All	55.1%	55.4%	55.8%	+0.4

Overall, the proportion of staff reporting that they believed the Trust provides equality of opportunity in career progression improved, although a lower proportion of BME staff were likely to say so (Table 17). The Trusts response rates were higher than the National, C&M ICB, and Acute & Community averages. Specifically:

- 0.4 point increase in the proportion of staff reporting Yes,
- 0.1 point increase in the proportion of White staff reporting Yes,
- 5.7 point increase in the proportion of BME staff reporting Yes,
- 5.6 point decrease in the difference between White v BME in 2022 (14.8 points) to 2023 (9.2 points).

#### 6.4. 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 18: Discrimination from Manager or Colleague

YES		21-22	22-23	23-24	Change
MWL	BME		18.0%	12.0%	-6.0
	White		4.5%	4.3%	-0.2
	All		5.9%	5.4%	-0.5
STHK	BME	17.1%	22.2%		
	White	5.8%	3.9%		
	All	6.7%	5.1%		
S&O	BME	25.4%	22.2%		
	White	6.2%	6.0%		
	All	8.5%	8.7%		
National	BME	17.0%	16.6%	15.5%	-1.1
	White	6.8%	6.7%	6.7%	0.0
	All	9.1%	9.0%	9.1%	+0.1
North West	BME	17.2%	17.0%	tbc	-
	White	6.2%	6.3%	tbc	-
	All	7.7%	7.9%	7.8%	-0.1
C&M ICB	BME	15.1%	16.4%	15.1%	-1.3
	White	-	-	-	-
	All	6.9%	6.9%	6.9%	0.0
Acute & Community	BME	19.1%	17.2%	16.0%	-1.2
	White	4.5%	6.8%	6.8%	0.0
	All	9.4%	9.4%	9.5%	+0.1

Overall, the proportion of staff reporting that that had experience discrimination from a manager or colleague decreased for BME and White staff, although BME staff and 3 times more likely to report experiencing discrimination (Table 18). The Trusts response rates were lower than the National, C&M ICB, and Acute & Community averages. Specifically:

- 0.5 point decrease in the proportion of staff reporting Yes
- 0.2 point decrease in the proportion of White staff reporting Yes
- 6.0 point decrease in the proportion of BME staff reporting Yes
- 5.8 point decrease in the difference between White v BME in 2022 (13.5 points) to 2023 (7.7 points)

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

Overall, 4.2% of Board Members or 5.3% of Non-Executive Board Members are BME (Table 20). This equates to a 11 point and 15 point difference between the Workforce and the Board. However, this is comparable with the local population and non-clinical workforce diversity. Due to the small sample size, single individual changes in board membership will significantly change the percentages,

In 2022 (most current benchmark data), nationally 13.2% of Board Members of NHS Trusts were from an ethnic minority background.

**Table 19: Board Membership 2022-2023**

		BME	White	Unknown
STHK	Board Member	6.3%	93.8%	0.0%
	Workforce	13.0%	85.6%	1.4%
	Difference Total Board v Workforce	-6.7	+8.1	+1.4
S&O	Board Member	0.0%	78.6%	21.4%
	Workforce	11.6%	71.9%	16.5%
	Difference Total Board v Workforce	-11.6	+6.8	+4.9

**Table 20: Board Membership 2023-2024**

	BME	White	Unknown
Total Board	4.2%	79.2%	16.7%
Of which Voting Board Members	0.0%	100%	0.0%
Non-Voting Board Members	5.3%	73.7%	21.1%
Of which Executive Board Members	0.0%	100%	0.0%
Non-Executive Board Members	5.3%	73.7%	21.1%
Difference Total Board v Workforce	-11	-2	+13
Difference Voting Members v Workforce	-15	+19	-4
Difference Executive Members v Workforce	-15	+19	-4

## 7. Conclusion

The Trust has taken steps to start its journey to become a truly Anti-Racist organisation. Activity is in the early stages of development to apply for the Northwest Anti-Racism Framework accreditation with the intention to apply in the next application round. We completed a ward engagement activity with BME staff to understand their experiences and launched a programme of Career Development Workshops for Band 5 BME Nurses. We have continued to review options to develop a reverse mentoring programme and implement EDI SMART targets for the Trust leaders, both of which will support future progress in this area.

Overall, the Trust continues to improve of key race equality metrics, including the proportion of BME staff within the workforce, and at key unrepresented bands, as well as improvements in most staff survey results. However key issues remain with

the higher proportions of BME staff reporting more negative experiences than White staff in the staff survey.

We intend to complete a lessons learned exercise following the response to the Southport incident to ensure that we have effective mechanism to support staff in future race related social disturbances.

Going forward, we will be looking to engage with all members of staff to listen, learning and collectively understand the challenges faced by BME individual in the workplace and community, and to take effective and meaningful action (see action plan).

Overall, the WRES indicators show the following:

- An increase in the proportion of total BME staff to 15.1%; Non-Clinical staff to 3.5%; Clinical Non-Medical staff to 15.6%; and Clinical Medical & Dental staff to 49.3%
- There was an increase in the proportion of BME Non-Clinical staff on Bands 2 to 6 and 8c. There were no declared BME staff on Bands 8d, 9 or VSM.
- There was an increase in the proportion of Clinical Non-Medical BME staff on Bands 2 to 8c. There were no declared BME staff on Bands 8d, 9 or VSM.
- There was an increase in the proportion of all Clinical Medical & Dental bands, with the exception of the Medical Director.
- BME applicants as a population are less likely to be appointed from shortlisting compared to White applicants.
- BME staff less likely to enter disciplinary process than White staff.
- BME staff are more likely than White staff to access non-mandatory training or CPD
- 25.8% BME staff state they have experienced bullying and harassment from a patient, family member or member of the public (27.8% nationally), compared to 21.4% of White staff, a difference of 4.4 points.
- 17.7% BME staff state they have experienced bullying and harassment from a colleague or manager (24.9% nationally), a difference of 0.0 points with White staff.
- 52.2% BME staff state they believe the Trust offers equality of opportunity in career progression (48.9% nationally), compared to 61.4% of White staff, a difference of 9.2 points
- 12% BME staff state they has experience discrimination from a manager or other colleague (15.5% nationally), compared to 4.3% of White staff, a difference of 7.7 points.
- 4.2% of the Trust Board is BME, lower than the workforce, but comparable with the local population, and higher than the Non-Clinical workforce.

## **8. Action Plan**

From our assessment, the priority areas of activity are:

- An inclusive and Anti-Racist MWL,
- The Underrepresentation of BME staff in Non-Clinical roles compared to the local population,
- The Underrepresentation of BME staff in Clinical Non-Medical roles compared to the Staff Group average, in particular at Band 6,
- The Underrepresentation of BME Senior Leaders (Band 8+),
- The everyday experience of racism, reducing instances of race related harassment, discrimination and hate crimes.

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

**Table 21: Action Plan**

The Trust will be developing a new EDI Strategy 2025-2028 in the coming months, as well as an operational action plan for the implementation of the NW Anti-Racism Framework.

Priority Area of Activity	Main Action	Success Measures	To be in effective from:
An inclusive and Anti-Racist MWL	<b>Race Competence and Confidence:</b> To create a programme of race and anti-racism conversations, to build up race allyship, and confident conversations about race issues.	<ul style="list-style-type: none"> <li>• Deliver a series of conversations with leaders, and teams on anti-racism and race equality</li> <li>• To engage all staff on the development of our anti-racism approach</li> <li>• To facilitate listening and learning sessions with staff across the trust</li> </ul>	October 2025
	<b>NW Anti-Racism Framework</b> - To submit an application for the Northwest Anti-Racism Framework Bronze. To develop an accompanying action plan that will provide operational anti-racism actions.	Application successful Action plan	March 2025
	<b>Community Engagement</b> – to be actively involved in the Liverpool City Regional Race Equality Hub Network, sharing best practice and resources.	Ongoing engagement and best practice development	Ongoing
	To encourage Senior Leaders (Band 8a+) to develop Anti-Racism SMART Targets	Identified targets	December 2024
	Cultural Awareness - To develop a cultural awareness training offer for staff to help develop their cultural competence	50 staff completed each course	December 2025
	To continue to develop and expand resources on the Anti-Racism Hub	Resources and toolkits published	Ongoing
	Awareness Raising	<ul style="list-style-type: none"> <li>• To promote anti-racism and race equality through events, news, and social media</li> </ul>	Ongoing

Priority Area of Activity	Main Action	Success Measures	To be in effective from:
		<ul style="list-style-type: none"> <li>To mark Black History Month, Show Racism the Red Card, South Asian History Month</li> </ul>	
	To add a personal EDI SMART target into the Appraisal form for all members of staff	80% of staff have EDI target by end of 2025 appraisal round	November 2025
	To investigate options to develop a MWL Anti-Racist training programme or eLearning offer	Review completed and options presented to HRSLT	March 2025
Underrepresentation of BME staff in Non-Clinical Roles	Outreach – we will review all outreach events and assess their engagement with local BME communities including events and engagement with colleges, schools, and universities.	Review completed	April 2025
	Volunteering - Identify opportunities to work in partnership with local voluntary, community, faith, and social enterprises to increase employability opportunities and support across the local boroughs	Review completed	April 2025
	Work Experience – we will review our work experience offer and uptake by BME communities	Review completed	May 2025
	Recruitment – improve the information available to applicants on the recruitment process and making the most of the application form.  We will enhance the information on our external web pages to promote the benefits of working at MWL	<ul style="list-style-type: none"> <li>Website Update and resources published.</li> <li>Easy to find and clearer information on work experience, apprenticeships and volunteering opportunities at MWL</li> </ul>	April 2025
Underrepresentation of BME staff in Clinical Non-Medical (Band 6+)	To review the BME Band 5 Career Workshops for lessons learned, and plan future delivery options	Review completed, identification of next steps, development of common resources for staff to use	March 2025
	To promote L&OD career development offer to BME staff to ensure equal access	Cohort representative of the target workforce profile	Ongoing

<b>Priority Area of Activity</b>	<b>Main Action</b>	<b>Success Measures</b>	<b>To be in effective from:</b>
Underrepresentation of BME Senior Leaders (Band 8+)	Engaged with the NHS NEXT Director Scheme	Relationship re-established, and first cohort engaged	October 2025
	Development of a series of board related EDI training and development programmes, including anti-racism, cultural competence	Development identified and Board engagement with sessions / resources	October 2025
BME Medical Workforce	To implement a medical workforce race equality working group to investigate any racial disparities specifically effecting the medical workforce.	Group established	June 2025
Data and Metrics	To develop an EDI Dashboard to ensure that EDI / Ethnicity data is readily available to decision makers in a timely manner	Dashboard launched	October 2025
Ethnicity Pay Gap	To complete the Ethnicity, Pay Gap, and conduct additional deep dive analysis to identify possible areas of concern	Analysis completed	December 2025
Everyday Experience of Racism	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>	December 2025
	To complete a deep dive into the staff survey bullying and harassment results to understand which areas have proportionally higher reported instances and taken action to address	<ul style="list-style-type: none"> <li>• Deep drive complete</li> <li>• Priority areas identified</li> <li>• Conversations completed with area managers</li> </ul>	February 2025
	Listening Workshops – to implement a programme of listening workshops where staff can raise concerns about race related topics, working in collaboration with H&S/Security, EDI/HR/HWWB	X3 sessions delivered by end of year	October 2025
	To create a “racial unrest response plan” to provide clear process and toolkits for the Trust to	<ul style="list-style-type: none"> <li>• Lessons learned completed</li> <li>• Protocol and toolkits developed</li> </ul>	June 2025

Priority Area of Activity	Main Action	Success Measures	To be in effective from:
	quickly identify and respond to future race or religious based disturbances and social unrest.	<ul style="list-style-type: none"> <li>• Key staff briefed/trained</li> </ul>	