



**Wirral Community  
Health and Care**  
NHS Foundation Trust

## **NHS Workforce Race Equality Standard (WRES)**

Annual Report 2022

Wirral Community Health and Care NHS Foundation  
Trust

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# 1 Introduction

The Workforce Race Equality Standard is included in the NHS standard contract for 2022/23. All NHS Trusts have been required to produce and publish their results from August 2016 and are subsequently required to publish a WRES report annually along with an annual action plan which must be approved by the Board (this year by the 31 October 2022).

This report details the information for Wirral Community Health and Care NHS Foundation Trust for 2022 and the data set is for 31 March 2022 using data from several sources; Electronic Staff Record (ESR), Trac system, HR record system for employment relation cases and NHS Staff Survey from 2021.

All data information is required as a submission to the national WRES team by the 31 August 2022 and must be published externally with an action plan by 31 October 2022.

This is the seventh year that the WRES information has been collated and published.

There has been an additional requirement following the national review of NHS WRES data and all trusts have been required to develop actions in line with the Model Employer Diversity Action Plan (6 actions) and the Race Disparity Ratio action plan (the disparity ratio is the comparison between the progression ratios for white and BME staff).

There are 9 indicators which form the WRES and these are as follows

Indicator	Description
Metric 1	Percentage of BME staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.
Metric 2	Relative likelihood of white staff being appointed from shortlisting compared to BME staff. (shortlisting across all posts)
Metric 3	Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (2 year rolling period)
Metric 4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME
Metric 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
Metric 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
Metric 7	Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.
Metric 8	In the last 12 months have you personally experienced discrimination at work from manager/ team leader or other colleagues

Metric 9	Percentage difference between the organisation's board voting membership and its organisation's overall workforce
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The WRES action plan forms one of the key ambitions within the People Strategy and Inclusion and Health Inequality Strategy with the aim of improving both access to work for people BAME communities as well as staff experience.

## 2 Executive summary

For the second year the impact of COVID must be acknowledged when considering these results in relation to our BAME staff within the workforce of WCHC. This is in relation to staff themselves and also provides some rationale as to why some of the actions have not been completed for the 2021/22 action plan and have been carried forward to the 2022/23 plan.

The reciprocal mentoring programme was successfully completed with members of the executive team and the staff network sharing experiences, insights and encouraging cultural understanding.

The BAME staff network has continued to meet monthly and remotely via MS teams during this period and has increased its membership. There has been a change to the lead chair due to maternity leave and we have two new co-chairs who were voted for by the group in an election.

There has been an improvement in some indicators; the percentage of the workforce from a BAME background has increased during the period of WRES data. The likelihood of BME staff entering the formal disciplinary process and likelihood of white staff accessing non-mandatory training and CPD compared to BME has decreased.

However, indicators in relation to staff experiencing discrimination at work has significantly increased for BAME staff and is similar to the national average NHS data from the 2021 Staff Survey.

There was slight increase in staff records showing ethnicity as NULL/Unknown compared to last year's data.

During 2021/22 we have welcomed 10 international nurses into the workforce which contributed to the increase in BAME workforce. These colleagues did not go through usual recruitment/shortlisting processes and therefore aren't included in the figures reported within metric 2 (Relative likelihood of white staff being appointed from shortlisting compared to BME staff)

An Executive Director sponsor Tony Bennett, Chief Strategy Officer now attends the network meetings.

### 3 WRES progress in 2021/22

Appendix 1 shows a baseline for workforce information in relation to BAME staff and an overview has been shared with the BAME Staff Network.

An action plan has been developed for the period August 2022 – July 2023. This will be taken biannually to the Education and Workforce Committee and will also be continually reviewed and monitored with the BAME staff network, Inclusion and Health Inequalities Steering Group and Inclusion Champions.

The BAME staff network have discussed changing the name of the group and this has continued throughout the year without an agreed successor.

Actions carried over from 2021/22 are identified in the action plan in appendix 2 and are as follows;

- Generate and analyse training reports for staff that access non-mandatory training (including the introduction of apprenticeships) who identify as Black and Minority Ethnic (BME) compared to White staff.
- Increase BME staff numbers to represent community BAME levels and consideration of locality areas

Priority actions identified by the BAME staff network are;

- Increase diversity at senior roles in the trust and at Trust Board
- To implement the cultural awareness training across the trust
- To be part of widening participation initiatives and share lived experiences to encourage BAME applicants to the trust

The key findings from the 2021 results are as follows;

- The number of BAME staff within the Trust has increased from 3% to 3.6%
- The likelihood of being shortlisted has worsened
- 1 member of staff entered the formal disciplinary process. The likelihood of this for BAME staff generally has reduced but a BAME member of staff is still more likely to enter the process than a white member of staff.
- BAME staff are less likely to state they feel have been harassed, bullied or abused by patients, relatives or the public. This is an improvement on the previous year
- Number of BAME respondents for the Staff Survey have increased to 40 in 2021 compared to 27 in 2020

- BAME staff stated they are less likely than white staff to have been harassed, bullied or abused by colleagues.
- As per the 2020 staff survey results, fewer BAME staff compared to white staff continue to believe that the trust provides equal opportunities for career progression or promotion.
- BAME staff stated they are more likely than white staff to have personally experienced discrimination from manager/ team leader or other colleagues. The scores have worsened from the previous year.
- The Board's voting membership is 100% white.

## 4 Conclusion and next steps

The trust has made progress during 2021/22 but recognises there is still significant work to do.

The percentage of BAME staff has increased however the likelihood of BAME people being appointed through recruitment had decreased.

However we continue to have a less representative board in comparison to the rest of the workforce and also in senior roles.

The BAME Staff Network has continued to meet on a monthly basis and has increased membership with an active cohort and is seen as a valued space for members to meet and share experiences.

The reciprocal mentoring programme was successfully completed with members of the executive team and the staff network sharing experiences, insights and strengthening cultural understanding creating allyship.



## Appendix 1 WRES metrics summary report

Submission Year	2021	2022	
Reporting Year	April 2020 – March 2021	April 2021 – March 2022	
<b>Metric 1</b> - Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	Overall workforce headcount	1736	1974
	Overall BME %	3.0	3.6
	BME headcount	52	72
	White Headcount	1673	1871
	NULL Headcount	11	31
<b>Metric 2</b> - Relative likelihood of white staff being appointed from shortlisting compared to BME staff (shortlisting across all posts)	1.51	4.26	
<b>Metric 3</b> - Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (2 year rolling period)	2.68	1.73	
	12 White 1 BME	15 White 1 BME	
<b>Metric 4</b> - Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME	1.36	1.01	

Date of Staff Survey	Ethnicity	October 2020	October 2021
<b>Metric 5</b> - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	17.2	16.6
	BME	25.9	16.2
<b>Metric 6</b> - Percentage staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	16.8	16.4
	BME	14.8	13.5
<b>Metric 7</b> - Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.	White	56.6 (*88.6)	56.9
	BME	55.6 (*78.9)	50.0
<b>Metric 8</b> - In the last 12 months have you personally experienced discrimination at work from manager/ team leader or other colleagues	White	5.2	4.7
	BME	3.7	12.5

\*last years reported results but have now been updated in the release of most recent staff survey results - In previous reporting (2020), the results of this Metric have most commonly been reported as the percentage of staff who selected 'Yes' out of those who answered the question excluding those who answered 'Don't know' ... For the 2021 reporting, this inconsistency has been removed and the results of this question are consistently reported as the percentage of staff who selected 'Yes' out of all those who answered the question, including those who answered 'Don't know'. Trusts are advised to use the numbers shown in the 2021 NHS Staff Survey as a view of trends.

Submission Year (August)	2021	2022
Reporting period	April 2020 – March 2021	April 2021 – March 2022
<b>Metric 9</b> - Percentage difference between the organisations' board voting membership and its overall workforce disaggregated:	Board Members White 100% BME 0%  Voting Membership White 100% BME 0%  Total Workforce White 96.4 BME 3 NULL 0.6	Board Members White 100% BME 0%  Voting Membership White 100% BME 0%  Total Workforce White 94.8 BME 3.7 NULL 1.5

**APPENDIX 2 - WRES action plan 2022/23**

[Separate document](#)