



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

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

Annual Report 2021

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 2021/22. 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 30 September 2021).

This report details the information for Wirral Community Health and Care NHS Foundation Trust for 2021 and the data set is for 31 March 2021 using data from several sources; Electronic Staff Record (ESR), Trac system, HR record system for employment relation cases and NHS Staff Survey from 2020.

All data information is required as a submission to the national WRES team for the 31 August 2021 and must be published externally with an action plan by 30 September 2021.

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

During 2020 there was a national temporary pause to the WRES due to the impact of the COVID pandemic and this extended the date of data submission.

During 2020/ 21 there has been no pause to the requirements.

There has been an additional requirement during early 2021 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 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 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

The WRES action plan forms one of the key "People" equality objectives which supports the trust's Inclusion Strategy with the aim of improving both access to work for people BAME communities as well as staff experience.

## 2 Executive summary

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 2020/21 action plan and have been carried forward to the 2021/22 plan.

Some BAME staff have been prevented from working as they were shielding during the lockdown periods of the pandemic, they may have been away from work and for some this has meant that they have been assigned other tasks or worked from home. Whilst the disproportionate impact of COVID on the BAME community, and therefore our staff has been a concern, the process of ensuring every BAME member of staff had the opportunity to complete a risk assessment to provide them with appropriate support, brought about increased awareness of individual circumstances.

The BAME staff network has continued to meet monthly and remotely via MS teams during this period and has increased its membership. A staff member has taken over the chair of the network and has promoted and encouraged attendance at the group and been instrumental in driving forward the reverse mentoring scheme along with the OD Manager.

There has been an improvement in some indicators; the percentage of the workforce from a BAME background and the likelihood of being appointed has increased during the period of WRES data.

However, indicators in relation to staff experience continues to show worse experience for BAME staff which is the same as the national NHS data from the 2020 Staff Survey.

### 3 WRES progress in 2020/21

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

An action plan has been developed for the period August 2021 – July 2022. 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.

Actions carried over from 2020/21 are identified in the action plan in appendix 2 and are as follows;

- Promotion through Onboarding of BAME staff network (as part of network awareness raising)
- Develop a buddy scheme for new employees
- 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.
- Opportunities for promotion and development of internal BAME colleagues
- Increase BME staff numbers to represent community BAME levels

Priority actions identified by the BAME staff network are;

- Review of selection and assessment methods for roles and encourage wider usage for key roles i.e. Practical assessments, Clinical scenarios
- Values-based recruitment review
- Increase diversity at senior roles in the trust and at Trust Board

The key findings from the 2021 results are as follows;

- The number of BAME staff has increased from 2.7% to 3%
- The likelihood of being shortlisted has improved
- 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 continue to be more likely to state they feel have been harassed by patients, relatives or the public.
- BAME staff stated they are less likely than white staff to have been harassed by colleagues. However, the scores have worsened from the previous year.

- As per the 2019 staff survey results, fewer BAME staff compared to white staff believe that the trust provides equal opportunities for career progression or promotion.
- BAME staff stated they are less likely than white staff to have personally experienced discrimination from manager/ team leader or other colleagues. However, 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 2020/21 but recognises there is still significant work to do.

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

However we continue to have a less representative board in comparison to the rest of the workforce and also in senior roles. Despite improvement, BAME applicants are still less likely than a white applicant to be appointed.

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.

In December 2021 we will review the reverse mentoring scheme which the BAME staff network has embraced along with the board and we will publish the findings before considering widening the scheme to the other staff networks.

There has been a change in the governance arrangements in relation to the Inclusion Team which will now include Health Inequalities and will promote the wider agenda as well as improving the links to the Social Value agenda e.g. by increasing employment for the BAME community.



## Appendix 1a WRES metrics summary report

Submission Year		2020	2021
Reporting Year		April 2019 – March 2021	April 2020 – March 2021
<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	1662	1736
	Overall BME %	2.6	3.0
	BME headcount	44	52
	White Headcount	1606	1673
<b>Metric 2</b> - Relative likelihood of white staff being appointed from shortlisting compared to BME staff. (shortlisting across all posts)		2.32	1.51
<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)		4.87	2.68
		15 White 2 BME	12 White 1 BME
<b>Metric 4</b> - Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME		1.06	1.36

Date of Staff Survey	Ethnicity	October 2019	October 2020
<b>Metric 5</b> - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	21.4	17.2
	BME	23.5	25.9
<b>Metric 6</b> - Percentage staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	16.7	16.8
	BME	0	14.8
<b>Metric 7</b> - Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.	White	90.2	88.6
	BME	83.3	78.9
<b>Metric 8</b> - In the last 12 months have you personally experienced discrimination at work from manager/ team leader or other colleagues	White	3.9	5.2
	BME	0	3.7

Submission Year (August)	2020	2021
Reporting period	April 2019 – March 2021	April 2020 – March 2021
<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 96.6 BME 2.6 NULL 0.7	Board Members White 100% BME 0%  Voting Membership White 100% BME 0%  Total Workforce White 96.4 BME 3 NULL 0.6

**Appendix 1b WRES metrics report data submission**

**Separate document**

**APPENDIX 2 - WRES action plan 2021/22 (draft)**

**Separate document**