



# Workforce Race Equality Standard (WRES) Data Report

Covering the period of  
1 April 2022 – 31 March 2023

## Introduction

The trust has a contractual requirement under the NHS contract to publish annual data in respect of the Workforce Race Equality Standard (WRES). This report sets out the 2022/23 WRES data. Working to address inequalities identified by the workforce data demonstrates our compliance with the Equality Act 2010 and the Public Sector Equality Duty.

Monitoring of the workforce equalities data is also central to ensuring that we are delivering against the equality, diversity and inclusion priorities agreed by the trust Board in January 2021:

1. We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.
2. We will educate and develop our leaders and staff to improve understanding of racism, discrimination, and cultural competence to deliver a step change in the experience of our staff and patients.
3. We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities

## Workforce Race Equality Standard (WRES)

This data relates to the period of 1 April 2022 – 31 March 2023. In line with the nationally mandated timeframe, the data was submitted to NHS England in May 2023. As with previous years, the data includes results from the National Staff Survey.

Of the nine WRES indicators, six show positive improvements. However, the following are three areas where the disparity has increased over the last year:

- Indicator 5 (*% of staff experiencing bullying, harassment or abuse from patients, relatives, or the public in the last 12 months*)
- Indicator 7 (*% of staff believing that the trust provides equal opportunities for career progression or promotion*)
- Indicator 9 (*% difference between organisation's board voting membership and its overall workforce, and organisation's board executive membership and its overall workforce*)

The figures in these areas demonstrate the need for continued, focused work across the trust aiming to improve the employee experiences of colleagues from Black and Minority Ethnic backgrounds (BME).

### 1. Workforce data – percentage of staff BME/white categories

	Data as of 31 March 2019	Data as of 31 March 2020	Data as of 31 March 2021	Data as of 31 March 2022	Data as of <b>31 March 2023</b>
Total workforce	6356	6598	6807	6815	<b>7073</b>
Number of BME staff	286	304	342	325	<b>365</b>
% BME staff in total workforce	4.5%	4.6%	5.0%	4.8%	<b>5.2%</b>

The headcount of BME staff increased over the last year, rising from 325 in 2022 to 365 (0.4% increase) at the end March 2023 – this is the highest headcount number of BME staff in the NWAS workforce since WRES reporting began in 2019.

We are committed to developing a representative workforce of the communities we serve, and in doing so, improve the overall BME representation within our employee numbers. As detailed in ED&I priorities action plan, we are aiming to achieve 8% BME representation in the NWAS workforce by 2024. This however requires significant effort to ensure 20% of our new recruits each year are from ethnically diverse backgrounds – in 2022/23, around 18% of new recruits identified as BME.

As a result of the data emerging from this indicator as well as figures in the Workforce Disability Equality Standard (WDES), we commissioned an audit of the trust’s end-to-end recruitment and selection processes to identify the barriers and challenges facing applicants from BME backgrounds or those with disabilities. The audit has undertaken a deep dive in to the data and explored the issues which exist, identified potential solutions, and provided recommendations to effectively address the challenges and improve access. The ED&I Recruitment Management Group will be developing a plan to deliver the recommendations.

Additionally, in the last year we increased resource in our Positive Action Team which has helped improve the level of our outreach into communities across the North West. The team has engaged a greater number of communities and local groups compared to the previous year – promoting NWAS as an ‘employer of choice’ and accessibility of careers at the trust.

## 2. Recruitment data – relative likelihood of white staff being appointed from shortlisting compared to BME staff

	2020	2021	2022	2023
Likelihood	1.29	1.51	1.98	<b>1.26</b>

*The target figure is 1.0 which would indicate no difference in experience in likelihood of being appointed.*

The data relating to appointment from shortlisting shows that in 2022/23, white applicants were one-and-a-quarter times more likely to be appointed compared to BME applicants. This metric has however improved compared to last year and is currently at the lowest disparity rate since 2020.

Over the last year, we have continued our tracking of BME applicants through each stage of the recruitment process to identify the stages they do not progress beyond. This allows us to consider if there are any inadvertent barriers that need to be removed.

### A point on data

It should be noted that on our recruitment portal (Trac), a campaign is considered completed when all appointees from a campaign have commenced in post. This means that for example, if there is a vacancy that opens on 1 March 2023, but the successful individual(s) does not commence in post until 15 April 2023, this recruitment will not be counted in the data. This issue with the data is a particular challenge for us, as the trust manages several mass recruitment campaigns each year, and at times, these may cross over from one financial year to the other. The portal closes a vacancy once every individual with an offer starts in the position.

In the case of mass recruitment campaigns this could lead to distorted data, as often there can be up to twelve months between a campaign opening and the last individual commencing on a training course. As a result, the data that is presented for the WRES submission, while correct, does not accurately reflect our actual position.

### 3. Relative likelihood of BME staff entering formal disciplinary process compared with white staff

	2019	2020	2021	2022	<b>2023</b>
Likelihood	1.32	1.89	1.70	2.23	<b>1.86</b>

*The target figure is 1.0 which would indicate no difference in likelihood of entering formal disciplinary process.*

Data relating to staff in disciplinary processes has shown an improvement on last year, with BME staff now being less than twice as likely to enter the formal disciplinary process, when compared with white staff. However, this figure continues to be significantly high – with the lowest disparity being achieved of 1.32 (32%) difference in 2019.

To improve the effectiveness of the disciplinary processes internally, this year we revised the Disciplinary Policy which introduced a number of positive changes including – adopting the ‘just culture’ principles, introducing a fast-track procedure for lower-level issues to ensure dealt with quickly and rolling out training for managers and leaders to improve the investigations and hearings processes.

### 4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared with white staff

	2019	2020	2021	2022	<b>2023</b>
Likelihood	1.45	1.31	1.34	1.01	<b>1.01</b>

*The target figure is 1.0 which would indicate no difference in likelihood of accessing non-mandatory training and CPD.*

The likelihood of BME staff accessing non-mandatory training and CPD compared to white staff has remained stable at 1.01. This shows that there is virtually no difference between the experiences of white and BME staff in this regard.

**Data in the following indicators (5 – 8) is based on responses from NWS BME staff in the NHS Staff Survey 2022.**

### 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months

	2017	2018	2019	2020	2021	<b>2022</b>
White	49.8%	47.0%	47.9%	43.5%	40.0%	<b>38.1%</b>
BME	45.7%	38.0%	34.6%	38.2%	37.1%	<b>34.4%</b>
Difference	4.1%	9.0%	13.3%	5.3%	2.9%	<b>3.7%</b>

The number of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months has seen a decrease for both white and BME staff. The table above shows that proportionally fewer BME staff continue to experience these negative behaviours compared to white colleagues.

This reduction could be down to several factors including the implementation of pilot projects relating to Body Worn Video Cameras. The staff group looking at reducing violence and aggression, who will continue to undertake initiatives to further improve the staff experience.

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

Almost a quarter of BME staff (23.7%) said they have had faced abuse from their colleagues, compared to 22.2% of white staff. These are the lowest figures for both cohorts, and for BME staff, this represents a significant decrease compared to the previous year.

	2017	2018	2019	2020	2021	<b>2022</b>
White	27.5%	25.8%	24.5%	25.7%	23.6%	<b>22.2%</b>
BME	30.9%	27.5%	25.0%	24.2%	29.5%	<b>23.7%</b>
Difference	-3.4%	-1.7%	-0.5%	1.5%	-5.9%	<b>-1.5%</b>

The trust has been delivering campaigns around Treat Me Right, promoting Freedom To Speak Up as well the rolling out the Civility Saves Lives training. However, while improvements have been made, more than 1 in 5 staff members overall are still experiencing some form of abuse in work. Further engagement will therefore be undertaken with stakeholders such as the Race Equality Network to consider additional interventions which can be considered to make a positive difference, including where the Race Equality Network and Freedom To Speak Up Guardian have conducted joint engagement sessions.

## 7. Percentage of staff believing that trust provides equal opportunities for career progression or promotion

The staff survey asks whether the trust provides equal opportunities for career progression or promotion. The data this year showed an increase for both BME and white staff, following a decrease for both groups in the previous year. Around two-thirds of BME and half of white staff said that there weren't opportunities for career development in the trust.

	2017	2018	2019	2020	2021	<b>2022</b>
White	47.6%	52.6%	52.7%	51.3%	47.8%	<b>50.4%</b>
BME	30.5%	36.8%	38.8%	39.1%	33.6%	<b>36.8%</b>
Difference	17.1%	8.5%	19.1%	12.2%	9.0%	<b>13.6%</b>

This indicator identifies that a substantial number of staff do not have confidence in the trust's career development processes. In response, a career progression working group with senior-level representation has been established to make an impact in this regard.

## 8. Percentage of staff personally experiencing discrimination at work from manager/team leader or other colleagues

	2017	2018	2019	2020	2021	<b>2022</b>
White	13.4%	10.6%	10.6%	10.1%	10.0%	<b>11.1%</b>
BME	23.2%	12.80%	13.6%	8.6%	22.4%	<b>14.0%</b>
Difference	-9.8%	-2.2%	-3.0%	1.5%	-12.4%	<b>-2.9%</b>

Following a huge jump from 2020 to 2021, the number of BME staff experiencing discrimination has come down to 14%. The data shows that the sizeable shift in difference between BME and white staff of -12.4% in 2021, has now reduced to -2.9% (similar to 2019). There was a slight increase in the number of white colleagues experiencing discrimination, and this will be monitored closely going forward.

The Beyond Bias training module aimed at managers and leaders is continuing to be rolled out across the trust and is focused on equipping participants with the knowledge and skills to identify and challenge bias and discrimination.

## 9. Percentage difference in board voting membership and overall workforce

Difference = Total Board number - Overall workforce number

	2019	2020	2021	2022	<b>2023</b>
White	-17.2%	-5.9%	-5.5%	-17.1%	<b>-15.2%</b>
BME	3.2%	1.3%	0.9%	10.6%	<b>9.1%</b>
Ethnicity unknown / NULL as per ESR	14.0%	4.6%	4.6%	6.4%	<b>6.1%</b>

*(This metric had previously collated data relating to the local population; it now looks at the current workforce).*

The BME representation on the trust Board is greater by 4% compared to the rest of the organisation. The NWSA Positive Action Team is continuing to engage with communities across the North West to increase the accessibility of our careers, which will leave to an increase in the diversity of our workforce.

### Trust-wide actions

The WRES data along with the Workforce Disability Equality Standard (WDES), and Gender Pay Gap data (set out in separate reports) reflects the ongoing work to support all our staff groups and address inequalities in the workplace. It is reassuring to see that there have been some improvements across a number of key areas. However, we recognise that there remains a significant difference in the experiences of BME and white staff. We will continue to explore the reasons for this and put in place actions to help improve the employee experience of our BME colleagues.

Over the coming months, there will be a specific focus on the following pieces of work:

- Following the conclusion of the inclusive recruitment audit earlier this year, we are working to deliver the key recommendations which are focused on ensuring that our processes relating to recruitment and selection do not disadvantage underrepresented groups or communities.
- Training modules such as Beyond Bias and the introduction of the Reverse Mentoring Programme will be reviewed and evaluated to assess impact on individuals and the organisation.
- Staff networks will continue to be supported to facilitate their growth and contribution to the development of a positive organisational culture, through intersectional collaboration.