



Southport and
Ormskirk Hospital
NHS Trust

Workforce Race Equality Standard Report 2023



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to us

WORKFORCE RACE EQUALITY STANDARD (WRES) REPORT 2023

1. EXECUTIVE SUMMARY

This purpose of this report is to inform the members of the Workforce Committee with an overview of the workforce race equality data to be submitted online via the national portal by 31st May 2023. The annual monitoring of the Workforce Race Equality Standard (WRES) is a requirement for all NHS commissioners and NHS provider organisations under the terms of the Public Sector Duty.

2. INTRODUCTION

NHS England and the NHS Equality and Diversity Council introduced the Workforce Race Equality Standard (WRES) in 2015. Since then, NHS organisations have been compelled to review their workforce race equality performance and develop action plans to make continuous improvement on the challenges within this agenda.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff,
- to improve BME representation at the Board level of the organisation.

This report focuses on data drawn from ESR as of 31st March 2023 reflecting the period 2022/23 and includes the results from the NHS Annual Staff Survey 2022 pertinent to WRES.

3. OVERVIEW OF WORKFORCE DATA

The information below provides a comparison of the WRES data from 31st March 2022 and 31st March 2023, where applicable. Any calculations noted in the report are taken from the national WRES template provided by NHS England.

a) Staff Profile

As of 31st March 2023, Southport and Ormskirk Hospitals NHS Trust employed **3467** staff consisting of:

- **11.62%** - Black Minority and Ethnic (BME) staff
- **71.88%** - White staff
- **16.50%** - Not stated / unspecified / prefer not to answer.

b) BME staff increase in clinical and non-clinical bands (see Table 1)

- Non-clinical roles have seen an increase in bands 2,3,4 and 8a.
- Clinical roles have seen an increase in bands 2,3,5,6 and 7.

Table 1.

The Table shows the % of staff in each AfC Bands 1-9 including Board Members compared with the % of staff in the overall workforce. Where % data does not equate to 100% this is due to information not stated or disclosed by staff	Non-Clinical Roles				
	Band	2022		2023	
		BME	White	BME	White
	Band 2	5.06%	85.57%	5.92%	78.82%
Band 3	2.73%	91.26%	3.52%	81.41%	
Band 4	1.18%	91.13%	1.68%	89.39%	
Band 5	0%	94.20%	1.39%	80.56%	
Band 6	1.78%	89.29%	0.00%	87.69%	
Band 7	4.17%	89.58%	0.00%	88.00%	
Band 8a	0%	85.71%	6.67%	46.67%	
Band 8b	0%	100%	0.00%	96.30%	
Band 8c	0%	75%	0.00%	50.00%	
Band 8d	12.50%	75%	0.00%	71.43%	
Band 9	0%	0%	0.00%	100.00%	
VSM	0%	100%	0.00%	80.00%	
Clinical Roles (excluding Medics & Dental)					
Band	2022		2023		
	BME	White	BME	White	
Band 2	7.24%	78.90%	10.54%	68.05%	
Band 3	1.91%	77.01%	3.69%	84.33%	
Band 4	8.40%	76.33%	5.13%	87.18%	
Band 5	6.78%	82.85%	20.74%	56.81%	
Band 6	5.53%	88.37%	8.21%	80.56%	
Band 7	3.40%	89.36%	3.68%	86.40%	
Band 8a	10.77%	84.62%	10.13%	73.42%	
Band 8b	0.00%	95.83%	0.00%	88.89%	
Band 8c	0.00%	75%	0.00%	83.33%	
Band 8d	0.00%	50%	0.00%	100.00%	
VSM	0%	0%	0.00%	100.00%	
WHO3	0%	100%	0.00%	100.00%	
WHO7	16.67%	83.33%	0.00%	0.00%	

c) Overview of Medical Staff 2022/2023

Med & Dental Consultant			
2022		2023	
BME	White	BME	White
42.24%	34.48%	41.59%	38.05%

Med & Dental Consultant (Non-Consultant Career Grade)			
2022		2023	
BME	White	BME	White
49.45%	20.88%	53.00%	21.00%

Medical & Dental Trainee Grades			
2022		2023	
BME	White	BME	White
27.94%	50.00%	42.86%	35.71%

d) Overview of Board Members 2022/2023

Board Members					
2022			2023		
BME	White	Not stated	BME	White	Not stated
0.56%	94.44%	0.00%	0.00%	78.57%	21.43%

The information below provides information on the headcount and percentage difference between the organisation's Board membership and its overall workforce for BME and white staff

2023	Workforce Headcount	Workforce Headcount %	Board Headcount	Board Headcount %
BME	403	11.62%	0	0.00%
White	2492	71.88%	11	78.57%
Not Stated	565	16.50%	3	21.43 %
2022	Workforce Headcount	Workforce Headcount %	Board Headcount	Board Headcount %
BME	301	9.11%	1	0.056%
White	2382	72.09%	17	94.44%
Not Stated	621	18.80%	0	0%

The indicator below states the overall % difference of the Board versus the workforce overall

BME	11.6% less than the workforce
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e) Relative likelihood of BME and white staff being appointed from shortlisting across all posts (see Table 2)

In 2022/23, **3503** BME staff were shortlisted and **96** were appointed (2.74%) compared to 2021/22, where **1557** BME staff were shortlisted and **158** appointed (10%).

The **7.41%** decrease in appointments is due to the 50%+ increase in the number of applicants who are applying for Band 5 Nursing posts without the necessary NMC registration, predominantly from red list countries. This substantial increase in applications versus appointments is the cause of the decrease. The Trust has led a successful international nurse recruitment campaign and put in place good pastoral and educational support, but the vacancy position and recruitment pipeline are not supportive of expanding the international nurse recruitment programme at present.

In 2022/23, **1648** white applicants were shortlisted with **605** appointed (36.71%) compared to 2021/22 where **2433** white applicants were shortlisted with 542 appointed (22.28%).

In 2022/23, 50 applicants did not state or disclose their ethnicity and 48 were appointed (96%) compared to 2021/22, where 86 applicants did not state or disclose their ethnicity and 39 were appointed (45.35%). The high % of non-disclosure will be impacted by the recruitment process for international nurses varying from the normal Trac recruitment system.

Table 2.

2022-23	Headcount		Relative likelihood of white staff appointment from shortlisting
	Shortlisted	Appointed	% Appointed
BME	3503	96	2.74%
White	1648	605	36.71%
Unknown	50	48	96.00%
2021-22	Headcount		Relative likelihood of appointment from shortlisting
	Shortlisted	Appointed	% Appointed
BME	1557	158	10.00%
White	2433	542	22.28%
Unknown	86	39	45.35%

Therefore, the relative likelihood of **white staff** being **appointed from shortlisting** compared to **BME staff** shows an **11.2** difference from 2021/22 to 2022/23 (see Table 3). *This calculation does not include the 96% of the 48 appointed applicants who did not state or disclose their ethnicity.*

Table 3.

2021/22	2022/23	Difference
White staff 2.20 times more likely (Auto calculated)	White staff 13.40 times more likely (Auto calculated)	+11.2

f) Relative likelihood of BME and white staff entering the formal disciplinary process

- 1 BME staff member entered the formal disciplinary process in the period 2022-23.
- 4 white staff entered the formal disciplinary process in the period 2022-23
- 2 staff were recorded as ethnicity unknown for the period 2022-23.

2022/23	Headcount	Relative likelihood of BME staff entering into formal disciplinary process compared to white staff
BME	1	0.25%
White	4	0.16%
Not Stated	2	0.35%
Total	7	
2021/22	Headcount	Relative likelihood of BME staff entering formal disciplinary process compared to white staff
BME	0	0.00%
White	3	0.13%
Not Stated	1	0.17%
Total	4	

2021/22	2022/23	Difference
BME staff 0.01 times more likely (Auto calculated)	BME staff 1.55 times more likely (Auto calculated)	+1.54

g) Relative likelihood of white staff accessing non-mandatory training & CPD compared to BME staff.

2022/23	Headcount	Enrolment headcount	Ratio
BME	403	387	96.03%
White	2492	2304	92.40%
Not Stated	565	505	89.38%
2021/22	Headcount	Enrolment headcount	Ratio
BME	301	290	96.00%
White	2376	2229	94.00%
Not Stated	607	580	96.00%
2021/22	2022/23		Difference
White staff 0.97 times more likely (Auto calculated)	White staff 0.96 times more likely (Auto calculated)		-0.01 decrease

4. NHS STAFF SURVEY RESPONSES THAT ARE SPECIFIC TO WRES QUESTIONS

The NHS Staff Survey was completed by **1,107** staff, this equates to a **34%** response rate. The average combined percentage for combined acute and community trusts in England is 44%. The number of BME respondents ranged between 126-130 per question.

The information below is taken from the 2022 Staff Survey Coordination Centre WRES Report for Southport & Ormskirk NHS Hospital Trust and provides the Trust figures compared to the average for combined acute and community hospitals.

a) The percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months

- 3.5% more BME in 2022
- 1.8% more white staff in 2022

The Trust figures compared to the average combined acute and community Trusts is **1.5% higher** for **BME** staff and **1.0% higher** for **white** staff.

2021	2022	2022 Average (median)
BME staff 28.8%	BME staff 32.3%	Combined Acute and Community Trusts BME staff – 30.8%
White staff 26.1%	White staff 27.9%	White staff – 26.9%

b) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

- **BME staff** have seen a **4.3% increase**.
- **White staff** have seen a **2.6% increase**.

The Trust figures compared to the average combined acute and community Trusts is **7.1% higher** for BME staff and **+3.5% higher** for white staff.

2021	2022	2022 Average (median)
BME staff 31.1%	BME staff 35.4%	Combined Acute and Community Trusts BME staff - 28.8%
White staff 24.2%	White staff 26.8%	White staff - 23.3%

c) Percentage of Trust staff believing that the Trust provides equal opportunities for career progression or promotion.

- 5.5% decrease for BME staff.
- 0.2% decrease for white staff

The Trust figures compared to the average combined acute and community Trusts is **4.0% lower** for BME staff and **7.9% lower** for white staff.

2021	2022	2022 Average (median)
BME staff 48.5%	BME staff 43.0%	Combined Acute and Community Trusts BME staff - 47%
White staff 50.9 %	White staff 50.7 %	White staff - 58.6%

d) In the last 12 months have you personally experienced discrimination at work from any of the following manager/team leader or other colleagues?

- 3.2% less for BME staff
- 0.2% less for white staff

The Trust figures compared to the average combined acute and community Trusts is **4.9 higher** for BME staff and **0.5% lower** for white staff.

2021	2022	2022 Average (median)
BME staff 25.4%	BME staff 22.2%	Combined Acute and Community Trusts BME staff - 17.3%
White staff 6.2 %	White staff 6.0 %	White staff - 6.5%

5. OUR PEOPLE PLAN

The fundamental purpose of Our People Plan is to identify the Trust's people priorities and to ensure that everyone connected to the Trust understands the contribution they make. There are several people priorities, with specific emphasis on the culture and behaviours we are working towards.

The diversity of our workforce is a key indicator of an inclusive culture by setting the right cultural and behavioural tone by celebrating difference, empowering others to make their own unique contribution, and actively listening and then taking supported action.

The following key actions taken from our overarching action plan have been identified for the next 12 months to increase the diversity in our workforce, promote an inclusive and supportive culture and improve the experience of colleagues with protected characteristics. The impact of these actions will be measured by improvements to the WRES indicators.

- We will promote inclusion.
- We will embed a Just and Learning culture.
- We will proactively support career development and training for staff from protected groups.
- We will engage in key initiatives to support inclusion.

6. TRUST ACTIONS REQUIRED TO BE COMPLIANT WITH WRES

- WRES reporting template completed and sent to NHS England (31st May 2023)
- WRES report completed & hosted on the Trust website (31st May 2023)
- WRES action plan in place and reviewed via the Valuing Our People & Inclusion Group, JNC and Workforce Committee
- WRES report and action plan to be shared with the NHS Cheshire and Merseyside ICB

7. RECOMMENDATIONS

The Committee is asked to note the WRES indicators, and the actions identified to address the gaps highlighted.

APPENDIX 1 - WRES (WDES) EQUALITY OBJECTIVES & ACTION PLAN

STRATEGIC OBJECTIVES	EDI OBJECTIVE	ACTIONS
<p>SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated</p>	<p>Increase representation of BME & disabled staff at Board & senior management levels</p>	<ul style="list-style-type: none"> • Increase % BME & disabled staff at AfC 8a and above and at Board level
	<p>Improve representative workforce across all protected characteristics at all levels</p>	<ul style="list-style-type: none"> • Increase the % of workforce with equality information recorded in ESR • Review the recruitment process with staff network colleagues
<p>SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values</p>	<p>Improve the belief in equal opportunities</p>	<ul style="list-style-type: none"> • Increase the % of staff believing the Trust provides equal opportunities for career progression or promotion • Increase the number of staff receiving non-mandatory E & D training • Increase participation in staff networks
	<p>Create equity of experience</p>	<ul style="list-style-type: none"> • Decrease the % of staff experiencing harassment, bullying and abuse • Decrease the likelihood of BME and disabled staff entering formal disciplinary process and provide support initiatives if they do e.g., RCN Cultural Ambassadors • Decrease the % of staff experiencing discrimination from patients/carers • Increase staff engagement score for staff with protected characteristics through agreed actions with staff networks • Support equity of access to Clinical Excellence Awards in order to reduce the gender pay gap • Deliver the outcomes of the EDS 2022 Domain 2 – Staff Health & Wellbeing and Domain 3 – Inclusive Leadership