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# Workforce Race Equality Standard (WRES) 2018 – 2019

## Introduction to the WRES:

The NHS Workforce Race Equality Standard (WRES) is part of the NHS Standard Contract and since July 2015, NHS Trusts have been producing and publishing their WRES Data on an annual basis, along with following actions.

There are **3 main identified purposes** to the WRES which include:

1. To help local and national NHS Organisations to review their data against the 9 WRES Indicators.
2. To produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff.
3. To improve BME representation at Board Level of the Organisation.

Working towards Race Equality is a fundamental step in ensuring improved staff wellbeing, patient outcomes and in ensuring an efficient and effective running of the NHS. The WRES report will support Warrington and Halton Hospital in identifying any gaps between White and BME staff and what measures need to be taken to reduce these for the benefit of staff, patient care and organisational effectiveness.

This document is a summary report of the submitted WRES data. Should more detail be required then please contact the Equality and Diversity Lead, whose contact details are at the end of the report.

As of **31<sup>st</sup> March 2018** the Trust had **9.83%** of staff identifying as BME and **0.63%** of staff who's Ethnicity if unknown on ESR (Electronic Staff Record). Our recording rate of Ethnicity at Warrington and Halton Trust is high at: **99.37%**.

WRES Indicator		2018 Data	Analysis
1	Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared	<b>Non-Clinical:</b>	From this we can see that the majority of our Non-Clinical BME staff are employed within the lower bands, with the percentage of BME staff in each band decreasing as the banding increases,
		<b>Under Band 1 = 0.05%</b>	
		<b>Band 1 = 0.47%</b>	



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with the percentage of staff in the overall workforce	<b>Band 2 = 0.16%</b>	though there is a slight peak at band 6.  There are no BME staff represented from Band 7 upwards in our Non-Clinical Roles at Warrington and Halton.	
	<b>Band 3 = 0.09%</b>		
	<b>Band 4 = 0.07%</b>		
	<b>Band 5 = 0.05%</b>		
	<b>Band 6 = 0.09%</b>		
	<b>Band 7/8/9/VSM = 0%</b>		
	<b>Clinical:</b>	The majority of our Clinical BME Staff are employed within Band 2, 5, and 6. The majority are employed at the Band 5 level which may be explained by overseas recruitment into roles such as nursing.  These figures decrease from band 5, with no BME representation in Band 8c to VSM.	
	<b>Under Band 1 = 0.02%</b>		
	<b>Band 1 = 0%</b>		
	<b>Band 2 = 1.13%</b>		
	<b>Band 3 = 0.07%</b>		
	<b>Band 4 = 0.14%</b>		
	<b>Band 5 = 2.23%</b>		
	<b>Band 6 = 0.82%</b>		
	<b>Band 7 = 0.28%</b>		
	<b>Band 8a = 0.05%</b>		
	<b>Band 8b = 0.02%</b>		
<b>Band 8c/8d/9/VSM = 0%</b>			
<b>Medical &amp; Dental</b>	A high number of our BME staff are also represented within the Medical and Dental Staff Group, specifically within our Consultant roles. This may also be attributed to overseas recruitment.		
<b>Consultants = 1.81%</b>			
<b>Senior Medical Managers = 0.09%</b>			
<b>Non-Consultant Career Grade = 0.80%</b>			
<b>Trainee Grades = 0.82%</b>			
<b>Other = 0.66%</b>			
<b>2</b>	<b>Relative likelihood of White staff being appointed from shortlisting compared to BME Staff across all posts</b>	<b>1.61</b>	This indicates that White Staff are more likely than BME Staff to be appointed from shortlisting, throughout the period of 2017/2018 and requires further analysis to ensure appropriate actions are



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			taken.
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff (over two years)	1.08	This indicated BME staff were more likely to enter the formal Disciplinary procedure than White Staff however, this was not a statistically significant variance but the data will continue to be monitored.
4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.33	This indicates that BME Staff are more likely than White Staff to access CPD and Non-mandatory training, which may be representative of a large proportion of our BME staff being in Clinical and Medical and Dental posts.
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White = 21.73% BME = 17.89%	2018 has seen a decrease in the % of BME staff reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months (decrease of 12% from 2017 data).
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White = 21.56% BME = 20.16%	2018 has seen a decrease of 5% in BME staff reporting to have experienced harassment, bullying or abuse from staff in the last 12 months when compared to 2017 figures.  Based on the WEAR Report, there were no allegations of harassment or bullying raised by BME staff in 2017, with 2016 seeing 6% of allegations raised being from BME Staff. With the difference between those reporting experience of Bullying, harassment or abuse and those actually raising a formal allegation, this may require further action to ensure staff are aware of the processes available to them, and whether these are effective.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White = 90.20% BME = 75%	2018 has seen a sharp decrease in the % of BME staff reporting that they believe the Trust provides equal opportunities for career progression or promotion.
8	Q17. In the last 12 months have you personally	White = 4.91%	This has maintained for 2018. The % remains small and it does not



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	experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	BME = 6.56%	appear that race is a significant cause in 2017.
9	Percentage of the Board who identify as BME compared to White Staff.	0% of the Board are BME	The current Board of Voting Members and the Board Executive Membership all identify as White.

\*Note: Any score below 1 on indicator 2, 3 and 4 would highlight that BME staff are more likely than White Staff, and Vice Versa should the score be above 1.

To review the actions following this report, please access the action plan <http://www.whh.nhs.uk/page.asp?fldArea=1&fldMenu=4&fldSubMenu=4&fldKey=130> for further information.

Should you have any questions regarding the WRES Reporting at Warrington and Halton, or the following action plan, or require this document in a different format, then please contact the Equality and Diversity Lead for the Trust: Michelle Halliwell at [m.halliwell1@nhs.net](mailto:m.halliwell1@nhs.net)