

Board of Directors

Item 3.2

Subject: WRES/WDES 2022 – Summary of Results
Date of Meeting: 27th September 2022
Presented by: Karen Nightingall, Chief People Officer
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 6	Ability to recruit and retain a diverse workforce

Level of assurance (please tick one) To be used when the content of the report provides evidence of assurance					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

This paper is intended to provide the Board a summary of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and the outlines the actions that will be taken to close the gaps.

The WRES/WDES is a nationally mandated system for NHS Trusts to report the relative experiences of our minority ethnic and disabled workforce compared with the rest of their workforce. This is important, because it helps NHS organisations to better understand the experiences of their staff and supports positive change by creating a more inclusive environment for people working and seeking employment in the NHS.

This paper provides an initial analysis of the results as the submission was only made on 31st August 2022. The Board of Directors are asked to note the content of this report.

2. Background

The WRES and WDES requires NHS trusts to self-assess against specific indicators of workplace experience and opportunity. Some of the indicators relate specifically to workforce data taken from workforce systems such as ESR and NHS Jobs and some are based on data taken from the national NHS staff survey questions (*Sept – November 2021 results*)

The Trust submitted its raw data in line with the deadline date of 31st August 2022. The WRES/WDEs data set for the submission is taken as of 31st March 2022 and the looks at data

from 1st April 2021 – 31st March 2022. Initial analysis has been undertaken and a high-level summary of the results has been provided.

3. Workforce Composition

As of 31st March 2022, LHCH employed 1897 staff, this figure excludes Bank workers but includes staff on fixed-term contracts within the Trust. This is an increase of 68 staff since 2021. 82.76% of the workforce identified themselves as white (including all white ESR categories) and 15.17% have identified themselves as being BAME (including all ESR sub-ethnic BAME categories).

Although the headcount has increased by 68, the % of white staff has decreased by 2.25%. Asian/Asian British/Indian between 2020 and 2021 has increased by 66 and still remains the highest within the BAME groups at 9.12%. It must be noted that 2.32% (44) of Ethnic Origins in ESR were 'blank' or 'not stated'.

Although this figure is higher than the national NHS statistics, it is broadly in line with the Liverpool population where 88.9% are estimated to be White/British, Irish or Other (Census 2011). The 2011 Census found that within the Northwest region 90.21% of people were of White origin, with Asian or Asian British making up 6.2% of the population. This was followed by Mixed/ Multiple Ethnic Groups = 1.57%, Black/African/Caribbean/Black British = 1.39% and Other Ethnic Groups = 0.63%

3.17% of LHCH staff state that they have a disability in ESR, however this is in contrast with the number of employees who self-identify as having a disability or long-term illness on the National Staff Survey, where the percentage is much higher. 26.20% of ESR records remain 'unspecified'. The 2011 Census shows that in the Northwest 20.3% of 16–64 year olds has a disability.

4. Summary of WRES 2022

A summary of the full WRES results against all 9 indicators is attached in **Appendix 1** and includes a comparison against the previous year and where there has been an improvement / decline from the previous year.

The results against four of the WRES metrics as taken from the national 2021 staff survey have been split out and provided in **Appendix 2**. This provides a summary of the results over the last 4 years and provides benchmark data against the average median for acute specialist trusts and against 3 x local trusts.

4.1 WRES - Key Highlights

The Trust has improved in 2 of the 4 WRES indicators linked to the staff survey as set out below. The results also show that LHCH fared better in comparison to the average of all acute specialist trusts.

The local comparison is varied with the trust performing better only in indicator 1. It must be noted that the results of our white workforce deteriorated for indicator 1 from the previous year, but are still lower than the national average for acute specialist trusts

1. *Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months and: -*
2. *Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months*

The Trust has performed worse in 2 of the 4 indicators as set out below.

3. *Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion*

4. *In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues*

Further key highlights in relation to the other WRES indicators include: -

- The number of staff accessing non-mandatory training has seen significantly improved from the previous year, however, this was to be expected due to the majority of non-mandatory training being paused during the pandemic
- The results show that white staff are 1.81 times more likely to be appointed from shortlisting compared to BAME staff which is an improvement from the previous year.
- The results show that BAME staff are 0.48 times more likely to enter a disciplinary process, however it is not felt that this indicator is statistically significant due to the way this indicator is calculated.
- Board membership for LHCH is 6% and nationally, 16.8% of Board members were from a BAME background.

5. Summary of WDES 2022

A summary of the full WDES results against all 11 indicators is attached in **Appendix 3** and includes comparison against the previous year and where there has been an improvement / decline from the previous year.

The results against 9 of the WRES metrics as taken from the national 2021 staff survey have been split out and have been attached in **Appendix 4**. Local WDES benchmarking data has been included which hasn't previously been reported internally.

5.1 WDES - Key Highlights

The Trust has performed worse in 8 of the 9 WDES indicators linked to the staff survey from the previous year. The results appear to follow a national trend and whilst the trust have performed better in 7 of the indicators in comparison to the average of acute specialist trusts, there is much more we need to do to improve the experiences of our disabled workforce and the results are disappointing.

The indicators that the trust has performed worse than the national average include: -

1. *Percentage of staff who felt pressure from their line manager to come to work, despite not feeling well enough to perform their duties*
2. *Percentage of staff with a long-standing health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work*

We can make some assumptions in terms of the impact of the pandemic on the results, e.g., all non-mandatory training was paused and the government restrictions in place will have undoubtedly impacted on people's experience in work.

6. Future Focus

The next steps include: -

- Undertaking further analysis of the results, including a review of the national position/annual reports
- Reviewing the results at the next EDIB Steering Group scheduled on 28th September
- Liaising with the WRES regional team to progress the learning offer
- Scheduling listening sessions with the OD Team to present the results and seek feedback

- Updating the EDIB Operational Action Plan with specific WRES/WDES actions including clear timeframes for delivery
- Publishing the EDIB action plan by 31st October 2022, including WRES/WDES specific actions
- Scheduling bespoke LHCH Belong events to enhance the visibility and encourage employee voice
- Providing an update to Board of Directors in November 2022
- Ensuring delivery of the refreshed EDIB Strategy

7. Recommendations:

The Board of Directors is asked to note the content of this report and actions to follow.